

Minnesota Accountable Health Model: Multi-Payer Alignment Task Force

WEDNESDAY, SEPTEMBER 16, 2015
AMHERST H. WILDER FOUNDATION
451 LEXINGTON PARKWAY NORTH, ST. PAUL
1 – 4 P.M.



Agenda

- Welcome, Introductions, and Overview of Agenda
- Update: Minnesota Accountable Health Model
- Minnesota E-health Roadmap
- Data Analytics Subgroup: Next Steps
- Sustainability of SIM MN
- Next Steps/ Future Meetings
- Public Comment

Update: Minnesota Accountable Health Model

Aim

Minnesota Accountable Health Model

By 2017, Minnesota's health care system will be one where:

The majority of patients receive care that is patient-centered and coordinated across settings;

The majority of providers are participating in ACO or similar models that hold them accountable for costs and quality of care;

Financial incentives for providers are aligned across payers, and promote the Triple Aim goals; and

Communities, providers and payers have begun to implement new collaborative approaches to setting and achieving clinical and population health improvement goals.

Primary Drivers

1. Providers have the ability to exchange clinical data for treatment, care coordination, and quality improvement.
--HIT/HIE

2. Providers have analytic tools to manage cost/risk and improve quality.
--Data Analytics

3. Expanded numbers of patients are served by team-based integrated/coordinated care.
--Practice Transformation

4. Provider organizations partner with communities and engage consumers, to identify health and cost goals, and take on accountability for population health.
--ACH

5. ACO performance measurement, competencies, and payment methodologies are standardized, and focus on complex populations.
--ACO Alignment

Secondary Drivers

Provide funding, technical assistance (TA) and other resources to increase community, provider and setting engagement in secure Health Information Exchange (HIE).

Develop roadmap and provide tools/resources to promote Electronic Health Records (EHR) adoption and effective use.

Provide investment in state technical infrastructure to support population health improvements through standards-based clinical health information exchange.

Provide enhanced data analytics, reporting and technical assistance.

Provide resources and training on quality improvement.

Provide direct provider support/TA for practice transformation/transition to team based, patient centered coordinated care.

Support adoption of emerging provider types (e.g. community health worker, community paramedic, dental therapists).

Establish models for Accountable Communities for Health.

Develop a methodology/ roadmap for incorporating ACH activities into payment models.

Align and evolve ACO payment methodologies.

Establish ACO core competencies and regulatory structures.

Develop community core measures for ACO cost and quality.

Develop integrated ACO financial models and measures for complex populations.

Minnesota Accountable Health Model \$ State Innovation Model (SIM) 45 million federal grant

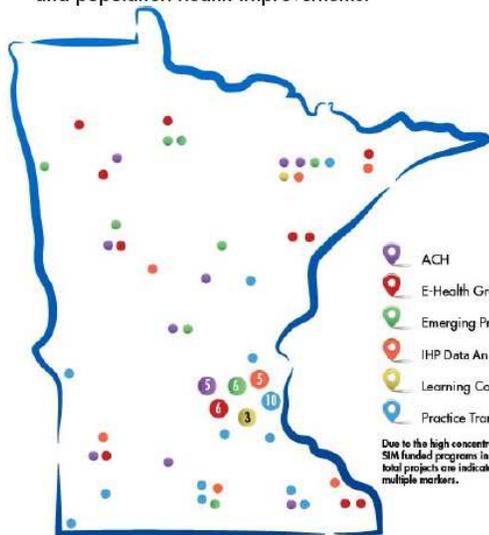


Triple Aim

Improving the individual experience of **care**
Reducing the per capita **cost** of care for populations
Improving the **health** of populations

Goals

- The majority of patients receive care that is patient-centered and coordinated across settings.
- The majority of providers are participating in Accountable Care Organizations or similar models that hold them accountable for costs and quality of care.
- Financial incentives for providers are aligned across payers and promote the Triple Aim.
- Communities, providers and payers have begun to implement new collaborative approaches to setting and achieving clinical and population health improvements.



- ACH
- E-Health Grant
- Emerging Professionals Grant
- IHP Data Analytics Grant
- Learning Communities
- Practice Transformation

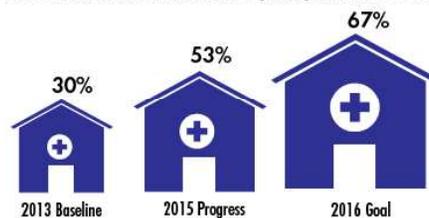
Due to the high concentration of SIM funded programs in the metro area, total projects are indicated in place of multiple markers.

How we are doing

Number of Minnesotans receiving care through a Medicaid Accountable Care Organization (ACO)



Percent of certified Health Care Homes (HCH) or Behavioral Health Homes (BHH) in Minnesota



Integrated Health Partnership (IHP) cost savings



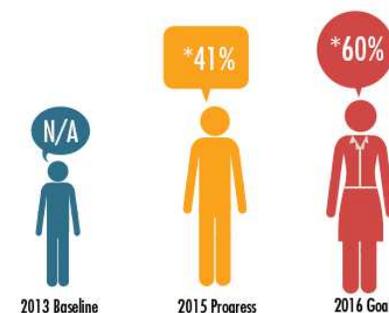
As of July 2015



Accountable Communities for Health (ACH)



Percent of fully insured people covered by an ACO or Total Cost of Care (TCOC Model)



* Minnesota health plans reported a wide variation in the share of fully insured covered lives in accountable care arrangements with the weighted coverage at 41% for 2014. However, many health plans reported that none or less than 5% of their fully insured covered lives are attributed to accountable care arrangements.

Updates: Electronic Health Exchange and Data Analytics

Electronic Health Exchange

- Four Community Collaboratives were awarded over \$1M
- E-health roadmaps identifying use cases
- Grants awarded for legal analysis, education and resource development for data privacy, security & consent management

Data Analytics (DA)

- 3M selected to work with IHPs and provide TA
- Over \$4M in DA grants awarded to 11 IHPs
- Data Analytic Workgroup

Update: Practice Transformation

- Five, \$30K grants awarded to support emerging professionals (CHW CP & DT)
- Three vendors will develop toolkits for employers to utilize Emerging Professional
- Learning Communities Round 2 RFP; (5) \$50K grants
- Practice Facilitation Grants: National Council for BH & ICSI/Stratis
- 12, Practice Transformation Round 2 Awards

Updates: Accountable Communities for Health and ACO Alignment

Accountable Communities for Health

- State Staff Conducting ACH Site Visits, all 15 by 2016
- Quarterly Reporting in Place
- ACH Webinars and Learning Communities
- Technical Assistance

ACO Alignment

- RFP for 4th Round of IHPs Released
- ACO Baseline Assessment Fact Sheet and Report in Production

Updates: Community Engagement and Evaluation

Community Engagement

- Six Regional Events this Fall 2015
- Vendors contracted for Storytelling project
- Community Partners Engaged in Planning Efforts

Evaluation

- Deliverables
- Quarterly Grantee Reporting
- Interviews this Fall

Minnesota e-Health Roadmap for Behavioral Health, Local Public Health, Long-Term & Post-Acute Care, & Social Services

Jennifer Lundblad & George Klauser

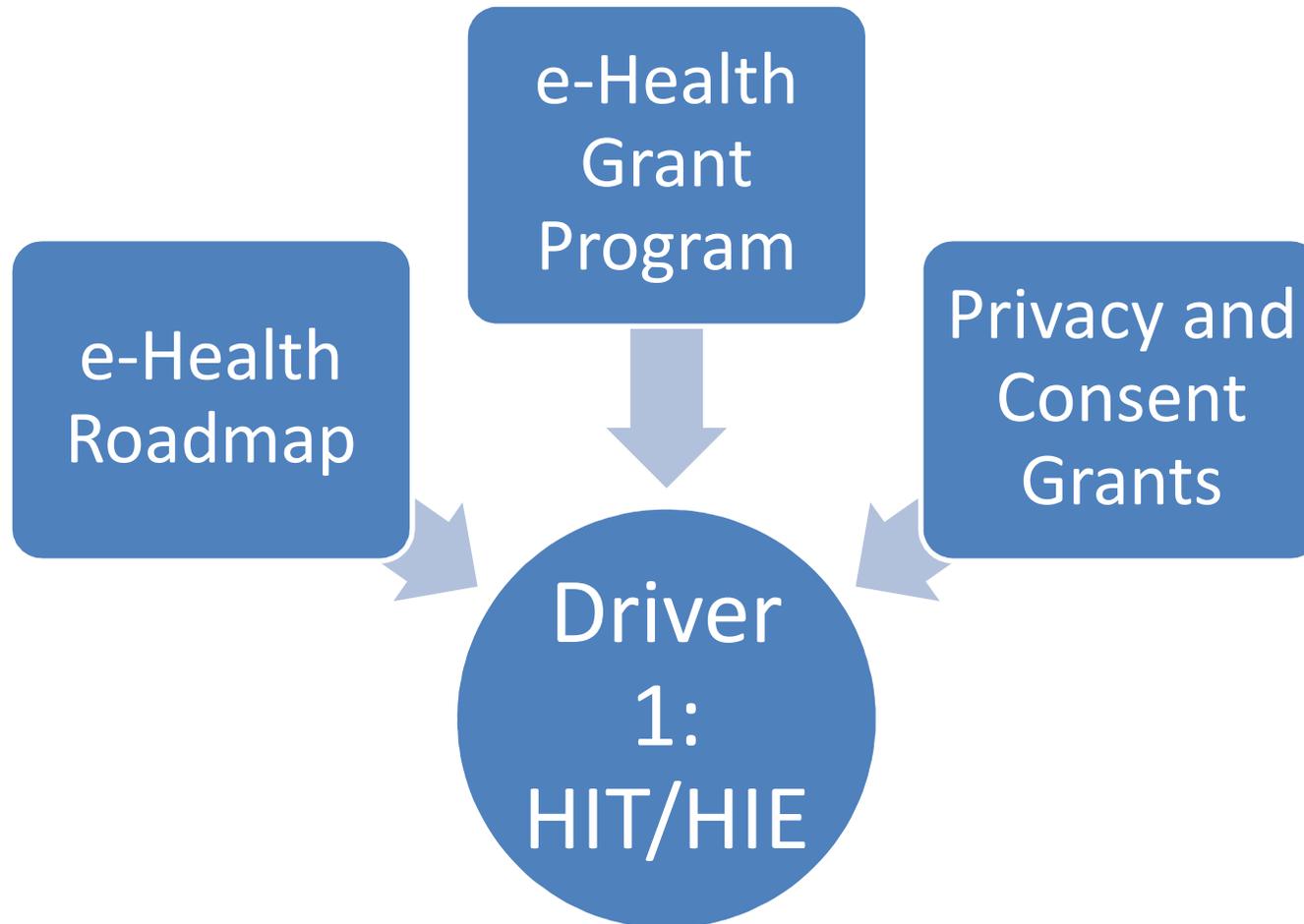
Topics

- Overview of MN e-Health Roadmap
 - SIM Connection
 - Purpose
 - Approach
 - Outcomes and Milestones
 - Stories
 - Proposed Next Steps
- Q&A
- Discussion
 - Gaps or themes to address in proposed next steps or to acknowledge in recommendations and actions

e-Health

- Adoption and effective use of electronic health records (EHRs) and other health information technology (HIT), including health information exchange (HIE)
 - improve health care quality
 - increase patient safety
 - reduce health care costs
 - enable individuals and communities to make the best possible health decisions.

SIM Driver #1



HIT: Health Information Technology

HIE: Health Information Exchange

Purpose

- Provide recommendations and actions to support and accelerate the adoption and use of e-health for the four priority settings and
 - Enhance a provider's ability to give better
 - Support individuals' information access and engagement in care
 - Identify and make recommendations to the Minnesota e-Health Initiative
 - Provide recommendations on policies and actions to state and federal policymakers, agencies, and organizations
 - Identify research opportunities to advance e-health

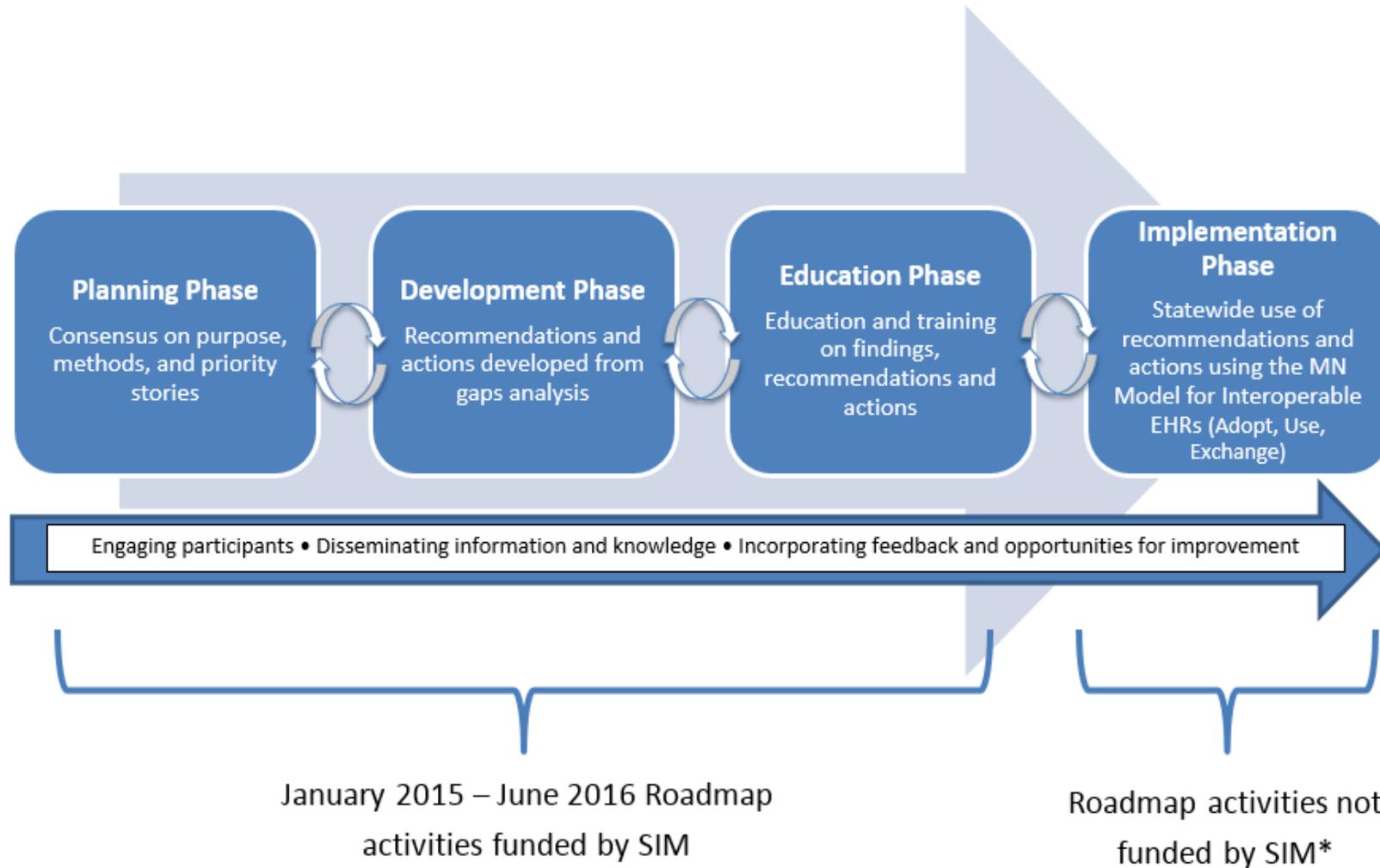
Approach

A consensus-based approach is used to create the Roadmap through stakeholder engagement, including:

- A **Community of Interest** that receives periodic communications on the Roadmap and related e-health activities. (+900 people)
- **Reviewer/Subject Matter Experts** that review and provide feedback on key materials. (50 people)
- **Workgroups** for each priority setting that provide expert input to support the Roadmap development and ensure all stakeholder needs are fully considered. (50 individuals from 4 priority settings)
- A **Steering Team** that provides overall guidance to the Roadmap, assuring alignment between the workgroups and other e-health and health reform activities, and communication with all stakeholders. (20 individuals from across the continuum of care)

Minnesota e-Health Roadmap Phases

Behavioral Health, Local Public Health, Long-Term & Post-Acute Care, & Social Services



*Some implementation of e-health is occurring across the state but with no SIM funding through the Roadmap activities

Milestones and Outcomes



Common Themes

transportation ● consent ● guardianship
substance abuse ● preferred language
veteran ● diabetes ● person-centered
minor consent ● HIPAA ● school
employment assistance ● support group
family engagement ● tuberculosis
county ● transitions ● FERPA ● housing
health literacy ● assessments ● quality
safety ● community ● systems

Proposed Next Steps

- Ongoing community engagement
- Develop priority stories into use cases and conduct gaps analysis
 - Focus on actors/settings, workflow, information needs, functionality needs
- Steps to address gaps in use cases
 - individual access and engagement, data elements/information needs, federal and state laws, policies and mandates, information technology, organizational changes, privacy, security, consent, and legal issues, public and population health reporting, resources, standards, workforce
- Synthesize and align use case steps and findings
 - Roadmap recommendations and actions
 - Setting-specific data and functionality needs
 - Common themes across the use cases, priority settings, and stakeholders

Key Lessons Learned and Thoughts

- Stories are powerful and show the need for integration and interoperability across the full continuum and with the individual, family, and community
- Progress in one story will advance most other stories (lots of common themes)
- Pent-up need and energy from the priority settings
- The Roadmap is the beginning but additional resources are needed to advance e-health in the priority settings

Thank You to Participants

- Community of Interest
- Reviewers
- Workgroup members
- Steering team members

Questions & Answers

Discussion

Gaps or themes to address in proposed next steps or to acknowledge in recommendations and actions

MN e-Health Roadmap:
<http://www.health.state.mn.us/e-health/roadmaps.html>

Questions or Comments
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Data Analytics Subgroup: Next Steps

Data Analytics Purpose and Phased Approach

- Purpose: “Develop recommendations and identify top-priority data analytic elements, to motivate and guide greater consistency in data sharing...”
- Subgroup work divided into two (or more) phases:
 - Phase One: What can be done now, given current data availability, infrastructure, and analysis skills and staffing
 - Phase Two: What is essential for effective shared accountability, but not possible in the current environment

Phase One Subcommittee Membership

- Scott Gerdes, Zumbro Valley Health Center
- Stacey Guggisberg, PrimeWest/ARCH
- Rahul Koranne, Minnesota Hospital Association
- David Maddox, CentraCare
- Ross Owen, Hennepin Health
- Elizabeth Smith, Allina
- Eric Taylor, Bluestone Physician Services
- Cathy VonRueden, Essentia Health
- Alvaro Sanchez, UCare
- Ginelle Uhlenkamp, Blue Cross Blue Shield of Minnesota
- Bobbi Cordano, Amherst H. Wilder Foundation
- Mónica María Hurtado, Voices for Racial Justice
- George Klauser, Lutheran Social Services of Minnesota
- Kari Thurlow, LeadingAge Minnesota

Phase One Deliverables

Deliverables provided in draft Phase One report, described in a March 3 webinar and discussed at the March Task Force meetings:

- Guiding Principles
- Definition of Key Terms
- Prioritized Data Analytic Components with Data Sources
- Suggestions for Standardization
- Outline for a User Guide
- Approach for Compiling Best Practices

May 2015 Task Force Feedback

- Phase Two work is essential to the work of the ACHs
- Is more public/provider community awareness of the importance of these issues was needed before moving to Phase Two?
- Additional input should be gathered from data analytics teams within existing ACOs
- Should certain policy or operational questions should be more deeply discussed – by the subgroup or another body – before moving to Phase Two?
- Each question within Phase One is complex; finding bandwidth to address these questions within existing organizations (Administrative Uniformity Committee, MN Community Measurement) could be challenging.

Conversations with the Administrative Uniformity Committee

- Meeting and discussion with the AUC Executive Committee in June to explore possibility of partnership on ACO Analytics Subgroup Phase One recommendations
 - AUC has expertise in coding, standard transactions but limited resources and would need supplementation by SIM and AUC member organizations to add ACO and analytics expertise
 - Scope/role would be limited to the foundational component of standardizing member contact, demographic, and associated responsible provider data sent from health plans to providers participating in accountable health models
- A proposal to form an AUC Technical Advisory Group to address this subset of the phase one components presented to the AUC operations committee last week. Members are currently voting on whether to approve the request.

Proposed Next Steps for Data Analytics

- Charter a Phase Two Data Analytics Subgroup, with a focus on:
 - Identifying high priority data analytic elements associated with social determinants of health, and
 - Developing guiding principles for the identification, possible related data collection, and sharing of these data analytic elements in a consistent way within TCOC arrangements.
- Membership: Include a mix of Phase One members and new members with a focus on social determinants of health
- Timeline: Fall 2015 – Summer 2016

Data Analytics Discussion

- What specific deliverables should be included in the Phase Two Subgroup charter?
- Which groups/ organizations should be included in the Subgroup?
- Where should Phase One work continue (pending AUC conversations)?

Sustainability of SIM MN

- Test Year Three & Post SIM Funding
- Internal Discussions & Planning Efforts
- Three Priority Areas
 1. Continued efforts with health information exchange, data analytics
 2. Value Based Purchasing; alignment of incentives with desired outcomes
 3. Community connections, partnerships and authentic engagement
- Input from SIM Task Forces & Regional Meetings
- Guidance from Health Care Financing Task Force

Sustainability Homework Questions

1. Thinking about sustaining efforts started under SIM Minnesota after federal funding expires, does the Driver Diagram continue to reflect the top priority or primary needs for improving the health system?
2. What would you recommend for future activities to address these issues after the funding has expired for SIM Minnesota?

Sustainability Homework Questions (continued)

3. In this final year of the SIM Minnesota project supported by federal funding, what are the top priorities or activities on which the Task Forces should focus?
4. What do you hope to achieve in your role on the Task Force?
5. Are there specific areas with which you (or your organization) would like to assist?

Key Themes from the Task Force Members' Input on Sustainability

1. Overall there was a strong, positive response to the primary and secondary drivers.
2. Emphasis in secondary drivers on: interoperability; infrastructure that can support data exchange and HIT/HIE; developing and applying standards – particularly in ACOs
3. Several noted barriers for data exchange: Privacy laws (suggested the need for legislation); Provider hesitancy to share information
4. Most want a wide cross-section of stakeholders to stay involved, and some want stronger involvement by HIT / HIE groups and the State
5. Mixed views on who should coordinate efforts after SIM expires: the State or community groups as lead

Key Themes from the Task Force Members' Input on Sustainability (cont.)

6. Nearly all want the Task Forces to offer ideas for potential “home(s)” after funding ends (*do not reinvent the wheel*)
7. Several noted the importance of learning from what has happened thus far with SIM to inform Year 3 work, with emphasis on analyzing ACHs
8. Noted priority challenges are: HIE, care coordination, and alignment to improve efficiencies and produce better outcomes
9. Several said that some providers (social services, LTC, BH) have unique challenges for HIE, interconnectivity, ACO integration, so will need special attention and resources in post-SIM efforts
10. Many members offered their personal and professional resources to continue this work after SIM funding ends

Sustainability Discussion

1. What do you think about the themes? Any further comments or questions?
2. Which of these issues are the most important to address? Where do you want to see action and progress?
3. In which areas do you think the Task Forces should focus or have a role during the remaining time under the SIM project?

Next Steps/ Future Meetings

November 18, 2015

Wellstone Center

179 Robie Street, St Paul

1:00 pm - 4:00 pm

Public Comment

Task Force Contact Information

Task Forces

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Minnesota Accountable Health Model

Public Website

www.mn.gov/sim