

Practice/Provider Transformation

Goals

- Serve more patients through patient-centered care teams that effectively coordinate care.
- Develop sustainable infrastructure for a broad range of providers as they transform their work.
- Integrate care teams to include clinicians and staff from medical, behavioral health, long term supports and services, social services and public health settings.

Overview

Minnesota has made significant progress toward the aim of improved health, better patient experience, and lower costs through practice transformations such as Accountable Care Organizations (ACOs), Health Care Homes (HCH), and Community Care Teams (CCT). However, millions of Minnesotans continue to experience fragmented, uncoordinated care. This lack of coordination between services can result in poorer health and higher costs. This is predominantly the case when individuals have complex health issues and a need for mental health, substance abuse or other long-term supports and services. The Minnesota Accountable Health Model seeks to address this problem by changing how care is delivered and paid for in Minnesota.

About 14 percent of Minnesota's SIM funds are dedicated to practice transformation. A key goal is to transform care in Minnesota so that every patient receives care that considers the whole person, is patient centered and is coordinated across settings. The model seeks to do this by promoting and supporting team-based care models such as HCH and Behavioral Health Homes (BHH), integration and coordination across the continuum of care, supports and services, peer-to-peer learning and sharing best practices, and integrating new emerging professions into the care team. The Minnesota Accountable Health Model also seeks to find a workable way of paying for this type of care. The Minnesota Accountable Health



Model encourages providers and payers to adopt payments that financially reward providers for delivering high-quality, coordinated, prevention-oriented care. The goal is to align financial incentives across payers and the interests of patients, through payment arrangements that reward providers for keeping patients healthy and improving quality of care.

Timeline of Activities

- Spring 2015– RFP release for learning community awards in the amount of \$50,000
- Spring 2015–RFP release for practice transformation awards in the amount of \$20,000 - \$30,000 per organization to support transformation activities.
- September 2015- RFP release for practice transformation awards in the amount of \$10,000 to support behavioral health first implementers.

Strategies

The initiative will strive to meet practices where they are at and support them in areas such as performance-based accountable care payment arrangements, leveraging health information technology, quality improvement, coordinating care, and forming community partnerships. Here are some of the initiative's strategies.

- **Provide practice facilitation.** A broad range of providers will have the opportunity to participate in intensive internal coaching. Practice facilitators serve as coaches, advising and providing resources directly to team members to transform their work. Two grants have been awarded to provide practice facilitation services to providers. A process for practices to seek practice facilitation resources will be implemented by the fall of 2015.

- **Offer practice transformation grants.** Many small and rural providers face financial barriers to transformation. To address this need, the initiative has awarded 22 grants to support activities such as training, clinical systems redesign, implementation of new workflows, and coordination with learning collaborative work. An additional round of this grant has been released September 1, 2015.
- **Expand Health Care Homes.** The initiative will focus on adding health care homes to parts of the state that lack health care homes. At the start of this initiative about 53 percent of Minnesota’s primary care clinics were certified as health care home with a goal of certifying 67% of primary care clinics by 2016.
- **Support the development of behavioral health homes.** The SIM initiative will support the behavioral health home model being developed by DHS. This model will operate under a “whole person” philosophy and assure access to and coordinated delivery of primary care and behavioral health services for adults and children with serious mental illness.

MINNESOTA ACCOUNTABLE HEALTH MODEL – SIM MINNESOTA

In February 2013 the Center for Medicare and Medicaid Innovation (CMMI) awarded Minnesota a State Innovation Model (SIM) testing grant of over \$45 million to use across a three-year period.. The goal is to help its providers and communities work together to create healthier futures for Minnesotans.

Minnesota’s SIM initiative is a joint effort between the Department of Human Services (DHS) and the Department of Health (MDH) with support from Governor Mark Dayton’s office.

Minnesota will use the grant money to test new ways of delivering and paying for health care using the Minnesota Accountable Health Model framework.

The goal of this model is to improve health in communities, provide better care, and lower health care costs by expanding patient-centered, team-based care through service delivery and payment models that support integration of medical care, behavioral health, long-term care and community prevention services.

Contact

Contact the MDH SIM Team at 651-201-3751 with questions.

Minnesota Accountable Health Model Budget Project Totals

\$45.2 million over 3.5 years.

