

State Innovation Models Initiative: Round Two Testing States & the Intersection with Public Health

What is the State Innovation Models (SIM) Initiative?

The SIM Initiative, funded by the Center for Medicare and Medicaid Innovation (CMMI), provides state governments and their stakeholders with competitively awarded financial and technical support for the development and testing of multipayer healthcare payment and service delivery models, with the goals of improving health system performance, increasing quality of care, and decreasing costs. To date, there have been two rounds of funding. Round one, announced in February of 2013, awarded close to \$300 million to 25 states for testing, pre-testing, and design grants; these states demonstrated broad stakeholder engagement and the ability to develop diverse healthcare delivery and payment models to support their work. Round two, announced in December 2014, awarded over \$660 million to 28 states, three territories, and the District of Columbia.

ASTHO's Work with SIM Awardees

Under a CDC cooperative agreement, ASTHO is receiving funding to provide capacity building support for all SIM grantees through technical assistance (TA).¹ Since 2013, ASTHO has worked with and supported SIM testing and design states in their implementation activities through on-site TA, calls, a working group, and webinar series on key health systems transformation issues impacting SIM states. As part of this work, ASTHO staff interviewed eight of the 11 testing states between January-February 2015. The primary focus of these interviews was to understand the role state public health would play in the implementation of these states' healthcare innovation plans. ASTHO contacted state health officials to coordinate interviews with their lead SIM staff. Staff from Medicaid or the state's SIM lead often joined these interviews. ASTHO asked a standard set of questions for all interviewed states, focusing on governance, population health, data, health equity, population health and clinical reform, population health and payment reform, and challenges during the early stages of grant implementation.

Based on these calls, ASTHO staffers gathered general themes that they heard frequently from the interviewed states, or seemed to generally reflect the experiences of various states during the time period when the interviews occurred. ASTHO has also added supplemental examples highlighting several of these models based on state's current or proposed work.

Key Themes on Public Health in SIM Awards

Internal and external governance and decisionmaking

- There are challenges in establishing and recruiting for new cross-cutting transformation and liaison positions and in negotiating SIM implementation roles between the state health agency (SHA), Medicaid, and the governor's office.

¹ Other organizations include American Public Health Association, National Governors Association, National Association of Community Health Centers, National Academy for State Health Policy, National Network of Public Health Institutes, and National Association of County and City Health Officials.

- Although all states were deliberately inclusive in their planning efforts, finding the right balance between stakeholder input and governmental implementation became a post-award priority in some states.

Building public health access to emerging clinical health information exchanges

- New data use requirements are often required for public health to access health information exchange (HIE) data that allow them to streamline health information systems, such as immunization, syndromic surveillance, and newborn screening registries. Additionally, many round-two states are working on interoperability standards among different systems to improve care coordination and overall health outcomes. (For examples, see appendix items 1 and 2.)
- Some states are prioritizing actions to support clinical providers and public health agencies in adopting and meaningfully using electronic health records (EHRs).
- Several states are promoting the use of HIEs to provide hospital admission, discharge, and transfer information in near real-time to community providers, such as local health departments, primary care providers, and local health improvement planning councils.

Integrating multiple governmental data sets

- As permitted under privacy laws, states recognize that making high-quality, timely, and relevant data available across agencies and to the public is an important governmental function. Several states are working to implement broad collaborative data exchanges, which one state calls a 'data lake.' These data exchanges aim to integrate governmental datasets in public health agencies with those housed in other agencies, such as social services and Medicaid agencies.
- Several states need TA to address data-sharing barriers such as legal constraints, data stewardship, access to best practices, and building a culture of trust and cooperation.

Integrating public health and clinical care

- SHAs and local public health in several states are exploring joint ventures with Medicaid and major accountable care organizations (ACOs) for shared training, data exchange, clinical referrals, and community health improvement efforts. (For example, see appendix item 3.)
- Some SHAs are seeking ways to increase clinicians' understanding of clinically relevant social determinants of health (SDH) to develop ways to embed SDH data into EHRs and assist with identifying and implementing effective interventions.
- A recurring challenge is finding payment mechanisms to incentivize providers and payers to address SDH.
- States are looking at opportunities to encourage consumer engagement and community coordination. (For examples, see appendix items 4 and 5.)

Public health and workforce innovation

- States see telehealth as an important tool for extending care, especially specialist and behavioral health to rural areas.

- Public health is exploring expanding the roles and training of various types of workers (e.g., licensed practical nurses, nurse practitioners) to the full extent of their licensure to provide care in underserved areas and as new job training opportunities for displaced hospital workers.
- Community health workers (CHWs) are seen as important adjuncts to innovative delivery reforms, such as patient-centered medical homes (PCMHs) and ACOs. Several SHAs are working on better defining CHW roles, training, interventions, target populations, and certification.
- Patient navigators, another new role under development, is one that is more clinical and primarily attached to group practices or health plans (as opposed to the CHW role).
- Some states are exploring community paramedicine (i.e., using EMTs to deliver preventive care to rural communities).
- Some SHAs are leveraging their HRSA-funded office of primary care's loan forgiveness program and other policies to improve their providers' geographic or specialty distribution.

Public health and payment reforms

- SIM funds, in part, are being directed to supporting public health work that is integrated with clinical transformation and community health improvements.
- Aligning hospital community benefit spending and community health needs assessments with SHA initiatives may bring greater resources to shared goals.
- SIM funding is also being directed at developing the system supports needed for better integration and coordination of behavioral health services.
- Some SIM grantees are exploring how to validate the evidence of health and economic outcomes of selected practices related to population screenings, health literacy, and community engagement to develop shared financing strategies with ACOs and others.
- A few states are developing financial incentives, such as value-based insurance design, for newly expanded Medicaid populations to improve their health behaviors, such as health risk assessments, wellness visits, and preventive dental services.

New tools to advance health equity

- States are using health in all policies to improve community health, such as working to translate and make meaningful health in all policies at the ACO level. (For examples, see appendix items 6 and 7.)
- In some states, ACO certification and evaluation criteria will include indicators of reduced health disparities.
- Some states are working to build content on SDH into PCMH training.
- Some states are engaging diverse communities in the development of CHW standards and training. Others are developing innovations for more effective recruitment of diverse providers to practice in underserved areas.

Implications for Public Health

Extraordinary change is occurring in how health services are organized, delivered, and financed. As states move to implement SIM grants, the value of community-based prevention strategies and a

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population health perspective is more widely recognized. SIM grants are accelerating performance-based partnerships between public health agencies and the providers and payers of clinical services.

System innovation in SIM and non-SIM states is advancing cooperation and integration between public health and clinical care entities. Innovation is also highlighting the importance of the underlying data, workforce, and financing infrastructures needed for effective and sustainable innovation to flourish. Consumers and stakeholders hold rising expectations for improving the quality, outcomes, cost-effectiveness, and equity of health services. Despite challenges, SHAs are making essential contributions to system transformation, but will need continued funding, leadership, and technical support to move these innovations forward.

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Appendix – Examples of States' Proposed Work

#1 – Building public health access to emerging clinical health information exchanges: Ensure interoperability standards among different systems to improve care coordination and overall health outcomes.

Idaho is connecting PCMHs to the Idaho Health Data Exchange (IHDE) to enhance care coordination across delivery settings, through communication with patients across multiple formats and utilization of EHR, patient portals, and other HIT tools. IHDE offers connected providers the use of clinical results and e-prescribing, as well as clinical messaging, or clinical results delivery, and a clinical data repository (which consists of laboratory, radiology, and hospital transcription information) through a clinical portal.¹

#2 – Building public health access to emerging clinical health information exchanges: Ensure interoperability standards among different systems to improve care coordination and overall health outcomes.

In Washington, the SIM round two grant will add incentives to get physical-care-linked EHRs to behavioral health providers. Exclusion of most behavioral health providers from the Health Information Technology for Economic and Clinical Health Act of 2009's incentive programs will be addressed with targeted EHR investments and technical assistance for interoperability.²

#3 – Integrating public health and clinical care: Create joint ventures with public health, Medicaid, and major ACOs for shared training, data exchange, clinical referrals, and community health improvement efforts.

In Iowa, the SIM Initiative will provide significant support for ACOs and public health and primary care integration. The SIM Initiative will expand these quality improvement processes to the entire spectrum of care offered through the ACOs. This process will focus on aligning resources toward a common vision that expands current healthcare delivery into the community setting, developing local champions to serve as faculty of best practice, and aligning measurement strategies to track community progress toward population health initiatives. Community care teams provide an opportunity to partner with hospitals or physician clinics not contracted in an ACO to ensure smaller providers are able to participate in new care models.³

#4 – Integrating public health and clinical care: Create opportunities to encourage consumer engagement and community coordination.

In Connecticut, a community and clinical integration program will help practices integrate behavioral and oral health, address community prevention and health equity issues, medication therapy management, e-consults, team-delivered care, community linkages for wrap-around supports, and identification of super-utilizers.⁴

#5 – Integrating public health and clinical care: Create opportunities to encourage consumer engagement and community coordination.

In Colorado, the public health infrastructure has been a driver of the development of Colorado's Health Extension Service (HES). Community health efforts will be guided by Population Health Transformation Collaboratives with Health Extension Agents liaising with practice facilitators, Colorado Regional Extension Center IT agents, Local Public Health Agencies, Early Childhood

Mental Health Specialists and other supports as identified by the community. Health Extension Agents' key activities include: educating organizational leaders about SIM, conducting a readiness assessment with practice leaders, providing transformation resources, helping to establish patient advisory groups and assist with patient engagement efforts, and connecting practices with technical support for data linkage, extraction and management.⁵

Health Extension is a method of helping communities, and the primary care practices that serve them, to overcome barriers to transformation by sharing common resources including local expertise coupled with the technical resources of universities, health departments and social services.⁶

#6 – New tools to advance health equity: States are using health in all policies to improve community health.

Iowa is working to promote the use of SDH data for development of community health interventions. Additionally, Iowa plans to address SDH in three ways: (1) By developing improved community infrastructure and linkages through community-based transformation activities, as well as integration from public health to support healthy lifestyles; (2) through practice transformation activities that provide healthcare providers and systems with the knowledge and tools to evaluate the SDH and address them as a routine part of the healthcare encounter; and (3) through developing risk adjustment payment structures that provide additional resources for members significantly impacted by SDH. The state also plans to issue SDH grants at the community level as a means to accelerate capacity of these teams to address SDH issues specific to their communities.⁷

#7 – New tools to advance health equity: States are using health in all policies to improve community health.

In Washington, accountable communities of health (ACH) are regionally organized and will align the activity and investments of diverse sectors to drive integrated delivery of health and social services and improve population health. Washington will invest in ACHs that will develop a sustainable presence in their communities and partner with the state to achieve the project's goals. ACHs will provide the organizational capacity for local communities to implement the plan for population health, link community supports with practice transformation, and enhance local data collection and analytic aptitude.⁸

References

¹ Idaho Department of Health and Welfare. "Idaho Model Test Project Narrative." Aug. 1, 2014. Available at: <http://healthandwelfare.idaho.gov/Portals/0/Medical/SHIP/IdahoModelTestProjectNarrative.pdf>. Accessed 6-1-2015.

² Washington Health Care Authority. "Healthier Washington." 2014. Available at: http://www.hca.wa.gov/hw/Documents/SIM_Grant_Application.pdf. Accessed 6-1-2015.

³ Iowa Department of Human Services. "SIM Cooperative Agreement Model Test Application: Project Narrative." May 2015. Available at: <http://dhs.iowa.gov/sites/default/files/IowaProjectNarrative.pdf>. Accessed 6-1-2015.

⁴ Connecticut Office of Healthcare Advocate. "Connecticut SIM Model Test Proposal: Project Narrative." 2014. Available at: http://www.healthreform.ct.gov/ohri/lib/ohri/sim/test_grant_documents/application/ct_sim_test_program_narrative_final.pdf. Accessed 6-1-2015.

⁵ Colorado Office of the Governor. "Colorado State Innovation Model: Application for Funding for Test Assistance." July 21, 2014. Available at: <https://drive.google.com/file/d/0BxUiTIOWSbPUNnlxWHNQQWlyVEk/view>. Accessed 6-1-2015.

⁶ Agency for Healthcare Quality and Research and The Commonwealth Fund. "Health Extension Toolkit." Available at <http://healthextensiontoolkit.org/>. Accessed 6-29-15.

⁷ Iowa Department of Human Services. "SIM Cooperative Agreement Model Test Application: Project Narrative." May 2015. Available at: <http://dhs.iowa.gov/sites/default/files/IowaProjectNarrative.pdf>. Accessed 6-1-2015.

⁸ Washington Health Care Authority. "Healthier Washington." 2014. Available at: http://www.hca.wa.gov/hw/Documents/SIM_Grant_Application.pdf. Accessed 6-1-2015.