shadac
STATE HEALTH ACCESS DATA ASSISTANCE CENTER

State Evaluation of the Minnesota Accountable Health Model: Results from the First Year

Donna Spencer, PhD; Christina Worrall, MPP; Chad Parslow, MPP

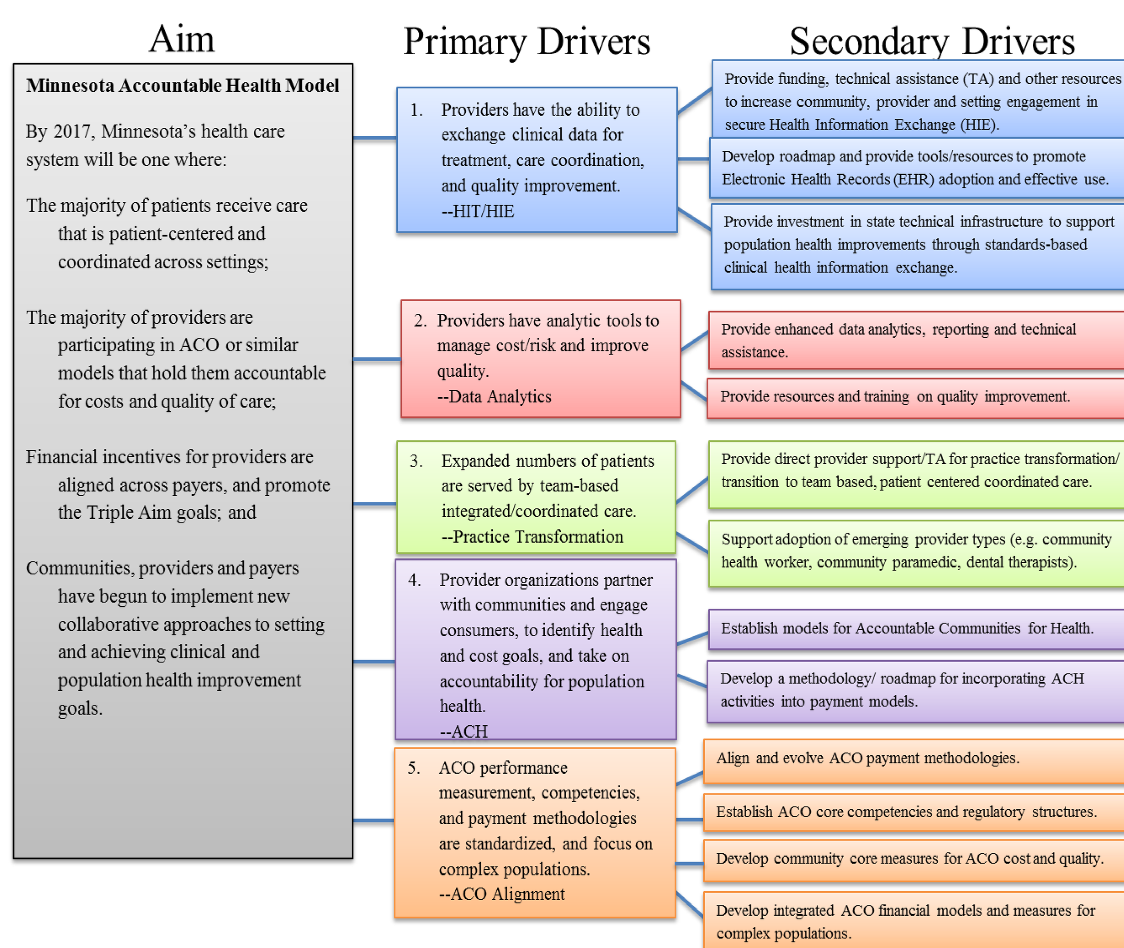
SIM Initiative

State Innovations Model (SIM) Initiative

- **The Affordable Care Act (ACA) established the Center for Medicare and Medicaid Innovation (Innovation Center, or CMMI) within the Centers for Medicare and Medicaid Services (CMS), which sponsors this program.**
  - SIM provides federal funds to states, under cooperative agreements, to design and test state-based, multi-payer health care payment and service delivery models.
  - Between two rounds of awards, the SIM program has funded 38 states/territories, representing 61% of the US population, for a total of almost $1 billion.

SIM Initiative in Minnesota

Minnesota Accountable Health Model



- **The goals of this model are to:**
  - Serve the triple aim goals by expanding service delivery and payment models that support patient-centered, coordinated care, and integration of medical care, behavioral health, long-term post-acute care, public health, and community services.
- **The model builds upon the state's previously established initiatives**, including Medicaid ACOs, called Integrated Health Partnerships (IHPs); Health Care Homes (HCHs); the e-Health Initiative; Community Care Teams (CCTs); and standardized quality measurement and reporting across providers.
- **The key mechanisms the state is using to execute its primary drivers are** grants and contracts, technical assistance (TA), and other resources to providers and other organizations in the state. For example:

SIM Initiative in Minnesota

Driver	Mechanisms
Driver 1: Expansion of e-Health	•Grants to collaboratives (including medical providers and other organizations) for the secure exchange of medical and health information •Development of recommendations and "roadmap" to accelerate e-health adoption among medical and non-medical providers •Legal review of state and federal HIE laws
Driver 2: Improved Data Analytics for IHPs	•Enhancements in state reporting to IHPs, including data portal •Grants and TA to IHPs to improve data analytics capacity
Driver 3: Team-based Integrated/ Coordinated Care	•Grants and TA to providers to expand team-based integrated/coordinated care through the adoption of emerging professions and other practice transformation efforts •Development of resources for employers on the integration of emerging professions into the workforce
Driver 4: Accountable Communities for Health	•Grants and TA to community collaboratives (including providers and other organizations) to implement care coordination and prevention strategies to address the health care needs of a community population
Driver 5: ACO Alignment	•Survey and interviews of providers and health plans to assess ACO arrangements in state •Development of recommendations for alignment of cost and quality measurement for ACO arrangements

State Evaluation of the Minnesota Model

Evaluation Goals

- **The evaluation design addresses the following goals across the five primary drivers:**
  1. Document **activities** completed under the Minnesota Model
  2. Document **variation** in design, approaches, and innovation
  3. Identify opportunities for **continuous improvement**
  4. Identify contribution of SIM funding to **state goals**
  5. Identify lessons learned for **sustainability**

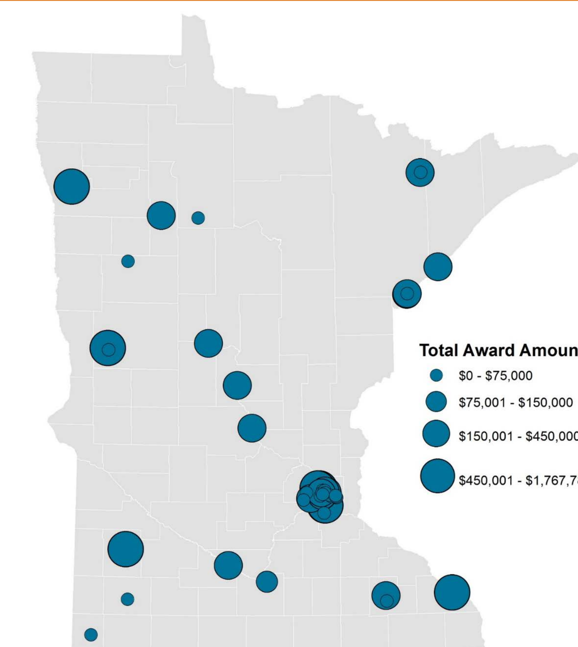
2015 Evaluation Approach

- **This formative evaluation is focused on initial and interim markers of implementation, process and outcomes.**
- **Data Sources to Date:**
  - Database of organizations participating in SIM initiative
  - Semi-structured interviews with grantees and contractors (n=227)
  - Semi-structured interviews with state leadership and staff (n=23)
  - Grantee survey tools (Minnesota Accountable Health Model Continuum of Accountability Assessment Tool, Partnership Self-Assessment Tool
  - Document review
- **The remainder of the evaluation will leverage additional data sources (e.g., Minnesota APCD data, provider surveys).**

State Evaluation of the Minnesota Model

- **The 2015 evaluation was focused on the following activities under the Minnesota Accountable Health Model:**
  - E-health roadmap work to advance the Minnesota model
  - e-Health Collaboratives grant program (12 Round 1 grantees)
  - IHPs
  - Emerging Professions grant program (3 Round 1 and 2 grantees)
  - Practice Transformation grant program (10 Round 1 grantees)
  - ACHs (15 grantees)

Reach of SIM Investments in Minnesota



Types of Participating Organizations	# Organizations (% of Total)
Hospitals and/or network of hospitals	15 (4%)
Clinics and/or network of clinics	46 (11%)
Health care systems	42 (10%)
Health plan	8 (2%)
Behavioral health	53 (12%)
Social services	49 (11%)
Local public health	24 (6%)
Human and other public health & social services	45 (10%)
Long-term post-acute and/or home care services	24 (6%)
Education	35 (8%)
Other	83 (20%)
Total	424 (100%)

2015 Evaluation Results

Progress

- IHP model expansion and the inclusion of new ACO models under this program
- Increased awareness of patients' and communities' health and social needs among providers and other organizations
- Developing and strengthening of relationships among a diverse set of stakeholders
- Advanced discussions related to HIE among providers and other organizations
- Substantial knowledge transfer across organizations and sectors about existing community resources, areas of expertise, and broader systems of care
- Some areas of organization-level transformation under SIM institutionalized

2015 Evaluation Results

Gaps & Challenges

- **Value-based purchasing** adoption in the market has been slower than anticipated; also slower has been the development and/or alignment of ACO performance measurement, core competencies, and payment methods.
- There has been minimal traction **integrating non-medical providers in ACO arrangements**; most IHP partnerships with community organizations have been informal, and the link between ACO attributed populations and ACH efforts has been unclear.
- **Strict data privacy requirements** (Minnesota Health Records Act) have presented challenges in advancing e-health.
- Providers have had difficulties related to the **market-based HIE structure** in the state, and **identifying and selecting an HIE service provider** have been time consuming.
- The **time window of the SIM initiative** has been short.
- Some **stakeholders are not at the table** under SIM.

Program Feedback to State

- Grantees have valued the **state's flexibility** (in program design and implementation) and ability to regularly communicate.
- Ongoing monitoring and updating of electronic grant program sites and opportunities for both **formal and informal grantee-to-grantee learning** are recommended to facilitate information sharing and prevention of duplicative efforts.
- Grantees **seek direction from the state** on whether the state will continue to support a market based HIE approach and on the results of a SIM grant program to conduct a legal review of state and federal HIE laws.
- **Disseminating evaluation documents and other produced materials** may support the momentum achieved under the SIM initiative and to spark new stakeholder involvement.

Sustaining the Model beyond SIM

Topics	Findings
EHR and HIE	• Grantees faced several challenges related to understanding of HIE, state data privacy laws, as well as insufficient resources (staff, time) and infrastructural capacity. • Smaller organizations may not be able to address challenges without legislative action.
Value-Based Purchasing and the Alignment of Incentives	• IHPs discussed problems associated with the retrospective attribution model (e.g., managing patient care in the short term, diminishing savings potential) and desire prospective compensation for care management.
Community Engagement/ Partnership Development	• Grantees consider these important despite time and resource commitment. • Grantees highlighted the importance of SIM for supporting a point-person who made community connections, coordinated health care providers and community resources, and oversaw the administration of transformation activities and communication.
Care Coordination	• Grantees expressed concerns about the sustainability of SIM-funded care coordination positions and efforts beyond the grant period given limited reimbursement options and levels for health care coordination.

This program is part of a $45 million State Innovation Model (SIM) cooperative agreement, awarded to the Minnesota Departments of Health and Human Services in 2013 by The Center for Medicare and Medicaid Innovation (CMMI) to help implement the Minnesota Accountable Health Model.

MDH Minnesota Department of Health
Minnesota Department of Human Services
health reform MINNESOTA A Better State of Health