



MINNESOTA'S ACCOUNTABLE COMMUNITIES FOR HEALTH: LESSONS FROM THE FIRST YEAR

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2016 MN Health Services Research Conference

Overview

- State Innovation Model (SIM) initiative
- Minnesota's Accountable Health Model
- State's Accountable Communities for Health (ACH) grant program
- ACH experiences/lessons from the first year

State Innovation Model (SIM) Initiative

- Cooperative agreement between federal and state governments
 - CMS Center for Medicare and Medicaid Innovation
- Two funding rounds since 2013; two types of awards (Design and Test)
- Purpose is to improve the quality of care and lower the costs of care for public programs including Medicare, Medicaid, and CHIP
- Emphasis on multi-payer involvement and improved health of state populations
- To date, 34 states, three territories and the District of Columbia have received SIM funding.

Minnesota Accountable Health Model



- In 2013, Minnesota received \$45 million to implement the Minnesota Accountable Health Model.
- Four model aims:
 - 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
 - Communities, providers, and payers have begun to implement new collaborative approaches to setting and achieving clinical and population health improvement goals.

Minnesota Accountable Health Model

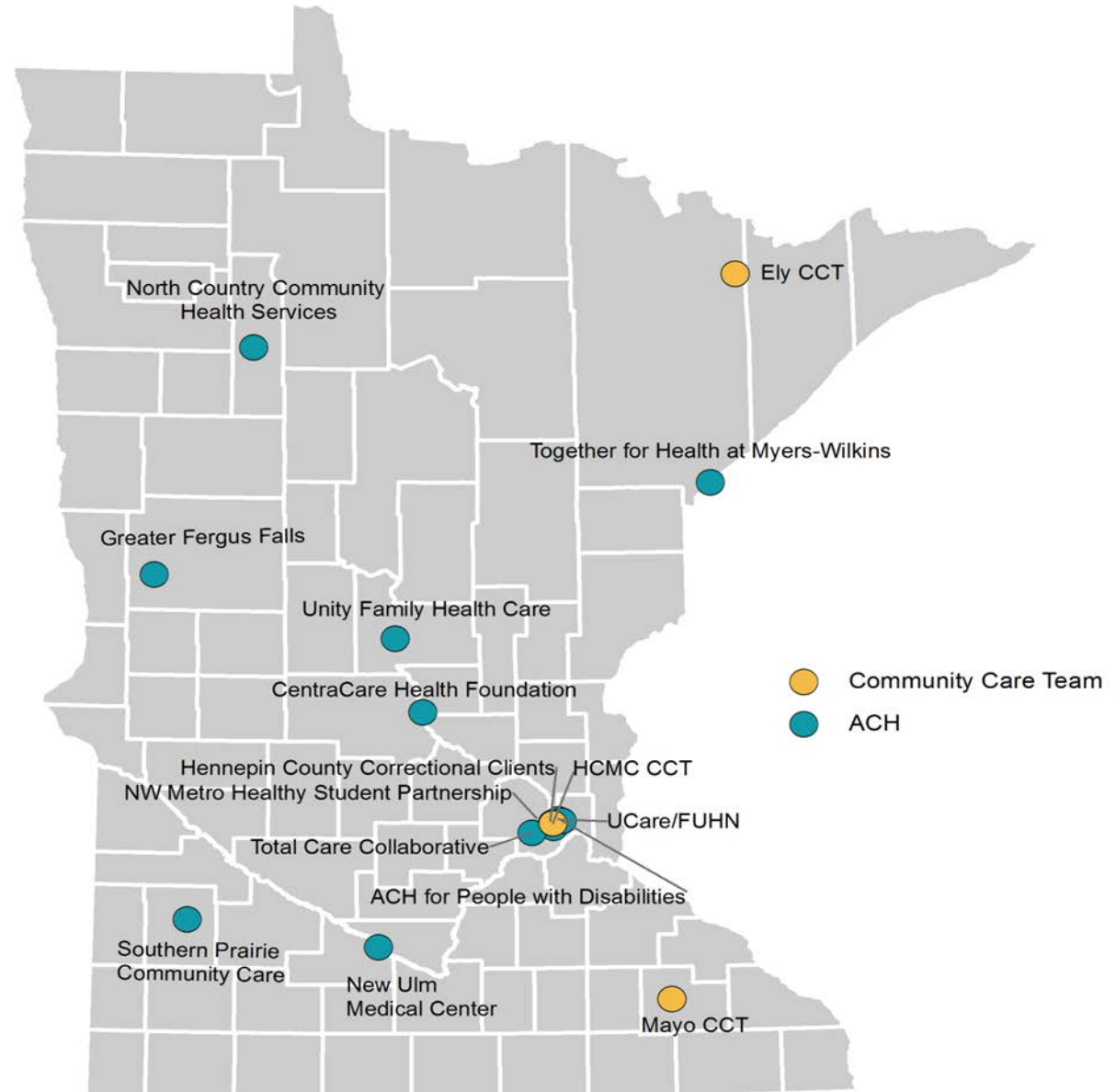
1. Expansion of e-Health (electronic health record and health information exchange)
2. Enhancement in data analytics among the state's Medicaid ACOs (i.e., Integrated Health Partnerships)
3. Support for practice transformation to achieve patient-centered, integrated, coordinated care
4. Initiation of accountable communities for health (ACHs)
5. Development and/or alignment of ACO performance measurement, competencies, and payment methods.

A key mechanism for implementing these strategies have been state grants and contracts to providers, IHPs, and other organizations.

Accountable Communities for Health

ACHs are **community collaboratives** to identify and implement care coordination and population-based prevention strategies to address health care needs of a particular community population(s).

15 2-year grants have been awarded for 2015 –2016.



Accountable Communities for Health

- **Lead and Partnering Organizations:**
 - Medical providers participating in an ACO or like arrangement
 - 13 include provider(s) participating in an IHP (Medicaid ACO)
 - Behavioral health providers
 - Local public health
 - Social service agencies
 - Other community organizations
- **Target Populations:**
 - Geographic area
 - Individuals with a particular health condition or disability
 - High health care utilizers
 - Underserved or marginalized group
- Located in both urban and rural areas
 - Community = Neighborhood, city/town, metro area, county, multiple counties

Accountable Communities for Health

- Key Features:
 - ACH leadership team
 - Community-based care coordination system or team
 - Population-based health prevention component
 - Sustainability plan
 - Evaluation
 - ACH-level monitoring and evaluation
 - State evaluation
 - Federal evaluation

State Evaluation

- Multi-year evaluation of the SIM initiative in Minnesota (2015-2016)
- **Evaluation Goals:**
 - Document activities under the Minnesota Accountable Health Model
 - Document the variation in approaches/innovation under the model
 - Identify opportunities for continuous improvement
 - Examine how the model is contributing to advancing the state's goals
 - Identify lessons learned for sustaining the model
- **Evaluation Design:**
 - Primarily formative
 - Initial and interim markers of implementation, process, and outcomes

State Evaluation

- Key Year 1 Data Sources:
 - Evaluation database of organizations participating in SIM initiative
 - Semi-structured interviews with grantees, including all ACHs
 - Activities conducted
 - Accomplishments/early outcomes
 - Facilitators of progress
 - Barriers/obstacles experienced
 - Lessons learned
 - Assistance/support needed
 - Grantee survey tools
 - Minnesota Accountable Health Model Continuum of Accountability Assessment Tool
 - Partnership Self-Assessment Tool
 - Semi-structured interviews with state staff
- First annual report forthcoming (chapter on ACHs)

Today's Panel

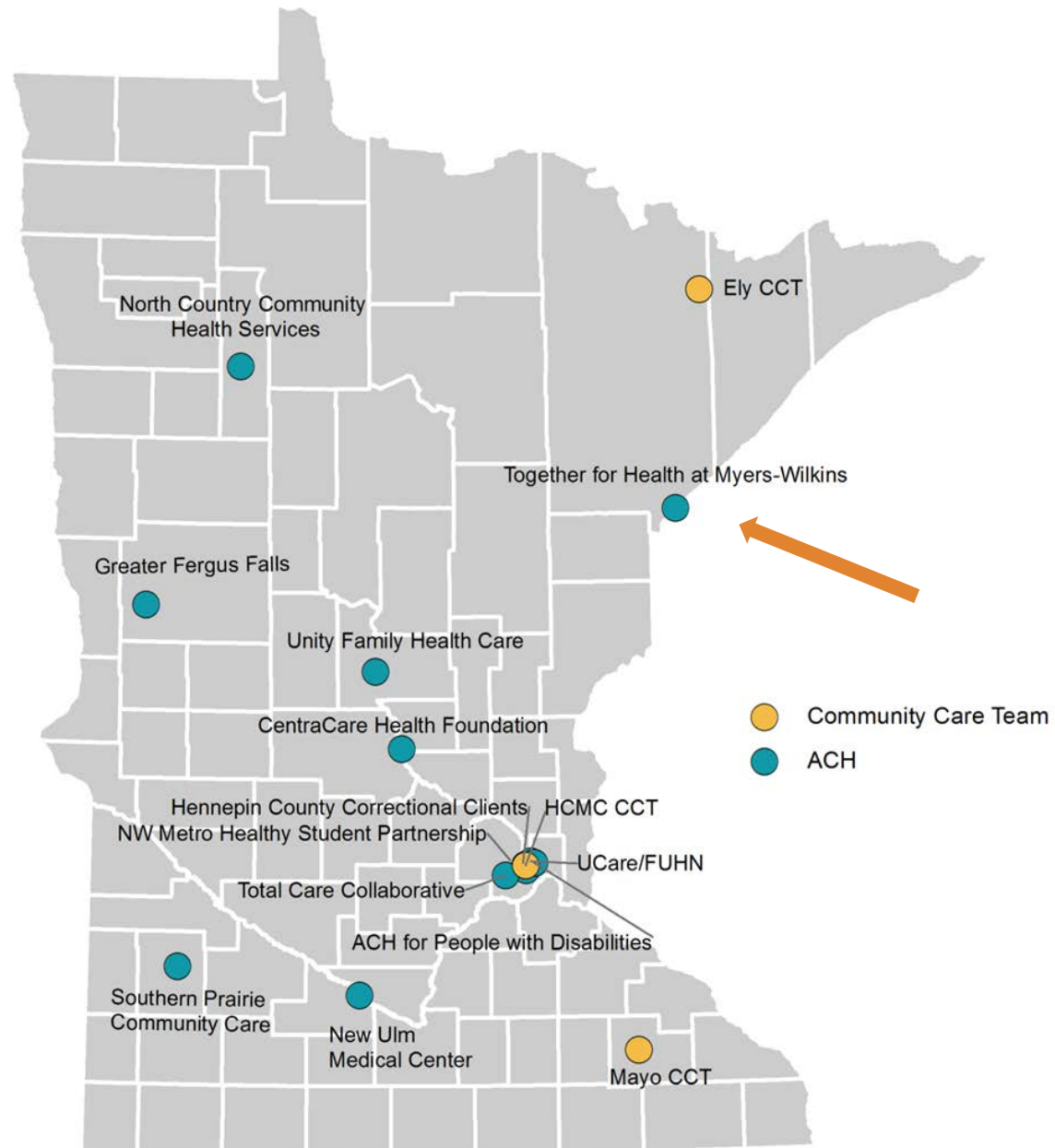
ACH:

Together for Health at Myers-Wilkins

Mary Rapps

Generations Health Care Initiatives

Coordinated care and prevention resources for students and families in the Myers-Wilkins Elementary School community in Duluth.



Today's Panel

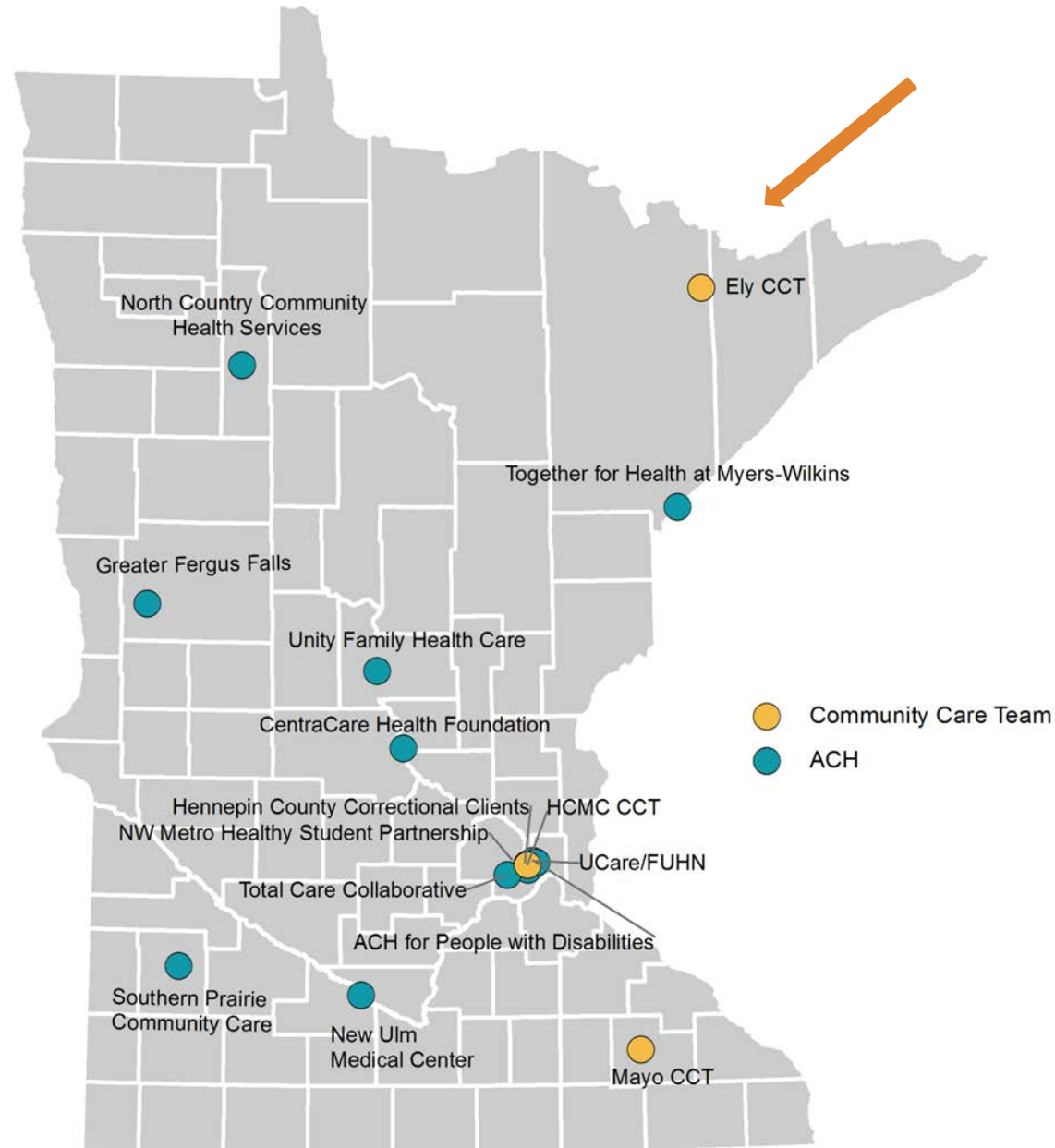
ACH:

Ely Community Care Team

Heidi Favet

Essentia Health–Ely Clinic

Coordinated health and social services for people living in poverty or with behavioral health challenges in Ely and surrounding communities.



Today's Panel

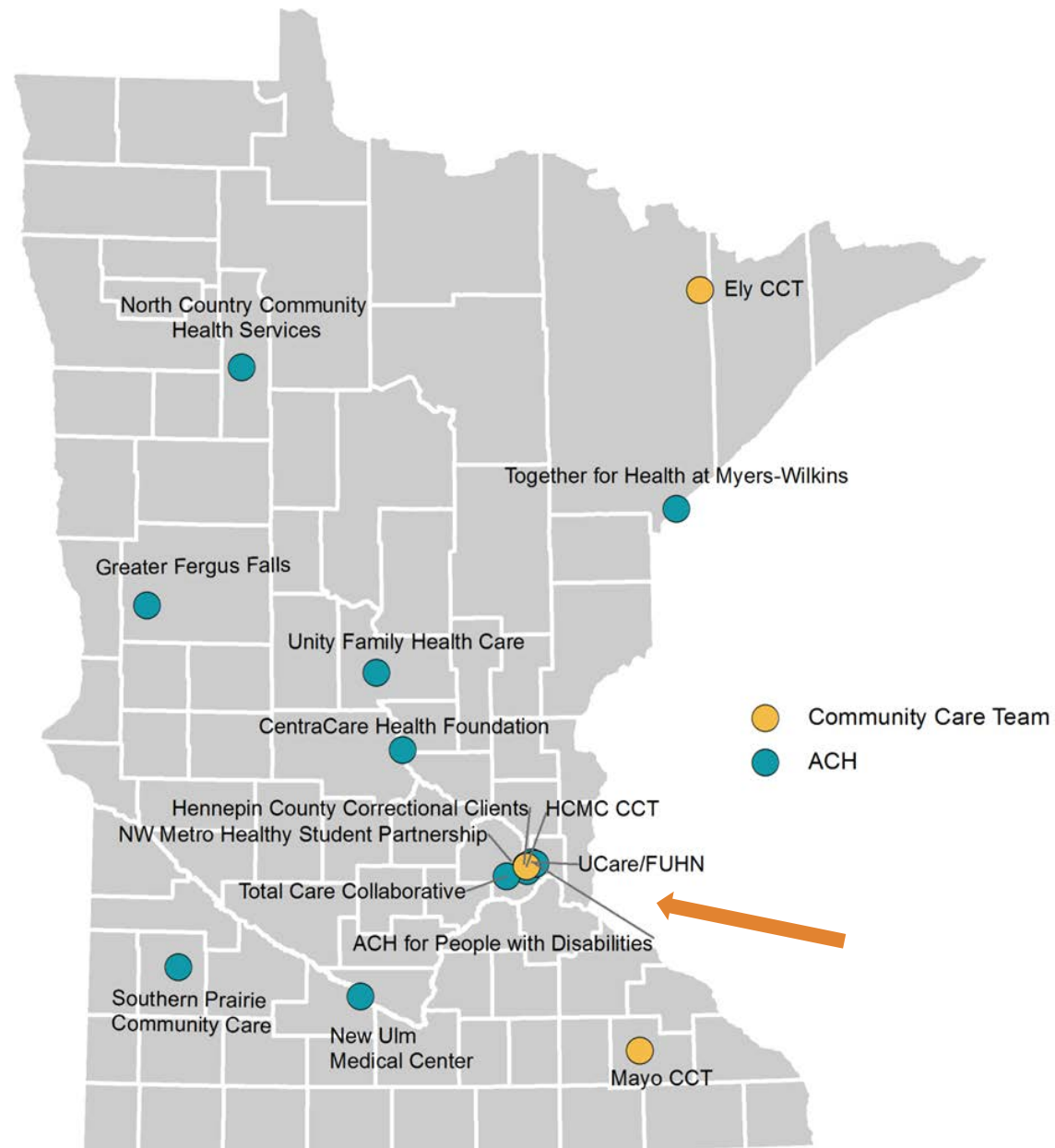
ACH:

ACH for People with Disabilities

George Klauser

Altair ACO, Lutheran Social Services

Integration of community services and health care for individuals with disabilities in the Twin Cities metro area.



For More Information

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