The Stampede of the SIMs
Overview of SIM Initiatives and Progress Towards Payment and Delivery System Reform
Session Overview

- Overview of SIM Initiatives
  - Testing
  - Design
- Medicare Context
- Activities focused on systems of care
- Lessons Learned
  - What is and isn’t working.
Overview of the State Innovation Model (SIM)

- Sponsored by the Center for Medicare and Medicaid Innovation (CMMI)
- Provide significant funding (nearly $1 billion) for delivery and payment system reform
  - Aimed at improving quality and reducing costs
  - State-led, multi-stakeholder transformation efforts
- Participating states have received either model test awards or model design grants through two rounds
- No further rounds are anticipated
Phase 1: Model Test States
- Arkansas
- Maine
- Massachusetts
- Minnesota
- Oregon
- Vermont

Total of $250 million across six states
16 states received model design funding grants
### Phase 2 – Testing Model States

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- Total of $620 million across 11 states
- 21 states received model design funding grants
Leading the Way: Medicare Payment and Delivery System Reform Activity

- Reform aimed at improved quality and reduced cost

Many initiatives underway:

- Value-based Insurance Design Model (Medicare Advantage)
  - Model focused on those with chronic conditions
  - Provide supplemental services and supports to reduce avoidable complications/hospitalizations
  - 5-year demonstration model in 7 states; beginning in Jan 2017 (AZ, IN, IA, MA, OR, PA, TN)

- Medicare ACOs
  - Pioneer ACOs
  - Medicare Shared Savings Programs
  - Next Generation ACOs
Initiatives (continued)
- Episode-based payment initiatives
- Primary care transformation
- Duals programs
- Million hearts campaign
Key Themes Across SIM Test Models (1 of 2)

- At foundation, effort to align across multiple payers including Medicaid, Medicare and Commercial markets
- Delivery system reform focused on:
  - ACO development
  - Enhanced primary care and care management
  - Integration of primary care and behavioral health
  - Development of community systems
  - Linkages to social determinants of health/population health
  - Workforce development
Key Themes Across SIM Test Models (2 of 2)

- **Use of value-based payment models**
  - Total cost of care models
  - Shared savings/risk
  - Episode-based payments
  - Supplemental payments (PCMH, CM)

- **Quality Measures**
  - Development of measure sets
  - Multi-stakeholder alignment
  - Focus on measures of population health/social determinants

- **Expanding HIT**
  - Strengthening ability to collect and analyze data
  - Development of telehealth capacity
  - Strengthening of Health Information Exchange
  - Development of an all payer claims database
Key Accomplishments in Phase 1 Model Test States: Arkansas

- **Expand use of patient centered medical homes**
  - Across Medicaid, Exchange and Commercial Plans
  - Comprehensive, team-based care
  - Focus on chronic care management and preventive services
  - Use of health homes for special populations (e.g., persons with developmental disabilities)
  - Payments for performance-based care coordination fees and shared savings against total cost of care

- **Expand use of episode-based care delivery**
  - Medicaid and Commercials plans participating in episodes
  - Retrospective payment approach
  - Implemented across 12 episodes
  - Positive results (reduced costs)

For more information see Arkansas SIM website at: [www.paymentinitiative.org](http://www.paymentinitiative.org)
Key Accomplishments in Phase 1 Model Test States: Maine (1 of 2)

- **Six Pillars of Activities**
  - Strengthen primary care
    - Supporting primary care practices participating in health homes
    - Developmental disabilities nurse health project
  - Integration of behavioral health and primary care
    - Health home learning collaboratives
    - Funding for HIT investments
  - Develop new workforce models
    - Piloting use of Community Health Workers
  - Develop new payment models
    - Medicaid ACO model aligned with Medicare and commercial
    - Use of practice reports
    - National Diabetes Prevention Program
Key Accomplishments in Phase 1 Model
Test States: Maine (2 of 2)

Six Pillars (continued)
– Centralize data and analysis
  • Developed shared quality metrics
  • Health Information Exchange
  • Web-based analytics tools
– Engage people and communities

For more information see Maine SIM website at: www.maine.gov/dhhs/sim
Key Accomplishments in Phase 1 Model Tests: Massachusetts

- Expand focus on primary care and use of patient centered medical homes
  - Patient Centered Payment Reform Initiative (PCPRI) for MassHealth
  - GIC Centered Care Initiative

- Investment in Infrastructure
  - Provider portal for state APCD
  - Caregiver Direct (portal for LTSS)

- SIMergy Learning Community

For more information see Massachusetts SIM website at:
Key Accomplishments in Phase 1 Model Tests: Minnesota

- **Delivery system reform**
  - Increased access to patient-centered medical homes
  - Increased integration of medical care, behavioral health care and long term care services
  - Development of Integrated Health Partnerships
    - Model is aligned with Medicare Shared Savings Program
    - Implemented integrated and virtual models
    - Positive results
      - $14.8M in demonstrated savings in Year 1
      - $61.5M in demonstrated savings in Year 2

For more information see the Minnesota SIM Website at:
Key Accomplishments in Phase 1 Model Tests: Oregon

- Delivery and payment system reform
  - Implementation of the Coordinated Care Model through CCOs
  - Efforts to expand the CCM to the commercial market
  - Expansion of use of PCPCHs

- Technical Assistance through Transformation Center
  - Resources to CCOs

For more information, see Oregon’s SIM Website at:
Key Accomplishments in Phase 1 Model Tests: Vermont

- **Blueprint for Health**
  - Advanced practice medical homes
  - Community health teams

- **Development of ACOs**
  - Alignment across Medicare, Medicaid and Commercial
  - Shared Savings
  - Aligned quality measures

- **Health Data Infrastructure**
  - Blueprint Registry
  - VITL
  - Shared care plans/transfer protocols

For more information, see Vermont’s SIM Website at: [http://healthcareinnovation.vermont.gov/](http://healthcareinnovation.vermont.gov/)
SIM states are only beginning to fundamentally change how providers deliver care and/or how they are paid.

- Mostly care management and addressing gaps in care related to quality measures.
- More advanced ACOs embed QI coaches, implement clinical pathways
- Limited movement to shared risk; most providers are still in shared savings models
- Payment still made on a fee-for-service basis with need to reconcile against total cost of care on the back end.
Summary Observations (2 of 2)

- Significant work remains to improve data infrastructure
  - Need for strong data analytics staff
  - Use data to target appropriate interventions

- Increased focus on Social Determinants
  - Recognition that need to address social determinants to improve health
  - Importance of working with community-based organizations
Advice for Phase 2 Testing Model States

- Many stakeholders will want a piece of SIM funding. Important to remain focused on ultimate goals of SIM.
- Important to review progress on ongoing basis and to be willing to modify approach based on experience.
- Shared learning communities can be beneficial but need to make sure topics are of interest and impact.
- Evaluation and reporting to CMS are important component of SIM and need to be appropriately resourced to meet requirements.
Questions?

My contact information:

Beth Waldman
Phone: 781-559-4705
Email: bwaldman@bailit-health.com