State Innovation Models
What Other States Are Doing and Learning

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North Dakota e-Health Summit
ND HIMSS Chapter Summit

November 18, 2015
Topics

- Health policy timeline
- Overview of Value-based Purchasing
- CMMI SIM
- Colorado SIM and other state examples
- Alignment with Federal Objectives
- HIT to support demonstration models
- Questions
History – Health and HIT Policies

**Affordable Care Act 2010**
Comprehensive health insurance reforms improving quality and lowering health care costs, protecting consumers, and improving access to care

**MACRA HR2 2015**
Changes Medicare PFS Payment to Merit-Based Incentive Payment System (MIPS) Incentives for participation in Alternate Payment Model (APM)
- Encouraging use of CEHRT and qualified clinical data registries for reporting quality measures

**ARRA HITECH 2009**
The Health Information Technology for Economic and Clinical Health (HITECH) Act established Office of the National Coordinator for Health IT into law and provides Health and Human Services with authority to establish programs to improve health care quality, safety, and efficiency through the promotion of health IT

**Medicaid Expansion 2012**
Colorado expanded Medicaid coverage and established a State-based Marketplace, known as Connect for Health Colorado and established the Accountable Care Collaborative (ACC)
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Value-based purchasing - incentivize quality by aligning reimbursement with performance

Value = \frac{Quality}{Cost}

"VBP refers to a broad set of performance-based payment strategies that link financial incentives to providers’ performance on a set of defined measures."

RAND Corporation

The progression of payment reform models

Alternative payment models; variations of value-based purchasing

“Improving the way providers are incentivized, the way care is delivered, and the way information is distributed will help provide better care at lower cost across the health care system...”

- Promote value-based payment systems
  - Test new alternative payment models
  - Increase linkage of Medicaid, Medicare FFS, and other payments to value
- Bring proven payment models to scale

- Encourage the integration and coordination of clinical care services
- Improve population health
- Promote patient engagement through shared decision making

- Create transparency on cost and quality information
- Bring electronic health information to the point of care for meaningful use

Source: Burwell SM. Setting Value-Based Payment Goals — HHS Efforts to Improve U.S. Health Care. NEJM 2015 Jan 26; published online first.
Alternative models require quality measurement

<table>
<thead>
<tr>
<th>All Types</th>
<th>Medicaid Managed Care (MMC)</th>
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<tbody>
<tr>
<td>Patient Centered Medical Homes (PCMH)</td>
<td>Health Homes (HH)</td>
</tr>
<tr>
<td>Accountable Care Organizations (ACO)</td>
<td>Delivery System Reform Incentive Payment Program Waivers (DSRIP)</td>
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</table>

Private Sector Payment Reform Initiative

Private Payers Moving to Value Based Models

Delivery and Payment Models—Private Sector Initiatives

*The map is current as of August 2013. As new programs are identified the map will be updated accordingly.*

Source: https://www.ahip.org/Map/AlternativeDeliveryPaymentModels
Federal Trajectory – Goal to achieve 90% VBP by 2018

HHS’ goals for Medicare payments

- By 2016
  - 30% through alternative payment models (e.g., ACOs, bundled payments)
  - Total 85% VBP

- By 2018
  - 50% through alternative payment models (e.g., ACOs, bundled payments)
  - Total 90% VBP

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The State Innovation Models (SIM) Initiative is providing financial and technical support to states for the development and testing of state-led, multi-payer health care payment and service delivery models that will improve health system performance, increase quality of care, and decrease costs for Medicare, Medicaid and Children’s Health Insurance Program (CHIP) beneficiaries—and for all residents of participating states.
All SIM States – Round 1 and 2

Round One Model Test Awardees

Round Two Awards
Select anywhere on the map below to view the interactive version
- Model Test Awards
- Model Design Awards

Source: Centers for Medicare & Medicaid Services

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The State of Health Framework

Promoting prevention & wellness
Helping individuals stay healthy or become healthier

Improving health system integration & quality
Eliminating barriers & working effectively within & across systems to ensure person-centered care

Expanding coverage, access & capacity
Ensuring individuals can access care at the right time & place

Enhancing value & strengthening sustainability
Redesigning financial incentives & infrastructure to focus on quality & value, not volume

STATE INNOVATION MODEL
## Summary

Colorado in integrating **physical and behavioral health care** in more than 400 primary care practices and community mental health centers comprised of approximately 1,600 primary care providers. In addition, the state will work to establish a partnership between their public health, behavioral health and primary care sectors.

## Target areas

The state will improve the health of Coloradans by:

1) providing access to integrated primary care and behavioral health services in coordinated community systems;
2) applying value-based payment structures;
3) expanding information technology efforts, including telehealth; and
4) finalizing a statewide plan to improve population health.
CO SIM HIT Year 1 Focuses

- Broadening state-level HIT governance
- Planning short term solution
  1. Shared practice learning and improvement tool (SPLIT)
  2. CQM reporting for first practice cohort (numerator/denominator)
  3. Technical assistance to improve quality of data
- Planning for long-term solution
  1. Discreet data extraction and reporting of clinical quality measures
  2. Integrate clinical data with administrative cost data
  3. Create benchmark reports of clinical quality and cost measure information
  4. Reports to inform Policy, Public Health, Payers, and Practices
- Telehealth expansion strategy
State-Designated Entity for HIE

- CORHIO (2009-2015)
- HIT Advisory Commission (2014-15)
- Governor’s Office of eHealth Innovation (2015-future)
  - CORHIO/QHN
  - HCPF
  - CDPHE
  - Private Sector
Data Quality/Advanced Technical Assistance

Practice Transformation Assistance

Advanced quality improvement ecosystem to collect, share, and use data

Reporting

• Integrated cost and clinical quality measure reports available

Data Acquisition

• Near real-time data from clinic EHRs using existing standards (QRDA/CCDA) and interfaces

Reporting

• SIM objectives
• To public health
• Reports on cCQMs available to practice

Self-reported clinical quality measures reporting (num/denom)

Shared Practice Improvement Tool

Repository of eCQMs

• Measurement
• Analysis

Advanced Technical Assistance

Automated Data Acquisition

• Capture eCQM data from clinic EHRs using existing interface

Reporting

• SIM HIT investment

Central storage/analysis leveraging regional sources
Electronic, automated acquisition of eCQM data to central repository for normalization, measurement, and analysis building on existing infrastructure

Reporting for SIM objectives, public health, and practice improvement

– SIM HIT investment—

• Central storage/analysis leveraging regional sources
• Electronic, automated acquisition of eCQM data to central repository for normalization, measurement, and analysis building on existing infrastructure
• Reporting for SIM objectives, public health, and practice improvement

– SIM 400 —

• Technical Assistance services
• Improvement measurement
• eCQM Self-reporting

Increased data quality and availability for delivery and payment reform

Minimum data set based on eCQM value set

Comprehensive data set

Colorado - Telehealth

**Telehealth Policy**
- **HB 15-1029** – Telehealth bill removing restrictions for providing telehealth visits and providing reimbursement parity for telehealth
- February 2015 – Telehealth Symposium with Colorado Professional Boards
- **February 2015** – Telehealth Symposium with Colorado Professional Boards
  - Federation of State Medical Boards recommendation on standard of care and telehealth best practices
  - Overview of telehealth activities in Colorado today
  - Discussion of policies and rules across health professional boards
- August 2015 – Colorado Medical Board updated policies supporting establishing provider and patient relationship via virtual visits.
- Other work:
  - Pharmacy board rules
  - Interstate licensure compact

**SIM - Telehealth**
- Expand access to broadband
- Telehealth expansion strategy
- Implementation plan for telehealth clinical and business assistance at the practice and community level
Other State SIM HIT initiatives

- **DE** - cross-payer scorecard of core measures available to providers with related tools for patient engagement and price and quality transparency
- **NY** - provide state-funded health information technology, including greatly enhanced capacities to exchange clinical data and an all-payer database
- **RI** - augment its HIT infrastructure to include an all-payer claims database, statewide health care quality measurement, patient engagement tools, and state data management and analytics
- **IA** – ADT alerts from hospitals, scorecard of aligned measures, consistent and usable data to transform their practice from volume-based reimbursement to value-based reimbursement
- **Other focuses** – eCQMs, APCD, data exchange, alerts/notifications for care coordination, BH data integration, telehealth
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Aligning Efforts

- CMMI SIM Round 2 Test Cooperative Agreement
- Payment and Delivery Reform Efforts
- ONC Advanced Interoperability Grant
  - Ambulatory providers’ encounter summaries (CCDs)
  - Behavioral Health providers consent demonstration projects and encounter summaries
  - LTPAC/SNF/Home Health MDS/OASIS to CCD
- CMS – Transforming Clinical Practices Initiative
- BJA – Justice and Health Information Sharing Strategy
- SAMHSA – Certified BH Facility Planning Grant
- 90-10 HITECH/HIE efforts
90-10 HIE Funding

**90/10 funding is available for HIE activities provided that:**

- Funds are used for time-limited Design Development and Implementation Activities
- States leverage efficiencies with other Federal HIE funding
- HIE costs are divided equitably across other payers based on the “fair share” principle and are appropriately allocated.

**Resources for implementation:**

- SMD* Letter-Use of Administrative Funds to Support HIE
- Frequently Asked Questions (FAQs)
- SMD Letter-Federal Funding for Medicaid HIT** Activities
### Requesting Federal Matching Funds Advanced Planning Documents

<table>
<thead>
<tr>
<th>Supporting Clients and Providers</th>
<th>Efficient Billing and Better Data</th>
<th>Improving Access and Coverage</th>
<th>Providing On-going Maintenance</th>
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</thead>
<tbody>
<tr>
<td><strong>Health Information Technology for Economic and Clinical Health (HITECH)</strong></td>
<td><strong>Medicaid Management Information Systems (MMIS)</strong></td>
<td><strong>Eligibility and Enrollment (E&amp;E)</strong></td>
<td><strong>Maintenance and Operations (M&amp;O)</strong></td>
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<tr>
<td>• Design, development, and implementation of core Health Information Exchange Infrastructure to advance Meaningful Use and directly impact Medicaid providers and clients</td>
<td>• Design, development, installation (DDI), and enhancement of the MMIS</td>
<td>• Design, development, and implementation of eligibility and enrollment systems modernization – at the Federal Medicaid matching rate of 90 percent for new systems builds to develop more efficient, effective and modernized Medicaid eligibility and enrollment systems *</td>
<td>• 10/2014 – CMS proposed to permanently extend the availability of 90% federal matching funds for Medicaid eligibility and enrollment systems</td>
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<td>• Support for onboarding or connecting to a HIE enabling a provider to successfully exchange data and use HIE services</td>
<td>• Resources for systems requirements analysis, design definition, programming, unit and integration testing, conversion, hardware/software necessary for DDI, and supplies</td>
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Onboarding Activities

Providers:
- Eligible Hospitals
- Eligible professionals (type)

By Functions

Public Health Activities:
- Immunization, Cancer, Biosurveillance Registry,
- Lab Reporting

Planning Activities:
- Preplanning Analysis
- Planning
- Post Implementation Evaluation

HIE Infrastructure & Services
- Service Access Layer
- Trust Broker
- Master Facility Index
- Master Clinical Index
- Patient Matching
- Single Sign On
- Security Services
- Data Loading
- Direct Messaging
- eCQMs
- Event Notification
- Query based Exchanges
- Image Exchange
- Interfaces to PH
33 States with HIE Implementation Advanced Planning Documents (IAPDs) - Approved or in the First Time Review Process
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Health IT Stack for Value-based Payment Models

Technology

Data Sources

- Health Care Provider Systems
- Other Non-Health Care Provider Systems
- EHR
- Registries
- Other Non-Provider Systems

Data

- Claims Data
- Clinical Data

Various Reporting Formats

State Stakeholders

- Private Purchasers
- CMS & Other Federal Agencies
- Medicaid & Other State Agencies
- ACOs – MCOs - APMs
- Public Health
- All Payer Claims/ Clinical Database

Governance

Policy/Legal

Financing

Business Operations

Office of the National Coordinator for Health Information Technology
Questions?

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