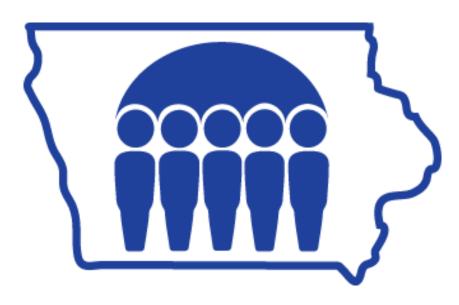# Iowa Department of Human Services

State Innovation Model Test:
Appendix C: Stakeholder Engagement &
Communication Strategy

January 2017

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Overall Engagement Objective:

Engage and inform SIM stakeholders regarding SIM grant activities to maintain a continuous transparent system of communication and feedback in order to accelerate health transformation resulting in improved health, improved healthcare delivery, and lower costs.

Strategy 1: Convene SIM Innovation and Visioning Roundtable

Method of Engagement: Bi-monthly Meetings

First meeting: March 2017

Timeframe for Engagement: March 2017 - Forward

Responsibilities:
- Review and discuss statewide, multi-payer approach to Iowa's healthcare delivery system including the use of SIM funded activities to advance Iowa's transformation
- Ensure quality of SIM activities align with objectives and provide redirection, as appropriate.
- Receive status reports of current and next step activities, current evaluation data (rapid cycles and new or emerging results), and a report of public feedback (see Strategy 2 and Strategy 5).
- Identify participants in workgroup (see Strategy 4) for Health IT, Quality Measurement, Rural health needs, social determinant needs).

Output Deliverables of Roundtable:
- Provide guidance on key strategies and key decision points to DHS and the Strategic Implementation team.
- At the conclusion of each meeting, a Call for Action document may be completed to request specific information in follow-up to a discussion or to request action by SIM Staff.
- At the beginning of each SIM Leadership meeting, previous "Call for Action" documents will be reviewed and addressed.

Potential Risks:
- If any one member of the roundtable team did not participate, they would lessen their ability to influence SIM activities for their own organization/representatives. A mitigation strategy to avoid this risk is to effectively facilitate a meeting with clear scheduling practices and to actively ensure participation.
- If the IME SIM Staff did not participate, they would risk the effectiveness of the leadership meetings being organized and communicating timely and accurate information to the leadership team. A mitigation strategy to avoid this risk is to ensure the IME Office of Healthcare SIM Staff is properly staffed and expected outcomes are clearly communicated.

Stakeholder Information

Department of Human Services Director: Chuck Palmer	**Role:** Chair **Rationale:** The DHS agency is the lead agency for SIM activities and will the lead the group to align with overall strategies for sustainable healthcare transformation at a state level.
Medicaid Director: Mikki Stier	**Role:** Member **Rationale:** The Medicaid Director will advocate for the needs of the Medicaid population and Medicaid Providers while considering changes in the delivery system to meet the SIM objectives.
Department of Public Health Director: Gerd Clabaugh	**Role:** Member **Rationale:** The Public Health Director will advocate for improved public health outcomes while identifying policy levers to assist with overall SIM strategies, including IHIN and Health Information Technology.
Wellmark Executive VP, Healthcare Innovation and Business Development: Laura Jackson	**Role:** Member **Rationale:** The Wellmark VP will advocate for the needs of the Wellmark population and Wellmark ACO Providers while considering changes in the delivery system to meet the SIM objectives.
Patrick Schmitz	**Role:** Member **Rationale:** Mr. Schmitz provides perspective on engaging community providers working within BH and substance abuse systems, the needs of this sub population and how VBP impacts these healthcare providers.
Iowa Insurance Division (Vacant)	**Role:** Member **Rationale:** The Insurance Division resource will bring insight and payer alignment strategies to the group.
Linda Miller, Director of the Department of Aging	**Role:** Member **Rationale:** The Department of Aging resource will bring insight for alignment strategies that focus on LTSS and the local area on aging infrastructure that exists in Iowa.
IME SIM Project Director: Marni Bussell & IME SIM staff	**Role:** Manage the agendas, minutes, and scheduling aspects of this quarterly meeting. **Rationale:** DHS is the lead agency in administering SIM activities and is a vital stakeholder in responding to the direction of the roundtable.
Anticipated regular attendees (other than the leadership group) of this meeting include key staff from IME's Office of Healthcare Transformation, IDPH's office of Healthcare Transformation, IHIN leadership and other personnel as invited.	**Role:** To report status updates and next step information to SIM Leadership as required. **Rationale:** Participants from this group are needed to both facilitate the quarterly meeting and inform the SIM Leadership group of rapid cycle evaluation data.

Strategy 2: Conduct SIM Public Forums

Method of Engagement:
      Quarterly Meetings: IME Clinical Advisory Council (CAC)
      Agency Newsletters: V2V, SIMplify Forums
      Presentations as requested (ex. Patient Advisory Council, Iowa Medical Society, etc.)

Timeframe for Engagement: February 1, 2015 – January 31, 2019

Responsibilities of SIM Public Forum:
- Provide a continuous and transparent avenue for public engagement in the Model Test activities.
- Report to SIM stakeholders Iowa's, multi-payer approach to the model test objectives identified in Iowa's Driver Diagram.
- Listen and record feedback from SIM stakeholders about current and next steps, current evaluation data (rapid cycles and new or emerging results), in an effort to respond to the needs of the system in Iowa in a rapid and responsive way to ensure overall engagement in the program.

Output Deliverables of SIM Public Forum:
- The SIM Staff will manage the agenda, minutes, facilitation, and scheduling aspects.
  - All meeting agendas and minutes will be posted to the cooresponding forum (CAC web page: https://dhs.iowa.gov/ime/about/advisory_groups/clinical-advisory-group)
  - All meetings will be held in a public setting and adhere to Public Meeting standards and accessibility requirements.
- Feedback that would represent public stakeholder's perspective around SIM activities. This feedback would be distilled and reported to the SIM Leadership group for incorporation into guidance for the SIM Staff.
- The IME will reach out to SIM Stakeholders and interested parties to advertise the quarterly public forums using various avenues including the stakeholder list from the SIM Design grant phase, requested subscribers to the SIM Initiative and other appropriate distribution lists.
  - The SIM design workgroups were a well-balanced representation geographically of Iowa.
  - The design workgroups were also a well-balanced example of the different provider types (state, local government, community and patient, payers and providers).
  - It is the responsibility of the state to ensure that all stakeholder types are aware of and invited to participate in these public forums.

Potential Risks:
- If any one member of the identified stakeholder groups does not participate, they would lessen their ability to influence SIM activities for their own organization/representatives. A mitigation strategy to avoid this risk is to effectively facilitate a meeting with clear scheduling practices and to actively ensure participation.
- If the IME or IDPH Office of Healthcare Transformation does not participate, they risk the effectiveness of the public forums being organized and communicating timely and accurate information to stakeholders. A mitigation strategy to avoid this risk is to ensure the IME SIM Staff is properly staffed and expected outcomes are clearly communicated.

Stakeholder Information

IME SIM Staff	**Role:** To facilitate all aspects of these meetings including scheduling, building agendas, recording minutes, and posting publicly to a website. **Rationale:** The entity responsible for managing the SIM program should ultimately manage the stakeholder engagement process.
IDPH Office of Healthcare Transformation	**Role:** To fully participate in the planning and execution of SIM stakeholder meetings in collaboration with the IME SIM Staff **Rationale:** The entity responsible for overseeing SIM Technical Assistance, Community Care Teams, the ADT Alerting tool, and the plan to improve population health is a key partner in engaging stakeholders.
Provider Associations	**Role:** To stay informed of SIM activities and provide valuable feedback to SIM staff. **Rationale:** Provider Associations will advocate for the needs of their providers while considering changes in the delivery system to meet the SIM objectives. This group includes representation from community-based providers, mental-health providers, disability providers and traditional medical providers.
Members and Member Advocates	**Role:** To stay informed of SIM activities and provide valuable feedback to SIM staff. **Rationale:** Members and Member Advocates will advocate for the needs of their population while considering changes in the delivery system to meet the SIM objectives. This group includes representation from faith-based organizations, foundations, school districts, individuals with disabilities, and aging.
ACO/Healthcare Delivery System	**Role:** To stay informed of SIM activities and provide valuable feedback to SIM staff. **Rationale:** Providers will advocate for the needs of their population and their organizations while considering changes in the delivery system to meet the SIM objectives.
Managed Care Organizations (MCO)	**Role:** To stay informed of SIM activities and provide valuable feedback to SIM staff. **Rationale:** The MCO will advocate for the needs of their population, their providers and their organization while considering changes in the delivery system to meet the SIM objectives.
Other Federal, State and Local Government Stakeholders	**Role:** To stay informed of SIM activities and provide valuable feedback to SIM staff. **Rationale:** These stakeholder types will advocate for the needs of their populations and interests while considering changes in the delivery system to meet the SIM objectives. They also play a key role in identifying policy levers they can use to accelerate SIM objectives in Iowa.

Strategy 3: Maintain SIM website

Method of Engagement:
Continuous online resource of up-to-date information : http://dhs.iowa.gov/ime/about/state-innovation-models

Timeframe for Engagement: February 1, 2015 – January 31, 2019

Responsibilities of SIM Website:
- Provides a resource for all interested stakeholders current activities, scheduled meetings and reports related to the implementation and evaluation of the SIM Model Test.

Output Deliverables of SIM Website:
- Post documents, updated and accurate that include but are not limited to:
  - Scheduled public meetings ex. IME Clinical Advisory Council (CAC)
  - Meeting agendas and minutes
  - SIM PowerPoints and evaluation reports
  - SIM guiding principles
  - News and Announcements related to SIM activities
  - A place for stakeholders to provide feedback and contact SIM Staff
- Link to other websites that reflect SIM activities from Iowa Department of Public Health and Iowa Healthcare Collaborative

Potential Risks:
- If the SIM website is not adequately maintained, the risk of disengaging stakeholders and the spread of mis-information increases. A mitigation strategy to avoid this risk is to ensure the IME SIM Staff is properly staffed and expected outcomes are clearly communicated as well as engaging the expertise of the IME Communication team regarding the goals and expectations of the SIM website.
- If the SIM website is not consistently advertised, there is a risk that stakeholders will underutilize the resource. A mitigation strategy to avoid this risk is to engage the IME Communication team in the stakeholder engagement plan to effectively utilize communication avenues available to the state.

Stakeholder Information	
IME SIM Staff	**Role:** Identify content to be posted **Rationale:** This office will have direct contact with the overall program activities and stakeholders to manage what material should be posted**.**
IME Communications team	**Role:** Adhere to DHS style guides, consult on design and communication strategy and post documentation to SIM website **Rationale:** The IME communication team has the subject matter expertise to guide communication strategies and adherence to DHS communication policies.
All Public Stakeholders	**Role:** Use the SIM website as a resource to stay informed and up-to-date **Rationale:** Stakeholders need an online resource to stay informed on SIM activities.

Strategy 4: Convene short term integration workgroups for Quality, HIT, Payment Reform, Population Health Improvement

Method of Engagement:
Meetings and conference calls
Groups developed by recommendation from the Roundtable, by invitation only.
Facilitated by the strategic Implementation partners

Timeframe for Engagement: September 1, 2015 – December 31, 2016

Responsibilities of short term workgroups:
- Establish a method of integration into value-based purchasing for specialized populations, could include:
    - Long Term Care
    - Behavioral Health
    - Children and Youth with Special Healthcare Needs (CYSHN)
    - Dual Eligiblies,
    - Integration of SDH across populations
    - Quality Measurement that supports APMs
    - Health IT Improvement
    - Sustainability Planning

Output Deliverables of short term workgroups:
- A recommendation of appropriate payment incentives to drive integration within the delivery system within current value-based models in Iowa.
- A recommended list of quality measures to ensure that integration improves quality.
- A recommendation for policy changes to remove barriers to integration (licensing requirements, Iowa Administrative Code, etc)
- A strategy to engage these population groups into the delivery system.
- Recommendations to advance HIT data sharing that supports better value in Iowa

Potential Risks:
- Invited participants are not engaged enough to be productive or make recommendations. This would put the integration of these special populations into a delayed timeline. The mitigation plan to avoid this risk is to select willing and active stakeholders.
- Recommendations are not sound or feasible to carry out in the current payment, delivery system, or HIT environment. The mitigation plan for this risk is to ensure that SIM staff, expert vendors, and HIT experts are involved in the workgroup and final recommendations processes.

Note: Strategy 4 will enable SIM Strategic Partners from Medicaid, IDPH and the IHIN (Non-profit) to execute on HIT Planning activities identified in the HIT Planning Future State (Page 17 – 23):

- Develop a glide path for Medicaid to implement an A-APM in Iowa
- Mature the Marketplace for ADT data to support value-based care

Strategy 5: Operate a SIM feedback email account

Method of Engagement: Quarterly Meetings

Timeframe for Engagement: February 1, 2015 – January 31, 2019

Responsibilities of SIM Feedback Email Account:
- Provide an address for any SIM stakeholder to send formal feedback to the State
- Establish a process for reliable communication between the SIM team and stakeholder inquires.

Output Deliverables of SIM Feedback Email Account:
- Appropriate responses to confirm receipt and consistent processes to aggregate, and escalate information to SIM staff.

Potential Risks:
- If the SIM Feedback email account is not adequately monitored and appropriate response provided, the risk of disengaging stakeholders will increase. The mitigation strategy to avoid this risk is to properly staff the IME SIM Staff and then set clear expectations to monitor and respond to feedback and requests coming in from email.

Stakeholder Information	
IME SIM Staff	**Role:** Regular monitoring of the SIM Feedback email account including appropriate logging and responses. **Rationale:** This office will have direct contact with the overall program activities and with stakeholders to ensure proper communication.
All Public Stakeholders	**Role:** To use the SIM email account as a resource to ask questions and record feedback. **Rationale:** Public stakeholders need a reliable path to communicate with SIM Staff.

Strategy 6: ACO/Delivery System meetings and correspondence

Method of Engagement:
Monthly phone and or in person meetings
- All meetings are conducted with IME staff and individually with each of the ACOs.

Timeframe for Engagement: April 1, 2014– January 31, 2019

The IME has developed an ACO communication improvement plan and drafted the following Guiding Principle:

> "The IME is responsible to support the healthcare delivery system's ability to analyze data, improve care and track program measures by sharing reliable and consistent information in a timely way. The healthcare delivery system is responsible to analyze and take action on data by maximizing resources and implementing improved processes. Both the IME and the Healthcare Delivery system are ultimately responsible for improving population health and the delivery of healthcare as well as lowering the total cost of care (triple aim)."

The ACO communication improvement plan is a toolkit to aid in the ongoing effort to improve reports/data from the IME to the delivery system. This plan includes a roster of the different reports and data sharing activities between the IME and the delivery system, including potential updates and estimated delivery dates of those changes.

Responsibilities of ACO/Delivery System Meetings and Correspondence:
- This monthly meeting will be the venue for the delivery system to share gaps in data that impede their ability to meet the goal of the SIM.
- The IME will share expected timelines for implementing changes to reports/data sharing process.
- Share outcome/process measure updates from across the different ACO delivery systems.

Output Deliverables of ACO/Delivery System Meetings and Correspondence:
- Minutes/Agendas/Action Items
- Monthly Partner e-Communication (corresponds with the updated online dashboard reports)
- SWAN updates and reports

Potential Risks:
- ACO staff does not effectively communicate information from this meeting into their organization. When that occurs, the IME spends more time responding to email inquiries that are based on mis-information or old information.
  - Potential mitigation approach is to send meeting minutes and action items identified from each meeting.
  - Compile and send a monthly e-communication that conveys information the IME wants to share with each MCO. This was implemented in October of 2014.
- The IME staff schedules make it difficult for everyone to attend 100 percent of the meetings.   The mitigation plan for this risk is to remain flexible and reschedule as needed and continue to communicate via email to keep action items progressing.

Stakeholder Information	
IME SIM Staff: **Marni Bussell, Bob Schlueter, Tanya McAninch, Shelley Horak, Barb White**	**Role:** Support the agendas and discussion of the array of topics; member impacts, provider operations, and policy; as well as support and inform MCO partners of upcoming SIM activities. **Rationale:** The IME has been conducting these types of meetings with ACOs for over a year and based on that experience, having the staff members idQuentified supports this regular communication.
ACO Staff: **The designated ACO Contact person in charge of quality improvement measures, data sharing and member engagement.**	**Role:** Identify areas for improvement and responsibly relay information into the delivery system to effectively promote improvements. **Rationale:** The IME has been conducting these types of meetings with ACOs for over a year and based on that experience, having the staff members identified supports this regular communication.
MCO Staff: **The designated MCO Contact person in charge of value based purchasing, quality improvement measures, data sharing and member engagement.**	**Role**: identify areas for improvement and responsibly relay information into the delivery system to effectively promote improvements. **Rationale**: As MCOs develop into the delivery system they wil play a role in these meetings as well. (starting 1/1/2016)
IHC Staff **The designated staff from IHC incharge of developing technical assistance for the SIM**	**Role:** identify areas of technical assistance needs. Participate and establish relationships with ACO staff. **Rationale:** As the SIM Technical Assistance activity launches statewide, establishing key relationships with the delivery system will assist in better engagement. This gives ACO's an opportunity to guide TA topics that interest them.

Strategy 7: MCO SIM Value Based Purchasing meetings

Method of Engagement:
> Semi-annual or more frequent face-to-face meetings
> Monthly phone conferences, Policy Clarifications, and Request for Information

Timeframe for Engagement: January 2016 – January 2019

Responsibilities of MCO Meetings:
- Meetings will be the venue for the delivery system to share gaps in data that impede their ability to meet the goal of SIM.
- The IME will share expected timelines for implementing changes to reports/data sharing process, policy clarifications and general guidance.
- Share outcome/process measure updates from across the different ACO and or MCO delivery systems.

Output Deliverables MCO Meetings:
- Minutes/Agendas/Action Items,
- Partner Communication (corresponds with the updated online dashboard reports)

Potential Risks:
- MCO staff does not effectively communicate information from this meeting into their organization. When that occurs, the IME spends more time responding to email inquiries that are based on mis-information or old information.
  - Potential mitigation approach is to send meeting minutes and action items identified from each meeting.
  - Compile and send a monthly e-communication that conveys information the IME wants to share with each MCO. This was implemented in October of 2014 for the ACO system.
- The IME staff schedules make it difficult for everyone to attend 100 percent of the meetings. The mitigation plan for this risk is to remain flexible, reschedule as needed, and continue to communicate via email to keep action items progressing.

Stakeholder Information	
IME SIM Staff: **Marni Bussell, Tanya McAninch, Robert Schlueter**	**Role**: Support the agendas and discussion of the array of topics that span member impacts, provider operations, and policy; as well as support and inform MCO partners of upcoming SIM activities. **Rationale**: The IME has been conducting these types of meetings with ACOs for over a year and based on that experience, having the staff members identified supports this regular communication. However, based on the addition of the MCO perspective, more IME staff may be identified to participate.
MCO Staff: **The designated MCO Contact person in charge of value based purchasing, quality improvement measures, data sharing and member engagement.**	**Role**: identify areas for improvement and responsibly relay information into the delivery system to effectively promote improvements. **Rationale**: As the meetings develop and evolve the IME will be able to identify the required MCO staff that will attend these regular meetings.

Strategy 8: Medicaid Quality Committee

Method of Engagement:
The Medicaid Quality Steering committee convened in fall of 2016 consists of key leadership staff within the Medicaid Agency, including the Medicaid Director and the Medicaid Medical Director, and Division Administrators for Mental Health and Disability and Child Welfare. This group looks at quality across programs in an effort to align initiatives and improve health outcomes for the Medicaid members. Some of the core functions of this group include:

- Recommend measures and provide ongoing monitoring of dashboard and key performance indicators.
- Review and revise Quality Strategy Plan for Medicaid
- Review MCO performance improvement projects and make recommendations for enhancements.

Timeframe for Engagement: IME is developing to convene in 2017

Responsibilities of VIS User Group Conference:
- To collect feedback from the delivery system on the Value Index Score (VIS) measurement system, share results to-date and potential changes forthcoming.
- All ACO/MCO/Payers will participate
- Complete details are still being defined

Potential Risks:
As the IME develops more quality measures beyond the VIS, that reflect specialized populations, the IME does not want the VIS User Group Conference to overshadow the broader scope of metrics. The mitigation strategy to avoid this risk is to engage the SIM leadership group to focus on and adjust the stakeholder engagement plan as appropriately.

Strategy 9: SIM Technical Assistance

Method of Engagement:
Conducted by Iowa Healthcare Collaborative, with multiple methods of engagement listed below.

Timeframe for Engagement: January 1, 2016 – January 31, 2019

Responsibilities of SIM TA:
- Collect and measure population health improvement metrics
- Promote and spread best practices aimed at population health improvement
- Facilitate planning and development of community strategies to improve population health, including patient engagement strategies
- Assist in the development of community level action plans for execution of community strategies
- Collaborate with the delivery system on how to use and promote data to improve health, improve healthcare and lower costs
    - e.g., How to use a Health Risk Assessment (HRA), what to do with Social Determinant of Health (SDH) data, how to incorporate Admission Discharge Transfer (ADT) alerting into clinical work flow, how to use Iowa Health Information Network (IHIN) to improve outcomes and quality metrics, CHNA/HIP process, etc.
- Provide skill to the delivery system to adapt to a system changing from volume to value.

Output Deliverables SIM TA:

- Community and statewide learning events
- Webinars
- On-site, one on one technical assistance
- Dedicated TA Contact for questions
- Community level action plans to improve community level health

Potential Risks: