



# SIM and Community Care

Marni Bussell

SIM Project Director

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# SIM Round One: Design

- SIM = State Innovation Model
- Eight month design grant awarded February 2013
- Submitted design in December 2013
  - State Healthcare Innovation Plan (SHIP),
  - Five year visionary plan
- 19 required components, including:
  - Vision statement for system transformation
  - Well-defined “AS IS” and “TO BE” for transformed state
  - Barriers and opportunities
  - Population health status, social/economic impacts on health
  - Timeline

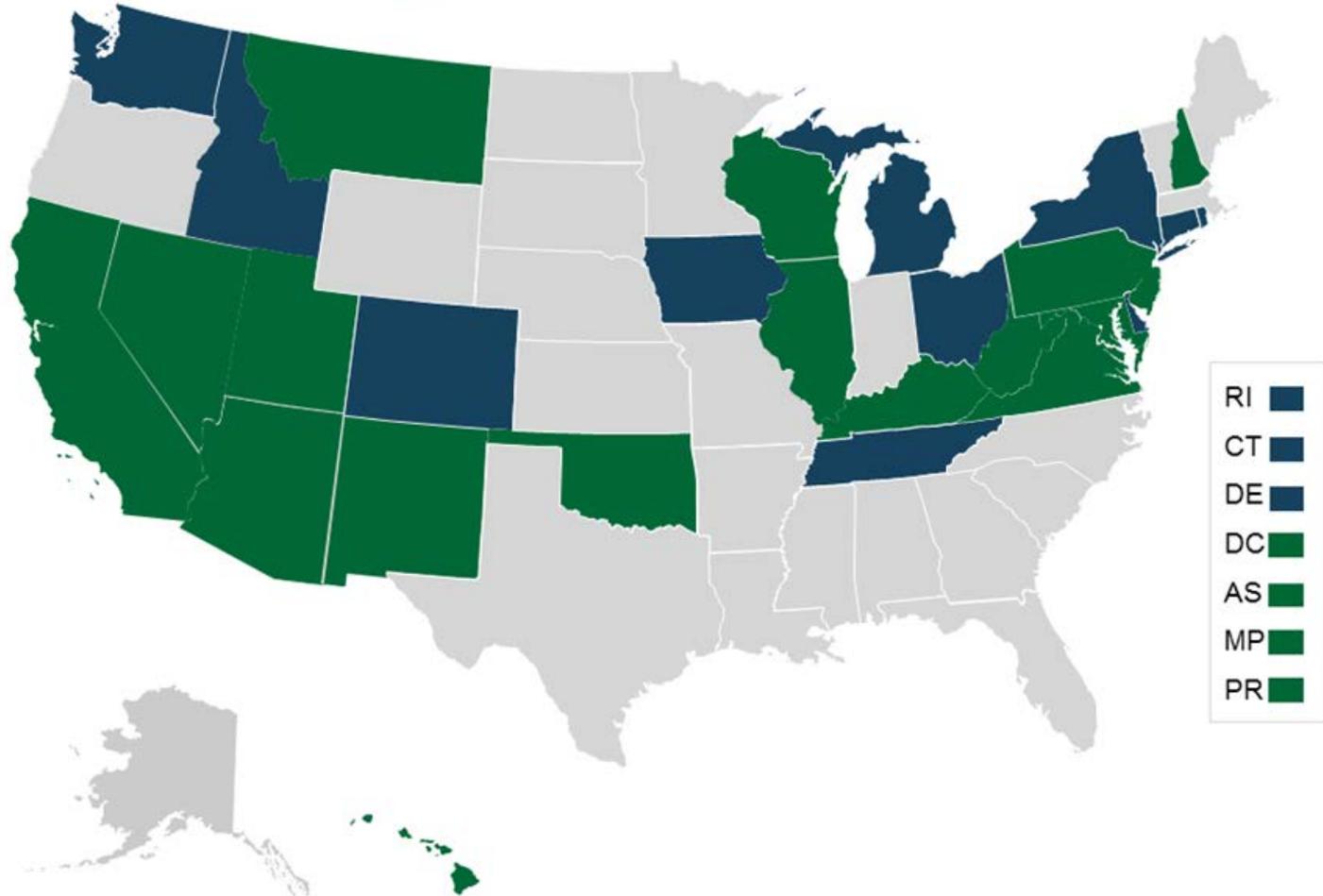
# SIM Round Two: Test

- On December 16, 2014 CMS announced
  - 11 Test states (\$620m) **includes Iowa!**
  - 21 Design states (\$43m)
  - Iowa received approval for \$43.1m over 4yrs
  - Funds released 1 year at a time
    - One pre-implementation year & three test years
  - Each year the state requests a non-competing extension to draw down more funds

# Round 2 SIM Awards

■ Model Test Awards

■ Model Design Awards



Source: Centers for Medicare & Medicaid Services



# Model Testing Proposal

Iowa must apply policy and regulatory levers to address three focus areas:

1. Transform health care delivery systems
2. Improve population health
3. Decrease per capita total health care spending

# Transform Health Care Delivery

## Expand Value-based Payments to Full Medicaid

Expand PCP  
Assignment

Work with MCOs  
to promote value  
arrangements

Incrementally add  
LTC/BH Services

Care Coordination  
payments for  
chronics (aligned  
with HH)

## Align with Other Payers

Use VIS

Develop VIS  
Star Rating

Include Medicaid  
HMO/CHIP  
Plans

## Support Delivery System

Develop Community  
Care Teams

Develop Admission  
Discharge Transfer  
(ADT) system  
(HIT/IHIN)

Technical  
Assistance approach  
with IDPH

VIS – Value Index Score, PCP – Primary Care Provider, MCO- Managed Care Organization,  
HH – Health Home, LTC/BH – Long Term Care/Behavioral Health, ADT – HIT/IHIN – Health Information Technology  
Iowa Health Information Network

# HHS Announces Goals in the Shift to Value-Based Payments

HHS Secretary Burwell announces move from Medicare traditional FFS payments to value using ACOs/ Medical Home programs

- 30% by end of 2016
- 50% by 2018
- 85% of payments tied to either quality or value by 2016

HHS has seen \$417million in savings due to existing ACO programs

*“We believe these goals can drive transformative changes, help manage and track progress and create accountability for improvements”*

# How do you support the system during change?

Focus on the community

- Establish learning events, share best practices

Use technology to improve care coordination

- Real-time Admission/Discharge/Transfers data

Integrate Social Supports/Public Health into care delivery

- Develop Community Care Teams

# Developing Community Care Teams

- SIM establishes funding for CCT through 2018 (7 Million in total)
  - Consistent framework across CCTs in Iowa
  - Integration of public health and primary care
  - Addressing social determinants to improve outcomes
  - Focus on the community as the solution to better health, interacting with SIM TA
- Grants for community focused SDH initiatives (1 Million)

# Improve Population Health

## Improve Population Health/ Healthiest State Initiatives

- Tobacco Use
- Diabetes
- Obesity/Childhood Obesity
- Hospital Acquired Infections
- Obstetrics Adverse Events

### Engage Patients/Improve Health Literacy

- Build from Healthy Behavior Program
- Use HRA to measure Patient activation
- Utilize Public Partnerships for education & outreach
- Measure Member Experience
- Choosing Wisely Campaign

### Collect Social Determinants of Health

Impact Individual patient care

Implement Community SDH Transformation grants

Study potential risk adjustment on payment model

# Decrease Per Capita Health Care Costs

## Evaluation and Monitoring

Conduct Rapid  
Cycle  
Evaluations

Track Total Cost  
of Care

Public Reporting  
of Results

## Achieve Scale within Delivery System

Align and partner  
with Public Payers  
(CHIP/M-HMO)

Align and partner  
with Private  
Payers

## Track VIS Improvement

Monitor VIS and TCOC  
relationship

Identify sub populations needs  
improvements

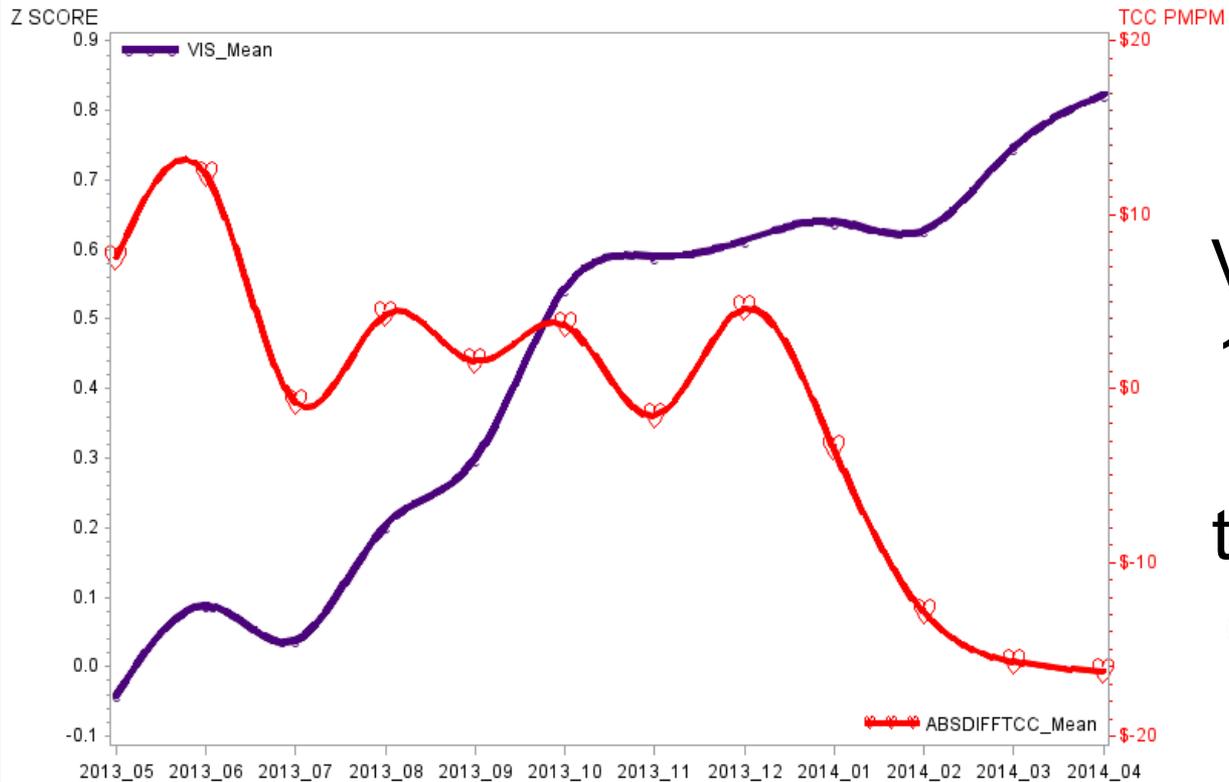


# Achieve Scale and Track Improvements

- By developing value-based purchasing arrangements like other payers, providers and community partners can focus on changes that impact not only the whole person, but all people they serve
- Using VIS to track quality links better quality to lower expenses, as shown on next page

# Iowa Medicaid VIS Results

VIS and Risk Adjusted TCC Performance over Time for  
PCPs who Improved



PCPs that improved their VIS score over a 12 month period also lowered their total cost of care during that same period

and own PCP visits to all PCP visit ratio was >.49

# Current R2 SIM Activity

- **2015 - Planning and Preparation**
  - Executing contracts with vendors
  - Planning Event Notification System roll-out
  - Planning Technical Assistance kick-off
  - Establishing Community Care Team framework under SIM
  - Value-based Purchasing in Medicaid aligned with other payers
  - Public Stakeholder meetings quarterly
- **2015 Deliverables**
  - Stakeholder Engagement Plan – March 30
  - Quarterly Activity Reports – May, August & November
  - Operational Plan – December 1

# Resources

Website:

<http://dhs.iowa.gov/ime/about/state-innovation-models>

Emails:

[mbussel@dhs.state.ia.us](mailto:mbussel@dhs.state.ia.us)