SIM PROJECT SUMMARY:

Project Summary

Project Description

The University of Rhode Island (URI) conducted SIM's State-based evaluation, studying the effectiveness of the overall initiative, as well as a select set of interventions. URI conducted the evaluation in accordance with the SIM Overarching Mixed-Methods Evaluation Plan (both qualitative and quantitative) and aimed to ensure that our State-led evaluation efforts complemented the Federally-led evaluation. URI was responsible for developing a comprehensive, overarching evaluation plan for the SIM Test Grant. The evaluation plan resulted in a continuous process for identifying areas of improvement through program evaluation and recommending solutions.

Project Goals and Objectives

- Identified root causes for intervention successes and challenges related to practice transformation, patient empowerment, and population health improvements.
- Assessed planning efforts and collaboration among SIM strategic partners, detailed efficiencies created by policy and regulatory changes, and provided data-driven recommendations for sustainability beyond SIM.
- Documented the importance of increasing the capacity for supporting infrastructure such as workforce development and data availability.
- Coordinated effectively with other SIM-related evaluations led by other vendors or handled in house through staff review of metrics.

Vendor Information:	State Contact:	Total Fun	ds Leveraged:	Target Populations:	
Bryan Blissmer, URI blissmer@uri.edu 401-874-5435	James Rajotte, SIM <u>James.Rajotte@health.ri.gov</u> 401-222-5142	SIM:	\$915,159		
Major Accomplishments		Key Metrics and Evaluation Insights			
 Major Project Accomplishments: 1. Impacts on Physical and Behavioral Health Integration: PediPRN program evaluation documented success at engaging PPCPs using service to help manage behavioral health issues 		 Outcomes Documented across evaluations Culture of Collaboration evaluation supported broad, positive systemic impacts of SIM operational principles upon enhance public-private partnerships. Convened agencies and organizations who had not previously worked together in a way that fostered communication, information sharing, relationships, and 			
 Qualitative research sup 	SIM on provider satisfaction and burnout across 14		 a sense of community and trust. Meetings and workgroups facilitated alignment of priorities and goals, and fostered collaboration between agency and private partners. 		
 End of Life projects doc patients and families and 			• Evaluation of impacts of 14 different SIM initiatives identified four overarching themes: 1) Enhanced Personal Growth and Professional Development, 2) Improved Organizational Processes and Systems, 3) Improved Patient Care, and 4) Minimal Impact or Future		
 Care management dash data support at the CMI 	data support at the CMHCs to aide in care coordination and analytics efforts to help identify		 Potential for Value-Add. Nearly all found improvements in job satisfaction as related to their participation in SIM-funded initiative Participants found that some aspects of initiatives reduced burnout, and some that increased burnout Lessons Learned and Evaluation Insights 		
documented initial impr outcomes at discharge o Use of CMDs at	CHTs provided care for high needs patients and documented initial improvements in health outcomes at discharge		 Engage with the vendors as soon as possible to develop evaluation plans, data collection processes, and feedback systems. Plan immediately for post-award evaluation based on vendor procurement delays and outcome data availability. 		
Impacts: Impacts: Impacts: Impacts: Impacts: Impacts: Impacts: Impacts: Impacts: Impacts: <					

PCPs
Payers

State Government
 Community Based Organizations

Community Mental Health Center Staff

Sustainability Efforts

Working with SIM leadership to finalize a plan to evaluate and summarize full data available for the projects through the end of June. This will allow us to update and provide richer analyses than we were able to given the time constraints of the funding.

We are discussing evaluation plans and needs going forward and making evaluation recommendations in our reports for those projects which have been sustain post-SIM.

We are working with CTC-RI to engage in evaluation planning for the CHTs as they continue post-SIM.

Project Website and Informational Handouts	Communications Material and Media Highlights			
N/A	N/A			
Toolkits and Online Training	Evolution Deports and Dresontations			
Toolkits and Online Training	Evaluation Reports and Presentations			
N/A	These will be updated onto the RI SIM website when finalized			
Disclaimer				

This project was supported by Grant Number 1G1CMS331405 from the United States Department of Health and Human Services, Centers for Medicare & Medicaid Services. The contents of this publication are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Health and Human Services or any of its agencies. The research presented here was conducted by the awardee. Findings might or might not be consistent with or confirmed by the findings of the independent evaluation contractor.

Impacts:

Patients **PCPs** □ Payers

□ Specialists State Government

Hospital & Long-Term Care Staff Community Based Organizations Community Mental Health Center Staff