Rhode Island State Innovation Model (SIM) Test Grant

Culture of Collaboration Evaluation Report

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EXECUTIVE SUMMARY

PROJECT OVERVIEW

In 2015, Rhode Island (RI) was one of 24 states to receive a State Innovation Model (SIM) Test Grant from the federal Centers for Medicare and Medicaid Services (CMS) to transform the ways in which healthcare is delivered and paid for in the state. One of RI SIM's highest priorities was to foster a "Culture of Collaboration" across its investments, strategies, and organizational infrastructure. The RI SIM initiative relied on this culture to achieve targeted healthcare system transformation objectives and to maintain high stakeholder engagement.

This report details the findings of the state-based evaluation of the Culture of Collaboration initiative, completed by the Rhode Island State Evaluation Team at the University of Rhode Island.

WHAT WE DID

We used a mixed methods approach to address key evaluation questions related to the development and associated impact of RI SIM's Culture of Collaboration.

QUANITATIVE: We collected quantitative data via two rounds of a structured survey administered online to various SIM stakeholders in Rhode Island in February 2018 and 2019, respectively.

QUALITATIVE: We collected qualitative data from SIM participants via three semi-structured written surveys, 12 semi-structured interviews, and three focus groups between Fall 2017-Spring 2019.

WHAT WE FOUND

- Respondents identified several benefits of RI SIM's staffing and governance model:
  - Governance structure effectively supported prioritization and strategic planning for health system transformation, effective decision making and allocation of funding, and reflected the need to engage both public and private partners.
  - Convened agencies and organizations who had not previously worked together in a way that fostered communication, information sharing, relationships, and a sense of community and trust.
  - Meetings and workgroups facilitated alignment of priorities and goals, and fostered collaboration between agency and private partners.
- The open and transparent nature of Steering Committee meetings and the SIM Leadership team were largely credited with effectively fostering and maintaining engagement of key healthcare stakeholders in Rhode Island.
- Participation in RI SIM was valued by most respondents. Those who were more frequently engaged in the SIM initiative were more likely to highly rate the benefits to their organization.
- RI SIM has been successful at creating a Culture of Collaboration, which is being adopted in the state beyond the SIM initiative and will positively contribute to health system transformation in RI.
- RI SIM has adhered to health system transformation principles, particularly: fostering information sharing (especially among state agencies) and data-driven decision making, and contributing to the state's transition to a value-based healthcare payment system.
- Respondents identified several features of the SIM initiative contributing to Rhode Island's progress toward the Triple AIM, including aspects of its structure, processes, and values, as well as its support for specific programs and initiatives, which have contributed to enhanced population health, better quality care, and smarter spending.

CONCLUSION

RI SIM has been successful in fostering a Culture of Collaboration among the healthcare system in Rhode Island. The development of this culture will assist in sustaining and furthering the current efforts in the state to achieve health system transformation beyond the funding period of the RI SIM test grant.

Background

Overview

This report was prepared as part of the State of Rhode Island's internal evaluation process of the State Innovation Model Test Grant. In 2015, Rhode Island was one of 24 states to receive a State Innovation Model (SIM) Test Grant from the federal Centers for Medicare and Medicaid Services (CMS). The state received $20 million in funding over 5 award years to transform the ways in which healthcare is delivered and paid for. SIM funds supported several activities that can be broken into three categories: improving the primary care and behavioral health infrastructure, engaging patients in positive health behaviors and self-advocacy, and expanding the ability of providers and policy makers to use and share data.

These efforts were led by a core team of staff from several state departments, including: the Executive Office of Health and Human Services, and within it, Medicaid; the Departments of Health; Behavioral Health, Developmental Disabilities, and Hospitals; HealthSource RI; and the Office of the Health Insurance Commissioner. RI SIM also engaged staff and leadership from the Department of Children, Youth, and Families, and the Department of Human Services. SIM was governed by a Steering Committee made up of a diverse range of stakeholders, including providers, insurers, patient advocates, and community organizations. Additional stakeholders and interested individuals were encouraged to participate in the various working groups that SIM convened on specific topics related to healthcare transformation.

One of RI SIM's highest priorities was to foster a "Culture of Collaboration" across its investments, strategies, and organizational infrastructure. SIM relied on this culture to help achieve targeted healthcare system transformation objectives and to maintain high stakeholder engagement. The goal was for the partnerships forged in planning and implementing this test grant to outlive the SIM grant cycle. By fostering widespread community buy-in through the Steering Committee's governance structure, the Integration and Alignment Project, and SIM's interagency structure throughout the lifetime of the grant, SIM sought to determine the best ways to sustain health system transformation and population health improvements in Rhode Island, while garnering the support needed to sustain successful, funded projects.

SIM enlisted a team of evaluators from the University of Rhode Island (URI) and Brown University as the RI State Evaluation Team to assess progress on several of the activities funded as part of the test grant. This is the comprehensive report resulting from the evaluation (conducted by the team at URI) of RI SIM's Culture of Collaboration initiative.

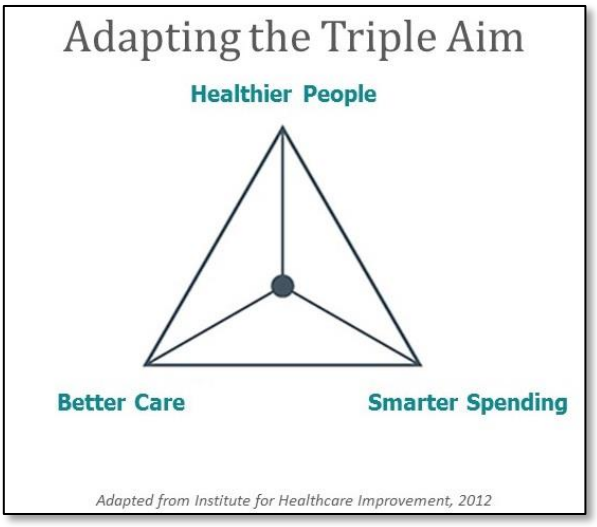
Rhode Island State Innovation Model Test Grant

Vision:

The vision of the Rhode Island SIM Test Grant represents the desired future state resulting from a transition to value-based care in the state. The vision statement, borrowed from the Triple Aim (at right), reads:

Better Care, by continuously improving Rhode Islanders' (including quality and satisfaction); Healthier People, by enhancing the physical and behavioral health of all Rhode Island's population; and Smarter Spending on healthcare for our residents.

Figure 1: Rhode Island's Triple Aim



Mission

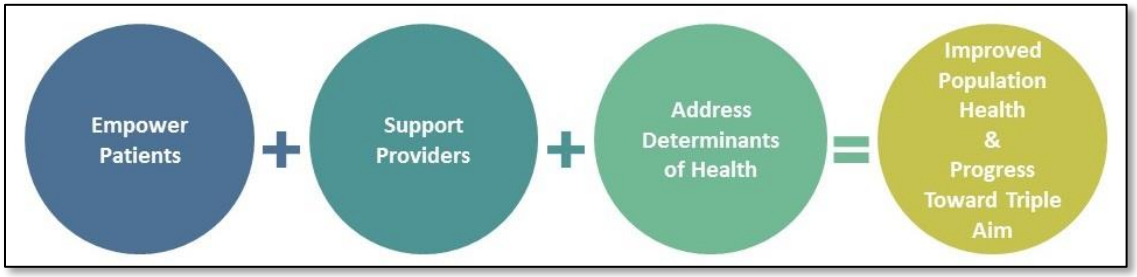
The mission of the Rhode Island SIM Test Grant was to significantly advance progress towards making this vision a reality. To accomplish this, the SIM Steering Committee adopted the following mission statement:

> *Rhode Island SIM is a multi-sectoral collaborative, based on data–with the patient/consumer/family in the center of our work. Rhode Island SIM is committed to an integrated approach to the physical and behavioral health needs of Rhode Islanders, carried out by moving from a fee-for-service healthcare system to one based on value that addresses the social and environmental determinants of health. Our major activities will provide support to the healthcare providers and patients making their way through this new healthcare system. We are building the system upon the philosophy that together—patients, consumers, payers, and policy makers–we are accountable for maintaining and improving the health of all Rhode Islanders.*

SIM Theory of Change

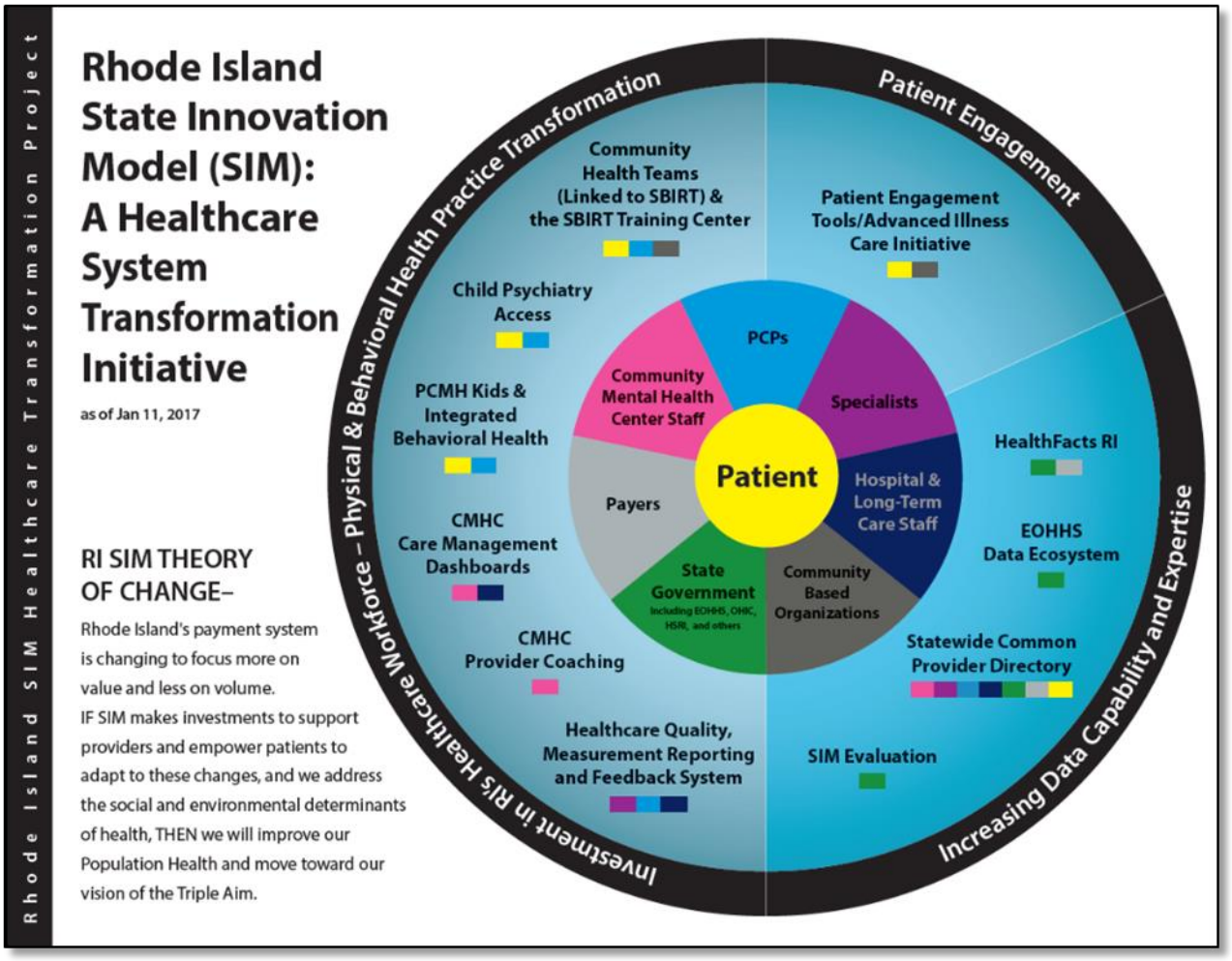
Rhode Island's payment system is changing to focus more on value and less on volume. If Rhode Island SIM makes investments to support providers and empower patients to adapt to these changes, and it addresses the social and environmental determinants of health, THEN it will improve our population health and move toward the vision of the "Triple Aim."

Figure 2: Rhode Island SIM's Theory of Change



The **Transformation Wheel** below depicts how the SIM Test Grant investments lie within the strategic vision for Rhode Island's healthcare system:

Figure 3: Rhode Island SIM Transformation Wheel



SIM Health Transformation Strategies:

SIM's approach to healthcare system transformation combined aspiration and pragmatism, as it aligned the state's move away from fee-for-service to value-based purchasing with practice transformation and a focus on integrated population health. Rhode Island's SIM Test Grant was built on the premise that transitioning to healthcare payment models that reward value as opposed to volume and that incentivize providers to work together is a necessary step toward building a sustainable healthcare delivery system that:

- Promotes high quality, patient-centered care that is organized around the needs and goals of each patient;
- Drives the efficient use of resources by providing coordinated and appropriate care in the right setting; and
- Supports a vibrant economy and healthy local communities by addressing the physical and behavioral health needs of residents, including an awareness of the social determinants of health.

Rhode Island identified several core elements within its Healthcare Delivery System Transformation Plan that provided a roadmap to achieve SIM's transformation strategy goals. These core elements, described in detail in the RI SIM Operational Plan (2018, p. 10), are listed in the text box below.

Rhode Island's Healthcare Delivery System Transformation Plan Core Elements

1. Coordinated and aligned approaches to expanding value-based payment models in Medicaid and commercial insurance through state purchasing and regulatory levers.
2. Support for multi-payer payment reform and delivery system transformation with investments in workforce and health information technology.
    i. *Investment in practice transformation & development of the healthcare workforce*
    ii. *Patient engagement*
    iii. *Access to increased data capacity and expertise*
3. Significant stakeholder engagement in policy development and SIM investment decisions through the SIM Steering Committee, SIM Workgroups and agency-specific advisory groups.
4. Fidelity to our State Health Assessment Report to ensure that transformation is aligned with our vision of improved integrated physical and behavioral health for the state's residents, especially in our eight health focus areas.
5. A Multi-Sector/Multi-Agency Approach.

By the end of the grant period, the aim was to produce marked improvements in healthcare quality, affordability, and population health. Indicators of success were planned to be transformed provider practices poised to succeed under value-based payment arrangements, a capacity to use data effectively and creatively to make change and monitor system performance, empowered patients (and families) who act as agents in their care, and a health care system that operates as a system and delivers whole person care centered around the goals and needs of each patient.

Description of Activities Intended to Foster a Culture of Collaboration

While creating a culture of collaboration is woven throughout the various activities of the SIM initiative and has not been identified as a specific "program," the unique staffing and governance model should be considered central to achieving this goal.

Staffing and Governance Model

Reflecting that it is, at heart, a public/private partnership, the governance structure and decision-making authority for the SIM initiative in Rhode Island was shared among a coordinated group of people and agencies, who were managed by an overall SIM Project Director. These are described below.

> **Core Team**: The SIM Core Staff team, led by the Project Director, is made up of individuals hired with SIM dollars and placed within other State agencies. These staff members officially reported to senior staff at each agency, but attended weekly SIM Core Staff team meetings as a group and

worked together on all SIM projects. In addition to these weekly meetings, the team held additional regular meetings regarding other specific SIM needs.

Interagency Team: The next level of SIM activity took place within the SIM's Interagency Planning Team, facilitated by the Project Director. The Interagency team included staff at various levels from all SIM-participating state departments, plus the Steering Committee Chair and Vice-Chair. The SIM Interagency Planning Team was responsible for the strategic implementation of the project: financial and planning oversight, organizing SIM goals and deliverables, overseeing stakeholder engagement, and tracking metrics. This group met weekly for three of the program years and in the final year met every other week for 1.5 hours.

Steering Committee: While regulatory promulgation and procurement processes will always be carried out by state government, the SIM Steering Committee was the public/private governing body for Rhode Island's SIM project. The committee's primary function was to set strategic direction, create policy goals, approve the funding plan, and provide oversight over SIM implementation. The committee met monthly and was comprised of state agency directors of SIM-participating agencies, plus community stakeholders who represent healthcare providers and health systems, commercial payers, state hospital and medical associations, community-based and long-term support providers, and advocacy organizations. Resting SIM decision-making, especially SIM budget decision-making, in this public/private Steering Committee was unique in the country.

Collaboration, Outreach and Convening

In addition to the staffing and governance model, there were several other structures and activities that directly supported and enhanced SIM's Culture of Collaboration. These included:

SIM Public Workgroups: SIM organized a number of open, publicly-noticed "Workgroups" to address specific important issues when they arose. The RI SIM Operational Plan (2018, p. 69) describes the function of Workgroups as follows: "The workgroups allow us to garner subject-matter expertise, receive stakeholder and community input, and secure implementation recommendations for SIM's transformation efforts." As such, Workgroups served as a form of outreach and convening, but also performed an essential role in the governance model for RI SIM. (For the purposes of this evaluation, Workgroups will be included in the "Staffing and Governance" section of this report.)

Below is a list of Workgroups implemented by RI SIM, organized by award year. These groups met approximately monthly.

Active SIM-Convened Public Workgroups by Award Year (AY)

AY1 & AY2	AY3 & AY4
Integrated Population Health	
Patient Engagement	
Technology Reporting	Technology Reporting
Measure Alignment	Measure Alignment
	Sustainability

SIM Integration and Alignment Initiative: This initiative grew out of SIM's work to compile research and data for the SIM Health Assessment Report in 2016-2017. The initiative started with a full review of existing state agency-led programs that address the SIM Health Focus Areas, and the realization that although there were no longer SIM budget dollars to allocate for specific population health projects, there were significant projects happening within the state focused on population health. Once compiled, a wider group of stakeholders identified key opportunities within these existing projects where SIM could help agencies and community members to work collaboratively toward a measurable goal. The SIM Steering Committee ultimately decided on three integration and alignment projects in Winter 2017. These included projects focused on the following areas: (1) Chronic Disease – Identification of high-risk patients/Social determinants of health; (2) Tobacco Use – Aligning best practices; and (3) Obesity – BMI data collection. (RI SIM Operations Plan 2018, p. 52.)

SIM Quarterly Vendor Meetings & Collaboration Building: The SIM Core Team convened all of the vendors receiving SIM funds, along with select key state and non-state partners, on a quarterly basis. SIM leadership used this quarterly, 2-hour, in-person opportunity to share and discuss cross-cutting topics across vendors. Each meeting also included 15-30 minutes of unstructured networking time to promote collaboration, integration, and alignment of effort, where vendors were encouraged to share successes, challenges, announcements, and opportunities with peers across SIM investment areas.

Outreach and Engagement Strategies: SIM's outreach and engagement efforts supported and extended SIM's focus on creating a Culture of Collaboration. In AY1 and AY2, outreach and engagement focused on raising awareness about the SIM grant and strengthening communication efforts across stakeholder groups. In AY3 and AY4, outreach and engagement included increased support for vendor-led outreach efforts and closer alignment with SIM Sustainability planning.

Inter and Intra-Agency Convening: As a result of SIM's investments and structure, numerous other formal and informal groups now exist within and across agencies. Examples include:

- The SIM core team member embedded at the RI Department of Health convenes a regular meeting with peers within the agency to share information, coordinate effort and discuss SIM-funded initiatives that involve and/or impact programs within their agency.
- The Ecosystem Governing Board, started near the end of 2017, grew directly from a SIM HIT investment.
- By request from state and community partners, the weekly Interagency Team meeting has served as a starting point for time-sensitive discussions and the formation of informal workgroups to complete grant proposals and/or start new projects.

More details on the activities outlined above are included in the annual Operational Plans (2016, 2017, 2018) available on the SIM webpage (http://www.eohhs.ri.gov/ReferenceCenter/StateInnovationModelSIM.aspx).

Evaluation Goals

The Rhode Island SIM initiative embarked on achieving the ambitious goal of transforming the healthcare delivery system in the state. They have done so with a robust commitment to "shared decision-making authority through a strong public/private partnership." The RI SIM Grant Operational Plan (2016, p. 69) posits that "While it may be possible for state government to work alone to transform our health care system by amending statutes and imposing new regulations on payers and providers, the participation of stakeholders is fundamental to achieving a coordinated transformation, ensuring community consensus and achieving our goals of supporting better patient care, improving population health, and reducing the cost of health care."

Evaluating the extent to which this endeavor was successful and developing an understanding of the specific efforts that have facilitated, or hindered, the establishment of a culture of collaboration is essential.

The purpose of this SIM Evaluation component was to develop a robust understanding of the ways in which the specific inputs and activities that comprise the focus on a Culture of Collaboration contributed to:

a. Creating the conditions conducive to achieving the Triple Aim goals beyond the timeframe of the grant; and

b. Creating infrastructure components that will last beyond the grant period to support ongoing health system transformation and continued improvements in population health.

Specific goals for this evaluation were to:

1. Explore the extent to which SIM's governance and staffing structure contributed to connectedness, collaboration, and coordination between and among State Agencies and private entities. (Note: as written in the original evaluation plan, this question only pertained to examining inter- and intra-state agency relationships; however, it has been edited to include an examination of public-private partnerships due to the central role of these relationships in the RI SIM model.)

2. Examine the impact of the approach and specific activities (see Logic Model, Appendix Table A1) on stakeholder engagement, retention, and programmatic investments supported through this grant.

3. Explore the extent to which SIM's focus on integration and alignment of programs and funding contributed to collaboration among and between all stakeholders, alignment of funding, and reduced duplication of effort.

In order to achieve these goals, we examined the following specific **Culture of Collaboration Evaluation Questions:**

<u>Overarching Question:</u>

To what extent did the Rhode Island SIM Test Grant foster collaboration, align efforts across sectors and between partners, and increase data-driven decision-making?

Specific Questions:

1. To what extent, if at all, was the goal of integration and alignment actualized among SIM Core Staff Team members, Interagency team, Steering Committee, and external stakeholders?

2. What were the barriers and benefits to staffing and governance models with respect to integration, duplication, approval processes, business functions, and best practices?

    a. Core staff
    b. Interagency
    c. Steering committee
    d. Workgroups

3. Did the staffing and governance model create synergy in the areas of policy, strategic outreach efforts, and leveraging other dollars through SIM funding?

4. Did the staffing and governance model have a positive effect on participating state agencies' and community organizations' desire and ability to continue to participate in health system transformation and improvements in population health?

    a. What were the impacts of the culture of collaboration upon stakeholder engagement, retention, and collaborative efforts?

5. Which collaborative efforts under the SIM initiative best supported (or would best support) Rhode Island's quest for the Triple Aim of enhanced population health, better quality care, and smarter spending?

Methods

We used a mixed methods approach that integrated both quantitative and qualitative data to address key evaluation questions.

Quantitative

We collected quantitative data via two rounds of a structured survey administered online to various SIM stakeholders in Rhode Island for two weeks in February 2018 and 2019, respectively.

The survey tool consisted of 41 questions in Round 1 and 45 questions in Round 2. We contacted a list of potential respondents representing various SIM stakeholders, including: SIM core staff, SIM interagency team, SIM Steering Committee, SIM workgroup participants, RI state agency employees, community-based organization employees, healthcare providers (clinicians and administrators), healthcare payers, healthcare consumer group representatives, researchers, educators, and other SIM interested parties. In Round 1, 106 individuals started the survey (a 34% response rate), 98 individuals completed the first five (descriptive) questions, and 90 completed the entire survey. In Round 2 (which was sent to a much larger pool of potential participants), 179 individuals started the survey (a 31% response rate), 179 completed the first seven (descriptive) questions, and 159 completed the entire survey. This report primarily discusses the results of the second round of the survey, which was implemented near the conclusion of the four-year funding period for the SIM initiative. Comparisons to Round 1 results will be discussed, however, full reporting of Round 1 results have been reported previously (Culture of Collaboration Survey (Round 1) Results 2018. See Report Appendix).

The primary goals of the second round of the quantitative survey were to assess stakeholder perception of SIM collaborative processes and outcomes to date, as well as to clarify strategies toward sustainability. Seven (7) survey items provided a general description of the respondents' role(s) and level of engagement with the SIM initiative. The subsequent 32 questions were scored based on a 5-point Likert scale (respondents were asked to *"Please rate your perception of each statement using the following scale: (1) to little or no extent, (2), (3) neutral, (4), (5) to a great extent, or (N/A) I do not have enough information to answer this question.")* For the purposes of analyzing and discussing results later in this report, these categories are sometimes collapsed into those that "agreed" with the statement provided in a particular item to some extent (indicated by a score of 4 or 5), were "neutral" about the statement (scored the item as a 3), or "disagreed" with the statement to some extent (scored the item as a 1 or 2). It should be noted that the addition of a "N/A" response option was a change implemented in the second round of the survey in response to respondent feedback on the first round. Therefore, although changes from Round 1 to Round 2 are discussed, interpretation is somewhat limited and significance testing was not implemented.

Items in the online survey were grouped into several "domains" (described in detail in the Round 1 and 2 Results Reports; See Report Appendix).

In order to align more closely with the evaluation questions in this report, the items have been regrouped into relevant themes, including: Governance, Stakeholder Engagement and Retention, Leadership, Value, Alignment, Collaboration, Adherence to Health System Transformation Principles, and Progress Toward the Triple Aim. We then calculated Chronbach's alpha for each theme to examine the score reliability of the items as a scale. While many of the themes did form a reliable scale (using the standard threshold for Chronbach's alpha of ≥ 0.70) (Cortina 1993), a few did not reach the threshold alpha level to qualify. This

may have been due to difficulty obtaining an accurate measure of the scale's internal consistency because of a limited number of indicators. In these instances, individual theme items were interpreted separately.

Additionally, respondents were invited to provide comments at the end of each domain section of the report, and in response to three questions at the end asking them to please describe: (1) the current aspects of the SIM project that best support Rhode Island's quest for the Triple Aim, (2) ways to further support Rhode Island's quest for the Triple Aim, and (3) ways to support the sustainability of the SIM initiative.

Overall frequencies of responses to quantitative items were recorded and evaluated for broad trends. Responses were also examined by distinct groupings of respondents. Respondents were grouped into the following categories:

- **"Key Categories" of roles in Rhode Island's healthcare delivery system**
  Based on responses to the question "*Which of the following best describes you?*" respondents were categorized into five "Key Categories:" (1) Private Payers, (2) Providers, (3) State Agency Employees, (4) Community-Based Organization members, (5) Others (further described in Round 1 and 2 Results Reports).

  Additional analyses were sometimes performed comparing the key category "State Agency Employees" to all other groups combined (as "Non-State Agency Employees").

- **Primary affiliation or role in RI SIM**
  Based on responses to the item "*Check the category that best describes your affiliation or engagement with SIM*" respondents were grouped into five categories: (1) Steering Committee (2) Workgroup Participants (3) Interagency Team or Core Staff (4) Vendor (5) Interested Party or Other

- **Level of engagement**
  Level of engagement was described by the following three items:

  a. Length of engagement in SIM: *How long have you been engaged in SIM?* Categorized as: (1) less than one year, (2) 1-2 years, (3) 3 or more years

  b. Frequency of participation in SIM: *How frequently do you participate in a SIM-related project or activity?* Categorized as: (1) daily, (2) weekly, (3) monthly, (4) less than monthly. Additional analyses performed using the grouping: (1) daily/weekly, (2) monthly/less than monthly

  c. Number of SIM activities: *How many SIM-related activities are you engaged in at a typical point in time?* Categorized as: (1) 0-1, (2) 2 or more

Bivariate and stratified analyses were performed to examine differences in responses based on respondent group, as well as level and length of engagement with the SIM initiative. Chi square tests were performed to test for significant differences between groups ($\alpha \leq 0.05$).

Qualitative

Qualitative data were collected via several written surveys, semi-structured interviews, and focus groups (listed and described below):

Vendor and State Agency Written Survey (Fall 2017)

A survey with six open-ended questions was emailed to representatives from various State Agency Employees and Vendors affiliated with the RI SIM. Responses were collected via email between September and December 2017 by a SIM-affiliated staff member before being analyzed for emergent themes by the evaluation team at the University of Rhode Island (URI). The questions were selected to gauge the progress of the SIM initiative in meeting several of the key outcomes outlined in the Culture of Collaboration Logic Model. SIM received 33 responses from 10 Vendor and 23 State Agency representatives. (Response summary included in Report Appendix.)

12 Key Informant Interviews (Dec 2018)

Key informant interviews were conducted via telephone between December 3, 2018 and December 21, 2018. A list of potential "Key Informants" was generated by RI SIM staff and participants were selected from this list by URI evaluators. All interviews were conducted by a researcher from URI using a semi-structured interview guide designed to explore: 1) perceived benefits and limitations of the SIM staffing and governance model; 2) the culture of collaboration's impact on fostering collaborations; 3) impacts associated with SIM and the culture of collaboration; and 4) sustainability of SIM's efforts. Interviews lasted between 15 and 30 minutes with the average time of 20 minutes. All interviews were recorded with the interviewee's permission, and audio-files were professionally transcribed. Transcripts then were reviewed, and emergent themes were identified. (Key Informant Interview Report included in Report Appendix.)

3 Focus Groups (Jan 2019)

RI SIM staff generated a list of individuals who were involved in the SIM project. The SIM Director then sent out an email letting identified persons know that they might be contacted by a researcher from the University of Rhode Island (URI) and invited to participate in a focus group. Three focus groups, homogenous in respect to participants' role in SIM, were held with state agency staff, vendors, and partners. Focus groups were conducted by a trained moderator using a semi-structured moderator guide designed to explore: 1) perceived benefits and limitations of the SIM staffing and governance model; 2) the culture of collaboration's impact on fostering collaborations; 3) impacts associated with SIM and the culture of collaborations; and 4) sustainability of SIM's efforts. Focus groups lasted between 60-75 minutes, were recorded with participants' permission, and audio-files were professionally transcribed. Transcripts were reviewed and coded, then emergent themes were identified. (Focus Group Report included in Report Appendix.)

RIDOH Written Survey (March-April 2019)

In March of 2019, the State Evaluation Team at URI sent a semi-structured survey with five open-ended questions to a list of Rhode Island Department of Health (RIDOH) employees. The survey was administered via email to a list of recipients selected by the RI SIM staff for their previous

engagement in SIM-related activities. The URI team collected responses via email (March 25 – April 5, 2019) and completed an analysis to identify emergent themes. Questions in the survey were selected to gauge 1) the impact engagement in RI SIM has had on the participant's program, 2) the effectiveness of SIM at creating a Culture of Collaboration, 3) resources participants have gained or leveraged since engaging in SIM, and 4) to solicit participant feedback on additional ways to foster stakeholder collaboration in the future. Thirty-four (34) individuals received emails requesting participation, however, potential participants who had already taken part in previous evaluation activities (specifically, focus groups or key informant interviews) were instructed to disregard the request. Twelve (12) individuals completed and returned the survey. (Response summary included in Report Appendix.)

Vendor Pre-Meeting Survey (April 2019)

Before the final RI SIM quarterly Vendor meeting on April 30, 2019, an email was sent by the SIM core staff to SIM-funded Vendors requesting their completion of a written survey, referred to as "pre-meeting survey," in preparation for the meeting. The survey consisted of four open-ended questions related to: 1) the resources their organization had received or leveraged as a result of engaging in the SIM initiative, 2) new and additional partnerships formed, 3) SIM's facilitation of a collaborative work environment, and 4) their agency's advancement of health system policy and alignment with other efforts in Rhode Island. These responses were collected and analyzed for emergent themes by SIM staff. The results were shared with the State Evaluation Team at URI and have been included (in part) in this report. (No summary report included – available upon request).

Open-Ended Questions incorporated in Quantitative Survey (Round 1 - Feb 2018, Round 2 – Feb 2019)

We included open-ended questions at the conclusion of each round of the quantitative survey. These questions pertained to RI SIM's role in making progress toward the Triple Aim and sustainability of SIM-related activities. In Round 2 of the quantitative survey, we also provided respondents the opportunity to comment at the end of each domain if they desired. We conducted a thematic analysis on the responses from the open-ended questions at the end of each domain (in Round 2) and at the conclusion of the online Culture of Collaboration Surveys (Rounds 1 and 2). (Summary of responses included in respective results reports included in Report Appendix.)

In this report, we share a selection of these results, however, individual summary reports have been written on each of these qualitative components and have been included in the appendix of this report (with the exception of the Vendor Pre-Meeting survey, which is available upon request).

Findings

Our evaluation findings are organized and presented below in correspondence with the original evaluation goals and questions. The overarching goal of this evaluation was to develop a robust understanding of the ways in which the specific inputs and activities that comprise SIM's focus on a Culture of Collaboration have contributed to (a) creating the conditions conducive to achieving the Triple Aim goals and (b) creating infrastructure components that will last beyond the grant period to support ongoing health system transformation and continued improvements in population health. In service to these goals, this evaluation investigated the following overarching evaluation question: *To what extent did the Rhode Island SIM Test Grant foster collaboration, align efforts across sectors and between partners, and increase data-driven decision-making?*

Evaluation Goal 1: Governance and Staffing

The first specific goal of this evaluation pertained to understanding the role that the SIM staffing and governance structure (i.e., Embedded Core Staff, Interagency Team, Steering Committee and Workgroups) had in contributing to connectedness, collaboration, and coordination between and among State Agencies and private entities.

As described on Pages 8-10 above, the RI SIM staffing and governance structure was developed with a unique commitment to "shared decision-making authority through a strong public/private partnership" (RI SIM Operational Plan 2016, p. 7). It is essential to examine the impacts of this novel approach to governing grant activities.

Evaluation Question

What were the *barriers and benefits* to the RI SIM staffing and governance models with respect to integration, duplication, approval processes, business functions and best practices related to Core Staff, Interagency Teams, Steering Committee, and Workgroups?

Several of the questions in the quantitative survey pertained to the staffing and governance model. When grouped together as under the theme of "Governance Model" as in **Table 1**, they form a reliable scale (Chronbach's $\alpha = 0.85$), which can be used to evaluate the perception of the performance of the SIM governance and processes. **Overall, respondents to the survey thought highly of the RI SIM governance model, with 4 out of 5 being the average response score for the items in the scale.**

Table 1: Average Score Governance Model Items

Governance Model	Average Scores (out of 5)
Scale* Average Score (out of 5)	**4.0**
The SIM governance model and Steering Committee structure reflects the need to engage both public and private partners in healthcare transformation	**4.3**
SIM Workgroups represent a model that effectively supports health system transformation.	**3.9**
Steering Committee has been effective for decision making and allocation of funding	**3.8**
Steering Committee has been an effective approach to prioritize health system transformation needs and engage in strategic planning	**4.1**

*Chronbach's α = 0.85

Both state agency employees and non-state agency stakeholders felt strongly that the governance model and Steering Committee structure reflected the need to engage public and private partners in healthcare transformation in Rhode Island, with nearly 90% of respondents rating this item as either a 4 or 5 (out of 5) in the survey. This opinion was reflected in qualitative feedback as well.

In focus groups and in key informant interviews, stakeholders responded that it was innovative to have non-state agency representatives in key leadership roles, and that a primary benefit of the model was that it brought together representatives from different agencies and organizations with a vested interest in health to serve as part of the Steering Committee or to be on the Interagency Team. They felt that in many cases these people and organizations would not have convened without SIM, and that bringing them together fostered communication, information sharing, personal relationships, and a sense of community and trust between agencies and organizations.

It was reported that this relationship-building, in turn, led to an increased likelihood of working collaboratively with other stakeholders and a reduction in duplication of efforts and work.

> "SIM increased coordination of similar initiatives that different agencies have been working on. [You] hear about other initiatives and instead of duplication or being in our own silos, we can be more purposeful and efficient so that there is a braided effort and identify where there are still gaps." – *Key Informant Interviewee*

The embedded core staffing model, monthly Steering Committee meetings, weekly interagency meetings, and quarterly vendor meetings were all identified as valuable to increasing communication, understanding of roles, and collaboration between and among state agencies and organizations.

Embedded Staffing

The **benefits of having SIM staff embedded** in state agencies was discussed in key informant interviews, multiple focus groups, and echoed in the open-ended response questions on the quantitative

survey. Specifically, the State Agency focus group noted that these staff increased conversation about RI SIM and organizational investment in SIM efforts, while others commented that the embedded staff became integral to the agencies within which they were located and facilitated important linkages to SIM staff, SIM-related projects, and conveying SIM-related information.

> ”I wasn't really certain at the beginning that (embedding) individuals in different departments was really going to work… It was a different model that [CMS] probably will show (other) SIM states. I think we have really reached humongous benefits from it. I actually think it was a purely creative and very productive model.” – *Vendor Focus Group*

> “I think the embedded staffing model was a key component to facilitating ongoing, consistent collaboration and alignment.” – *Survey Response*

> “I think one of the other big things that I saw in terms of the staffing, which was coming through from the state agencies …were (the) SIM-funded positions [embedded staff]. It gave the state the capacity (to)… really engage in this work, and I think the agencies have gained a lot, from everything I hear, in terms of… interagency collaboration.” - *Partner Focus Group*

Steering Committee

RI SIM stakeholders spoke of the staffing and governance model as being inclusive and that the open **Steering Committee meetings** provided a venue for people to come together and reach consensus on common goals. In fact, a majority of respondents to Round 2 of the quantitative survey agreed (rated the item as a 4 or 5) that the Steering Committee has been an effective approach for both (a) prioritizing health system transformation needs and engaging in strategic planning (78%) and (b) for decision making and allocation of funding (70%).

Focus group participants noted that Steering Committee meetings were well-attended and that participation was encouraged by RI SIM leadership. However, some Key Informant Interviewees felt that both attendance and participation in meetings varied. Vendor and Partner representatives expressed that Steering Committee meetings provided an opportunity to become and remain informed about SIM projects and initiatives. The State Agency Focus Group specifically valued the transparency of the meetings, noting that this created a sense of accountability.

> “(Steering Committee is) very well-attended. All the way through the whole 90 minutes, you really always feel that it's worth your time and effort to be there. Not only the folks at the table [Steering Committee Members], but there's usually three people in the audience for every person at the table, so it's very well-attended… it shows that after three or four years of this, it's relevant, and that's a pretty good indication of how well it's been put together and operated.” - *Vendor Focus Group*

> “I love how anyone can speak at these meetings - it is just not the committee members around the table to speak during the meeting, but audience participation is encouraged, in real time - that makes this whole process and work stronger.” – *Survey Response*

> "In terms of… external partners, I think the Steering Committee level is again another forum and a place where there's some level of transparency out of the larger community as to, obviously the SIM focused projects and the work, but it's another place where now you're bringing together a lot of people who are representing the state agencies along with a lot of leadership and staff of different organizations that are involved with the system institution-type work." - *State Agency Focus Group*

Interagency Team

Weekly Interagency Team Meetings were credited with significantly improving communication and involvement between state agencies. In Round 2 of the quantitative survey (results discussed at length on page 27) , 88% of respondents who identified themselves as State Agency Employees highly rated SIM's ability to foster alignment among state entities and initiatives. Given the positive qualitative feedback about the effectiveness of Interagency Team Meetings and their role as the primary and most frequent forum for staff from the various State Agencies to convene to discuss their priorities, strategies and goals, it is logical to conclude that Interagency Team Meetings greatly contributed to the alignment among State Agencies reported here. Interagency meetings were also identified by participants as a SIM activity that has best supported efforts to achieve the Triple Aim and as a component of the RI SIM model that would be valuable to continue in some capacity going forward.

> "Having a forum for state agency staff to regularly meet and have collaborative discussions about topics that impact multiple sectors of government helps us de-silo ourselves. This is a model that should be applied to other projects and topics." – *Quantitative Survey Response*

> "The Interagency meeting was… a place where staff… at the management level were coming together in a more formal (and routine) way… that we [have] never had happen in the past. I think it's important to have that forum where staff, and managers, and the like, individuals who are really at the forefront of the work within the agencies are coming together to figure out how to actually get things accomplished between themselves." - *State Agency Focus Group*

> "The Interagency group [team] is a great place for individuals from different departments in state government to know what's going on in other state departments. It's been a real coordinating body for efforts around healthcare and an opportunity to share info and have the ability to work collaboratively on projects that we might not have been able to work on if SIM had not been in existence." – *Key Informant Interview*

Workgroups

RI SIM supported the convening of several Workgroups throughout the course of the funding period. When asked if they thought **Workgroups** represented a model that effectively supports health system transformation, a majority of respondents agreed (68% rated this item a 4 or 5 in Round 2 of the quantitative survey). An even higher percentage of individuals who identified themselves primarily as Workgroup participants rated this item highly (78%), as did individuals who were generally involved in SIM on a more frequent basis, suggesting that those who may have been more involved with Workgroup planning and implementation were more likely to feel it was an effective model than those who may have been less involved.

One respondent credited SIM workgroups with "(bringing) together representatives from all sectors for state-level discussions that would not have happened before" and several respondents to the quantitative surveys, Focus Groups, and Key Informant Interviews identified workgroups (sometimes generally, and sometimes specifically, e.g., Measure Alignment) as a SIM structure that should be replicated and best helped to pursue the Triple Aim. (Discussed later in further detail under 'Progress Toward the Triple Aim' p. 37 and also in further detail in the Culture of Collaboration Survey Report Round 2; see Report Appendix). One respondent to the Quantitative Survey elaborated on the benefits s/he observed in multiple Workgroups:

> "The measure alignment workgroup does a good job of balancing the philosophy of the importance of a measure (is it an area of opportunity that we need to address as a state) and the feasibility of reporting. The appropriate subject matter experts are pulled in to determine clinical best-practice and weigh in (on) whether it's an important enough area for us to figure out how to report. The spinoff measure development workgroups are designed to explore specific measures at a deeper level. The SIM Technology Workgroup is enhancing population health and improving quality of care through the IMAT tool which, while in its infancy, has great potential to be transformative..." – *Quantitative Survey Response*

Although some respondents identified specific components of the SIM staffing and governance model (as above) when discussing its impacts, many more responses credited the "staffing and governance model" more broadly (or several components in combination) with increasing collaboration, information sharing and alignment of entities in Rhode Island. In fact, both the Key Informant Interview report and Focus Group report (See Report Appendix) have entire sections dedicated to the benefits and barriers of the SIM staffing and governance model as a whole. Examples of respondent comments addressing multiple components of the RI SIM model are quoted below.

> "The SIM table has been an important place to bring State agencies, health plans and providers and other service providers into the planning, development and implementation of key strategic initiatives geared to improve population health." – *Survey Response*

> "At vendor meetings, I learn about what other folks are doing and as a result, have created some partnering opportunities that I would not have known about otherwise… by attending SIM Steering Committee meetings [I] had opportunities to talk with other people that I would not have done otherwise. These discussions have impacted on partnering opportunities." –*Survey Response*

Perceived Limitations

Participants in key informant interviews and focus groups also noted some perceived limitations to the RI SIM staffing and governance model. The main theme common to both, however, was that the model requires time. Relatedly, two of the focus groups (state agency staff and vendor groups) specifically discussed difficulty with the application process and delays in starting.

The time delays that were discussed included the delay of hiring the SIM Director and that the process to apply for SIM funds was difficult. In addition, participants discussed the state procurement process as contributing to delays in starting projects, which in some cases seemed to substantially shorten the

length of the projects. Respondents to the State Agency/Vendor written survey collected early on in the SIM project (Fall 2017) expressed these same concerns when asked about barriers to implementation of SIM initiatives.

Several people in the State Agency focus group noted that the staffing and governance model was time-intensive. Participants spoke of time needed to develop relationships and to bring organizations together being somewhat of a barrier. This sentiment was also shared in the Key Informant Interviews, where nearly all respondents spoke of the staffing and governance model taking time. People discussed the time to establish the model, including hiring the project director and SIM staff, and of the time needed over the duration of SIM. Despite the amount of time needed being perceived as a potential barrier, participants may have viewed it as a "necessary evil" seeing as several also noted that they felt that the invested time had ultimately resulted in better projects and outcomes. This point was reinforced by responses to Round 2 of the quantitative survey. There, not only had a majority of respondents agreed that the value of the relationships they have developed through RI SIM outweighed the time commitment necessary, but State Agency Employees and those who regularly spent more time engaged in SIM activities were also significantly more likely to highly rate the influence of SIM-related relationships on their organizations (see 'Value' section on p. 22 for additional details).

> "While I complain about things moving too slow, I think that the collaborative piece moved at the appropriate pace because if you had somebody in there… that's directing everybody to do something, you don't get the trust… To take this really broad request and make it into something that ultimately worked, requires all to collaborate, put some skin in the game, agree to get along with everybody, and try to make this work. I've done a lot of other collaborative projects… and it always takes a long time. You have to understand what other people's perspectives are and what's driving… what they're doing in order to be able to then trust them, and care about their angle as well." - *State Agency Focus Group*

"The con of having all of that governance structure [is] it takes a lot of time to do that. So, some things don't move as fast as you could do if you just had a small team making decisions and driving. I think, in the end, even with that time, it's completely worth it and the outcome is a way better product." – *Key Informant Interview*

Evaluation Goal 2: Stakeholder Engagement, Leadership, Value

The second specific goal of this evaluation examined the impact that the culture of collaboration approach and key logic model activities had on stakeholder engagement, retention, and programmatic investments supported through the RI SIM Test Grant.

A key motivation for the emphasis on creating a culture of collaboration among healthcare entities in Rhode Island is that collaboration is seen as a core tenet for the sustainability of any interagency program (Perkins 2002, Peterson 1991), particularly in situations of time-limited funding (Frey, Lohmeier, Lee, & Tollefson 2006). The RI SIM team intended for "the partnerships forged in planning and implementing the SIM initiative (to) outlive the SIM grant cycle" (SIM Operations Plan 2018, p. 55). The Operations Plan also states that SIM "(relies) on the culture of collaboration… to achieve its objectives and maintain high engagement" as well as to "(garner) the support needed to sustain successful funded projects" (2018, p. 55). In order to achieve this goal it is essential that SIM-related collaborations are of value to its participants, or else there would be little reason to continue on once there is no longer funding for these efforts and a core staff to facilitate them.

Evaluation Questions

Did the culture of collaboration model have a positive effect on participating state agencies' and community organizations' desire and ability to continue to participate in health system transformation and improvements in population health?

What were the impacts of the culture of collaboration upon stakeholder engagement, retention, and collaborative efforts?

Three broad themes related to the above evaluation questions emerged from the data collected through quantitative and qualitative evaluation efforts: (1) stakeholder engagement/ retention, (2) leadership, and (3) value. Each of these themes are explored in detail below.

Stakeholder Engagement/Retention

The first theme of particular relevance is SIM stakeholder engagement and retention. A key strategy that RI SIM employed to increase stakeholder engagement was to have as many groups as possible represented within their governance structure. As described on pgs. 4 and 5 of this report, SIM's staffing and governance structure included several bodies that met regularly. Collectively, these bodies included representatives from state government and agencies, community organizations, payers, and providers.

As such, three questions on the quantitative survey (included in Table 2) sought to gauge respondents' perception of whether SIM had achieved the goal of maximizing stakeholder representation. Although there was correlation between these three items, Chronbach's α was below the threshold ($\alpha \geq 0.70$) to support their use as a reliable scale (see Table 2). Individually, they still offer insight into where SIM's engagement strengths and weaknesses may lie.

Nearly 90% of respondents (87%) agreed or agreed "to a great extent" (scored the items as 4 or 5) that RI SIM's main governing body, Steering Committee, represented key stakeholders (Appendix Table A2). Responses to this question did not differ significantly by respondent role, category or

engagement with SIM, indicating that those who were both more and less involved in SIM felt positively that it had done a good job of bringing key stakeholders to the table as part of their public-private partnership approach to governance.

Table 2: Average Score Stakeholder Engagement Items

Stakeholder Engagement	Average Scores (out of 5)
Scale* Average Score (out of 5)	**3.6**
The SIM steering committee represents key stakeholders.	**4.3**
The SIM initiative lacks representation of particular subgroups*	**3.3***
The SIM initiative engages people with lived experience (*you may call them end users, consumers, patients, or clients*) of the system we are working to improve.	**3.3**

*Chronbach's α = 0.67

When asked if the RI SIM initiative (as a whole) lacked representation of particular subgroups, most respondents (79%) disagreed or rated the item neutrally, however, 21% of respondents indicated that it did (rated the item 4 or 5; Appendix Table A2). When those who 'agreed' with the statement were prompted to comment, a majority of respondents replied that racial and ethnic minorities and other special populations (e.g., LGBTQ, elderly, disabled, low income, and low English-proficiency speakers) were subgroups that were underrepresented. The second most frequent response included patients, consumers and their advocates. Other less frequent responses included: Oral Health and Allied Health Professionals, community providers and "frontline" clinicians, and a variety of specific systems or organizations (e.g., RI Department of Education, social service groups, Medicaid, various area hospitals, RI Board of Nursing, and the Community Health Worker Association of RI).

Although respondents rated the make-up of the Steering Committee and representation of particular subgroups relatively highly, one potential area for future growth was in the engagement of "*people with lived experience (…end users, consumers, patients, or clients) of the system (SIM is) working to improve.*" Although improved from Round 1 of the survey (from 34% to 47%), less than half of respondents rated this item as a 4 or 5 (Appendix Table A2). The sentiment that RI SIM could do more to engage consumers was also reiterated in the respondent comments in the quantitative survey, however, it did not come up as a barrier or limitation in any of the various qualitative evaluation components (e.g., focus groups, key informant interviews, or written surveys).

Focus group and key informant interviewees also provided responses indicating that RI SIM had done a good job of fostering engagement among the various stakeholders in Rhode Island. In fact, a significant theme that emerged from the Key Informant interviews was that SIM had been successful in bringing the community and stakeholders together to work on the SIM initiative. Not only was SIM able to bring key stakeholders to the table, but perhaps more importantly, many interviewees noted that this involvement was meaningful and impactful, with one person noting, "(SIM has) done a lot in terms of community participation in state government decision making." Another participant remarked:

"SIM has really been able to demonstrate to its stakeholders that they listen to the feedback… I think SIM has really been able to take in stakeholder feedback and apply it, and change course based on the feedback that [was] received." – *Key Informant Interview*

As noted in previously in this report, in both the Vendor and Partner focus groups, participants reported that they felt Steering Committee meetings were particularly useful. As indicators of engagement, both groups remarked that the meetings were consistently well-attended and that participation was encouraged by SIM leadership. They specifically noted that meeting attendees were engaged during meetings.

Collaborative Leadership Characteristics

The RI SIM initiative specifically identified the creation of a Culture of Collaboration as essential to the sustainability of the projects it has helped to initiate and support, and respondents to the various quantitative and qualitative surveys agreed. When asked for their thoughts on ways to support the sustainability of SIM activities, the theme of maintaining relationships and collaborations came up in focus groups and key informant interviews, as well as the quantitative and written surveys. An essential piece to creating a Culture of Collaboration is strong leadership.

Three of the items from the quantitative survey evaluated SIM principles that reflect on the capabilities of SIM's leadership team. The high ratings (percentage of respondents scoring the item as a 4 or 5) for each of the items: (1) *SIM has strong champions who can help obtain ongoing resources* (72%), (2) *SIM participants trust each other more as a result of engagement in the SIM initiative* (69%), and (3) *When individuals who participate in the SIM initiative work together, each one has a clear role to play* (58%) indicate that SIM leaders did a good job of creating an environment that encourages stakeholder collaboration and participation. **By clearly identifying those who will champion the work that they do, creating a culture of trust between participants, and demonstrating how distinct entities in the healthcare community can come together and have a meaningful role, the SIM leadership created an atmosphere that encouraged ongoing collaborative work between health care stakeholders in Rhode Island.**

Table 3: Average Score Leadership Items

Collaborative Leadership Characteristics	Average Scores (out of 5)
Scale* Average Score (out of 5)	**3.8**
When individuals who participate in the SIM initiative work together, each one has a clear role to play	**3.6**
SIM participants trust each other more as a result of engagement in the SIM initiative	**3.8**
The SIM initiative has strong champions who can help obtain ongoing resources	**3.9**

*Chronbach's α = 0.62

Despite not being directly asked about the topic, the strength of the SIM leadership team was also noted in the key informant interviews, focus groups, written surveys, and in comments from the quantitative survey. Across the three focus groups and in key informant interviews, participants spoke positively about the SIM leadership team's skill at facilitating relationships and efforts to move SIM forward. Many respondents specifically praised the directorship of Ms. Marti Rosenberg.

> "The director of the SIM Project has done a very good job of bringing a very diverse group and a diverse set of issues and keeping them relevant to each other as we move through the process." - *Partner Focus Group*

> "Leadership is key. We've been very lucky to have someone who can facilitate very well and help build and foster collaboration. That's been a critical aspect..." – *Key Informant Interview*

> "Actually, it's been a unique experience for me to see the Interagency collaboration that has taken place as a result of SIM… I know part of it is this administration and the collaborative nature of the… State [Rhode Island] anyway, but bringing in the individuals that are staffing SIM, who are some of the brightest and most hard-working people that I've met, they bring the culture of working together." – *Key Informant Interview*

> "SIM brought a lot of talent into the state government that we didn't have before. I mean the people that worked on that grant [SIM Test Grant] are exceptional." - *State Agency Focus Group*

Respondents noted that this type of leadership by the SIM director and staff was essential in developing a Culture of Collaboration and instrumental to SIM-related success.

Value

As discussed earlier in this report, the benefits of the RI SIM staffing and governance model (which requires stakeholder participation and engagement) were many, but a potential barrier cited by respondents was the time involved in participating in SIM-related activities and collaborations. In order to retain engagement in these collaborations beyond the funding period for SIM, it is important that they are perceived as valuable. Three items (listed in Table 4, below) on the quantitative survey assessed this notion of the *value* of SIM to its partners.

Table 4: Average Score Value Items

Value	Average Scores (out of 5)
Scale* Average Score (out of 5)	**4.0**
SIM-related collaboration hinders your organization from its own organizational mission	**4.4****
The value of relationships developed through SIM participation outweigh the time	**3.7**
SIM-related collaboration has positively influenced your organization's services	**4.0**

*Chronbach's α = 0..68, **please note reverse coding of this item for scale consistency – higher scores indicate better performance

First, a strong majority of respondents rejected the notion that their involvement with RI SIM hindered their organization from pursing its own mission (83.7%; see appendix Table A2). Additionally, most agreed that the value of the relationships they developed through their participation in SIM outweighed the time commitment of being involved (58%), and that SIM positively influenced their organization's services or operations (64%; Table A2).

State Agency Employees as well as those who regularly spent more time engaged in RI SIM activities (by higher frequency or number of activities) were significantly more likely to highly rate the positive influence of SIM-related relationships on their organization's services and operations than others (Table 5). State agency employees were also more likely than their non-state employee counterparts to highly rate the value of SIM relationships outweighing the time commitment necessary to build and maintain the relationships (74.4% vs. 51.1%, respectively, χ^2 p-value 0.05; see data not shown).

Table 5: Frequency of responses regarding RI SIM influence on organizations, by various respondent groups

SIM-collaboration has positively influenced your organization's services		
	Rated 4 or 5 To a great extent	**χ^2 p-value**
State Agency Employment		
Non- State Agency	59%	0.05*
State Agency Employee	75%	
Number of SIM-activities		
0 or 1	53%	0.04*
2 or more	73%	
Frequency of SIM-participation		
Daily/Weekly	79%	0.01*
Monthly or less	52%	

*Indicates significant at α ≤ 0.05

When considering the sustainability of newly established RI SIM-related collaborations, it is positive that a majority of respondents felt that it was worth the time and effort involved in making and maintaining them, and that they had a positive impact on their organization. It is also worthy of note that those who were spending more time on SIM-related activities on a regular basis responded most positively about the influence that their SIM-related collaborations had on their organization.

> "There's huge value in inter-agency collaboration, but it's slow and it's hard. When you bring all these groups together, it's slow and it's hard." - *State Agency Focus Group*

Impact on Sustainability

Through their contribution to the development of a Culture of Collaboration, each of the themes identified under this evaluation ultimately impact the sustainability of the activities and initiatives that were fostered under RI SIM. Respondents in the Key Informant Interviews and Focus Groups spoke at length about the potential impact. While some respondents noted concern that specific projects might not be continued once the SIM funding had ended, many felt that the Culture of Collaboration and SIM-fostered relationships that were created would increase the likelihood of sustainability.

Reasons for concern about sustainability post-SIM focused primarily on the impact that a lack of continued funding would have on the need for leadership and staff to maintain the structure for convening. Many voiced concern about who would take on these roles and associated tasks, and where it would be housed once funding ended, leaving many to conclude that sustainability would require funding. Respondents also noted that, ideally, sustainability planning should have occurred earlier in the process.

> "I do have concerns when SIM ends. What is going to be the continued commitment? It's not to say that the people are necessarily going to change, but they're going to be pulled in different directions. They might be pulled in directions that pull them away from having time and resources to commit to these projects that have really worked because the various state agencies have worked so collaboratively." – *Key Informant Interview*

> "Without organizational structure… eventually you just can't keep going. We can't sustain all that movement if it's not your job, [when] you don't have someone who's the anchor, who's keeping it going..." - *Partner Focus Group*

There was a consensus across the focus groups and interviews that sustaining the culture of collaboration would require maintaining relationships and collaborations, and that there is a desire to do so. **Many respondents felt that the culture change fostered by the engagement of stakeholders via the public-private model and strong leadership of the RI SIM initiative was significant enough that it would carry forward to impact the way they approach projects in the future.** Respondents believed that agencies and organizations had realized the benefits of SIM's collaborative model and that this would be key to sustainability.

> "Because the culture [of collaboration] is now part of our culture, we're going to sustain it because now it's how we're used to behaving. The state agency folks who have been involved with SIM, whether it's that agency heads or the individuals

working on the project, it is the way we do business now. As long as we know who the people are that we need to relate to and other agencies, we're going to do that. That's going to be sustained." – *Key Informant Interview*

Evaluation Goal 3: Alignment, Collaboration

"The Rhode Island approach to healthcare system transformation is statewide, and SIM sees itself as one part of a larger whole that is composed of existing policy and infrastructure." (RI SIM Operational Plan 2018, p. 90) In its Operational Plan (2018, p. 90) the SIM initiative states that its intent was to "(build) on this existing theoretical and policy framework to approach healthcare transformation in a way that (was) additive and not duplicative." Aligning entities and initiatives within and between state agencies and the private sector is essential to maximize efficiency by reducing duplication and increasing coordination of efforts, programs, and services.

The third goal of this evaluation sought to explore the extent to which RI SIM's focus on the integration and alignment of programs and funding contributed to collaboration among and between all stakeholders, alignment of funding, and reduced duplication of effort.

Evaluation Questions

Did the staffing and governance model create synergy in the areas of policy, strategic outreach efforts, and leveraging other dollars through SIM funding?

To what extent, if at all, was the goal of integration and alignment actualized among SIM Core Staff Team members, Interagency team, Steering Committee and external stakeholders?

Alignment and collaboration were the two broad themes that most directly informed the above evaluation questions. These are discussed in detail below.

Alignment

As described on Page 3 of this report, employing a multi-sector/multi-agency approach was a core element of the RI Healthcare Delivery System Transformation Plan, which RI SIM incorporated in its own model. One of SIM's main strategies in implementing this approach was to "reach a new level of alignment and integration of our existing healthcare innovation initiatives with each other, and with new SIM-funded activities" (2018 RI SIM Operational Plan, p. 10). As one example, SIM developed a distinct *Integration and Alignment Initiative* (described on p. 6 of this report), designed to leverage SIM's interagency structure and diverse stakeholder network to "maximize the impact of public and private investments by (building) goal-directed, sustainable partnerships that… will ultimately cultivate a transformational culture of collaboration in Rhode Island."

As such, several items on the quantitative survey (listed in Table 6) were designed to capture respondents' perception of the degree to which SIM was able to foster alignment of programs and goals, while reducing unnecessary duplication of efforts. When analyzed together, these items create a reliable 'alignment' scale (Chronbach's α = 0..86).

Table 6: Average Score Alignment Items

Alignment	Average Scores (out of 5)
Scale* Average Score (out of 5)	**3.8**
The SIM initiate has fostered alignment among state entities and initiatives	**4.1**
The SIM initiative has fostered alignment between state agencies and private entities	**3.9**
Rhode Island has more shared programs across health sectors/services than before the SIM initiative	**4.0**
The SIM initiative has resulted in better alignment of organizational goals and shared objectives across programs and agencies	**3.9**
SIM-related collaborations have reduced unnecessary duplication of health system transformation efforts	**3.3**

*Chronbach's α = 0..86

Overall, the perception of RI SIM's ability to create alignment was high, with the average score on four out of the five items ranging from 3.9 - 4.1 (out of 5). **Eighty percent (80%) of respondents to the quantitative survey highly rated SIM's ability to foster alignment among state entities and initiatives (Appendix Table A2).** In fact, although not significantly different than non-state agency employees, an even higher percentage of state agency employees (88%) rated this item highly, indicating that a vast majority of the people working within the State Agencies themselves agree that SIM has helped to foster alignment among State entities and initiatives in Rhode Island.

Overall, 77% of respondents indicated that they agreed with the statement that RI SIM fostered alignment between public and private entities (up from 64% in Round 1). However, individuals on the SIM Core Staff and Interagency Teams were significantly more positive in their assessment than those on the Steering Committee (95% vs. 65%, respectively, $\chi 2$ P-value = 0.01 see **Figure 4**). When the SIM role was examined along with frequency of participation, it appeared that Steering Committee members who were involved in SIM activities more frequently (daily or weekly) were more likely to highly rate this item (100% rated as 4 or 5) than those who were involved monthly or less (57.9%; data not shown). This would seem to indicate that, although a majority of respondents from all groups agreed with the statement, those who were working most closely on implementing SIM projects perceived a higher level of public/private alignment than those who may have had a more distant role.

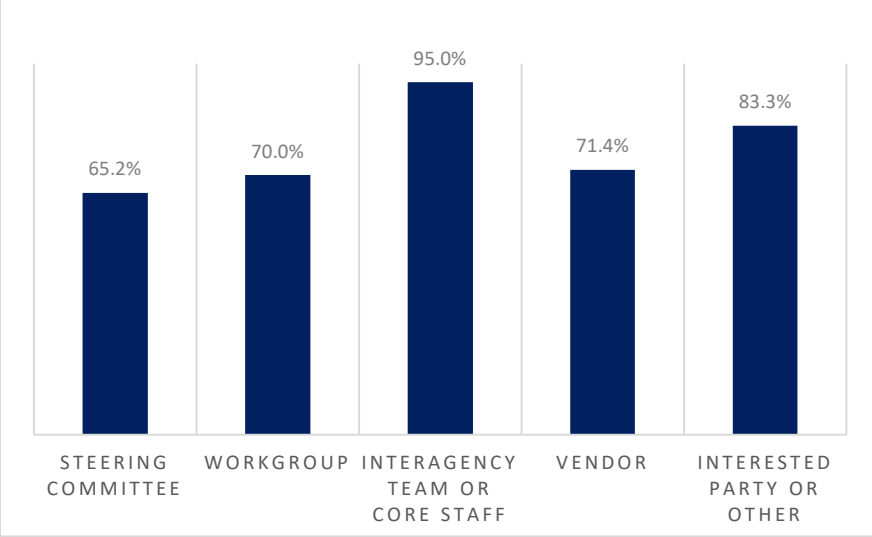


Figure 4: Percent rating *Item: SIM initiative has fostered alignment between state and private entities* as a 4 or 5 (out of 5), by primary SIM-role

$\chi 2$ P-value = 0.01

A majority of respondents also agreed (65% scored 4 or 5) that Rhode Island has more shared programs across health sectors and services than before the RI SIM initiative and that the SIM initiative resulted in better alignment of organizational goals and shared objectives across programs and agencies (80%). **Based on these responses, there was a general consensus that RI SIM helped to foster alignment of goals and programs both among state agencies and between state agencies and public entities**. Perception among various respondent groups regarding the previous four items did not vary significantly except where previously noted.

However, despite this consensus and the recognition of more shared programs than before the RI SIM initiative began, respondents were hesitant to say that SIM was effective at reducing *"unnecessary duplication of health system transformation efforts*." The number of respondents rating this item as a 4 or 5 (35%) changed very little when compared to Round 1 (33%; Culture of Collaboration Survey Report Round 2; see Report Appendix), and is lower than the ratings for the other items under this theme. The largest group of respondents scored this item as a '3 - Neutral' (40.4%; see Appendix Table A2). This was equally true among various respondent groups.

Interestingly, the ambivalence on this one point was reflected in qualitative comments as well. An identified theme among the Key Informant Interviews and in the Vendor Pre-Meeting Survey (completed prior to the final quarterly Vendor Meeting; see 'Qualitative' section in 'Methods' on p. 11) was that the RI SIM initiative had resulted in reduced duplication of efforts and work. However, in comments on the quantitative survey, while some respondents reported that SIM had reduced duplication of efforts, others indicated that they felt efforts had been duplicated as the result of SIM. This is a topic that would benefit from additional exploration to clarify.

When asked about the ways in which "*engagement with SIM and other SIM-funded projects allowed (their) organization to advance health system policy and align with other efforts in RI?*" on the Pre-Meeting Survey, Vendor responses provided additional support to the above findings and several illustrative examples. Vendors reported that engagement with RI SIM had reduced duplication and increased efficiency, while improving alignment of payment structures, and alignment among providers, community agencies, and the State. They described increased opportunities for networking and information sharing, as well as an expansion of their organizational capacity. Several of the specific examples they provided described changes in medical education through expanded training and outreach and a standardization of medical practices across the state.

Overall Collaboration

Essential to RI SIM's work of creating and maintaining alignment and reducing the duplication of efforts was the creation of a culture of collaboration and fostering of meaningful collaborative relationships between the various stakeholders in Rhode Island. Items and prompts assessing these tenets were included in the various qualitative and quantitative evaluation efforts for this report. The responses to the two specific items on the quantitative survey regarding SIM's fostering of collaboration (listed in Table 7) are described below. Together they form a reliable scale measuring the perception of SIM's ability to foster collaboration among RI stakeholders (Chronbach's α = 0.76).

Table 7: Average Score Overall Collaboration Items

Overall Collaboration	Average Scores (out of 5)
Scale* Average Score (out of 5)	**4.1**
The SIM initiative has created a culture of collaboration among Rhode Island's healthcare delivery system	**4.2**
The SIM initiative fosters meaningful collaborations between public and private entities	**4.0**

*Chronbach's α = 0.76

Respondents to the quantitative survey rated RI SIM's collaborative efforts very highly. **Eighty-three percent (83%) of all respondents agreed that the SIM initiative has created a culture of collaboration** among Rhode Island's healthcare delivery system (Appendix Table A2). This number has increased from 70% in Round 1. Additionally, 79% of respondents agreed that SIM fostered meaningful collaborations between public and private entities (up from 68% in Round 1). **Respondents from all sectors of the healthcare system, in various roles in SIM, and of different levels of engagement all responded similarly to this question, affirming a generally positive view of RI SIM's efforts to increase collaboration among Rhode Island's various entities.**

This conclusion was also supported repeatedly in qualitative feedback from Key Informant Interviews, focus groups, and in written surveys. An emergent theme in focus groups was that *increased collaboration between state agencies and organizations* had resulted as a benefit of the SIM initiative staffing and governance model. Several themes from the Key Informant interviews (KIIs) pertained to collaboration. Interviewees reported that SIM had (a) *Created relationships and sense of SIM community*, and (b) *Fostered relationships and collaborations*. Additional themes from KIIs also confirmed that a Culture of Collaboration has been established among healthcare stakeholders in Rhode Island and that this culture change expanded beyond the SIM initiative and been adopted as a new way of operating in the state. Interviewees also felt that the culture of collaboration that has developed will be essential to sustaining the projects that have been supported by SIM.

The two written surveys (August 2017 & April 2019) and vendor pre-meeting items (April 2019) were particularly informative on the topics of alignment, collaboration, and leveraging of resources. Throughout the responses, two recurring themes emerged as being central to the improvements in the healthcare system in Rhode Island that have been facilitated by RI SIM: (1) SIM fostered increased

information sharing and collaboration between agencies and the various health system stakeholders across the state, and (2) SIM's funding and support for particular initiatives and programs was used to make significant improvements in healthcare delivery and population health (including physical and behavioral health).

When asked how "engagement in SIM (has) positively influenced (their) program, partnerships, and a general culture of collaboration" almost half of the responses to the 2017 Vendor and State Agency written survey (See Report Appendix) pointed out examples of the ways in which **RI SIM served to improve communication and/or a tighter linkage between State agencies**. Respondents replied that SIM accomplished this by providing infrastructure and organization that regularly brought agency representatives together, allowing them to have increased insight into the work that other agencies are doing that intersects or overlaps with their own. They also noted SIM provided an opportunity for agency representatives to get to know each other and identify who their counterparts are in other agencies with similar interests and subject-matter expertise. Respondents pointed out that this enhanced communication and linkage improved the development of a common agenda for health system transformation in the State, and allowed programs to leverage existing resources to build capacity, improve development and implementation of initiatives and programs, and explore collaborative grant opportunities.

A few specific examples provided of SIM-facilitated interagency collaboration included: the convening of several agencies in a coordinated effort to address the issue of care coordination for patients in the Care Transformation Collaborative (CTC)/ Patient Centered Medical Home (PCMH) program, the development of a partnership between RIDOH and BHDDH to continue funding the National Suicide Prevention Lifeline in the state, and the facilitation of further discussions between Rhode Island Youth Suicide Prevention Project (RIYSPP), Department of Children Youth and Families (DCYF), and BHDDH on the creation of Rhode Island Crisis-related services for youth and adults.

Respondents also described **improved information sharing among stakeholders across the various public and private sectors of healthcare in Rhode Island.** Respondents noted that RI SIM "provided a platform for health reform conversations" and specifically stated that Workgroups "brought together representatives from all sectors for state level discussions that would not have happened before." (See section on Workgroups on p. 20-21 above for additional information.)Respondents stated that SIM facilitated a better understanding of shared priorities between payment reform, care transformation, and improvement.

Nearing the end of the RI SIM funding period in 2019, when SIM vendors were asked "What new/additional partners or collaborations has your organization created, gained, or leveraged as a result of SIM?" they described an impressive list of collaborations (compiled later by SIM staff and shared with the Evaluation Team), several of which are summarized below:

- 15 SIM-funded initiatives partnered with 10 different state agencies and the Governor's office
- 20 partnerships directly between SIM-funded initiatives
- 4 SIM-funded initiatives partnered with schools in 14 school districts and 10 SIM-funded initiatives partnered with 5 Higher Ed Institutions

- 6 SIM-funded initiatives partnered with 7 Federally Qualified Health Centers and 10 SIM-funded initiatives partnered with multiple Large Provider Groups/Accountable Entities (AEs) and more than 100 other Clinics and Practices (includes adult, pediatrics, and behavioral health providers).
- 14 SIM-funded initiatives partnered with 44 additional community partners throughout Rhode Island

Other responses to the written surveys cited **RI SIM's support or funding for specific projects and initiatives as having a positive influence on their program or agency and their desire/ability to participate in a culture of collaboration.** For example, respondents to the 2017 written survey (Vendor and RIDOH) reported that SIM support facilitated the establishment of the statewide eMOLST (electronic Medical Order for Life Sustaining Treatment) registry in CurrentCare and training for medical providers in Rhode Island in how to have conversations about the goals of care for patients at the end-of-life. They also pointed to SIM's support for workforce development via the advanced use of Community Health Teams (CHTs) and credited SIM with inspiring BHDDH to develop a new partnership with Academic Programs in Rhode Island as an effort to increase the size of the behavioral health workforce in the state.

A Vendor representative remarked (as of 2017):

> "SIM has helped the All Payer Claims Database (APCD) transition from development stages to streamlined data collection, enhanced analytics, and public access. With SIM funding, we have collected six years of data from eleven payers and have over one million unique individuals in the database. We have successfully re-procured our data aggregation vendor, Onpoint Health Data, and transitioned to a new analytics vendor to provide a statewide analytics platform for state users. Using SIM funding, we established data release processes and are now making critical data available to external data partners, including the Care Transformation Collaborative and Miriam Hospital. SIM funding also enabled us to release three public reports…"

When asked about resources their program or agency obtained or leveraged since engaging with RI SIM, respondents to the 2017 State Agency and Vendor Survey and those in the 2019 Vendor Pre-Meeting Survey specifically discussed the partnerships, collaboration, and communication with other agencies and stakeholders, as well as the funding and development of specific projects and initiatives. Several respondents also reported on the ways that leveraging their relationship with SIM and SIM resources had facilitated their successful applications for additional grant funding.

For example, HopeHealth Hospice and Palliative Care, the largest not-for-profit hospice and palliative care provider in Rhode Island, reported that they were able to successfully leverage RI SIM's financial investment in their "Complex Care Conversations Training" program to obtain additional financial support (totaling nearly double the amount of SIM's investment) through several avenues, including: The Rhode Island Department of Health (RIDOH)'s Comprehensive Cancer Control Program, Blue Cross Blue Shield of Rhode Island, The Rhode Island Geriatric Education Center (RIGEC), and The Rhode Island Foundation Providence Journal Charitable Legacy Fund. HopeHealth reported that "in addition to the 480 Rhode Island providers… trained by the end of the (RI) SIM grant, HopeHealth anticipates that a minimum of 1,194 providers will have been trained through the above funding streams."

Another example described how initial RI SIM funding provided to the RI Care Transformation Collaborative (CTC) "allowed us to test and evaluate the effectiveness of the Primary Care Medical Home

(PCMH) Kids initiative with (an) initial cohort (Cohort 1) of nine PCMH Kids practices. The success of this initial pilot program enabled CTC to obtain multi-payer support for a second expansion (2017 Cohort 2: 11 pediatric practices) and for a third expansion (2019 Cohort 3: 17 pediatric practices)… In just three years, [PCMH kids] now represents a total of 37 pediatric practices, representing 264 providers, covering 110,000 children, and represents 80% of the children that are on Medicaid [in Rhode Island]."

One Vendor response in particular provided an apt summary and confirmation that the activities and initiatives that RI SIM sponsored to improve alignment and collaboration have had the intended impact:

> "Many of the programs and initiatives that are designed and implemented to improve health across the state are developed and implemented in a vacuum. By convening the diverse stakeholders across State Government to discuss their work, SIM has enabled us to better understand where these programs and priorities overlap and to build from the shared knowledge that exists across the multiple agencies. This cross-agency collaboration is leading to leveraged investments and will ultimately increase the efficacy and efficiency of the programs and investments being made to improve health." – *Response to Vendor and State Agency Written Survey*

Overarching Evaluation Goal: Adherence to Health System Transformation Principles and Progress toward the Triple Aim

As described in Pages 2-3 in the introduction of this report, the ultimate goal of the SIM initiative was to contribute to the transformation of the healthcare delivery system in Rhode Island in a manner consistent with the pursuit of the Triple Aim: healthier people, better care, and smarter spending. Therefore, the goal of this final, overarching, evaluation question was to develop a robust understanding of the ways in which the specific inputs and activities that comprise the focus on a Culture of Collaboration contributed to:

a. Creating the conditions conducive to achieving the Triple Aim goals beyond the timeframe of the grant; and

b. Creating infrastructure components that will last beyond the grant period to support ongoing health system transformation and continued improvements in population health.

Evaluation Question

Which collaborative efforts under the SIM initiative best supported (or would best support) Rhode Island's quest for the Triple Aim of enhanced population health, better quality care, and smarter spending?

RI SIM embraced the "road map" to health system transformation laid out in the Rhode Island Healthcare Delivery System Transformation Plan core elements (reviewed here, but also described on Page 3), which included:

1. Coordinated and aligned approaches to expanding value-based payment models in Medicaid and commercial insurance through state purchasing and regulatory levers.
2. Support for multi-payer payment reform and delivery system transformation with investments in workforce and health information technology.
    i. *Investment in practice transformation & development of the healthcare workforce*
    ii. *Patient engagement*
    iii. *Access to increased data capacity and expertise*
3. Significant stakeholder engagement in policy development and SIM investment decisions through the SIM Steering Committee, SIM Workgroups, and agency-specific advisory groups.
4. Fidelity to Rhode Island's State Health Assessment Report to ensure that transformation is aligned with its vision of improved integrated physical and behavioral health for the state's residents, especially in the eight health focus areas.
5. A Multi-Sector/Multi-Agency Approach.

In order to understand how RI SIM contributed to health system transformation in Rhode Island, here we evaluate evidence of SIM's adherence to stated health system transformation principles and identify

which collaborative efforts under the SIM initiative best supported Rhode Island's quest for the Triple Aim.

Adherence to Health System Transformation (HST) Principles

Per RI SIM's Operational Plan (2018, p. 11), indicators of success in contributing to healthcare transformation include "transformed provider practices poised to succeed under value-based payment arrangements, a capacity to use data more effectively and creatively to make change and monitor system performance, more empowered patients (and families) who act as agents in their care, and a health care system that operates more as a system and delivers whole person care centered around the goals and needs of each patient." As such, several of the items included in the quantitative survey examined respondents' perceptions of SIM's performance on these measures.

When examined collectively, the items in Tables 8, 9 and 10 form a reliable scale by which we can measure respondents perceptions of RI SIM's adherence to health system transformation principles (Chronbach's $\alpha = 0.91$). These items can be further divided into the three sub-scales discussed below: (1) Information Sharing and Communications, (2) Data-driven decision-making, and (3) Other Health System Transformation Principles.

Information Sharing and Communications

One of the goals behind the (embedded) staffing and governance model as well as the various opportunities for "collaboration, outreach and convening" described on Pages 4-6 of this report was to maximize information sharing between stakeholders in the various sectors of healthcare in Rhode Island. Two items in the quantitative survey (listed in **Table 8**) assessed SIM information sharing and communications. These items can be combined to form a reliable subscale (Chronbach's $\alpha = 0.70$).

Table 8: Average Score Information Sharing and Communications Items

Information Sharing and Communications	Average Scores (out of 5)
Scale* Average Score (out of 5)	**3.8**
Do SIM-related activities foster information sharing across health sectors?	**4.0**
Do SIM participants effectively communicate SIM's purpose, plan and successes beyond the immediate group – to stakeholders and in other organizations and in the broader community?	**3.6**

*Chronbach's $\alpha = 0.70$

Overall, a large majority of quantitative survey respondents (82%) agreed that RI SIM activities fostered information sharing across health sectors. This opinion was particularly strong among State Agency Employees. They were significantly more likely than any other key category to highly rate this item (97.5% vs. an average of 74.7% for all other groups; χ^2 P- value = 0.01 for State vs. Non-state comparison).

As discussed above, qualitative data sources also identified increased information sharing as a strength and significant benefit of the RI SIM model. It is not surprising that this perception is particularly strong among State Agency Employees given that information-sharing was a specific benefit associated with both the embedded staffing model (in which core staff members were embedded in various state agencies) and the weekly Interagency Team meetings.

Respondents' assessment of RI SIM's ability to effectively communicate SIM's work externally was not as strong. Sixty-one percent (61%) agreed with the statement that "*SIM participants effectively communicate SIM's purpose, plan, and successes beyond the immediate group – to stakeholders in my organization, other organizations and the broader community,"* however, there were some differences of opinion on this topic. Respondents who were typically involved in a SIM-related activity less than monthly were much less likely to rate this item as a 4 or 5 (37%) than respondents who participate on a monthly (69%), weekly (70%), or daily (63%) basis (χ^2 P-value 0.01; data not shown). Although not statistically significant, there was some apparent difference in opinion regarding this item when examined by primary role in SIM. Seventy-five percent (75%) of respondents who primarily identified as Steering Committee members or Interagency and Core Staff members rated this item as a 4 or 5 compared to 52%-55% of respondents with other primary roles (χ^2 P-value 0.36; data not shown). These results combined suggest that there was a difference in the perception of the effectiveness of SIM's communications between those who were more closely involved in generating these communications and those who may potentially have been receiving them.

RI SIM's external communications also arose as a theme in Focus Group discussions. In particular, the Vendor Focus Group felt that SIM had missed opportunities to publicize its efforts over the duration of the grant. Participants felt that the long, detailed format of the evaluation reports was not of interest to most people and suggested that SIM should put more time and effort into publicizing its efforts in a format tailored to the audience.

Data-driven decision-making

As noted above, developing "the capacity to use data more effectively and creatively to make change and monitor system performance" was both a RI SIM operational principle and an "indicator of success" in contributing to healthcare transformation. Five items on the quantitative survey (listed below in **Table 9**) pertained to the collection and use of data. These items can be examined collectively as a reliable "data" sub-scale (Chronbach's $\alpha = 0.89$). Results are reported below.

Respondents generally rated the RI SIM initiative highly (scored 4 or 5) on each of the items related to the collection and use of data. More than 70% of respondents agreed that SIM (1) *has stimulated the enhancement of Rhode Island's systems and tools <u>to collect</u> healthcare cost data (79%, up from 49% in Round 1),* (2) *uses data to help identify strategic priorities (82%),* (3) *uses data to help guide improvement activities (82%)*, and (4) *measures the work (they) do together and its outcomes (72%).* Detailed data in Appendix Table A2.

Table 9: Average Score Data-driven decision-making Items

Data-driven decision-making	Average Scores (out of 5)
Scale* Average Score (out of 5)	**3.9**
The SIM initiative has stimulated the enhancement of Rhode Island's systems and tools to collect healthcare cost data.	**4.0**
The SIM initiative has stimulated the ability of state agencies and private entities to act on collected healthcare cost data	**3.6**
The SIM initiative uses data to help identify strategic priorities	**4.0**
The SIM initiative uses data to help guide improvement activities	**4.1**
SIM measures the work we do together and its outcomes	**3.8**
*Chronbach's α = 0.89	

Although just over half of respondents rated RI SIM's impact on *the ability of state agencies and private entities to act on healthcare cost data* (57%), the improvement from just 29% in Round 1 is impressive and would seem to reflect positively on SIM's data-related activities over the last year of the grant. Perhaps also supporting the notion that the last year was particularly fruitful in stimulating the healthcare community's ability to act on cost data, those who were engaged with SIM for less than a year were more likely to highly rate this item than those who were engaged longer (87.5%, 58.6%, and 44.2%, respectively, for those engaged less than 1 year, 1-2 years, and 3 or more years, respectively; χ^2 P-value 0.05; data not shown).

Strong quantitative results combined with feedback from various qualitative sources supports the notion that RI SIM remained true to its principle to use "data to drive action" (RI SIM Operational Plan 2018, pp. 13-14) and significantly contributed to the collection and analyzation of healthcare cost data.

In fact, data use was a theme discussed in nearly every qualitative item in this evaluation. In Key Informant Interviews, several responses indicated that RI SIM's fostering of data collection and reporting was essential to making progress on the Triple Aim. In responses on their written surveys, Vendors and RIDOH employees indicated that improvements in data awareness, availability, and use played a key role in contributing to healthcare system improvements, particularly SIM's support of the All-Payer Claims Database (APCD). The sentiment was echoed in comments on the quantitative survey as well, where respondents indicated that continued focus on increasing collection, reporting, and availability of healthcare data in Rhode Island is an essential piece to support the pursuit of the Triple Aim.

Other Health System Transformation Principles

Table 10: Average Score Other Health System Transformation Principles Items

Other HST Principles	Average Scores (out of 5)
Scale* Average Score (out of 5)	**3.7**
Has the SIM initiative contributed to Rhode Island's healthcare transformation process from fee-for-service ("volume") to value-based care system?	**3.7**
The SIM initiative has resulted in enhanced healthcare provider readiness for health system change	**3.7**
*Chronbach's α = 0.68	

Although there is room for continued growth, there was evidence that RI SIM made progress on two of the indicators of healthcare transformation success discussed above: (1) "*transformed provider practices poised to succeed under value-based payment arrangements*" and (2) progress toward *"transformation to a value-based care system"*. When asked whether SIM resulted in enhanced healthcare provider readiness for health system change, overall, 49% rated the item as a 4 or 5 (compared to just 33% in Round 1). While not statistically significant, Providers highly rated this item less frequently than any other key category (26% of Providers vs. at least 50% of respondents in all other key categories; χ^2 P-value = 0.24). Instead, a majority of Providers who responded to this question (n = 19) rated the item as '3 - Neutral' (57.9%) and 15.8% rated it as a 1 or 2 ('to little or no extent').

In terms of RI SIM's contribution to the transformation of Rhode Island's healthcare system away from a fee-for-service ("volume") based model and toward value-based care, it is encouraging that more than half of respondents (53%, compared to 48% in Round 1) agree that SIM made a contribution in this regard. There were no significant differences between respondent groups in response to this item.

Progress toward the Triple Aim

As shown in the Culture of Collaboration logic model (Appendix Table A1), the ultimate impact that the RI SIM initiative hoped to have by investing in activities and inputs to build a Culture of Collaboration was to facilitate progress toward achieving the Triple Aim. For this reason, participants in both rounds of the quantitative survey, Focus Groups, and Key Informant Interviews were all asked to comment on a version of the question (or prompt): *Which aspects of the SIM project best support Rhode Island's quest for the Triple Aim of enhanced population health, better quality care, and smarter spending?* Themes emerging from their responses are summarized below.

When discussing which aspects of the SIM project best supported progress toward the Triple AIM, respondent comments generally pertained to one of two broad categories: (1) the structure, processes, and values of the RI SIM initiative, or (2) the specific programs and initiatives they felt were contributing most to the goals of enhanced population health, better quality care, and smarter spending.

Structure, Processes, and Values of the RI SIM Initiative

In terms of the structure, processes and values of SIM, the following themes emerged:

Convening/Creating a Culture of Collaboration

Respondents felt strongly that having an agenda-driven forum in which to convene on a regular basis with other stakeholders in Rhode Island fostered information-sharing, alignment of goals and priorities, and increasing collaboration both among and between state agencies and public partners, which, in turn, contributed to progress toward the Triple Aim. Respondents frequently cited Steering Committee meetings and Interagency Team meetings as being an effective model to accomplish these goals, although workgroups and vendor meetings were also mentioned.

> "Though time consuming, the open steering committee and sub-committee meetings are valuable. Continued staffing to support this convening role is essential." – *Quantitative survey response*

> "Cross-agency engagement in workgroups toward specific concrete end goals and project development." - *Quantitative survey response*

When asked what RI SIM could do to further support Rhode Island's quest for the Triple Aim, the most frequent responses encouraged "keeping lines of communication open". Several respondents suggested that it would be valuable to continue convening in some format, with multiple respondents specifically discussing the importance of continuing efforts to align the work of Rhode Island's State Agencies. Respondents expressed a desire to develop structures for ongoing planning and coordination, especially to continue the work done by SIM in developing a state-wide health plan.

> "Figure out a meaningful way to sustain the interagency structure… It's a model that should be replicated and deployed to address specific topics that are important to multiple state agencies." – *Quantitative survey response*

> "Develop a Statewide health plan that guides investment in health services consistent with need and cost effectiveness." - *Quantitative survey response*

Focus on Social Determinants of Health

From the outset, RI SIM focused on the social determinants of health (SDoH) as crucial components for improving population health and achieving the Triple Aim. A number of respondents from both quantitative surveys and the Key Informant Interview spoke of this focus as being critical. Frequently, responses referenced this focus on the SDoH generally, however, other responses further discussed initiatives such as SIM's support of Health Equity Zones and Community Health Teams (also discussed below) as examples of the ways in which SIM acted to improve SDoH among Rhode Island's population. One participant described the way s/he felt SIM contributed to the work on SDoH in Rhode Island:

> "SIM has approached or at least started a conversation on the social determinants of health in a way that [wasn't 'top-down']…. It was… engaging the public and saying, "Okay, it seems like we need to start screening for social determinants of health. What are providers doing now? What are ways that we can benefit from aligning or standardizing? Where is it okay for partners to continue doing things, not in alignment? What tools do providers need to be able to start to screen and refer?

> It started with questions about identifying high-risk patients. Then it evolved into a statewide, collaborative, transparent conversation around social determinants screening, which turned into a conversation about if we're going to have providers screening for social determinants of health, we need to be able to know how to respond to the social determinants of health." – *Key Informant Interview*

Transition to Value-based Payment Model (focus on Health Outcomes and Quality)

Respondents also vetted the RI SIM initiative's support of efforts to transform Rhode Island's payment system to a value-based payment model (that emphasizes health outcomes and quality) as a core element of its approach to Health System Transformation. Several participants remarked that supporting payment reform and a focus on value (rather than volume) was essential in making progress toward the Triple Aim. One respondent specifically described some of the ways in which s/he thought SIM had most effectively contributed to these efforts:

> "… with all of (OHIC's) efforts towards payment reform and gearing incentives towards community health, I think SIM has been really active in that space… OHIC has been extremely receptive to SIM's input; the input from the Steering Committee on what we need from OHIC, and from the payers, and from models to help drive community health. I find that… OHIC is very open to (that dialogue). I think SIM Steering Committee provides a great vehicle for that, and I can see that on a consistent basis at the monthly Steering Committee meetings." – *Key Informant Interview*

<u>Specific programs and initiatives supported by RI SIM</u>

The following describes the specific programs and initiatives that were most frequently cited as best supporting the Triple AIM. Nearly all of these could also be themes that fit under the heading of 'structure, processes, and values of RI' because of their close connection to core elements of SIM's approach to healthcare transformation, but they have been listed here because respondents frequently cited the specific programs and initiatives that embodied these principles.

Focus on and Integration of Behavioral Health

In its mission statement, Rhode Island SIM declared that it was "committed to an integrated approach to the physical and behavioral health needs of Rhode Islanders". Remaining true to its mission, the SIM initiative supported several projects that focused on improving access to and the integration of behavioral health into primary care services for adults and children, including substance use disorder. The support of these programs, as well as SIM's contribution to elevating the topic of the need for improved mental health and substance use screening and treatment options in Rhode Island, were both frequently cited by respondents across quantitative surveys, focus groups, and key informant interviews as initiatives that best supported the Triple Aim. One respondent described RI SIM's impact on the state-wide conversation about behavioral health:

> "It [SIM] put behavioral health at the forefront of a lot of conversations (where) maybe [it] normally wouldn't have been. [Behavioral Health is] sometimes subsumed under health. It's assumed to exist there, but [RI SIM] made a conscious effort of always pulling out behavioral health so that people understood the significance of it… individuals with behavioral health [needs] tend to be the highest utilizers… of

Medicaid or other insurance [and] also have very unique needs." – *State Agency Focus Group*

Many respondents discussed the significance of RI SIM's support of the following specific behavioral health programs as being particularly valuable: the Screening, Brief Intervention, and Referral to Treatment (SBIRT) program, the Pediatric Psychiatry Resource Network (PediPRN), and Integrated Behavioral Health (IBH). One participant explained how s/he felt the PediPRN program impacted the Triple Aim goals:

> "PediPRN is… really achieving the Triple Aim by reducing high cost, behavioral health care needs for care. [By] not shipping [pediatric patients in need of a psychiatric consult] off to an emergency room, and not shipping them off to hospitalization, but instead utilizing the practitioner, the pediatrician, that they're most familiar with. Using the consultation available for the PediPRN to help give that pediatrician the skills and confidence they need to be able to address the… needs [of the child] standing in front of them. There is no better example of achieving the triple aim that reduced costs. It also improves the patient experience. – *Key Informant Interview*

Health Information Technology/ Data

Respondents frequently cited RI SIM's investment in and contribution to increasing data capability, sharing, and expertise. As discussed above in the section on *Data-driven decision-making* (pgs. 35 and 36), respondents highly rated the SIM initiative's contributions in this area and felt that this translated to progress toward the Triple Aim. The specific investment discussed most frequently was SIM's support of Rhode Island's All-Payer Claims Database (APCD). Several respondents also commented that, going forward, increasing access to the APCD (and other healthcare cost data) would be a way to further support progress the Triple Aim.

Quality Measure Alignment

Related to SIM's support of data-driven decision-making and a focus on value-based payment structures, respondents highlighted RI SIM's facilitation of the Measure Alignment Project, which resulted in the development of a set of quality measures, adopted by OHIC, to be used across all payers in the state. One respondent explained the value of this initiative to the Triple Aim:

> "[The] work done on measure alignment for various types of providers to have a structured course of reporting measures in common… helps to relieve administrative burden compared to having everyone have their own set of indicators. It didn't require a lot of money to do, wasn't huge programmatic expense, but [has] major outcomes in reporting efficiency." – *Key Informant Interview*

Integration and Alignment and Associated Programs

Respondents in the Key Informant Interviews, Focus Groups, and the first quantitative survey specifically named the Integration and Alignment Project or one of its associated sub-projects (Tobacco Cessation alignment work and Obesity Prevention – BMI data collection) as being particularly beneficial.

> "The two big things that come to mind are the tobacco cessation project that we did and the children's BMI project. The BMI project was really looking at, can we aggregate and gather children's BMI data from the sources we actually have available and is that a representative sample of the state and then do we have a way to leverage this information

to make policy decisions? We first did look at a feasibility study on determining whether or not the sample of data we had if it was actually representative of the state and then the next step is figuring out how we use this information." – *Key Informant Interview*

Community-based Health Solutions

Closely related to the topic of addressing SDoH (discussed above), respondents very clearly felt that efforts that emphasized community-based solutions to addressing health needs (rather than hospital- or clinic-based) were essential to making progress toward the Triple Aim. Along with RI SIM's support for Health Equity Zones (HEZ), a large number of respondents to both rounds of the quantitative survey specifically identified Community Health Teams (CHTs) as particularly valuable.

> "Community Health teams need to be a standard part of every care team. They are life saving for patients and give a better chance for patients to achieve improved health. Providers feel like they can do their jobs better when they are able to work with a community health team." – *Quantitative survey response*

> "[The] HEZ, Community Health Teams, SBIRT, and the Community Preceptor Program… collectively… represent the values of including community members in the process of improving wellness in particular populations, addressing health care issues using a social work framework, and evaluating the individual's access to resources as a measure of health, and developing philosophical integration of providers." - *Quantitative survey response*

Workforce Training/ Clinical Practice Initiatives

Respondents reported that the SIM initiative's investment in Rhode Island's healthcare workforce also greatly supported the Triple Aim. In particular, participants discussed the Workforce Transformation Project, Behavioral Workforce Development, Primary Care Medical Home (PCMH)-Kids, and HopeHealth's end-of-life provider training (in addition to the SBIRT and CHT projects identified previously in other categories).

> "Workforce training most definitely contributes to triple aim objectives, in particular improving the quality of care by enhancing the skill level of the workforce and students entering health professions." - *Quantitative survey response*

Lessons for Future Initiatives

Respondents were given the opportunity to identify ways in which the RI SIM initiative could further support the Triple Aim. Many respondents focused on continuing the efforts discussed above, however, two themes emerged as areas where respondents felt increased energy and emphasis would be beneficial. First, several respondents indicated that increasing the involvement of consumers, end-users, and "frontline" clinicians and community workers when setting priorities and developing interventions would help lead to improved buy-in and outcomes for future programs. One respondent commented on the need to engage practitioners when designing interventions to avoid creating a sense of undue burden among providers:

> "Get persons in the trenches to buy-in and design change. They struggle every day just to survive--and I mean the Community Mental Health and Health Centers (not just clients)… add the fourth aim - practice and provider satisfaction. The providers/docs in this state are tired. We are working hard and the measures are hoops to jump thru that often don't seem applicable to daily patient care. How can we make life easier for the primary care docs and have the [work related to Patient Centered Medical Homes] well-resourced so that practices can continue this work?"

Secondly, as discussed on Page 38 under *Information Sharing and Communications*, respondents to the second round of the quantitative survey and in focus groups expressed mixed opinions of whether or not RI SIM had effectively communicated the work that it was doing to external audiences. This theme also arose as a suggestion for improving progress toward the Triple Aim in the future. Respondents recommended considering new forms for communicating SIM's work to broader audiences, such as using infographics and materials that might be more easily digestible when presented to community members and organizations than the long reports that are typical for grant-funded work. Other respondents emphasized the need to disseminate the evaluation findings at the conclusion of RI SIM, with one respondent remarking on the importance of "finishing (RI) SIM with strong, declarative evaluation results to provide data and corresponding conclusions for further supported work on these topics".

Summary

The goal of this evaluation was to develop an understanding of the ways in which the specific inputs and activities that comprise RI SIM's focus on a Culture of Collaboration contributed to (a) creating the conditions conducive to achieving the Triple Aim goals and (b) creating infrastructure components that will last beyond the grant period to support ongoing health system transformation and continued improvements in population health.

Respondent feedback regarding RI SIM's staffing and governance model identified numerous benefits of the novel approach taken, which emphasized a public-private partnership for decision-making and featured an embedded staffing model, several coordinated teams of people, and multiple venues for outreach and convening. Identified benefits included: structures that effectively supported prioritization and strategic planning for health system transformation, effective decision-making, and allocation of funding, and that reflected the need to engage both public and private partners. Through its staffing and governance, the SIM initiative was able to convene agencies and organizations who had not previously worked together in a way that fostered communication, information-sharing, personal relationships, and a sense of community and trust. The various meetings and workgroups were reported to facilitate alignment of priorities and goals, and fostered collaboration between agency and private partners.

The main perceived limitation to the RI SIM governance model reported by respondents was that convening and consensus-building was a slow process, although there seemed to be a recognition that the time investment was somewhat unavoidable and, ultimately, beneficial in terms of improved outcomes.

Respondents generally agreed that RI SIM had done a good job of fostering engagement among the various stakeholders in Rhode Island in a meaningful way. Much of the credit for this engagement was attributed to the open and transparent nature of Steering Committee meetings and to the SIM Leadership team for fostering trust, facilitating relationships, and championing efforts to move the SIM initiative forward. As a result, despite the time involved, most respondents agreed that the benefits of engagement with RI SIM outweighed the investment, and had positively influenced their organization in some way. Those who were more frequently engaged in SIM were more likely to highly rate these benefits.

Respondents highly rated SIM's ability to foster alignment of organizational goals and shared objectives, both among state entities and between public and private entities. It was unclear whether or not this was always effective at reducing duplication of efforts, however, respondents did acknowledge that more shared programs existed in Rhode Island than before the SIM initiative. Respondents also rated RI SIM's collaborative efforts very highly. Responses indicated that SIM was successful at creating a culture of collaboration, and that this was something that was being adopted in the state beyond the SIM initiative, and that would ultimately contribute to health system transformation in the state. Several organizations reported on the ways in which they were able to leverage SIM funding and engagement to sustain their projects through additional funding and the development of new relationships and collaborations.

RI SIM was able to adhere to the health system transformation principles they outlined in their Operational Plan. Respondents agreed that SIM fostered information sharing (particularly among state agencies), data-driven decision-making, and had contributed in a meaningful way to Rhode Island's transition to a value-based payment system for healthcare. When asked which aspects of the SIM initiative best supported Rhode Island's progress toward the Triple Aim, respondents identified features of the SIM initiative across the spectrum of it structure, processes, and values, as well as examples of the specific programs and initiatives they felt were contributing most to the goals of enhanced population health, better quality care, and smarter spending. The development of a Culture of Collaboration and RI SIM's role in convening stakeholders featured prominently among response themes.

Creating a Culture of Collaboration among Rhode Island's stakeholders was a vast undertaking for the RI SIM initiative that required the hard work of a thoughtful leadership team to develop staffing and governance structures, as well as activities to maximize outreach and engagement of public and private partners in order to be successful. This was done with the goal of achieving the Triple Aim through increased alignment of priorities and goals and reduced duplication of efforts. The evidence collected over the course of this evaluation supports the conclusion that the SIM initiative was successful in fostering a Culture of Collaboration among the healthcare system in Rhode Island, and that the development of this culture will assist in sustaining and furthering the current efforts in the state to achieve health system transformation beyond the funding period of the RI SIM test grant.

References

Cortina, J. M. (1993). What is coefficient alpha? An examination of theory and applications. *Journal of Applied Psychology, 78*(1), 98-104. http://dx.doi.org/10.1037/0021-9010.78.1.98

Culture of Collaboration Survey (Round 1) Results. November 2018. (Unpublished)

Frey, B. B., Lohmeier, J. H., Lee, S. W., & Tollefson, N. (2006). Measuring collaboration among grant partners. *American Journal of Evaluation*, *27*(3), 383-392.

Perkins, T. L. (2002). Comprehensive community initiatives (CCI): A comparison of community implementation plans. Retrieved May 2018, from https://digitalcommons.unl.edu/cgi/viewcontent.cgi?article=1058&context=publicpolicypublications

Rhode Island State Innovation Model (SIM) Test Grant. Operational Plan Version 3. Published April 25, 2018. Retrieved May 2018 from http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/SIM/RISIMOperationalPlanInitialAY4Submission4.26.2018.pdf

APPENDIX

Table A1: SIM Culture of Collaboration Logic Model

These activities and the expected outcomes are further described in the Logic Model below:

UNIQUE SIM COLLABORATIVE MODEL		INITIAL RESULTING CULTURE OF COLLABORATION		LONG-TERM SYSTEM TRANFORMATION FACILITATION
Inputs	**Activities**	**Outputs**	**Outcomes**	**Impact**
1. Embedded staffing model – 5 staff led by a Project Director	Interagency hiring committees Regular SIM interagency meetings: Staff Interagency Team Intra-agency convening and organizing	5 hired staff positions (filled by 8 people over time) and 4 interagency MOUs Almost weekly staff alignment meetings At least bi-weekly interagency alignment meetings Agency monthly meetings, as applicable	1a. Fostered communication between state agencies, for better situational awareness 1b. Fostered organization for agency operations and effective partnering 1c. Promoted liaising and relationship building 1d. Fostered staff development and leadership capacity 1e. Creating a shared understanding of system transformation, population health,	Better health: alignment between agencies promotes more programming that improves Rhode Island's overall population health Better healthcare: The healthcare system is overseen and regulated in a more aligned and organized way, so that the private section knows what to expect and is better able to meet expectation. Smarter Spending: By avoiding duplication of dollars, we have the

UNIQUE SIM COLLABORATIVE MODEL		INITIAL RESULTING CULTURE OF COLLABORATION		LONG-TERM SYSTEM TRANFORMATION FACILITATION
Inputs	**Activities**	**Outputs**	**Outcomes**	**Impact**
			interagency operations, etc.	opportunity to spend it on things that will actually increase health. Overall, genuine private-public engagement, leading to more trust, transparency, and participation by diverse stakeholders Long-term partner retention for continued system reform efforts within Rhode Island. Co-authored documents serving as core sources of information related to system transformation and population health Various unintended consequences Establishment of infrastructure for on-going
2. Outreach/Engagement	Attendance at other interagency meetings, e.g.: • Public Affairs Team • Ecosystem Board • Opioid Data Team • Rate Review Implementation • Behavioral Health Planning	Additional monthly engagement between agencies Reporting to OHIC, EOHHS, Steering Committee Attendance at Directors Meetings and SWAP Meetings Participation in Ecosystem (and other) Governing Boards	2a. Promoted alignment of activities – - i.e. SDoH screening – CHTs, HEZs, etc. - Working on HSTP/SIM HIT alignment 2b. Fostered situational awareness of SIM aims, value, and resources (as well as of other transformation initiatives) 2c. Fostered culture of collaboration/sharing pertaining to interagency data	
3. Vendor convening	Vendor Management: Regular contract management communication Vendor quarterly meetings	4 Vendor meetings a year, plus regularly monthly contract communication	3a. Fostered stakeholder engagement and partnership 3b. Fostered communication among health system change agents	

UNIQUE SIM COLLABORATIVE MODEL		INITIAL RESULTING CULTURE OF COLLABORATION		LONG-TERM SYSTEM TRANFORMATION FACILITATION
Inputs	**Activities**	**Outputs**	**Outcomes**	**Impact**
4. Public/Private Governance Structure: - Steering Committee - Public Workgroups	Integration & Alignment Project Activities Shared Decision Making (i.e., project prioritization, funding allocations, Ops Plan approvals) Public Meeting Act adherence	3 I&A projects, plus other informal I&A activities Modified-Consensus building approach (Thumbs) 44 Steering Committee meetings	4a. Less duplication of activities and/or funding, 4b. Fostered shared governance, responsibility, and stewardship 4c. Promoted a collaborative work environment 4d. Fostered satisfaction with State grant implementation	system transformation reform efforts
5. Project management and project reporting	Joint Planning and Report Writing: HIT Strategic Planning Overall Health Planning Use of public feedback for revising documents Use of convening power Progress reporting Reporting to CMS	3 Operational Plans 2 Population Health Plan Components (Health Assessment Report) Shared Goals 16 Quarterly Reports 4 Annual Reports Public Workgroup or Collaboration-Focused Meetings (e.g., Accountable Health Communities)	5a. Fostered efficient use of SIM dollars and maximizing leveraged resources 5b. Fostered potential for sustaining positive SIM outcomes for the longer term 5c. Fostered stakeholder participation and growing interested parties	

UNIQUE SIM COLLABORATIVE MODEL		INITIAL RESULTING CULTURE OF COLLABORATION		LONG-TERM SYSTEM TRANFORMATION FACILITATION
Inputs	**Activities**	**Outputs**	**Outcomes**	**Impact**
	Grants, as available Reporting to Steering	Agency Workgroups, e.g. (Measure Alignment) CMS / Steering Metrics Dashboard Public Minutes	5d. Risk mitigated through project management and planning 5e. Fostered dissemination of findings, progress, and metrics	
6. Funding	Grant Financial Management Interagency RFP development and procurement processes Contract Management Use of regulatory levers?	4 annual budgets 3 carryforward budgets Unrestrict documents 22 Contracts plus amendments Braided-funded projects	6a. Fostered potential for sustaining appropriate SIM projects 6b. Fostered shared funding streams between EOHHS and other entities 6c. Fostered interagency grant submissions?	

Table A2: Response Frequencies to Online Culture of Collaboration Survey Round 2

1 To little or no extent	2	3 Neutral	4	5 To a great extent
The SIM initiative cultivates a culture of collaboration in Rhode Island's healthcare delivery system. (n = 148; additional 9 respondents abstained)				
0 (0%)	8 (5.4%)	17 (11.5%)	64 (43.2%)	59 (39.9%)
The SIM governance model and steering committee structure reflects the need to engage both public and private partners in healthcare transformation. (n = 127; additional 28 abstained)				
2 (1.6%)	7 (5.5%)	7 (5.5%)	47 (37.0%)	64 (50.4%)
The SIM Steering Committee represents key stakeholders. (n = 124; additional 31 abstained)				
2 (1.6%)	3 (2.4%)	11 (8.9%)	46 (37.1%)	62 (50.0%)
The SIM Steering Committee's public/private partnership is an effective approach to prioritize health system transformation needs and engage in strategic planning. (n = 128; additional 26 abstained)				
4 (3.1%)	6 (4.7%)	18 (14.1%)	50 (39.1%)	50 (39.1%)
The SIM Steering Committee's public/private partnership is an effective approach to decision-making and allocation of funding. (n = 112; additional 42 abstained)				
4 (3.6%)	11 (9.8%)	19 (17.0%)	46 (41.1%)	32 (28.6%)
The SIM initiative lacks representation of particular subgroups. (n = 115; additional 39 abstained)*				
20 (17.4%)	30 (26.1%)	38 (33.0%)	20 (17.4%)	7 (3.5%)
The SIM initiative fosters alignment <u>among</u> state entities and initiatives. (n = 128; additional 20 abstained)				
0 (0%)	7 (5.5%)	19 (14.8%)	62 (48.4%)	40 (19.9%)
The SIM initiative fosters alignment <u>between</u> state agencies and private entities. (n = 121; additional 27 abstained)				
0 (0%)	13 (10.7%)	15 (12.4%)	66 (54.5%)	27 (22.3%)
The SIM initiative fosters meaningful collaborations between public and private entities. (n = 128; additional 20 abstained)				
1 (0.8%)	9 (7.0%)	17 (13.3%)	65 (50.8%)	36 (17.9%)
SIM Workgroups represent a model that effectively supports health system transformation. (n = 92; additional 33 abstained)				
0 (0%)	8 (7.0%)	29 (25.4%)	43 (37.7%)	34 (29.8%)

SIM-related collaboration hinders your organization from its own organizational mission. (n = 129; additional 17 abstained)*				
85 (65.9%)	23 (17.8%)	15 (11.6%)	4 (3.1%)	2 (1.6%)
The value of relationships developed through SIM participation outweighs the time commitment necessary to establish and maintain the relationships. (n = 127; additional 18 abstained)				
5 (3.9%)	9 (7.1%)	39 (30.7%)	40 (31.5%)	34 (26.8%)
SIM-related collaboration has positively influenced your organization's services or operations. (n = 125; additional 20 abstained)				
9 (7.2%)	10 (8.0%)	26 (20.8%)	50 (40.0%)	30 (24.0%)
SIM-related activities foster information sharing across health sectors/services. (n = 127; additional 16 abstained)				
2 (1.6%)	5 (3.9%)	16 (12.6%)	68 (53.5%)	36 (28.3%)
SIM-related collaborations have reduced unnecessary duplication of health system transformation efforts. (n = 99; additional 43 abstained)				
10 (10.1%)	14 (14.1%)	40 (40.4%)	22 (22.2%)	13 (13.1%)
Rhode Island has more shared programs across health sectors/services than before the SIM initiative. (n = 102; additional 40 abstained)				
1 (1.0%)	3 (2.9%)	15 (14.7%)	48 (47.1%)	35 (17.4%)
The SIM initiative has stimulated the enhancement of Rhode Island's systems and tools to collect healthcare cost data. (n = 96; additional 46 abstained)				
3 (3.1%)	7 (7.3%)	10 (10.4%)	49 (51.0%)	27 (28.1%)
The SIM initiative has stimulated the ability of state agencies and private entities to act on collected healthcare cost data. (n = 88; additional 54 abstained)				
6 (6.8%)	4 (4.5%)	28 (31.8%)	36 (40.9%)	14 (15.9%)
The SIM initiative has resulted in better alignment of organizational goals and shared objectives across programs and agencies. (n = 118; additional 24 abstained)				
1 (0.8%)	6 (5.1%)	16 (13.6%)	69 (58.5%)	26 (22.0%)
The SIM initiative has resulted in enhanced healthcare provider readiness for health system change. (n = 90; additional 52 abstained)				
3 (3.3%)	8 (8.9%)	31 (34.4%)	41 (45.6%)	7 (3.5%)
Q26. The SIM initiative has contributed to Rhode Island's healthcare transformation process from fee-for-service ("volume") to value-based care system. (n = 99; additional 42 abstained)				
3 (3.0%)	10 (10.1%)	34 (34.3%)	43 (43.4%)	9 (9.1%)
When individuals who participate in the SIM initiative work together, each one has a clear role to play. (n = 117; 23 abstained)				
1 (0.9%)	13 (11.1%)	35 (29.9%)	51 (43.6%)	17 (14.5%)

SIM participants trust each other more as a result of engagement in the SIM initiative. (n = 108; 32 abstained)				
0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
The SIM initiative uses data to help identify strategic priorities. (n = 116; 24 abstained)				
3 (2.6%)	3 (2.6%)	3 (2.6%)	3 (2.6%)	3 (2.6%)
The SIM initiative uses data to help guide improvement activities. (n = 110; 30 abstained)				
1 (0.9%)	1 (0.9%)	1 (0.9%)	1 (0.9%)	1 (0.9%)
The SIM initiative engages people with lived experience (you may call them end users, consumers, patients, or clients) of the system we are working to improve. (n = 106; 34 abstained)				
9 (8.5%)	9 (8.5%)	9 (8.5%)	9 (8.5%)	9 (8.5%)
The SIM initiative measures the work we do together and its outcomes. (n = 117; 22 abstained)				
2 (1.7%)	7 (6.0%)	24 (20.5%)	49 (41.9%)	35 (29.9%)
SIM participants effectively communicate SIM's purpose, plan, and successes beyond immediate group – to stakeholders in my organization, other organizations and the broader community. (n = 119; 20 abstained)				
10 (8.4%)	14 (11.8%)	23 (19.3%)	43 (36.1%)	29 (24.4%)
The SIM initiative exists in an environment in which there is support from state-level health, human services, and healthcare-related government agencies for SIM priorities. (n = 130; 9 abstained)				
0 (0%)	6 (4.6%)	16 (12.3%)	54 (41.5%)	54 (41.5%)
The SIM initiative has strong support among the Rhode Island healthcare community. (n = 103; 36 abstained)				
2 (1.9%)	8 (7.8%)	23 (22.3%)	46 (44.7%)	24 (23.3%)
The SIM initiative has strong champions who can help obtain ongoing resources. (n = 115; 24 abstained)				
1 (0.9%)	6 (5.2%)	25 (21.7%)	52 (45.2%)	31 (27.0%)
The SIM processes support termination of initiatives deemed ineffective. (n = 67; 72 abstained)				
2 (3.0%)	8 (11.9%)	18 (26.9%)	33 (49.3%)	6 (9.0%)

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