

## SIM Year 4: Priority Activities to Advance Sustainability

Updated 1.10.2019

AY4 Priority Activity	6 Month Progress Milestone (as of July 1, 2018 through December 31, 2018)	
<b><i>Vision, Goals and Forward Planning</i></b>		
1.	<p>End State Vision/Sustainability Plan Part 1: Re-visit and re-affirm our end state vision by September 2018, with input from Steering Committee, Interested Parties, and state partners. This is required by CMS, as a part of our Operational Plan for our 4<sup>th</sup> year. Our End-State Vision should include the ways that the state aims to continue its overall commitment to the health system reforms and population health improvements reflected in the SIM process – and how the state’s community partners want to continue to participate in this public/private partnership.</p>	<ul style="list-style-type: none"> <li>• RI SIM completed <a href="#">RI SIM Sustainability Report Part 1</a> and submitted it to CMS October 29 (extension granted by CMS). Accepted by CMS in November.</li> <li>• CMS further noted that they would use Rhode Island’s plan as a template for the rest of the country.</li> <li>• The work on this report was helpful to staff and leadership in focusing us on what we had accomplished over the past 4 years, and more about what needed to happen to transition our work (vendor-focused and staff/community focused) post-SIM.</li> </ul>
2.	<p>As we create the required documentation for CMS and we prepare for the transition post-SIM, our SIM Activities for Year 4 will include an in-depth review of the following:</p>	
a.	<p><b>System and payment reform models</b> that Rhode Island has been focusing on for the past decade. Using available evaluations and holding discussions with SIM stakeholders, we will review the models or practices Rhode Island has been using,</p>	<ul style="list-style-type: none"> <li>• OHIC/EOHHS Cost Trends Meetings: The vision for this project is to provide Rhode Island citizens with high-quality, affordable health care. The Peterson grant application further states that the purpose of this project is to reduce growth in health care costs and state health care spending. On December 19, the Cost Trend Steering Committee signed a voluntary Cost Trend Compact, with a Target and Methodology. The Committee agreed upon cost grown target as the value of Rhode Island’s Potential</li> </ul>

	<p>document any changes in the models since SIM's inception, and look forward to how stakeholders envision these models transforming over time. Models and practices can include the OHIC Affordability Standards and Rate Review; Medicaid's Health System Transformation Project and Accountable Entities; the Market Stability work led by HSRI and OHIC, Measure Alignment, and the nascent Primary Care Capitation effort.</p>	<p>Gross State Product (the total value of the goods produced and services provided in a state at a constant inflation rate) and is 3.2%. The target's duration is 4 years, through 2022. The Committee agreed to revisit the methodology during 2022 and to advise the state on whether keep the target or establish a new one for 2023 and beyond. See Appendix 1 for more details on the Cost Trend Target.</p> <ul style="list-style-type: none"> <li>• <b>Market Stability:</b> In the spring of 2018, OHIC and HealthSource RI convened a Market Stability Workgroup with three guiding principles: sustain a balanced risk pool; maintain a market attractive to carriers, consumers, and providers; and protect coverage gains achieved through the Affordable Care Act (ACA). The group is open to the public and comprised of diverse stakeholders representing health insurers, employers, healthcare providers and consumers. In the fall of 2018, the Workgroup reconvened to study and make recommendations on the further actions related to shared responsibility and affordability. Additional meetings to study consumer protections are scheduled for early 2019. Over the course of eight biweekly meetings, the Workgroup reviewed and discussed information on different ways to fund a reinsurance program; who has historically paid the federal shared responsibility requirement payment; and examples of other affordability programs from other states.</li> <li>• <b>Primary Care Capitation:</b> OHIC continues its work on developing a multi-payer alternative payment model (APM). OHIC reconvened the APM Advisory Committee for a series of three meetings in the fall of 2018 to discuss the implementation of a multi-payer APM. OHIC has developed a framework for a primary care capitation model and is currently facilitating a pilot for interested primary care practices to begin in January 2020. OHIC has established a milestone-based approach for monitoring and assessing implementation of primary care APMs by Rhode Island insurers.</li> </ul>
	<p>b. <b>Population Health Improvements</b> pursued by SIM. Specifically, we will look back to: the 23 Population Health Goals that the state has developed through the SIM process; the RIDOH Health Equity Zones and Community Health Worker certification; our work to build ties to social service agencies to address the</p>	<ul style="list-style-type: none"> <li>• The Clinical Child BMI Data Workgroup Project, one of SIM's three Integration and Alignment initiatives, presented their results to date at the Steering Committee in August 2018. In October, this Project team shared their work at the RI Department of Health's (RIDOH) Public Health Academic Working Group, a combined group of academics and RIDOH staff that addresses public health concerns through academic research, collaboration and implementation. The cross-agency, public/private Workgroup steering the BMI effort includes the following key partners: Ellen Amore, KIDSNET, Center for Health Data &amp; Analysis, RIDOH</li> </ul>

	<p>social determinants of health; and BHDDH’s behavioral health improvement strategies. Looking forward, we will work with state partners to reflect the interagency nature of and commitment to improving targets associated with joint population health goals and explore how stakeholders envision these models transforming over time.</p>	<p>Jim Beasley, formerly of Rhode Island KIDS COUNT  Carolyn Belisle, Blue Cross &amp; Blue Shield of Rhode Island  Libby Bunzli, formerly of the Office of the Health Insurance Commissioner and now with Medicaid  Melissa Lauer, Executive Office of Health &amp; Human Services  Devan Quinn, Rhode Island KIDS COUNT  Michelle Rogers, Hassenfeld Child Health Innovation Institute  Patrick Vivier, Hassenfeld Child Health Innovation Institute</p> <p>This project has already become self-sustained and will continue on without SIM financial or administrative support. Here is the material from the SIM Steering Committee <a href="#">BMI Data Workgroup presentation</a>.</p> <ul style="list-style-type: none"> <li>• USS HOPE: The Unified Social Services Directory will serve as a centralized location and process for data validation. As the largest existing resource directory in the state, United Way 211 has been selected to implement this work. The directory will connect with existing referral and case management systems. United Way is currently in the process of creating data feeds with a resource and referral directory at the Rhode Island Department of Health, and with the two largest hospital systems in the state, Lifespan and Care New England. Centralized data can be connected to providers’ systems to facilitate SDOH referrals and close the referral loop.</li> <li>• SIM staff, vendors and partners took an active role in planning, presenting at, and participating in RIDOH’s 2018 Health Equity Summit focused on “Building Healthy and Resilient Communities.” The summit, held in September with over 700 attendees, highlighted the work of the nine operating Health Equity Zones in Rhode Island. The inclusive summit featured more than 50 concurrent workshops and breakout sessions, with the goal of building a shared language around community health by tackling complex, difficult topics. SIM partners and/or vendors that hosted poster sessions included our CHT/SBIRT, SBIRT Evaluation, SBIRT Training and Resource Center, Conscious Discipline, and HEZ projects. SIM was also asked to facilitate a conversation about the development of community-clinical linkages.</li> <li>• The Director of the RI Department of Health is presenting on HEZ and on ASTHO to the SIM Steering Committee at its January 2019 meeting (rescheduled because of illness from November).</li> </ul>
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	<p>c. SIM’s <b>Culture of Collaboration</b>, which is our integrated coordinated structure and strategies. This includes reviewing SIM’s interagency staffing, SIM’s Interagency Team, the public/private partnership reflected in the SIM Steering Committee and in the various SIM Workgroups, as well as the collaborative projects we’ve developed with community partners and state agencies (i.e. our Integration &amp; Alignment projects). In Year 4, our goal will be to make strategic choices about the projects into which we will put our time, to maximize impact by June 2019.</p>	<ul style="list-style-type: none"> <li>• Preliminary reporting, based on an online survey conducted by the SIM Evaluation team at URI in February/March 2018, suggests that SIM has created a culture of collaboration and is “helping to improve alignment and collaboration among state agencies and between public and private entities.” Further, the initial data indicates that “SIM has improved information sharing and increased availability of programs and services across health sectors while helping to align organizational goals and objectives across programs and agencies.” (Culture of Collaboration Survey (Round 1) Results, November 2018).</li> <li>• URI is continuing to evaluate the role and impact of SIM’s Culture of Collaboration. On the docket for Spring 2019 are follow up quantitative and qualitative surveys as well as a set of Key Informant Interviews and Focus Groups.</li> <li>• All three of the initial Integration and Alignment initiatives are now sustained through existing agencies and partner organizations. Additionally, the trajectory and initial product that came out of the Tobacco Cessation group is serving as a model for a cross-agency group working to understand better how clinicians are or are not using billing and coding processes to support SBIRT screening across the state as part of the Community Health Team/SBIRT coordinated project.</li> <li>• EOHHS is also using the Integration and Alignment interagency model to address other work. For example, the Secretariat has recently created three interagency teams or workgroups to maximize ways of working together, including an implementation team for the Child Maltreatment Project, which was the first major project of the SIM-funded State Data Ecosystem.</li> </ul>
3.	<p>Health Planning: As a part of the Sustainability Workgroup process, the concept of overall state health planning has arisen as important to a significant number of the participants. However, it is not always clear that each stakeholder embraces the same definition of health planning. Thus, through Year 4, working with EOHHS, OHIC, HSRI, and community partners, the SIM team</p>	<ul style="list-style-type: none"> <li>• The Rhode Island Foundation has convened a long-term health planning committee, the membership of which includes the secretary of EOHHS, director of RIDOH, commissioner of OHIC, and the chief executives of many SIM Steering Committee member organizations. The SIM staff and state agencies are prepared to collaborate with the Foundation and other stakeholders throughout this planning process.</li> </ul>

	<p>can play a role in the development of a health planning strategy, convening stakeholders in clarifying how we think about health planning options that builds on the work referenced above.</p>	
	<p>a. Because Health Information Technology (HIT) is such an integral part of health system reform and of the SIM investments, the SIM team plans to work with EOHHS, RIDOH, and others on a specific <b>statewide Health Information Technology Plan</b> that allows us to create a shared strategic vision and agreed-upon tactics and next steps</p>	<ul style="list-style-type: none"> <li>• Thanks to support from the Rhode Island Foundation, and funding through the federal government 90/10 match, EOHHS is preparing a Request for Proposals for our HIT Strategic Roadmap and Implementation Plan. The RFP will be released in January, and we will aim to begin work on the planning project in the spring.</li> </ul>
<p><b>Final Year Implementation:</b> <i>Beyond ongoing management of our SIM investments with community vendors, we will focus on the following priorities</i></p>		
<p>4.</p>	<p>Use the final year of SIM funding to hone our communication of SIM’s value and the ways that Rhode Island’s health reform and population health efforts are improving outcomes for Rhode Islanders. Continue to share our sustainability and transition planning, lessons learned, and our evaluation results with stakeholders and partners, policy-makers, funders, and the general public.</p>	<ul style="list-style-type: none"> <li>• We are using the monthly SC platform to lift up many of the SIM- funded investments. Vendors are presenting their results, sustainability plans and future challenges at our monthly Steering Committee meetings. In Fall 2018, 6 vendors presented their projects to the Committee, with at least six more slated for Winter/Spring 2019. See Appendix 2 below for the list of presentations.</li> <li>• EOHHS Community Investment Director Ashley O’Shea is now attending the SIM Interagency and Steering Committee meetings regularly and sharing information across agencies, departments and communication outlets to share learning and disseminate best practices. Most recently Ms. O’Shea and a communications staff member made a site visit to a SIM-funded project in anticipation of possible media interest, and will continue to determine other media opportunities for SIM stories.</li> <li>• SIM staff, vendors and partners also participated in a day-long conference organized by one of our vendors, CTC-RI on November 1, 2018. The theme of the conference was “Building Capacity for Comprehensive Primary Care” and included a keynote from Randi Redmond Oster, founder of Help Me Health. RI SIM Director Marti Rosenberg served on the planning committee for the conference and gave welcome remarks.</li> </ul>

5.	Hold specific meetings with each of our vendors to review their sustainability planning and discuss how their work can continue to have an impact on payment reforms and population health efforts. This will allow us to help determine what the continuing role of state agencies might be to support the goals of these projects.	<ul style="list-style-type: none"> <li>RI SIM staff have held meetings with all SIM vendors and will continue to be a central part of vendor management in the last six months of the project.</li> <li>In addition, as noted above and in Appendix 2, 14 of our 21 vendors and state agency partner initiatives have already or will be presenting their results, sustainability plans, and future challenges at our monthly Steering Committee meetings. We expect that we will be able to schedule at least four more presentations at the April, May and June meetings.</li> </ul>
6.	Continue to explore additional funding opportunities and non-financial support for state health reforms, health planning, SIM community investments, and the potential of ongoing post-SIM evaluation.	<ul style="list-style-type: none"> <li>We have had several successes so far, in finding additional funding for our projects: <ol style="list-style-type: none"> <li>APCD – We have had the APCD funded with IAPD 90/10 funding since 2017.</li> <li>Pedi-PRN – Working in concert, RIDOH, SIM, and BHDDH wrote a successful grant to HRSA to support Pedi-PRN for 5 years.</li> <li>The SBIRT project that is braided with the SIM-funded Community Health Teams is supported with a SAMHSA grant through 2022.</li> <li>SIM staff are working with our colleagues throughout state government and the community to find support for a range of other SIM projects, including encouraging agencies to write projects into new grants. For example, EOHHS wrote in The Autism Project to a federal grant seeking funds for preschool development (resources for birth to 3).</li> </ol> </li> </ul>
	a. Explore the possibility of receiving a No-Cost Extension for those projects whose funding may not be completely expended by June 30, 2019.	<ul style="list-style-type: none"> <li>RI SIM staff have been discussing the process for requesting a No Cost Extension for those SIM projects that we believe may not be completed by June 30, 2019. We will be submitting the application in February.</li> </ul>
<b>Evaluation:</b> Maximize our opportunities to review our work over the past three years, to determine our most effective path forward post-SIM.		
7.	Focus heavily on evaluation in Award Year 4. Look broadly at the review of our overall work – both the projects that are being formally evaluated and those that are not.	

	<p>a. For those that are not being formally evaluated, use a variety of SIM tables to review the work, including the SIM Interagency Team, the SIM Sustainability Workgroup, and the Steering Committee</p>	<ul style="list-style-type: none"> <li>As noted above, the majority of our vendors and state agency partners are presenting their results, sustainability plans and future challenges at our monthly Steering Committee meetings. See Appendix 2 below for more details on this important component of our sustainability planning.</li> </ul>
	<p>b. Address the investments and projects where we do not have available data:</p> <ul style="list-style-type: none"> <li>Because in some cases we may not have available data to determine outcomes, also look at inputs and activities, to see what we can learn about the long-term value of our work.</li> <li>Explore other ways that we can determine value, besides demonstrating cost savings or through formal evaluation.</li> </ul>	<ul style="list-style-type: none"> <li>Describe collection of Community Health Team data (ex: RTT data)</li> <li>SIM is promoting increased use of APCD data for evaluation. Our vendors and we are using APCD to analyze the value of the following projects: <ol style="list-style-type: none"> <li>Cost Trend Analysis</li> <li>Community Health Teams Review</li> <li>Healthcentric Advisors Review of their community-focused training and interventions</li> <li>CTC Review of its Integrated Behavioral Health project</li> <li>Hope Hospice review of their provider training program</li> </ol> </li> <li>Qualitative presentations to the SIM Steering Committee, as described above.</li> </ul>
	<p>c. Explore opportunities to obtain federal Technical Assistance for helping to review vendor projects.</p>	<ul style="list-style-type: none"> <li>RI SIM staff continue to request Technical Assistance from CMS as necessary.</li> <li>The November 2018 site visit from CMS staff identified a number of ways that CMS/CMMI and RI SIM could continue to explore working together.</li> </ul>

## Appendix 1: Additional Cost Trend Information

- The cost growth target will be used to assess health care cost growth for all Rhode Island residents who have commercial (insured and self-insured), Medicaid, and Medicare coverage. Performance assessment relative to the target will include consideration of claims spending, non-claims-based spending, pharmacy rebates, consumer cost sharing and insurer administrative costs and margin.
- EOHHS and OHIC will publicly report performance against the cost growth target at the 1) state, 2) insurance market, 3) insurer, and 4) large provider organization levels, while adjusting for annual changes in population clinical risk. They will seek sustainable funding to support the operation of the cost growth target related activities.
- As applicable, Cost Trend Committee Members will participate in the data collection processes led by EOHHS or OHIC required to support reporting performance against the cost growth target transparently, consistent with our recommendations.
- This Compact, signed on December 19, 2018, shall remain in effect until December 31, 2022.

## Appendix 2:

### Steering Committee Presentations: SIM Investments – Sharing Results and Sustainability Plans

#### Completed Presentations: July 1 – December 31, 2018

September	Conscious Discipline Program: The Autism Project (TAP) Presenters: Joanne Quinn, Executive Director; Cheryl Cotter, Director of Programs; Patty Karasotta, Teacher, Armando Rodas, Parent
October	EOHHS Data Ecosystem & All Payers Claim Database: RI Executive Office of Health and Human Services Presenter: Kim Paull, Director of Data & Analytics, EOHHS
November	SBIRT Training and Resource Center: Rhode Island College Presenter: Chris Donovan-Dorval, Project Coordinator
December	Integrated Behavioral Health Initiative: Care Transformation Collaborative RI (CTC-RI) Presenter: Debra Hurwitz, Executive Director
	Advanced Care Planning (ACP) Training: Healthcentric Advisors Presenter: Russell Cooney, Program Coordinator



End of Life Training in Complex Conversations: Hope Hospice & Palliative Care of RI  
Presenter: Dr. Jennifer Ritzau, Director of Palliative Care

Presentations: January 10, 2019

January            Health Equity Zones: Rhode Island Department of Health  
Presenter: Dr. Nicole Alexander-Scott, Director, RI Department of Health

Consumer Engagement Platform: Rhode Island Quality Institute  
Presenter: Scott Young, Senior Director, Product Strategy and Growth

Additional Presentations Currently Being Scheduled for the Winter and Spring:

Community Health Teams/SBIRT: Care Transformation Collaborative - Rhode Island (CTC –RI)

Community Preceptors Institute: Rhode Island College

PCMH-Kids: Care Transformation Collaborative - Rhode Island (CTC –RI)

Healthcare Quality Measurement Reporting and Feedback System (ECQM): IMAT Solutions

Pedi-PRN: Bradley Hospital

Workforce Development: Behavioral Health Providers: JSI Research and Training Institute, Inc.