RHODE ISLAND SIM ANNUAL REPORT – 7/1/16 to 6/30/17

Rhode Island's State Innovation Model Test grant team was pleased to submit our annual report to CMS on September 30, 2017, with the summaries of our major accomplishments, implementation challenges, and budget, as well as information from our state-led evaluation and our sustainability planning. We are pleased to share this report with the SIM Steering Committee.

1. Project Oversight

EOHHS/OHIC Leadership. Rhode Island's SIM Project is overseen by a range of public and private stakeholders. The following agencies and departments provide day to day oversight or participation:

- Executive Office of Health and Human Services (EOHHS) which includes:
  - Division of Medicaid
  - Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH)
  - Department of Health (DOH)
  - Department of Children, Youth and Families (DCYF)
  - Department of Human Service
- HealthSource RI (HSRI)
- Office of the Health Insurance Commissioner (OHIC)

During the past year, there were changes in the SIM leadership team. At EOHHS, Eric Beane assumed the role of EOHHS Secretary, previously held by Elizabeth Roberts. The Medicaid Director is now Patrick Tigue. At the end of the year, Health Insurance Commissioner Kathleen Hittner retired, and Marie Ganim assumed this role and with it, substantial day to day leadership of SIM. The SIM team is excited about these new leaders who are continuing the enthusiastic support for the SIM project shown by their predecessors.

Project Team. Marti Rosenberg remains in her role as SIM Project Director. Ms. Rosenberg oversees a team of five persons who were hired with SIM dollars and are placed in the SIM participating agencies (all of the above with the exception of DCYF). While these individuals report to other staff within their respective agencies, they come together weekly as a team and work together on all SIM projects. Embedding these staff within key health and human services agencies fosters a strong culture of collaboration and as we describe throughout this report, it is key component of our success.

Our SIM Director, Marti Rosenberg, is supervised by both Secretary Beane and Commissioner Ganim.

Interagency Team/State Agency Collaboration. The Interagency Team continues to be very active, meeting weekly to carry out strategic implementation of the SIM project: financial and planning oversight, organizing SIM goals and deliverables, offering direction on stakeholder engagement, and tracking metrics. In addition to staff of the SIM leadership agencies, throughout this year, there have been regular staff attendees from other agencies, including the Governor's Office, the Department of Corrections, and the Health Equity Zone (HEZ) project out of the Department of Health. The current Chair and Vice Chair of the SIM Steering Committee are also active and valuable participants, attending almost all of our weekly meetings.

The Interagency Team was involved in the review and updating of our Operational Plan, which was a key project this year. It was instructive to review what we had learned throughout Award Year One (AY1) and ensure that our plan for the rest of the project was on track.

Project Management. Beginning in January 2016, SIM brought on Commonwealth Medicine, a consulting firm that is part of the University of Massachusetts Medical School (UMass), to assume responsibility for SIM project management, including support for stakeholder and project meetings, data collection, risk management, communications and work plan management. UMass subcontracted with the Technical Assistance Collaborative (TAC) and The Providence Plan (ProvPlan) to provide expertise in behavioral health and physical health and to author the Health Assessment Report. As of June 30, 2017, the State of Rhode Island elected to discontinue UMass' project management role, opting to delegate this responsibility to the SIM staff team. Rhode Island carefully planned a seamless transition from UMass to the SIM staff and has confidence that key project management functions will continue to be performed effectively. (UMass sub-contractors, TAC and ProvPlan, have completed work on the Health Assessment Report.) Cost savings achieved through this change will provide additional funding for Rhode Island's major SIM initiatives.

2. SIM Governance: Steering Committee and Facilitation of Workgroups

Steering Committee. Since its beginning, Rhode Island SIM has been a public/private partnership, as well as an interagency collaboration. The Steering Committee is the SIM governing body with decision-making authority over major SIM initiatives. During the past year, the Steering Committee has continued as a vital, engaged body of members from:

- Medical Providers & Systems
- Commercial Payers and Purchasers
- Professional Associations
- Consumer Advocacy Organizations
- State Government Leaders

During the summer, 2016, the former Steering Committee Chair and Vice-Chair stepped down and two well-respected leaders in state health care assumed the Chair and Vice-Chair positions. Chair Andrea Galgay is Director of Accountable Care Organization (ACO) Development for the Rhode Island Primary Care Physicians Corporation, a 350-member, statewide multi-specialty physicians Independent Practice Association. Vice-Chair Larry Warner is Strategic Initiative Officer for the Rhode Island Foundation, one of the nation's oldest and largest community foundations and the largest funder of Rhode Island's nonprofit sector. They are energetic, committed and insightful contributors to the SIM leadership team.

Throughout the year, Chair Galgay and Vice-Chair Warner worked with the SIM Interagency Team to broaden the community representation on the Steering Committee. In the outreach effort to recruit new members, we emphasized outreach to people working on healthcare transformation at the practitioner level, on workforce development, and on community organizations that address social and environmental determinants of health.

As we shared in our AY3 Operational Plan, the new organizations recruited to place a member on our Steering Committee are Housing Works Rhode Island; Rhode Island State Nurses Association; University of Rhode Island College of Health Sciences; Mental Health Consumer Advocates of Rhode Island; Rhode

Island Student Assistance Services; and Rhode Island Parent Information Network. A Board-Certified internist practicing in Providence also joined the committee. Several Steering Committee members were replaced by others from their organizations, including members from Blue Cross and Blue Shield of Rhode Island, Care New England/Integra ACO, South County Health and Tufts Health Plan.

During the year ending June 30, 2016, the Steering Committee approved four public workgroups: 1) Measure Alignment; 2) Integrated Population Health; 3) Patient Engagement and 4) Technology Reporting. During this reporting year (ending June 30, 2017), Measure Alignment and Integrated Population Health workgroups were active. OHIC also manages two Advisory Groups: the Alternative Payment Model Advisory Group and the Care Transformation Advisory Group.

Measure Alignment Workgroup**. T**he Measure Alignment Workgroup met in November 2016 and conducted its annual review of the three Measure Sets that had been endorsed by the SIM Steering Committee in March 2016. The group reviewed measures where there had been a change in NQF or NCQA status, new HEDIS measures, and measures recommended by two specialty workgroups convened between July and October 2016: Maternity Care and Behavioral Health. The Workgroup removed from the SIM Aligned Measure Set several measures no longer endorsed by NQF and added ten measures, including new HEDIS measures as well as recommended measures from the specialty workgroups.

In an action that is rare throughout the country, OHIC used its regulatory power to require Rhode Island insurers to implement the updated SIM Aligned Measure Sets beginning on or after July 2017. To align processes between commercial and public payers and reduce administrative burden for providers, Medicaid is also requiring that the Medicaid Managed Care Organizations incorporate aligned measures in their performance-based contracts with providers, as appropriate.

Integrated Population Health Workgroup. The Integrated Population Health Workgroup met on multiple occasions during the past year. Their valuable input culminated in the completion of Rhode Island's Health Assessment Report which was previewed at the SIM Steering Committee's June 2017 meeting. We discuss the Health Assessment Report in more detail in Section 4 below.

Patient Engagement and Technology Reporting Workgroups. These two workgroups did not meet this year because the SIM staff persons were procuring the projects on which they are active. With completed procurements, we will begin re-convening each of these workgroups soon, to provide project oversight. We will also formally convene our Sustainability Workgroup (described below).

3. Stakeholder Engagement - Focus on Outreach and Engagement

In order to engage more community organizations and groups in SIM's mission and objectives, Rhode Island SIM gave priority to reaching out to a wider group of stakeholders throughout the past year. We aimed to increase awareness about SIM's major initiatives, including the Integrated Population Health Plan and our Integration and Alignment work.

The SIM team used the expertise of the SIM Integrated Population Health (IPH) Workgroup for input, guidance and feedback on outreach plans and materials. With this input, during the summer, 2016, SIM staff and consultants developed a new PowerPoint and two-page summary to use in outreach and engagement efforts, including public presentations. These documents have been very effective, with multiple purposes, including information sharing during new vendor orientations. As part of the

outreach initiative, all SIM staff attended a train-the-trainer session to refine their skills as community presenters. The first outreach meeting was held with a group of hospitals working collaboratively on their federally mandated Community Needs Assessment (CHNA) via the Hospital Association of Rhode Island (HARI).

During the course of the year, the SIM staff made outreach and engagement presentations to more than 20 organizations, including:

- Medical groups (e.g., American Academy of Pediatrics, Rhode Island Chapter; Primary Care Physician Advisory Committee).
- Healthcare providers and advocates (e.g., Care New England Community Health Committee;
- Rhode Island Partnership for Home Care; Rhode Island Parent Information Network).
- Education organizations (e.g., Health Equity Zone elementary and secondary school representatives; Rhode Island College Inter-Professional Education project).
- Arts Organizations (e.g., Rhode Island Arts in Health Committee).
- Legislators (e.g., Rhode Island Senate's Commission on Health Literacy).

Besides the presentations that SIM carries out in the community, we also bring in community and state stakeholders to our Interagency Team meetings. For example, we had Rhode Island's first Director of Food Strategy join us for two meetings, to discuss the state's Food Strategy Report. We also brought in leaders from Thundermist Health Center to present on their Trans* Health Program.

We have included a full list of the presentations and meetings we held in the community in Appendix A.

4. Health Assessment Report

Building on four Integrated Population Health Workgroup meetings held between February and May 2016, as well as a request for written comments, the SIM team moved forward with the preparation of the SIM Health Assessment Report. As noted above, consultant organizations TAC and ProvPlan worked together as a team to carry out the behavioral health and physical health research and writing components for this project. In all our communications about the Rhode Island SIM project, we emphasize a lifespan approach to population health, spanning birth to death. We also emphasize a "whole person" approach that focuses on both mind and body. When we say "population health" we mean physical and behavioral health, with physical health including oral health and behavioral health including both mental health and substance use.

Rhode Island's SIM population health planning originally focused on seven key areas where we anticipated opportunities for improvements: obesity; tobacco; chronic disease (including diabetes, heart disease and stroke); depression; children with social and emotional disturbances; serious mental illness and opioid use disorders. During the summer of 2016, we decided to add Maternal and Child Health as our eighth SIM health focus area. Additionally, we began to discuss Oral Health in our population health work.

The TAC and ProvPlan teams worked along with SIM staff during the last six months of AY2 to finalize the Health Assessment Report. Originally part of our Operational Plan, the writing of the Health Assessment Report emphasized the document as a free-standing, living resource that will serve as the state's central population health planning document in the future.

The writing team previewed the report to the SIM Steering Committee at its June 2017 meeting and has shared it with our CMS Project Officer and Technical Assistance staff. We have also appended the report to our SIM's revised Operational Plan submission in the fall of 2017. Finally, the document will be used as a model and resource for Rhode Island's Department of Health (DOH) as it carries out the larger task of completing the State Health Improvement Plan.

5. Integration and Alignment Projects

One of our most important activities during AY2 was the creation of our SIM Integration and Alignment projects. We developed the project through our convening, communications and support functions that bring together state and community agencies to work together on initiatives designed to benefit a larger population at lower cost. Such initiatives previously may have been conducted in individual state or community agencies, or in multiple parallel agencies, with no communication or coordination.

The Integrated Population Health Workgroup process identified ways to integrate and align efforts of state and community agencies around our SIM population health focus areas. In addition, during the summer of 2016, our SIM team worked with SIM participating agency leaders to plan a facilitated brainstorm for SIM-aligned initiatives that would benefit from multi-agency participation and SIM support. After that work session, our SIM team carried out additional research and discussions to further flesh out the ideas. Three Integration and Alignment projects emerged as leading priorities, and these were presented to the Steering Committee at its January 2017 meeting:

1. Health Focus Area: Chronic Disease; Project: Identification of "High Risk" Patients to Improve Quality Care.
2. Health Focus Area: Tobacco Use; Project: Aligning Best Practices in Tobacco Assessment, Referral and Treatment.
3. Health Focus Area: Obesity; Project: Leveraging Infrastructure for Statewide BMI Data Collection

During the January 2017 Steering Committee Meeting, Chair Galgay and SIM Project Director Rosenberg, proposed that the Steering Committee members select two projects (out of the three proposals) for implementation this year. Ms. Rosenberg indicated that formal SIM support would be given to each of the two projects to leverage SIM's large network of stakeholders.

Of the three projects introduced by SIM staff, Steering Committee members cast the most votes for the effort designed to identify "high-risk" patients in order to improve the quality of care. The Steering Committee members gave equal weight to the second and third projects: Tobacco and Obesity.
In the days after the Steering Committee's January 2017 decision, the SIM team carried out further review of the Tobacco and Obesity projects and concluded that the equal weighting of the projects was a positive outcome, as both issues are important. The SIM team then assessed the capacity of the SIM staff and its partners to address both the Tobacco and Obesity projects. The team concluded that by adopting a timeline focused approach, the projects could be addressed in sequence. This approach was presented to the Steering Committee members at the March 2017 meeting. The Steering Committee concluded that, to make optimal use of finite staff time and resources, the sequential approach should be adopted for the second and third projects, with Tobacco addressed first, then Obesity.

Appendix B provides a summary of the three Integration and Alignment Projects and their status.

6. Leveraging Regulatory Authority

OHIC Regulation 2 and Aligned Measures Implementation. In September 2016, OHIC proposed amendments to its State Regulation 2, the document delineating the powers and duties of OHIC. As noted above, new language, effective January 1, 2017, requires commercial insurers to implement the Aligned Measure Sets for primary care, hospital and ACO contracts that were developed through the SIM process described above in Section 2. OHIC also issued an interpretive guidance document to payers, for using the Measure Sets in contractual payment arrangements.

Medicaid Implementation Advance Planning Documents (IAPDs). EOHHS submitted two IAPDs to the CMS Regional Office to help support implementation costs of several SIM related initiatives. The first is an MMIS enhancement request to convert the All Payer Claims Database (APCD) to a module in the MMIS enterprise system. The second IAPD is an update to the HIT/E IAPD submitted under the EHR Incentive Program. Both IAPDs were approved earlier this year. EOHHS is currently working on identifying state match to implement several of the projects. EOHHS is also prepping the submission of an IAPD update for the HIT/E IAPD which will include a request for approval to fund the roll out Care Management Dashboards to a broader Medicaid audience.

State Regulatory Reform. By Executive Order, during the past year, all state regulations have been under review and where needed, clarified and brought up-to-date, removing obsolete regulations. These newly-reviewed regulations also are being brought into a single statewide regulatory code repository to ensure access and facilitate public participation in the regulation development and review process. Our SIM team has supported an effort for SIM-participating state agencies to track and review regulations across all the state agencies, on topics that may advance SIM aims.

As described in the section on Integration and Alignment, OHIC and SIM have also facilitated a High-Risk Patient Identification Workgroup, called for in OHIC's 2017-18 Care Transformation Plan and Identified as a priority project by the SIM Steering Committee.

7. **Office of The Health Insurance Commissioners (OHIC) Care Transformation And APM**

As called for in OHIC's Regulation 2, the Care Transformation and Alternative Payment Methodology (APM) Advisory Committees began meeting in the fall of 2016 to review progress in achieving targets related to PCMH saturation and APM adoption, set reasonable targets for 2017, and discuss activities that could support payers and providers in achieving those targets. In January of 2017, the Health Insurance Commissioner signed the 2017-18 Care Transformation and APM Plans, which have been implemented throughout the course of the year.

Care Transformation**.** Rhode Island's 2017-18 Care Transformation Plan establishes a target for each commercial health insurer to increase the proportion of its primary care network belonging in a PCMH by 10 percentage points from December,2016 levels by the end of 2017. Throughout the first half of 2017, OHIC also implemented provisions of the Plan, which included a workgroup process for identifying small practices that have not yet transformed to PCMH status, and creating a strategy for engaging them in transformation. Another workgroup conducted and reviewed extensive research on best practices in high-risk patient identification. OHIC is currently preparing for the fall, 2017 convening of the Care Transformation Advisory Committee.

Alternative Payment Methodology (APM). Similar to the Care Transformation Plan, the state's 2017-18 APM Plan establishes targets for commercial insurers, such that 40% of insured medical payments should be made under an APM, 6% of insured medical payments should be made under non-fee-for-service models, and 10% of insured covered lives should fall under risk-based contracts by the end of 2017. To support the saturation of value based payments in Rhode Island, OHIC facilitated two workgroup processes throughout 2017. The first explored opportunities for developing episode-based payments for surgical procedures, and the second designed a primary care capitation model that can be implemented across payers. OHIC is preparing for the fall, 2017 convening of the workgroup, where it will strategize on the implementation of the primary care capitation model, as well as other opportunities for transitioning away from fee-for-service.

Measure Alignment. Pursuant to OHIC Regulation 2, in 2017 the SIM Measure Alignment work stream transitioned to the purview of OHIC. OHIC is currently finalizing its 2017 review process, and the Measure Alignment Review Committee is reviewing the effectiveness of measures currently in use and making adjustments to the Measure Sets as necessary. Current Aligned Measure Sets include:

- Primary Care
- ACO
- Hospital
- Behavioral Health
- Maternity

Additionally, Regulation 2 gave OHIC the authority to require that commercial insurers use all measures in the Core Sets and take any additional measures from the Menu Sets, in any contract with a provider that includes a financial incentive tied to quality. Medicaid is also an active participant in the review of measures and has required the Managed Care Organizations to adopt the Aligned Measures.

Rate Review**.** In August 2016 the Health Insurance Commissioner approved premium rates for 2018 plans, which will be $16.7 million dollars lower than what health plans initially requested. In the individual market, rate increases range from 5.0%-12.1%. In the small group market, rate increases range from 6.0% to 8.1%. In the large group market, rate increases range from 8.0% to 10.5%. By comparison, insurers in many other states are seeking increases of 20% or greater. The main drivers of 2018 premiums in Rhode Island are:

  - Double digit annual increases for prescription drug costs.
  - Higher hospital outpatient use than in recent years.
  - The reinstatement of a federal health insurance tax.

More information about this year's rate announcement can be found here:
http://www.ohic.ri.gov/documents/2018-Rate-Announcement-081717.pdf

8. EOHHS: Accountable Entities and DSHP/Workforce Development

A major focus of EOHHS' work during the past year has been its partnership with Medicaid and their Designated State Health Program (DSHP), called Health System Transformation Project (HSTP). Throughout the past year, Medicaid engaged in discussions with CMS, seeking a Section 1115 waiver

amendment to help Accountable Entities (AEs) achieve Rhode Island's "Reinventing Medicaid" and Triple Aim objectives. The purpose of this waiver change has also been to achieve federal authority to claim federal matching funds for a variety of services including state university and college programs that train Rhode Island's healthcare workforce. In October 2016, CMS approved Rhode Island's proposed waiver amendment to support AEs as well as workforce development initiatives in the state.

SIM has participated in the HSTP planning throughout the last year, to ensure that HSTP and SIM activities are aligned and that we spend our money in an aligned fashion.

Accountable Entities. Over the past months, Rhode Island's Medicaid program has made considerable progress on its AE initiatives:

- Medicaid submitted its Claiming Protocol to CMS in early 2017 and received approval in April 2017. This is the primary source of funds for the program.
- A final draft of the *AE Roadmap* was submitted to CMS on April 14, 2017. CMS approval is necessary to draw down claimed/matched funds for the Healthcare Transformation program, While EOHHS is still awaiting approval on the *AE Roadmap,* there was a very positive meeting with CMS on June 27, 2017. Rhode Island has received and responded to a minimum number of additional questions and anticipates being notified in the near future of the *AE Roadmap* approval status.
- A final draft of the *AE Certification Standards* for both the Comprehensive and Specialty (Long Term Services and Supports) LTSS AE Pilot programs were submitted to CMS on May 31, 2017.
- A number of deliverables have been drafted and shared for public review, including an Alternate Payment Methodology Guidance, which is specific to the Medicaid AE's total cost of care and quality methodologies, attribution guidance and incentive funding guidance. All three documents were submitted to CMS on September 29,2017.
- The Medicaid AE application is under development. Medicaid is aiming to release the application for the next phase of the AE program in November 2017.
- Medicaid has also participated in OHIC's APM Workgroup and other payment and delivery reform workgroups such as the High-Risk Patient Identification Workgroup.
- Medicaid has aligned with OHIC PCMH and APM requirements. For example, EOHHS Medicaid Managed Care requirements for transition to APM's specifically cite the determination of a qualified PCMH based on Section 10©(2)(A), OHIC regulation 2 and also reference the definitions and criteria in OHIC's 2017-2018 APM Plan. Medicaid is also working to align the Medicaid AE quality measures as part of the total cost of care model with the SIM/OHIC ACO Core Measure Set.

Workforce Development**.** During this past year, SIM collaborated with colleagues at EOHHS to carry out a statewide workforce needs assessment and transformation plan. Rick Brooks, former Director of the Rhode Island Governor's Workforce Board, was chosen to lead the project. Over the summer of 2016, Mr. Brooks convened a small Workforce Transformation Advisory Committee comprised of 20 healthcare educators, providers and policy makers. Their planning efforts set the stage for the October 2016 formal launch of the EOHHS/SIM Healthcare Workforce Transformation initiative. Approximately 125 stakeholders came together to begin the process of assessing the workforce development needs of healthcare providers and workers to achieve the state's health system transformation and population health goals. We held several additional large stakeholder meetings during the year along with seven small group meetings focused on specific system goals in the areas of: primary care, behavioral

healthcare, cultural competence and diversity, data analytics and health IT, community and home-based care, chronic diseases and oral health.

This planning effort led to our issuance of the joint EOHHS/SIM Healthcare Workforce Transformation Report that identifies three key priorities and accompanying strategies to help prepare Rhode Island's healthcare workforce for ongoing transformation. The three priorities are:

1. Build Healthcare Career Pathways to Develop Skills that Matter for Jobs that Pay.
2. Expand Home and Community-Based Care.
3. Teach Core Concepts of Health System and Practice Transformation.

The culmination of this workforce planning effort took place in June 2017 when 200 healthcare providers, educators, policy-makers, and others attended the EOHHS Healthcare Workforce Transformation Summit at the Crowne Plaza Hotel, Warwick, Rhode Island. The Summit received substantial support from SIM, the Rhode Island Foundation, and the National Governor's Association and included an overview of Rhode Island's health system goals as well as workshop break-out groups that addressed a range of healthcare workforce needs.

Feedback from the Summit, as well as recommendations from the Healthcare Workforce Transformation Report, are now helping to guide future investments by SIM and the EOHHS Health System Transformation Project (HSTP) in partnership with healthcare providers, policy-makers, and educators.

9. Procurements to Implement Healthcare System Transformation (SIM Transformation Wheel)

Rhode Island's SIM procurements address the three major goals of our state's SIM Test Grant:

- Maximize and support team-based care; integrate behavioral health and primary care; invest in Rhode Island's healthcare workforce.
- Provide access to patient tools that increase their engagement in their own care.
- Increase use of data to drive quality and policy; create measurable improvements in Rhode Islanders' physical and mental health.

We have documented our procurements and the status of our projects in an update of our Timeline, attached as Appendix C.

10. Challenges, Barriers, or Delays

As we have shared throughout our SIM Quarterly Reports, the biggest challenge that Rhode Island's SIM project has experienced has been through our state procurement system. The system is designed for maximum protection of the procurement process from inappropriate funding decisions, and as such takes a long time to get through the bureaucracy.

For example, this year we focused on procuring four Patient Engagement projects. We finished in September 2017. In order to fund more than one engagement project, we had to find an alternate process than our usual purchasing mechanism, because that is aimed at choosing between multiple submissions for the same project. We were able to use a process through EOHHS called Delegated Authority, where we took on all of the procurement responsibility ourselves, rather than having the

state's Purchasing Office handle it. Unfortunately, that took a fair amount of research and management, but we are very pleased with the result. Having four Patient Engagement projects through one procurement process rather than four processes was clearly the best outcome.

The Provider Directory vendor had several issues with subcontractors that delayed the project for several months in 2017 and moved our anticipated launch timeline. The subcontractor issues have now been handled, and the Provider Directory project is back on track. These issues taught us some important lessons about IT vendor management, which we are putting to good use as we move forward on the Reporting and Feedback system.

Other than our procurement issues and the Provider Directory delay, we have undergone few other major challenges that we first identified in our risk matrix.

The leadership changes that took place (described above) had little impact on the project. The new leaders have either been a part of the administration, so they were familiar with SIM, or had a great deal of healthcare knowledge.

The loss of our project management vendor was our choice. We knew that we had the resources we needed to handle their work, and that we could use the dollars to focus on content work instead.

Our staffing has otherwise been stable. We previously shared with CMS that during this year, Director Marti Rosenberg had been asked by Governor Raimondo's office to spend time on the turnaround project for the state's unified social service computer system, UHIP. Ms. Rosenberg did spend half her time on the UHIP project during the final two quarters of the year, but SIM continued on effectively. The rest of the SIM staff stepped up to fill gaps, and we continued to accomplish our goals.

11. Use of Cooperative Funds – Budget Review

During AY2, Rhode Island SIM spent a total of $4,406,491.46 on our contracts, staffing, travel, and supplies, and audit expenses.

12. Evaluation

State-Led Evaluation. The University of Rhode Island (URI) is serving as the SIM evaluation vendor. Our contract with URI for delivery of this essential function began November 4, 2016. During the remainder of AY2, URI ensured that our State-led evaluation efforts were complementary to the Federally-led evaluation, but not duplicative. The URI evaluation is assisting SIM to gather critical information for reporting to CMS and our stakeholders. Having URI as our professional evaluator allows for a deep dive into those topics where our SIM team does not have the expertise or tools to carry out an in-house evaluation on our own. The SIM evaluation is enabling the assessment of Rhode Island's projects to see if they are achieving the desired results. In addition, the process evaluation of SIM is enabling us to identify promising practices and lessons learned.

The goals established for our state evaluation include:

- Assess planning efforts and collaboration among SIM strategic partners.
- Identify root causes for intervention successes and challenges related to practice transformation, patient empowerment, and population health improvements.

- Detail efficiencies created by policy and regulatory changes.
- Document the importance of increasing the capacity for supporting infrastructure such as workforce development and data availability.
- Provide data-driven recommendations for sustainability beyond SIM.
- Coordinate effectively with other SIM-related evaluations led by other vendors or handled in-house through staff review of metrics.

One of URI's first evaluation activities was to develop a comprehensive evaluation plan. The development process included discussion of initial scope, evaluation team meetings, draft of initial plan, evaluation team review, presentation to SIM leadership, presentation to stakeholders, solicitation of feedback, revision and finalization.

The evaluation plan represents a continuous process for identifying areas of improvement through program evaluation and recommendations of solutions to implement. This includes ensuring that SIM is collaborating effectively and sharing evaluation results efficiently. The University of Rhode Island is coordinating five program evaluation efforts that each support each other:

- Culture of Collaboration
- Community Health Teams (Coordinating with SBIRT Evaluation)
- Child Psychiatry Access Program
- End of Life Advanced Directives and Patient Engagement
- Provider Coaching

The primary evaluation activities and outcomes for AY2 included:

1. Execution of URI contract, hiring of URI evaluation team staff and clarification of each URI evaluation team member's role.
2. Finalizing of Brown University subcontract.
3. Participation of lead URI evaluator, Dr. Bryan Blissmer, and other URI evaluation staff in SIM activities, including regular attendance at SIM Steering Committee meetings and Quarterly Vendor meetings, involvement in national evaluation calls with RTI, meeting and presenting to the SIM staff and connecting with other SIM-related groups and partners.
4. Evaluation planning, including the development of evaluation plans for Culture of Collaboration, CHT, Child Psychiatry Access Program as well as End of Life and Patient Engagement projects. To complete these plans, the URI evaluation team met with SIM staff to discuss the scope of each project, reviewed relevant vendor contracts, and held internal URI evaluation team meetings to develop and finalize each plan. Together, the plans make up an overarching mixed methods plan, which Dr. Blissmer presented to the SIM Interagency Team and the SIM Steering Committee.
5. Review of draft Provider Coaching RFP to help define the evaluation activities to be carried out by the successful vendor applicant as well as the SIM team.

As part of our Test Year One evaluation, SIM and the URI evaluation team designed a series of five qualitative questions that were tailored for the following audiences: internal agency partners (e.g., collaborating Rhode Island Department of Health programs), SIM Interagency Team partners (e.g.,

agencies such as EOHHS, OHIC), and SIM vendors (e.g., Bradley Hospital). These questions will be collated upon receipt in October 2017 and provided to the URI evaluation team for analysis. While the specific questions tailored for each audience vary slightly, a variety of the following questions were used:

1. How has engagement in SIM positively influenced your program, your partnerships and a general culture of collaboration?
2. What resources, if any, has your program obtained and/or leveraged since engaging with SIM?
3. How has your engagement with SIM and SIM-funded project allowed your organization to advance health system policy and align with other efforts in Rhode Island?
4. What major barriers arose and/or still exist that inhibit integration of SIM with your program?
5. What programmatic evidence exists to demonstrate that SIM has influenced the provision of better quality care, improved population health and/or smarter health system spending?
6. Lastly, summarize the impact of time on your program in one to three sentences. Please also include one example of something that was happening before SIM has changed for the better after SIM engagement.

Additionally, during the last quarter, SIM worked with the Evaluation Vendor to compile a baseline AY2 Culture of Collaboration Survey. This survey will be sent in AY3 to the following groups: SIM Steering Committee, SIM interested parties, SIM Interagency Team, SIM staff, SIM public workgroups, SIM vendor/partners, and internal agency-specific collaborating programs. The survey has been based on literature-derived items that measure both collaboration and sustainability. Main constructs of the survey include: governance, operations, autonomy, mutuality, system transformation, expectations, perceived impact, current practices and sustainability. Additionally, the following three opened-ended questions are included:

1. What current 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?
2. What is the one thing SIM can do to further support Rhode Island's quest for the Triple Aim of enhanced population health, better quality care and smarter spending?
3. Please share any additional thoughts you have on ways to support sustainability of SIM activities.

Finally, throughout AY2, we maintained a Steering Committee Dashboard to monitor and report on performance. See below for our last iteration from June 2017:

SIM Performance Metrics – as of June 30, 2017

		Pre-Implementation			Performance Year 1			
		Baseline			Annual			Goal
Metric Title	Metric Definition/Description	Numerator	Denominator	Value	Numerator	Denominator	Value	Value
System Transformation								
PCPs participating in ACOs*	% of network PCPs participating in ACOs and who are attributed patients for whom they are assuming clinical and financial accountability	623	1,134	54.9%	891	1,179	75.6%	60%
PCPs practicing in PCMHs*	% of network PCPs practicing in PCMHs	524	1,134	46.2%	681	1,179	57.8%	60%
Commercial members attributed to PCMHs*	% of commercial insured members attributed to a PCMH	174,429	340,146	51.3%	164,266	362,255	45.3%	60%
Medicaid members attributed to PCMHs	% of Medicaid MCO members attributed to a PCMH			-			-	60%
Health IT								
Reports from HealthFacts RI	# of publically available reports released from HealthFacts RI per year		0			3		6
Use of Common Provider Directory - State Agencies	CUM # of state agencies using common provider directory		0			6		2
Use of Common Provider Directory - Health care organizations	CUM # of private sector health care organizations using common provider directory		0			4		5
CMHCs with Care Management Dashboards	CUM # of CMHCs with real-time ED and inpatient dashboards in use		0			7		8
Providers trained to use care management dashboards at CMHCs	CUM # of providers trained to use dashboards at CMHCs		0			157		80

*Measurement procedures were more rigorous in performance year 1 than baseline, so the baseline figures are likely overrepresentations of PCMH uptake

SIM Performance Metrics – as of June 30, 2017 (Continued)

		Pre-Implementation	Performance Year 1	
		Baseline	Annual	Goal
Practice Transformation				
Clinicians participating in the pediatric PCMH program	CUM # of clinicians participating in the pediatric PCMH program	0	68	75
Patients attributed to practices participating in pediatric PCMH program	CUM # of patients attributed to practices participating in the pediatric PCMH program	0	35,991	30,000
Pediatricians with access to child psychiatry access program	CUM # of pediatricians who have on-demand access to pediatric behavioral health consultation services	0	322	240
Pediatricians who have received consultation services from child psychiatry access program	CUM # of pediatricians who have received consultation to provide basic psychiatric assessment and treatment services	0	68	120
Patients served under child psychiatry access program	CUM # of patients served under the child psychiatry access program	0	164	2,500
SBIRT Training	CUM # of providers who have been trained in SBIRT	0	79	90
Integrated Behavioral Health Initiative	CUM # of practice sites participating in integrated behavioral health initiative.	0	12	12

Federal Evaluation. During the past year, SIM staff continued to participate in federal evaluation team calls and to support the RTI evaluators, as needed. The Federal evaluators (RTI) set up phone interviews in March 2017 with many different stakeholders associated with the SIM interventions, including Steering Committee members and state staff. This included project directors, participating providers, and other staff/consumers who could offer a good perspective on Rhode Island's SIM grant work to date. In meetings with RTI this year, SIM addressed behavioral health integration plans, patient engagement, population health and OHIC's Affordability Standards. Additionally, SIM clarified questions regarding the final Operational and Integrated Population Health Plans, provided an update on the HealthFacts Rhode Island Council, and discussed the integration and alignment of SIM and CPC+.

13. Sustainability

During AY 2, the SIM Steering Committee and SIM staff devoted increasing attention to planning for the sustainability of SIM initiatives. Near the end of the year, the Steering Committee formed a Sustainability Workgroup led by Vice-Chair Larry Warner. Mr. Warner currently holds a position as the Rhode Island Foundation's Grant Programs Officer, Health Sector.

The purpose of the Steering Committee's Sustainability Workgroup is to: 1) help identify what is working well within the community through the state partnerships and SIM funded activities; 2) develop a long term plan to sustain the most, effective SIM-initiated activities; and 3) promote a dual strategy that focuses on both achieving a sustainable funding stream for effective interventions, and/or on integrating successful initiatives and strategies into the ongoing fabric of existing programs and services within the state.

The SIM Steering Committee and staff team also view sustainability as important for maintaining SIM's valued integration and alignment work across state agencies and community partners. SIM seeks to develop a long-term strategy that will help agencies continue to collaborate.

Central to the Sustainability Workgroup's effort will be a thorough review of key inputs as well as the articulation of the most critical questions and decisions to bring to the Steering Committee and to state leadership. Key inputs include:

- RTI and State evaluation results.
- Data gleaned from SIM-funded data infrastructure initiatives and other state sources.
- Vendor-identified strategies built into their SIM-funded work plans.
- Regulatory levers available to the project through state policy.
- Broad stakeholder participation in Workgroup meetings.
- Evidence-based models and evaluations from around the country.

One way that we are addressing sustainability in the immediate term is through the additional dollar allocations we are making from AY2 savings, described more fully in our Carryforward documents and update to our Operational Plan. One of the main criteria for these additional procurements is that they will help ensure the sustainability of several of our most critical and promising current investments.

The Steering Committee Sustainability Workgroup will be meeting in the fall, and will be updating CMS throughout our Quarterly Reports.

14. Conclusion

The SIM Team has been pleased to provide this report and looks forward to any questions you might have.

Appendix A: RI SIM Outreach and Engagement Presentations – July 2016 through August 2017

SIM Outreach Engagement Presen

Appendix B: RI SIM Integration & Alignment Update

RI SIM Integration & Alignment Project

Appendix C: RI SIM Updated Timeline – 9.30.2017

RI SIM Operational Plan Updated Timeli