



# State Innovation Model

Statewide Overview Webinar  
April 19, 2016

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# SIM Overview & Updates

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## SIM Overview Webinar Agenda

- Overview and Vision
- Goals and Objectives
- Strategic approach for roll-out
  - Patient Centered Medical Home
  - Accountable Systems of Care
  - Community Health Innovation Regions
  - Health Information Exchange/Health Information Technology
  - Collaborative Learning Network
  - Stakeholder Engagement
- Update
- SIM Component Overviews

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## Overview and Vision

- Michigan received a State Innovation Model grant from Centers for Medicaid and Medicare Services (CMS) to test delivery and payment system changes.
- Strategies focus on moving towards cost-effective use of healthcare dollars overall in terms of patient experience and quality outcomes.
- Our vision is a system that coordinates care within the medical system to improve disease management and utilization; and out into the community to address social determinants of health.
- Developing a project structure, strategy, and timeline to support our goals.

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## Overview and Vision

- With the Blueprint for Health Innovation as our vision, we developed strategies and priorities that would account for our partners and move Michigan towards that vision
- Michigan's State Innovation Model (SIM) project will be a simultaneous effort of:
  - Putting payment policies, measurement infrastructure, and key investments into place.
  - Developing a coordinated communication and committee process that assesses these policies and investments with our partners on an ongoing basis.

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## Strategies

- Patient Centered Medical Home
- Accountable System of Care
- Community Health Innovation Region
- Health Information Exchange/Health Information Technology
- Collaborative Learning Network
- Stakeholder Engagement Committee Structure

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## Goals and Objectives

### **Patient Centered Medical Home (PCMH)**

- Our goals are to support the existing PCMH foundation in our State; and support the increase of PCMH adoption.
- Introducing and testing more performance-based measurement and payment.
- Developing policies to broaden elements such as the level of flexibility for PCMH eligibility and staffing for their medical or community-based teams for providing care.

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## Goals and Objectives

### **Accountable Systems of Care (ASC)**

- We are aiming to support these performance-based PCMH teams by introducing and testing payment models for ASCs.
- ASCs are a group of primary care providers and other key providers that agree to work together to improve health outcomes and contain costs by leveraging the PCMH effort to coordinate care across patient populations.
- Testing the benefits of supporting ASC providers in sharing information, understanding their patient population, and providing the right team-based and community-based care to address their patients' needs.

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## Goals and Objectives

### Community Health Innovation Region (CHIR)

- Leverage well-developed, existing capacity in communities to bring partners together in a local area to identify and address community health needs.
- CHIRs will develop and implement linkages between healthcare and community-based agencies to address social determinants of health.
- CHIRs will pursue local policy and built environment efforts; and other services to encourage health and wellness.
- Our vision is to achieve a high level of organization and sophistication in terms of governance, partnership, data collection and information sharing, and integrated service delivery.

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## Regional Roll Out

- Starting with 5 regions:
  1. Jackson
  2. Muskegon
  3. Washtenaw & Livingston
  4. Genesee
  5. Northern Michigan
- We will be exploring resource needs and feasibility to expand, including:
  - Determining the unit cost of Community Health Innovation Region
  - Determining the timeline and cost for Accountable System of Care
  - Determining cost of collaborative learning and other supports

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## Strategic Approach

### **Patient Centered Medical Home (PCMH)**

- Patient Centered Medical Home roll out will coincide with the end of the Michigan Primary Care Transformation (MiPCT) demonstration.
- State Innovation Model (SIM) funding and activities will support all existing MiPCT practices across the State, and expand the number of PCMH practices participating in the 5 SIM regions.
- Goal is to expand PCMH model throughout the SIM project period.

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## Strategic Approach

### **Accountable System of Care (ASC)**

- To participate in shared savings, Patient Centered Medical Homes (PCMHs) in the 5 SIM regions would join an ASC.
- ASCs in the 5 regions will undergo an attestation and review process to ensure they have the capacity to participate in shared savings or shared risk payment models.
- ASCs will need to enter into contracts with these shared savings or risk arrangements with Medicaid health plans (MHPs) in their area
- State will also work closely with Medicaid, Medicare, and other payers

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## Strategic Approach

### Community Health Innovation Region (CHIR)

- Coordinating service delivery between the Medicaid health plans, Accountable Systems of Care (ASC), and community agencies will require significant investment.
- CHIR is a governance and management structure to better organize the different key partners in a local area around common target populations, improvement goals, and activities.
- The State is envisioning a key set of partners to coordinate services for ASC-attributed patients, as well as execute a plan for population health improvement.
- Key partners include:
  - Medicaid health plans
  - Patient Centered Medical Homes
  - Accountable Systems of Care
  - Local public health departments
  - Local community mental health service providers

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## Strategic Approach

### Strategic Supports

- Health Information Exchange/Health Information Technology
  - Foundational use cases
  - Build upon existing efforts
- Collaborative Learning Network
  - Continuous improvement approach
  - Accountability
- Stakeholder Engagement and Committees
  - Efficiency: limited number of committees
  - Effectiveness: membership, inputs, and topics

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## Updates

- No Cost Extension
- Status of Year-One Activities
- Finalizing the Operational Plan (Due May 31)

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## Update: No Cost Extension

- \$70 million, 4-year grant began February 1, 2015
  - First year planning
  - Three years of implementation
- Medicaid managed care procurement May—October 2015
  - Overlap between new managed care contract and State Innovation Model objectives
  - Similarities between managed care contract bidders and State Innovation Model participants
  - No external communication about State Innovation Model
- No cost extension for planning year 1 approved to July 31, 2016

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Update: Year One Activities

### Regional Selection

- Self-report Capacity Assessment Surveys
  - 50+ Accountable System of Care responses
  - 20+ Community Health Innovation Region responses
- Evaluated and scored responses to narrow possibilities to 29 Accountable Systems of Care and 14 Community Health Innovation Region backbone organizations
- One-on-one interviews with each organization scoring well enough to move on
- Combined both Accountable System of Care and Community Health Innovation Region capacity and scoring to prioritize regions

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Update: Year One Activities

### Design

- Established the vision, goals, and objectives of each State Innovation Model strategy
- Assessed the degree of alignment and impact of these strategies across the MDHHS and with our partners
- Determined the types of supporting infrastructure these strategies would need to be successful (staffing, funding, assistance, etc.)
- Began development of execution-level detail for each strategy
  - Different stages of this development depending on the maturity and traditional role of the MDHHS for each strategy
  - Details will need to be developed in partnership with our regional participants and payers

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Update: Year One Activities

### Operational Planning

- Drafted a strategy-level operational plan, built our project management structure, and put together implementation approaches for our strategies.
- Improving our strategies and implementation approaches with input from our partners before submitting operational plan to CMS May 31, 2016.
- Webinar series will be followed by publication of sections of our operational plan for comments and feedback.

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SIM Components

## Community Health Innovation Region (CHIR)

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## Community Health Innovation Regions

- In **Community Health Innovation Regions**, regional partners act cohesively with a broad-based vision for region-wide impact, to make the environment healthier and to connect health services with relevant community services.
- A CHIR has a **backbone organization** that convenes a governing body of community partners, including health systems, community based organizations, and governmental entities in a geographic region, and facilitates/provides staff to help the CHIR accomplish its goals.
- The CHIR governance structure involves a cross-sector Board that controls the operations of the CHIR. The Backbone Organization does not have any decision-making in relation to operations, funding, or grant solicitation on behalf of the CHIR without the governing body's approval.

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## CHIR Cross-sector Stakeholders

### Required Stakeholders:

- Local public health department
- Accountable Systems of Care
- Medicaid health plans
- Community Mental Health
- Other payers
- Community members

### Other Critical Stakeholders may include:

- Employers and Purchasers
- Payers
- Community organizations
- Human service providers
- Behavioral health
- Philanthropy
- Local government
- Community and Economic Development
- Community safety and corrections
- Education institutions
- Housing
- Transportation
- State associations
- Other Non-profit Organizations (e.g., civic centers, advocacy organizations, research institutes, etc.)

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## CHIR Value to Health System Transformation

- The Community Health Innovation Region is a governance and management structure to better organize the different key partners in a local area around common target populations, improvement goals, and activities. This structure enhances the ability for cross-sector partnership.
- Improve coordination of service delivery between the Medicaid health plans, Accountable Systems of Care (ASC), and community agencies.
  - Provide ongoing input to direct and assist health system investment into upstream community prevention opportunities
- CHIRs are accountable for reducing health risks in the community to demonstrate value added to the Accountable Systems of Care
  - Health risks include those root causes related to health inequity as well as the socio-economic and environmental determinants of health that effect the health outcomes of the SIM target populations.

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## CHIR Development Approach

- The overall goal of the CHIR is to **develop community capacity** to improve population health
  - CHIRs are accountable for reducing health risks in the community to demonstrate the value added to the ASCs
- The CHIR utilizes the Collective Impact framework, and engages **a single backbone organization to convene and support diverse stakeholders** around increasing community capacity to enhance community health strategic planning efforts:
  - Develop partnerships within a geographic region in strategies to improve health and wellness (e.g., human service providers, community organizations, local government, philanthropy, community development, employers, community members, etc.)
  - Assure community assessments involve partnerships among health systems, and community health improvements plans involve comprehensive representation of local stakeholders
  - Connect patients and community members with community resources to address social determinants of health and improve health outcomes
  - Create integration across clinical, behavioral, and social care services, with a vision for payment reform that incentivizes such partnerships

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## CHIR Development Approach

To achieve collective impact through collaborative community projects, the CHIR must develop:

- **A geographic boundary** within which all participant organizations agree to use for operational and measurement purposes of the SIM Model Test
- Develop and conduct a **single community-wide CHNA** that involves participation from all CHIR participants
- Develop a **Community Health Improvement Plan** related to the CHNA that establishes shared priorities among all stakeholders, and involves each CHIR participant in the Community Health Improvement Plan
- Pursue **community data sharing** in support of a shared dashboard of measures that CHIR participants are accountable for
- Support for **clinical-community linkage systems** such as the Pathways Community Hub or the Children's Healthcare Access Program (CHAP)

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## CHIR – Core Strategy Components

1. Build upon the **joint-CHNAs in each CHIR region**, and develop a joint Community Health Improvement Plan across all CHIR stakeholders.
  - Hospitals understand how they interact with community-based social services and the resources that address the social determinants of health and their root causes
  - Communities develop and provide an inventory of available resources for clinical settings
2. Support Accountable Systems of Care as they work to **integrate clinical linkages with local public health department, social service, and community resource referrals**
  - Enable the ASCs to identify investment opportunities in upstream, community-based interventions
  - Support gap analysis for the identifications of the capacity building needs of the community
  - Pursue innovations in community data sharing in support of shared dashboard measures
  - Identify technology solutions that can support clinical-community communication and measurement to demonstrate value of the CHIR

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## SIM Components

# Patient-Centered Medical Home (PCMH)

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## PCMH: Foundation

- Patient Centered Medical Homes are the foundation for all coordinated care delivery strategies
- PCMH efforts are intentionally building upon the Michigan Primary Care Transformation Project (MiPCT) including sustaining the involvement of MiPCT providers and multi-payer partners, leveraging the project's existing infrastructure and advancing the project model
- MDHHS is exploring alignment with CMS' Comprehensive Primary Care Plus (CPC+) program to work toward a cooperative focus at the state and national level in addition to potential Medicare engagement as a payer partner
- PCMH Goals:
  - Increase the number of primary care providers practicing in PCMH settings
  - Increase the number of Michigan residents receiving primary care services in a PCMH setting
  - Increase primary care provider participation in Alternative Payment Methodologies
  - Continue measurable improvements in quality, outcomes and patient satisfaction
  - Positively impact total cost of care

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## PCMH: Focus

- PCMH Care Delivery Focus Areas:
  - Development of personalized, patient-centered care plans
  - Team-based delivery of comprehensive, highly accessible healthcare and care management services
  - Coordination and support for effective transitions of care
  - Provision of referral decision support, scheduling and follow-up
  - Collaboration and intentional interfacing with other providers to promote an integrated treatment approach
  - Engagement of supportive services through community-clinical linkages
  - Leadership in patient education, self-care and caregiver engagement
  - Utilization of registry functionality and technology-enabled quality improvement strategies to support population health

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## PCMH: Key Components

Strategy Component	Motivation
Achieving Statewide Scale	Spread PCMH support infrastructure and payment reform across Michigan by 2019
Inclusive Accreditation Approach	Provide flexibility to leverage a variety of PCMH accreditation programs as a foundation
Broad Attributed Population	Reflect the diversity of practice patient populations through attribution methodology
Participation Requirements	Ensure needed capabilities for practice success and advance those capabilities over time
Advanced Care Management	Extend care management, coordination and community linkages capabilities
Multi-Payer Participation	Ensure sufficient attributed patient scale within practices to drive transformation
Consistent Metrics	Leverage metrics utilized by other programs where possible to simplify measurement
Performance-Drive Payment	Create clear rewards for implementing impactful processes and achieving outcomes
Advancing Risk Adjustment	Tangibly incorporate adjustments for patient risks in care delivery and payment
Sustainable Financing	Position Michigan's PCMH infrastructure for lasting innovation and financial stability
PCMH Support and Learning	Provide a collaborative learning context for expert and peer connections

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## PCMH: Payment Model

- Practice Transformation Payment
  - To support needed investment in practice infrastructure, targeted toward specific transformation objectives
  - Made on a per member per month basis for the first 24 months a PCMH is engaged in the Initiative
- Care Coordination Payment
  - To support critical care management and care coordination capacity in PCMH practices
  - Made on a per member per month basis while a PCMH is engaged in the Initiative and demonstrating performance on care coordination linked metrics
- Shared Savings
  - Total cost of care (TCOC) savings calculated and shared savings payments made (if applicable) on an annual basis
  - Care quality thresholds will established as a condition of receiving shared savings payments
- We are continuing to explore other payment model components and options for future iterations of the payment model in the next three years

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## SIM Components

# Accountable Systems of Care (ASC)

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## What is an ASC and Why is it Needed?

- An ASC is:
  - a group of PCPs and other key providers that agree to work together to improve outcomes and contain costs by leveraging patient-centered medical home (PCMH) activities and coordinating care across patient populations
- Patient Centered Medical Homes (PCMHs) are a key foundation for ASCs but
  - primary care practice staff cannot bear the entire burden of health reform and delivery system transformation
- Working with PCMHs and payers, ASCs will:
  - bring 'accountability' to the provider level, giving providers across the continuum of care more responsibility and rewarding them for achieving improved health care outcomes and reducing low-value care and unnecessary utilization.

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## ASC Criteria

- ASCs can start on or after 1/1/17, once contracted with Medicaid Health Plans (MHPs)
- To be an ASC, an organization must:
  - Have previously provided ASC letter of interest to State
  - Have a primary care provider network located within one of the 5 identified SIM Test regions
  - Be conditionally approved by the state for ASC participation
  - Execute a Memorandum of Agreement with DHHS
  - Support other aspects of SIM, including patient-centered medical homes (PCMHs) and actively participating in CHIRs
  - Contract directly with MHP(s) and have a minimum of 5,000 attributed lives within contracted MHP(s).

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ASC Networks

- ASC Networks must contain Primary Care Physicians (PCPs)/PCMHS
  - PCPs/PCMHS may only participate in one ASC
  - Not all PCPs in an ASC network need to be PCMHS, but PCPs should be working in that direction
  - A minimum percentage of PCPs in an ASC must be certified as PCMHS, the percentage will increase over time
- ASCs may, but are not required to, contain other providers such as hospitals, behavioral health providers, specialists
  - If the ASC itself does not include these types of providers, it must have a collaborative relationship with these providers
  - ASC patients can receive care from any provider in their health plan’s network

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9 Potential ASCs in 5 SIM Test Regions

- Michigan’s approach to achieving gains in population health and efficiency is based on testing reforms in regions that have the capacity for success before spreading reforms to other regions.

	Potential ASC	SIM Test Region
1	Jackson Health Network	Jackson
2	Affinia (Mercy)	Muskegon
3	Genesys PHO	Genesee
4	Prof. Med. Corp. (PMC)	Genesee
5	McLaren Physician Partners	Genesee
6	IHA Health Services Corporation	Washtenaw
7	University of Michigan Health System	Washtenaw
8	Northern Michigan Health Network	NW
9	Wexford/Crawford Mercy	NW

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### ASCs Will Include Broad Population of Medicaid Members

- ASCs will be able to serve most Medicaid populations, starting with those that are managed care eligible
  - Excluded ASC populations to align with PCMH
- Members will be attributed to an ASC by MHPs based on member selection or assignment to a PCP/PCMH
- ASCs will be required to have specific strategies to:
  - engage and improve health outcomes for targeted high cost/high need populations (including high utilizers of the ED and those with multiple chronic conditions)
  - prevent progression of lower or medium risk patients from becoming part of high cost/high need populations (including pregnant women)

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### Medicaid Health Plans (MHPs) Requirements for ASC Contracting

- Each MHP will be required to make a good faith effort to contract with the ASCs operating in their regions:
  - MHPs must make a good faith effort to contract with each ASC that has at least 1,000 of its MHP members.
  - MHPs will work with DHHS and ASCs to ensure that ASCs meet minimum requirements prior to participating in a shared savings and/or shared risk arrangement
  - The nature of MHP-ASC contractual and shared savings/risk arrangements may be adjusted during the pilot
- MHPs can continue to enter into 'ASC-like' contracts with provider organizations even if the entity has not been designated by the state as an ASC

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## ASCs Will Have Opportunity to Share in Savings/Risk

- ASCs will be required to demonstrate performance to specific threshold on selected metrics (i.e., quality gates) in order to receive shared savings
- Total Cost of Care (TCOC) will be determined by state
  - will include comprehensive set of services and be risk adjusted
- State will consider setting a minimum savings amount before any savings is shared
  - ASCs must have at least 5,000 members AND meet specified quality performance 'gates' to share in savings
  - State will set minimum level/portion of savings that an ASC must be share with PCP/PCMHs that are part of its network
  - PCMHs will continue to receive care coordination fees directly
- To accept downside risk, ASCs must:
  - Have at least 10,000 attributed MHP members
  - Meet additional requirements, such as financial reporting and provision of financial guarantee or other solvency protections.

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## SIM Components

# HIE/HIT

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## HIT Core Objectives, and Building Blocks

- HIT Core Objectives:
  - Enable program performance, evaluation, and reporting;
  - Support care coordination;
  - Support cost of care analytics and reporting
  - Provide a population health toolset to support greater interoperability between health care and community entities
- Building Blocks
  - Statewide Active Care Relationship Service (ACRs)
  - Health Provider Directory (HPD)
  - Common Key Service
  - SIM Attribution and Relationship Plan

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## SIM Performance and Evaluation Reporting Tool

- Provide data aggregation and reporting capabilities needed to support SIM performance reporting and evaluation to CMS, cross-payer analysis, and provider performance feedback.
  - SIM is investing in centralized data aggregator capacity to provide the data collection and analytic capacity
  - Dashboards will be made available through a portal that allows SIM participants to explore performance data that can be used to manage performance-linked payment components
    - Similar to the current MiPCT data aggregator functionality

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## Care Coordination Enablement

- SIM will facilitate access to information which supports care coordination activities within the model test.
- We are currently exploring two options to enable care coordination:
  - Option 1: Access to the Care Connect 360 claims based analytic tool and
  - Option 2: Enable care coordination through education and access to Health Information Exchange Qualified Organizations (HIE-QOs)

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## Cost of Care Analytics and Reporting

- SIM is designing a centralized Medicaid total cost of care analytics and reporting infrastructure that will support the SIM payment models.
- SIM is exploring an approach to enable provider and provider organizations access to cost of care reports through a common portal.
  - Cost of care reports will be structured to support participants in better understanding and managing their patients' total cost of care

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## Population Health Tool Set

- **SIM will explore technology solutions that will assist our participants:**
  - Enable community data sharing to support shared dashboard measures within ASCs and CHIRs
  - Enhance the ability of the community to track cross-care delivery approaches and leverage new payment models

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## SIM Components

# Collaborative Learning Network (CLN)

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## CLN: Roles

- To demonstrate interfaces between CHIRs, ASCs, and PCMHs can lead to:
  - Reduced emergency department use among high-utilizers
  - Improved care for individuals with chronic disease
  - Increases in healthy births and healthy babies
- To build capacity for continuous improvement and action
- To identify promising practices and share lessons learned



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## CLN: Purpose

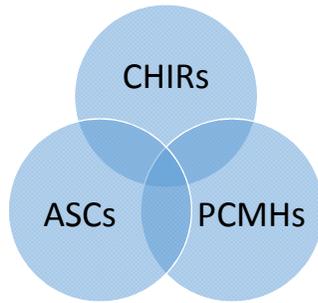
- Bring together local organizations for health improvement planning in a new way
- Serve as the vehicle to develop, test, and improve plans for clinical-community linkage initiatives and community health improvement
- Address the variation across regions and organizations in the development of these plans

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### CLN: Components

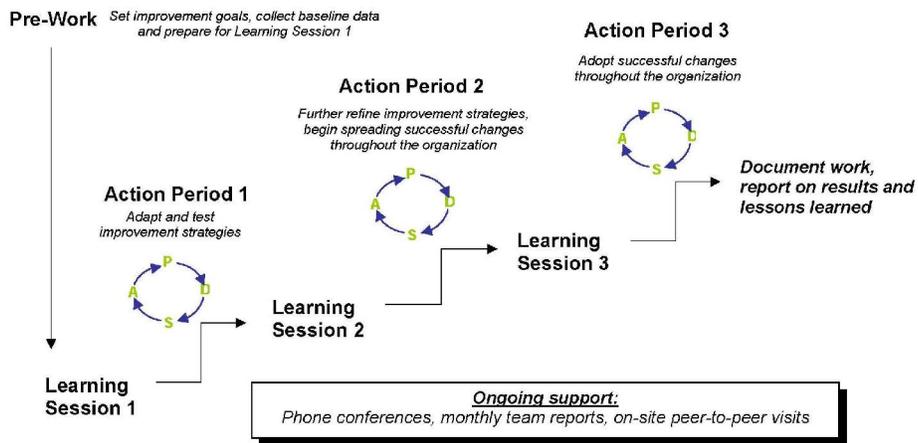


- Assessment of Readiness to Improve Population Health
- In-Person Summits and Webinars
- Support for Peer Teams
- Coaching
- Community Health Measurement
- Technical Assistance
- Online Platform

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### CLN: Learning and Action Periods



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## Next Steps

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### Stakeholder Input and Operational Plan Submission

- **Statewide Stakeholder Survey (April/May 2016):**
  - Brief online survey of SIM stakeholders to obtain feedback and input on specific aspects of SIM model decisions
  - Responses will help inform the final operational plan submitted to CMS by May 31, 2016
- **Regional Sessions (Summer 2016):**
  - Meetings with small groups of participants in model test regions
  - Will address plans for implementing the model components
- **Stakeholder Committees (Fall 2016)**
  - Advisory committees to provide input and guidance on components of the SIM initiative throughout implementation

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