SIM Initiative Newsletter

A publication of Michigan's State Innovation Model
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About the Initiative

In 2015, the Centers for Medicare and Medicaid Services (CMS) awarded the State of Michigan $70 million over 4 years to test and implement an innovative model for delivering and paying for health care in the state. The state has focused its efforts areas on developing and strengthening connections among providers of clinical care and community-based organizations that address social determinants of health.

Contact Us

Questions can be sent to:
SIM@mail.mihealth.org

Links

SIM Initiative website

SIM Population Health webpage

SIM Care Delivery webpage

Welcome to the second edition of the SIM Newsletter. This newsletter is intended to provide updates on the activities taking place across the program. It will also make stakeholders aware of any SIM-related events that may be of interest to a general audience. In this issue, we will focus on the various ways in which the components of the SIM program are measuring progress toward the Triple Aim: improved patient experience of care, improved population health, and reduced health care costs.

Previous editions of the newsletter can be found here.

Program News and Updates

New SIM Liaison

The SIM leadership team welcomed Brad Barron as the new SIM liaison on August 28, 2017. Brad comes from the MDHHS Medical Services Administration where he served as the Clinic Policy Specialist. Specifically, Brad was responsible for policy related to Federally Qualified Health Centers, Rural Health Clinics, Tribal Health Centers, Local Health Departments, and Child and Adolescent Health Centers. Brad was responsible for the analysis and interpretation of federal Medicaid regulations, the Michigan Medicaid State Plan, state laws & statutes, administrative rules, and current Medicaid policy for these safety net providers. In addition, Brad has been the project lead for the MI Care Team health homes initiative, created in accordance with Section 2703 of the Affordable Care Act to deliver care coordination and comprehensive care management in an integrated health care environment to improve health outcomes for beneficiaries in the program.

In addition to overseeing a wide range of administrative activities, as the SIM liaison, Brad will have responsibility for leading SIM stakeholder engagement and partner relations within MDHHS, between SIM and other state agencies, with federal agencies, and among external partners involved in or impacted by the program. He will also work closely with the SIM executive governance team, communicating successes and key issues as they arise.

Population Health

Community Health Innovation Regions

At the time of the June SIM newsletter, the CHIR backbone organizations were working closely with a wide variety of stakeholders to finalize and submit local

operational plans (LOPs) for MDHHS approval. In partnership with the SIM leadership team, the MDHHS has now approved plans and budgets for all five CHIR regions.

The plans include information about the CHIRs' governance and management structures, proposed population health improvement strategies, proposed metrics and accountability targets, technology needs to support their efforts, and plans for sustaining their efforts when SIM funding is no longer available. The regions, through the leadership of their governing bodies, are now ramping up to implement these plans.

A critical element for determining the impact of the interventions and community-clinical linkages proposed in the LOPs is a focused evaluation and measurement plan. The SIM CHIR team has engaged Dr. Pennie Foster-Fishman and Michigan State University to develop a participatory evaluation plan that will measure impact across the regions as well as within individual regions.

An initial set of cross-regional metrics is based primarily on tallies of the different types of organizations and entities participating in the CHIRs: hospitals, public health departments, local units of government, nonprofit organizations, CMH service agencies, non-healthcare businesses, payers, and provider organizations. As the CHIRs move into implementation, they will report on the total number of Medicaid beneficiaries served by CHIR-participating organizations and entities.

CHIRs are also developing key performance indicators (KPIs) to monitor progress toward locally-defined goals and objectives. Once these are identified, the MSU evaluation team will work with CHIRs to identify a set of common KPIs that will be used to inform the state-level SIM evaluation.

Care Delivery

Patient-Centered Medical Home Initiative

As the SIM PCMH team works to identify the progress being made by the PCMH Initiative, they have instituted a number of strategies for monitoring performance. These include care management and coordination tracking reports, which are provided on a quarterly basis to participating providers. The reports include the number of patients that received a care management and coordination service (identified through claims billed to Medicaid Health Plans [MHPs]), the total population attributed to the provider, and a calculated percentage of patients receiving care management and care coordination (CMCC) services. Participating providers are required to provide CMCC services to a minimum of 4 percent of their attributed patients.

In addition, the 2017 SIM Operation Plan will include a recommended set of 25 measures to monitor quality and utilization across the initiative's participating practices and provider organizations. Provider participation in the Quality Measure Information (QMI) Use Case (described in the Technology section below) will enable the Michigan Data Collaborative, a key SIM partner, to create an interactive online dashboard that will be shared with providers three times a year (every four months). The measures that will be included on the dashboard are: breast cancer screening, diabetes eye exams, diabetes hemoglobin A1c testing, diabetes medical attention for nephropathy, use of imaging for low back pain, all-case hospital readmission rates, emergency department visits, hospital admissions, asthma prevalence, hypertension prevalence, and obesity rates. Descriptions of each measure and how they will be calculated can be found here.

Alternative Payment Models

The state is continuing its work to promote the meaningful use of APMs through two primary strategies: (1) setting goals for the use of APMs, starting with payers in the Michigan Medicaid program and (2) creating a multi-payer payment and service delivery model, including a formal partnership with CMS for Medicare alignment. The overarching goal is to promote service delivery innovation and maximize the opportunities for providers to receive enhanced reimbursement.

MDHHS issued a request for information from the provider field during the summer months to provide insight into the Department's Medicaid APM strategy design. The state received feedback from a broad array of providers and physician organizations. This feedback was greatly appreciated and was utilized to refine our APM strategy and assist MHPs in the development of their APM strategic plans. MHPs submitted their draft APM strategic plans to the state at the end of August. These plans will be reviewed and provided feedback before final plans are submitted in October. This is the first time MDHHS will formally track and measure innovative payment reform activities occurring throughout the state.

Technology

Quality Measure Information Use Case

To measure the potential health impact of the various SIM initiatives, it is necessary to collect and evaluate data from participating providers. The SIM technology team is working with the Michigan Health Information Network to implement the Quality Measure Information (QMI) use case. The QMI use case will enable healthcare providers to transmit clinical quality measures electronically (referred to as eCQMs).

The QMI use case will provide Medicaid and other payers the ability to access and view quality measures across all of their providers. Another important aspect of QMI is that it supports providers in reporting data that is required by multiple sources only one time via the so-called "report once" capability. The quality measure information will be validated, converted and routed to a multitude of quality measure reporting programs, simplifying providers' and payers' involvement in reporting quality of care.

The SIM team and the Statewide Healthcare Information Infrastructure are currently working with a single provider organization to validate and test the process. Over one million records have been validated so far. The goal is to expand the validation process to additional provider organizations in the coming weeks.

More information about the QMI use case can be found here.

To support CHIR technology needs, the SIM technology team will be working over the coming months to develop a use case for the collection and reporting of social determinants of health data, identifying the data-sharing needs and requirements of CHIRs and community-based organizations, and establishing standards for the technology platform and data requirements of clinical-community linkages.