

Practice /Provider Transformation

Goals

- Serve more patients through patient-centered care teams that effectively coordinate care.
- Develop sustainable infrastructure for a broad range of providers as they transform their work.
- Integrate care teams to include clinicians and staff from medical, behavioral health, social services and public health settings.

Overview

Minnesota has made significant progress toward the aim of improved health, better patient experience, and lower costs through practice transformations such as Accountable Care Organizations (ACOs), Health Care Homes (HCH), and Community Care Teams (CCT). However, millions of Minnesotans continue to experience fragmented, uncoordinated care. This lack of coordination between services can result in poorer health and higher costs. This is predominantly the case when individuals have complex health issues and a need for mental health, substance abuse or other long-term supports and services. The Minnesota Accountable Health Model seeks to address this problem by changing how care is delivered and paid for in Minnesota.

About 14 percent of Minnesota's SIM funds are dedicated to practice transformation. A key goal is to transform care in Minnesota so that every patient receives care that considers the whole person, is patient centered and coordinated across settings. The model seeks to do this by promoting and supporting team-based care models such as HCH and Behavioral Health Homes (BHH), integration and coordination across the continuum of care, supports and services, peer-to-peer learning and sharing best practices, and integrating new emerging professions into the care team. The Minnesota Accountable Health Model also seeks to find a workable way of paying for this type of care. This is known as paying for accountable care or value, rather than volume of procedures. The Minnesota



Accountable Health Model encourages providers and payers to adopt payments that financially reward providers for delivering high-quality, coordinated, prevention-oriented care. The goal is to have all of Minnesota's payers use a similar set of financial incentives that reward providers for keeping patients healthy.

Timeline of Activities

- Fall 2014 – RFP release for learning communities
- Fall 2014 - RFP to engage 1-3 learning organizations to implement practice facilitation
- Fall 2014 – Implement process for practice transformation awards in the amount of \$10,000 - \$20,000 per clinic to support transformation infrastructure.

Next Steps and Strategies

The initiative will strive to meet practices where they are at and support them in areas such as performance-based accountable care payments arrangement, leveraging health information technology, quality improvement, coordinating care, and forming community partnerships. Here are some of the initiative's strategies.

- **Implement statewide learning collaboratives.**
- **Support short-term learning communities.** About 15 learning community grants will be available during the SIM initiative. Experts, teaching organizations and professional organizations may submit proposals to lead and facilitate learning communities that are time-limited intense learning experiences, focused on

supporting provider transformation. The state will combine these efforts within the existing HCH learning collaborative structure.

- **Provide practice facilitation.** A broad range of providers will have the opportunity to participate in intensive internal coaching. Practice facilitators serve as coaches, advising and providing resources directly to team members to transform their work. An RFP to engage 1-3 learning organizations to implement practice facilitation will be released in the fall of 2014. A process for practices to seek practice facilitation resources will be implemented by January of 2015.
- **Offer practice transformation grants.** Many small and rural providers face financial barriers to transformation. To address this need, the initiative will provide small grants of up to \$20,000 per year to providers. These small grants will support activities such as training, clinical systems redesign, implementation of new workflows, and coordination with learning collaborative work. This process is expected to be implemented in the fall of 2014.
- **Expand Health Care Homes.** The initiative will focus on adding health care homes to parts of the state that lack health care homes. About 48 percent of Minnesota’s primary care clinics are currently certified as health care home with a goal of certifying 67% of primary care clinics by 2016.
- **Support the development Behavioral Health Homes.** The SIM initiative will support the behavioral health home model being developed by DHS. This model will operate under a “whole person” philosophy and assure access to and coordinated delivery of primary care and behavioral health services for adults and children with serious mental illness.
- **Support emerging workforce activities.** Provide start-up grants to providers to integrate new professions into care delivery teams

Contact

Contact the MDH SIM Team at 651-201-3751 with questions.

MINNESOTA ACCOUNTABLE HEALTH MODEL – SIM MINNESOTA

In February 2013 the Center for Medicare and Medicaid Innovation (CMMI) awarded Minnesota a State Innovation Model (SIM) testing grant of over \$45 million to use across a three-year period. The goal is to help its providers and communities work together to create healthier futures for Minnesotans.

- Minnesota’s SIM initiative is a joint effort between the Department of Human Services (DHS) and the Department of Health (MDH) with support from Governor Mark Dayton’s office.
- Minnesota will use the grant money to test new ways of delivering and paying for health care using the Minnesota Accountable Health Model framework.
- The goal of this model is to improve health in communities, provide better care, and lower health care costs by expanding patient-centered, team-based care through service delivery and payment models that support integration of medical care, behavioral health, long-term care and community prevention services.

Minnesota Accountable Health Model Budget Project Totals
\$45.2 million over 3.5 years.

