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MAY 23, 2018
3:00-4:00PM ET

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LOGISTICS

- Lines will be unmuted for the duration of today’s webinar. Please mute your line and do not put the line on hold, otherwise we will hear your hold music.
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AGENDA

• Introduction
• State Roll Call
• Overview Presentation
• Presentation from Colorado
• Wrap up and evaluation reminder
TODAY’S SPEAKERS

- Hannah Dorr, Research Analyst, National Academy for State Health Policy
- Barbara Martin, RN, MSN, ACNP-BC, MPH CO SIM Director
- Leilani Russell, MPH CO SIM Data Lead Coordinator
- Nathan Drashner, Data and Evaluation Manager
Data Collection and Use

• Internal
  o Determining practice performance on quality/cost measures
  o Cycling of quality metrics and/or determining performance benchmarks
  o Public reporting
  o Comparisons of practices to identify leaders/examples or where to target practice supports

• External
  o Use by providers to understand how they are performing compared to peers and against benchmarks
  o Patient-level care improvements
Available data may include:

- Claims
- Enrollment and eligibility
- Provider portal entries
- Patient surveys
- Immunization registries
- Behavioral Risk Factor Surveillance System (BRFSS)
- Vital statistics
Data Challenges

- Timeliness/Lag times
- Data Quality
- Managed Care Encounter Data
- Attributing patients to providers or practices
What is important to consider about using data for ongoing improvement?

- Alignment with quality metrics and goals of program
- Ability to drill down into data at varying levels:
  - Practice/provider level
  - Regional level
  - Statewide
- Data segmentation of practice data:
  - Demographics
  - Risk scores
  - Social data (if available)
- Actionable
State Examples
State Example: Arkansas

- Arkansas publishes PCMH provider reports through the SIM initiative.

- Uses provider portal entries and paid claims

- Reports are published 45 days after the close of the quarter on the provider portal.

- Reports detail:
  - Practice support progress
  - Shared savings eligibility
  - Risk cohort breakdown
  - Breakdown of shared savings quality metric performance
State Example: Michigan

- The Michigan Data Collaborative develops and maintains a statewide multi-payer claims and clinical database.

- Uses multi-payer claims and encounter data

- Produces a variety of monthly and quarterly reports including:
  - PCMH Care Coordination Reports
  - Community Health Innovation Region (CHIR) Dashboard
The Health Home Performance Management Program provides a formal framework for health homes, care management agencies, and MCOs to work together.

Reports use a variety of data sources including:
- Paid claims
- EMR submissions
- Enrollment

Produces a variety of dashboards and reports:
- Health Home CMART
- MAPP Dashboards
- HARP Quarterly Progress Reports
State Example: Connecticut

- Connecticut has contracted with UConn Health and Yale University to internally evaluate, monitor, and report on the process and impact of SIM.
- The evaluation uses data from Connecticut state agencies encompassing:
  - Population health
  - Healthcare costs
  - Healthcare delivery
  - Health insurance transformation.
- Evaluation measures are displayed in a data dashboard that shows:
  - Overall results
  - Results for each measure
  - Details on age, gender, race/ethnicity, income, insurance payer as the data allows
Additional Resources

- Understanding Medicaid Claims and Encounter Data and Their Use in Payment Reform
- Arkansas:
  - Arkansas Health Care Payment Improvement Initiative
- Michigan:
  - Michigan Data Collaborative
  - Patient-Centered Medical Home Initiative Breakout Session Presentation
  - Evaluation of the Multi-Payer Advanced Primary Care Practice (MAPCP) Demonstration: Final Report
- New York:
  - New York State Department of Health Medicaid Health Homes Performance Management
- Connecticut:
  - Connecticut State Innovation Model Data Dashboard
Value-based Payment Reform Academy
May 23, 2018

Barbara Martin, RN, MSN, ACNP-BC, MPH CO SIM Director
Leilani Russell, MPH CO SIM Data Lead Coordinator
The project described was supported by Funding Opportunity Number CMS-1G1-14-001 from the U.S. Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS). The Colorado State Innovation Model (SIM), a four-year initiative, is funded by up to $65 million from CMS. The content provided is solely the responsibility of the authors and does not necessarily represent the official views of HHS or any of its agencies.
The Colorado State Innovation Model (SIM) is a governor’s office initiative funded by the Centers for Medicare & Medicaid Services (CMS).

SIM encourages states to develop and test models for transforming healthcare payment and delivery systems.

Colorado was awarded a $2 million planning grant and $65 million implementation grant to strengthen Colorado’s Quadruple AIM strategy.

Colorado is the only SIM state focused on the integration of physical and behavioral health in primary care settings supported by public and private payers.
VISION - To create a coordinated, accountable system of care that will improve Coloradans’ access to integrated physical and behavioral health in a patient’s medical home.

GOAL - Influence the health of Coloradans by improving access to integrated physical and behavioral healthcare services in coordinated systems, with value-based payment structures, for 80% of Colorado residents by 2019.
80% of Coloradans have Access to Integrated Care

**Payment Reform**
Development and implementation of value-based payment models that incent integration and improve quality of care.

**Practice Transformation**
Support for practices as they accept new payment models and integrate behavioral and physical health care.

**Population Health**
Engaging communities in prevention, education, and improving access to integrated care.

**HIT**
Secure and efficient use of technology across health and non-health sectors in order to advance integration and improving health.

Workforce, Consumer Engagement, Policy and Evaluation
How is SIM collecting data to inform programmatic and policy improvements?

- Stakeholder, partner, and practice feedback
- Quarterly third-party evaluation reports (Rapid Cycle Feedback Reports)
- Practice assessments and data reporting
- Seven workgroups filled with local and national subject matter experts
- Continuous stakeholder engagement efforts
**SIM Reach and Scope**

<table>
<thead>
<tr>
<th>SIM practices are working to integrate behavioral health into primary care settings.</th>
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<tbody>
<tr>
<td><strong>243</strong> Primary care practice sites</td>
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<tr>
<td><strong>4</strong> CMHCs</td>
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<tr>
<td><strong>2</strong> BHTCs</td>
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<td><strong>6</strong> Health plans working together</td>
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<td><strong>8</strong> LPHAs</td>
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**CMHCs**
- Community Reach Center, Commerce City
- Jefferson Center for Mental Health, Lakewood
- Mental Health Partners, Boulder
- Southeast Health Group, La Junta

**LPHAs and BHTCs cover 31 counties**

**Total patient visits per year:** 3,342,018

**Total providers:** 1,847

**Providing care for children:** 61

**Federally qualified health centers or look-alikes:** 56

**Rural practices:** 98

The Colorado State Innovation Model (SIM) will help 400 primary care practice sites and four community health centers integrate behavioral and physical health during its four-year time frame that ends in 2019. This data refers to work that is underway with cohorts 1 and 2. Learn more: [http://bit.ly/2in29yD](http://bit.ly/2in29yD).

**RHCs**

A regional health connector (RHC) is a local resident whose full-time job is to improve the coordination of services to advance health and address the social determinants of health. RHCs promote connections among clinical care, community organizations, public health, human services, and other partners.

RHCs are connecting practices across the state with resources to improve health, such as community tobacco cessation groups, chronic disease management programs, school-based health services, and mental health trainings.

In Colorado, public and private payers have voluntarily developed a multi-payer approach to support and expand broad-based accountable, whole person, patient-centered care transformation through a variety of initiatives. Seven payers signed a Memorandum of Understanding with the SIM office, in which they committed to work collaboratively with SIM to transform the way physical and behavioral healthcare are delivered and financially supported in the practice. Six of these payers make up a group called the Colorado Multi-payer Collaborative and include:

- **Anthem Blue Cross Blue Shield**
- **Cigna**
- **Health First Colorado (Medicaid)**
- **Kaiser Permanente**
- **Rocky Mountain Health Plans**
- **UnitedHealthcare**

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The SIM office works closely with the Colorado Multi-Payer Collaborative, which comprises public and private health plans that provide value-based payments to SIM and CPC+ practices.

- Data aggregation tool to practices
- Facilitate mutual understanding and appreciation between payers and practices for what it takes to transform medical practices and integrate care. (Multi-Stakeholder Symposium)
- Establish “good standing” definition to monitor practice progress
- Quality measure alignment library
- Collect value-based payment data for federal reporting and evaluation
Some practices reported that they do not believe that value-based payment structures are enough to sustain the integration of behavioral and physical health, but want to provide integrated care to their patients.

In response the SIM office shifted to provide additional practice transformation support through business support activities, practice facilitators and clinical health information technology advisors.
How are practice using data to inform change?

- Various practice assessments
  - Measuring: integration, quality measures, HIT, satisfaction, etc.
- Assessment feedback reports to practices
- Coaching support
- Cost and utilization data (claims based)

*For more detailed information please go to https://www.colorado.gov/pacific/healthinnovation*
Aligning Quality Measures

- Driven by practice feedback of initial clinical quality measures (CQMs)
- Alignment with existing initiatives
  - Comprehensive Primary Care Plus, Quality Payment Program/Merit-Based Incentive Payment System
  - Medicaid primary care alternative payment model
  - Transforming Clinical Practice Initiative
  - Colorado Multi-Payer Collaborative measure library
- Leverage existing data and infrastructure where possible
  - Reduce reporting burden for practices and other partners
- Practices have documented increased trust in the quality of CQM data they report
To ask a question, please type it into the ‘chat’ box in the lower left hand corner of your screen.
Thank you for joining this Value-Based Payment Reform Academy Group Technical Assistance Webinar!

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