

# Rhode Island State Innovation Model (SIM) Test Grant

## BACKGROUND

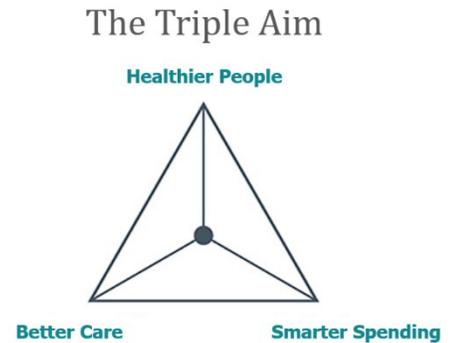
The Rhode Island State Innovation Model (SIM) Program began in 2015 when the Centers for Medicare and Medicaid Services (CMS) awarded Rhode Island a \$20 million grant to promote positive changes to our healthcare system and to improve Rhode Island's population health. More information our project is available in our [Operational and Integrated Population Health Plan](#), attending our monthly Steering Committee Meetings every second Thursday in the HP Conference Center located at 301 Metro Center Blvd., Warwick, RI.

## TALKING POINT #1: RI SIM'S VISION IS THE TRIPLE AIM

SIM is working to achieve the Triple Aim by:

- Improving the **quality of care** and patient satisfaction,
- Enhancing the overall **health** of Rhode Island's population, and
- **Spending** our healthcare dollars more wisely.

SIM's investments will **support the people—providers, patients, and their families—** who must adapt to that changes in our system that will result from working towards the Triple Aim.



## TALKING POINT #2: RI'S HEALTHCARE SYSTEM IS ALREADY CHANGING

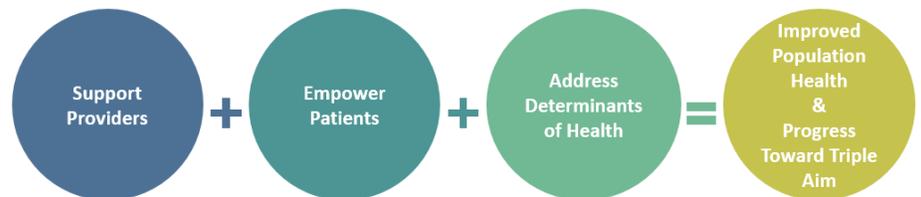
Our healthcare system is already changing from one based on volume to one based on value. This means that providers will be rewarded for improving their patients' health, not for simply seeing patients within their office. SIM believes that:

### IF WE...

- Support providers in adapting to a changed care delivery and payment system,
- Empower patients to navigate this new system effectively, and
- Ensure basic community needs are addressed by the system;

### THEN WE...

- Will improve the health of Rhode Islanders and make progress towards our vision.



## TALKING POINT #3: IMPROVING HEALTH REQUIRES CONSIDERING THE WHOLE PERSON

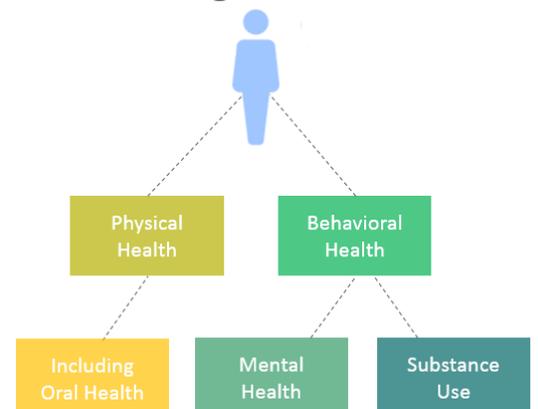
In Rhode Island, we believe it is critical to redefine the way we think about an individual's entire health and well-being.

- Whenever we say "improve health," we mean both physical and behavioral health.
- When we say **physical health**, we include **oral health**.
- When we say **behavioral health**, we mean both **mental health** and **substance use**.

Improving population health requires us to focus on:

- Physical and behavioral health **outcomes**;
- Morality, life expectancy, and **health-related quality of life**; and
- **Disparities** across each of these considerations.

## Considering the Whole Person



#### TALKING POINT #4: SIM HAS THREE MAIN STRATEGIES TO GUIDE OUR HEALTHCARE SYSTEM CHANGES

SIM is focused on three main strategies to improve the health of Rhode Islanders, provide better healthcare, and reduce the cost of healthcare over time:

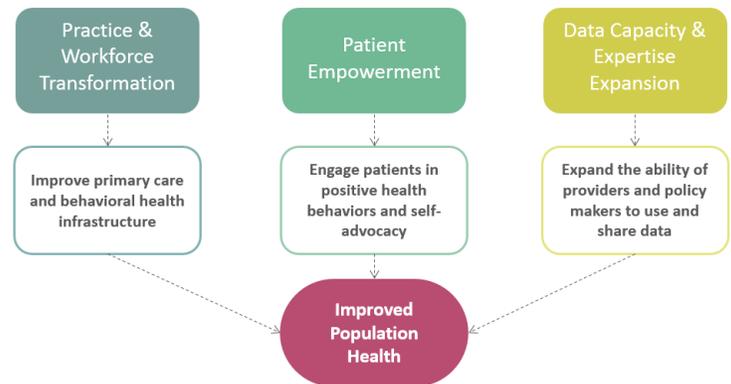
1. Link healthcare payments to **improved clinical outcomes**.
2. Invest in our workforce and health information technologies to **support primary care, wellness, and prevention**.
3. Create a common strategic vision and develop lasting **partnerships to address the health needs of all Rhode Islanders**. Our health focus areas include:  
Obesity, tobacco, chronic disease, depression, children with social/emotional disturbance, serious mental illness, opioids, and maternal/child health.



#### TALKING POINT #5: SIM IS MAKING SIGNIFICANT INVESTMENTS TO SUPPORT OUR STRATEGIES

To support our three strategies, SIM has committed to investing in categories of activities that:

- **Reshape how we provide healthcare;**
- **Change how we pay** for healthcare services;
- Encourage us to **treat the physical and behavioral health needs of patients** at the same time;
- **Address community factors** that affect a patient's behaviors and health—such as housing, transportation, education, and food access; and
- **Promote sharing and using data** in our health system to inform policy and clinical decision-making.



#### TALKING POINT #6: SIM'S FUNDED ACTIVITIES EQUIP RHODE ISLAND WITH NEW RESOURCES AND KNOWLEDGE TO:

- 1 **Treat both physical and behavioral health needs.** Our **Child Psychiatry Access Project** provides virtual support from a child psychiatrist to pediatric providers to support prevention/intervention. Our **Integrated Behavioral Health Project** embeds behavioral health staff within adult primary care practices for holistic care.
- 2 **Provide quality care in the right place and at the right time** for patients. Our **PCMH-Kids Project** creates medical homes for children to receive integrated services through one provider. Our **Care Management Dashboards** allow for better information sharing between providers.
- 3 **Understand the needs of consumers** and groups facing higher burdens of disease, make better decisions about their care, and **evaluate the cost/benefit of our interventions** using data systems. Our Healthcare Quality, Measurement Reporting, and Feedback System offers clinical outcomes data to providers. Our **Statewide Common Provider Directory** centralizes provider information for referrals.
- 4 **Address the social/environmental determinants** that affect our overall health by focusing on **Integration and Alignment** across our health focus areas. Aligning our **SIM Community Health Teams** with **Screening, Brief Intervention, and Referral to Treatment** ensures patients referred to substance use treatment can access other needed resources—such as housing or complex health condition management supports.
- 5 **Empower individuals, caregivers, and families** to help choose their own healthcare, navigate our system effectively, and improve their self-sufficiency. Our **Patient Engagement/End-of-Life Care** work will do this.

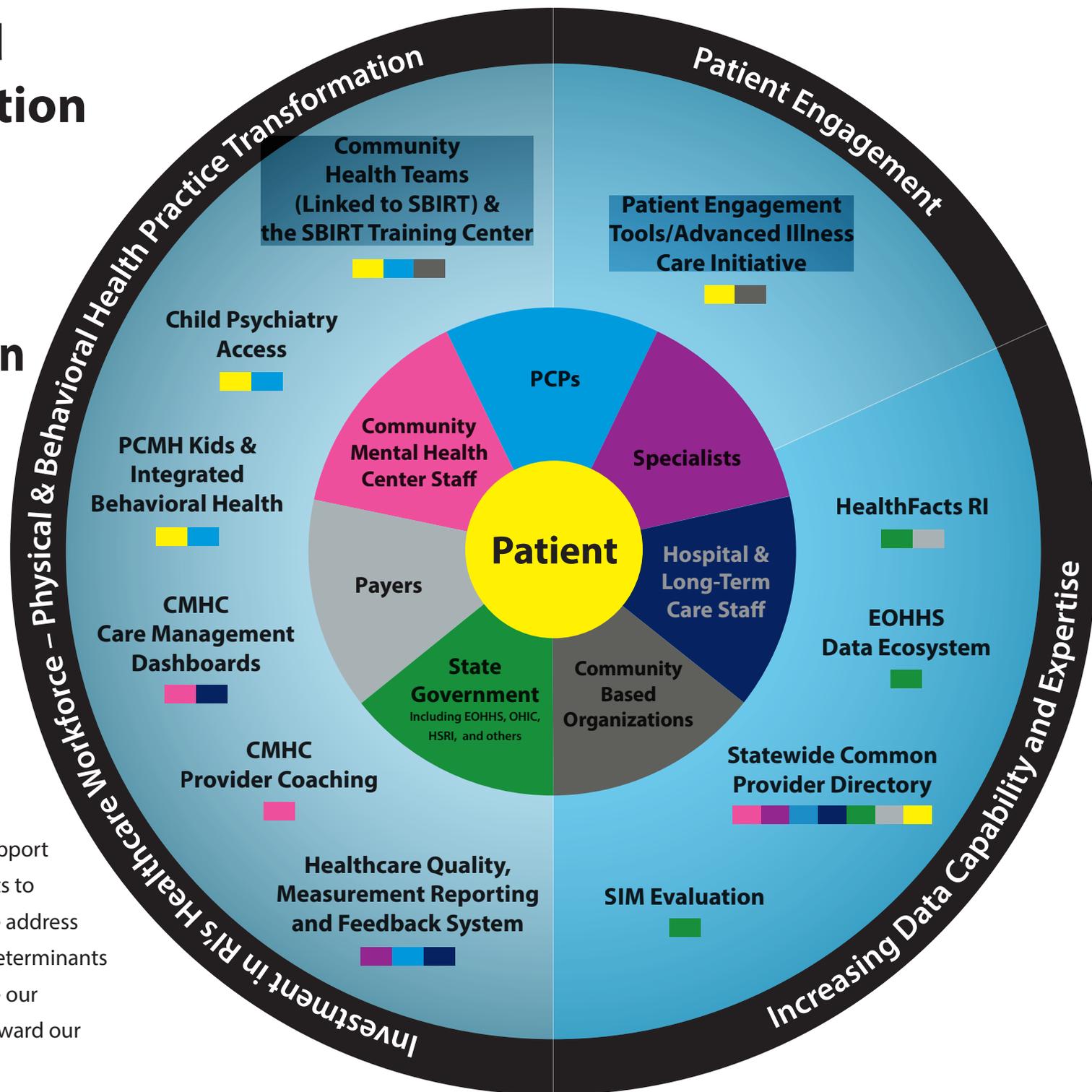
# Rhode Island State Innovation Model (SIM): A Healthcare System Transformation Initiative

as of Jan 11, 2017

## RI SIM THEORY OF CHANGE-

Rhode Island's payment system is changing to focus more on value and less on volume.

IF SIM makes investments to support providers and empower patients to adapt to these changes, and we address the social and environmental determinants of health, THEN we will improve our Population Health and move toward our vision of the Triple Aim.



## SIM Investment Descriptions

SIM Investment	Description
<b>Community Health Teams</b>	Community health teams (CHTs) currently serve as extensions of primary care, helping patients meet unaddressed social, behavioral, and environmental needs that are having an impact on their physical health. Overall, CHTs improve population health by addressing social, behavioral, and environmental needs. Our SIM-funded teams will also support providers in transitioning to value-based systems of care; and help transform primary care in a way that increases quality of care, improves coordination of care, and reduces/controls related costs and expenditures
<b>Child Psychiatry Access Program</b>	The Pediatric Psychiatry Referral Consultation project will establish a children's mental health consultation team to support pediatricians and other primary care doctors serving children and adolescents with mental health conditions. The Access Program is designed to assist the pediatricians and other physicians to treat children with behavioral and mental health needs in a way that is preventive and responsive to a patient's immediate circumstances
<b>PCMH Kids</b>	PCMH-Kids builds off of the successes of Care Transformation Collaborative in Rhode Island (CTC-RI), the adult patient-entered medical home (PCHM) initiative in Rhode Island. PCMH-Kids is extending the transformation of primary care practices in Rhode Island to children. SIM funding for PCMH-Kids will include support for practice facilitation and coaching, practice assistance with reporting and analyzing data, and overall program evaluation.
<b>SBIRT for PCPs</b>	Rhode Island seeks to decrease the use of tobacco, alcohol and other drugs using the Screening, Brief Intervention and Referral to Treatment (SBIRT) grant to offer, over a five years, alcohol, drug and tobacco screening to 250,000 adults. As needed, referrals will be made to brief interventions or treatment. Priority populations are individuals living in designated high need areas and persons leaving Department of Corrections' facilities.
<b>Integrated Behavioral Health Program for PCPs</b>	The Rhode Island SIM Test Grant will fund a qualified provider with experience and skill in helping primary care practices, representing multiple payers, to integrate behavioral health care into their clinical work. The qualified provider will have expertise facilitating within primary care practices: 1) depression, anxiety and substance use screening; 2) collaboration of behavioral health specialty staff with nursing/physician personnel; 3) use of behavioral health subject-matter expert(s) to support training and development efforts; and 4) development of knowledge about appropriate measurement and quality assurance activities.
<b>Care Management Dashboards for CMHCs</b>	The SIM Test Grant will fund a real-time communication system between Rhode Island hospital providers and CMHCs, mutually responsible for the care of approximately 8500 publicly insured individuals with serious mental illness. An electronic dashboard will deliver real-time information to the CMHCs when their consumers have a hospital emergency department or inpatient encounter. This effort will support targeted, clinical interventions, improve care coordination and reduce re-admissions.
<b>Provider Coaching Program for CMHCs</b>	Another behavioral health investment will be provider coaching. Rhode Island's publicly funded Community Mental Health Centers (CMHCs) are "health homes" for persons with serious mental illnesses. SIM Test Grant funds will be used to support an expert coaching program to help CMHCs improve their effectiveness in addressing consumers' health care needs. Expert coaches will help CMHC staff: 1) improve clinical practices, such as connecting more effectively with primary care providers; 2) learn health information technology uses and benefits; 3) collect and measure data; and 4) strengthen quality improvement practices.
<b>Healthcare Quality Measurement and Reporting Feedback System</b>	This system will help providers "enter data once and analyze many times" to improve the quality of care for patients and drive improvement in provider practices by giving feedback to providers, and organization about performance based on quality measures; produce more valuable and accurate quality measurements using data from the entire care continuum; leverage centralized analytic expertise to drive improvements in population health; reduce the duplicate reporting burden with a common platform for reporting; publically report quality measurements in order to provide transparency and support patient engagement; and use existing databases.
<b>Integrated Health and Human Services Data Ecosystem</b>	Rhode Island lacks a modern system for integrating person-level information across our agencies and then turning that holistic information into action. While EOHHS has built a data warehouse that stores many different sources of data—in addition to separate data sets that live within each agency—there is limited capacity to first connect and then share those linked data, either at the person level or in the aggregate. If we are able to combine and better analyze these data, we can obtain critical information about the needs of our population, the effectiveness of our programs, and how to responsibly spend valuable public resources. Rhode Island will take informed, project-based steps that reflect iterative learning and sophistication to build our new data ecosystem, integrating data across our agencies and driving policy with those data.

## SIM Investment Descriptions

<b>Statewide Common Provider Directory</b>	The provider directory is a database with a web-based tool that allows a staff team to maintain the file consumption and data survivorship rules, error check flagged inconsistencies or mapping questions, and manually update provider data or enter new providers. This organization hierarchy is unique and essential to being able to maintain not only provider demographic and contact information, but their relationships to practices, hospitals, ACOs, and health plans.
<b>HealthFacts RI</b>	The Rhode Island SIM Test Grant is investing funds to support the implementation and maintenance of the All-Payer Claims Database (APCD), named "HealthFacts RI." HealthFacts RI will ensure transparency of information about the quality, cost, efficiency, and access of Rhode Island's healthcare delivery system. It will also provide state agencies and policy makers with the information needed to improve the value of healthcare for Rhode Island residents and will illuminate how Rhode Islanders use the healthcare system, the effectiveness of policy interventions, and the health of our communities.
<b>Patient Engagement Tools</b>	In order to ensure that patients receive the greatest value from payment reform changes, and that they are maximally engaged in positive health behaviors including self-advocacy, SIM will invest funds to provide patients access to tools that increase their involvement in their own care, including creating the infrastructure to allow patients to more easily share their advanced care directives and healthcare proxies with their providers; developing patient engagement tools such as health risk assessments; and implementing tools that measure consumer satisfaction as well as behavior change readiness.
<b>Advanced Illness Care Initiative</b>	We know that patients and providers both avoid discussions about end-of-life planning, leading to unwanted medical care and family distress. SIM will fund Advance Care Planning Discussion trainings, to support providers in carrying out patient engagement activities in the event of advanced illness. The program will promote effective collaboration between patients, families, and providers in making healthcare decisions; improve health literacy among patients and their families; and provide opportunities for participants to complete advance directives.
<b>Workforce Development</b>	Development of the healthcare and overall health system workforce to best adapt to a changing payment system, adopt practice transformation efforts, and provide whole-person care consistent with achieving population health outcomes. This includes the ability to utilize health information technology and data. Bi-directional integration of physical and behavioral health is also of focus.
<b>Measure Development / Alignment</b>	Quality measurement and improvement are integral components of value-based contracting. As value-based payment arrangements become more widely used in Rhode Island, it is important to ensure consistency and coherence in quality measures, to ease administrative burden on providers, and drive clinical focus to key population health priorities. Toward this end, between June 2015 and March 2016, the Measure Alignment Workgroup created by the SIM Steering Committee created an aligned measure set with 59 measures. Included within the menu were core measure sets for ACOs (11 measures), primary care providers (7 measures), and hospitals (6 measures).
<b>Integrated Population Health Plan Alignment</b>	Rhode Island aims to achieve measurable improvement in the health and productivity of all Rhode Islanders. To achieve this aim, the healthcare delivery, public health, community development, and social service sectors as well as the many academic, public, and private institutions in our state will work together to ensure that all Rhode Islanders are able to achieve their highest health potential, without system/structural barriers. This population health improvement effort requires multi-sector/multi-agency collaborations to help us transition from an uncoordinated, healthcare provider and payer-centric care focused health services environment to an environment where public health, social service, and healthcare delivery systems are well-integrated as well as outcomes-oriented and person-centric. The Integrated Population Health Plan focuses on specific physical and behavioral health conditions or diseases, our aim is to create an approach that centers on wellness, not disease.
<b>Regulatory Levers Development / Use</b>	Rhode Island is committed to using our multiple regulatory and purchasing levers to advance the policies described in the healthcare delivery system transformation plan above. All of the state agencies that comprise the interagency team are engaged in this work, identifying the regulatory abilities they have now to move the payment system, support providers and patients, and thus improve population health and address costs. For example, OHIC's Affordability Standards hold insurance carriers to specific standards to advance value-based purchasing; promote practice transformation and increase financial resources to primary care for population health management; and around hospital contracting.
<b>Non-SIM Healthcare Transformation</b>	Any other related transformation efforts relating to physical health, including oral health, and behavioral health, including mental health and substance abuse. Other reform efforts, such as criminal justice system reform, may also be included.