

Rhode Island State Innovation Model (RI SIM)



SIM Sustainability Plan: Part II

Version 2 — February 8, 2019

Rhode Island State Innovation Model (SIM)

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Disclaimer

The development of this *SIM Sustainability Plan—Part II*, sponsored by the Rhode Island State Innovation Model (SIM) Test Grant, was only made possible because of the important contributions and guidance provided by SIM's diverse partners and engaged stakeholders—particularly the SIM Core Staff Team, SIM-funded vendors, and SIM's aligned partners. The dedication and commitment put forward to develop this document and sustain health system transformation in Rhode Island is truly inspiring.

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Introduction

In *RI SIM Sustainability Plan—Part I*, we shared our End State Vision, Landscape, and Accomplishments. We also shared a detailed overview of our planning process (for more information, see Appendix 1), along with a review of our individual investments. In this *RI SIM Sustainability Plan—Part II* document, we do the following:

- In Section One, we share our progress toward implementation of a set of recommendations voted on by our Steering Committee in July 2018 to ensure sustainability post-SIM and to continue our State’s commitment to health system transformation and population health improvement.
 - The resulting document is the SIM Year 4: Priority Activities to Advance Sustainability, shared below with progress milestones.
- In Sections Two, Three, and Four, we expand on the information provided in our Part I submission, including progress on the sustainability of our individual SIM investments, our health system transformation activity (i.e. Alternative Payment Models, Accountable Entities, Cost Trend Analysis, etc.), and our state infrastructure to support these changes.
- In Section Five, we discuss key project-based and structural challenges we face as we implement our sustainability plan, as well as other reflections and lessons learned.

As a reminder, we have often noted that when RI SIM began our project, the state and private entities were already transitioning from volume to value. We were able to rely on the unique regulatory authority of our Office of the Health Insurance Commissioner to move Rhode Island toward value-based payments through their Affordability Standards. Therefore, our project was different from other SIM states. It has focused on the people and the institutions making these changes, through practice and workforce transformation and IT infrastructure reinforcement.

We were also able to uplift our Integration and Alignment activities as a formal part of our model by taking advantage of our small size and coordinated work. We implement this Culture of Collaboration by embedding SIM staff in cross-agency projects and braiding funding as often as possible. As we plan our sustainability, we are focused as much on continuing this overall health system transformation and culture change as our specific vendor-focused projects.

Section One: Progress on Year 4 Priority Activities to Advance Sustainability

Overview

As discussed in our Part I submission (see Part I, Appendix 1 for more information), RI SIM convened a Sustainability Workgroup to support our planning efforts and developed a guiding document meant to ensure that we maintain a laser-like focus on sustainability during the last year of the grant. Here is the introduction to the *SIM Year 4: Priority Activities to Advance Sustainability* document:

“The following is a roadmap for SIM Sustainability work during Award Year 4 (July 1, 2018 through June 30, 2019). The proposal below includes priority strategies for sustaining the public/private partnership and interagency collaboration within SIM, plus ways to determine how to transition SIM’s program components and investments that are reforming Rhode Island’s healthcare system and creating improvements in Population Health that we hope will result in measurable impacts. Much of the information below came from discussions within the SIM Sustainability Workgroup throughout the winter, and the Steering Committee discussion in February 2018.”

Our Steering Committee reviewed and voted to accept this roadmap during their August 2018 Steering Committee meeting. You can find minutes from the Steering Committee discussion [here](#) and the final version of the document was approved at the September meeting.

SIM AY4 Priority Activities Table

In the table below, the left column includes the AY4 Priorities voted on by our Steering Committee. In the right column, we review progress milestones through December 31, 2018. Below the chart are the two appendices referred to in the Milestone Review.

Figure I: SIM Year 4 Priority Activities to Advance Sustainability

Updated 01.26.2019

AY4 Priority Activity	6 Month Progress Milestone (as of July 1, 2018 through December 31, 2018)
Vision, Goals, and Forward Planning	
<p>1. Revised End State Vision: Re-visit and re-affirm our end state vision by September 2018, with input from Steering Committee, Interested Parties, and state partners. This is required by CMS, as a part of our Operational Plan for our 4th year. Our End State Vision should include the ways that the state aims to continue its overall commitment to the health system reforms and population health improvements reflected in the SIM process – and how the state’s community partners want to continue to participate in this public/private partnership.</p>	<ul style="list-style-type: none"> • RI SIM completed RI SIM Sustainability Report Part I and submitted it to CMS October 29 (extension granted by CMS). Accepted by CMS in November. • CMS further noted that they would use Rhode Island’s plan as a template for the rest of the country. • The work on this report was helpful to focus staff and leadership on what was accomplished over the past 4 years, and more about what needs to happen to transition our work (vendor-focused and staff/community focused) post-SIM.
<p>2. As we create the required documentation for CMS and prepare for the transition post-SIM, our SIM Activities for Year 4 will include an in-depth review of the following:</p>	
<p>a. System and payment reform models that Rhode Island has been focusing on for the past decade. Using available evaluations and holding discussions with SIM stakeholders, we</p>	<ul style="list-style-type: none"> • OHIC/EOHHS Cost Trends Meetings: The vision for the Rhode Island Cost Trends Collaborative Project is to provide Rhode Island citizens with high-quality, affordable health care by helping to reduce growth in health care costs and state health care spending. On December 19, the Cost Trend Steering

<p>will review the models and practices Rhode Island has been using, document any changes in the models since SIM's inception, and look forward to how stakeholders envision these models transforming over time. Models and practices can include the OHIC Affordability Standards and Rate Review, Medicaid's Health System Transformation Project and Accountable Entities, the Market Stability work led by HSRI and OHIC, Measure Alignment, and the nascent Primary Care Capitation effort.</p>	<p>Committee signed a voluntary Cost Trend Compact, with a Target and Methodology. The Committee agreed upon the cost growth target as the value of Rhode Island's Potential Gross State Product (the total value of the goods produced and services provided in a state at a constant inflation rate) and is 3.2%. The target's duration is 4 years, through 2022. The Committee agreed to revisit the methodology in 2022 and to advise the state on whether to keep the target or establish a new one for 2023 and beyond. See Page 27 below for more information on the Cost Trend Collaborative Project.</p> <ul style="list-style-type: none"> Market Stability: In the spring of 2018, OHIC and HealthSource RI convened a Market Stability Workgroup with three guiding principles: sustain a balanced risk pool; maintain a market attractive to carriers, consumers, and providers; and protect coverage gains achieved through the Affordable Care Act (ACA). The group is open to the public and comprised of diverse stakeholders representing health insurers, employers, healthcare providers and consumers. In the fall of 2018, the Workgroup reconvened to study and make recommendations on the further actions related to shared responsibility and affordability. Additional meetings to study consumer protections are scheduled for early 2019. Over the course of eight biweekly meetings, the Workgroup reviewed and discussed information on different ways to fund a reinsurance program; who has historically paid the federal shared responsibility requirement payment; and examples of other affordability programs from other states. Primary Care Capitation: OHIC continues its work to facilitate the movement from fee-for-service to alternative payment models (APMs) in line with Federal and State targets. OHIC reconvened the APM Advisory Committee for a series of three meetings in the fall of 2018 to discuss and develop a primary care capitation model. The agency is facilitating a pilot for interested primary care practices, to commence in January 2020. OHIC has also established a milestone-based approach for monitoring and assessing implementation of primary care APMs by Rhode Island insurers.
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<p>b. Population health improvements pursued by SIM. Specifically, we will look back to: the 23 Population Health Goals the state has developed through the SIM process; the RIDOH Health Equity Zones and Community Health Worker certification; our work to build ties with social service agencies to address the social determinants of health; and BHDDH's behavioral health improvement strategies. Looking forward, we will work with state partners to reflect the interagency nature of and commitment to improving targets associated with joint population health goals and explore how stakeholders envision these models transforming over time.</p>	<ul style="list-style-type: none"> • The Clinical Child BMI Data Project: As one of SIM's three Integration and Alignment initiatives, this workgroup presented their results to date at the Steering Committee meeting in August 2018. In October, this project team shared their work at the RI Department of Health's (RIDOH) Public Health Academic Working Group, a combined group of academics and RIDOH staff that addresses public health concerns through academic research, collaboration, and implementation. The cross-agency, public/private Workgroup steering the BMI effort includes the following key partners: <ul style="list-style-type: none"> ○ Ellen Amore, KIDSNET, Center for Health Data & Analysis, RIDOH ○ Jim Beasley, formerly of Rhode Island KIDS COUNT ○ Carolyn Belisle, Blue Cross & Blue Shield of Rhode Island ○ Libby Bunzli, formerly of the Office of the Health Insurance Commissioner and now with Medicaid ○ Melissa Lauer, Executive Office of Health & Human Services ○ Devan Quinn, Rhode Island KIDS COUNT ○ Michelle Rogers, Hassenfeld Child Health Innovation Institute ○ Patrick Vivier, Hassenfeld Child Health Innovation Institute <p>This project is already self-sustaining and will continue on without SIM financial or administrative support. Here is the material from the SIM Steering Committee BMI Data Workgroup presentation.</p> • Unified Social Service Directory: The Unified Social Service Directory (USSD) will serve as a centralized location and process for data validation. As the largest existing resource directory in the state, United Way 2-1-1 has been selected to implement this work. The directory will connect with existing referral and case management systems. United Way is currently in the process of creating data feeds with a resource and referral directory at the Rhode Island Department of Health and Lifespan (a large hospital system). It is determining whether the data feeds will function within the Care New England hospital system. Centralized data can be connected to providers' systems to facilitate SDOH referrals and close the referral loop. This project grew out of the Integration & Alignment Project on High Risk Assessment. It is our hope
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		<p>that we can leverage this resource directory development and build social service eReferral capabilities the next few years – and we will study this in our upcoming HIT strategic planning process. We have raised additional dollars to serve as an IAPD match to fund an RFP for a planning consultant. The consultant will deliver a strategic planning roadmap and an implementation plan on the full range of state HIT investments. The timeframe of the planning process will stretch through calendar year 2019 (past SIM’s current deadline) and we see this as a major tool for SIM sustainability.</p> <ul style="list-style-type: none"> Health Equity Summit: SIM staff, vendors and partners took an active role in planning, presenting at, and participating in the RI Department of Health’s (RIDOH) 2018 Health Equity Summit focused on “Building Healthy and Resilient Communities.” The summit, held in September with over 700 attendees, highlighted the work of the nine operating Health Equity Zones in Rhode Island. The inclusive summit featured more than 50 concurrent workshops and breakout sessions, with the goal of building a shared language around community health by tackling complex and difficult topics. SIM partners and/or vendors that hosted poster sessions included our CHT/SBIRT, SBIRT Evaluation, SBIRT Training and Resource Center, Conscious Discipline, and HEZ projects. SIM was also asked to facilitate a conversation about the development of community-clinical linkages. HEZ Presentation: The RIDOH Director presented on HEZ and on ASTHO’s President’s Challenge to the SIM Steering Committee at its January 2019 meeting (rescheduled because of illness from November).
	<p>c. SIM’s Culture of Collaboration, which is our integrated coordinated structure and strategies. This includes reviewing SIM’s interagency staffing, SIM’s Interagency Team, the public/private partnership reflected in the SIM Steering Committee and in the various</p>	<ul style="list-style-type: none"> Preliminary reporting, based on an online survey conducted by the SIM Evaluation team at URI in February/March 2018, suggests that SIM has created a collaborative culture and is “helping to improve alignment and collaboration among state agencies and between public and private entities.” Further, the initial data indicate that “SIM has improved information sharing and increased availability of programs and services across health sectors while

	<p>SIM Workgroups, as well as the collaborative projects we've developed with community partners and state agencies (i.e. our Integration & Alignment projects). In Year 4, our goal will be to make strategic choices about the projects into which we will put our time, to maximize impact by June 2019.</p>	<p>helping to align organizational goals and objectives across programs and agencies.” (Culture of Collaboration Survey (Round 1) Results, November 2018).</p> <ul style="list-style-type: none"> • URI is continuing to evaluate the role and impact of SIM's Culture of Collaboration. On the docket for Spring 2019 are follow-up quantitative and qualitative surveys as well as a set of Key Informant Interviews and Focus Groups. • All three of the initial Integration and Alignment initiatives are now sustained through existing agencies and partner organizations. Additionally, the trajectory and initial product that arose from the Tobacco Cessation group serves as a model for a cross-agency group working to better understand how clinicians across the state are or are not using billing and coding processes to support SBIRT screening as part of the Community Health Team/SBIRT coordinated project. • EOHHS is also using the Integration and Alignment interagency model to address other work. For example, the Secretariat has recently created three interagency teams or workgroups to maximize collaboration, including an implementation team for the Child Maltreatment Project, which was the first major project of the SIM-funded State Data Ecosystem.
3.	<p>Health Planning: As a part of the Sustainability Workgroup process, the concept of overall state health planning arose as important to a significant number of participants. However, it is not always clear if each stakeholder embraces the same definition of health planning. Thus, through Year 4, working with EOHHS, OHIC, HSRI, and community partners, the SIM team can play a role in the development of a health planning strategy by convening stakeholders in clarifying how we think about health planning options that builds on the work referenced above.</p>	<ul style="list-style-type: none"> • The Rhode Island Foundation has convened a long-term health planning committee, the membership of which includes the secretary of EOHHS, director of RIDOH, commissioner of OHIC, and the chief executives of many SIM Steering Committee member organizations. The SIM staff and state agencies are prepared to collaborate with the Foundation and other stakeholders throughout and in follow-up to this planning process.

	<p>a. Health Information Technology (HIT) is an integral part of health system reform and of the SIM investments, therefore, the SIM team plans to work with EOHHS, RIDOH, and others on a specific statewide <i>Health Information Technology Plan</i> that will allow us to create a shared strategic vision, agreed-upon tactics, and next steps.</p>	<ul style="list-style-type: none"> With funding from Rhode Island Foundation 90/10 matching funding from the federal government, EOHHS has released a Request for Proposals for our HIT Strategic Roadmap and Implementation Plan. We aim to begin work on the planning project in the spring.
<p>Final Year Implementation—Beyond ongoing management of our SIM investments with community vendors, we will focus on the following priorities:</p>		
4.	<p>SIM's Shared Learnings: Use the final year of SIM funding to hone our communication of SIM's value and the ways that Rhode Island's health reform and population health efforts are improving outcomes for Rhode Islanders. We hope to continue to share our sustainability and transition planning, lessons learned, and our evaluation results with stakeholders and partners, policy-makers, funders, and the general public.</p>	<ul style="list-style-type: none"> We are using the monthly Steering Committee platform to highlight many of the SIM-funded investments. Vendors and state project leaders are presenting their results, sustainability plans, and future challenges at our monthly Steering Committee meetings. As of December 31st, eight SIM-funded investments presented to the Committee during AY4. Five additional projects are scheduled for Winter 2019, and six additional projects will be presented in the spring. See Appendix 2 below for the list of presentations. EOHHS Community Investment Director Ashley O'Shea is now attending the SIM Interagency and Steering Committee meetings regularly and sharing information across agencies, departments, and communication outlets to disseminate learning and best practices. Most recently, Ms. O'Shea and a communications staff member made a site visit to a SIM-funded project in anticipation of possible media interest, and will continue to explore other media opportunities for SIM stories. SIM staff, vendors, and partners also participated in a daylong conference organized by one of our vendors, CTC-RI, on November 1, 2018. The theme of the conference was "Building Capacity for Comprehensive Primary Care" and included a keynote from Randi Redmond Oster, founder of Help Me Health. RI SIM Director Marti Rosenberg served on the planning committee for the conference and gave welcome remarks.

5.	<p>Vendor Sustainability: Hold specific meetings with each of our vendors to review their sustainability planning and discuss how their work can continue to have an impact on payment reforms and population health efforts. This will allow us to help determine what the continuing role of state agencies might be to support the goals of these projects.</p>	<ul style="list-style-type: none"> • RI SIM staff have held meetings with all SIM vendors and will continue to be a central part of vendor management in the last six months of the project. • In addition, as noted above and in Appendix 2 below, all of our vendors and state agency partner initiatives have already presented or will be presenting their results, sustainability plans, and future challenges at our monthly Steering Committee meetings.
6.	<p>Opportunity Identification: Continue to explore additional funding opportunities and non-financial support for state health reforms, health planning, SIM community investments, and the potential of ongoing post-SIM evaluation.</p>	<ul style="list-style-type: none"> • We have had several successes so far, in our effort to expand support, financial and otherwise, and strengthen partnerships to support our healthcare transformation goals: <ol style="list-style-type: none"> 1. APCD—We have had the APCD funded with IAPD 90/10 funding since 2017. 2. Pedi-PRN—Working in concert, RIDOH, SIM, and BHDDH wrote a successful grant to HRSA to support Pedi-PRN for five years. 3. The SBIRT project that is braided with the SIM-funded Community Health Teams (CHTs) is supported with a SAMHSA grant through 2022. 4. Hope Hospice’s Complex Care Conversations will be sustained by the RIDOH Comprehensive Cancer Control program. 5. CTC-RI has received funding from UnitedHealthcare to expand its Integrated Behavioral Health project. 6. SIM staff are working with our colleagues throughout government and the community to find support for a range of other SIM projects, including encouraging agencies to write projects into new grants. For example, EOHHS wrote in The Autism Project to a federal grant seeking funds for preschool development (resources for birth to 3).
	<p>a. No-Cost Extension: Explore the possibility of receiving a No-Cost Extension for those projects whose funding</p>	<ul style="list-style-type: none"> • RI SIM staff have been discussing the process for requesting a No Cost Extension (NCE) for those SIM projects that we believe may not be completed by June 30, 2019. The delays resulted mostly from the procurement challenges that we have documented throughout the

	may not be completely expended by June 30, 2019.	SIM process. When procurement took longer than we had expected, implementation was cut short. The biggest challenges we expect will be the inability to collect adequate data to complete full evaluations for a set of vendor projects by June 30 – especially Community Health Teams and the JSI Behavioral Health Workforce Training Project. An NCE, especially for our evaluation, would enable us to allow the projects to continue on longer, collect more data, and provide more time to our evaluators. We will be submitting the application in February.
Evaluation—Maximize our opportunities to review our work over the past three years, to determine our most effective path forward post-SIM:		
7.	Focus heavily on evaluation in Award Year 4: Look broadly at the review of our overall work – both the projects that are being formally evaluated and those that are not.	
	a. Informal Evaluation: For those that are not being formally evaluated, use a variety of SIM tables to review the work, including the SIM Interagency Team, the SIM Sustainability Workgroup, and the Steering Committee	<ul style="list-style-type: none"> • Our formal state evaluation, led by the University of Rhode Island (URI), focuses on five components of our overall initiative. URI staff finalized all evaluation plans by December 2018 and data collection is underway. We have developed a staggered timeline to complete data collection, analysis, report writing, and state and partner review through the winter/spring of 2019. The five evaluated projects are: <ul style="list-style-type: none"> ○ Pedi-PRN ○ Care Management Dashboards ○ Community Health Teams ○ End of Life Patient Engagement initiatives ○ SIM Culture of Collaboration. • In addition to our formal state evaluation, several of our funded investments have also procured outside evaluators, including the Behavioral Health Workforce Training Project led by JSI, and the Community Preceptor Institute led by Rhode Island College.

		<ul style="list-style-type: none"> • We are addressing initiatives that do not include a formal evaluation through our active contract management and rigorous quarterly metric collection. And, as noted above, the majority of our vendors and state agency partners are presenting their results, sustainability plans, and future challenges at our monthly Steering Committee meetings. See Appendix 2 below for more details on this important component of our sustainability planning. • More time provided by a No-Cost Extension would allow us to carry out more of these activities as well. • The CHT/SBIRT and Evaluation teams developed an effective data collection process and distributed data collection guidance that will work across diverse CHT settings, with the first two sets of pre/post outcome data produced and sent to the evaluation team.
	<p>b. Data Availability: Address the investments and projects where we do not have available data:</p> <ul style="list-style-type: none"> • Because in some cases we may not have available data to determine outcomes, also look at inputs and activities, to see what we can learn about the long-term value of our work. • Explore other ways that we can determine value, besides demonstrating cost savings or through formal evaluation. 	<ul style="list-style-type: none"> • SIM is promoting increased use of APCD data for evaluation. Our vendors and we are using APCD to analyze the value of the following projects: <ol style="list-style-type: none"> 1. Cost Trend Analysis 2. Community Health Teams review 3. Healthcentric Advisors review of community-focused training and interventions 4. CTC review of its Integrated Behavioral Health project 5. Hope Hospice review of their provider training program • Qualitative presentations to the SIM Steering Committee, as described above.
	<p>c. Technical Assistance: Explore opportunities to obtain federal Technical Assistance for help to review vendor projects.</p>	<ul style="list-style-type: none"> • RI SIM staff continue to request Technical Assistance from CMS as necessary. • The November 2018 site visit from CMS staff identified a number of ways that CMS/CMMI and RI SIM could continue to explore working together.

Appendix 1: Steering Committee Additions to Year 4 Priorities

When the Steering Committee approved this document in August 2018, they added five comments in an addendum:

1. **Ensure that we clarify SIM Goals and Overall SIM Value:**

We are carrying this out as a part of our evaluation and addressed this throughout Part I of our Sustainability Plan.

2. **Including the SIM Legacy in ongoing Health Planning:**

Part I of our Sustainability Plan laid out the SIM legacy in health planning to date, and the participation of many SIM Steering Committee members and Interested Parties in the Rhode Island Foundation planning process will allow us to continue do this.

3. **Focus on Primary Care:**

OHIC's continued work to support primary care practices and providers helps address this comment, but it is something that the state should continue to ensure stays as a top priority.

4. **Continue to focus on the Role of the Steering Committee:**

The staff and Steering Committee leadership endeavor to engage the Steering Committee in quality discussions about SIM and its accomplishments – and we have focused this year on the vendor project reviews. Recently, as noted elsewhere in this document, the Steering Committee voted to support RI SIM's No Cost Extension application and pledged to continue meeting throughout the time period of any extension that was granted by CMS.

5. **Sustainability Planning:**

We have spent significant time throughout AY4 on Sustainability Planning, as reflected in both parts of our Sustainability Plan.

Appendix 2: Steering Committee Presentations on SIM Investments

The following information reflects the presentations completed and scheduled to allow for sharing results and sustainability plans for SIM-funded projects at the SIM Steering Committee:

Completed Presentations:

1. CMHO Dashboards (AY3 - December 2017)
2. RIQI Provider Directory (July 2018)

3. TAP Conscious Discipline Program (Sept 2018)
4. EOHHS Data Ecosystem (October 2018)
5. EOHHS All Payers Claim Database (October 2018)
6. RI College SBIRT Training and Resource Center (November 2018)
7. CTC-RI Integrated Behavioral Health Initiative (December 2018)
8. Healthcentric Advanced Care Planning (ACP) Training (December 2018)
9. Hope Hospice End of Life Training in Complex Conversations (December 2018)
10. RIDOH Health Equity Zones (January 2019)
11. RIQI Consumer Engagement Platform (January 2019)

Scheduled:

12. CTC-RI PCMH-Kids (February 2019)
13. CTC-RI Community Health Teams/SBIRT (March 2019)
14. IMAT Solutions eCQM (March 2019)

Not Scheduled Yet (April, May, June Meetings Remain)

15. RI College Community Preceptors Institute
16. Bradley Hospital Pedi-PRN
17. JSI/Triad Behavioral Health Workforce Development
18. United Way Unified Social Service Directory
19. URI SIM State-based Evaluation (Likely May)
20. OHIC/Bailit Health Purchasing Billing and Coding

For more information, please reference this summary: <http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/SIM/SIM-FundedInitiativesJan2019.pdf>

Section Two: SIM Investment Review of Results, Accomplishments, and Transitions

In Part I of our Sustainability Plan, we presented our RI SIM accomplishments through the structure of our Driver Diagram, in the charts below. We broke out each of our Aims and Primary and Secondary Drivers and populated them with the SIM funded projects that fit into each one (and noted that many of these projects have multiple drivers). The first boxes were from vendors reports – and then we added in the state-led projects, including the Culture of Collaboration and Integration and Alignment work that we have accomplished.

In this section below, we have updated the charts with any significant new accomplishments, and have added additional details regarding:

- Investment status (whether we have secured sustaining dollars, are in discussion to do so, or it's a one-time investment);
- Legislation, regulatory, or waiver change needed;
- Expected changes for any ongoing activities;
- Scaling opportunities (whether we think we can make the activity grow or if it will stay the same size);
- Stakeholder engagement within our sustainability discussions; and
- Sustainability challenges.

Reduce Rate of Increase in Rhode Island Healthcare Spending (Aim 1)

Move to a “value-based” healthcare system that pays health care providers for delivering measurable high-quality health care, rather than paying providers for the volume of procedures, office visits, and other required services that they deliver.

Aim 1 Primary and Secondary Driver Accomplishments

Change our payment system (all-payer) to 80% value-based by 2018, with 50% of payments in alternative payment methodologies (Primary Driver). Secondary drivers include:

- A. Use regulatory and purchasing/contracting levers at OHIC and Medicaid to implement rules and conditions that expand value-based payments (VBPs) more broadly across the commercial and Medicaid markets
- B. Align quality measures for healthcare contracting
- C. Enhance and/or create programs to address needs of high utilizers coordinated across payers

Increase use of data to drive quality and policy (Primary Driver). Secondary drivers include:

- A. Maximize the use of HealthFacts RI, complete the Common Provider Directory, implement Care Management Dashboards, and create a Health Care Quality Measurement, Reporting, and Feedback System to create a data infrastructure that can support VBP

- B. Enhance state agencies' data and analytic infrastructure by modernizing the state's current Human Services Data Warehouse

SIM Projects Addressing Driver Diagram—Aim 1

Each of the accomplishments listed below have taken place within the SIM funding period, February 2015 through the present (October 2018). The project names and/or vendor names with two asterisks (**) indicated were added after the initial SIM time-period to meet emerging or new needs, based on a review process with our Steering Committee. The project with two ampersands (&&) is new to this document. The group has discussed the analytic methodology for the study population, patient attribution, data sources, and outcome definitions. The initial phase of work will analyze claims data to identify cost trends and drivers of cost in the state. The specific short-term aims of this work are threefold: (1) to assess cost trends in Rhode Island, (2) to assess select cost drivers in the state, and (3) to deconstruct total medical expenditures by volume and price.

Figure 2: Accomplishments Summary for SIM Driver Diagram—Aim 1

<p style="text-align: center;">EOHHS Integrated Data Ecosystem <i>Vendor: Freedman Healthcare, URI DataSpark, OnPoint/Alibis</i></p>
<p>Accomplishments:</p> <ul style="list-style-type: none"> • Onpoint and the State developed the technical architecture to fully operationalize the EOHHS State Data Ecosystem and support analyses and focused data projects. The Ecosystem model now includes 21 data sets from five key agencies, including DCYF, DHS, Medicaid, RIDOH, BHDDH, and DLT. • Through our developed prioritization process, the state-initiated three analytic projects using the Ecosystem's data. The focus areas for these projects include deep-dive analyses on the following subject areas: <ul style="list-style-type: none"> ○ Child Maltreatment Prevention Project: A cross-agency project focused on assessing the risk factors and opportunities for potential points of prevention for child abuse and neglect through state-administered services. ○ SIM Population Health Project: Guided by the SIM Project team, the Ecosystem project team is developing a report on the costs of co-occurrences, co-morbidities, and poly-morbidities of the eight SIM health focus measures. Phase II of this project will be to conduct a deeper dive on costs and utilization patterns of the RI population with diabetes and depression. ○ RIDOH Pre-Term Birth Project: Using Vital Records and Medicaid claims, the Ecosystem team is working with RIDOH to understand the proportion of pregnant women eligible for 17 hydroxyprogesterone (17-P) who receive it during pregnancy. This medication can be given to pregnant women with a past singleton preterm birth to reduce the risk of recurrent preterm birth. Anecdotally, there is suspicion nationwide that many pregnant women eligible for this treatment are not receiving it. <p>Updates to Accomplishments:</p> <ul style="list-style-type: none"> • The last Ecosystem Project through the end of SIM is a set of data tools and training to help EOHHS agencies better carry out Active Contract Management (ACM).

<ul style="list-style-type: none"> For example, over the last six weeks, the ecosystem team collaborated with Medicaid to develop 10 process, outcome, and child maltreatment prevention measures (based on the team's prior study) for MCO and AE ACM.
Investment Status: <ul style="list-style-type: none"> The state is requesting IAPD approval for the Ecosystem and is working to secure the state 10% match necessary should the approval be granted. We also are investigating potential partnerships and grant-funded opportunities in addition to Federal support.
Legislation, Regulatory, or Waiver Change Needed: <ul style="list-style-type: none"> Not Applicable
Expected Changes: <ul style="list-style-type: none"> The structure and process for the Ecosystem will remain the same – but the Ecosystem Board will choose new projects over time.
Scaling Opportunities: <ul style="list-style-type: none"> We will be able to scale the Ecosystem based on funding.
Stakeholder Engagement: <ul style="list-style-type: none"> We are continuing our current stakeholder engagement work, as laid out in our AY4 Operational Plan, focusing on training as many state agency staff as possible to use the Ecosystem tools and data, which will increase its sustainability.
Sustainability Challenges: <ul style="list-style-type: none"> The Ecosystem's value for the state is immense. We must continue to find funding to sustain its use—and to keep the data in the system fresh. If we are not able to update the data, its value will diminish.
<p style="text-align: center;">HealthFacts RI (All-Payer Claims Database, or APCD) <i>Vendor: Freedman Healthcare & OnPoint</i></p>
Accomplishments: <ul style="list-style-type: none"> In the last year, HealthFacts RI has expanded the use of our data to support the RI Medicaid Program's reporting needs. HealthFacts RI has transitioned from a standalone, externally hosted database to a Medicaid module that is state-owned. The database is now accessible to over 50 state analysts through a state-licensed analytics platform. The team has completed training for all analysts and continues to provide support through monthly user groups. The State has established two successful partnerships with organizations in the community to expand use of the data and support healthcare improvement efforts. HealthFacts RI supports the Care Transformation Collaborative (CTC-RI), Rhode Island's multi-payer patient centered medical home initiative, with performance reporting and contract adjudication for participating practices for utilization, cost, and quality measures. The State has also contracted with Brown

<p>University to support their NIH Advance-CTR grant that supports clinical and translational research with partners across the State. This allows researchers to use the data to support applications for additional grant funding for continued healthcare transformation research. Brown and the State will be working together to share methodologies, project findings, and data quality results.</p> <ul style="list-style-type: none"> The State has received 18 requests for HealthFacts RI data to date. The RI APCD has established an efficient review process in which applications are typically reviewed and approved in fewer than two months. Over half of the requesters have received the data and are performing analyses. <p>Updates to Accomplishments:</p> <ul style="list-style-type: none"> Multiple SIM vendors have been working with HealthFacts RI to get data to evaluate their projects, including CTC-RI for the Community Health Teams and Integrated Behavioral Health, Bradley Hospital for Pedi-PRN, and Healthcentric Advisors for their End of Life Project.
<p>Investment Status:</p> <ul style="list-style-type: none"> The state has received IAPD approval for the APCD and state match is provided through revenue from external data requests.
<p>Legislation, Regulatory, or Waiver Change Needed:</p> <ul style="list-style-type: none"> None
<p>Expected Changes:</p> <ul style="list-style-type: none"> None
<p>Scaling Opportunities:</p> <ul style="list-style-type: none"> Aiming to sustain at the current scale.
<p>Stakeholder Engagement:</p> <ul style="list-style-type: none"> Continuing current stakeholder engagement work, as laid out in our AY4 Operational Plan with a goal to increase use of the APCD statewide.
<p>Sustainability Challenges:</p> <ul style="list-style-type: none"> For now, HealthFacts RI is sustained through IAPD funding.
<p style="text-align: center;">Care Management Dashboards <i>Vendor: Rhode Island Quality Institute (RIQI)</i></p>
<p>Accomplishments:</p> <ul style="list-style-type: none"> RIQI implemented Care Management Dashboards in eight Community Mental Health Organizations (CMHOs), allowing them to access real-time, encrypted notifications to the CMHOs when a patient under their care has an encounter with a hospital emergency department (ED) or becomes an inpatient. Each CMHO now has a Dashboard.

- RIQI conducted a return on investment analysis in 2017, which indicated that the dashboard services for all their clients reduced inpatient readmissions by 18.9%; reduced ED visits after inpatient discharges by 18.4%; and reduced ED returns by 16.1%. These improvements in care management helped to avoid approximately 3,244 events with an estimated savings of \$7.5 million.
- Across the eight implemented organizations, there are approximately 400 clinical record lookups per month.

Updates to Accomplishments:

- URI is working on an evaluation of the Care Management Dashboards, and RIQI has been able to assist through outreach to the CMHOs and providing data about usage.

Investment Status:

- The Dashboards are sustained through maintenance payments that the CMHOs provide. The state has received approval for funding through the HITECH IAPD and is looking to expand the Dashboards to all of the Medicaid AEs using this approval. Many of the CMHOS fall under the umbrella of a Medicaid AE.

Legislation, Regulatory, or Waiver Change Needed:

- Not Applicable

Expected Changes:

- With a transition to Medicaid AEs, CMHOs could track more of their patients. There will be no additional changes under our SIM initiative.

Scaling Opportunities:

- We are aiming to scale this to all Medicaid patients that are in a Medicaid AE using the HITECH funding.

Stakeholder Engagement:

- Continuing current stakeholder engagement work, as laid out in our AY4 Operational Plan

Sustainability Challenges:

- The biggest identified sustainability challenge for the Dashboards is that the cost to maintain them is significant for organizations like CMHOs. Unfortunately, under current payment models, the savings achieved through reductions in hospital and ED admissions is not passed on to those organizations that are paying to maintain the Dashboards. We anticipate that these savings will be transferred to the CMHOs over the course of the Medicaid AE program, which provides incentives to providers through the MCOs.

Healthcare Quality Measurement, Reporting, and Feedback System (eCQM)

Vendor: IMAT Solutions

Accomplishments:

- Rhode Island's eCQM system will allow the collection of data directly from EHRs and other data sources (such as HealthFacts RI), and the implementation of a web-based portal to access measure results. This will improve the quality of care for patients and drive improvement in provider practices by giving feedback to providers, provider organizations, and hospitals about their performance based on quality measures.
- Over the past eight months, IMAT has installed and configured the eCQM infrastructure to support test and production environments for onboarding practices and other participants.
- The state and IMAT have worked with the Technology Reporting Workgroup to vet eCQM technical requirements.
- The state has reached an agreement with an individual practice to connect and collect clinical data for this test.

Updates to Accomplishments:

- There are now 6 practices onboarding to the eCQM system. It is anticipated to go live in AY4 Q2.
- The bulk of the initial work of the Technology Reporting Workgroup has been completed, and the Workgroup has transitioned to maintenance mode, which means that it will primarily work on final governance policies and procedures, updates to existing measures, and adding new measures.

Investment Status:

- In Discussion—The state is currently working on multiple sustainability paths for state match to support this effort at 90/10 through the HITECH IAPD. The Governor has proposed the match in her SFY20 budget, and there are other match possibilities in discussion.

Legislation, Regulatory, or Waiver Change Needed:

- Not Applicable

Expected Changes:

- None

Scaling Opportunities:

- This project is strengthened through scaling, because more data leads to more accurate measures. The state will continue to scale and bring on more users.

Stakeholder Engagement:

- Continuing current stakeholder engagement work, as laid out in our AY4 Operational Plan.

Sustainability Challenges:

- Funding sustainability

<ul style="list-style-type: none"> ○ While we anticipate that we can fund this through the Medicaid HITECH IAPD, we have not confirmed state match and this approval will end in 2021. We will need to determine how to sustain through MMIS IAPDs and continue to identify state match. ● Participatory sustainability <ul style="list-style-type: none"> ○ This system is dependent upon having viable use cases. While there is considerable interest and support in the community, we must have a governance process in place that maintains trust and also deliver on the promises to reduce provider reporting burden. The Technology Reporting Workgroup and EOHHS/Medicaid are working to develop that community governance process.

Unified Social Service Directory** Vendor: United Way

Accomplishments:

- The Unified Social Service Directory is allowing RI SIM to explore the opportunity to develop an integrated, coordinated, statewide infrastructure for addressing the Social Determinants of Health (SDOH).
- It is our intent that this common infrastructure could begin with the development and maintenance of a single statewide database of community-based organizations, services, and public benefits.
- RI SIM has leveraged additional dollars from RIDOH to invest jointly in improving and validating data in the core database from which we are building the SDOH resource, United Way's 2-1-1. United Way is validating the data.
- United Way and RIDOH have begun a pilot project, building the connection to transfer data from 2-1-1 (based on Mediware software) to a RIDOH eReferral system (based on Salesforce software).
- Once this transfer takes place successfully, United Way will work with Lifespan and Care New England to transfer data to their Salesforce-based software.
- We are also now planning how to move the project out into the wider community.

Updates to Accomplishments:

- United Way continues to validate the data in its core database; as of 12/31/2018, over 60% of the data was validated.
- United Way continues to meet with community stakeholders to assess their resource needs and to summarize technological requirements for the development of the Unified Social Service Directory and connection with existing HIT Platforms.
- Efforts to select an IT platform, establish protocols for data standardization and maintenance, and develop a plan for building connections with existing HIT platforms are ongoing.

Investment Status:

- In Discussion

Legislation, Regulatory, or Waiver Change Needed:

- In Discussion

Expected Changes:

- A recent development is that Care New England's IT platform may not be compatible with 2-1-1's Mediware software. This may require the selection of a different provider with a Salesforce-based IT platform for the test data feeds. United Way has been working with Coastal Medical Group to assess their readiness and capabilities to act as a test site for the project.

Scaling Opportunities:

- United Way continues to collect information from stakeholders, staff, subcontractors, and other community partners who have implemented similar projects in their efforts to scale up the project once the initial data feeds are complete.

Stakeholder Engagement:

- Continuing current stakeholder engagement work, as laid out in our AY4 Operational Plan.

Sustainability Challenges:

- Long-term funding remains in question – we are reviewing the potential to partner with state agencies and community stakeholders to optimize funding streams and reduce duplication of resources. United Way is working with SIM staff to identify areas of redundancy and duplication in resource validation, both in the community and in state government. The alignment of community and state dollars will be instrumental to the sustainability of the Unified Social Service Directory.

SIM State-Based Evaluation

Vendor: University of Rhode Island

Accomplishments:

- Moved from planning to implementation across several project specific evaluations.
- Provided intensive, collaborative efforts related to Community Health Team (CHT) evaluation, which has helped us firm up the evaluation plan and ensure shared metrics across teams.
- Supported SIM evaluation by bringing on additional consulting support for project management and the culture of collaboration evaluation through this contract (Glickman Consulting).

Updates to Accomplishments:

- Finalized AY4 Evaluation Plans for all five SIM evaluation components, conducted a set of key informant interviews for the Culture of Collaboration evaluation, and submitted the initial report on Bradley Hospital's Child Psychiatric Access Project (Pedi-PRN).
- Developed an effective data collection process that will work across diverse CHT settings, with the first two sets of pre/post outcome data produced and sent to the evaluation team from CHT partners. Additional RTT (Referral Triage Tool) data received and analyzed from a subset of CHT partners to supplement existing evaluation efforts and guide sustainability planning.
- Reviewed all project data collection efforts with SIM Core Staff to fine-tune the process and facilitate continuous program improvement for the duration of SIM.

<ul style="list-style-type: none"> Completed key informant interviews, began conducting focus groups, drafted quantitative re-survey, and analyzed qualitative AY2/AY3 partner feedback to inform the Culture of Collaboration sustainability efforts. Assisted relevant SIM Core Team staff and/or vendor staff to assist with the provision of URI-obtained/analyzed data for AY4 Steering Committee project reviews focused on sharing lessons learned and looking ahead to sustaining positive change and practices.
Investment Status: <ul style="list-style-type: none"> In Discussion—requires more time beyond SIM.
Legislation, Regulatory, or Waiver Change Needed: <ul style="list-style-type: none"> No—Existing purchasing levers allow for development of MOUs with state universities for research/evaluation/training.
Expected Changes: <ul style="list-style-type: none"> In Discussion—based upon sustainability planning and vendor project management conversations. Could expand to include provider key informant interviews about the value of SIM interventions to providers (e.g., IBH, eCQM) as an additional replacement for the Alternative Payment Learning Collaborative that was dismissed in AY2 (see Operational Plan page 45).
Scaling Opportunities: <ul style="list-style-type: none"> Contingent upon sustainability of projects being evaluated and for evaluation post-SIM award, additional evaluation could be considered for projects currently within scope and/or other SIM projects being sustained that are not currently within the evaluation scope.
Stakeholder Engagement: <ul style="list-style-type: none"> Continuing current stakeholder engagement work, as laid out in the AY4 Operational Plan, including coordinated discussions with the State, Federal RTI Evaluators, and evaluated project staff and teams.
Sustainability Challenges: <ul style="list-style-type: none"> Although many stakeholders have great interest in traditional ROI analyses, SIM evaluators have recognized that there will be limitations due to the timeline of the projects and thus shortened evaluations. The URI Evaluation Team remains focused on setting up data collection in a way that will support analysis of effectiveness, which can be framework for ROI studies, where applicable. Since evaluation of the SIM program and specific projects is vital to ultimate sustainability of the project, the evaluation would ideally obtain additional time for current evaluation efforts and would secure additional funding to continue our work with those projects and other SIM-related projects not originally evaluated. However, URI is working to ensure that there are robust data collection efforts in place which will support SIM project evaluation going forward regardless of who conducts those evaluations post-SIM.

Integrated Behavioral Health Billing and Coding Research Project**

Vendor: Bailit

Accomplishments:

- To assess issues around coding, reimbursement for certain services, patient financial burden due to copays, and provider credentialing, Michael Bailit interviewed six integrated primary care/behavioral health care practices whose staff are knowledgeable about administrative barriers to integrated behavioral health.
- OHIC brought these findings to the Care Transformation Advisory Committee and will examine how to give these topics a more detailed focus and assess how to move forward to reduce barriers to integrating physical and behavioral health in day-to-day practice workflows.

Updates to Accomplishments:

- OHIC is convening a Workgroup in February 2019 to discuss the administrative barriers identified in the IBH pilot. The Workgroup will discuss how to work toward payer alignment and streamlining of processes to address these barriers and will make recommendations to the Health Insurance Commissioner for potential action.
- OHIC will continue to work with other agencies (Medicaid/AEs, BHDDH, and others) post-SIM to maximize the ability of providers to integrate physical and behavioral health.

Investment Status:

- One-Time Investment

Legislation, Regulatory, or Waiver Change Needed:

- Not Applicable

Expected Changes:

- Not Applicable

Scaling Opportunities:

- Not Applicable

Stakeholder Engagement:

- Continuing current stakeholder engagement work, as laid out in our AY4 Operational Plan.

Sustainability Challenges:

- Not Applicable

Rhode Island Statewide Health Inventory&&

Vendor: RIDOH/JSI

Accomplishments:

- The SIM Steering Committee voted in November 2018 to contribute to RIDOH's legislatively-mandated Statewide Health Inventory, building upon the first iteration issued in 2015
- See <http://www.health.ri.gov/publications/reports/2015HealthInventory.pdf> for more information on the 2015 results.
- This project's scope of work has been finalized to evaluate the access and barriers to medical services in the state through surveys tailored to specific provider groups or consumers.
- SIM is providing funding to support the scope of work associated with the 2018/2019 Statewide Health Inventory, including support for project management, survey design, stakeholder engagement, and data cleaning/analytics.

Updates to Accomplishments:

- RIDOH and EOHHS have signed a Memorandum of Understanding to begin this work and RIDOH is drafting plans to analyze recent specialty surveys conducted (e.g., EMS, Behavioral Health) to generate reports for inclusion within the Inventory.
- RIDOH has reviewed the information collected, analyzed, and reported in the 2015 Provider Inventory, to determine what updated data should be included in the 2018/2019 Inventory that may inform statewide health planning efforts.

Investment Status:

- In Discussion

Legislation, Regulatory, or Waiver Change Needed:

- No—Legislation already exists (See 2014 Rhode Island General Assembly passed the Rhode Island Access to Medical Technology Innovation Act [RIGL Chapter 23-93]).

Expected Changes:

- As part of this scope of work, it is expected that RIDOH will align the design of additional surveys as part of the Inventory to address provider gaps not captured in existing inventory surveys (e.g., a pharmacy survey with work by the Pharmacy Transformation Workgroup that presented at SIM Steering Committee). RIDOH will also streamline the Inventory with other existing surveys (e.g., HIT and Oral Health surveys) to reduce provider burden.

Scaling Opportunities:

- Contingent upon health planning discussions within Rhode Island as a part of SIM sustainability, the Statewide Health Inventory could be expanded to address additional healthcare landscape questions, if desired.

Stakeholder Engagement:

- Continue current stakeholder engagement work, as laid out in the AY4 Operational Plan, by continuing to attend and engage with the Pharmacy Transformation Workgroup.
- Expand engagement by soliciting additional Inventory questions with the SIM Core Staff Team to inform SIM evaluation (as applicable).

Sustainability Challenges:

- While the Statewide Health Inventory is a legislatively-mandated requirement of RIDOH that is useful for health planning and workforce development, it remains an unfunded mandate that continues to be a challenge to sustain.
- Exploring the value of linking survey data collected within the EOHHS Integrated Data Ecosystem to provide enhanced analytics for statewide health planning is one strategy for sustaining this effort in the long-term, but this may not be able to be achieved with the time remaining before June 30.

Support Provider Practice Transformation and Improve Healthcare Provider Satisfaction (Aim 2)

Support health care providers in their transition to delivering health care in an environment in which the care is paid for according to a VBP arrangement. SIM will invest in work place transformation activities that build upon the professional expertise of Rhode Island's healthcare workforce.

Aim 2 Primary and Secondary Driver Accomplishments

Maximize and support team-based care (Primary Driver). Secondary drivers include:

- A. Using plan design, regulatory and purchasing/contracting levers, and SIM investments to maximize support for integrated team-based models of care

Better integrate behavioral health into primary care investments in Rhode Island's healthcare workforce (Primary Driver). Secondary drivers include:

- A. Make investments in the following programs for practice transformation: CHTs, Child Psychiatry Access Program, IBH & PCMH-Kids, CMHC supports, and Health Care Quality Measurement, Reporting, and Feedback System

SIM Projects Addressing Driver Diagram—Aim 2

Each of the accomplishments listed below have taken place within the SIM funding period, February 2015 through the present (October 2018). The project names and/or vendor names with two asterisks (**) indicated were added after the initial SIM time-period to meet emerging or new needs, based on a review process with our Steering Committee.

Figure 3: Accomplishments Summary for SIM Driver Diagram—Aim 2

Triad Project—Behavioral Health Workforce Project (formally Provider Coaching)

Vendor: RIDOH/JSI

Accomplishments:

- JSI has completed a comprehensive needs assessment. They identified key informants who completed structured interviews and held formal and informal conversations with community stakeholders. They assessed and ranked results to set priorities. Along with this preparatory work, JSI established a Strategic Evaluation Planning Team to lead the project evaluation.
- JSI convened two learning collaborative cohorts—one with case managers and the other with substance use treatment providers—who identified core competencies needed for successful delivery of evidence-based behavioral healthcare. They have developed training tools in these competencies for both case managers and substance use treatment providers.
- JSI has drafted a survey tool to assess the behavioral health market atmosphere, and results will direct the ongoing work and inform future pathways for development.

Updates to Accomplishments:

- JSI developed its evaluation methodology and created a system for measuring reach and impact of each aspect of the project. At this time, JSI evaluation staff is concerned that it will not have enough data to carry out the full evaluation by the June 30 SIM end date.
- Extensive technical assistance (TA) was provided to three subcontract-awarded provider organizations. All three received their first round of funding to enable fundamental workflow and administrative changes in response to the provided TA, and subsequent evaluation of those changes within the provider organizations.
- Rhode Island College (RIC), under subcontract with JSI, finalized the curriculum for an “Introduction to Behavioral Health” course and submitted it for review and approval to the College’s curriculum committee. A previously approved course developed through this project, “Managing Behavioral Health Organizations,” is being offered in the Spring 2019 semester. RIC’s counseling program faculty is continuing to develop two new graduate courses with emphasis on practice in the community public mental health system.
- In collaboration with Yale’s Department of Psychiatry, RIC recruited 4-6 behavioral health agency partners for engagement and partnership meetings in mid-January.
- Multi-level workforce training will be launched shortly, with independently developed and customized courses for high-level leadership (RIC/Yale collaboration), middle management (JSI), and clinical supervisors (Substance Use and Mental Health Leadership Council) expected to begin in January. RIC has also begun the paraprofessional training course, which meets weekly.
- A health equity training course has finished development and is slated for implementation.

Investment Status:

- In Discussion

Legislation, Regulatory, or Waiver Change Needed:

- None

Expected Changes:

- We are working closely with JSI to monitor spend-down as we approach June 30 and anticipate offering additional subcontracts to community mental health organizations and opioid treatment providers. A second session of the clinical supervisors coaching academy may be run by SUMHLC due to high demand. RIC will be seeking to establish an ongoing forum for RIC and potentially URI faculty to convene with agency organization executives regarding their workforce needs and potential internship placement opportunities.

Scaling Opportunities:

- Integration with future BHDDH training and workforce enhancement projects and contracts may provide scaling opportunities.

Stakeholder Engagement:

- Continuing current stakeholder engagement work, as laid out in our AY4 Operational Plan. We are also in discussion with Dorcas International Institute of Rhode Island, an organization that provides job-training opportunities as part of refugee and immigrant resettlement services. We seek to engage highly skilled, English-proficient clients considering entering the BH workforce.

Sustainability Challenges:

- As it stands, training is not well supported through rates for the behavioral health workforce, which experiences significant staff turnover on a continual basis and has identified greater competency needs for incoming staff.
- The existing system relies strongly on BHDDH-funded training contracts. JSI's work will provide a platform for BHDDH to pursue continued development and coaching, along with an ongoing critical examination of reimbursement rates in behavioral health in the state.
- In order for BHDDH to determine what piece of these training components they should continue to invest in, it is critical that JSI be able to carry out a full evaluation of the pilot projects.

Child Psychiatry Access Program (PediPRN) / Suicide Prevention Initiative** / Mental Health First Aid** *Vendor: Emma Pendleton Bradley Hospital*

Accomplishments:

- **Pedi-PRN**
 - As of June 30, 2018, Pedi-PRN has served 403 children, with 342 providers enrolled from 57 practices throughout the state. Bradley has completed 526 encounters or telephonic consultations.
 - As part of its ongoing outreach, Pedi-PRN contacted 25 enrolled practices and visited 19. The face-to-face visits provided direct feedback by providers and changes are in the planning phases to improve the educational/training services.
 - Bradley Hospital/Pedi-PRN submitted a HRSA grant in partnership with RIDOH. BCBSRI also partnered to support Pedi-PRN.
 - The Pedi-PRN Intensive Program (PIP) was developed to meet a need identified by the enrolled pediatric PCPs to provide an in-depth training in child mental health topics. The model is based on the Child and Adolescent Psychiatry for Primary Care (CAP-PC) program in New York. PIP will enroll up to 16 providers from 16 unique practices for the 10-session certificate program.
- **Suicide Prevention Initiative (SPI)**
 - Bradley held specialized trainings regarding suicide screening and the Suicide Prevention Initiative (SPI) protocol within several schools in the Providence district. They introduced

<p>the SPI protocol and facilitation of service coordination with the pediatrician in charge of a health clinic embedded in Central Falls Schools.</p> <ul style="list-style-type: none"> ○ The Kids'Link crisis phone triage services were enhanced by adding staffing coverage during high volume call times. ○ Bradley increased awareness of the Kids'Link service through the increased availability of marketing materials in English and Spanish. ○ To increase children's after a crisis evaluation, Bradley has ordered medication lock bags. They are determining the most appropriate way to distribute the bags to families after crisis evaluation. <ul style="list-style-type: none"> ● Mental Health First Aid (MHFA) <ul style="list-style-type: none"> ○ Bradley Hospital held two Youth Mental Health First Aid classes, which certified a total of 38 new Youth Mental Health First Aiders. ○ Based on high demand, Bradley is planning to increase the number of trainings—holding 20 trainings before the end of the SIM grant period. ○ Each session will train and certify up to 20 individuals per session with a total of 360-400 people trained in these critical skills. <p>Updates to Accomplishments:</p> <ul style="list-style-type: none"> ● As of December 31, 2018, Pedi-PRN has served 554 children, with 360 providers enrolled from 61 practices throughout the state.
<p>Investment Status:</p> <ul style="list-style-type: none"> ● Sustained at RIDOH via HRSA grant and partnership with BCBSRI.
<p>Legislation, Regulatory, or Waiver Change Needed:</p> <ul style="list-style-type: none"> ● Medicaid, working with CMS, is considering a waiver amendment allowing for billing of telephonic psychiatric consultations.
<p>Expected Changes:</p> <ul style="list-style-type: none"> ● Bradley expects to ramp up evaluation efforts in the ending months of SIM. As part of this aim, they will get data from the All-Payer Claims Database to develop a landscape analysis of child psychiatry access in Rhode Island.
<p>Scaling Opportunities:</p> <ul style="list-style-type: none"> ● The PediPRN program has scaled consistently throughout SIM and raised goals for practices, providers, and patients reached. Scaling will continue throughout the end of SIM and into the HRSA grant period. The SPI program will continue in its present form, and the MHFA program will use SIM funding to offer an increased number of free-to-participants training opportunities.
<p>Stakeholder Engagement:</p> <ul style="list-style-type: none"> ● Continuing current stakeholder engagement work, as laid out in our AY4 Operational Plan. Pursuing connections with the SIM-funded SBIRT projects to assist in providing SBIRT training to pediatric practices.

Sustainability Challenges:

- Long-term viability of the PediPRN model is dependent on securing sustainable billing practices for telephonic psychiatric consultation services. Until this is secured, services are reliant on grant funding, which will allow for efficacy evaluation to inform legislative changes in telehealth billing.
- The SPI program will need to seek funding sources to sustain the extra phone coverage hours of the Kids'Link network that were provided by SIM. Options are in discussion.
- MHFA anticipates relying on primary care practices and school districts opting to fund the training sessions directly in the absence of secured grant funding.

Interprofessional Community Preceptor Institute**

Vendor: Rhode Island College

Accomplishments:

- Training our future healthcare workforce to work in interprofessional teams and in community settings is an essential part of transforming our health system. The community preceptor project expands opportunities for undergraduate and graduate students enrolled in Rhode Island institutions of higher education to learn about population health, social determinants, care management, and other core aspects of community-based health and social services.
- A core group of faculty members from nursing (CCRI, RIC, URI), social work (RIC), pharmacy (URI), physical therapy (URI and CCRI), geriatric education center (URI), dental (CCRI) and medicine (AMS at Brown University) developed a preceptor training curriculum for staff from community-based agencies, who will supervise and support students who are placed with their agencies. It is a 30-hour training that involves online work, face to face meetings, and a site-based project. RIC serves as the fiscal home for the preceptor project consortium.
- The group identified and recruited the pilot cohort of 13 community preceptors from eight community-based agencies and 5 different health professions in 2018. A second cohort of 16 preceptors from 8 community-based healthcare and social service agencies began training in December 2018 and will develop and support interprofessional student projects at their agencies through May 2019
- RIC has identified an outside evaluator to assess process outcomes.

Updates to Accomplishments:

- The Community Preceptor project has enlisted the services of a videographer to document and promote its efforts. The full-day training for preceptors was recorded, and follow-up site visits and interviews with preceptors and possibly students, will document preceptor and student learning experiences. The video will serve as a tool for prospective preceptors and faculty to further develop community-based interprofessional learning opportunities for healthcare students.

Investment Status:

- In Discussion

Legislation, Regulatory, or Waiver Change Needed:

- Not Applicable

Expected Changes:

- The Community Preceptor leadership team has recognized the logistical challenges for students, faculty, and community partners to schedule interprofessional learning opportunities. As such, the leadership team has begun to explore the possibility of developing an online clinical placement registry to facilitate student placements. The leadership team has also begun to explore ways to further educate, engage, and support faculty around the importance of interprofessional, community-based learning opportunities for students.

Scaling Opportunities:

- Increase capacity of current and new community-based agencies to provide placement opportunities for students.
- Invite additional higher education institutions to participate.
- Expand and strengthen collaborations between schools and community-based agencies.
- Develop online clinical placement tool (as noted above).
- Conduct faculty workshops on interprofessional education.

Stakeholder Engagement:

- Continuing current stakeholder engagement work, as laid out in our AY4 Operational Plan

Sustainability Challenges:

- Leverage Medicaid HSTP funding to sustain and scale community preceptor project.
- Secure commitment of academic partners to sustain and scale community preceptor project. (Note: Expanded community-based learning opportunities for students are a priority for our higher education partners.)
- Explore potential of integrating community preceptor project with RI Interprofessional Education Collaborative with philanthropic and/or HSTP support.

Health Equity Zones**

Vendor: Rhode Island Department of Health

Accomplishments:

- SIM and HEZ staffs have teamed up to increase awareness of healthcare transformation and community/clinical linkages.
- The SIM team has presented at 2 HEZ Learning Community events to increase understanding of healthcare transformation within community partnerships and organized a well-attended joint workshop on community clinical linkages at the RI Health Equity Summit in September 2018.
- To maximize collaboration between HEZ, SIM, and the rest of SIM's Interagency partners:
 - RIDOH HEZ team participated on the Accountable Entity (AE) Review Committee with SIM team to advocate for greater community clinical linkages.
 - RIDOH and SIM leadership have partnered on three community site visits to help state agency directors better understand how agency programming can be leveraged to improve the community/clinical linkages necessary to realize healthcare transformation goals.

- HEZ and SIM staff participated jointly in an off-site retreat to debrief on the current successes and challenges of the HEZ implementation.
- RIDOH's Director was recently elected as President of the Association of State and Territorial Health Officials and is using HEZ as a platform for her presidential challenge.

Updates to Accomplishments:

- During the CMS RI site visit in November, RIDOH and SIM highlighted HEZ by visiting the Olneyville HEZ.
- HEZ presented at the January 2019 Steering Committee meeting to provide an update on progress and sustainability.
- HEZ and SIM staff collaborated through the Community Health Assessment Group on the development of Rhode Island Health Equity Indicators to develop a baseline for measuring the social, economic, and environmental determinants of health, aligned with the 23 population health goals.
- The Rhode Island Foundation recently awarded \$3.6 million to six programs through their Fund for a Healthy RI, including five HEZ sites, to support projects that will integrate community and clinical provision of care, building on SIM/HEZ culture of alignment and collaboration to create more effective community/clinical linkages.
- Evaluation of HEZ has found that outcomes include:
 - 44% ↓ in childhood lead poisoning (Pawtucket)
 - 24% ↓ in teen pregnancy (Central Falls)
 - 13% ↓ in feelings of loneliness (West End, Elmwood, & Southside Providence)
 - 5-7% ↓ in body weight for 20% of Diabetes Prevention Program participants (Statewide)
 - 40% ↑ in redemption of SNAP farmers' market incentives (West Warwick)
 - 36% ↑ in access to fruits and vegetables (Olneyville)
 - 250% ↑ in community engagement (Statewide)
 - 46 opioid users diverted from the criminal justice system (West Warwick)
 - >1000 graduates of evidence-based chronic disease self-management workshops (Statewide)

Investment Status:

- In Discussion—requires additional partnerships, continued multi-level evaluations, and innovative funding models

Legislation, Regulatory, or Waiver Change Needed:

- None

Expected Changes:

- Further alignment between HEZ and SIM could include a focus on specific projects, such as Community Health Teams, community-based SBIRT screening, Healthcentric Advisors' group-based end-of-life discussions, and Conscious Discipline (as some HEZ have already implemented mindfulness).

Scaling Opportunities:

- Letters of intent are due in early February for qualified municipalities and nonprofit community-based organizations that would like to become new members of the Health Equity Zone initiative by applying for a portion of the \$1.4 million allocated by RIDOH.

- New HEZ applicants chosen by RIDOH on March 15, 2019 (per Updated Accomplishments) will result in an initial contract period, beginning in approximately July 2019 and continuing for one year, with the option to renew for up to four additional 12-month periods.
- Opportunities also may exist for the leveraging of existing and/or scaling to new HEZs within geographic areas covered by Accountable Entities in Rhode Island.

Stakeholder Engagement:

- Continuing current stakeholder engagement work, as laid out in the AY4 Operational Plan, including mutual attendance of HEZ Policy and Leadership Meetings, SIM Interagency Team Meetings, and other forums such as the SIM Quarterly Vendor Meeting and HEZ Learning Community.

Sustainability Challenges:

- Flexible funding to HEZ communities continues to be a challenge to secure but is needed to ensure that the model is successfully implemented in line with the core public health values: through a collaborative, community-led process, each HEZ conducts a needs assessment, then implements and evaluates a data-driven plan of action to address the conditions that are preventing people from being as healthy as possible.
- Since HEZ is RIDOH's primary approach for developing community-led public health infrastructure necessary to strengthen the voice of residents and partners at the local level, more sustainability funding is needed through: federal funding (including new chronic disease, overdose, and climate change grants) to deliver to HEZs as part of the HEZ braided funding model; engagement of local, State, and national philanthropic organizations, government agencies, and partners to identify opportunities for coordinated investments at the community level; and by requiring healthcare systems to invest in their surrounding communities through HEZs via current policy/regulatory routes.

PCMH-Kids Pilot

Vendor: CTC-RI

Accomplishments:

- Based on the outcomes of the PCMH-Kids pilot, Neighborhood Health Plan of Rhode Island and UnitedHealthcare supported a PCMH-Kids expansion in July 2017, adding ten additional practices, thereby bringing the total number of covered lives to ~66,000 with ~120 providers participating in pediatric PCMH practices.
- Based on continued success, the health plans have additionally approved a third PCMH-Kids expansion, beginning 1/1/2019.
- PCMH-Kids and IBH initiatives have received national recognition: a) CTC and IBH primary care practice Associates in Primary Care presented at PCMH Congress national conference in September 2018; b) PCMH-Kids Co-Chairs (Dr. Flanagan and Dr. Lange) were honored with an AAP national award—the Calvin C.J. Sia Community Pediatrics Medical Home Leadership award—at the November 2018 annual meeting.

Updates to Accomplishments:

- CTC will begin Cohort 3, which will expand the program to 17 additional practice sites in July 2019, with early onboarding beginning in April 2019.

<ul style="list-style-type: none"> CTC and PCMH-Kids leadership worked with EOHHS and Managed Medicaid plans to provide one-time bridge funding for Cohort 1, for the timeframe 1/1/19 to 6/30/19.
Investment Status: <ul style="list-style-type: none"> In Discussion
Legislation, Regulatory, or Waiver Change Needed: <ul style="list-style-type: none"> Yes, for PCMH-Kids. Medicaid has included funding for PCMH-Kids in SFY 2020 MCO rates, which are approved by the legislature.
Expected Changes: <ul style="list-style-type: none"> In Discussion
Scaling Opportunities: <ul style="list-style-type: none"> CTC will expand the program to 17 additional practice sites in July 2019, with early onboarding beginning in April 2019.
Stakeholder Engagement: <ul style="list-style-type: none"> Continuing current stakeholder engagement work, as laid out in our AY4 Operational Plan.
Sustainability Challenges: <ul style="list-style-type: none"> As stated above, CTC continues its efforts to secure sustainability funding.
<p style="text-align: center;">Integrated Behavioral Health (IBH) Pilot <i>Vendor: CTC-RI</i></p>
Accomplishments: <ul style="list-style-type: none"> CTC is pleased that an IBH qualitative evaluation and utilization results studied through the APCD are demonstrating the impact of the program. CTC-RI completed the qualitative evaluation study working with Roberta Goldman, PhD and Mardi Coleman, MSc. Universally, primary care practices communicated the positive impact IBH has had for providers and patients. The evaluation study offered recommendations on how to strengthen the implementation framework for further dissemination. APCD data indicate a directional improvement in risk-adjusted total cost of care, emergency department, inpatient visits, and costs for IBH Cohorts 1 and 2 when compared to the non-IBH comparison group and non-CTC comparison group. A more robust matched comparison quantitative research project with Brown University is underway with completion date scheduled for 2019. Updates to Accomplishments: <ul style="list-style-type: none"> CTC secured funding to expand the IBH program to ten additional adult practices in 2019. The call for applications was released on December 31, 2018.

Investment Status:

- In Discussion

Legislation, Regulatory, or Waiver Change Needed:

- None

Expected Changes:

- In Discussion

Scaling Opportunities:

- CTC is developing an IBH model for pediatric practices. If they successfully secure additional funding, CTC will expand the IBH program into multiple adult and pediatric practices in 2019.
- During this expansion, CTC will reference the findings of SIM's billing and coding research completed by Bailit Health to inform their plans for the future.

Stakeholder Engagement:

- Continuing current stakeholder engagement work, as laid out in our AY4 Operational Plan.

Sustainability Challenges:

- As stated above, CTC continues its efforts to secure sustainability funding.

**Community Health Teams (CHTs) & Screening, Brief Intervention,
and Referral to Treatment (SBIRT) Sites**

*Vendor: CTC-RI (with Diabetes Education Partners via RIDOH**)*

Accomplishments:

- Under a centralized operations model, expanded Community Health Teams (CHTs) from two sites to six geographic locations serving over 400 high-risk patients.
- In collaboration with the Diabetes Education Partners, CHTs now have access to nutrition and pharmacy consultation services through CHT/SBIRT site workflows.
- Policies and procedures have been developed to provide pharmacist and nutrition resources to assist CHTs and SBIRT staff, including Home safety protocol and the referral process through the Community Health Network (CHN) at RIDOH and submitted to DEP for action.
- Through a braided SAMHSA funding arrangement, established over 20 sites where SBIRT screening is taking place, with 8,345 screenings completed throughout Rhode Island as of 10/22/2018.
- In collaboration with URI, worked with CHT partners to establish key performance measures that will be reported for program monitoring and evaluation purposes.
- Conducted analyses to determine the extent to which RI-SBIRT has been able to reach low-income and minority populations throughout the state—these results were accepted for presentation at the Rhode Island Health Equity Summit and will help inform strategies to address health disparities.

Updates to Accomplishments:

- The CHT/SBIRT and Evaluation teams developed an effective data collection process and distributed data collection guidance that will work across diverse CHT settings, with the first two sets of pre/post outcome data produced and sent to the evaluation team.
- Full data collection began in October and by January 9, 151 patients have completed intake evaluation tools (pre-intervention), 202 have completed screenings collected, and discharge evaluations are now also being completed (post-intervention).
- An evaluation of a small sample of Referral Triage Tool (RTT) data from a subset of CHT partners has noted that CHTs reduce RTT scores from intake to discharge by an average of 7.1 points ($p < .0001$) with no difference by gender or age.
- CTC-RI formed a new partnership with the Medical-Legal Partnership Boston (MLPB) to provide technical assistance to the CHTs seeing patients with legal and/or human rights needs as well as Diabetes Education Partners to provide community-based pharmacy and nutrition consults to CHT patients with demonstrated need.

Investment Status:

- In Discussion—requires additional planning for alignment with other initiatives, more robust evaluation data, and innovative funding models.

Legislation, Regulatory, or Waiver Change Needed:

- Yes—investigation of SBIRT reimbursement codes in partnership with Medicaid/OHIC; exploration of reimbursement for certified community health workers through waivers; and investigation of integrated billing and coding with OHIC.

Expected Changes:

- Without new funds replacing the SIM CHT funding, the CHT/SBIRT Consolidated Operations structure is likely to change given that the SAMHSA SBIRT funding braided for this project will continue beyond SIM for at least two years.
- Contingent upon the results of the SIM-funded, non-GPRA SBIRT pilot in OB-GYNs, future SBIRT implementation sites may change to include additional OBGYN settings beyond SIM.
- Unfortunately, sustainability of non-GPRA SBIRT beyond SIM is unlikely to be retained, decreasing the State's ability to maximize substance use screening as part of practice transformation outside of SIM's Integrated Behavioral Health project that is likely to continue.

Scaling Opportunities:

- CHT/SBIRT Consolidated Operations have engaged Day Health Strategies to produce recommendations for sustainability concurrent with engaging key stakeholders on future plans and potential funding streams.
- Exploration of further alignment and expansion for CHT/SBIRT services include looking into multi-payer models for CHTs, considering family-based CHTs, partnering with HEZ and AEs (as applicable), and piloting SBIRT in OBGYN settings.

Stakeholder Engagement:

- Continue current stakeholder engagement work, as laid out in SIM's AY4 Operational Plan.

- This includes the convening of the CHT and SBIRT Best Practice Meetings, CHT/SBIRT Executive Committee, CHT/SBIRT Core Team, and Quarterly CHT Meetings with Payers.

Sustainability Challenges:

- Due to procurement delays with this project and the need to develop a comprehensive set of evaluation measures across diverse stakeholders, the evaluation team has mostly received intake data to date and runs the risk of not enough comparative data for sustainability planning purposes.
- An equal number of matching patients with post-intervention discharge evaluations is critical, and a significant outreach effort is underway to adjust for this need.
- Because the average stay on a CHT is 215 days, the sample size needed may only be reached by August-October 2019 (beyond SIM) assuming all 151 patients are discharged in 7 months.
- A significant outreach effort is underway, but more data and analytics will likely be needed beyond the end of SIM.

SBIRT Training and Resource Center

Vendor: Rhode Island College

Accomplishments:

- Over two years, we have trained 794 healthcare workers in SBIRT, and we are currently on pace to eclipse over 1,000 healthcare professionals by the end of SIM funding.
- Trained three unique agencies in Year One and, to date, 19 unique agencies in Year Two for a total of 22 unique agencies.
- Trained over 60 dentists, dental assistants, and dental hygienists as part of a dental mini-residency, allowing for the expansion of SBIRT practice into the dental arena to help close the gap in separation between oral, physical, and behavioral health.
- Trained one certified SBIRT trainer in Year One and, to date, three certified trainers in Year Two for a total of four certified trainers.
- Launched the We Ask Everyone Campaign to normalize conversations about substance use in practices and the community, including the use of billboards/bus stops for raising awareness
- Obtained anecdotal data which support that patients and providers are becoming more comfortable having conversations about substance use in healthcare settings and education and identification of unhealthy substance use.

Updates to Accomplishments:

- The SBIRT Training and Resource Center presented their results and sustainability plans to the SIM Steering Committee in November 2018, where the Directors of Medicaid and BHDDH engaged in a dialogue around scope and scaling opportunities.
- To date, the SBIRT Training and Resource Center has provided RI-SBIRT training directly to all Lifespan hospitals and Women & Infants Hospital.
- Since the inception of SIM, existing agency staff have been trained in and, in some cases, new staff hired/trained in SBIRT have been embedded at: CHTs (i.e., Blackstone Valley Community Health Center, East Bay Community Action Plan, Family Services of Rhode Island, South County Hospital, and Thundermist Health Center); The Providence Center (who are embedded in Kent and Butler hospitals); Other CHT/SBIRT partners (such as Comprehensive Community Action Program, Rhode Island Parent Information Network, and South County Health).

<ul style="list-style-type: none"> Evaluation has revealed significant changes in trained providers' attitudes, knowledge, and confidence, including: stronger agreement that involvement with a patient can make a difference in his/her substance use; stronger disagreement that patients would be angry if asked questions about their substance use; and for both general SBIRT knowledge (e.g., risky drinking levels) and motivational interviewing skills.
Investment Status: <ul style="list-style-type: none"> In Discussion – we are awaiting decisions from potential funding sources. We are also working with additional partners to increase funding opportunities to provide support beyond SIM funding, including CVS, RI AAP, SUMHLC, United Way, and the Governor's Office.
Legislation, Regulatory, or Waiver Change Needed: <ul style="list-style-type: none"> Yes—investigation of SBIRT reimbursement codes; investigation of CE requirements.
Expected Changes: <ul style="list-style-type: none"> To ensure sustainability, RIC is now focusing on the development of certified SBIRT trainers that can continue to conduct trainings and ensure implementation of the SBIRT model within their agencies. RIC is also focusing on videography for simulations, actors, and other portions of trainings.
Scaling Opportunities: <ul style="list-style-type: none"> Exploring continued utilization of online SBIRT modules with other potential funders to ensure SBIRT training availability opportunities to meet substance use and/or opioid-related continuing education credits and provide additional targeted training, such as stigma-reduction training and medication-assisted treatment training. Continuing to increase outreach and implementation by developing a long-term collaborative relationship with RI American Academy of Pediatrics and CTC-RI to expand the learning collaborative for Pediatric SBIRT beyond 11 pediatric practices across RI remains a possibility.
Stakeholder Engagement: <ul style="list-style-type: none"> Continue current stakeholder engagement work, as laid out in SIM's AY4 Operational Plan, including partnering with CTC-RI, the State Opioid Response (SOR) grant and Governor's Recovery Friendly Workplace initiative.
Sustainability Challenges: <ul style="list-style-type: none"> Anticipating training needs across SIM funded partners has been a challenge, so the SBIRT Training and Resource Center now offers monthly public trainings to have consistent opportunities to all partners for new hires. To best accommodate agencies in real-time needs, the SBIRT Training and Resource Center has moved towards the idea of establishing trained trainers in each agency funded by SIM, based on their desire to continue this intervention beyond grant funding. Resources for the simulation lab and medical actors (potentially one of the key components that ensure fidelity to the training and has obtained the outcome changes desired) remains a concern.

Empower Patients to Better Advocate for Themselves in a Changing Healthcare Environment and to Improve Their Own Health (Aim 3)

Engage and educate patients to participate more effectively in their own health care in order for them to live healthier lives. Invest in tools (e.g., online applications, patient coaches appropriate for the patient's demographic profile) to teach patients how to navigate effectively in an increasingly complicated health care system.

Aim 3 Primary and Secondary Driver Accomplishments

Provide access to patient tools that increase their engagement in their own care and assist with advanced illness care planning (Primary Driver). Secondary drivers include:

- A. Patient engagement tools or processes
- B. End-of-life/advanced illness care initiative outreach, as well as patient and provider education

SIM Projects Addressing Driver Diagram—Aim 3

Each of the accomplishments listed below have taken place within the SIM funding period, February 2015 through the present (October 2018). The project names and/or vendor names with two asterisks (**) indicated were added after the initial SIM time-period to meet emerging or new needs, based on a review process with our Steering Committee.

Figure 4: Accomplishments Summary for SIM Driver Diagram—Aim 3

Complex Care Conversations <i>Vendor: Hope Hospice and Palliative Care of Rhode Island</i>	
Accomplishments:	<ul style="list-style-type: none">• Hope Hospice conducted 16 eight-hour Complex Care Conversations training sessions conducted in Year One with a total of 278 providers trained. This exceeded our Year One goal to train 192 providers by 44%.• The training demonstrated a significant positive impact on attendee's knowledge, attitudes, and behavior. Hope Hospice uses a Pre/Post Training Assessment to determine the participant's ability/comfort level with 11 aspects of complex care conversations.• Forty-seven percent of respondents reported that they were somewhat or very skilled in these 11 aspects before the training, while after the training the result was 91%. In a follow-up assessment three months after the training, 95% of respondents reported that they were better able to identify patients who would benefit from a goals of care conversation; 91% felt more comfortable communicating serious news; 95% were better able to respond to patient/family emotions; and 91% had increased the number of goals of care/advance care planning conversations they were having with patients.• In addition, 88% stated that they had found greater personal and professional satisfaction in caring for patients with serious advanced illnesses.• Hope Hospice is conducting a Provider Impact analysis on a quarterly basis to determine the impact of the training on the participant's practice patterns.

<ul style="list-style-type: none"> • The organization is tracking the use of Advance Care Planning (ACP) codes submitted by providers to insurance carriers, which means that the providers have had these conversations with their patients. • To date, we have seen a steady increase in the use of ACP codes among trained providers as well as an increase in the length of stay for their patients who were referred to Hospice. <p>Updates to Accomplishments:</p> <ul style="list-style-type: none"> • Hope Hospice completed initial rounds of the Patient/Family Satisfaction Survey, distributed in a limited fashion (due to privacy and sensitivity concerns) to patients of the Hope Hospice-associated Coastal Medical practice. • The initial round reached 29 out of 89 patients/families called (response rate of 33%). 83% of respondents found the complex care conversation helpful and 79% felt the provider elicited their priorities. Participants were asked to recommend palliative care on a scale of 1 to 10; the average response was 7.9.
<p>Investment Status:</p> <ul style="list-style-type: none"> • Sustained through RIDOH's Comprehensive Cancer Control Program, and in collaboration with BCBSRI.
<p>Legislation, Regulatory, or Waiver Change Needed:</p> <ul style="list-style-type: none"> • None—investigation of healthcare curriculum changes may be helpful.
<p>Expected Changes:</p> <ul style="list-style-type: none"> • Due to the nature of the funding secured through RIDOH, Hope Hospice anticipates a greater focus on training providers and staff treating cancer patients. • They also expect to focus on offering fewer training opportunities with larger numbers of participants per session, in response to feedback received from CME accreditation staff regarding cost effectiveness.
<p>Scaling Opportunities:</p> <ul style="list-style-type: none"> • Hope Hospice is pursuing expansion into pre-workforce student programs, initially at Brown Medical School and possibly at several nursing schools.
<p>Stakeholder Engagement:</p> <ul style="list-style-type: none"> • Continuing current stakeholder engagement work, as laid out in our AY4 Operational Plan. • Engaging nursing associations and schools for expansion opportunities.
<p>Sustainability Challenges:</p> <ul style="list-style-type: none"> • Long-term viability without grant funding is contingent on charging for participation. Concerns have been raised about the level of participation if there is a cost. • A potential solution is to pursue integration into continuing education requirements. Hope Hospice is in discussions about this possibility.

Advance Care Planning (ACP) and Community Campaign

Vendor: Healthcentric Advisors (HCA)

Accomplishments:

- ACP is a discussion that most people prefer to avoid. Through the SIM grant, HCA began to reverse taboos associated with ACP through a social media campaign, community education events, and targeted presentations.
- The use of thought-provoking stories and providing opportunities for candid discussions with smaller groups has proven to be very effective. This has been especially helpful getting past the initial hesitancy to discuss ACP and has led to meaningful conversations. Our multifaceted outreach has reached over 200,000 people.
- We have established a strong connection to the Spanish-speaking community through our partnership with Progreso Latino. They have utilized their extensive networking system and provided translation for all project materials in their outreach efforts.
- By working side by side with them during events and educational opportunities, we can reach both the Spanish and English-speaking segments of the community.
- We have created a website for ACP, which is available in both English and Spanish. Through the MyCCV.org website, community members and providers can access educational information, ACP forms, and materials for providers to incorporate ACP into their daily workflows. The website is broken down into three distinct sections:
 - Information for Everyone page which includes patients, veterans, families, caregivers, and the faith community
 - Spanish page (Mi Cuidado, Mi Eleccion, Mi Voz)
 - Healthcare provider page

Updates to Accomplishments:

- Healthcentric Advisors recorded and edited a simulation training video and completed an accompanying educational guide for use with medical residents. These will ensure that Rhode Islanders can use the training materials post-SIM.
- Five pilot presentations and a strategy session were completed at provider practices. Outreach is ongoing to physician practices to participate in the pilot group medical visit.

Investment Status:

- One-Time Investment

Legislation, Regulatory, or Waiver Change Needed:

- None

Expected Changes:

- Healthcentric reports ongoing challenges connecting with patients to commit to attending pilot group medical visits (although the patient meetings at community events were quite positive). Individuals still prefer to avoid topics surrounding end of life care and advance care planning. Given this challenge, they are brainstorming innovative ways to improve engagement and may

<p>shift goals for the pilot group, with a focus instead on evaluation of barriers to success and potential strategies for overcoming them.</p>
<p>Scaling Opportunities:</p> <ul style="list-style-type: none"> • Aiming to integrate 1:1 advance care planning conversations into primary care practices via an aligned quality measure.
<p>Stakeholder Engagement:</p> <ul style="list-style-type: none"> • Continuing current stakeholder engagement work, as laid out in our AY4 Operational Plan. • Pursuing connections with Hope Hospice and other end-of-life specialists to develop a quality measure supporting these practices to propose to OHIC. • Healthcentric reached out to Rhode Island College and University of Rhode Island nursing schools to incorporate ACP into nursing education.
<p>Sustainability Challenges:</p> <ul style="list-style-type: none"> • A Train the Trainer program is underway to expand the number of people and agencies trained in ACP, and the MyCCV.org website will continue be maintained by Healthcentric Advisors with all tools and resources. • However, the sustainability of this work is in question unless a way can be found to fully integrate ACP into provider workflows. A supported quality measure would be one potential way forward.
<p style="text-align: center;">Consumer Engagement Platform <i>Vendor: Rhode Island Quality Institute (RIQI)</i></p>
<p>Accomplishments:</p> <ul style="list-style-type: none"> • Development of the platform side of the Consumer Engagement Platform (CEP) has been mostly completed, with a few additional pieces of functionality left to finalize. • Platform integration with CurrentCare for advance directive documents is under development. This will allow advance directives uploaded through the platform to be shared as part of the patient's longitudinal record in CurrentCare. • We have determined three major barriers to the SDOH screening implementation that limit the ability for anyone in the community to use the CEP at this time: various EHR providers are adding SDOH assessment functionality to their products; participants in the Accountable Health Communities grant have little flexibility in the systems they can use for screening; and that screening is still not happening in many provider offices. • Therefore, we are pulling back on the creation of those modules so that we are not creating a product that providers are not likely to use. This will allow us to use the CEP for other provider needs not currently met by their EHRs—in the future (post-SIM) we can revisit whether there are use cases attached to SDOH screening. <p>Updates to Accomplishments:</p> <ul style="list-style-type: none"> • The CEP went live in late December 2018. There are 10 pilot practices in the process of getting credentialed and trained to use the system.

<ul style="list-style-type: none"> Under HITECH IAPD funding with match from the RI Foundation, RIQI is currently adding SBIRT screening and reporting to the CEP. We are evaluating additional use cases for this system.
Investment Status: <ul style="list-style-type: none"> In Discussion
Legislation, Regulatory, or Waiver Change Needed: <ul style="list-style-type: none"> Not Applicable
Expected Changes: <ul style="list-style-type: none"> Not Applicable
Scaling Opportunities: <ul style="list-style-type: none"> We are working on adding additional use cases to this system and leveraging it to address provider burden, which we believe will make it more valuable to the community.
Stakeholder Engagement: <ul style="list-style-type: none"> We are increasingly discussing other opportunities to leverage the platform with other state agencies.
Sustainability Challenges: <ul style="list-style-type: none"> Sustaining the CEP is dependent upon it possessing valuable uses. We expect to maintain it in the short term (over the next couple of years) through SBIRT funding.
<p style="text-align: center;">Conscious Discipline® <i>Vendor: The Autism Project</i></p>
Accomplishments: <ul style="list-style-type: none"> The Autism Project has brought the Conscious Discipline (CD) evidence-based practice to elementary schools in three pilot sites—Providence, Burrillville, and East Providence—serving over 300 students. Fourteen teachers and administrators have attended multi-day trainings in CD. These teachers and administrators then provided training to an additional 1300+ teachers, family members, and community members. Children in the demonstration classrooms were given pre- and post-Devereux Students Strengths Assessments (DESSA). The DESSA is a standardized, strength-based measure of the social and emotional competencies of children in kindergarten through 12th grade. The difference in the pre- and post-assessments in each of the classrooms shows statistically significant improvement with T Score changes between 9 – 17 points, or a 5% –9% change.

<ul style="list-style-type: none"> This means that the adults are able to control their emotions in a much more effective way, allowing the children to navigate their way through their days at school and their evenings at home more calmly and able to learn. <p>Updates to Accomplishments:</p> <ul style="list-style-type: none"> Rhode Island, with leadership from TAP, is hosting the 2020 National Conference on Conscious Discipline. The CD program was recently featured in a local television news program's "Health Check" report. The story featured Patty Carosotto's Pre-K classroom and included comments from TAP Director, and Acting Secretary of the Rhode Island Executive Office of Health and Human Services. The segment aired on January 24, 2019.
<p>Investment Status:</p> <ul style="list-style-type: none"> In Discussion—There is at least one new opportunity through another grant received by the state that may provide continued support for this project. This project also has limited financial support for CD from other sources.
<p>Legislation, Regulatory, or Waiver Change Needed:</p> <ul style="list-style-type: none"> Not Applicable
<p>Expected Changes:</p> <ul style="list-style-type: none"> If funding is limited post-SIM, we expect that TAP will rely more on their Train-the-Trainer model, strengthened by the SIM investment, to continue expansion.
<p>Scaling Opportunities:</p> <ul style="list-style-type: none"> RI will be hosting the 2020 Conscious Discipline national conference. The Director sees this as an excellent opportunity to expand awareness and provide training to more teachers, parents, and potential future trainers.
<p>Stakeholder Engagement:</p> <ul style="list-style-type: none"> TAP Director is in ongoing discussions with existing and new stakeholders, including the Policy Director of the Governor's Children's Cabinet. TAP Director also joined the Early Intervention Interagency Coordinating Council (ICC) Workgroup working to improve the quality of early education programs, including Social Emotional Learning (SEL). The workgroup also includes key health and education state agencies, Bradley Hospital, community partners, and early childhood center leaders. The ICC is the governing oversight board for all Early Education in Rhode Island.
<p>Sustainability Challenges:</p> <ul style="list-style-type: none"> TAP is taking a number of steps to raise additional funds and work toward sustainability, including: <ul style="list-style-type: none"> Exploring other sources of funding (local districts and state agencies). Working closely with early childhood agencies and programs.

- Engaging higher education in discussions to embed the curriculum in early childhood education programs.
- Support expanded use of DESSA (standardized, strength-based observation tool)
- Share district and classroom level data and results more widely
- Emphasize the CD Train the Trainer and parent-education components of the CD model
- Raise visibility and educate schools and policymakers about the CD model
- Key challenges to date include:
 - Competing needs for limited funds to support school-based interventions
 - Competing SEL models and programs

Section Three: Next Steps for Overarching SIM Activities

Accomplishments with Overarching RI SIM Activities

As we noted in Part I of our Sustainability Plan, in addition to each of the accomplishments of the SIM funded projects linked to specific Driver Diagram Aims, we have also made significant strides across state agencies and community partners regarding the Culture of Collaboration and Integration and Alignment. In this section, we address the next steps and what remains to be decided in each of these areas.

Culture of Collaboration and Integration and Alignment

As we have shared, a primary strategy of Rhode Island's SIM project has been to pursue a new level of alignment and integration of our existing healthcare innovation initiatives with each other, and with SIM-funded activities. We described our Integration and Alignment strategy in Part I of this plan and have reported on multiple other successful interagency initiatives throughout the past four years.

These interagency activities have contributed to an increased commitment to cross-agency collaboration throughout the Health Cabinet. Our preparation for post-SIM work is aligning with an update of the administration's strategic plan for Governor Raimondo's second term. There are specific interagency components under consideration, including the continued implementation of our 23 cross-agency population health goals, a commitment to behavioral health population health planning, a focus on addressing the social determinants of health, and other ways to continue the SIM focus on integrating physical and behavioral health.

While we will no longer have SIM dollars for embedded staff, we are planning to continue interagency teams across the Secretariat. For example, an interagency Government Performance Team focused on how to more effectively carry out Active Contract Management has been meeting since the summer. They are taking advantage of the insights we have shared from our SIM vendor work. EOHHS has also just kicked off a Community Investment Team, that will help review funding opportunities for the potential of shared cross-agency work. SIM Director Marti Rosenberg has participated in both of these groups and is also helping lead a team that will implement a set of activities throughout EOHHS that stem from the first large State Data Ecosystem project on Child Maltreatment.

As we have noted previously, we created the embedded staff model to implement the SIM grant and did not realize that the Culture of Collaboration would emerge as a formal part of our SIM model. We are pleased to have had this arise organically through our work—and because of its contribution to our success, we are evaluating it and plan to continue and scale it up through our post-SIM work.

New Rhode Island SIM-Related Initiatives

In Part I of our Sustainability Plan, we described initiatives that were created throughout our SIM Process that became significant parts of our model. Below, we look at each of the activities described in Part I and lay out the next steps that are planned for them.

Deepening SIM's Measure Alignment Work

We have described our Measure Alignment project often as a way to help providers by honing the number of measures on which they are required to report to state regulators. The final product of our initial Measure Alignment activity was a menu totaling 59 measures. Included within the menu were core measure sets for ACOs (11 measures), primary care providers (7 measures), and hospitals (6 measures). Core measures are required to be in all performance-based contracts of the relevant type: primary care, hospital, ACO. Beyond the core measures, health plans and providers may select measures from the menu for inclusion in contracts.

This part of our model is fully sustained within the Office of the Health Insurance Commissioner. As we shared in Part I:

In many states, state government can be a part of creating aligned measures, but state officials do not have the authority to implement them; in Rhode Island, OHIC has that authority. In 2017, all commercial insurers signed OHIC's 2017 Rate Approval Conditions, which included a requirement to adopt the SIM Aligned Measure Sets in any contract with a performance component as a condition for their rates to be approved. The updated SIM Aligned Measure Sets became effective for insurer contracts with hospitals, ACOs, and primary care practices beginning on or after January 1, 2017. Additionally, OHIC amended State Regulation 2, which delineates the powers and duties of its office, to include implementation of the SIM Aligned Measure Sets in any contract with primary care providers, specialists, hospitals, and ACOs that incorporate quality measures into the payment terms. OHIC will be issuing an interpretive guidance document to payers for using the measure sets in contractual payment arrangements. OHIC conducts an annual review of the five SIM Aligned Measure Sets (Primary Care, Hospital, Accountable Care Organizations (ACOs), Behavioral Health, and Maternity). SIM's Measure Alignment Work Group reviews measures that are in existing contracts with plans and providers, and updates the measure sets to account for measures that had a change in NQF or NCQA status, new HEDIS measures, and measures recommended by work group participants.

SIM's eCQM project is also addressing these measures. The SIM Technology Reporting Workgroup has evaluated each of the measures in the Measure Sets, for inclusion in the eCQM program. We are still seeking state match for the IPAD funding allocated for the eCQM.

Furthering SIM's Integration of Physical and Behavioral Health

Like the Culture of Collaboration, the integration of Physical and Behavioral Health has become a cornerstone of our SIM model. In Part I of our Sustainability Plan (italicized text below), we laid out eight highlights of our integration activities and the following list updates five items originally highlighted.

1. *The state as a whole is also focusing on improving behavioral health services, following Governor Gina Raimondo's [Executive Order on Behavioral Health](#), signed May 4, 2018, to reaffirm and expand the state's commitment to those with mental illness and substance abuse disorders. This fall, led by the Executive Office of Health and Human Services, key state agency leadership have been traveling through the state holding a series of public conversations about mental health, addiction, and available treatment.*

Next Steps:

The Governor's office is continuing to implement the Executive Order, with a focus on Behavioral Health Population Health planning. SIM Director Marti Rosenberg and SIM

staff from OHIC, RIDOH, and BHDDH are helping guide the process based on experiences writing the Population Health Plan for our first SIM Operational Plan.

2. *Focusing specifically on the integration of behavioral and physical health, the Steering Committee supported the IBH project at CTC-RI.*

Next Steps:

CTC-RI recently received funding from UnitedHealthcare to expand the IBH project with up to 10 additional practices. SIM is continuing discussions about how else the state can support the general concept of integrating physical and behavioral health with regulatory levers and support.

3. *We were able to successfully expand the reach of our original SBIRT project by working with BHDDH to apply for a significant SBIRT grant from SAMHSA.*

Next Steps:

Rhode Island's SAMHSA-funded SBIRT project was braided with SIM-funded CHTs. We are looking for ways to continue the CHTs, as the evaluation team has mostly received intake data to date and runs the risk of not having enough comparative data for sustainability planning purposes. An equal number of matching patients with post-intervention discharge evaluations is critical for quality data analysis.

4. *BHDDH is strongly focused on addressing the opioid crisis. They are implementing a State Opioid Response (SOR) grant from SAMHSA, with the ability to fund a number of initiatives that should improve services for Rhode Islanders.*

Next Steps:

We are working with BHDDH to determine if any of our SIM projects could receive funding from the SOR dollars.

5. *OHIC is actively implementing the state's parity law, with both consumer protection activities (including a Market Conduct Examination of Rhode Island's four major health insurers) and regulatory changes that ensure that people who need behavioral health services are treated the same as those who need physical health services.*

Next Steps:

OHIC is leading SIM's Billing and Coding project (with vendor Bailit Health Purchasing) and will begin a broad stakeholder workgroup focused on improving care for people needing behavioral health services.

When we finish evaluating SIM, the integration of physical and behavioral health will be a key focus—and we know that RTI has noted this in their discussions of our work.

Facilitating Health System Planning

As we have shared with CMS, during the SIM's sustainability planning process, we discussed Rhode Island's need for a long-term planning process that could provide a roadmap for what the state wants to

achieve. It could guide investments by private entities and help set bounds for decisions made by everyone in the health system. The Rhode Island Foundation has taken the lead in bringing together a broad stakeholder group, with participation from the Secretary of EOHHS, the OHIC Commissioner, the Director of the Department of Health, and support from SIM Director Marti Rosenberg. This facilitated process will include public engagement as well. The SIM team continues to offer ongoing support for planning and the state expects to play a key role in the implementation of the plan once it is finalized.

Next Priorities in Health System Transformation

The following projects, policies, and pilots represent health system transformation priorities identified to continue within the immediate horizon in Rhode Island:

Rhode Island Healthcare Cost Trends Collaborative Project

Rhode Island joins a handful of U.S. states to launch a comprehensive effort to measure health care claims, examine how dollars are spent, and set a spending target. The project draws upon work done by the Massachusetts' Health Policy Commission, which has set annual cost growth targets since 2013.

The Rhode Island Cost Trends Collaborative Project is guided by a Steering Committee comprised of government, business, and community leaders and co-chaired by Insurance Commissioner Marie Ganim, Dr. Al Kurose (Coastal Medical) and Kim Keck (Blue Cross & Blue Shield of Rhode Island CEO). The Committee has chosen a cost target of 3.2%, and recently signed a voluntary compact committing to keep cost growth under that target. The compact, signed on December 19, 2018, shall remain in effect until December 31, 2022. The cost growth target will be used to assess health care cost growth for all Rhode Island residents who have commercial (insured and self-insured), Medicaid, and/or Medicare coverage. Performance assessments relative to the target will include consideration of claims spending, non-claims-based spending, pharmacy rebates, consumer cost sharing, and insurer administrative costs and margin. EOHHS and OHIC will publicly report performance against the cost growth target at the 1) state, 2) insurance market, 3) insurer, and 4) large provider organization levels, while adjusting for annual changes in population clinical risk.

The Governor's Office is preparing an Executive Order to be issued this winter to memorialize the cost growth target and commit EOHHS and OHIC to the activities necessary to collect the data. With funding from the Peterson Center on Healthcare, the state is working with Brown University to carry out the research and tracking and will leverage the state's existing APCD to identify cost drivers, develop an annual health care cost growth target, and inform system performance improvements. The project is funded by a \$550,000 grant from the Peterson Center on Healthcare, and the state will continue to seek sustainable funding to support the operation of the cost growth target related activities.

Primary Care Capitation

While work on the primary care capitation has slowed, OHIC remains committed to creating a capitation model across a common group of practices and payers, to support the adoption of non-fee-for-service payments in Rhode Island. OHIC also convened a separate work group to adapt the capitation model for pediatric practices. Throughout 2018, the work group refined aspects of the APM, evaluated readiness of each insurer, and worked with ACO leadership to identify interested practices. OHIC will continue to move this work forward in the next year with active implementation likely to begin in 2020.

Health System Transformation Project and Accountable Entities

The Rhode Island Medicaid Health System Transformation Project (HSTP) has supported the establishment of Accountable Entities (AE) to work in partnership with MCOs to achieve the core principles of “Reinventing Medicaid,” including:

- Paying for value, not for volume;
- Coordinating physical, behavioral, and long-term healthcare;
- Rebalancing the delivery system away from high-cost settings; and
- Promoting efficiency, transparency, and flexibility.

SIM has been working closely with our Medicaid partners over the past few months to maximize the ways that HSTP and our Accountable Entity infrastructure can take advantage of SIM’s work to continue and expand their ability to continue to pursue Rhode Island’s larger health system transformation goals. We are identifying activities where our SIM projects align closely with the objectives of HSTP and AEs to determine potential sustainability strategies.

Rhode Island’s Affordability Standards

To carry on Rhode Island’s significant health system transformation from value to volume in the commercial sector, OHIC is continuing the Care Transformation Advisory Committee and Alternative Payment Methodology (APM) Advisory Committee. More specifically:

- *Care Transformation Advisory Committee*

OHIC’s Care Transformation Plan became effective in early 2018. The plan describes OHIC’s three-part definition of PCMHs, annual targets for the insurers to transform primary care practices, and activities that OHIC and stakeholders will undertake throughout the year to support PCMH adoption and implementation.

- The 2018 target for commercial insurers was to transform 50% of those practices that are affiliated with ACOs but have not yet achieved NCQA PCMH recognition; for 2019, the target is 90%.
- OHIC reconvened the Advisory Committee for a series of three meetings in the fall of 2018 to review and discuss the operational definition of a PCMH, reporting requirements for practices, transformation targets, and cost strategies.
- The group also reviewed the results of CTC-RIs IBH Pilot, with the goal of improving processes and removing barriers for behavioral health and physical health integration.
- The 2019 Care Transformation Plan will be released in January 2019. The Advisory Committee recommended that a Workgroup be convened in February 2019 to discuss the administrative barriers identified in the IBH pilot. The Workgroup will discuss how to work toward payer alignment and streamlining of processes to address the above barriers and will make recommendations to the Health Insurance Commissioner for potential action.

- *APM Advisory Committee*

OHIC continues its work on developing a multi-payer APM. The 2018 plan includes insurer targets for APMs and non-Fee for Service (FFS) payments, as well as a minimum downside risk requirement for Total Cost of Care contracts.

- For 2018, insurers were to take actions such that 50% of insured medical payments are made through an APM and 6% are made through non-FFS models.
- To support this, OHIC is working with payers and providers to implement a pilot of the primary care capitation model that was developed by a working group in 2017.
- OHIC reconvened the APM Advisory Committee for a series of three meetings in the fall of 2018 to discuss the possibility of modifying the above targets for 2019 and the implementation of a multi-payer APM pilot to launch in 2020. OHIC has developed a framework of a primary care capitation model and is currently facilitating the implementation of a pilot for interested primary care practices to begin in January 2020.
- The 2019 Alternative Payment Methodology Plan will be released in winter 2019.

Section Four: Driving Momentum to Sustain and Expand System Change in RI and Beyond

Throughout all the activities described above, we see a new level of momentum driving healthcare change in Rhode Island. As we have described, Rhode Island has had a strong history of healthcare innovation for decades, pre-SIM. The strength of RItE Care, Rhode Island's Medicaid managed care program begun in 1993, led to the eventual creation of Accountable Entities. The 2004 creation of OHIC and its unique regulatory authority led to the establishment of the Affordability Standards – which in turn created CTC-RI, Patient Centered Medical Homes, and PCMH-Kids. The founding of the Rhode Island Quality Institute in 2002 led to the creation of CurrentCare HIE and all of the HIT innovations that stem from it.

Thus, the SIM project built on a strong foundation of activity—which allowed SIM to be a critical hub of action, taking full advantage of the *test grant* structure to try new ideas (our eCQM for instance) and drive interesting innovations within existing programs (e.g., the consolidated operations for CHTs, braided with SBIRT).

One of the key reasons for SIM's success—and what we have come to see as critical pieces of our transformational model—is our culture of collaboration. We have discussed how our cross-agency activity, embedded SIM staff, strong Health Cabinet leadership, and public/private SIM Steering Committee governance model evolved organically from our original SIM application. We believed they were good ideas for our implementation, but at the beginning of SIM, we did not see how integral they would become for achieving better transformation and integration of a range of our outcomes, including melding physical and behavioral health. While we eagerly await results from the formal evaluation of SIM's culture of collaboration, we have been in the process of parsing out which SIM processes, structures, and roles are critical to ensuring continued progress post-SIM. What we do know now, however, is how important it will be for us to continue this culture shift within state government, and between state government and the private sector. To that end, our sustainability planning includes the following:

- Determining how current SIM staff can continue to work together post-SIM on transformation efforts.
- As we look at sustaining specific SIM-funded initiatives, we are determining which agencies will transition to become lead partners for the work post-SIM.
 - For example, our SIM HealthSource RI staff member Betsy Kerr has served as the program officer for the Hope Hospice End of Life Complex Conversations project. Post-SIM, it will be funded by RIDOH's Comprehensive Cancer Control program, which is staffed by C. Kelly Smith. Betsy and Kelly are working together to transition the project from Betsy to RIDOH.
 - In another example, the SIM project officer for the SBIRT Training and Resource Center (at Rhode Island College) has been James Rajotte, of RIDOH. Since the SAMHSA-funded SBIRT project at BHDDH will continue for three additional years and BHDDH staff has worked closely with Resource Center staff, James will transition the project to BHDDH.

- We are having these types of transition discussions for any components of our work that we believe will continue, and we will continue to share these updates with our CMS project and TA team on our biweekly calls and in our final SIM report.
- Exploring ways to continue the public/private partnership strengthened through our SIM Steering Committee.
 - We are pleased to report that at our January Steering Committee meeting, committee members voted to support the SIM staff's plan to submit Rhode Island's NCE application.
 - They also made a firm commitment to continue meeting as a Steering Committee through the time of an extension if it is granted.
 - We will continue discussing other ways that committee members may want to continue to pursue health system transformation within this public/private sphere.
- Making certain that as state agencies embark on new activities, they do so in communication with sister agencies, to continue the collaborative model.
 - For instance, the upcoming OHIC workgroup on integrating physical and behavioral health will include key SIM participants from both state agencies and the community.
 - And when BHDDH recently shared the news that they had received a SAMHSA grant for integrating physical and behavioral health (that they had applied for in 2017), they began working with EOHHS and RIDOH to ensure that they knew about all the integration activities that had occurred between their application and now, so they could leverage the opportunities to collaborate.
 - This collaboration is important to help state agencies achieve their best work—and to reduce unnecessary and expensive duplication of effort.
- Finally, preparing to share the insights in our Sustainability Plans and evaluation with similar projects in other states as a way to allow us to have an impact beyond Rhode Island's borders.

Section Five: SIM Reflections and Lessons Learned

Throughout this writing, we have articulated the sustainability challenges that we are experiencing, and mitigations we are carrying out. Overall, our challenges fall into two main categories as summarized here:

Project-Based Challenges

Most of the project-based challenges stem from delays in procurements. We have outlined various mitigation strategies, from active contract management (helping vendors make decisions about ways to ensure the work gets done) to our decision to apply for an NCE. We know that NCEs are not guaranteed in any way, and that we may not receive one. The justification we will make is about maximizing the value of SIM by either allowing more time to finish the projects that are not complete or time to continue to collect data for those projects whose evaluations require it for a valid and strong analysis. Our procurement timing challenges are rooted in state laws and regulations that we could not change during SIM. We do not want those delays to hold us back from completing critical test work, and just as importantly, evaluating those efforts. (SIM Director Marti Rosenberg has been participating in the Government Performance Workgroup, discussing suggested changes to procurement processes, based on our shared experiences.) We have shared the roots of other project-based challenges throughout our ongoing Quarterly Reports. These include changes in demand for IT services, between the pre-procurement time-period and when the projects are closer to being finished (e.g. as with the Provider Directory). We used what we learned through that process to make changes that have improved the implementation of our eCQM and Consumer Engagement Platform. As noted above, we expect that the state's HIT Strategic Planning Process that will start this spring (with non-SIM funds) will help us address these types of challenges for future HIT work. The HIT planning and implementation roadmap we will create with the help of a consultant is a key component of our HIT sustainability plan.

Structural Challenges to SIM Model Components

Our efforts to integrate physical and behavioral health and build our culture of collaboration have experience some structural challenges and/or changes throughout SIM. When we began the SIM project, we acknowledged the benefits from the integration of physical and behavioral health, but we did not expect this to become a central part of our model as it did. As we explored the benefits, we have also been tracking the challenges, including how providers need to learn to bill and code differently, the problems with co-pays (the expense of multiple co-pays for same-day physical and behavioral health visits), and the need for new practice workflows to ensure smooth implementation in providers' offices. The legislature solved one of these problems in 2018, with a bill to charge Rhode Islanders a primary care co-pay rather than a specialist co-pay for behavioral health visits. And through the SIM-funded research study on billing and coding, OHIC is focusing on the question of how to help people avoid two co-pays for one same-day primary care and behavioral health visit and other billing questions for providers.

As SIM participants have noted repeatedly, the benefits from the Culture of Collaboration stemmed in great part from the attention that the SIM team could pay to activities like workgroups, interagency teams, the Steering Committee meetings and processes, and vendor management. One of the reasons that much of this particular work had not been able to happen previously was because of the lean nature of state government. Our challenge moving forward will be to take heed of the lessons learned about the value of these types of collaborations and encourage the state to choose to use existing resources differently moving forward.

Conclusion

As we shared in Part I of our Sustainability Plan, Rhode Island's healthcare leadership is proud to be a SIM grant participant. We are pleased with what we have accomplished since receiving the grant, and we continue to be excited about our future plans that have been made possible by the grant process.

SIM stakeholders have shown their commitment to the importance of health system transformation and improving Rhode Island's population health throughout the entire SIM process – from the planning year, through the application process and the grant kick-off year (writing our first Operational Plan and the Health Assessment Report), and finally through the three implementation years. We have made important changes, and we have uncovered critical problems that remain to be addressed. Having these resources and being able to invest in valuable community partners has made a crucial difference in our healthcare system, as has our renewed dedication to the principle of collaboration and integration as a fundamental tool for system improvement.

We again thank your CMS team for their insights and assistance throughout the grant period. We know that these accountability measures made our work stronger and more effective. As always, we are looking forward to your thoughts and insights about these sustainability documents and will be happy to answer any questions you have or provide additional information. Thank you.

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