

## **SIM Workgroup and Partner Agency Reports March 2016**

SIM staff provide this monthly report from our workgroups and partner agencies, where there is new information to share.

### **Workgroup on Technology Reporting**

The workgroup presented its recommendation to have SIM funding support the development of a Statewide Quality Reporting, Measurement and Feedback system as a “shared service” in the state. The Steering Committee agreed to include this as a SIM funded project. Staff have continued to collect, review, and analyze responses to the provider survey to identify their needs and support for such as system. Staff is also reviewing responses provided through the SIM Technical Assistance request. Additionally SIM staff attended the annual HIMSS conference where they explored the vendor market in this area and met with colleagues from other states that are working on a similar initiative.

### **Measure Alignment Workgroup**

Michael Bailit is presenting on the results of the measure alignment process at the SIM Steering Committee meeting on March 10<sup>th</sup>.

### **Update on SIM funded HIT projects: APCD and Provider Directory**

- **APCD Update:**

HealthFacts RI was launched on February 10. This public launch included the release some of Potentially Preventable ER Visits reports and interactive graphics available on a new HealthFacts RI data release [webpage](#) on the Department of Health website. Additional reports are planned for release this month. The next reports will be focused on chronic conditions. The Data Release Review Board had its second meeting February 11 at which time the board reviewed and made recommendations related to the format and content of pre-determined data analytic sets (level 2 data sets). Interested parties will be able to access these standard data extracts through an electronic data request process.

- **Provider Directory Update:**

The Provider Directory is currently undergoing user acceptance testing which includes importing and mastering data from four different provider data sources. Additional provider data sources will be added over the coming year including data from Lifespan, medical licensure, etc. Data extracts of mastered provider data are anticipated to be available starting July 2016. The Provider Directory Advisory Committee (PDAC) continues to meet to discuss the status of the project, next steps, and governance issues pertaining to the data, such as authoritative data source rules. The PDAC has been expanded to include provider and payer representatives in addition to state and RIQWI staff. RIQI staff are reaching out to payers to seek approval to include the payer data regarding provider network information in the Provider Directory. A tool to allow both the public and providers to look up and access appropriate provider data and their relationships to organizations will be designed this year and implemented early in 2017.

### **Reinventing Medicaid**

Reinventing Medicaid (RM) is a compilation of more than 50 initiatives aimed at three central goals:

- Integrating mental and physical health;
- Moving away from institutional care; and

- Moving more services into managed care.

The initiatives largely are operationalized through contracts with managed care organizations (MCOs – Neighborhood Health Plan and United Health Care), who agree to administer coverage for services that previously were out of plan, agree to contract with new accountable entities and agree to contract with integrated health homes for services for seriously mentally ill Rhode Islanders.

Contract renegotiation has been completed with Neighborhood Health Plan and is in final stages with United Health Care. Medicaid is now focused on reprocurement of the entire Medicaid Managed Care Contract. Medicaid anticipates going live with the new contract in January 2017.

The agency has now certified five pilot Accountable Entities (AE's). AE's are integrated provider organizations that have the opportunity to share in savings created by better managing the total cost of care as well as health care quality and outcomes of an attributed population. The names of the five pilot AE's will be released as contracts are finalized. Medicaid has begun to develop and outline requirements for full AE certification, which will follow the Pilot AE Program. Standards for full certification are scheduled for release later in 2016. As Medicaid adopts these value based contracts for AE's, it is aligning strategies and measures with OHIC as part of the overall SIM effort to drive Rhode Island towards a value-based health system.

EOHHS and BHDDH are jointly administering and managing the Integrated Health Home initiative which commenced on January 1, 2016. MCOs are now administering this benefit for all their enrolled Seriously and Persistently Mentally Ill (SPMI) members to integrate this service with other covered behavioral health and medical services. The providers assess each of their members with a standardized national screening tool to assign the member to general outpatient services, an Integrated Health Home or, for the high-risk, high acuity member, the newly re-instated Assertive Community Treatment program. EOHHS and BHDDH have established quality metrics to evaluate member outcomes with accompanying payments to providers for achieving success on each measure.

#### **BHDDH**

Sherry Lerch, Technical Assistance Collaborative (TAC), conducted a site visit to Rhode Island on March 1 & 2, 2016. The purpose of Ms. Lerch's visit was to gather information pertinent to TAC's leadership role on two major SIM activities: 1) Development of the Behavioral Health Component of the SIM Integrated Population Health Plan and 2) Assessment of the Rhode Island Community Mental Health Centers' (CMHCs) readiness to become Certified Community Behavioral Health Clinics (CCBHCs), per regulations of the Substance Abuse and Mental Health Services Administration (SAMHSA) as well as assistance to the Department of Behavioral Health, Developmental Disabilities and Hospitals (BHDDH) and CMHCs in preparation of a SAMHSA grant application to secure CCBHC funding. Ms. Lerch met with CMHC and substance abuse provider representatives; SIM Project Director Marti Rosenberg; EOHHS Secretary Elizabeth Roberts and Deputy Secretary Jennifer Wood; BHDDH staff involved in the Behavioral Health Plan and CCBHC development; Department of Corrections Behavioral Health Director, Lou Cerbo; Fiscal/Medicaid representative Graham Porter; and Darcia Read, Director of Policy, Children's Cabinet. Ms. Lerch also attended the weekly SIM Interagency Meeting.

#### **RI DOH**

- RI DOH continues the work of refining the Strategic Plan by reviewing the metrics associated with the established Population Health goals. Senior and Policy leadership staff have been meeting weekly to review the existing implementation/strategic plans for each programmatic

area to identify the key initiatives (and short and intermediate term metrics) that will move the population health goals forward towards achieving the targets. We are prioritizing that review based on both Governor's priorities (e.g. infant Mortality and Drug overdose deaths) and SIM goals (e.g. Diabetes, Obesity, Tobacco). RI DOH has shared background/foundation documents with our vendors.

- RI DOH continues to explore opportunities for leveraging and aligning the work and infrastructure created with the Health Equity Zones (HEZ). We are engaging in discussions with BHDDH and HARI.
- RI DOH has hired James Rajotte as Chief Health Program Evaluator for the SIM project. He will be starting on 3/20.
- RI DOH has decided to start our own “internal SIM” work group in order to assure communication and increase efficiencies during this period of “intensive” engagement in the development of the Integrated Population Health plan.
- RI DOH continues to work with a group of public-private key stakeholders towards creating consensus on the core skills and competencies for Community Health Workers that would lead to certification and assurance of quality for this new workforce. As we continue to discuss the integration of CHWs and Health coaches in the community Health Teams it is important to also assure we have a trained and certified workforce.