RI SIM Vision/Mission/Guiding Principles
As of April 7, 2016

SIM Vision Statement – The Triple Aim:
Continuously improving Rhode Islanders’ experience of care (including quality and satisfaction); enhancing the physical and behavioral health of Rhode Island’s population; and reducing the per capita cost of health care for our residents.

SIM Mission Statement:
SIM is a multi-sectoral collaborative, based on data – with the patient in the center of our work. SIM is committed to an integrated approach to the physical and behavioral health needs of Rhode Islanders, carried out by moving from a fee-for-service health system to one based on value that addresses the social and environmental determinants of health. Our major activities will provide support to the healthcare providers and patients making their way through this new healthcare system so that it can be as effective as possible. Additionally, the new system is being built upon the philosophy that together - patients, consumers, payers, and policy makers – we are accountable for maintaining and improving the health of all Rhode Islanders.

SIM Theory of Change:
Rhode Island’s payment system is change to focus more on value and less on volume. If SIM makes investments to support providers and empower patients to adapt to these changes, and we address the social and environmental determinants of health, then we will improve our population health and move toward our vision of the Triple Aim.

SIM Guiding Principles:
Rhode Island has assembled a diverse group of stakeholders from across the state to build a comprehensive and inclusive program based on an Integrated Population Health Plan. Our partners draw from state and local government, the private sector, academia and various community organizations that have expertise in both public health and clinical care. This process has been guided by seven principles that together describe the overarching work of our SIM project:

1. **We begin with a commitment to empowering individuals, families and communities to improve their own health.**

   Any successful efforts to improve population health must include efforts to activate Rhode Islanders with the skills, knowledge and motivation they need to live healthy lives. Rhode Islanders deserve access to clear and usable information about how their care is provided, what it costs, and how they are billed. We are also committed to making it easier for local communities to be involved in the development of goals, strategies and policies that improve conditions impacting their health. Workforce development is a key tool in these efforts. We aim to empower communities from within by helping residents with existing cultural and linguistic competence receive the training they need to take on new roles such as community health workers, clinicians, and behavioral health specialists.

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1 Include reference to Chronic Illness Model
2. **Reliance on multi-sector/multi-agency collaboration**

Improving population health and decreasing inequalities in health requires a multi-agency/multi-sector approach that includes expanding our current understanding of what creates health.² The success of this population health plan will rely on significant collaboration among a range of partners, including those in mental health, substance use, primary care, education, public safety, social service, and faith-based communities. Strategic planning must be well coordinated to fully identify the impact of policies not only on overall population health, but also on health disparities. Such coordination will also help to prevent the duplication of efforts, to highlight gaps in service development, and to identify potential useful data linkages. Rhode Island recognizes that policies related to transportation, housing, education, public safety, environmental protection will affect the health and well-being of residents as much as any policies specifically related to Rhode Island’s public health, medical, and behavioral health system. This requires a “no wrong door” and “health in all policies” approach where the potential health impact is considered.

3. **Commitment to improve our ability to collect, share, and use data to drive action**

Assessment of whole-person health outcomes, risk factors/determinants, interventions, and policy effectiveness requires usable, sustainable, shared surveillance systems that produce timely measures for action and data. That data is also only truly useful if it is available across institutional/organizational boundaries through accessible and user-friendly health information technology. SIM and our Integrated Population Health Plan stress the importance of strengthening our data sources and empowering our communities to use those sources effectively to better coordinate care as well. Rhode Islanders deserve tools to help them make informed decisions about their personal health and the overall health of the state.

SIM will use the data we produce and analyze to evaluate our activities on a regular basis, to ensure that we are spending our dollars as effectively as possible.

4. **An integrated approach to the physical and behavioral needs of Rhode Islanders.**

The state of Rhode Island is committed to developing and implementing a population health plan that embraces the whole person and considers the physical and mental health needs of our residents. All recommendations and metrics in the population health plan reflect this integrated approach, which we will refer to as “whole person care”.

For example, although tobacco use, obesity, diabetes, stroke, and heart disease are traditionally considered “physical” diseases, the plan acknowledges and addresses how these health conditions are intertwined with the mental health and substance abuse needs of the state’s population. In particular, the plan recognizes the significant role primary care practitioners play in addressing the interplay between patients’ physical and behavioral health needs throughout their lifespan. In so doing, a “whole person care” approach is the hallmark of population health improvement efforts in our plan.

5. **Commitment to transforming our health care delivery system, moving away from a fee for service based payment model to a value based approach.**

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Our plan embraces the evolving role of new models of health care delivery such as Patient Centered Medical Homes (PCMH), Accountable Care Organizations (ACOs) and Accountable Care Communities (ACCs) to improve population health. The plan also recognizes Collaborative Care approaches that integrate behavioral health care into primary care practice such as the IMPACT model\(^3\), TEAMCare\(^4\) and COINCIDE\(^5\). The new system must be multi-payer and collaborative.

Included in our approach is a recognition that physical and behavioral health approaches must transform from disease-focused treatment to care that focuses on prevention and early detection, and where appropriate/available evidence-based interventions. In all these cases, Rhode Island’s healthcare delivery systems will accept responsibility for managing care and improving the health of populations through multi-sector/multi-agency partnerships.

6. **Awareness of the social and environmental determinants of health and health equity.**

Health is created where we live, learn, work, and play. Therefore, Rhode Island’s population health plan focuses not only on improving clinical care, but influencing the various social, economic, and environmental factors, including exposure to trauma, that affect Rhode Islanders’ health outside of the medical and behavioral healthcare delivery systems. These considerations include examining strategies that promote resiliency and recovery, and reduce inequalities in factors that influence health across the diverse populations in our state.

Factors promoting and undermining the health of individuals and populations should not be confused with the social processes underlying their unequal distribution in the population.\(^6\) To ensure we capture both processes in Rhode Island, our population health plan examines not just statewide estimates for our specific health focus areas, but also disparities in those health outcomes across Rhode Island communities.

7. **Consistent and reliable support for provider practice transformation**

Rhode Island is committed to empowering healthcare (including Behavioral health care) providers to transform their practices “to improve the quality of care, the patient experience of care, the affordability of care, and the health of the populations they serve.” Specifically, providing assistance to grow and strengthen the presence of ACOs, PCMHs and Community Behavioral Health Centers of Excellence. This empowerment includes not only support for changes in approach and infrastructure, but opportunities to actively participate in the state’s overall efforts to transform its delivery system. Workforce development also plays a role in these efforts, giving providers the skills and additional team members they need to provide comprehensive “whole person” care.

8. **Addressing disparities**


We begin with a focus on the individual consumer or patient, their family, and others in their care network – and we end with this focus too. Fundamentally, efforts in population health improvement attempt to “bridge” what happens in the healthcare delivery setting in the provider’s office, the clinic, or hospital bed to what happens in the places where people live their lives (e.g. home, workplace, school). SIM’s activities and our Population Health Plan in Rhode Island will serve to guide efforts to improve the health of the entire population of residents, as well as guide efforts to address why some population groups are healthier than others. This approach requires a focus not only on the overall distribution of the specific SIM Population Health Plan priority areas in the state, but also differences between groups to highlight disparities in those health areas.

7 Shortell SM. Bridging the divide between health and health care. JAMA 2013;309:1121-1122.