State Innovation Model Project – Plan for Change
DRAFT, as of December 7, 2015

VISION: The Triple Aim

Improving the patient experience of care (including quality and satisfaction)	Improving the health of populations, including both physical & behavioral health	Reducing the per capita cost of health care

THEORY OF CHANGE – If we:

Change the payment system to focus on value, not volume;
Make investments in technology infrastructure, system transformation, and provider capacity (with projects to be determined by the Steering Committee); and
Evaluate those investments for the model test,
then we will meet our goals and move toward our vision of the Triple Aim.

Changing the payment system (80% VBP and 50% APM by 2018)

Investments in technology infrastructure*
Possibilities include:
- Health Care Quality Measurement, Reporting and Feedback System
- Statewide Common Provider Directory
- Patient Engagement Tools
- APCD

Investments in system transformation*
Possibilities include:
- Advanced Illness Care Initiative
- PCMH Expansion
- Behavioral Health Transformation/SBIRT

Investments in provider capacity*
Possibilities include:
- Child Psychiatry Access Program
- Community Health Teams
- Practice Assistancce

* All of these program descriptions are taken directly from the grant itself. This is the language Rhode Island used to describe the transformation initiatives we were proposing. The Steering Committee will participate in the work to clarify and prioritize these program proposals.

ASSUMPTIONS - Insert background or assumptions about the current state of health reform in Rhode Island and how we believe our actions will change the system.

To be inserted in this document:
Key data about our current state in both cost and Population/Behavioral Health
Discussion about how the goals and strategies above will address this current state

<u>DRAFT</u> PROGRAM GOAL EXAMPLES – These are examples of potential program goals for the SIM project. All of this language and these numbers can be revised by the Steering Committee, which can also add new goals as a part of this planning process.

Improving patient satisfaction and access by changing how our healthcare system is organized, measured by a set of metrics which could include the **# of PCMHs, the number of providers linked to interoperable EMRs and the penetration of ACOs**

Improving the health of populations on these **X# of metrics** (physical and behavioral health together)

Reducing the per capita cost trend of health care by **$X**

GOALS FROM OTHER STATE INITIATIVES – We know that the SIM work is taking place alongside many other state health reform initiatives. To provide context, in this section of the document, we will insert goals from a number of these other state initiatives to ensure that we align the goals effectively and avoid contradictions.

Goals data to be included from:

- *State agency Strategic Plans (i.e. EOHHS, OHIC, and HSRI)*
- *Performance management metrics*
- *Reinventing Medicaid Report, July 2015*
- *Governor's Executive Order creating the Workgroup for Healthcare Innovation*

OBJECTIVES – We will use the following processes (objectives) to move us toward our program goals.

Better Internal State Processes.

For example:

- Weekly planning meetings
- Aligning regulatory levers of state agencies

Effective External Stakeholder Processes.

For example:

- Steering Committee meets regularly as decision-makers
- Engagement on content areas

Improved data analytics capacity, with an integrated approach to data.

For example:

Completion of integrated population and behavioral health plans

- Measure Alignment
- Investment in data infrastructure