

Operational Plan Update – West Virginia SIM Model Design

February 27, 2015

Overview. At the request of the Governor, the West Virginia University School of Public Health (WVU-SPH) served as the applicant organization for the state's SIM Model Design award. Operationally, the WVU-SPH will provide fiscal, administrative and project management oversight of the project. Karen Bowling, the Governor's Cabinet Secretary for Health and Human Resources, provides overall leadership for the state's health innovation initiative and staff from the West Virginia Department of Health and Human Resources (WVDHHR) Office of Health Care Improvement will be directly engaged in project management activities. Additional faculty and staff from West Virginia University, the West Virginia School of Osteopathic Medicine (WVSOM) and the West Virginia Health Improvement Institute (WVHII) will also be providing project management services and support.

In December 2013, the WVDHHR formally established the West Virginia Health Innovation Collaborative (the "*Collaborative*"). WV plans to utilize the framework of the *Collaborative*, and related activities, to facilitate the model design process. Currently, the *Collaborative* includes three workgroups: *Better Health*, *Better Care*, and *Lower Cost*. Through these workgroups, more than 120 public and private stakeholders have conducted needs assessments and preliminary data gathering that will be needed for planning the model design. Additionally, 151 health providers and other stakeholders are connected and contribute to the state planning and discussion through the *Collaborative* listserv. The *Collaborative* framework and composition will assure that representatives from multiple components of state government, state payers, providers, and consumers will actively contribute to the development of the state's innovation model. We also anticipate the establishment of additional ad hoc workgroups and advisory committees, and the conduct of a series of focus groups to gather input and assure broad stakeholder engagement. Further details will be provided in the forthcoming Stakeholder Engagement Plan.

Key Partners, State agencies, and Payer Participants. The WVU-SPH, WVDHHR, WVSOM, and WVHII are key partners involved in project management activities. Within WVDHHR, the Bureau for Medical Services and the Bureau for Public Health serve as the lead state agencies for Medicaid and Public Health respectively, and will be active participants. Other state agencies involved will include the WV Insurance Commission, WV Health Care Authority and the Higher Education Policy Commission (which oversees medical education and resident training through the state's three medical schools and coordinates allied health training). Payer participants will include (at a minimum) WV Medicaid, CHIP, the Public Employees Insurance Agency (PEIA), and Highmark WV BCBS. Additional organizational involvement and representation will be further described in the forthcoming Stakeholder Engagement Plan.

Governor's Involvement in Model Design. The Governor's involvement will be coordinated through Karen Bowling, his Cabinet Secretary for Health and Human Resources. The Cabinet Secretary meets weekly with the Governor and will provide updates. The Governor has assured his full support and the cooperation of state agencies in collaboration with our private sector partners. The Governor's directives will be implemented through the project governance and management structures described below.

Organizational Chart. The figure below provides an overview of the organizational structure and governance of the SIM Model Design project. Additional details will be further described in the forthcoming Stakeholder Engagement Plan.



Key Personnel. The project management team currently consists of 12 individuals who have been heavily involved in the project design and planning activities. Three additional staff members will be hired and this process has already been initiated through the WVU Research Corporation. It is anticipated that additional consultants and subject matter experts may become contractually engaged in the project depending upon evolving project needs, available technical assistance provided through CMMI, and existing financial resources. In general, each member of the Project Management Team has specific responsibilities related to project implementation and task deliverables. The designated Task Leaders will submit any requests for technical assistance and/or consultative services to the Project Director who will coordinate the procurement and delivery of all such services. The following table provides a listing of key personnel and their respective roles and responsibilities:

Team Member	Current Position	Project Role	Project Responsibilities
Jeffrey Coben, MD	Professor Schools of Medicine & Public Health; WVU	PI and Project Director	Oversight and coordination of project management team, procurement of technical assistance and contractual services, fiscal responsibility, participation in CMMI collaborative activities; Task Leader for Operational Plan, Quarterly Reports and Final Report
Lesley Cottrell, PhD	Associate Professor of Pediatrics; WVU	Co-I and Project Assistant Director	Assist Project Director with oversight and coordination activities; serves as Co-chair of Better Health Workgroup; Task Leader for Stakeholder Engagement Plan and Future Monitoring and Evaluation Plan
To be hired	N/A	Project Manager	Assist Project Director in all aspects of project management; Task Leader for Population Health Plan, Description of Baseline Health Care Environment, and draft State Health System Innovation Plan
To be hired	N/A	Project Coordinator	Assist in coordinating activities of <i>the Collaborative</i> and other Stakeholder Engagement activities

To be hired	N/A	Administrative Assistant	Coordinate activities of project staff, meeting logistics, materials production, payroll and personnel tasks, telecommunications support, budget tracking, and other duties as assigned
Dana King, MD MS	Professor & Chair of Family Medicine, WVU	Co-I	Assist with Value-based Health Delivery and Payment Methodology Transformation Plan; Task Leader for Workforce Development Strategy
Karen Fitzpatrick, MD	Associate Professor of Family Medicine; WVU	Co-I	Assist with Value-based Health Delivery and Payment Methodology Transformation Plan, and assist with Workforce Development Strategy
Arnold Hassen, PhD	Director of Medical Informatics, WVSOM	Subcontract PI	Serves as Chair of the Better Care Workgroup; assist with development of Driver Diagram, identification of state Regulatory and Policy Levers, HIT plan, and Value-based Health Delivery and Payment Methodology Transformation Plan
Cecil Pollard	Director, Office of Health Services Research, WVU	Co-I	Assist with HIT plan, Workforce Development Strategy, and Future Monitoring and Evaluation Plan
Adam Baus	Co-Director, Office of Health Services Research; WVU	Co-I	Assist with HIT plan and assist with Workforce Development Strategy
Dave Campbell, JD	CEO, WVHII	Subcontract PI	Task Leader for State Regulatory and Policy Levers, and Value-based Health Delivery and Payment Methodology Transformation Plan
Nancy Sullivan, MAJ	Office of Secretary, WVDHHR	WVDHHR Liaison	Serve as liaison with <i>the Collaborative</i> ; oversee <i>Collaborative</i> activities; assist with Stakeholder Engagement Plan; serves as Task Leader for Driver Diagram
Edward Dolly	Chief Information Officer, WVDHHR	Chief Information Officer	Task Leader for HIT plan
Jeremiah Samples	Deputy Secretary for Public Insurance and Strategic Planning, WVDHHR	Insurance & Payer Liaison	Serve as chair of the Lower Cost workgroup; Task Leader for Future Operational and Sustainability Plan
Jane Ruseski, PhD	Associate Director, Bureau of Business and Economic Research; WVU	Financial Analyst	Conduct financial analyses of models during the planning phase; assist with Value-based Health Delivery and Payment Methodology Transformation Plan; Task Leader for Financial Analysis

Major Tasks & Milestones.

Task/Deliverable	Deadline(s)	Task Leader
Operational Plan	2/28/15	Coben
Stakeholder Engagement Plan	3/30/15	Cottrell
Population Health Assessment & Gap Analysis	5/30/15	Project Manager
Population Health Plan	8/30/15	Project Manager
Driver Diagram	5/30/15	Sullivan
Identify Regulatory and Policy Levers	5/30/15	Campbell
Description of the Baseline Health Care Environment	5/30/15	Project Manager
Value-based Health Delivery and Payment Methodology Transformation Plan	8/30/15	Campbell
Health Information Technology Plan	11/30/15	Dolly
Workforce Development Strategy	11/30/15	King
Financial Analysis	11/30/15	Ruseski
Future Monitoring and Evaluation Plan	11/30/15	Cottrell
Future Operational & Sustainability Plan	11/30/15	Samples
Draft Innovation Plan	12/30/15	Project Manager
Final Innovation Plan	1/31/16	Project Manager
Quarterly Reports	5/30/15; 8/30/15; 11/30/15	Coben
Final Report	4/30/16	Coben

Assumptions, Risks, and Risk Mitigation Strategies. The SIM Model Design project requires the involvement of a large number of participating individuals to successfully execute the proposed operational plan. Key assumptions include the ability to hire additional staff, award subcontracts and retain additional consultants in a timely manner. Associated risks include the loss of project personnel, re-assignments of personnel, inability to quickly hire new staff, and similar personnel-related issues. By managing this project through the Office of the Dean at the WVU School of Public Health we are confident in our ability to mitigate these risks and quickly replace or re-assign any necessary personnel. In addition, our primary subcontractors, the WVSOM and the WVHII, have the ability to add personnel with relevant experience and expertise, if needed.

Changes in federal or state laws and regulations could impact key design elements and force changes in the Operations Plan. Changes in the amount, conditions or administration of the SIM grant could also adversely impact the Operations Plan. To mitigate these risks the project team will continue to plan, coordinate and communicate among stakeholders, including CMS, while the initial phase of the project continues. The project team will attempt to coordinate with other states in the Design Phase or other initiatives in West Virginia to leverage key consultants to effectuate economies of scale and to assure key consulting resources are available. The project team will continue to monitor and coordinate with CMS and federal and state elected representatives to identify any potential changes in federal or state laws or regulations that could impact the Operations Plan and make necessary adjustments as needed.

WV SIM Model Design Project Timeline

