



State Innovation Models

Technical Assistance Introduction Webinar

February 12, 2015

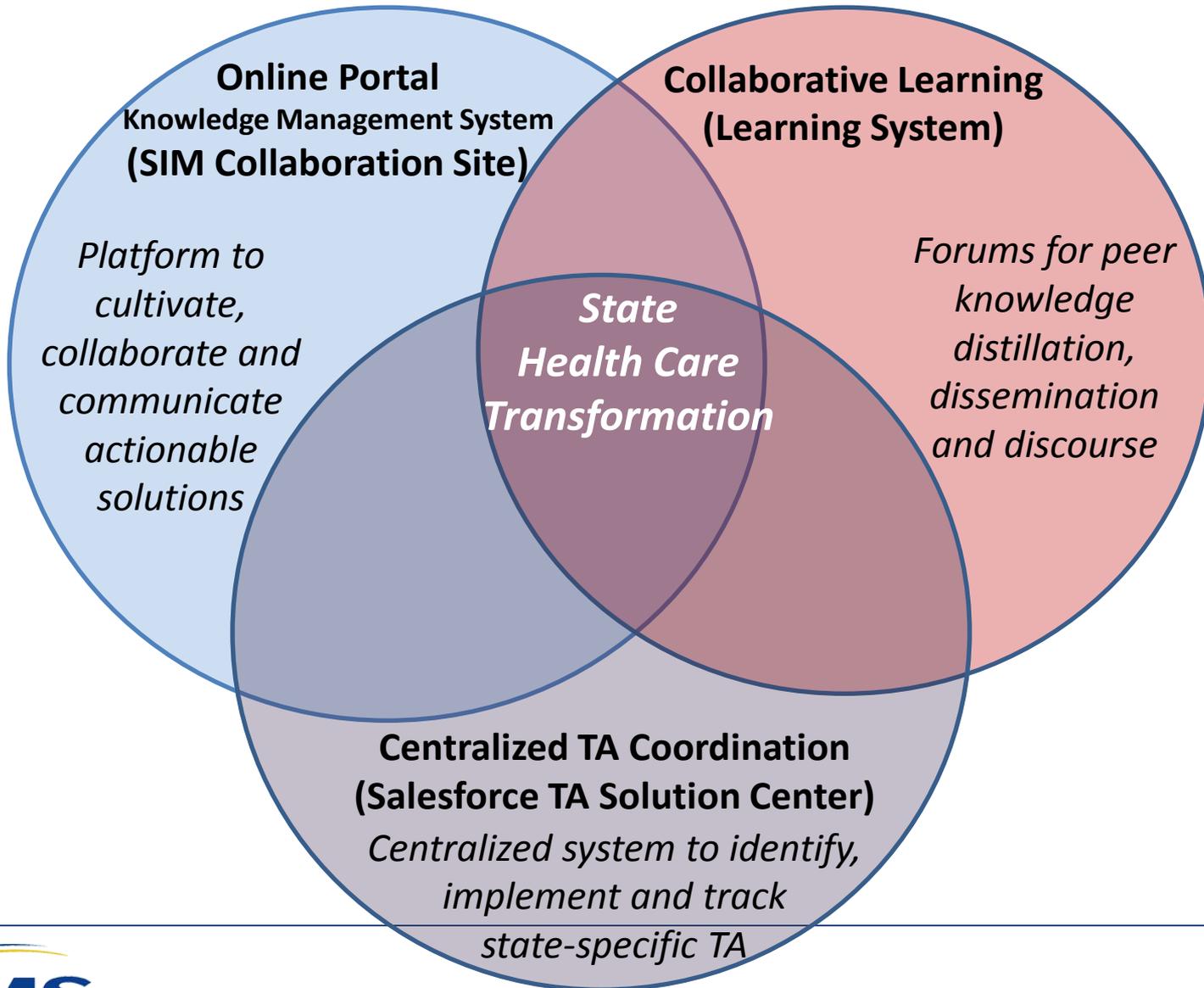
Welcome & Introductions

Agenda

- Welcome & Introductions
- Overview of SIM Technical Assistance
- Brief Introduction to SIM Technical Assistance Solution Center (TASC) and Collaboration Site
- TA Partners
 - NORC
 - CDC
 - ONC
- Questions/Discussion

Overview of SIM Technical Assistance

SIM Partners Learning Exchange



SIM TA Coordination: Principles

- (1) Put states' interests first to assure the ultimate success of SIM;
- (2) Provide a seamless experience for states receiving technical assistance and collaborative learning (including alignment of core curriculum);
- (3) Ensure close coordination across contractors and federal partners to promote efficiency and reduce duplication;
- (4) Work together to achieve the highest quality of learning, technical assistance and resources available for SIM states; and
- (5) Facilitate effective cataloguing and dissemination of innovations and learning across SIM states.

SIM Technical Assistance & The Learning System

Technical Assistance

State-specific Technical Assistance

- SIM state support for model test design topic areas
 - Data & Analytics
 - Delivery System Design
 - HIT Resource Center
 - Metrics & Reporting
 - Payment Model Design
 - Policy/Regulatory Levers
 - Population Health
 - Project Management
 - Provider Supports
 - Self-evaluation
 - Stakeholder Engagement
 - Workforce Development
- SIM state convening

Learning System

Collaborative Learning Forum

- Collaborative learning opportunities
 - Virtual learning network (webinars)
 - Peer learning events (in-person collaborative learning)
- State exchanges
 - Matching states (1:1 peer learning) on areas of interest
- Online learning portal (SIM Collaboration Site)
 - Library of resources (KMS)
 - Peer communications
 - SME forums
 - Benchmark reports

SIM TA Partners: Roles & Responsibilities

Partner	Responsibilities
ONC (HIT Resource Center)	<ul style="list-style-type: none">• Provide expertise on HIT/HIE-specific TA requests & facilitate state HIT plans
CDC (Population Health)	<ul style="list-style-type: none">• Provide expertise on population health-specific TA requests & facilitate development of state population health plans
NORC (CHCS, SHADAC, Others)	<ul style="list-style-type: none">• Respond to all state-specific TA requests on model test design areas (topics not explicitly assigned to federal partners or RTI evaluation)
HHS (HRSA, SAMSHA, CMCS, Others)	<ul style="list-style-type: none">• Provide input as appropriate based on areas of expertise (i.e., workforce development, mental health, Medicaid innovation, etc.)

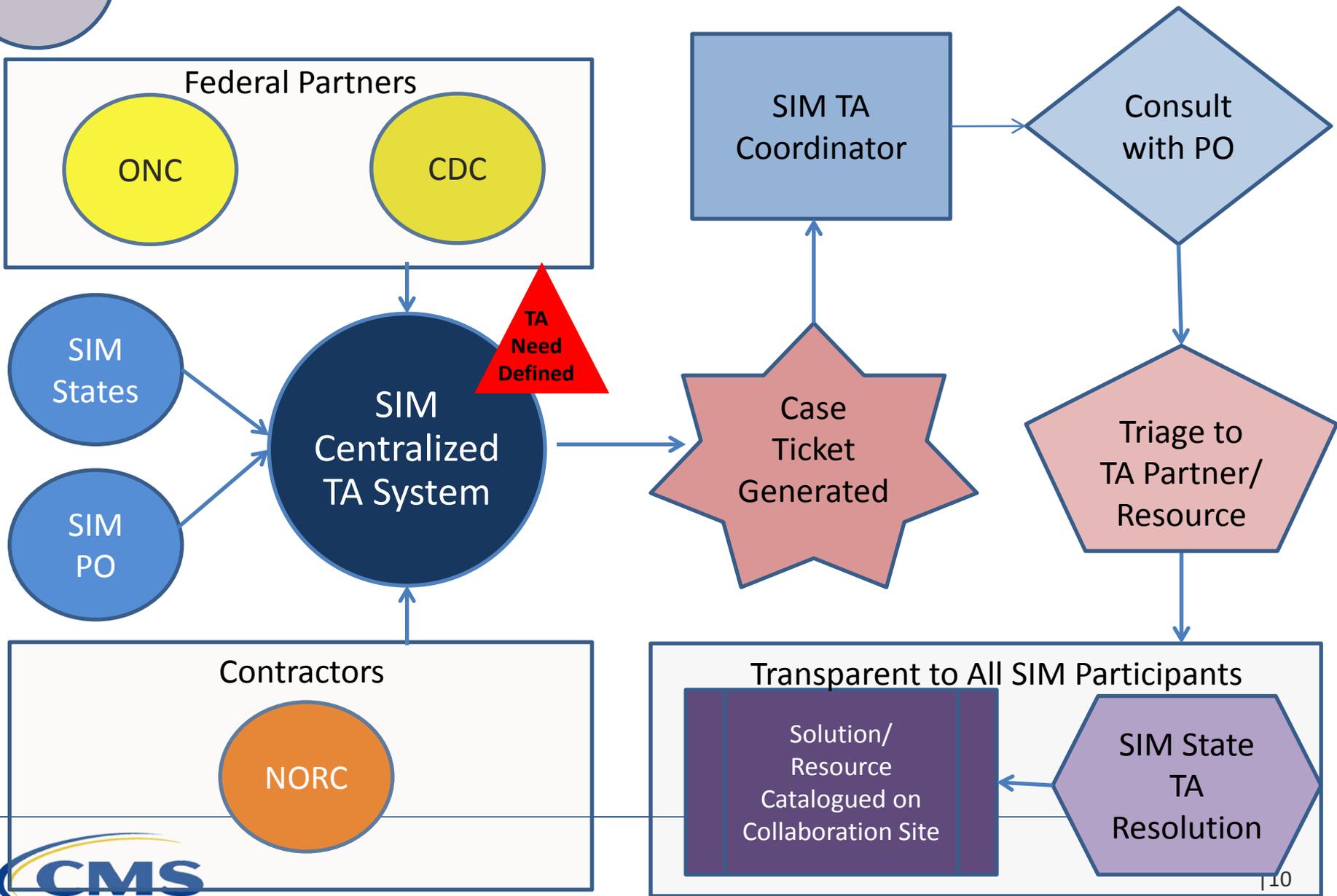
Technical Assistance Solution Center (TASC)

SIM TA Solution Center (TASC): Goals

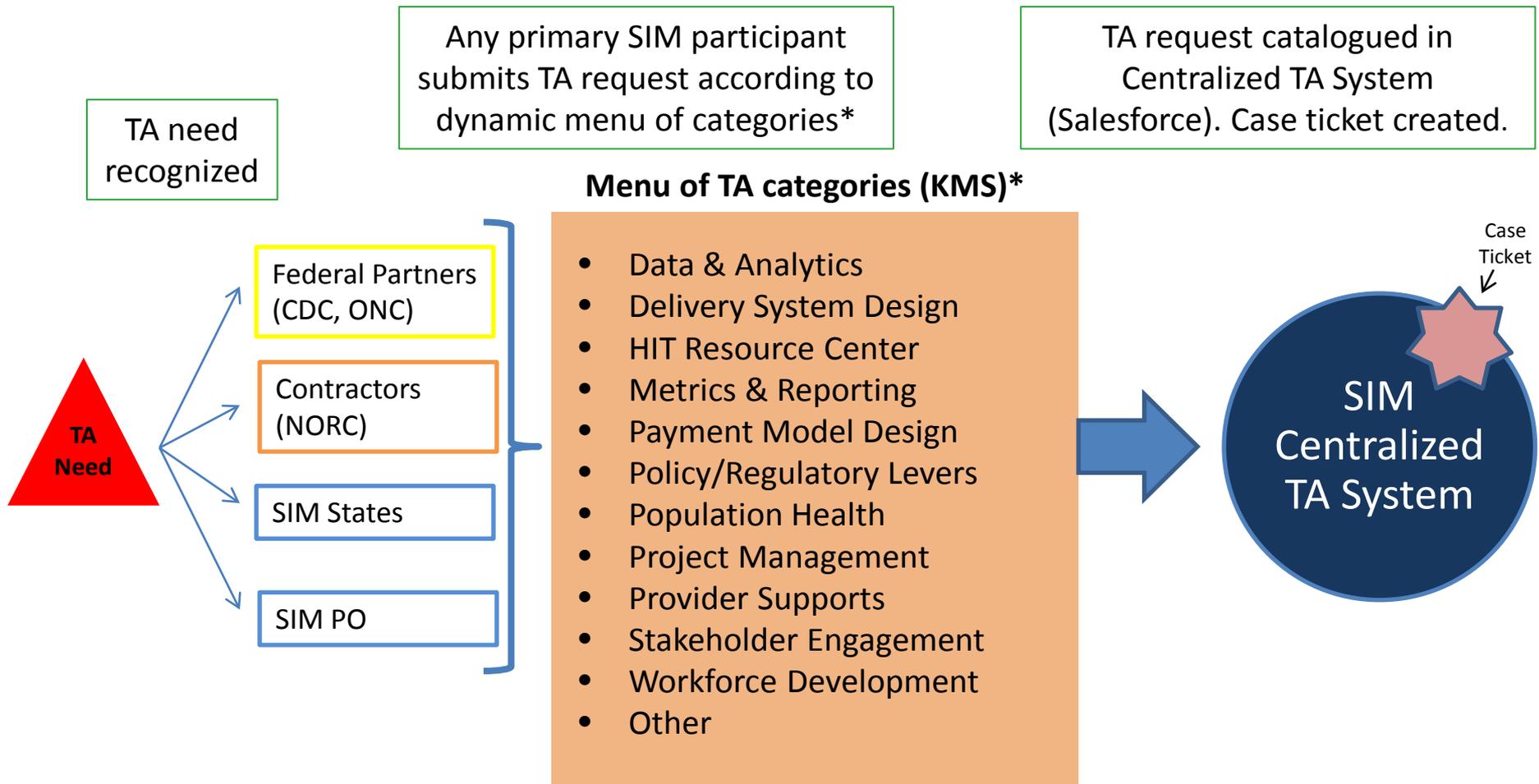
- Create transparency on roles and technical assistance services available through contractors and federal partners
- Facilitate state-appropriate technical assistance through curated system of inquiries, provision and tracking of TA resources and support to SIM states
- Develop accountability for the provision and tracking of technical assistance across contractors, federal partners and SIM states (from inquiry to resolution)
- Contribute to SIM knowledge management by processing TA solutions/products into usable formats for peer learning and dissemination

SIM TASC Workflow

Centralized TA Coordination

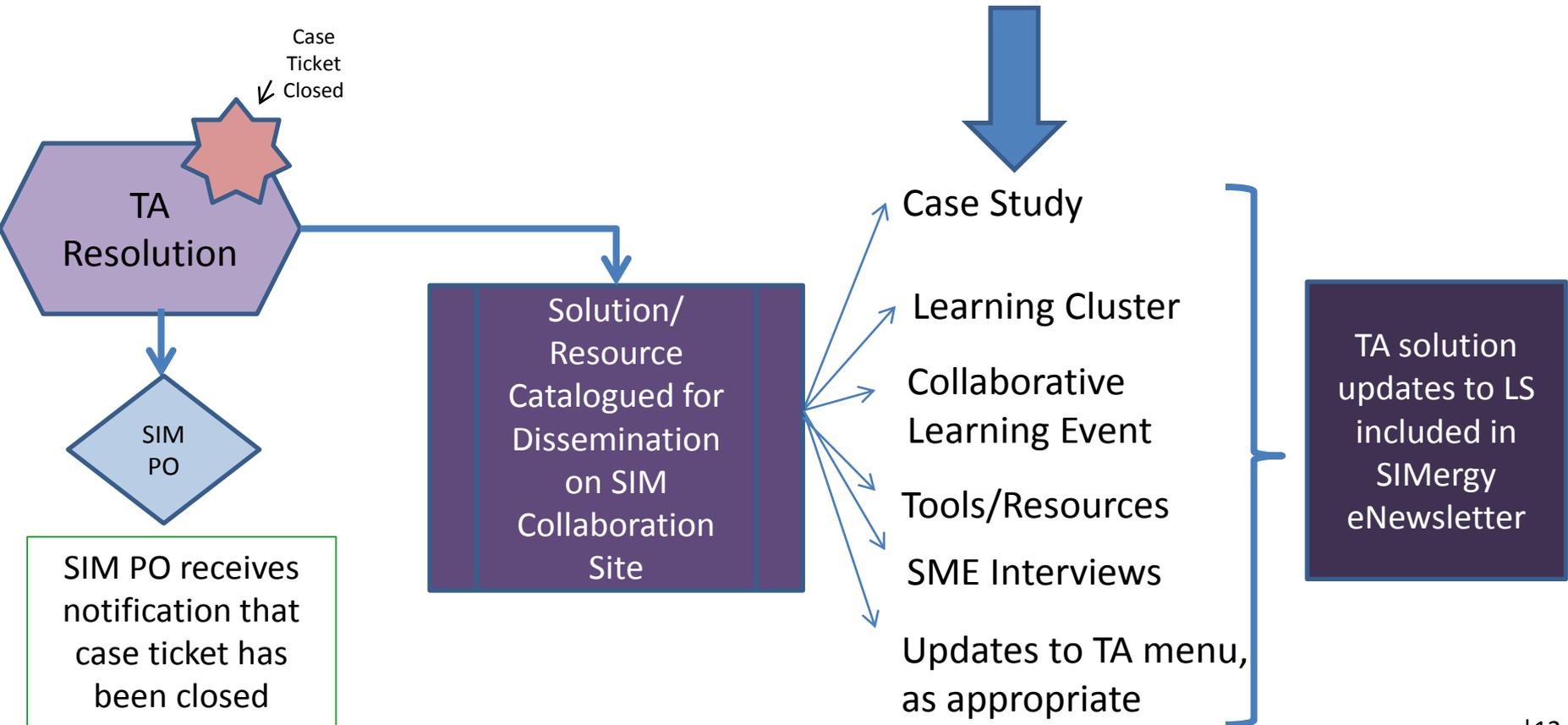


SIM TASC Request Process



SIM TASC Resolution (Knowledge Management System)

TA products/solutions packaged by content expert, using standardized templates, for inclusion on the SIM Collaboration Site for dissemination and peer learning



SIM Collaboration Site (Knowledge Management System)

SIM Collaboration Site: Goals

- Create a SIM knowledge repository
- Curate state transformation tools and resources for easy access by SIM grantees
- Accommodate knowledge exchange and communication
- Promote/facilitate knowledge sharing, while increasing collaboration and networking

SIM Collaboration Site: Orientation

- The SIM Collaboration Site is being upgraded through early March
- Once the site is ready, SIM R2 state team members will receive an email inviting you to join the Collaboration Site
- Your Project Officer will work with team to schedule a preview of the Collaboration Site during one of your regular project meetings
- In the meantime, Project Officers will share relevant TA resource materials with SIM state teams

TA Partner NORC

SIM Technical Assistance



Introduction to the NORC Team and Technical Assistance Supports

*Gretchen Torres, NORC
Deborah Brown Kozick, CHCS
Lacey Hartman, SHADAC*

February 12, 2015

Outline

- NORC TA Team Overview
- TA Topics and Formats
- Requesting TA
- Examples of TA Requests and Solutions
- Resources Coming Soon

NORC Technical Assistance Team

- Provides technical assistance supporting design and implementation of health system innovation models
- Expertise across 6 organizations working with states to address topics and issues emphasized in state models



Examples of TA Topics (Collaboration Site Library Folders)

Delivery System Design

- Behavioral health
- Social services support
- PCMH

Payment Model Design

- Multi-payer engagement / alignment
- ACOs
- Payment methodologies

Metrics & Reporting

- Metric framework / selection

Stakeholder Engagement

- Governance
- Provider engagement
- Payer engagement

TA Formats

- Environmental scans and research reviews
 - Promising practices and compiled/summarized resources to inform state initiatives
- Strategies and tools to engage stakeholders and promote SIM participation
- Reviews of state-developed materials, e.g. RFPs, SPA submissions, draft SIM deliverables
- Facilitated calls
- On-site assistance

Request TA via your TA Lead and PO

- TA Lead participates on biweekly TA calls with CMMI POs and state leads to discuss state's ongoing TA needs
 - Requests are entered and tracked through the TASC system
- TA Lead coordinates with TA team members to match request with relevant expertise
 - Goal: tailored and content-driven support to model design and implementation needs

Examples of Technical Assistance

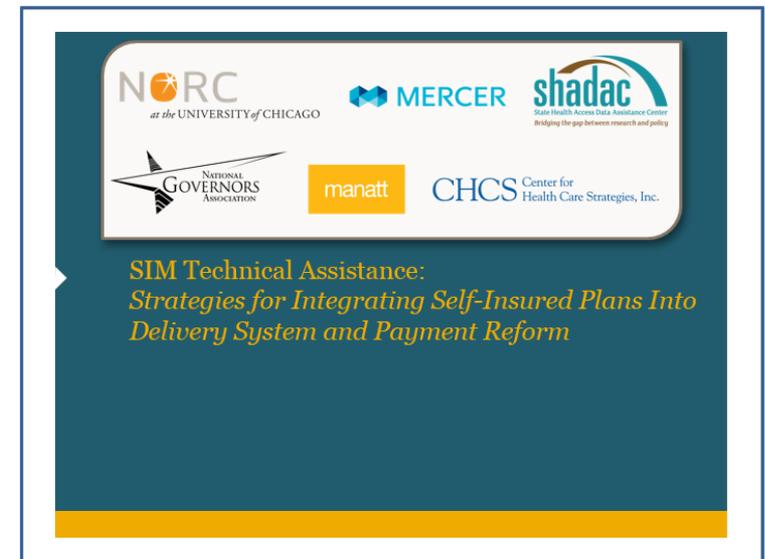
Delivery System & Payment Reform– Primary Care Policy & Measurement Strategies

- Request: Assist Oregon in exploring policy options to increase multi-payer investments in primary care and measurement strategies to track investments
- TA activity/products: CHCS/SHADAC conducted review and wrote paper tailored to Oregon’s request.
- Follow-up:
 - Team enhanced paper to apply to broader set of states.
 - Team facilitated 2 stakeholder meetings in Maine around strategies for measuring and increasing investments in primary care.



Payment Model Design – Multi-payer Engagement

- Request: Inform Arkansas’ defining of participation expectations for self-insured payers (e.g. Walmart)
- TA activity/products – Manatt presented an overview of key considerations around ERISA and strategies for engaging self-insured payers
 - CHCS and Manatt facilitated call with interested Round 1 test states



Resource Menus for Innovation Plans & Operational Plans

- Highlights from Round 1 TA products and discussions
- Organized by Operational Plan and Innovation Plan requirements as noted in the FOA and CMMI's guidance
- All products will be posted to Collaboration Site, under Project Management folder, and can also be shared through TA lead
- States can begin identifying areas of interest – will be discussing in more detail on upcoming TA calls

SIM Operational Plan Technical Assistance Menu for Round 2 Test Awardees			
Page Area	Operational Plan Requirements	Examples of Round 2 TA Products	Examples of Round 2 TA Activities
1. Plan for Improving Population Health (This section will be supported by CAC) Population Health Plan: Goals and Objectives and Selection of Interventions	<ul style="list-style-type: none"> Develop formalized work plans for improving population health that address, at a minimum, the core measures: tobacco use, obesity and diabetes. Also consider integrating state strategies to address child welfare and prevention priorities, as applicable, including such factors as reducing childhood obesity, preventing early childhood dental caries, and addressing unmet oral hygiene needs to foster healthy child development. Commitment to updating the population health plan after the end of the funding period. Present clear objectives and goals, timeline for activities, and evidence of selected interventions that address: (i) high population burden and/or societal costs; (ii) the potential to demonstrate improvements in health, quality of care and decreased costs within three to five years with a strong performance focus for populations and groups; (iii) health systems and other interventions; (iv) policy/systems and environmental changes; and (v) social disparities including racial, ethnic, sexual orientation, educational attainment and health. Before a finalized "Plan for Improving Population Health" to CMO, and begin to implement their finalized Plan for Improving Population Health before the end of the award period. 	<ul style="list-style-type: none"> Guidance document and template for developing population health plan. Case studies of successful population health initiatives from other states (e.g. Tobacco cessation, Diabetes prevention). Menu of evidence-based strategies for population health. Local area data and maps for population health highlighting geographic, racial, socio-economic disparities, diseases and risk factor burden. The Community Careways planning tool to improve community outcomes. 	<ul style="list-style-type: none"> Coordination with the CDC to provide exemplar cases similar states, feasibility studies/ assessments, mapping of selected interventions tied to population health outcome objectives. Review of and feedback on work plan for implementation and delivery of population health interventions. Discussions with CDC regarding phased population health plans and templates to guide states' identification of population health focus areas.
Evidence of Partner Involvement	<ul style="list-style-type: none"> Develop a partner engagement plan, as part of the larger stakeholder strategy, with sub-section identifying opportunities with convenors and underlying social determinants of health. Describe model implementation activities sufficient to support 3rd model implementation. Establish a detailed work plan and timeline (within testing timeframe) for each phase of partner/stakeholder involvement. Coordinate efforts to align with the state's Healthy People 2020 plan, the National Prevention Strategy, and the National Quality Strategy. 	<ul style="list-style-type: none"> See above section on stakeholder engagement. 	<ul style="list-style-type: none"> Assistance reviewing state-level alignment and providing opportunities, share diagrams particularly between state Medicaid and public health departments

Operational Plan Technical Assistance Menu - 6

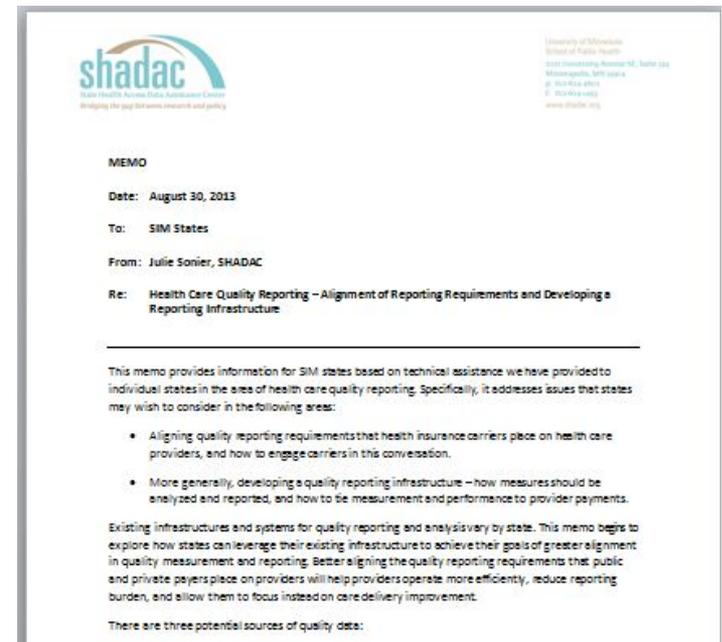
Metrics & Reporting – Provider Reports

- Request: Several states interested in sharing key challenges and best practices around developing and enhancing provider/practice reports
- TA activity/products: SHADAC facilitated series of calls with “leading” state presentations and Q & A



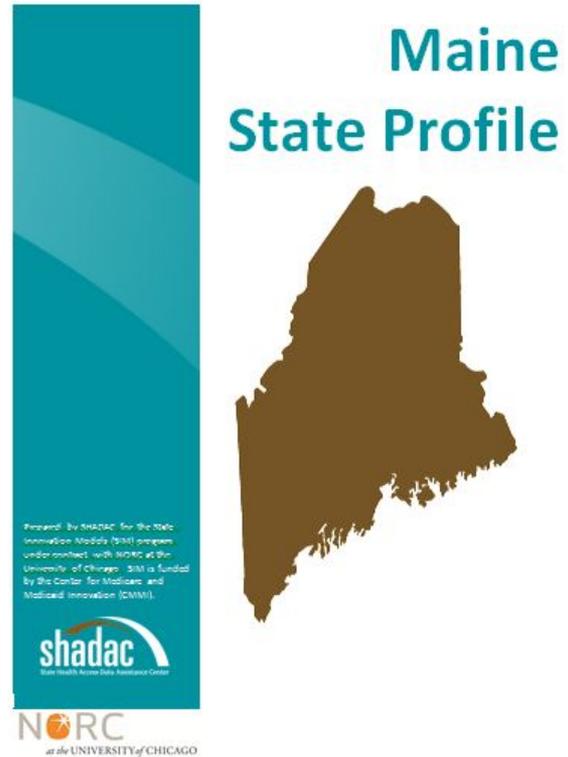
Metrics & Reporting – Quality Measure Alignment

- Request: Inform Pennsylvania of potential strategies to align quality measures and develop a reporting infrastructure
- TA activity/products: SHADAC developed a memo outlining potential approaches and issues for Pennsylvania to consider in leveraging its existing measurement activities to achieve greater alignment and reduce provider reporting burden
- Follow-up: Adapted memo to apply to broader set of states



State Profiles

- State-level data to inform stakeholder discussions about SIM priorities and strategies
- State data tables with comparisons to national averages for range of indicators from several domains relevant to SIM (e.g., factors supporting innovation, cost, quality, insurance markets, health system performance, workforce, population health)



Resources Coming Soon to SIM R2 Awardees

- Overview of TA Team
- State Profile
- TA Resource Menus for Innovation Plans (Design States) and Operational Plans (Test States)
- Stakeholder Engagement Memo
- Innovation Plan “Tips”
- Save-the-Date information for All-SIM Awardee meeting April 22-23, 2015 in Baltimore

TA Partners CDC

Population Health TA from CDC

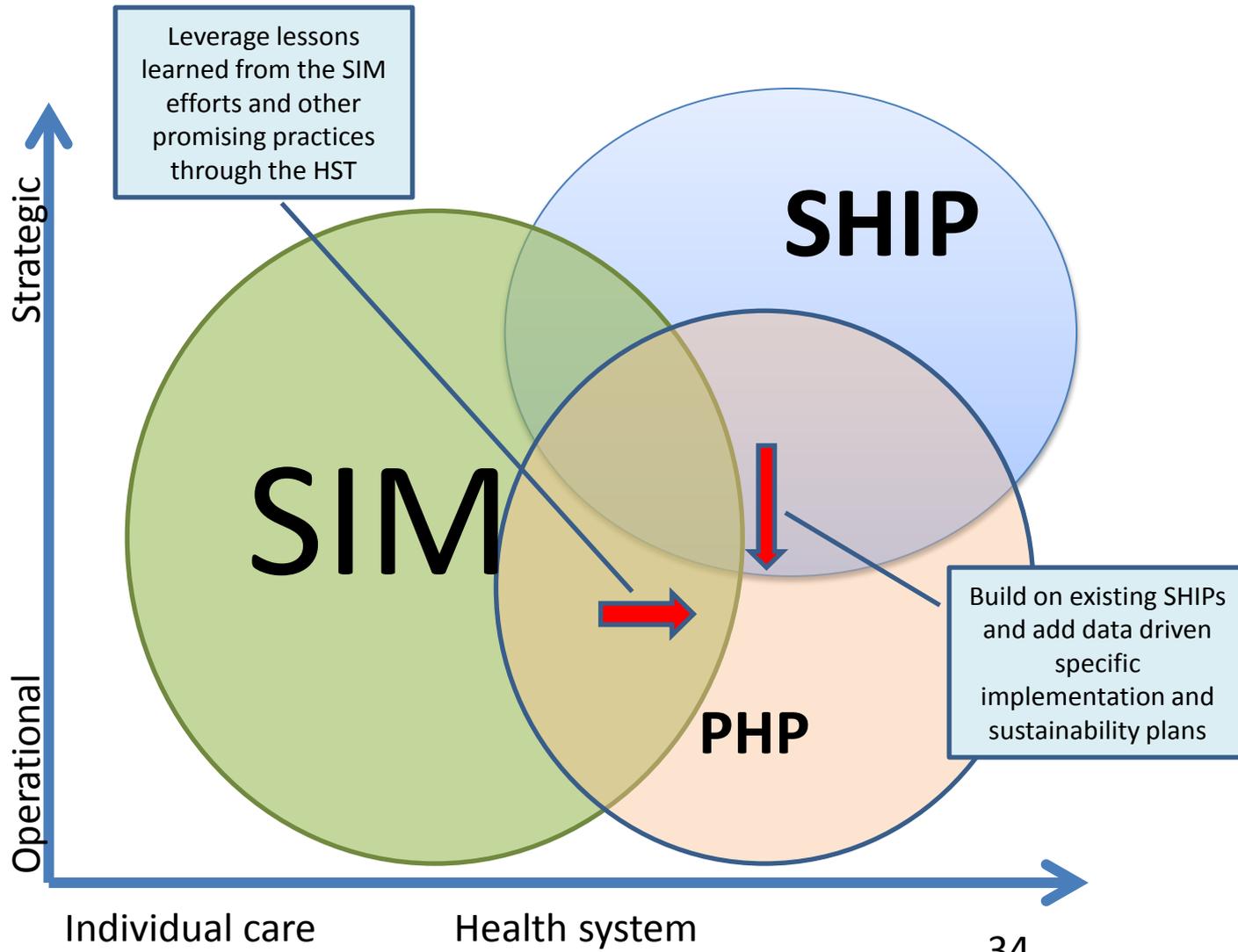
Population Health Plan Requirement under SIM

All SIM states, as a condition of their funding, should develop a plan to improve the health and wellbeing of the state population (a Population Health Plan). The Population Health Plan should:

- Leverage and build upon interventions and strategies included in an existing State Health Improvement Plan (SHIP);
- Address the integration of public health and health care delivery;
- Leverage payment and delivery models as part of the existing health care transformation efforts;
- Include a data-driven implementation plan that identifies measurable goals, objectives and interventions that will enable the state to improve the health of the entire state population;
- Include elements to ensure the long-term sustainability of identified interventions;

The plan should also address operational considerations including but not limited to: enabling policies, privacy/confidentiality, alignment with existing priorities/efforts, workforce, evaluation, stakeholders, HIT, governance/oversight, sustainability.

Scope of Population Health Plan under SIM



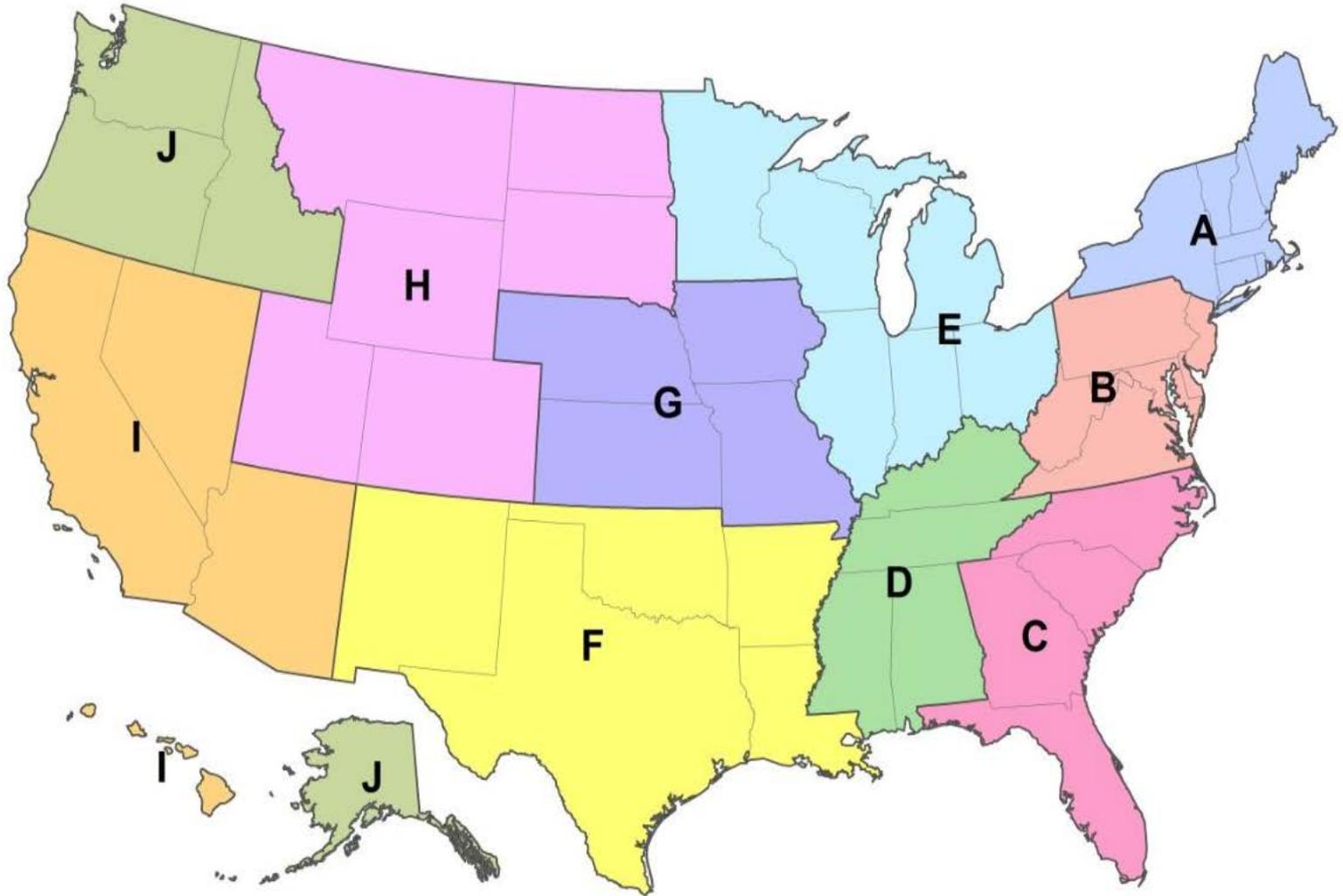
Pop health TA from CDC

- Lead federal agency for population health
- > \$6B to fund state efforts in 2013
 - For example, NY
 - >\$6.5M to control DM, HD, obesity, school health, etc.
 - >\$3.5M to improve community health
- Examples of program components
 - improve health for all Americans through coordinated chronic disease prevention and health promotion programs
 - Promote reporting of blood pressure and A1C measures; and as able, initiate activities that promote clinical innovations, team-based care, and self-monitoring of blood pressure.
 - Increase implementation of quality improvement processes in health systems.
 - Promote awareness of diseases and risk factors among the general population and those with diagnosed conditions.
 - Increase use of health-care extenders in support of self-management of chronic diseases.
 - Help low-income, uninsured, and underinsured to access (or provide) clinical preventive and diagnostic services, referrals to treatment and appropriate follow-up.
 - Health literacy and access to care.
 - Increase infrastructure and ability of both state and local health agencies to support public health programs and services.
 - Enhance the access to, and application of data for strategic communications and priority setting.
 - BRFSS –state and local level risk-factor surveillance system.
 - PRAMS provides data for state health officials to use to improve the health of mothers and infants

Examples of the currently funded programs

- State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health
 - Funding Period 7/1/13 - 6/30/18
- National State-Based Tobacco Control Programs
 - Funding Period: 4/1/15 - 3/30/2020
- Heart Disease & Stroke Prevention Program and Diabetes prevention - State and Local Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease and Stroke
 - Funding Period 9/30/14 - 9/29/18
- Partnerships to Improve Community Health (PICH)
 - Funding Period 9/30/14 - 9/29/17

National Center for Chronic Disease Prevention and Health Promotion Regions



CDC Team Assignments

Round 1 Test	Round 2 Test	Round 2 Design	
Arkansas -Denice Glover	Colorado -Chris Stockmyer	Arizona -Deborah McCall	American Samoa -TBD
Massachusetts -Paul Hunting	Connecticut -Paul Hunting	California -Deborah McCall	CNMI -TBD
Maine -Paul Hunting	Delaware -Denice Glover	District of Columbia -Denice Glover	Hawaii -Deborah McCall
Minnesota -Paul Hunting	Idaho -Deborah McCall	Illinois -Paul Hunting	Kentucky -Chris Stockmyer
Oregon -Deborah McCall	Iowa -Deborah McCall	Maryland -Denice Glover	Montana -Chris Stockmyer
Vermont -Paul Hunting	Michigan -Paul Hunting	Nevada -Deborah McCall	New Hampshire -Paul Hunting
	New York -Paul Hunting	New Jersey -Denice	New Mexico -Denice Glover
	Ohio -Paul Hunting	Oklahoma -Denice Glover	Pennsylvania -Denice Glover
	Rhode Island -Paul Hunting	Puerto Rico -TBD	Utah -Chris Stockmyer
	Tennessee -Chris Stockmyer	Virginia -Denice Glover	West Virginia -Denice Glover
	Washington -Deborah McCall	Wisconsin -Paul Hunting	

Examples of Technical Assistance

Example 1: Data and statistics

- Topic:
 - Baseline population health assessment
- TA activity/Product:
 - Provide summary statistics on core population health measures.
 - Develop language describing high burden and cost conditions, disparities and high priority areas.
 - Develop American Disabilities Act compliant set of maps, tables and power-point slides for posting on state website, dissemination, etc.

Example 2: Community needs assessment

- Topic:
 - Community needs assessment to inform the coordinated care organization efforts.
- TA activity/Product:
 - Provide training, guidance and consultation for leveraging various CDC-developed tools and resources aimed at community health improvement efforts. For example:
 - Community Commons planning tool to improve community outcomes
 - Community Health Online Resource Center
 - A Practitioner's Guide for Advancing Health Equity

Example 3: Community engagement

- Topic:
 - Enable continuity of care and care coordination after a patient’s discharge from acute health care settings.
- TA activity/Product:
 - Help the Health care identify and link with:
 - Existing community-based partnerships enabled through CDC-funded programs
 - Community-based infrastructure to support a program implementation and management.
 - Community-based non-traditional health workers and services (i.e. chronic disease self-management programs, home-based fall prevention education, etc.)
 - Resources and expertise for reaching out underserved population, addressing patient literacy issues, awareness and education-related capacity, etc.

Example 4: Best practices

- Topic:
 - Recommending evidence-based population health strategies in the context of health system transformation efforts.
- TA activity/Product:
 - Access to subject matter expertise related to specific strategies/practices through (i.e. USPSTF, the Community Guide, etc.)
 - Case studies (Tobacco Cessation in MA, Diabetes Prevention Program, etc.)
 - Identifying opportunities for and facilitating peer-to-peer learning and discussions.
 - Support in identifying and implementing appropriate population health metrics to drive health improvements.

Example 5: Coordination and alignment

- Topic:
 - Increase use of health-care extenders in support of self-management of chronic diseases.
- TA activity/Product:
 - Augment the impact of state-wide health system transformation efforts by enhancing coordination and alignment of existing CDC-funded initiatives with SIM goals and objectives.

Contact Information

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TA Partners ONC

The Office of the National Coordinator for
Health Information Technology



SIM Health IT Resource Center

Scope, Services, and Outcomes

February 12, 2015

Putting the **I** in **HealthIT**
www.HealthIT.gov



SIM HIT Resource Center Location: The Office of the National Coordinator for Health IT (ONC)

- The Office of the National Coordinator for Health Information Technology (ONC) is at the forefront of the administration's health IT efforts and is a resource to the entire health system to support the adoption of health information technology and the promotion of nationwide health information exchange to improve health care.
- ONC is organizationally located within the Office of the Secretary for the U.S. Department of Health and Human Services (HHS).
- ONC is the principal federal entity charged with coordination of nationwide efforts to implement and use the most advanced health information technology and the electronic exchange of health information.
- The position of National Coordinator was created in 2004, through an Executive Order, and legislatively mandated in the Health Information Technology for Economic and Clinical Health Act ([HITECH Act](#)) of 2009.

SIM HIT Resource Center: Focus of State HIT Technical Assistance

- Three key TA areas to help SIMs states meet their health care transformation and payment reform vision, goals and metrics as the State envisioned them in their SIMs grant
 1. **Interoperability and exchange** to support interdisciplinary communication across all settings of care,
 2. **Shared, longitudinal care planning**, care coordination, and care and case management across the continuum of care providers and social/human services providers for patients and families, and
 3. **Integrated quality measurement**, data analytics, and performance reporting and feedback systems to provide timely, relevant information to providers, patients, families, and the extended care team to improve care as well as to support evaluation, payment, and operations.

SIM HIT Resource Center: Scope of activities

- Provide expertise on HIT/HIE-specific **State TA requests & facilitate state HIT plans (1:1 TA)**
 - Examples: Strategy and implementation roadmap development, Stakeholder management in Health IT planning activities and Operational health IT plan development, implementation and annual updates
 - Mechanisms: Customized, individual state **in-person support, email communications, conference calls** and **web-discussions**
- SIM support for **priority topics** for model test states
 - Claims-clinical aggregation
 - Care plans and coordination
 - HIE across care continuum
 - Stakeholder management
 - Policy & regulatory levers
- **Develop learning guides:** for priority topics
- **Share open source tools:**
 - Examples: Quality measurement (popHealth) and alert notifications (BEAT)



SIM HIT Resource Center: Operating Principles

- **States' interests first**, to assure the ultimate success of SIM;
- Provide a **seamless experience for States** receiving technical assistance and collaborative learning;
- **Ensure close coordination** across contractors and federal partners to promote efficiency and reduce duplication;
- Work together to **achieve the highest quality** of learning, technical assistance and resources available for SIM states; and
- Facilitate **effective cataloguing and dissemination** of innovations and learning across SIM states.

Examples of Prior and Existing ONC TA

- **Maine:** ONC worked with ME to discuss data stewardship issues related to the HIE. TA work continues with the state.
- **Massachusetts:** ONC worked with MA to discuss challenges with improving the functionality of their claims-based shared savings provider portal, HIPAA issues related to their APCD and potential connection between Medicaid clinical data repository for e-measures and APCD.
- **California:** ONC worked with the Office of the Chief Privacy Officer to connect the CA CMIO with CMS data policy teams and address de-identification issues.
- **Arkansas:** ONC provided on-site support and TA for a variety of health IT topics.
- **Oregon:** ONC provided TA over multiple visits to the state to facilitate a common understanding and plan for shared Health IT services across Care Coordination Organizations.

ONC Roles and Subject Matter Experts (SMEs)

- **Federal staff**

- *Patricia MacTaggart* – State HIT-Optimized Care Transformation Strategy & Operations, Quality Improvement/Measurement, Coordination of Care/Continuity of Care, Coordination/Integration with Medicaid, Behavioral Health, Public Health
- *Kevin Larsen* - Clinical quality measurement
- *Samantha Meklir*- Behavioral Health
- *Aja Williams* - Privacy and Security
- *Jim Daniel* - Public Health
- *Evelyn Gallego* - LTSS Standards
- *Liz Palena-Hall* - LTPAC
- *John Rancourt, Lee Stevens* – State Policy
- *Krissy Celentano* – ONC State Lead

- **Contracted**

- *Hunt Blair* – HIT-Optimized Care Transformation Strategy & Operations, LTPAC, State HIT Coordination
- Others

SIM HIT Resource Center: Next Steps

- **Initial follow-up calls** to determine needs (long and short term)
 - 3 months
 - 6 months
 - 12 months
- **SIM state meetings** that could be leveraged for further discussion and/or TA to begin

Questions/Discussion

Next Steps

- Round 2 State Introduction Call – Thursday, February 19
 - Test: 3:00 – 4:00
 - Design: 4:00 – 5:00

Submit overview slide to StateInnovations@cms.hhs.gov by COB February 17. A template was provided in the SIM Bulletin distributed on February 11.
- TASC Training – Multiple options available; team members should attend at least one
 - Tuesday, February 24, 4:00 – 5:00
 - Thursday, February 26, 4:00 – 5:00
 - Tuesday, March 3, 4:00 – 5:00
 - Thursday, March 5, 4:00 – 5:00