



Progress since the SIM Task Force Convening

December 2015

- The initial meeting of the 21-member SIM Task Force was held at Stonewall Resort. The Task Force was split into small equal-size workgroups to discuss care coordination and delivery system approaches and then reconvened to discuss consensus points as a whole.

January 2016

- The key focus of the SIM Task Force was discussing the high costs associated with so-called “super-utilizers” of health care and developing a common definition of a super-utilizer.
- The SIM Task Force approved the following definition: *Super-utilizers experience complex physical, behavioral and social determinants of health that are not well met through the current fragmented health care system. These individuals would receive better care at a lower cost if they were identified and provided coordinated care.*

Tiger Team: Operationalizing the Super-Utilizer Definition

- A Tiger Team was appointed by the SIM Task Force to explore operationalizing the definition of super-utilizer—that is, determining how the definition will work in practice.
 - Most Tiger Team participants use a combination of hospitalizations and emergency department visits to operationalize their definition of super-utilizers. Costs and specific diagnoses do not figure into the operationalization of a super-utilizer definition exclusively. It is not necessary to obligate payors or providers to adopt specific triggers (e.g., number of emergency department visits or hospitalizations).

Behavioral Health and Primary Care Integration

- A meeting of an *ad hoc* workgroup convened to discuss integrating behavioral health and primary care was held to explore the precepts and ideas of Dr. Garrett Moran, Project Director of AHRQ’s The Academy for Integrating Behavioral Health and Primary Care. Dr. Moran recommended the following strategies for West Virginia:
 - To address the immediate budget crisis:
 - Medicaid Health Homes for complex, costly patients
 - Project ECHO clinic for complex patients, chronic pain, opioid treatment
 - Remove barriers to broader telehealth usage
 - Move to alternative payment models to make strategies feasible
 - Identify resources to support practice change facilitation
 - Think about what models and practices fit into your local context and environment.

Other Achievements Related to January SIM Efforts

- Kim Tieman, Benedum Foundation Program Officer; Sharon Carte, WVCHIP Executive Director; Ted Cheatham, WVPEIA Executive Director and Joshua Austin, SIM Project Coordinator began collaborating on the creation of the West Virginia Health Transformation Accelerator (WVHTA) to assist in coordinating and facilitating health care reform activities in West Virginia and applying for any potential SIM implementation funds.
- The WVHTA is envisioned as a public-private partnership that includes the West Virginia Department of Health and Human Resources and other state health-affiliated staff; health care payors; the state's most-innovative providers (such as hospitals, FQHCs, CMHCs, etc.) and its largest grant maker (e.g., The Claude Worthington Benedum Foundation).
 - A whitepaper outlining the rationale and decision points for the WVHTA has been drafted; it will be considered by the SIM Task Force during its March meeting.

February 2016

- The SIM Task Force investigated how to streamline and set provider / payor quality measures. The recent release of quality measure sets by the [Centers for Medicare and Medicaid Services Core Quality Measures Collaborative](#) was determined to be a good starting point and a process was approved to begin aligning quality measures, with a focus on West Virginia Medicaid.
 - Task Force Decision: The West Virginia Health Innovation Collaborative (WVHIC) should be used to publically vet quality measures. The WVHIC will use the CMS Core Quality Measures Collaborative measures as the beginning discussion point for quality measurement alignment. The decision-making process will be as wide and as open as possible—allowing anyone to provide feedback on quality measures. This might not be the final resting place for this group if a more appropriate structure/entity is viable.

Other Achievements Related to February SIM Efforts

- February 24th: SIM staff hosted a conference call with the project manager of the Wisconsin SIM project. Wisconsin indicated that their SIM project faced many of the same challenges regarding health care transformation as West Virginia, including lack of implementation funding, diffuse leadership for implementation, political dynamics and no appetite to make investments without a demonstrable and immediate ROI. Wisconsin developed similar and aligned design alternatives as West Virginia is currently pursuing, such as the WVHTA; their approach affirms much of the work of the SIM Task Force and workgroups to date.

REMINDER

**A six month no-cost extension was received from CMS.
The final SIM design plan is due on or before July 31, 2016.**