

**Minnesota's Accountable Health
Model: a Framework to Improve
Outcomes, Engage Communities, and
Reduce Expenditures**

WHAT IS THE MINNESOTA ACCOUNTABLE HEALTH MODEL?



Part of the CMS Innovation Center State Innovation Model (SIM) program

Supporting comprehensive approaches to transform a
state's health system

through innovative payment and service
delivery models that will

lower costs while maintaining or
improving quality of care



State Innovation Model Testing States

Model Testing Grant awarded to Minnesota –

- ▶ Partnership between MDH and DHS
- ▶ States could apply for Model Design grants (\$1-\$3 million, one year) or Model Testing grants (up to \$60 million, three years)

– **and five other states:** AR, ME, MA, OR, VT

Minnesota's Model Testing grant: \$45.2M

- ▶ Planning/Implementation period: 4/1/13 – 9/30/13 (6 months)
- ▶ Testing period: 10/1/13 – 9/30/16 (3 years)



Foundation

Medicaid
ACOs

Health Care
Homes

SHIP

Strong
Collaborative
Partnerships

Standardized
Quality
Measurement

E-health
Initiative

Community
Care Teams



Cracks in Foundation

Access to real-time
clinical data across
providers

Care coordination
skills

Data analytic
ability

Start up costs for
communities and
small rural
providers


Disparities



- **Every patient receives coordinated, patient-centered primary care.**
- **Providers are held accountable for the care provided based on quality, patient experience and cost performance measures.**
- **Financial incentives are fully aligned across payers through payment arrangements that reward providers for keeping patients healthy and improving quality of care; and**
- **Provider organizations partner with community organizations, engage consumers, and take responsibility for a population's health through accountable Communities for Health**




What are we testing?



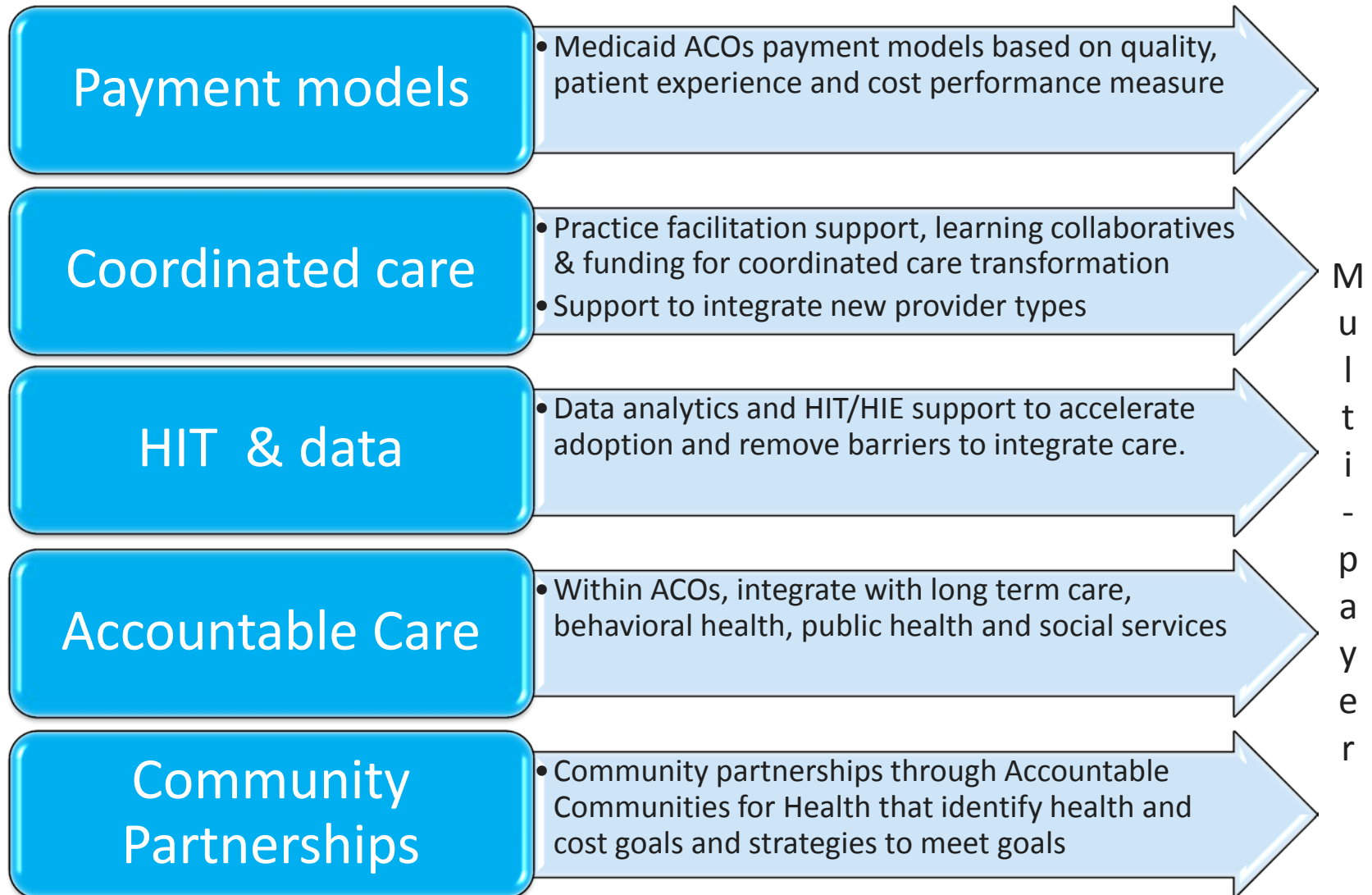
Can we improve health and lower costs if more people are covered by Accountable Care Organizations (ACO) models?

If we invest in data analytics, health information technology, practice facilitation, and quality improvement, can we accelerate adoption of ACO models and remove barriers to integration of care (including behavioral health, social services, public health and long-term services and supports), especially among smaller, rural and safety net providers?

How are health outcomes and costs improved when ACOs adopt Community Care Team and Accountable Communities for Health models to support integration of health care with non-medical services, compared to those who do not adopt these models?



PROGRESS TOWARD A NEW MODEL





Building Toward the Vision

60% of fully insured population in ACO/TCOC models

200,000 Medicaid enrollees in ACOs

Evidence of better health and lower costs from first round ACO models

67% of primary care clinics are HCH or BHH


15 Accountable Communities for Health

Quality measures and payment structures that align across payers

ACO/ACHs begin to integrate behavioral health or LTC or social services/public health

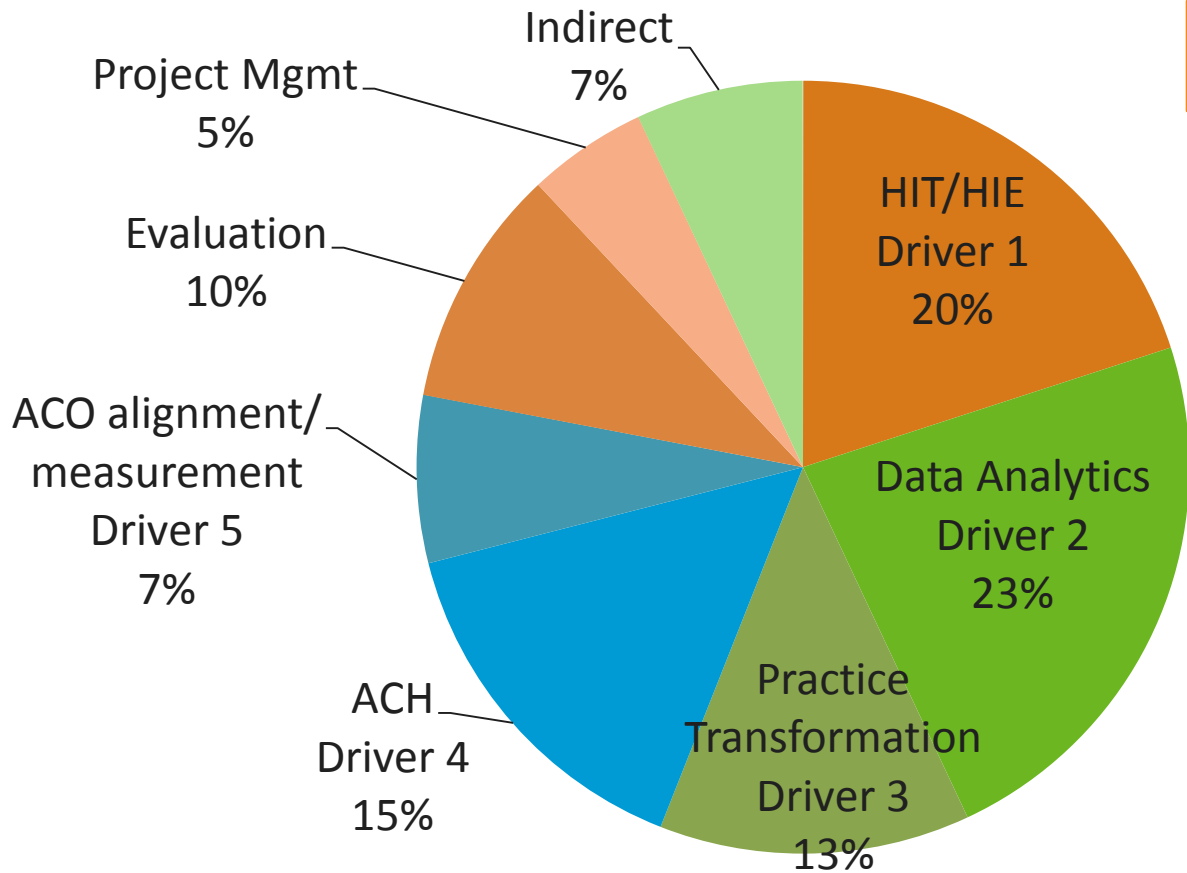
Providers and communities partner in new and deeper ways

ACHs identify health and cost goals and sustainability to continue work beyond grant funding.



Minnesota Accountable Health Model Budget by Category

\$45.2M grant



Grants and Contracts

- Year 1
 - HIT/HIE RFPs
 - Community e-Health exchange grants: support to plan for or implement and expand e-health capabilities across settings (**Feb**);
 - e-Health roadmaps: Develop and disseminate 'roadmaps' for data exchange in behavioral health, social services, etc. (**March**);
 - Privacy, Security and Consent Management: Review of e-health legal issues, analysis and technical assistance (**March**)



Grants and Contracts

- Year 1
 - Data analytic contract for data analytics support for Integrated Health Partnerships (formally HCDS)
 - Contract to implement ACO baseline assessment



Grants and Contracts

- Year 1
 - Practice and Community Transformation
 - Provider transformation grants for integration activities
 - Learning community grants for providers
 - Practice facilitation contracts
 - Grants to support providers employing new health care professionals
 - Contracts for community engagement
 - Grants to support Community Care Teams
 - Select Accountable Communities for Health (**Fall 2014**).



WHERE ARE WE NOW?





Operational Updates

- Community Advisory Taskforce:
 - To provide strategic direction and guide decision making to advance the goals that focus on community and patient engagement, integration across the continuum of care, and population health improvement
- Multi-Payer Alignment Task Force:
 - Members representing both commercial and public payers
 - Assist in the development and implementation strategies to build alignment across payers





Operational Updates

- Communications
 - New website: mn.gov/SIM
 - SIM listserv and monthly e-newsletter
 - Developing toolkits and webinars that will be housed on the website
 - Continuing to educate and get input



Questions?

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