



## SIM Update Presentation to the Joint Commission on Health Care

June 17, 2015

Beth A. Bortz | President & CEO

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### About

Founded in 2012

- ✓ Public-private
- ✓ Multi-stakeholder
- ✓ Nonprofit
- ✓ Convener

#### Mission:

To work in partnership with multiple stakeholders to **accelerate the adoption of value-driven models** of wellness and health care throughout Virginia.

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**BOARD**

- Advisory Board Company
- Carilion Clinic
- Community Memorial Healthcenter
- Dominion
- Kaiser Permanente
- HCA Virginia
- Health Diagnostic Laboratory
- MeadWestvaco
- Medical Society of Virginia
- PhRMA
- Virginia Association of Health Plans
- Virginia Chamber of Commerce
- Virginia Health Care Foundation
- Virginia Hospital and Healthcare Association

## Who We Are

**STAFF**

**Beth Bortz**  
*President & CEO*

**Ashley Edwards**  
*Chief Innovation Officer*

**Elizabeth Brady**  
*Logistics Coordinator*

**Anne Faszewski**  
*Finance Director*

**Molly Huffstetler**  
*Innovation Waiver Manager*

**Brenden Rivenbark**  
*Integrated Care Manager*

**Shelley Stinson**  
*Recruitment Director*

**Suzannah Stora**  
*Sustainability Director*



**VIRGINIA'S HEALTH SYSTEM SCORECARD**

**VIRGINIA HEALTH INNOVATION NETWORK**

**INNOVATION FELLOWS**  
A program of the Virginia Center for Health Innovation

**2015 Game Changer**  
in Employee Health Award

## What We Do



**HEART OF VIRGINIA HEALTHCARE**



**INNOVATOR INTERVIEW**



**VIRGINIA HEALTH INNOVATION plan**

## About SIM

Provides **financial and technical support** for the development and testing of state-led, multi-payer **health care payment and service delivery models**.

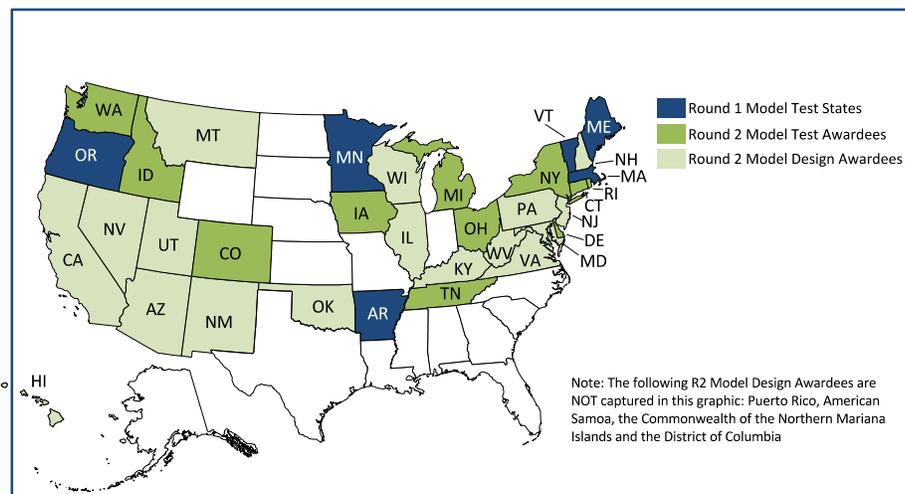
States could seek a model design (up to \$3M) or model testing (up to \$100M) grant. Preference was given to states that had expanded Medicaid.

**Virginia sought and received a \$2.6M Design Grant**, further leveraging the General Assembly's investment in VCHI to develop a state health improvement plan.

**VCHI is the only SIM grantee that is a non-profit**, and not a state agency or state university.

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## SIM States



## Virginia's SIM Design Strategy

Engaging multiple stakeholders in a statewide effort to achieve the **Triple Aim** of improving the patient experience and population health while **reducing costs** for all Virginians.

Special emphasis on:

- Regional health promotion and prevention
- Effective treatment for populations with chronic conditions
- Integration of primary care and behavioral health for populations with multiple diagnoses.

## SIM Overview



## A Closer Look at a Few SIM Workgroups

- Lieutenant Governor's Roundtable on Quality, Payment Reform and HIT
- Accountable Care Communities
- Integrated Care
- Primary Care Transformation

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## LG's Roundtable: Purpose

The Lieutenant Governor's Quality, Payment Reform, and HIT Roundtable (QPHR) is asked to pursue the following objectives in support of VHIP 2015:

- ✧ Develop an **aligned set of quality measures** that reflect needed improvements in care coordination and population health;
- ✧ Recommend an **aligned set of payment reforms** to better incentivize clinicians for reaching selected quality measure targets; and
- ✧ Develop a **Health Information Technology plan** that ensures the data collection systems are in place to implement the aligned measurement and payment functions.

Additionally, VDH is preparing a **core set of population health measures** for Virginia's Plan for Well-Being. We will work to align these two sets of measures.

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## LG's Roundtable: Transformational Goals, High Level Indicators, Key Improvement Areas

### Candidates for Transformational Goals:

By 2020, we will achieve a measurable improvement in the health of Virginians and the value of health care they receive. We will set concrete, ambitious goals related to the following drivers of high-value care:

- ✧ Improvement in targeted population health goals;
- ✧ Improved prevention and management of chronic and high-risk conditions;
- ✧ Improved access to coordinated care;
- ✧ Reductions in health care spending associated with unnecessary or preventable utilization; and
- ✧ An improved health care marketplace in which providers are rewarded for high-value care.

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## LG's Roundtable: Transformational Goals, High Level Indicators, Key Improvement Areas

### Candidates for High Level Indicators:

- Measures of targeted population health improvement goals.
- Percent of Virginians with access to primary or preventive outpatient care (\*includes physical, oral, and behavioral health as well as access to necessary medications)
- Population rate of Emergency Department visits, inpatient admissions, and re-admissions related to target chronic and high-risk conditions.
- Percent of Virginians whose provider operates under a value-based contract.
- Total annual per capita spending on health care for Virginians.

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**Candidates for Key Improvement Areas:**

- Behavioral Health
- Oral Health
- Diabetes
- Cardiovascular Disease
- Cancer
- Strong Start for Children
- Aging Well

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- Once the Roundtable members endorse the transformational goals, high level indicators, and key improvement areas, the SIM staff and consultants will use these as a filter for beginning to identify a core set of measures for the Commonwealth.
- We anticipate that the VDH population health measures currently under development would align and roll up into this work.
- Similarly, we are meeting individually with Virginia's health plans to learn more about the measures they are using and how these may align.
- At the July 27<sup>th</sup> meeting, Roundtable members will begin a discussion of proposed core measures.
- At the August 17<sup>th</sup> meeting, Roundtable members will review, refine, and endorse a set of core measures that could be prioritized by DMAS, the state employee health benefits plan, and willing health plans and employers.

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- The creation of Accountable Care Communities (ACCs) in Virginia is the core strategy of Virginia's State Innovation Model Design Award.
- Successful ACC development requires **multiple public and private stakeholders to commit to working collaboratively** to advance the Triple Aim in their regions and to **share the responsibility for the health of the community**.
- The success of regional ACC development depends on the creation of non-traditional partnerships.

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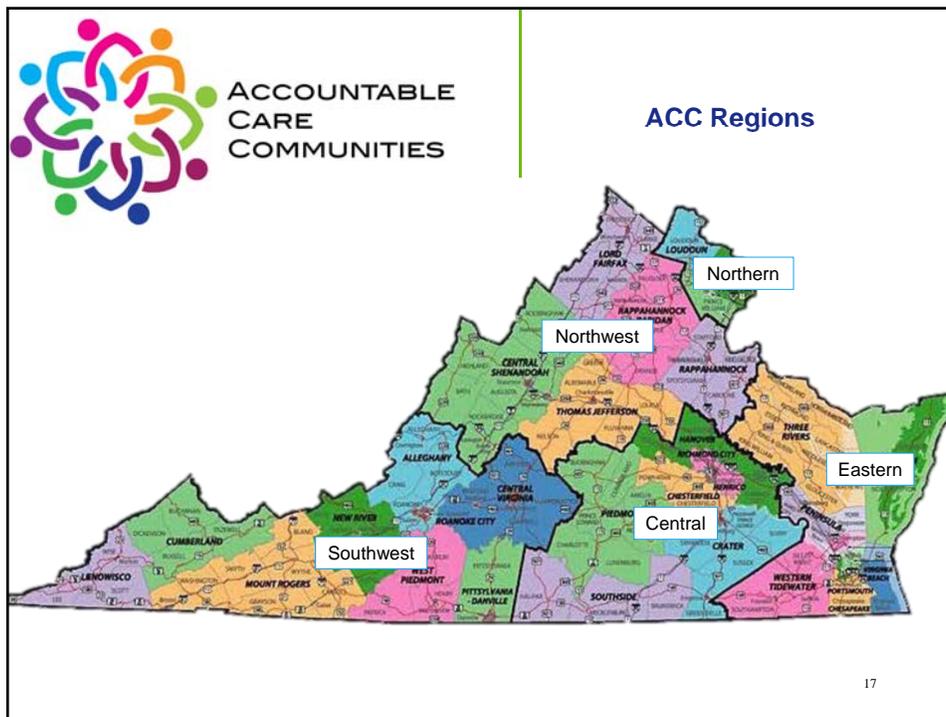


## Development Strategy

April – December 2015

- Select **5 regions** to serve as initial **Accountable Care Communities (ACC)** and hold ACC development meetings with community leadership to finalize coordinating structures. We recognize that the number of "regions" may grow beyond 5 as our work progresses.
- Review each region's performance on **core population health** and **quality improvement measures** to target priorities.
- Review emerging pilots from **Virginia's SIM portfolio** (Primary Care Transformation, Care Transitions, Integrated Care, Telemedicine and Remote Patient Monitoring) and consider community adoption.
- Develop priorities for **Regional Transformation Plans** for each of the ACC regions.

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The slide features the 'ACCOUNTABLE CARE COMMUNITIES' logo in the top left. The title 'VCHI's Role' is centered in blue. Below the title is a blue horizontal bar with the text 'Support + Resources' in white. The main content consists of two bullet points describing the support and resources provided by VCHI. The number '18' is in the bottom right corner.

**VCHI's Role**

**Support + Resources**

- Staff and consultants of the Virginia Center for Health Innovation, in partnership with state agency leadership, will provide **resources and facilitation support** to each region throughout this process.
- Much can be done through our collaboration and learning platform – The Virginia Health Innovation Network ([www.innovatevirginia.org](http://www.innovatevirginia.org)). Each region has a community on this site to facilitate its work.



ACCOUNTABLE  
CARE  
COMMUNITIES

## VCHI's Role

### Support + Resources

- Additionally, VCHI staff will help identify **funding** for development and implementation of the Regional Transformation Plans.
- Much of this funding may come from a Delivery System Reform Incentive Payment (DSRIP) Waiver that DMAS may seek to improve care for the Medicaid population.
- VCHI is working to identify funds to support reforms that may apply to other target populations outside of the DSRIP.

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## Integrated Care

- The SIM integrated care workgroups are developing proposed care models for consideration in an approved portfolio of projects that can be adopted by the Accountable Care Communities and potentially funded through a DSRIP waiver.
- Collectively, these planning groups are developing 27 different models for consideration. They encompass models for improving the integration of primary care and behavioral health, oral health, and complex care.
- Concept papers for these models are to be submitted to VCHI by July 1.

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## Primary Care Transformation

- Virginia applied for a separate grant to provide funding to implement this portion of its SIM strategy.
- Through AHRQ's RFA-HS-008 "Accelerating the Dissemination and Implementation of PCOR Findings in Primary Care" up to 8 entities were to be awarded 3 year grants of up to \$15 M each.
- Focus is on disseminating six cardiovascular PCOR findings (ABCS) to small to mid-size (10 or fewer physicians, NPs, and PAs) practices.
- **Virginia WON.**

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## Heart of Virginia Healthcare

*Restoring the joy in primary care.*



**AHRQ EvidenceNow**

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## Grant Terms

### Background on the National Initiative:

- ✧ Part of AHRQ's \$112M *EvidenceNow Initiative*, which aims to ensure that primary care practices have the latest evidence and use it to help their patients live healthier, longer lives.
- ✧ Collectively should reach 5,000 primary care professionals and 8 M patients over 3 years.
- ✧ Seven grants awarded. In addition to Virginia, they include:
  - ✧ Chicago
  - ✧ Colorado and New Mexico
  - ✧ New York City
  - ✧ North Carolina
  - ✧ Northwest – Washington, Oregon and Idaho
  - ✧ Oklahoma
- ✧ **Virginia awarded \$10.7 M over 3 years.**

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## The Partners



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## The Value Proposition

Using cardiovascular care as a starting point, we can help practices:

- **Restore the joy** in practicing primary care medicine and reduce burnout;
- Learn how to **improve team function** throughout the entire practice;
- Learn how to **implement open access scheduling**, which eliminates need for triage, enhances continuity, improves patient satisfaction, and usually adds capacity.
- Improve **quality** of care;
- Improve clinician, staff, and patient **satisfaction**;
- Improve **financial performance**;
- Improve ability to negotiate for and receive **pay for performance bonuses**;
- Complete **Part IV certification** by the ABFM and ABIM for QI work completed in this initiative; and
- Engage in a **self-sustaining learning collaborative** of similar practices after the end of the project.

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## Recruitment

- We will be recruiting **300 practices/sites**.
- Application available beginning June 19 on VCHI's website [www.vahealthinnovation.org/hvh](http://www.vahealthinnovation.org/hvh)
- Selections will be made on a rolling basis until all available slots are filled by October 1, 2015.
- For now, questions about eligibility should be directed to Beth Bortz.

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## Summary

- Lots going on and a very busy remainder of 2015.
- SIM grant will conclude January 2016.
- AHRQ grant runs through April 2018.
- New grant opportunities being sought all the time.
- VCHI is very appreciative of the General Assembly's support of its role as convener and catalyst for these multi-stakeholder opportunities.
- To date, VCHI has leveraged \$7.39 in new grants for every \$1 invested in the organization by the Commonwealth.

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