

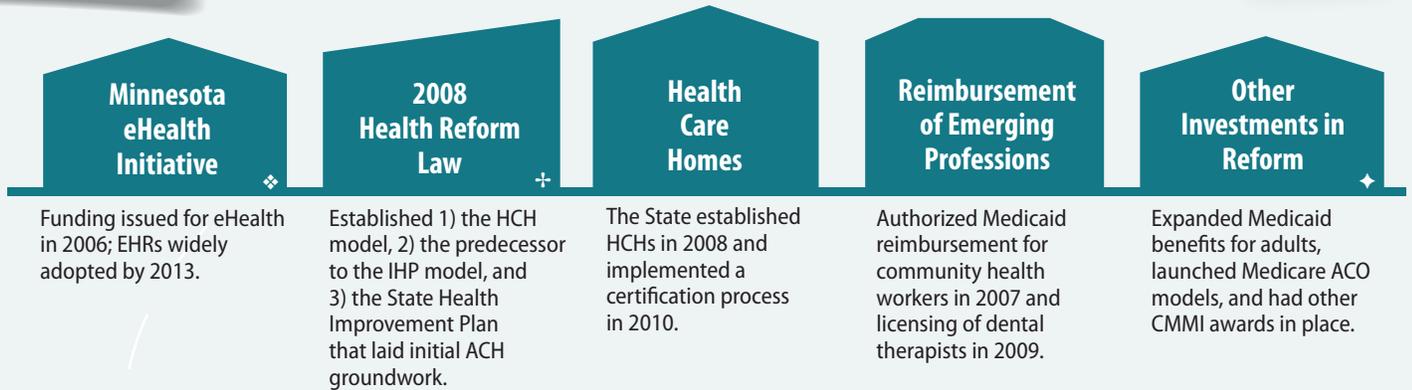
Minnesota SIM Initiative



Award
\$45 million

Period of performance
October 1, 2013 to December 31, 2017

Pre-SIM Landscape



Strategies

Symbols represent strategies that build on efforts that pre-date SIM.

Pursue payment reform
Minnesota facilitated successful participation in value-based purchasing models by a broad range of providers, with a focus on expanded participation in IHPs. +

Bolster health IT and data analytics
The State issued grants to increase exchange of health information and effective use of data analytics, and addressed provider privacy and security concerns. ❖

Pursue delivery system reform
Minnesota funded workforce development, engaged priority settings in ACHs, and expanded HCH participation. Reforms were inclusive of small and rural providers. ✦

Reach

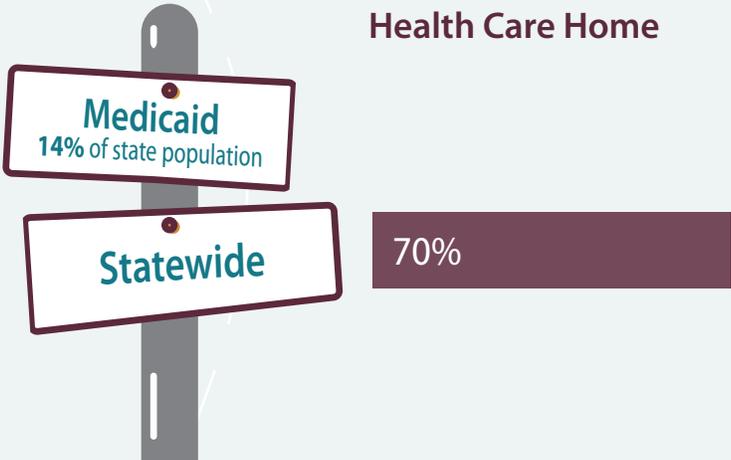
as of December 2017

More than half (58%) of Minnesota's total Medicaid population was served by the state's IHP model.

Integrated Health Partnership



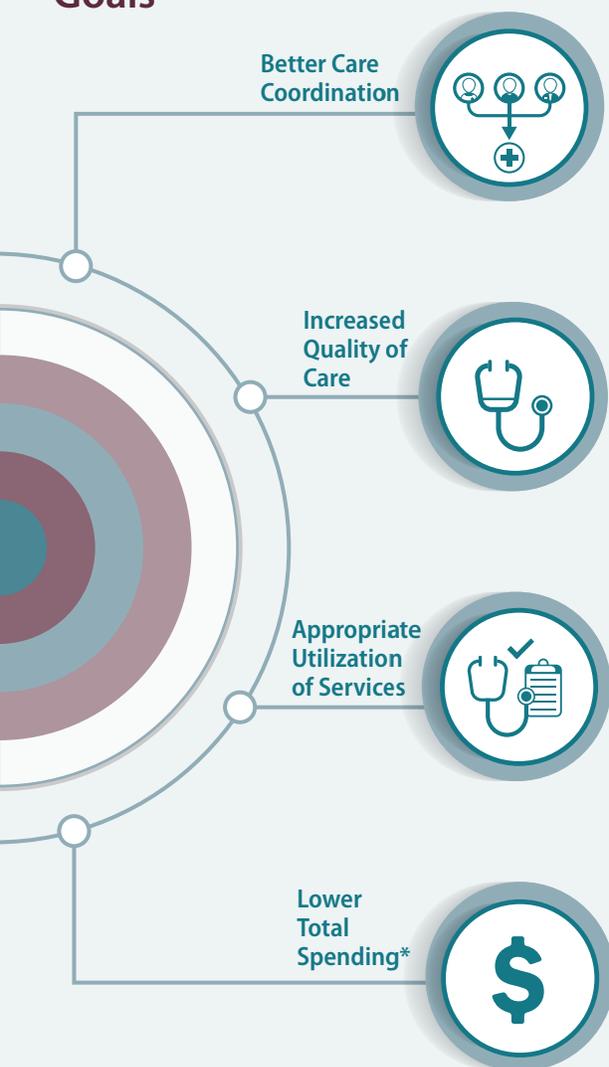
Health Care Home



Impact on Medicaid Population

- ✓ = Relative improvement to CG
- ✗ = No improvement relative to CG
- = No statistically significant change

Goals



Integrated Health Partnership

<ul style="list-style-type: none"> ✓ Specialty provider visits ✓ 14-day follow up after inpatient admission 	<ul style="list-style-type: none"> ✗ Primary care provider visit <i>Though not the expected finding, given other positive findings, the decreased PCP visit rate may reflect effective coordination outside the traditional office setting.</i>
<ul style="list-style-type: none"> ✓ Hba1c testing <i>Improvements in HbA1c testing rates were expected, given the model focus, confirming that focused incentives can yield improvements.</i> 	<ul style="list-style-type: none"> ● Percentage of patients age 5–64 years with persistent asthma who were appropriately prescribed medication during the year ✗ Percentage of patients age 18 years and older diagnosed with a new episode of major depression and treated with antidepressant medication who remained on medication treatment at least 180 days
<ul style="list-style-type: none"> ✓ ED visits ✓ 30-day readmissions 	<ul style="list-style-type: none"> ✗ Inpatient admissions <i>Though not expected, given other positive findings, increased rates of admission may reflect appropriate use of needed inpatient services.</i>
<ul style="list-style-type: none"> ✓ Professional PBPM spending 	<ul style="list-style-type: none"> ● Facility PBPM spending ● Total medical PBPM spending

* We used Medicaid claims data from CMS MAX and Alpha-MAX research files to estimate IHP impact on care coordination, quality, and utilization while we used Medicaid data from the Minnesota All Payer Claims Database to estimate impact on spending.

Limitations

Minnesota used SIM funds to support a broad range of innovations, which may reduce the measurable effects of IHPs because of contamination of the comparison groups. Accordingly, the estimated effects represented here are conservative estimates. Even so, they represent a more realistic view of the impact the IHP model given that multiple health reforms are happening simultaneously in the state.

Lessons Learned

- ✓ Successful collaboration between the two state agencies that led the SIM Initiative was key to making progress.
- ✓ Defining accountable care through the Continuum of Accountability Matrix was critical to expanding accountable care models.
- ✓ Clearly outlining roles and responsibilities was key to successfully integrating emerging professions.
- ✓ A successful balance between spreading funding across many providers and “stacking” grants to a single provider can help spur progress in providers’ transformation.