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STATE HEALTH ACCESS DATA ASSISTANCE CENTER

Advancements in Care Coordination: Findings from an Evaluation of Minnesota's State Innovation Model Initiative

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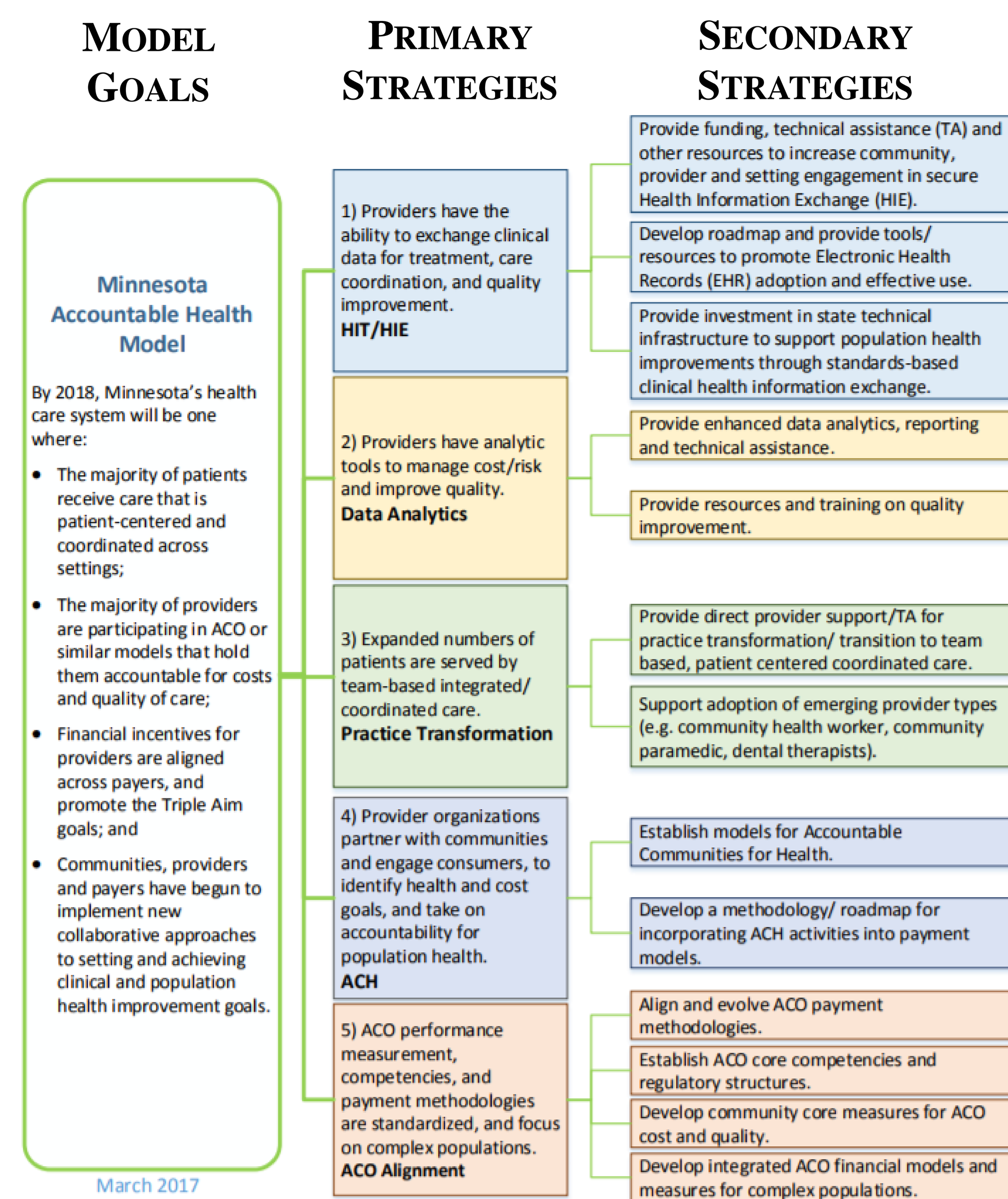
Background

State Innovations Model (SIM) Initiative

- **The SIM Initiative is sponsored by the Centers for Medicare and Medicaid Services (CMS) and administered by CMS's Center for Medicare and Medicaid Innovation (CMS Innovation Center).**
  - SIM provides federal funds to states, under cooperative agreements, to design and test new models for payment and delivery system reform.
  - Between two rounds of awards, the SIM program has funded 38 states/territories, representing 61% of the US population, for a total of almost $1 billion.[3]
  - Funding has come to an end for most design states and Round 1 test states, of which Minnesota was one. Round 2 test states are still implementing.

SIM Initiative in Minnesota[4]



- **The goals of Minnesota's SIM Model were to** serve the triple aim of lowering costs, increasing quality, and improving population health by expanding service delivery and payment models that support patient-centered, coordinated care and integration of medical care, behavioral health, long-term post-acute care, public health, and community services.
- **The model built upon the state's previously established initiatives, including** Medicaid ACOs, called Integrated Health Partnerships (IHPs); Health Care Homes (HCHs); the e-Health Initiative; Community Care Teams (CCTs); and standardized quality measurement and reporting across providers.
- **The key mechanisms the state used to execute its primary strategies were** grants and contracts, technical assistance (TA), and other resources to providers and other organizations in the state.

State Evaluation of Minnesota's SIM Initiative

Evaluation Design

- **This analysis was part of a broader, formative evaluation of Minnesota's SIM model conducted from 2015 through 2017 using both quantitative and qualitative methods and data sources to document, monitor, and assess core SIM activities in the state.**

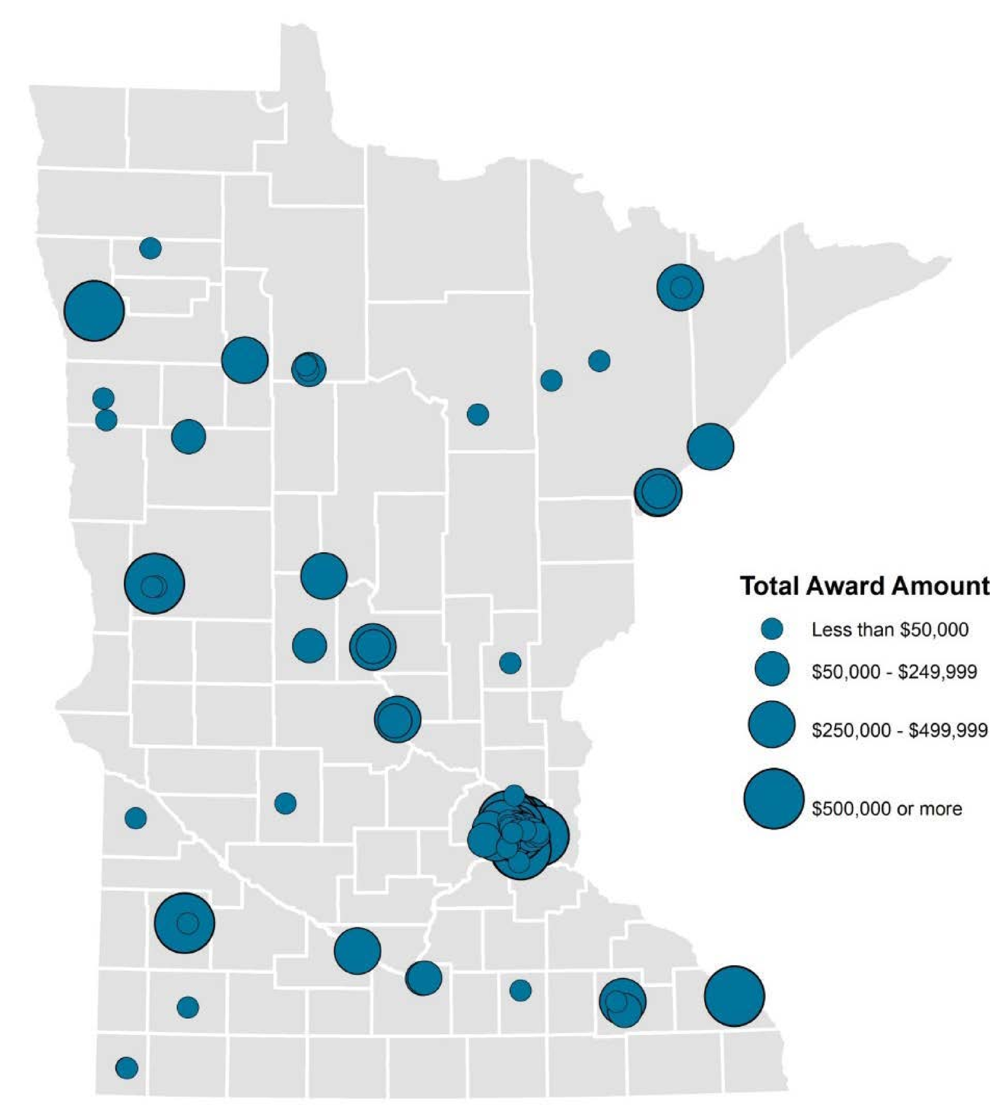
Research Objective

- One of several goals for the state evaluation was to identify how Minnesota's SIM investments have contributed to advancing the state's Model goals. The present analysis considers how the state's SIM investments have advanced the state's capacity to deliver patient-centered, integrated, coordinated care.
- **The objective of this analysis was to examine whether and how four of the five primary strategies under SIM increased the capacity of organizations participating in SIM to deliver coordinated care.**

Key Data Sources

- **Semi-Structured Interviews:** Two rounds of interviews with organizations participating in SIM as fiscal agents or collaborating organizations, and with state leadership and staff (n=455)
- **Organization Survey**: A web-based survey of organizations participating in the SIM initiative (n=111)
- **A Survey of Accountable Community for Health (ACH) Providers**: A web-based survey of medical and non-medical providers involved in the community-based care coordination interventions implemented by the state's ACHs (n=183)

SIM in Minnesota Fiscal Agent Awards[5]



Organizations Participating in SIM in Minnesota[5]

Types of Participating Organizations by Urban/Rural Status

Organization Type	Count	% Urban	% Rural
Hospitals and/or Network of Hospitals	19	5%	95%
Clinics and/or Network of Clinics	65	62%	38%
Health Care Systems	48	42%	58%
Health Plan	8	88%	12%
Behavioral Health Providers	60	50%	50%
Social Service Organizations	75	56%	44%
Local Public Health	25	32%	68%
Long-Term, Post-Acute, and/or Home Care Services	26	38%	62%
Human and Other Public Health & Social Services	22	55%	45%
Education	43	77%	23%
Other	104	77%	23%
Total Organizations	**495**	**57%**	**43%**

Care Coordination under SIM in Minnesota

Under SIM in Minnesota, care coordination capacity building was supported through four strategies:

1. **E-health advanced provider collaboratives' health information exchange (HIE) ability** to facilitate care coordination.
2. **Data analytics provided increased access to or collection of data for Minnesota's Medicaid accountable care organizations (ACOs)** to facilitate care coordination.
3. **ACHs formed partnerships among organizations and individuals** to design and implement community-based care coordination approaches.
4. **Practice transformation expanded the numbers of patients receiving coordinated care through health home and emerging professions approaches.**

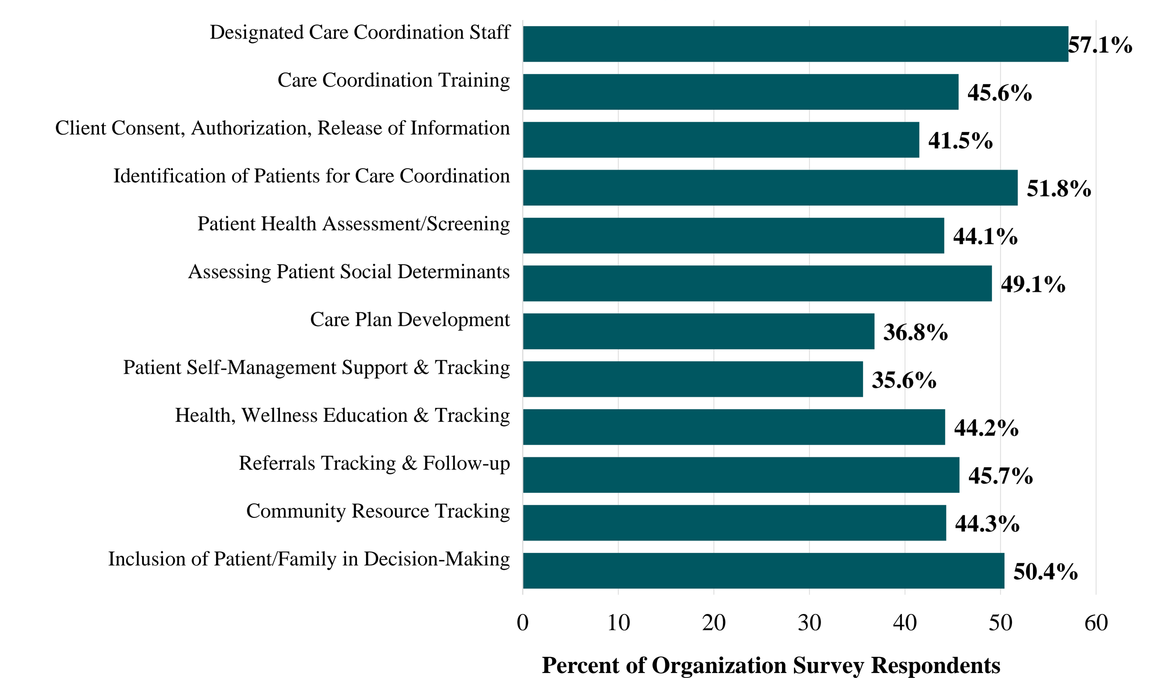
Results

Expanded Capacity to Share Information Across Settings to Meet Needs and Provide Efficient and Quality Care

- Participants reported **increased knowledge related to organizational capacity and expertise of partners and how various providers and organizations may fit together to address health and social needs of community members and patients**:
  - Tapped and linked to the right resources; avoided duplicating efforts; improved communication among providers
- Participants reported **many positive impacts related to enhanced care coordination capacity**:
  - Improved screening for mental health and chronic conditions; improved staffing models and workflows; better discharge planning and post-hospitalization care; increased referrals to nonmedical providers; increased access to and use of data to support population management and to help identify individuals in need of care coordination and assessment
- Many organizations viewed their e-Health work as **foundational to identifying the needed work flows, internal working groups, and other organizational resources necessary to facilitate care coordination across settings.**

Results

Organizations Reporting Progress in Select Care Coordination Capabilities during SIM[6]



Providers' Perceived Impact of ACH Care Coordination Services[7]

Provider Information	Much Improved	Somewhat Improved	Total Improved	Worsened	No Change
Your electronic access to patient/client information/records	16.9%	14.5%	31.4%	0.8%	67.8%
Completeness of patient/client information to help with your treatment/care planning	31.8%	28.0%	59.7%	0.8%	39.4%
Your knowledge of the medical care/services that patients/clients need	39.3%	21.8%	61.1%	0.8%	39.4%
Your knowledge of the behavioral health care/services that patients/clients need	38.2%	25.7%	63.9%	0.8%	35.3%
Your knowledge of the social services that patients/clients need	41.8%	24.3%	66.1%	0.8%	33.1%
Your knowledge of the public health services that patients/clients need	38.7%	27.0%	65.7%	0.8%	33.4%

Discussion

- Interview and survey data indicate, broadly, an increased capacity to deliver coordinated care across medical and non-medical settings, which interviewees attributed largely to strengthened relationships with, and knowledge of, other providers, organizations, and resources.
- Data also show, to a varying extent, improvement in select care coordination processes/capabilities (e.g., assessments of social determinants). Where growth was not seen, data indicate that SIM participants came into the initiative with capabilities.
- SIM participants reported an increase in access to or collection of data to improve care/service coordination.
- Even organizations that had not yet implemented HIE under SIM reported making progress in preparing their organizations to use HIE to support care coordination activities when it became available.

Conclusion

This analysis found an increased capacity to coordinate care among organizations participating in SIM in Minnesota. Future efforts to enhance this capacity could work to demonstrate the value of care coordination with a population health focus, while also targeting organizations that are less developed, encouraging community connections, and prioritizing investments in HIE and data analytics to support care coordination.

MINNESOTA ACCOUNTABLE HEALTH MODEL

[3] "State Innovation Models Initiative: General Information." *Centers for Medicare and Medicaid Services.* Retrieved January 2016 from https://innovation.cms.gov/initiatives/state-innovations/
[4] Minnesota DHS. SIM Minnesota Driver Diagram. Retrieved March 2017 from http://www.dhs.state.mn.us/main/groups/sim/documents/pub/dhs16_182962.pdf
[5] SHADAC, "Database: Organizations Participating in the Minnesota State Innovation Model (SIM) Initiative," *University of Minnesota, School of Public Health*, Minneapolis, MN, May 2017.
[6] SHADAC, "Minnesota Accountable Health Model – SIM Minnesota Organization Survey," *University of Minnesota, School of Public Health*, June 2017.
[7] SHADAC, "Accountable Communities for Health (ACH) Provider Survey," *University of Minnesota, School of Public Health*, June 2017.

This evaluation is part of a $45 million State Innovation Model (SIM) cooperative agreement, awarded to the Minnesota Department of Human Services in 2013 by The Center for Medicare and Medicaid Innovation. Administered by the Minnesota Departments of Health and Human Services, the funding was used to implement the Minnesota Accountable Health Model framework. Evaluation results are not endorsed by the federal government and do not reflect the views of the federal government. The federal evaluation may yield different results from the state's internal evaluation. While the federal evaluation may be informed in part by data provided by the state, the federal evaluation is independent of the state evaluation.