

State Innovation Model (SIM) Stakeholder Advisory Groups

OVERVIEW

Minnesota's State Innovation Model (SIM) Testing grant, awarded by the Centers for Medicaid and Medicare Services (CMS) in February 2013, will expand Minnesota's commitment to healthcare payment and care delivery reform by transforming the ways that providers, community organizations, payers and consumers/local populations interact and coordinate care, with a goal of reducing overall healthcare costs, increasing healthcare quality and patient experience, and improving population health.

The SIM grant, which will be jointly administered by the Minnesota Department of Human Services and the Minnesota Department of Health, builds on a number of payment and care delivery reform initiatives already underway in Minnesota to lead us towards the vision of a *Minnesota Accountable Health Model*. These initiatives include the Health Care Delivery System (HCDS) demonstration project, the Health Care Homes program, the Statewide Quality Measurement and Reporting System (SQRMS), and the e-Health Initiative. It will also draw on lessons learned from Minnesota's Statewide Health Improvement Program (SHIP) and Community Transformation Grant (CTG) activities.

Driver: Provider organizations partner with communities and engage consumers to identify health and cost goals and take on accountability for population health

The goals of implementation of Accountable Communities for Health:

- Implement fifteen Accountable Communities for Health, with a priority on communities in areas with a lower level of ACO penetration, greater disparities, and higher health care needs. Minnesota is planning to engage stakeholders through a variety of forums, including through the establishment of formal and informal advisory committees, to advise and provide direction on grant activities and operations. One of these groups is the Accountable Communities for Health (ACH) Advisory Subgroup, which will begin its work in the winter of 2014. The early focus is on community engagement and provider preparation for participation and development of the selection criteria for Accountable Communities for Health grants. A description of this group and its activities and timeline is provided below.

ACCOUNTABLE COMMUNITIES FOR HEALTH ADVISORY SUBGROUP

The charge of the ACH Advisory Subgroup is to contribute to planning for ACH implementation. In consultation with SIM task forces, state agency staff and community stakeholders, this includes:

- Providing guidance and advice in setting strategies to raise awareness of the ACH vision across Minnesota that will create community readiness for innovation in health and health care system redesign.
- Provide advice on soliciting and receiving input from diverse stakeholders and communities regarding the ACH approach and applying that input to program planning as appropriate;
- Developing recommendations for selection criteria and recommendation of ACHs in collaboration with existing advisory groups and the SIM leadership team by the end of March

Evaluation of Subgroup Work:

The specific charge of the ACH Advisory Subgroup will evolve as the project is implemented, but will continue to focus at its core on using ACH activities to achieve the Triple Aim of improving population health, improving the experience of care for patients, and decreasing health care costs.

At a later date the State in collaboration with the Community Advisory Subgroup will:

Re-evaluate the work of the advisory subgroup to determine the needs for ongoing support and advice throughout ACH implementation. Consider addressing the following elements:

- Advise on the ongoing implementation of the ACH grant criteria.
- Ongoing consultation on the implementation of the evaluation plan for ACHs
- Ongoing communication regarding community preparation and community engagement for ACH's.
- Developing recommendations related to sustainability.

Members

The ACH Advisory Subgroup will reflect a broad spectrum of interests. A total of 8-10 individuals with specific skill sets related to implementing integrated, community-driven accountable health models will be identified and invited to participate. At least two of these will be selected from the existing SIM Community Advisory Task Force.

Desired skills and experience include:

- Experience with and understanding of collaborative leadership
- Deep knowledge and understanding of population health principles and practices
- Demonstrated experience working across multiple complex systems, e.g. health care, public health, human services, long term services and supports
- Demonstrated experience working to advance health equity
- Demonstrated experience working with complex populations

- Demonstrated understanding of care coordination and transitions management
- Deep knowledge of patient and family centered care
- Community engagement skills
- Evaluation skills
- Extensive experience working with communities to improve health or address social determinants of health

Reporting Relationships

The ACH Advisory Subgroup will be advisory to the SIM Community Advisory Task Force for discussion. Communication will occur periodically through email, work assignments and conference calls. The subgroup may establish short-term or ad hoc groups to advise on specific aspects of its work, as needed.

Timeline and Frequency

Membership will be established in January, 2014; the first meeting of the Advisory Subgroup will be in February 2014. The ACH Advisory Subgroup will meet at least monthly through April of 2014 and will be reevaluated thereafter.

Expectations

Members of the ACH Advisory Subgroup are expected to be active, respectful participants in meetings; to consult with constituents, clients, partners and stakeholders as appropriate to gather input on specific questions and issues between meetings; and to alert the departments of Human Services and Health about any actual or perceived conflicts of interests that could impede their ability to carry out their responsibilities.