

Minnesota's Accountable Health Model: Accountable Communities for Health

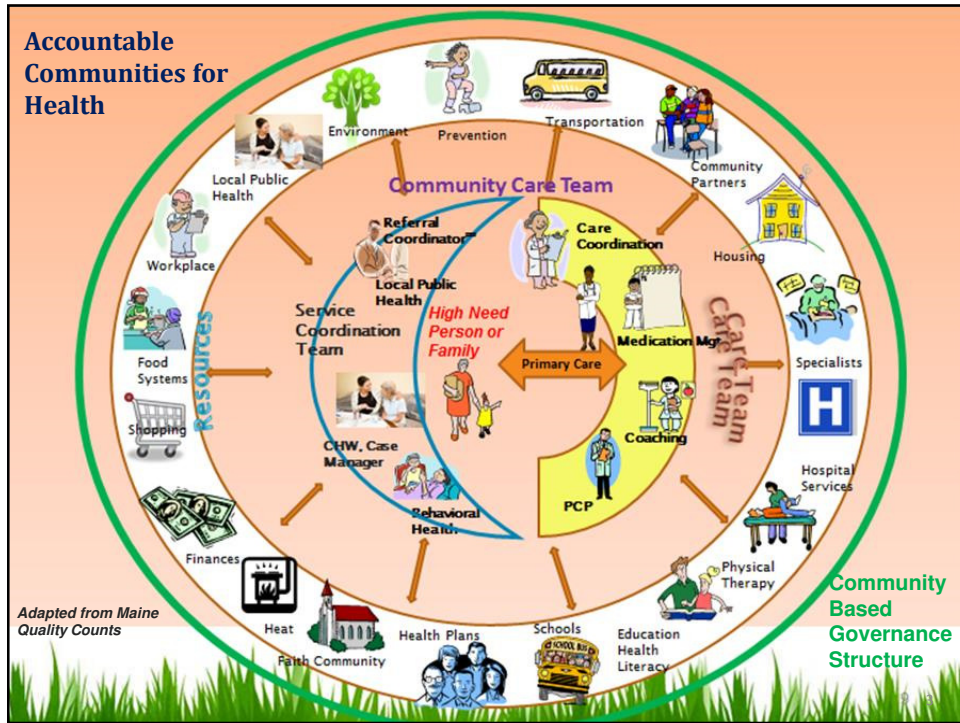


Activities

Select up to 15 Accountable Communities for Health (Year 2) and provide financial support to:

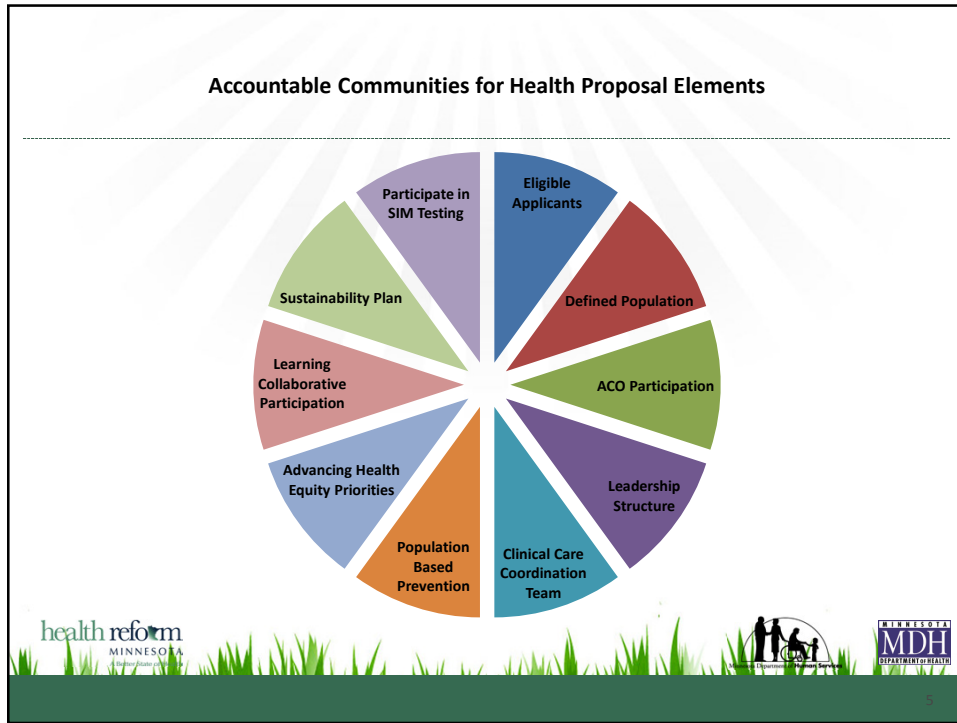
- ▶ Establish community advisory teams/partnerships
- ▶ Identify priority population health goals and improvement activities
- ▶ Enhanced integrated community care coordination
- ▶ Ensure community leadership/ownership
- ▶ Provider technical assistance and development of payment model integration
- ▶ Develop sustainability plans





Next Steps

- Convene ACH Advisory Subgroup
- Learn from current partnership projects
- Contract with existing CCTs
- Work with community to refine ACH criteria
- Develop/release RFP
- TA/preparation for communities: tools, resources, best practices
- Community engagement



- ## SIM ACH Interviews, Minnesota Models
- Beacon Community, Mayo Clinic, Funding, HITECH grant from the U.S. Department of Health and Human Services
 - Minnesota Department of Health SHIP/Community Transformation Grant, Funding, State of Minnesota and CDC
 - Community Care Teams, Ely Clinic, Essentia Health, Mayo, Funding MDH HCH
 - Diabetes Collective Impact Initiative, MDH/DHS, Funding CDC /CMS
 - ICSI Accountable Health Communities, Funding Bush Deliverable Planning Grant
 - Stratis Health, Community Integration Projects
 - ABCD III, MDH/DHS, Funding, Commonwealth Fund
 - Preferred Integrated Network Project, Dakota County, Funding, DHS
 - Hennepin Health, Hennepin County Health Department, Funding, DHS
- health reform MINNESOTA
 MDH MINNESOTA
 DIVISION OF HEALTH

SIM ACH Interviews, Important Learning

- Successful community partnership building may take up to 2 years
- Organic formation of community partnership and/or care coordination networks are observed in successful models
- Many models have care coordination function that connects healthcare providers, behavioral health and public health services
- Short-term achievements will be key for continued engagement of community partners
- A model that heavily relies on grant money may not sustain after the grant cycle ends

SIM ACH Interviews Factors that Facilitate Success

- Strong IT infrastructure that enables information exchange
- Existing community resources and networks, past experience of successful collaboration
- Early involvement of and strong buy-in from healthcare providers
- Shared focus on goals that can be reasonably achieved in the given timeframe
- Shared vision among community partners
- Target population is well defined so that community partners can bring their cause to the shared problem
- Strong community leaders who are committed to improving health of the population
- Strong governance structure and top leadership involvement

ACH Advisory Subgroup

Convene 8-10 members in February – April, 2014 to:

- Provide 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;
- Develop recommendations for selection criteria and recommendation of ACHs in collaboration with existing advisory groups and the SIM leadership team by the end of March



ACH Advisory Subgroup

- 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.



Next Steps: ACH Advisory Subgroup

- ACH Advisory Subgroup will meet three times
 - February 28, 2014, 1-4 p.m.
 - March 14, 2014, 9 – 12 a.m.
 - March 28, 2014, 1-4 p.m.
 - Mid-point check-in with full task force in March
 - Reassess our ongoing work and membership of the ACH Advisory Subgroup

Items to Address in the Application Process

March 14, 2014 Meeting

- Eligible applicants
- Who can apply?
- Population to be Served
- Leadership Structure
- Clinical Care Coordination Team

March 28, 2014 Meeting:

- Population Based Prevention
- Sustainability Planning
- Advancing Health Equity
- SIM Testing (QI/Data)
- ACO Participation

ACH Grant Timeline

- ACH Advisory Subgroup Meetings through April, 2014
- Community preparation phase through June, 2014
- Post RFP July, 2014
- Finalize RFP process and grants by October, 2014
- Implementation begins in October, 2014



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