

## Accountable System of Care Capacity Description and Assessment

*March 17, 2015*

### Overview of State Innovation Model Initiative

The Michigan Department of Community Health is entering a cooperative agreement with the Centers for Medicare and Medicaid Services to lead implementation of Michigan's *Blueprint for Health Innovation* through the State Innovation Model (SIM) initiative. The *Blueprint* was developed in 2013 through an intensive stakeholder process that included Michigan health professionals, payers, consumers, hospitals, government officials, community services, public health, and business representatives. Michigan's *Blueprint* puts forth a plan to achieve better health and better care at lower cost through service delivery innovations, payment reforms, and population health improvement investments. Key foundational elements include: Patient Centered Medical Homes, Accountable Systems of Care, and Community Health Innovation Regions.

We invite you to learn more about the *Blueprint* by reviewing it here: [http://www.michigan.gov/mdch/0,4612,7-132-2945\\_64491---,00.html](http://www.michigan.gov/mdch/0,4612,7-132-2945_64491---,00.html)

Beginning in 2016, Michigan will test implementation of the *Blueprint* in 8-10 regions, touching over 20% of Michigan's population, and spreading lessons learned in order to achieve statewide health system improvement. Michigan's analysis and SIM Test proposal further specified that health, quality, and cost targets would best be reached through a focus on three target conditions/populations: at-risk pregnancies, high utilizers of emergency departments, and people with multiple chronic conditions.

### Purpose of the State Model Test

Michigan joins 15 other states in implementing their proposed innovations as part of a Model Test. The purpose of the State Innovation Model Test is to operationalize and evaluate the delivery system design elements, features, policy framework, and payment methodologies contained in the *Blueprint*, prior to broad deployment of the delivery system models and payment reforms across the state. The initiative will provide the Centers for Medicare and Medicaid Services, Michigan, and stakeholders the opportunity to observe, evaluate, provide input, and improve the delivery system models and payment reforms before statewide adoption. As part of the Model Test, participating organizations will be expected to cooperate with the state Model Test leadership and federal project requirements to assure the delivery system models and value based payment methods achieve their optimal performance. Michigan's Model Test will become part of the multi-state SIM evaluation, which will be used by the

Secretary of Health and Human Services to guide Medicare and Medicaid program policy changes related to delivery system redesign and value based payment reforms nationwide. The State of Michigan will also sponsor an evaluation, and will use the results to guide future regulatory and health care policy direction related to delivery system standards, requirements, and payment methodologies.

## Regional Model Test Participants

The regions selected to participate in Michigan's Model Test will be those that contain organizations with interest and readiness to participate in Accountable Systems of Care and Community Health Innovation Regions, and in which a large portion of the population will be covered by the payment models being tested. Model Test participants must agree to participate in implementing core model elements that address one or more of Michigan's SIM Target populations. To ensure success of Michigan's Model Test, all regional participants will contribute to collaborative and continuous improvement processes. Because the Centers for Medicare and Medicaid Innovation will closely monitor and evaluate the implementation, execution, and performance of the Model Test, participants will need to agree to sharing encounter and clinical data, participating in special surveys and evaluations, and implementing model-of-care best practices. As the Model Test progresses it is expected that lessons learned will be used for deployment of the models and payment reforms throughout the state.

## Model Test Participant Support

Michigan SIM leadership will support SIM Test participants to assure Model Test success. Support will include individual onsite consultation and technical assistance chosen through a national, competitive process. Model Test participants will have access to an array of implementation specialists whose collective expertise spans the current knowledge and evidence base on improvement science. Subject area experts will be available in the areas of stakeholder engagement; leadership development; rapid-cycle quality improvement; health information technology optimization; risk-based contracting; sustainable community health improvement finance; integration of health and community services; population health risk reduction; and practice transformation.

SIM funding for the Model Test will be invested locally to support test regions and participants. These SIM funds are designated for: 1) investment in required Accountable System of Care infrastructure and processes to promote successful system design and payment reform, 2) investment in Community Health Innovation Regions - collaborative community health initiatives that utilize successful models to reduce population health risks.

The success of the Model Test will also depend upon the input and active engagement of the Model Test participants in the model improvement. Model Test participants will participate in SIM supported collaborative learning networks that will share issues and solutions to rapidly and continuously improve overall performance. Test participants are expected to self-evaluate and provide input on the design elements and policies for the Accountable System of Care and Community Health Innovation Regions. Participants are expected to be actively engaged in helping the SIM Steering Committee and Performance and Recognition Committee establish the future requirements and evidence-based

standards for deployment of payment models, Accountable Systems of Care, and Community Health Innovation Regions.

## About this Assessment

As described in detail in the *Blueprint*, Accountable Systems of Care are expected to achieve high quality, high value care, while controlling costs and being paid for outcomes rather than volume. This requires true clinical and community integration built on patient engagement, redesign for integrated care systems, partnerships with payers for new payment models, collaborative improvement processes, access to transparent data, accountability to performance measures, and cross sector partnerships working within inclusive governing structures.

An Accountable System of Care Model Test participant will commit to building systems of true clinical and behavioral health integration, and active community collaboration to improve population health. Accountable Systems of Care will enter into contracts with payers to implement new payment models. In addition, Accountable Systems of Care will be expected to collaborate with, and support their community's Community Health Innovation Region. The Community Health Innovation Region organizes partners based on the collective impact model. Their backbone organization acts as a neutral convener for broad stakeholder collaboration to improve population health and health equity by addressing social determinants of health. Community Health Innovation Regions will leverage community benefit and public health accreditation requirements to conduct collaborative community health needs assessments that will identify key health concerns, illuminate root causes of poor health outcomes, and set strategic priorities for better health and health care at lower costs.

Topics covered by this assessment include:

- Patient engagement skills and tools
- Provider network capacity and capability to meet health care needs of target populations
- Linkages to behavioral health and community services providers
- Systems for tracking and improving provider and practice performance
- Mechanisms and processes to monitor health outcomes and improve population health
- Processes and approaches to collaborate with public health and community health coalitions to implement coordinated strategies for population health risk reduction
- Financial and patient risk stratification and care management processes
- Processes to manage patient utilization
- Financial management system infrastructure that is capable of managing value based payment methods
- Infrastructure and process for timely collection and secure storage of patient-level health data, performance analysis, and reporting performance against target measures

Michigan SIM leadership recognizes that many of these Model Test requirements and capabilities are novel even among the nation's most advanced health care systems. Model Test participants will receive support and assistance to implement and achieve optimal performance of Michigan's SIM Accountable

System of Care delivery system model. This assessment serves to provide information on the organization's readiness and commitment to participate in the Model Test of the *Michigan Blueprint for Health Innovation* and to help identify areas of capacity that will need additional investment.

### **What types of organizations should respond to the Accountable System of Care Capacity Questionnaire?**

Entities that should respond to this Assessment must be capable of performing the key contracting and organizing functions to lead an Accountable System of Care with an adequate network capacity to provide the breadth of health care services for the defined population.

The key organizing functions of the entity that will lead the Accountable System of Care include those described throughout this document, specifically related to:

- 1) Organizing, standardizing, monitoring, and improving clinical care processes across a network of providers including primary care, specialists, behavioral health, and hospitals
- 2) Signing contracts with (multiple) payers based on the new payment models being tested
- 3) Conducting legal and financial transactions among providers that are participating as part of the Accountable System of Care
- 4) Being accountable for cost, quality and health outcomes of a defined population, covering at least 10,000 members of participating payers

Entities that are eligible to lead Accountable Systems of Care will likely include large group practices, physician organizations, physician-hospital organizations, independent practice associations, health systems, critical access hospitals, and health center controlled networks. Federally Qualified Health Centers and Rural Health Clinics, Community Mental Health Services Providers, and Health Plans are eligible to lead Accountable Systems of Care if they meet the organizational and functional requirements specified. This may require creating formal partnership with other entities. Alternatively, these entities can participate with Accountable Systems of Care, either as a service provider or as a subcontractor for specific functions.

## Accountable System of Care Capacity Questionnaire

Please provide the name of your organization and contact information for the person authorized to submit this assessment.

|                       |  |
|-----------------------|--|
| Organization Name:    |  |
| Organization Address: |  |
| Organization Website: |  |

|                                    |  |
|------------------------------------|--|
| Name of key contact regarding SIM: |  |
| Title:                             |  |
| Phone number:                      |  |
| Email:                             |  |

### A. Commitment to Population Health Innovation and Model Test Requirements

Participating in the SIM Model Test requires a commitment to improve population health, and to innovate sustainable models of care for high risk and complex need populations, models that could have broad application across Michigan. It also requires a commitment to collaborative community health investment through meaningful participation in Community Health Innovation Regions and Collaborative Learning Networks.

- A-1. Describe your organization's commitment to and experience with population health improvement and innovation.

|  |
|--|
|  |
|--|

- A-2. Please confirm your organization's willingness to participate in the Model Test by checking the box(es) below:

- ☐ Implement clinical care processes, develop infrastructure, and provide or arrange for health services to clinically manage one or more SIM target populations for better care and health at lower cost
- ☐ Identify a representative that actively participates in the Steering Committee and/or Performance and Recognition Committee

- ☐ Participate in Community Health Innovation Regions (cross sector partnerships that also include other Accountable Systems of Care, providers, hospitals, payers, human/social service providers, local government, business, philanthropy, etc.)
- ☐ Participate in SIM Collaborative Learning Networks
- ☐ Share lessons learned including challenges and successes with other Model Test participants
- ☐ Contribute data for project monitoring and evaluation

## B. Assignment of Model Test Patient Participants

Patients are assigned to an Accountable System of Care based on either assignment or attribution to a participating primary care provider. The minimum number of (multi-payer) patients per Accountable System of Care is 10,000. The minimum number of patients is based on the level of patient assignment necessary to enable effective risk management and statistically significant measurement of cost savings. The questions in this section seek to estimate the number of patients who are already served within the prospective area of the Accountable System of Care, and the proportion of those affiliated with participating payers.

- B-1. Using county boundaries or zip codes, please define the contiguous region you propose to serve as part of the proposed Accountable System of Care.

- B-2. Please estimate the total number assigned/attributed patients for all ASC participating primary care providers using the following payer categories; for payer categories, b, d, e, indicate the specific contract health plans with more than 10% of the ASC's total patient assignments:

| Payer Category              | No. Patients         | Most common plans    |
|-----------------------------|----------------------|----------------------|
| a. Medicare FFS             | <input type="text"/> |                      |
| b. Medicare Advantage Plans | <input type="text"/> | <input type="text"/> |
| c. Medicaid FFS             | <input type="text"/> |                      |
| d. Medicaid Health Plans    | <input type="text"/> | <input type="text"/> |
| e. Commercial               | <input type="text"/> | <input type="text"/> |

- B-3. Please list other CMS initiatives in which your organization participates (check all that apply):

- ☐ MiPCT
- ☐ 2703 Health Homes
- ☐ Medicare-Medicaid Dual Eligible Demonstration
- ☐ Bundled payment
- ☐ Accountable Care Organization
- ☐ Other, specify:

### C. Network Capacity and Access to Care

An Accountable System of Care must have an adequate network of providers in order to have the ability to manage care and affect total cost of care.

C-1. In the region described in question B-1, how many total full-time equivalent (FTE) primary care providers will be affiliated with the Accountable System of Care?

a. What proportion of the primary care provider FTE reported above is PCMH certified?

b. How many MiPCT primary care providers will participate?

C-2. For each type of provider in the table below, please indicate whether/how they are incorporated into the Accountable System of Care (note: appropriateness of inclusion in the ASC may vary based on the population characteristics)

| Type of entity in network                                      | Planned inclusion of each provider type in the ASC   | If applicable, describe plan to affiliate or contract for service. |
|--|--|--|
| a. FQHC  | <input type="checkbox"/> No plan to include<br><input type="checkbox"/> Planned<br><input type="checkbox"/> Contract(s) in place |  |
| b. School-based health centers                                 | <input type="checkbox"/> No plan to include<br><input type="checkbox"/> Planned<br><input type="checkbox"/> Contract(s) in place |  |
| c. Rural Health Clinic   | <input type="checkbox"/> No plan to include<br><input type="checkbox"/> Planned<br><input type="checkbox"/> Contract(s) in place |  |
| d. Critical Access Hospital                                    | <input type="checkbox"/> No plan to include<br><input type="checkbox"/> Planned<br><input type="checkbox"/> Contract(s) in place |  |
| e. Behavioral Health   | <input type="checkbox"/> No plan to include<br><input type="checkbox"/> Planned<br><input type="checkbox"/> Contract(s) in place |  |
| f. Hospitals   | <input type="checkbox"/> No plan to include<br><input type="checkbox"/> Planned<br><input type="checkbox"/> Contract(s) in place |  |
| g. Long-term care facilities and services                      | <input type="checkbox"/> No plan to include<br><input type="checkbox"/> Planned<br><input type="checkbox"/> Contract(s) in place |  |
| h. Specialists needed to integrate care for target populations | <input type="checkbox"/> No plan to include<br><input type="checkbox"/> Planned<br><input type="checkbox"/> Contract(s) in place |  |

The principal function of an Accountable System of Care is to ensure that patients receive the right person-centered care from the right providers at the right time and in the right setting, including

medical, behavioral, and social care providers. With respect to medical care, this means maintaining an adequate network of contracted providers, where “adequacy” comprises not only provider specialty but also accessibility and cultural acceptability to Accountable System of Care patients.

C-1. Does the ASC have specific strategies to ensure access to needed care across the region with the growing demand for health care services, including the Medicaid expansion populations?

- ☐ Yes
- ☐ No
- ☐ In development

C-2. Check which of the following strategies are or will be employed to ensure access to care in appropriate settings.

- ☐ Use of extended hours
- ☐ Open access scheduling
- ☐ Alternative sites (e.g., school-based clinics, homeless clinics)
- ☐ Inter-professional teams (including use of PAs and NPs)
- ☐ Use of community outreach workers
- ☐ Home-based monitoring
- ☐ Telemedicine
- ☐ E-visits
- ☐ Other strategies to ensure access (Describe)

C-3. Can you think of a specific entity within your community that is well-suited to serve as a ‘backbone organization’ for a Community Health Innovation Region?

- ☐ Yes

|       |          |
|-------|----------|
| Name: | Contact: |
|-------|----------|

- ☐ No
- ☐ Unsure

#### D. Complex Care Management

Accountable Systems of Care must be able to manage care for patients with highly complex needs, particularly among Michigan’s State Innovation Model target populations.

D-1. Describe strategies in use to manage patients with complex care needs. In the second column, enter the number corresponding with the most appropriate response. Use the last column to provide detail about the organization’s strategy.

1=Not in place

2=In planning or early implementation stage



3=In place in some (but not all) areas/practices of the proposed Accountable System of Care  
 4=In place widely throughout the proposed Accountable System of Care

| Complex Care Management Strategy  | Response<br>1-4 | Describe |
|---|-----------------|----------|
| a. Does the proposed Accountable System of Care incorporate care management within the health care team for complex patients?           |                 |          |
| b. Can the proposed Accountable System of Care identify and stratify high-risk, high cost patients for complex care team interventions? |                 |          |
| c. Systems are in place to develop individualized care plans for individuals with complex needs in collaboration with consumers         |                 |          |

D-2. Provide one or more examples of system redesign efforts for specific populations that standardize care across the network with protocols and systematic processes involving a team of providers.

Evaluation of Michigan's Model Test will focus on three populations. Accountable Systems of Care and Community Health Innovation Regions will coordinate focused interventions on one or more of these populations based on their community health needs assessment. Technical assistance will be provided to develop/adapt care team and community level interventions.

D-3. Check the population(s) that your Accountable System of Care might prioritize (check all that apply).

- ☐ At risk pregnancy
- ☐ People with multiple chronic conditions
- ☐ Super utilizers of emergency department services (e.g., 8+ visits per year)

D-4. Do you have existing programming to improve health and reduce costs in these populations (check all that apply)?

- ☐ At-risk pregnancy
- ☐ People with multiple chronic conditions
- ☐ Super utilizers of emergency department services (e.g., 8+ visits per year)

### E. Coordinated Care

E-1. What strategies are in use to ensure patients receive coordinated care? Use the most appropriate response; enter comments/description if desired.

1=Not in place

2=In planning stages or just beginning to implement

3=In place in some (but not all) areas/practices of the proposed Accountable System of Care

4=In place widely throughout the proposed Accountable System of Care

| Coordinated Care Strategy  | Response (1-4) | Describe |
|--|----------------|----------|
| a. Does medication reconciliation occur as part of an established plan of care?  |                |          |
| b. Are reminder systems in place for follow up care?   |                |          |
| c. Is there timely and appropriate access to specialists and processes to ensure follow up and clear hand offs?  |                |          |
| d. Do practice teams have links to human services and processes to ensure follow up?   |                |          |
| e. Does the proposed Accountable System of Care have systems in place to assure smooth, safe transitions between all levels of care, settings and provider settings including hospitals, long term care, home care, and palliative care? |                |          |

### F. Quality Improvement and System Redesign

F-1. Does the Accountable System of Care have a quality strategy in place that includes the following elements? Use the most appropriate response (below); enter comments/description if desired.

1=Not in place

2=In planning stages or just beginning to implement

3=In place in some (but not all) areas/practices of the proposed Accountable System of Care

4=In place widely throughout the proposed Accountable System of Care

| Quality Strategy Elements   | Response (1-4) | Describe |
|---|----------------|----------|
| a. Performance measurement of providers across practices with timely feedback |                |          |

|   |  |  |
|---|--|--|
| b. Continuous quality improvement processes, incorporating root cause analysis and rapid-cycle evaluation |  |  |
| c. A representative survey methodology to monitor and address patient experience of care                  |  |  |

## G. Health Information Infrastructure

All of the functions described in this document require robust information infrastructure across the Accountable System of Care. Use the following scale in answering questions in Section G. Use of the comment field is optional, but will help us gain insight into your response.

1=Not in place

2=In planning stages or just beginning to implement

3=In place in some (but not all) areas/practices of the proposed Accountable System of Care

4=In place widely throughout the proposed Accountable System of Care

G-1. Does the proposed Accountable System of Care have a unified strategy to accomplish the following?

| HIT Capability  | Response (1-4) | Describe |
|---|----------------|----------|
| a. Assist providers in optimizing use of EHR and other electronic systems.  |                |          |
| b. Provide meaningful, timely, value-added electronic clinical decision support.  |                |          |
| c. Ability to electronically report information with public health departments/registries.  |                |          |
| d. Provide a patient portal to facilitate patient information access and support patient engagement.                              |                |          |
| e. Active use of electronic systems (e.g., a registry) that capture and summarize clinical data for population health management. |                |          |
| f. Software templates to standardize care plans and enable sharing without double entry.  |                |          |

- G-2. Indicate the extent to which electronic exchange is in place such that providers actively share and use the following information, both across and between the participating providers and hospitals of the proposed Accountable System of Care.

| Actively sharing the following electronically: | Response (1-4)       |                       | Describe |
|--|----------------------|-----------------------|----------|
|  | Share WITHIN the ASC | Share OUTSIDE the ASC |          |
| a. Continuity of Care Record                   |                      |                       |          |
| b. Medication list                             |                      |                       |          |
| c. Lab results                                 |                      |                       |          |
| d. Discharge summary                           |                      |                       |          |
| e. Admit/discharge/transfer notices            |                      |                       |          |

- G-3. Has the Accountable System of Care (or participating providers) joined a health information exchange that is participating with the Michigan Health Information Network Shared Services?

- ☐ Yes, which one(s):
- ☐ No

#### H. Financial Risk Management

The following questions seek to understand your organization's capability, processes, and financial management infrastructure to manage payer and health plan contracts that include value based payment methods.

- H-1. Identify current organizational financial system capabilities and resources by checking the box in the table below (yes or no). For each yes, please include a brief description of the organization's systems, business process, and resource capability

| Accountable System of Care Financial Management Capability   | Capacity in place?  | If yes, describe. |
|--|---|-------------------|
| a. Financial management, accounting, and revenue cycle systems and staff resources.                | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                   |
| a. Adequate financial resources to participate in the Model Test through the three year test cycle | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                   |
| b. Patient and population service utilization and cost reporting capability                        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                   |
| c. Value-based payment revenue cycle management systems and processes                              | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                   |
| d. Financial performance incentive management and distribution processes                           | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                   |

| <b>Accountable System of Care<br/>Financial Management Capability</b>                                      | <b>Capacity in<br/>place?</b>                               | <b>If yes, describe.</b> |
|--|---|--------------------------|
| e. Patient Model Test participant identification, data collection, and enrollment processing system        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                          |
| f. Patient risk stratification data collection, analysis, patient registry, and reporting procedures.      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                          |
| g. Provider financial and performance profiling and analysis capability                                    | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                          |
| h. Provider claims payment operations capability (for payment of out of network and other provider claims) | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                          |
| i. Financial reporting capability to support the Accountable System of Care Model Test                     | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                          |

### **I. Administration and Governance**

The Accountable System of Care is expected to have a governance structure that includes the participation of providers, consumers, and community leaders. Additionally, the governance structure must have fiduciary responsibility, oversee the improvement of Accountable System of Care performance, and assure the continuing commitment of the organization to the goals of better care, population health and lowering healthcare cost.

- I-1. Check the appropriate box related to the organization governance structure and processes. For each “yes” answer, include an explanation of how the organization meets the requirement.

| <b>Governance Structure and<br/>Processes</b>   |   | <b>If yes, describe.</b> |
|---|---|--------------------------|
| a. Organization governance includes practicing providers  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                          |
| b. Organization governance includes two or more consumer members from service area  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                          |
| c. Governing board is involved in overseeing outcomes and assuring quality, population health, and cost performance improvement | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                          |

| <b>Governance Structure and Processes</b>   |   | <b>If yes, describe.</b> |
|---|---|--------------------------|
| d. Governing board members are provided ongoing training and development                  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                          |
| e. Governing board will be engaged overseeing the organization SIM Model Test performance | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                          |

Organizational administrative processes include management process, procedures, business systems and resources necessary to manage the Model Test and provide the model of care elements required for Model Test participants.

I-2. Check the appropriate box related to administrative capability. For each “yes” answer, include a brief description.

| <b>Administrative Capability</b>  |   | <b>If yes, describe</b> |
|---|---|-------------------------|
| b. Organization has a full time Clinical Director or Medical Director overseeing clinical performance and quality and population health improvement | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                         |
| c. The organization has infrastructure for customer relations support systems.  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                         |
| d. Organization has administrative processes for delegation of patient complaint and grievance management and resolutions.                          | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                         |
| e. Organization has dedicated quality and performance improvement staff and processes.  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                         |
| f. Organization has resources for provider network contracting and provider relations support.  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                         |
| g. Organization has resources for Model Test multi-payer contracting and contract management.   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                         |
| h. Organization has dedicated resources for compliance oversight and reporting  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                         |

*Thank you for your time and continued interest in Michigan’s SIM initiative!*