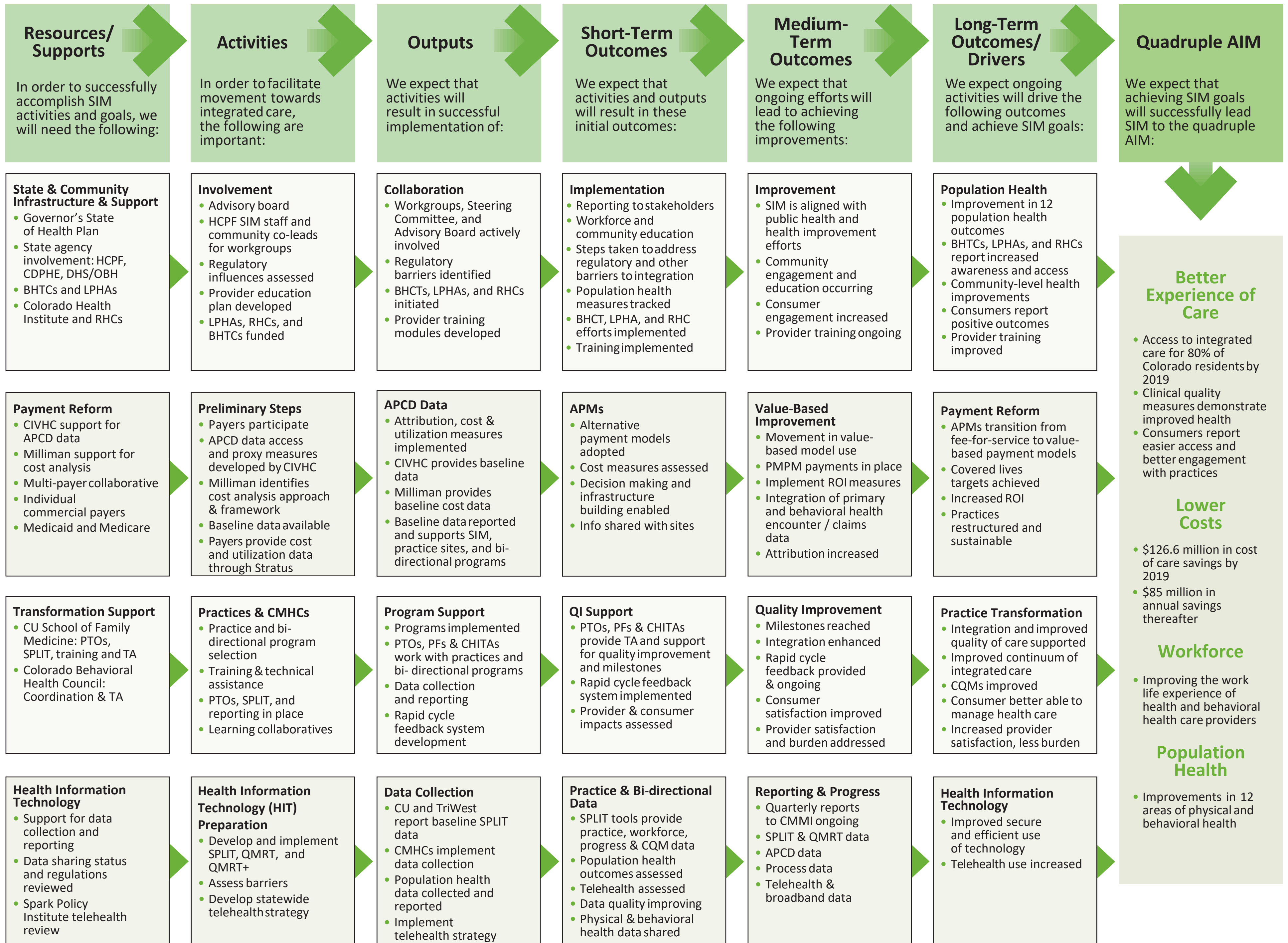
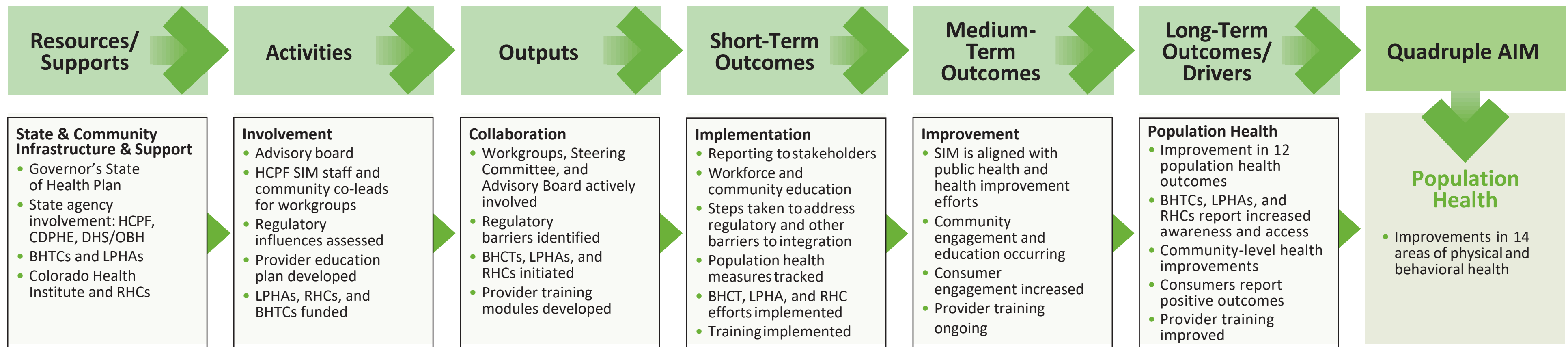
SIM Logic Model



SIM Logic Model: Population Health



Population Health Questions

Short-Term Goal 7. Improved health outcomes (physical and behavioral) demonstrated for the "little 'p'" SIM population through CQM reporting by practices and CMHCs.

PT6. What specific transformation factors (level of integration, milestone targets, data quality, practice improvement SMART goals, etc.) most influence outcomes (CQMs, costs, population health measures)? SPLIT Assessments, APCD, CDPHE Data

SIM Sustainability

SIM1. To what extent did SIM create new partnerships or strengthen existing relationships?

- SIM1.1. Which partnerships should be sustained? To what extent are these (or other) SIM-related partnerships sustainable? What is being done to sustain partnerships?
- SIM1.2. Will try to measure at the statewide, practice, provider, consumer levels (Workforce Workgroup recommendation). KIIs, Closeout Survey

SIM2. To what extent did SIM support recommendations in Colorado to create specific changes to established public policies or support new public policies regarding the delivery of integrated services?

Long-Term Goal 5. There are demonstrated outcomes showing improved health (physical and behavioral) for all Coloradans.

PH1. To what extent did the 14 behavioral and physical health related population health measures change over time? Did more resources and improved coordination/alignment result in improved population health measures? CDPHE Data Sets, CHI/RHC Survey, LPHA/BHTC Survey, SIM Saturation Data

PH2. What SIM resources were provided to communities to employ strategies to reduce stigma, raise awareness, and promote health, based on local need? What activities were undertaken using these resources? CHI/RHC Survey, LPHA/BHTC Survey, SIM Saturation Data

PH3. How much did SIM funding contribute to community coordination efforts?

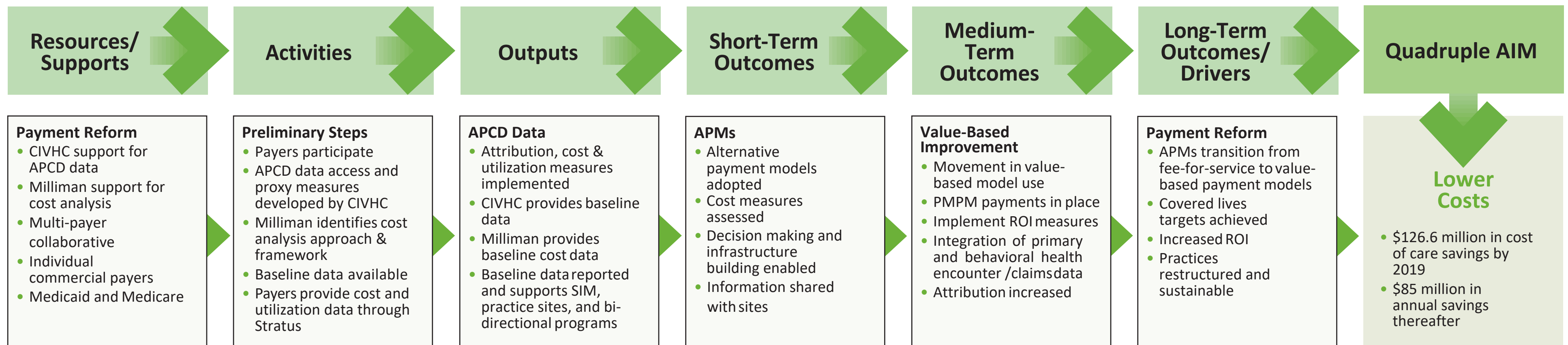
- PH3.1. How much did SIM-funded activities (specifically RHC, LPHA/BHTC efforts) align with one another and with the SIM objectives to coordinate within existing systems, support implementation of prevention/education strategies, and build community capacity to sustain these efforts?
- PH3.2 Did communities with better coordination and alignment to SIM goals experience improved access to care and/or improved health outcomes (compared to those with less coordination and alignment)? CDPHE Data Sets, CHI/RHC Survey, LPHA/BHTC Survey, SIM Saturation Data

PH4. Did communities with greater SIM resource intensity experience improved access to care and/or improved health outcomes (compared to those with less resource intensity)? APCD, CQM reporting, CHI/RHC Survey, LPHA/BHTC Survey, SIM Saturation Data

PT9. To what extent are consumers in SIM practice sites and bi-directional programs satisfied with the experience of primary and behavioral health care? (Report better access to care, feeling more valued and respected, and getting better or more effective care, and express privacy or data security concerns as a result of more data sharing through integration?) CAHPS Survey, Practice Site Surveys

PT10. What specific transformation factors (level of integration, milestone targets, data quality, practice improvement SMART goals, etc.) most influence outcomes (CQMs, costs, population health measures)? SPLIT Assessments, APCD, CDPHE Data, CQM Reporting

SIM Logic Model: Payment Reform



Payment Reform Questions

Short-Term Goal 3. Payment models support integrated SIM practices that share information and coordinate care across disciplines and across systems.

PR1. To what extent were value-based payment models implemented? What were the barriers to this transition? Did implementation result in improved integration and quality of care? Payer Data, APCD, KIIs

PR2. What challenges were encountered by SIM practice sites in their adoption of APMs? SPLIT Field Notes, KIIs, Closeout Survey

Long-Term Goal 1. There are shifts in payment models that allow practices to sustain integration and support continuum of care.

PR3. What is the cost of integration transformation efforts to SIM practice sites and CMHCs? (Reporting will be separate for primary care and CMHC sites.) APCD, Closeout Survey, Case Studies?

- PR3.1. Is this cost sustainable through revenue generated by the APMs?
- PR3.2. Are practices willing to absorb some unreimbursed costs as a result of increased satisfaction?
- PR3.3. How do costs differ based on specific integration strategies (co-location or not, practice site size, geographic area, population served characteristics, etc.)? Costs also include “soft” costs (e.g., staff meeting time, training).

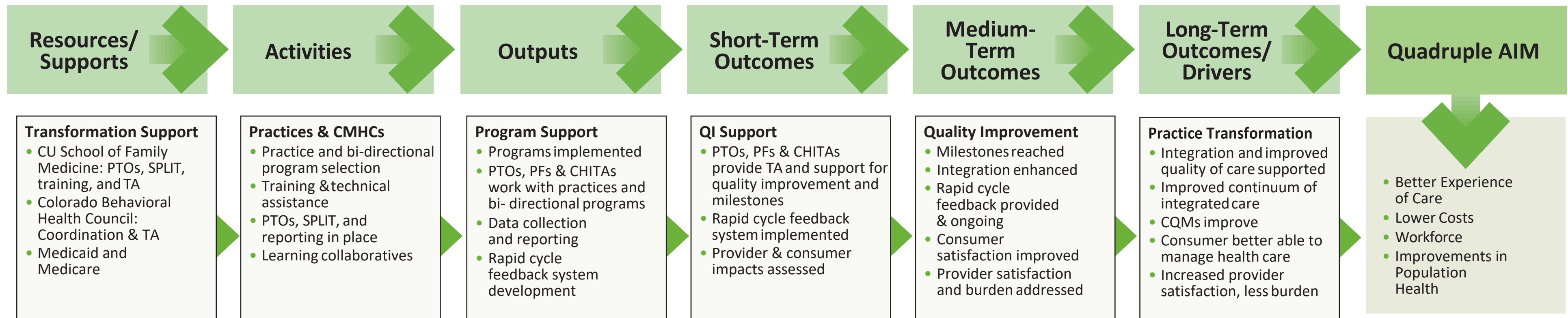
PR4. To what extent did the utilization of services and total cost of care differ over time for consumers attributed to SIM participating practices? Was this different compared to consumers in comparison practices? APCD, Provider Directory, Milliman’s Cost and Utilization Reports

Long-Term Goal 2. There is a solid body of evidence demonstrating positive financial outcomes of integrated care.

PR5. What alternative payment models result in the best outcomes for different populations served (children, adults, type of payer, urban vs. rural vs. frontier areas)? APCD, Provider Directory

PR6. What was the total cost of care for consumers attributed to SIM participating practices? Establish baseline and evaluate change over time. Was this different compared to consumers in comparison practices? APCD, Provider Directory

SIM Logic Model: Transformation



Practice Transformation Questions

Short-Term Goal 1. There will be an increase in embedded, co-located, or tele-behavioral health providers in SIM-participating primary care practices.

PT1. To what extent did practice sites and bi-directional programs move along the continuum of integration? How do they change over time?

- Do practices report an ability to sustain any changes made during SIM?

**(CMHC data reported as subgroup; other subgroups = urban/rural, size, adult/pediatric, % Medicaid + uninsured, and "type" (e.g., FQHC, system) SPLIT Assessments

PT2. What challenges were encountered by SIM practices in their integration/ transformation efforts? Field Notes, KIIs

PT3. Was access to integrated care improved for 80% of Coloradans? (The original source of this question is the goal of 80% access to integrated care, supported by value-based payments, in coordinated community systems.) APCD, SIM Saturation Data

PT4. Do patients attributed to SIM participating practices have better access to primary care relative to patients attributed to comparison practices? Better access to behavioral health care relative to patients attributed to comparison practices? APCD

Short-Term Goal 6. SIM practices expand connections with community partners through shared care planning.

PT5. What steps did practice sites take to assess and continually improve delivery of integrated care via process redesign, culture change, and HIT [for this goal specifically, focus on building blocks]? SPLIT, KIIs

Short-Term Goal 8. Core competencies and expectations are put into place to enhance the capacity of the behavioral health workforce working in integrated care settings.

PT7. To what extent have gaps in the SIM integrated care workforce been identified and addressed? Consider resources needed for primary care and behavioral health staffing, treatment, practice transformation, HIT, consumer engagement, and financial support. Workforce Workgroup, KIIs

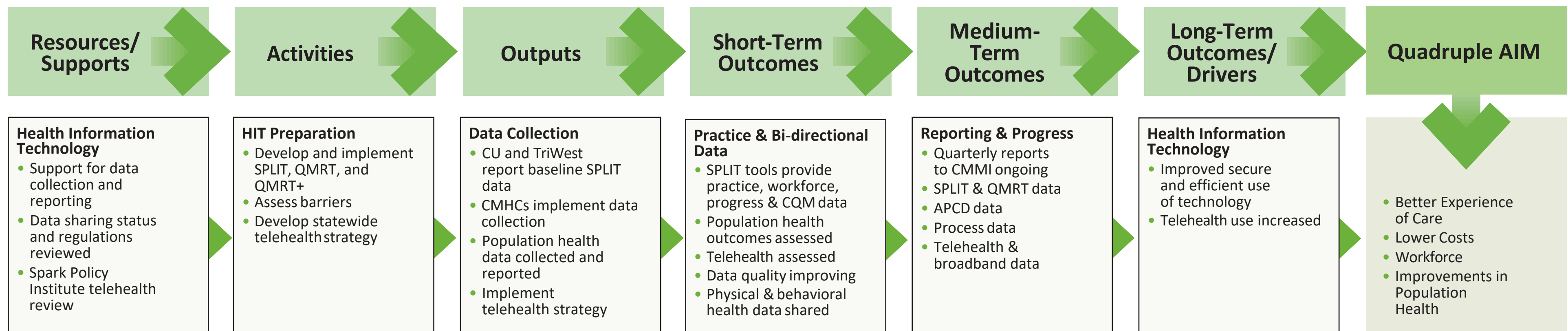
PT7. To what extent are primary care and behavioral health providers satisfied with the experience of integrating primary and behavioral health care? Report burden? Does satisfaction increase and burden decrease over time? SPLIT Clinician and Staff Survey

Long-Term Goal 4. Providers are able to track and coordinate their patients' care outside of their own practices or systems.

HT4. To what extent did the addition of a technical support person (CHITA) result in better quality and better use of data in practices?

- HT2.1 To what extent did better data quality improve tracking of health outcomes?
- HT2.2 To what extent did practices increase or improve use of electronic health records (EHRs) or health information exchanges (HIEs) for population management and/or to track and coordinate patient care?
- HT2.3.To what extent did practices increase or improve use of data to coordinate care (map this to Milestones)
- HT2.3 Do practices believe that support for these data improvements will lead to better health outcomes? SPLIT (HIT Assessment), HIT Work Group, Closeout Survey, SPLIT Field Notes, KIIs

SIM Logic Model: Health Information Technology



Health Information Technology Questions

Short-Term Goal 2. eCQM data is improved through validation and alignment processes across payers, programs, and providers**.**

HT1. Are primary care practice sites and CMHCs using valid, reliable data (in the form of Clinical Quality Measures—CQMs) to drive change?

- HT1.1 To what extent were SPLIT and SIM (short-term) CQM reporting mechanisms developed as planned? Implemented?
- HT1.2 What challenges (if any) were encountered?
- HT1.3 To what extent is data quality improving (data capture and CQM reporting)? SPLIT Assessment, CQM Reporting

HT2. What progress was made in developing and implementing the statewide HIT roadmap?

- HT2.1. To what extent was a telehealth strategy developed? Implemented? (primary care and CMHCs)
- HT2.2. To what extent did connectivity to HIEs improve across the state? For SIM practices? For CMHCs?
- HT2.3. What progress was made on creating an automated eCQM reporting process? HIT Work Group, SIM Staff, KIIs, Document Reviews

Short-Term Goal 4. SIM practices understand and are capable of sharing behavioral health information**.**

HT3. What progress was made on facilitating ways to share information between primary care providers and behavioral healthcare providers? (This includes CHITA support, practice level coordination of communication, and technologies for data sharing.) SPLIT Assessment, KIIs, HIT/Policy Work Groups

Short-Term Goal 5. SIM practices understand how to utilize health information from their EHR and HIE for population management of their patients.

PT9. Do/did practice sites and bi-directional programs see value in various elements of technical assistance they received (PFs, CHTAs, SPLIT tool, etc.)? SPLIT Assessments, SPLIT Field Notes, KIIs, Case Studies?

Long-Term Goal 3. Effective clinical, behavioral, and claims data sharing processes are in place to improve population health and care management.

PT12. What steps did practice sites take to assess and continually improve delivery of integrated care via process redesign, culture change, and HIT? SPLIT Assessments, SPLIT Field Notes, KIIs