SIM Logic Model

Resources/ **Supports**

In order to successfully accomplish SIM activities and goals, we will need the following:

State & Community Infrastructure & Support

- Governor's State of Health Plan
- State agency involvement: HCPF, CDPHE, DHS/OBH
- BHTCs and LPHAs
- Colorado Health Institute and RHCs

Activities

In order to facilitate movement towards integrated care, the following are important:

Involvement

- Advisory board
- · HCPF SIM staff and community co-leads for workgroups
- Regulatory influences assessed
- Provider education
- plan developed LPHAs, RHCs, and BHTCs funded

Outputs

We expect that activities will result in successful implementation of:

Collaboration

- Workgroups, Steering Committee, and Advisory Board actively involved
- Regulatory barriers identified
- BHCTs, LPHAs, and RHCs initiated
- Provider training modules developed

Short-Term Outcomes

We expect that activities and outputs will result in these initial outcomes:

Implementation

- Reporting to stakeholders
- Workforce and community education
- Steps taken to address regulatory and other barriers to integration
- Population health measures tracked
- BHCT, LPHA, and RHC efforts implemented
- Trainingimplemented

Medium-Term Outcomes

We expect that ongoing efforts will lead to achieving the following improvements:

Improvement

- SIM is aligned with public health and health improvement efforts
- Community engagement and education occurring
- Consumer engagement increased
- Provider training ongoing

Long-Term Outcomes/ **Drivers**

We expect ongoing activities will drive the following outcomes and achieve SIM goals:

Quadruple AIM

We expect that achieving SIM goals will successfully lead SIM to the quadruple AIM:



Better

Experience of

Care

measures demonstrate

Access to integrated

care for 80% of Colorado residents by

improved health

Consumers report

with practices

easier access and

better engagement

2019 Clinical quality

Population Health

- Improvement in 12 population health outcomes
- BHTCs. LPHAs, and RHCs report increased awareness and access
- Community-level health improvements
- Consumers report positive outcomes
- Provider training improved

Payment Reform

- CIVHC support for APCD data
- Milliman support for cost analysis
- Multi-payer collaborative
- Individual commercial pavers
- Medicaid and Medicare

Preliminary Steps

- Payers participate
- APCD data access and proxy measures developed by CIVHC
- Milliman identifies cost analysis approach & framework
- Baseline data available
- Payers provide cost and utilization data through Stratus

APCD Data

- Attribution, cost & utilization measures implemented
- CIVHC provides baseline
- Milliman provides baseline cost data
- Baseline data reported and supports SIM. practice sites, and bidirectional programs

APMs

- Alternative payment models adopted
- Cost measures assessed
- Decision making and infrastructure building enabled
- Info shared with sites

Value-Based Improvement

- Movement in valuebased model use
- PMPM payments in place
- Implement ROI measures Integration of primary
- and behavioral health encounter / claims data
- Attribution increased

Payment Reform

· APMs transition from fee-for-service to valuebased payment models

Practice Transformation

Integration and improved

quality of care supported

Improved continuum of

Consumer better able to

satisfaction, less burden

manage health care

Increased provider

integrated care

CQMs improved

- Covered lives
- targets achieved Increased ROI
- Practices restructured and sustainable

Lower Costs

- \$126.6 million in cost of care savings by 2019
- \$85 million in annual savings thereafter

Workforce

 Improving the work life experience of health and behavioral health care providers

Population Health

• Improvements in 12 areas of physical and behavioral health

Transformation Support

- CU School of Family Medicine: PTOs, SPLIT, training and TA
- Colorado Behavioral Health Council: Coordination & TA

Practices & CMHCs

- Practice and bidirectional program selection
- Training & technical assistance
- PTOs, SPLIT, and reporting in place
- Learning collaboratives

Program Support

- Programs implemented
- PTOs. PFs & CHITAs work with practices and bi- directional programs
- Data collection and reporting
- Rapid cycle feedback system development

QI Support

- PTOs, PFs & CHITAs provide TA and support for quality improvement and milestones
- Rapid cycle feedback system implemented
- Provider & consumer impacts assessed

Quality Improvement

- Milestones reached
- Integration enhanced
- Rapid cycle feedback provided & ongoing
- Consumer satisfaction improved
- Provider satisfaction and burden addressed

- Quarterly reports to CMMI ongoing
- APCD data
- Telehealth &
- broadband data

Reporting & Progress

- SPLIT & QMRT data
- Process data

Health Information Technology

- Improved secure and efficient use of technology
- Telehealth use increased

Health Information Technology

- Support for data collection and reporting
- Data sharing status and regulations reviewed Spark Policy Institute telehealth

review

Health Information Technology (HIT) Preparation

 Develop and implement SPLIT, QMRT, and QMRT+

- Assess barriers
- Develop statewide telehealthstrategy

Data Collection

- CU and TriWest report baseline SPLIT data
- CMHCs implement data collection
- Population health data collected and reported

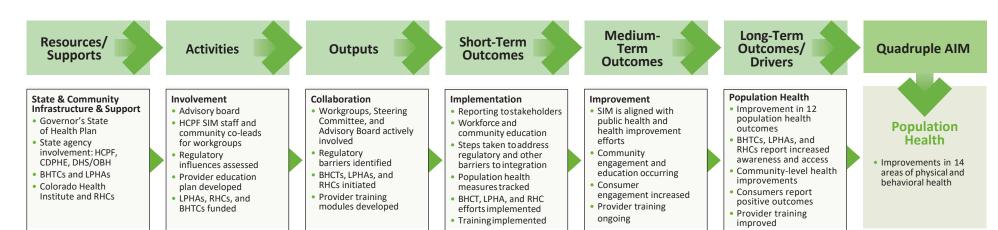
telehealth strategy

Implement

Practice & Bi-directional Data

- SPLIT tools provide practice, workforce. progress & CQM data
- Population health outcomes assessed
- Telehealth assessed · Data quality improving · Physical & behavioral health data shared

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). Klls, 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



Activities

Outputs

Short-Term Outcomes

Medium-Term Outcomes

Long-Term Outcomes/ Drivers

Quadruple AIM

Payment Reform

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 Integration of primary and behavioral health
- encounter /claims dataAttribution increased

Payment Reform

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- Covered lives targets achieved
- Increased ROI
- Practices restructured and sustainable



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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

Payment Reform Questions

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).

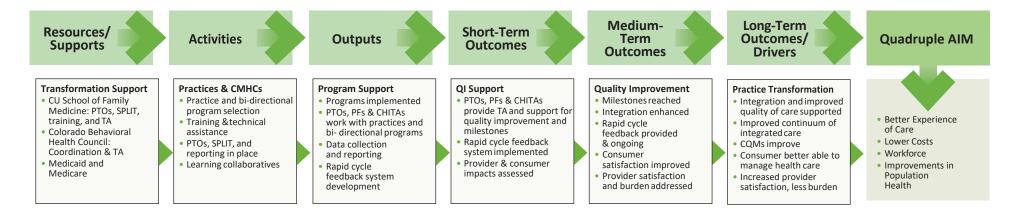
PR4. To what extent did the utilization of services and total cost of care differ over time for consumers attributed to SIM participating practices? Was this different compared to consumers in comparison practices? APCD, Provider Directory, Milliman's Cost and Utilization Reports

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

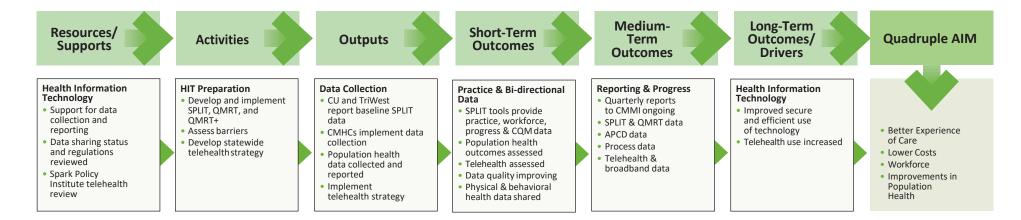
PT7. To what extent are primary care and behavioral health providers satisfied with the experience of integrating primary and behavioral health care? Report burden? Does satisfaction increase and burden decrease over time? SPLIT Clinician and Staff Survey

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