



Centers for Medicare & Medicaid Services

State Innovation Model Progress Report

Award Detail

Award Title	Colorado:Test R2	Round	2
Organization Name	Colorado	Grants Management Specialist	Gabriel Nah
Type	Test	Project Officer	Drew Kasper
Total Funding Amount	\$65,000,000.00		
Description	Colorado’s plan, entitled “The Colorado Framework,” creates a system of clinic-based and public health supports to spur innovation. The state will improve the health of Coloradans by: (1) providing access to integrated primary care and behavioral health services in coordinated community systems; (2) applying value-based payment structures; (3) expanding information technology efforts, including telehealth; and (4) finalizing a statewide plan to improve population health. Funding will assist Colorado in integrating physical and behavioral health care in more than 400 primary care practices and community mental health centers comprised of approximately 1,600 primary care providers. In addition, the state will work to establish a partnership between their public health, behavioral health and primary care sectors.		

Progress Report

Progress Report	Progress Report 1 - Award Year 3	Award Title	Colorado:Test R2
Report Number	1	Award Year	3
Approval Status	Pending Approval	Date Submitted	11/30/2017

Date Approved

Last Modified By

Ryan Law

Reporting Period Start Date 8/1/2017

Reporting Period End Date 10/31/2017

WBS Not Applicable

Executive Summary

Success Story or Best Practice

- Cohort-2 baseline assessment collection efforts were started with more than 90% of practices submitting some of their baseline assessments by the 10/31/2017 due date.
- All 21 Regional Health Connectors (RHCs) had submitted their local priorities.
- During this time frame, 17 of 21 RHCs had submitted roadmaps providing detailed plans for their region-specific projects.
- RHC program staff visited 20 of the 21 RHC regions to conduct annual site visits with each of the RHCs and their host organizations.
- The first SIM-funded, Office of Behavioral Health (OBH) training video was released. The module addresses the use and monitoring of psychotropic medications for children and adolescents, with a focus on children and adolescents in the state foster care system. The 2017 Psychotropic Medication Guidelines was published in the OBH training module and hosted on the CU eLearning platform.
- Tri-County Health Department paired its stigma-reduction work with a national Kaiser Permanente effort and had an unveiling of stigma reduction-focused art in downtown Denver. Similar artworks are planned for Colorado Springs and Pueblo.
- Published first patient podcast that outlines patient perspective on why integrated care is important and how it has affected her life and her family's health and happiness: <http://bit.ly/2kKUHZA>.

Challenges Encountered & Plan to Address

Data reporting for practices has been an ongoing challenge. The SIM team is pleased to report that practices are improving in their ability to report data and practice representatives say they trust the data they're reporting, which is a huge success for the team and for practices as it prepares them for success with APMs. We attribute some of this to ongoing training of the practice transformation organizations (PTOs) and an expanded scope of work for the clinical health information technology advisors. The SIM team will continue to work closely with our partners at the University of Colorado Denver Department of Family Medicine to ensure positive momentum is continued.

Governance

- The SIM team held four board meetings during this time frame.
- The SIM team held a special meeting of the Steering Committee to prepare for an all workgroup member convening next year that will help the team fine-tune sustainability planning and rejuvenate these volunteers for the last stretch of the initiative. During the full-day event for co-chairs of the SIM workgroups stakeholders were encouraged to share successes and challenges in their respective workgroups and help SIM team members identify ways to reengage volunteers.

Stakeholder Engagement

- The SIM team held 20 workgroup and board meetings during this time frame.
- SIM partners and staff met with a staff member from the Colorado Office of Economic Development and International Trade to determine how SIM efforts align with their work in health and wellness across the state. CDPHE will continue to explore this work, and has additional avenues to explore (e.g. construction and fuel industries, other business communities, ties to increasing broadband access, etc.)
- The SIM team hosted a Multi-Stakeholder Symposium on Sept. 20 that was devoted to payer practice relationship and data. These meetings are focused on improving partnerships between payers and providers and include practice transformation organizations. More information is included in the payment section below and in the risks section of this report.

Population Health

- Pat Uris, senior consultant for health systems innovation in the Prevention Services Division at the Colorado Department of Public Health and Environment, provided an update on the new health navigator workforce and lessons learned on:
 - Collaborating with key stakeholders to create a new workforce
 - Credentialing processes
 - Program evaluation
- Jackie Laundon reported on the LPHA/BHTC grantee meeting June 29, 2017. Grantees are experiencing similar challenges and lessons learned, such as:
 - Difficulty with facilitating/managing large stakeholder meetings
 - Prioritizing competing viewpoints
 - Mitigating scope creep
 - Managing and awareness of staff mental health and or secondary trauma working in this area
- The group also was updated as to the ongoing regional health connector (RHC) work, such as:
 - Reviewing existing data and initiatives
 - Aligning local priorities with statewide target areas
 - Developing a Roadmap for RHC work in local areas
- Health Management Associates (HMA) provided early observations on the behavioral health promotion and prevention environmental scan. Early observations include:
 - Many initiatives lacking coordination
 - Gaps identified in programs targeting school-aged youth
 - Identified some promising efforts that need to be scaled appropriately
- The August and September meetings were focused on a facilitated discussion by HMA regarding the environmental scan. This discussion will result in a call-to-action that will be used to help inform the SIM sustainability plan. The population health workgroup will cross-pollinate with the policy workgroup to capitalize on potential policy opportunities. This work is being discussed with other key stakeholder groups including the advisory board, steering committee, other SIM workgroups and the Governor's Office Behavioral Health Taskforce.

Health Care Delivery Transformation

- The practice transformation workgroup discussed business support for practices, and overall sustainability post-SIM.
- Small grant cohort-1 grantees spent \$1,116,000 out of \$2,000,000 allocated funds and will spend the rest during the remaining terms.
- Notifications were sent to 224 SIM cohort-2 applicants with information on their status of participation. A total of 168 practices were offered the opportunity to participate. A total of 156 cohort 2 practices began their work in the initiative on Sept. 15, 2017. Practices not accepted for cohort 2 were encouraged to apply for cohort 3 in the letter they received from the SIM office.
- New e-learning modules were released (cuelearning.org). SIM behavioral modules include the following topics: Introduction to Behavioral Health for Primary Care, Depression, Distress and Anxiety, BHP and the Care Team, Integrated Workflow, Adverse Childhood Experiences, Patient Engagement and Behavioral Health, and Psychotropic Medications - Children & Adolescents.
- On Aug. 16-17, a two-day training was provided to practice transformation organizations to highlight new features of the program for cohort-2 practices.

Payment and Service Delivery Models

- The SIM team created a resource hub for payers with pertinent information on SIM support to practices. This hub is updated periodically by the SIM team with practice lists, TINs and NPIs.
- The SIM team continues to work with payer and vendors to clarify and improve data in Stratus TM.
- The Multi-Payer Collaborative met three times this quarter, and continues to discuss the data aggregation tool and payment support for SIM cohorts 1 and 2. The SIM office is preparing payers for cohort 3.
- The SIM office hosted a successful Multi-Stakeholder Symposium during which payers and practices discussed unique payment support arrangements, and the data aggregation tool.
- The SIM team is having ongoing conversations with Lawrence Miller, Governor Hickenlooper's health consultant, and Kyle Brown, Governor Hickenlooper's health policy advisor, on pursuing an all-payer model in rural Colorado. The SIM team provided an update to stakeholders, including the Governor's Health Cabinet, SIM Steering Committee and SIM Advisory Board.

Leveraging Regulatory Authority

- Radhika Nath, SIM team, discussed the SIM telehealth strategy with the policy workgroup and solicited feedback on implementation challenges. The group discussed the fact that state health service boards have different regulation and enforcement for the definition of a telehealth consultation, face to face interactions, etc.
- Shi Lynn Coleman, SIM team, provided an update on the consumer engagement, workforce development, and population health workgroups to keep the group apprised of what other workgroups are doing. One potential area for collaboration: Working with the population health workgroup, which commissioned an environmental scan from Health Management Associates to examine behavioral health and mental health efforts, opportunities and gaps in the state. The next step is to create a call-to-action once we get the findings of the scan, which will highlight areas of focus for the policy workgroup.
- Tista Ghosh, population health workgroup chair, discussed next steps on the environmental scan and gap analysis on behavioral health promotion and prevention initiatives. Potential areas of collaboration: Man Therapy and Mental Health First Aid.
- David Ervin from the Resource Exchange presented on providing integrated care to individuals with intellectual and developmental disabilities.
- Kate Horle presented on 42CFR2 and the complicated nature of practices sharing behavioral health data and sensitive patient information. The group discussed providing guidance to practices about how to interpret the regulation.
- The workgroup brainstormed opportunities, including support for the opioid bills, partnering with HIT and OeHI on information sharing, substance use disorder opportunities regarding SBIRT, and legislative materials.
- The SIM team met with Mental Health Colorado to learn about a policy framework for integrated care the organization is developing.

Workforce Capacity

- The workforce workgroup reviewed and discussed the TriWest Rapid Cycle Feedback report that highlighted key informant interviews with practice facilitators who shared perceived successes and lessons learned relative to workforce issues.
- The group also heard from workgroup member Janet Steinkamp, SIM project manager at OBH, who provided a high-level overview of the upcoming Office of Behavioral Health work including provider education modules and potential workforce credentialing/endorsement. This workgroup will continue to provide subject-matter expertise to OBH.
- Janet Steinkamp also presented preliminary work plans for the following education modules:
 - Pregnancy and substance use disorders
 - Psychotropic medications
 - Substance use disorders
 - Screening, Brief Intervention & Treatment (SBIRT)
 - Trauma and trauma-informed care
 - Senior care
- A workforce workgroup subcommittee was created and reflects a strong multi-organization commitment to create and deliver relevant learning opportunities that benefit the integrated behavioral and physical health workforce statewide. Opportunities include eLearning modules, in-person/face-to-face training, the BH Training Consortium annual meeting, the Best Practice Guidelines, the Best Practice Symposium, collaborative presentations at local and state gatherings, and help planning the Collaborative Family Healthcare Association national conference. This subcommittee is an example of strong collaboration among state agencies and SIM stakeholders. Awareness of what other provider education endeavors has been valuable, and will provide sustainability of these education efforts post-SIM.

Health Information Technology

- The SIM team revised eCQM from a request-for-proposal to a sole source request for Colorado's three primary health information exchanges (HIEs): Colorado Regional Health Information Organization (CORHIO), Quality Health Network and Colorado Community Managed Care Network.
- SIM worked with HealthTech Solutions, the Office of eHealth Innovation (OeHI) and the Health Information Office to validate eCQM technical specifications and provide market research for pricing as required by the Colorado Department of Health Care Policy and Financing procurement process for sole-source contracts.
- Public Knowledge took the eCQM implementation roadmap completed by Deloitte in Q2 2017 and held facilitated data governance and operational governance sessions with key stakeholders from several external entities.
- The SIM team, Office of Information Technology (OIT) data architect and OIT project manager initiated a "gating process" with OIT to ensure that eCQM requirements met Colorado's IT specifications around eCQM information security and technical infrastructure.
- The SIM office worked with OeHI to align SIM initiatives with the statewide HIT Roadmap, which is scheduled for release in November.
- SIM team members presented a eCQM solution to the eHealth Commission.
- OIT assigned Jennifer Hall, a project manager, to track eCQM program milestones and help keep the eCQM project planning on task.
- SIM worked with the University of Denver team to finalize the cohort-2 Healthcare Information Technology Assessment.

Continuous Quality Improvement

- The SIM team sent cost and utilization reports from Milliman to SIM practices in a secured format and hosted a webinar to help practices learn how to use the information. Practice facilitators and clinical health information advisors were apprised that these reports were sent to SIM practices so they could help them use the information in practical ways.
- The SIM team received and edited the quarterly report from TriWest.
- The SIM team received and edited the annual report from TriWest.
- SIM office participation in the quality assurance committee that is facilitated and run by the university. The goal is to identify practices and practice transformation organizations that might be struggling or are succeeding.
- Cohort-2 baseline assessment collection efforts were started with more than 90% of practices submitting some of their baseline assessments by the 10/31/2017 due date.

Additional Information

Consumer engagement updates:

- The consumer engagement workgroup has been preparing and focusing its efforts on a new scope of work to engage consumers. It was awarded to Arrow Performance Consulting Group (APG). Members reviewed consumer/patient collateral developed by the SIM office to help educate patients on the importance of behavioral health integration. The group asked to learn from a SIM site that is using small grant funds to foster patient and family engagement at its integrated care site.
- During the September meeting the group heard from SIM small grant grantee Western Pediatric Associates in Grand Junction. The practice shared patient engagement efforts highlighting its “On Second Thought” program, The foundations of Parenting: <http://www.pcpgj.com/second-thought-foundations-parenting/>.
- APG introduced the workgroup to its proposed strategy to engage healthcare consumers in two medically underserved regions during AY3. APG will engage healthcare consumers and gather qualitative data on:
 - Healthcare consumers’ experiences about accessing integrated care
 - Outcomes of value-based payment
 - Barriers to local healthcare needs and concerns
- The consumer engagement workgroup will continue to provide guidance and subject-matter expertise to APG.

Metrics

Metric Name

Performance Goal

Current Value

Risk Factors

Risk Factors	Current Priority Level	Current Probability	Current Impact	Prioritized Risk Mitigation Strategy	Current Next Steps	Current Timeline
Capacity of current and future workforce to provide integrated PH and BH	2	High	High	The SIM office will support all of the local recipients of the HRSA grants and continues to work on this issue with the workforce workgroup.	The SIM workforce workgroup will advise the awardees regarding implementation. Additionally, SIM is exploring ways to support planning of the 2019 CFHA annual conference, which will have a focus on workforce."	The workforce workgroup continues to discuss ways to address the shortage and CFHA planning is ongoing.

Data quality	3	Medium	High	The SIM office is working with evaluation contractors to understand and address contractors' concerns with some data used for evaluation and reporting needs.	The SIM office is working with evaluation contractors to implement a documentation system to understand changes in APCD extracts used for evaluation and reporting needs. The SIM office has delayed contract deliverables that are calculated using APCD data.	Within the coming months the SIM office will have a proposed documentation system and will work with relevant vendor partners to implement this where necessary
Delays associated with obtaining necessary regulatory changes, approvals	3	Medium	High	SIM is aligning the policy workgroup with more actionable items.	The team is making progress on reaching consensus on a future direction.	Ongoing. The request is to reduce the probability of this risk to medium.
Difficulties/delays related to contracting and procurement processes	3	High	High	The SIM office is working with Drew to avoid delays in work with contractors.	The SIM team will continue to work with Drew and Gabe on these issues.	The SIM team will continue to discuss these issues with CMMI and SIG leadership on regular calls.

Employer demand may not align with SIM recs or those of health care community	4	Low	Low	The SIM team continues to work with the Colorado Business Group on Health as well as reach out to other organizations that can help with the efforts to engage self-insured employers.	The team will meet with Bob Smith, the CEO of the Colorado Business Group on Health and has discussed new ways to communicate with members to articulate the value of integrated care.	Ongoing
Lack of consensus around SIM policy recommendations/actions	3	High	Medium	SIM team members are working with the policy workgroup co-chairs to ID a more actionable future. The team has established relationships with legislators and will continue to engage them in SIM activities.	The SIM policy/strategy manager will turn the policy framework into a work plan that includes information about what the group will work on.	Ongoing.
Lack of coordination among agencies implementing SIM initiatives	3	Medium	Low	The SIM team participates in several stakeholder meetings to ensure alignment whenever possible. The team also organizes subcommittees as needed to ensure alignment between agencies implementing SIM. A Multi-Stakeholder Symposium was held Sept. 20.	The team continues to hold SIM Advisory Board meetings to ensure coordination of efforts. Continue to participate in CHES meetings. Distribute monthly reports of SIM activities to key partners to keep them up to date.	Ongoing

Lack of coordination between SIM and other activities/initiatives in state	3	Medium	Low	SIM participates in CHES meetings, the Colorado QPP Coalition, HCPF meetings, the Multi-Payer Collaborative and other groups to ensure alignment and coordination.	The team is always looking for new ways to engage state partners and ensure alignment.	Ongoing.
Maintaining multi-payer engagement and alignment	2	Medium	High	SIM published a set of milestones that reflect payer priorities to ensure future sustainability of integration efforts. Along with regular MPC meetings the SIM team launched multi-stakeholder meetings to encourage more effective partnerships.	The SIM team launched a "good standing" effort for cohort-2 practices that will help payers understand the work practices do in the SIM initiative and what is required to succeed with APMs.	Ongoing
Multiple ongoing initiatives lead to reform fatigue and disengagement	3	Medium	Low	Practice surveys show that 87% of practices would recommend participation in SIM to a colleague and the team did considerable work to align measures to reduce provider burden.	The team is eager to see results from cohort-1 and cohort-2 surveys to gauge burnout and provider satisfaction with the initiative.	Ongoing.

Obtaining necessary data to track progress toward goals	3	High	High	The SIM office is working with workgroups and payers to understand the need and availability of payer data for evaluation needs. The team is also working with evaluation contractors to address delayed submission of Medicaid and Medicare data in the APCD.	SIM workgroups and state-led evaluator are prioritizing evaluation metrics that track SIM goals. We received some baseline data from 4 payers. The team is meeting with CIVHC to find an interim solution and delayed contract deliverables that use APCD data.	Ongoing
Pay structure and reg environ not in place to support integrated care model	2	High	High	The SIM office worked with payers to identify an aligned set of accountability measures that practices must achieve to remain in "good standing" to receive value-based payment incentives for behavioral health integration.	Good standing was defined by the SIM team and included in the RFA for cohort 3. The team will continue to assess how the process works.	Ongoing.
Personnel turnover	1	High	Medium	The SIM team is fully staffed.	The team has developed a "sustainability" team to help identify ways to keep the current team engaged and committed to the initiative.	Ongoing.

State and federal regulations around health information sharing 3

Medium

Low

The Policy work group identified 3 strategies: 1) providing ongoing educational/informational offerings for providers, 2) assisting with inter-agency alignment of regulation SOPs, and 3) ensure sustainability through case studies and yearly review

The SIM team is engaging stakeholders to identify next steps.

Ongoing.

WBS

Vendor	Category of Expense	Primary Driver	Total Unrestricted Funding (obligated funds)	Metric Name	Carry Over Funds	Rate/ Unit Cost	Comments/ Notes	Total Payments (spent funds)
Colorado Behavioral Health Council	Contract	Driver 1	\$630,604		No		Deliverable(s) met during this time period as follows: CMMI Evaluation Template, Initial CBHC Work Plan, Initial CMHC Work Plans	\$523,391
Oregon Health and Science University	Contract	Driver 1	\$237,065		No		Deliverable(s) met during this as follows: Multi-Stakeholder Symposium Agenda, 3 MPC Updates – communication with payers, all Multi Stakeholder Symposium Facilitation August through October	\$36,478
Health Management Associates	Contract	Driver 1	\$20,350		No		Deliverable(s) during this time as follows: meeting summary, call to action outline	\$6,920
Colorado Health Institute	Contract	Driver 1	\$1,967,760		No		Deliverable(s) met during this time as follows: Annual Report, 3 Monthly	\$602,024

TriWest	Contract	Driver 2	\$1,000,000	No	<p>Metrics Report, Semi-annual Communications Plan, Updated Business Continuity Plan, Social Network Analysis, Quarterly report</p> <p>Deliverable(s) met during this time as follows:</p> <p>Preliminary Annual Report, Final Annual Report, Final Annual Data Analysis Plan</p> <p>\$360,000</p>
Center for Improving Value in Healthcare	Contract	Driver 2	\$423,151	No	<p>Deliverable(s) met during this time as follows: 3 monthly reports, Year 3 Annual SOW Workplan Update</p> <p>\$29,000</p>



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