Colorado State Innovation Model Evaluation

Evaluation Sustainability Plan DRAFT Framework

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Introduction: Creating a Sustainability Framework

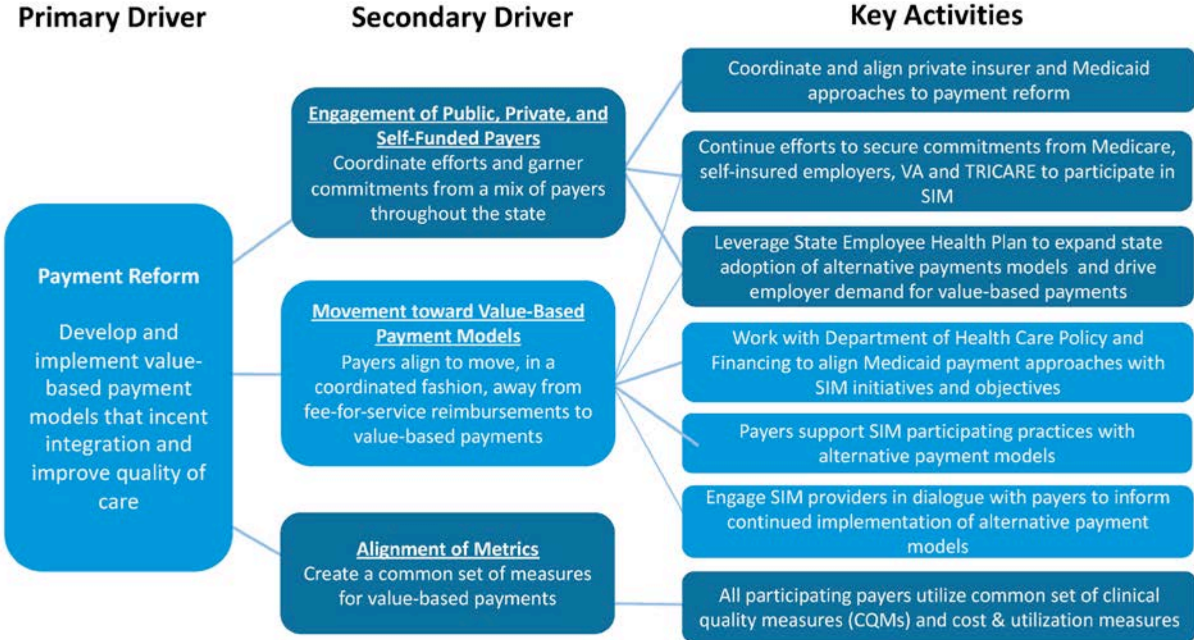
This document proposes an initial framework for use by the SIM office in planning the sustainability of current evaluation efforts. It presents initial questions concerning SIM sustainability, continued availability of data sources, and resources necessary to structure and carry out future evaluation efforts. We hope that this will serve as a first step in working with the SIM office to outline goals for sustainability and for gathering information to develop a full Evaluation Sustainability Plan. Another step will be to discuss how the Evaluation Sustainability Plan can complement and support the overall SIM Sustainability Plan.

The final Evaluation Sustainability Plan will require more detail regarding anticipated continuation of specific elements of both the SIM model and the evaluation. More specifically:

1. Which elements of the SIM drivers (**activities**) will be sustained?
2. What **data sources** will be sustained (continue to be available)?
3. What institutions/governance **structures** (e.g., workgroups) will be sustained? What is their capacity to have a role in continuing evaluation work?
4. What **outcomes** will persist? What outcomes does SIM anticipate will continue to change/improve over time once the SIM office disengages from SIM Practice Transformation work?

This document is organized into sections corresponding to each of the primary SIM drivers: Payment Reform, Practice Transformation, Population Health, and Health Information Technology. For each driver, we pose questions and suggest possibilities around intended continuation and sustainability of activities, structures, data sources, and outcomes.

Payment Reform



A vital part of the Colorado SIM project has been expanding value-based payment models within SIM practice sites. Financial support of practice transformation (integration) efforts is a key element in their sustainability. The SIM vision for value-based payments is that they become sufficient to financially support (and therefore incent) practice sites' efforts to further integrate primary and behavioral health care and to improve care quality in ways currently unsupported (or under-supported) by fee-for-service payment models.

What Activities Will Continue?

Below is a list of the key activities from the Payment Reform driver diagram. In sustainability planning, the SIM office will need to determine the degree to which these activities will continue. This document offers some initial thoughts on whether current SIM structures and activities seem set up to continue directly (direct continuation) for at least a short period of time and/or the likelihood that an activity can be sustained over a longer period after SIM support has ended.

Key Activities	Direct Continuation?	Likely to Continue?	Notes
Coordinate and align private insurer and Medicaid approaches to Payment Reform	Maybe, if some form of the SIM office (or other structure) continues	Possible	Payers in Colorado have already made a substantive investment in Payment Reform. It seems likely these efforts could continue, although some sort of statewide third-party organization (non-payer) guidance may be needed to coordinate these efforts.
Continue efforts to secure commitments from other payers to participate in SIM	No	Possible	If these additional payers are brought on board during SIM Implementation, they may be continued (see above).
Leverage State Employees Health Plan to expand state adoption of value-based payment models	No	Possible	If this additional payer is brought on board during SIM Implementation, it may be continued (see above).
Work with HCPF to align Medicaid payment approaches with SIM	No	Unclear	Need more information about current progress.
Payers support SIM-participating practices with value-based payment models	Possible	Possible	Payers will likely choose to continue to support "legacy" SIM practice sites if they view the effort as having value. A key component of sustaining this support is demonstrating potential cost savings on the part of both payers and providers.
Engage SIM providers in dialogue with payers to inform continued implementation of value-based payment models	Possible	Possible	Providers will likely choose to continue to work with payers in the continued implementation of value-based payment models if they see those models as helping to sustain their practice site goals.

Key Activities	Direct Continuation?	Likely to Continue?	Notes
All participating payers utilize common set of clinical quality measures (CQMs) and cost and utilization measures	Likely	Likely	Much effort is being expended in SIM and other statewide/national efforts. This will likely continue to move forward. The degree to which the SIM legacy continues to inform this effort will depend on continuity of SIM structures (e.g., HIT workgroup partnership with the Governor's Office for HIT).

What Data Sources Will Continue to Be Available to Evaluate Payment Reform?

All Payers Claims Database (APCD) data from CIVHC. These are composed of patient-level encounter and claims records detailing services received and payments to providers for the included service; they also include files recording patient and provider characteristics. These data cover all patients of submitting payers in both SIM and non-SIM practice sites.

CIVHC will continue to manage the APDC after the close of the SIM project. Assuming an organization can be identified to receive data from CIVHC, then claims-based data analyses used in the evaluation can be sustained. These analyses would include cost and utilization information. It is important to note that CIVHC is increasing its internal capacity to report on cost and utilization and may be capable of providing ongoing analysis. It will be necessary to discuss with CIVHC and possibly determine a source of funding for this effort.

Payer attribution of practices and beneficiaries to APMs. Payers have been asked to report which SIM practice sites are supported, by APM category, on an annual basis. Payers have also been asked to report the total number of beneficiaries attributed by payers to SIM practice sites within each of the four APM categories and the total amount of payments to providers within each of the four APM categories. Any use of this information will be reported on a per de-identified payer basis. Payers will report the total number of beneficiaries in each category statewide (including SIM and non-SIM practice sites).

To date in the evaluation, data have not been gathered from all payers, and it is unclear whether payers would continue reporting this information after the SIM project ends.

What Institutions or Governance Structures Will Continue? (What Role Can They Play in Sustained Evaluation Work Around Ongoing Payment Reform?)

The Multi-Payer Collaborative continues to meet and will continue to support SIM practice sites through the end of the SIM project. Payers have dedicated significant resources to Payment Reform in Colorado, so there seems some likelihood that this group can continue. What is less clear is the mechanism by which this group will 1) inform statewide efforts or 2) receive direction and guidance on how to move Payment Reform forward in the state. This governance structure could be housed in a streamlined "SIM office" (either within HCPF, CDPHE, or perhaps the Governor's Office).

To the extent that payers see value in providing alternative payment models, there is potential for sustaining some parts of the evaluation in order to continue to demonstrate this value.

What Payment Reform Outcomes Are Anticipated to Continue? (What Does the SIM Office Expect/Want to Continue to Improve Because of the SIM Implementation?)

The degree which value-based payment models are being utilized throughout the state is an important component of the overall SIM Goal:

> **"By 2019, 80% of Coloradans will have access to comprehensive care that integrates physical and behavioral health, using increasingly value-based payment models."**

Depending on the demonstrated effectiveness of value-based payments in reducing payer and provider costs, the continuing expansion of these models may persist after the completion of SIM.

At a minimum, the SIM office should consider how to measure, on an ongoing basis, the degree to which alternative payment models are being used throughout the state. The data for this could be made available through direct reports from payers to the SIM office, which is the current process. However, given potential difficulty of getting and processing these reports, it is also worthwhile to consider legislative changes that would allow CIVHC to receive these data directly from submitting payers. This approach will allow for an estimation of the number of Coloradans who are receiving care supported by some kind of APM.

Alternatively, the SIM office may consider working with other state agencies (e.g., CDPHE) to develop an annual survey of health care providers that asks questions about efforts to integrate

care and utilization of value-based payment models. This survey could be administered annually after the SIM implementation formally ends.

The corresponding evaluation question to this goal is "PR8. To what extent were value-based payment models implemented?"

There are other evaluation questions in the SIM statewide evaluation that may be considered for the evaluation sustainability plan. We have listed suggestions here. Note that we are not including evaluation questions that require SIM attributions since those will not be available in the future. Some questions may require modification to adjust for changing data availability.

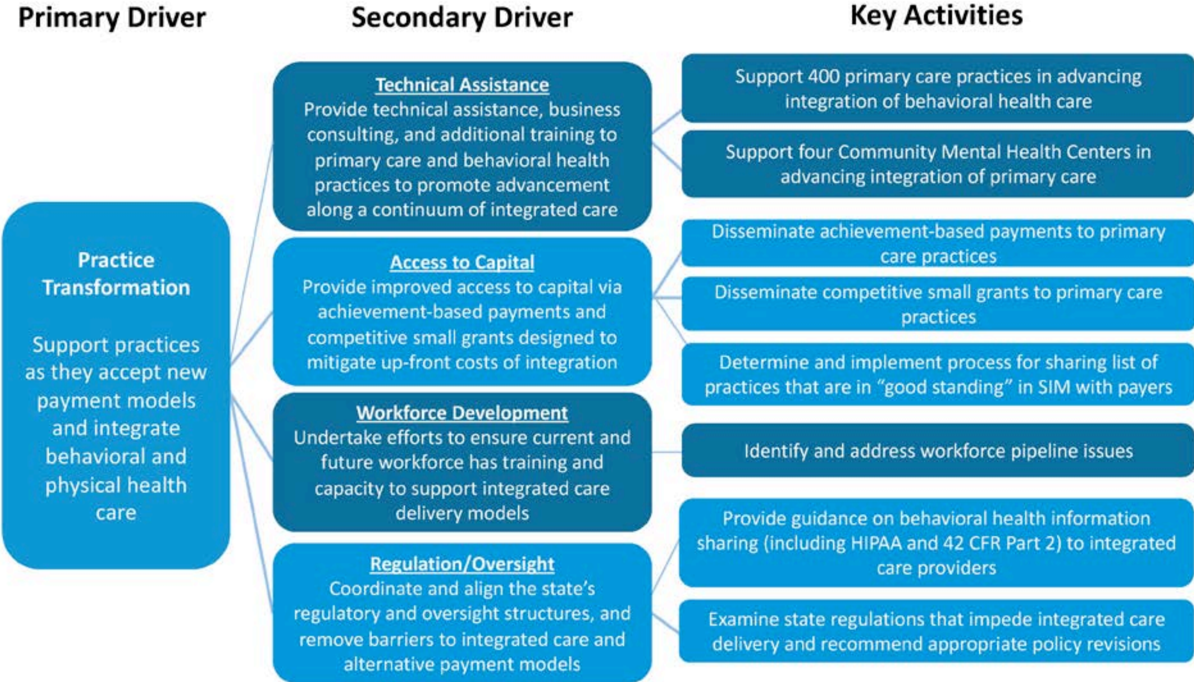
Additional outcome evaluation questions that the SIM office may want to prioritize for sustained evaluation efforts are as follows:

- PR3. What Alternative Payment Models result in the best outcomes for different populations served (children, adults, payer type, urban vs. rural vs. frontier areas)?
- PR4. What is the cost of integration transformation efforts to practices? Is this cost sustainable through revenue generated by the APMs? Do these costs change over the course of the project (short term to long term)? How do costs differ based on specific integration strategies (co-location or not, practice size, geographic area, population served characteristics, etc.)? Costs also include "soft" costs (staff meeting time, training, etc.).
- PR7. Do Alternative Payment Models result in lower health care costs?
- PR9. To what extent do impacts on access to care measures differ by participation in Alternative Payment Models?

The evaluation will attempt to address each of these questions; however, since the SIM drivers will not reach all of Colorado's providers, payers, or patients—and since the answers to each may change over time—sustained evaluation efforts may be worthwhile.

Baseline costs should be well established by the end of SIM, but there might not have been enough time to demonstrate significant savings. There would be "value" in sustaining the activities, data sources, and structures to track and report these Payment Reform evaluation questions so that the true value of the SIM effort can be demonstrated in the years after implementation has ended.

Practice Transformation



The primary SIM Practice Transformation driver is to "support practices as they accept new payment models and integrate behavioral and physical health care." Elements of this support include technical assistance, access to capital, workforce development, and regulation/oversite changes.

What Activities Will Continue?

Below is a list of the key activities from the Practice Transformation driver diagram. In sustainability planning, the SIM office will need to determine the degree to which these activities will continue.

Key Activities	Direct Continuation	Likely to Continue?	Notes
Support 400 practices in integration	No	Likely	While direct technical assistance support to practice sites will no longer be available, some sites will likely continue the efforts began under SIM support. It is possible that additional practice sites will begin Practice Transformation efforts.

Key Activities	Direct Continuation	Likely to Continue?	Notes
Support for CMHCs	No	Likely	While direct technical assistance support to CMHCs will no longer be available, some centers will likely continue the efforts began under SIM support. It is also likely that additional CMHCs will begin Practice Transformation efforts.
Achievement-based payments	No	No	While some practice sites may pursue additional funding, no funding will be available from SIM.
Competitive small grants	No	No	While some practice sites may pursue additional funding, no funding will be available from SIM.
Share lists of "good standing" SIM practices with providers	No	With Modification	The SIM office will no longer engage directly with practice sites or payers. However, based on the SIM list, payers could adopt their own "good standing" criteria that can be applied to sites in the future.
Ongoing identification and strategies to address workforce issues	Maybe, under another agency such as CDPHE	Possible	The Workforce Workgroup may elect to continue to meet and address these issues.
Provide guidance on information sharing (particularly around HIPAA and 42 CFR Part 2)	Maybe, under another agency	Possible	The HIT and/or Policy Workgroups may elect to continue to meet and address these issues.
Examine state regulations that impede integration/make policy recommendations	Maybe, under another agency	Possible	The Policy Workgroup may elect to continue to meet and address these issues.

What Institutions or Governance Structures Will Continue? (What Role Can They Play in Sustained Evaluation Work Around Ongoing Practice Transformation?)

SIM Workgroups could continue to work, outside of the SIM implementation, perhaps aligned with another agency (e.g., the University, CDPHE, another HCPF department, a "transformed" SIM office, etc.). Because there are a variety of transformation efforts throughout the state, many of them focused specifically on integrating primary and behavioral health care, it seems likely that Practice Transformation-oriented workgroups could be sustained, perhaps linked to one of these additional efforts.

- Practice Transformation Workgroup
- Policy Workgroup
- Consumer Engagement Workgroup
- Workforce Workgroup

What Data Sources Will Continue to Be Available to Evaluate Practice Transformation?

The primary data source for measuring Practice Transformation within SIM is the University's **Shared Practice Learning and Improvement Tool (SPLIT**). It seems unlikely that practice sites will continue to use this tool beyond formal participation in SIM. The current data sources, besides SPLIT, for Practice Transformation-related data elements are the following:

All Payers Claims Database (APCD) data from CIVHC. This was described in the previous section.

CIVHC claims-based proxies for Clinical Quality Measures (CQMs). CIVHC will report clinical quality measures based on proxies that are calculated using APCD data. We anticipate that these proxies will only be reported statewide – for all patients attributed to any practice site – and for the SIM cohort of attributed patients in aggregate. With some funding support, this can be continued based SIM implementation.

Practice-reported Clinical Quality Measures (CQMs). These are reported through the SPLIT tool. SIM practice sites submit quarterly data on a minimum of six selected CQMs for their site. Practice sites report both numerators (e.g., number of adult patients who receive a depression screening) and denominators (e.g., total number of adult patients) for each measure. Because of alignment with other initiatives, sites may still calculate these measures at the completion of the SIM initiative.

Qualitative data sources. These include Key Informant Interviews, record reviews (e.g., lists of practices participating in other efforts), etc.

What Practice Transformation Outcomes Are Anticipated to Continue? (What Does the SIM Office Expect/Want to Continue to Improve Because of the SIM Implementation?)

The degree which Coloradans have access to "comprehensive" and integrated care is an important component of the overall SIM Goal:

> **"By 2019, 80% of Coloradans will have access to comprehensive care that integrates physical and behavioral health, using increasingly value-based payment models."**

The following evaluation questions correspond to this goal:

- PT16. Was access to integrated care improved for 80% of Coloradans?
- PT4. What was the level of access to care for integrated primary care and behavioral health services? Establish baseline and evaluate change over time

At a minimum, the SIM office should consider how to measure, on an ongoing basis, the degree to which Coloradans have access to integrated care. However, without developing additional data sources, the primary option for monitoring this may be to develop algorithm(s) using claims data to determine whether care is integrated.

Alternatively, the SIM office may consider working with other state agencies (e.g., CDPHE) to develop an annual survey of health care providers that asks questions about efforts to integrate care and utilization of value-based payment models. This survey could be administered annually after the SIM implementation formally ends.

There are other evaluation questions in the SIM statewide evaluation that may be considered for the evaluation sustainability plan. We have listed suggestions here. Note that we are not including evaluation questions that require SIM attributions since those will not be available in the future. Some questions may require modification to adjust for changing data availability.

Additional outcome evaluation questions that the SIM office may want to prioritize for sustained evaluation efforts are the following:

- PT10. To what extent are consumers in SIM practices and bi-directional programs

satisfied with the experience of integrated primary and behavioral health care? More specifically, do consumers: Report better access to care? Report feeling more valued and respected? Report getting better or more effective care? Express privacy or data security concerns as a result of more data sharing through integration?

There is not a SIM-specific consumer survey. There may be an opportunity to continue to work with the HCPF CAHPS effort to gather data regarding experience with and access to integrated primary and behavioral health care in primary care practice sites throughout the state.

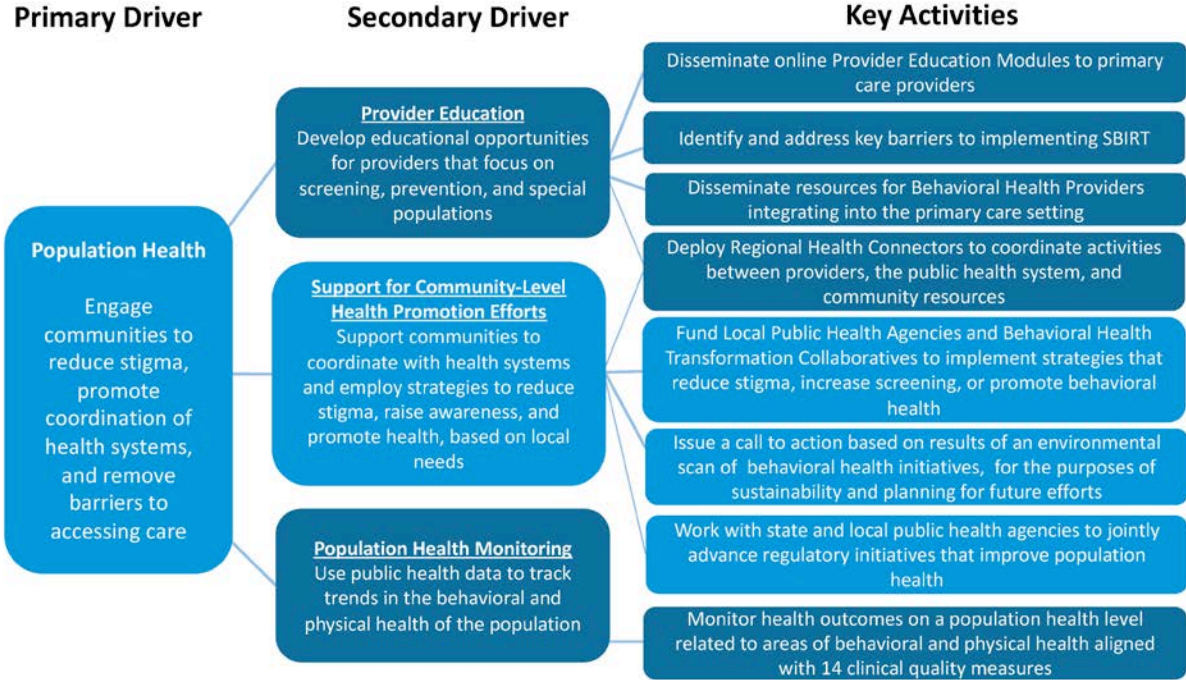
- PT15. Among SIM-participating primary care practices, which of the 15 Clinical Quality Measures (CQMs) improved over time?

Because the HIT effort to create a statewide eCQM mechanism extends beyond the SIM implementation period, it may be possible to sustain the measurement and report of clinical quality measures (see the HIT section for further information).

- PT9. To what extent did practices and bi-directional programs move along the continuum of integration?

The above question may be difficult to answer once sites stop using the SPLIT tool. It may be worthwhile to pursue a method for statewide assessment of practice integration.

Population Health



The primary SIM Population Health driver is to "engage communities to reduce stigma, promote coordination of health systems, and remove barriers to accessing care." Elements of this support include provider education, support for community-level health promotion efforts (via LPHA and BHTC grants and the RHC program), and monitoring Population Health indicators.

What Activities Will Continue?

Below is a list of the key activities from the Population Health driver diagram. In sustainability planning, the SIM office will need to determine the degree to which these activities will continue.

Key Activities	Direct Continuation	Likely to Continue?	Notes
Disseminate online Education Modules to primary care providers	?	?	Need to find out if this will continue past SIM.
Identify and address key barriers to implementing SBIRT	No?	No?	Will this be accomplished during SIM?

Key Activities	Direct Continuation	Likely to Continue?	Notes
Disseminate resources for Behavioral Health Providers integrating into the primary care setting.	No	No	Is this expected to continue without SIM funding?
Deploy Regional Health Connectors to coordinate activities between providers, the public health system, and community resources	Yes, but under another agency	Yes (intended)	It is intended that the RHC program will continue but supported by different funding streams.
Fund Local Public Health Agencies and Behavioral Health Transformation Collaboratives to implement strategies that reduce stigma, increase screening, or promote behavioral health	Yes, but without SIM funding	Yes	After LPHA and BHTC funding ends, their activities are intended to continue.
Issue a call to action based on results of an environmental scan of behavioral health initiatives for sustainability and planning	Maybe, under a different agency	Yes	Intention to begin a process that will be sustained after SIM funding has ended.
Work with state and local public health agencies to jointly advance regulatory initiatives that improve Population Health	Maybe, under a different agency	Possible	The Population Health workgroup may elect to continue to meet and address these issues.
Monitor health outcomes on a Population Health level	Maybe, under another agency	Possible	The Policy Workgroup may elect to continue to meet to monitor Population Health indicators.

What Institutions or Governance Structures Will Continue? (What Role Can They Play in Sustained Evaluation Work Around Ongoing Practice Transformation?)

Sim Workgroups could continue to work, outside of the SIM implementation, perhaps aligned with another agency (e.g., the University, CDPHE, another HCPF department, a "transformed" SIM office, etc.). Specifically, the Population Health workgroup, perhaps hosted by the CDPHE, might continue its work.

What Data Sources Will Continue to Be Available to Evaluate Population Health?

The primary data source for measuring public health outcomes are specific metrics collected and reported annually by the CDPHE. These will continue to be available to monitor SIM outcomes. Additionally, to the extent that they continue their activities reports from LPHAs, BHTCs and RHCs may continue to be available.

Local Public Health Authorities (LPHAs), Behavioral Health Transformation Collaboratives (BHCTs), and Regional Health Connectors (RHCs)—organizations reporting on community-level Population Health initiatives. LPHAs and BHTCs submit quarterly reports to CDPHE. In addition, TriWest will administer short surveys to each LPHA specifically aimed at gathering information about coordinated community systems. The Colorado Health Institute (CHI) is leading the implementation and evaluation of the RHC effort and will also report to the SIM office on a regular basis.

Population Health Measures. These include 38 Population Health measures (e.g., fall hospitalization rates among older adults). They will be reported on a statewide basis annually by the CDPHE.

What Population Health Outcomes Are Anticipated to Continue? (What Does the SIM Office Expect/Want to Continue to Improve Because of the SIM Implementation?)

The degree which SIM has worked to "promote coordination of health systems" is important component of the overall SIM Goal:

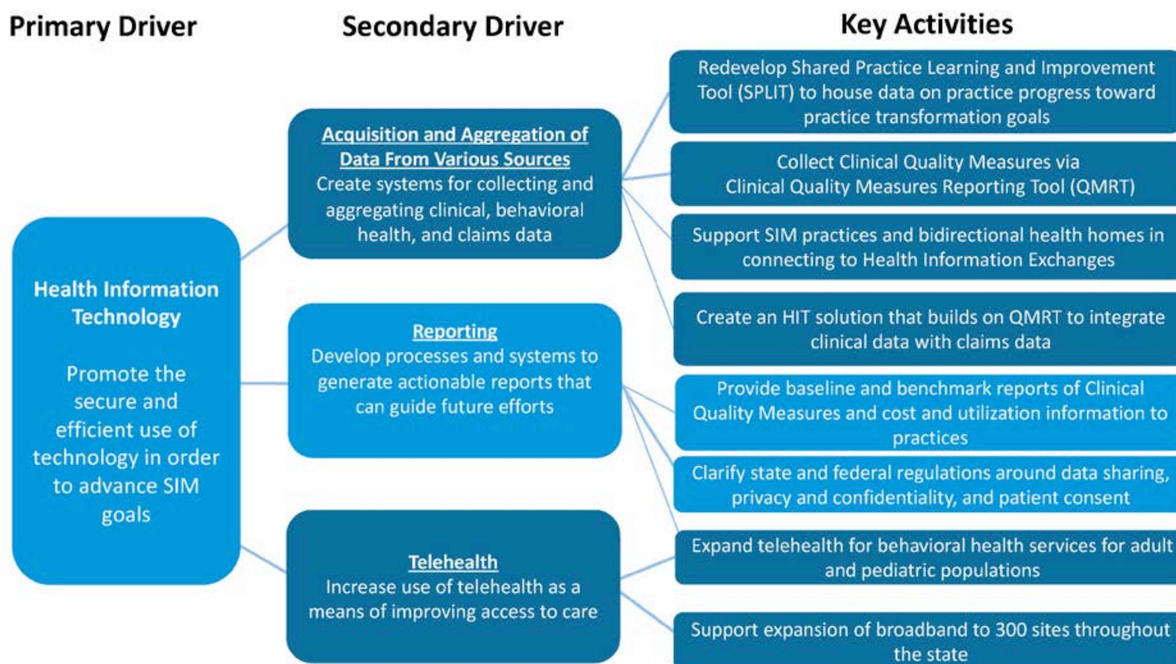
> **"By 2019, 80% of Coloradans will have access to comprehensive care that integrates physical and behavioral health, using increasingly value-based payment models."**

At a minimum, the SIM office should consider how to regularly monitor changes in targeted Population Health metrics over time. To the degree that the RHC program is sustained past SIM implementation, evaluation efforts should continue.

Also, the SIM office may want to prioritize the following outcome evaluation question for sustained evaluation efforts:

- PH9. To what extent were systems coordinated in communities? Did improved coordination result in improved access to care and/or improved Population Health measures?

Health Information Technology



The primary SIM Health Information Technology (HIT) driver is to "promote the secure and efficient use of technology in order to advance SIM goals." Elements of this support include the creation of a common data aggregation tool that can be used statewide, promote clinical quality measure reporting, and increase the use of telehealth as a means of improving access to care.

What Activities Will Continue?

Below is a list of the key activities from the HIT driver diagram. In sustainability planning, the SIM office will need to determine the degree to which these activities will continue.

Key Activities	Direct Continuation	Likely to Continue?	Notes
Redevelop Shared Practice Learning and Improvement Tool (SPLIT)	No	No	Practice sites will likely no longer use the SPLIT once they end SIM participation.
Collect CQMs	No	Maybe	This may be done through a new or existing stateside Health Information Exchange (HIE).

Key Activities	Direct Continuation	Likely to Continue?	Notes
Support SIM practices and bidirectional health homes in connecting to the HIEs	No?	No?	Should be complete for the SIM sites by end of the SIM implementation? We assume CORHIO and QHN will continue adding new primary care practices.
Create an HIT solution that builds on progress in reporting CQMs to integrate clinical data with claims data	Yes, but without SIM funding	Yes	The goals laid out by SIM assume continuation of these efforts after SIM implementation.
Provide baseline and benchmark reports of CQMs and cost and utilization to practices	No	No	This will end when practice sites end SIM participation.
Clarify state and federal regulations around data sharing, privacy and confidentiality, and patient consent	No?	No?	Is it intended this be complete by end of the SIM implementation?
Expand telehealth for behavioral health services for adult and pediatric populations	No?	No?	Is it intended this be complete by end of the SIM implementation?
Support expansion of broadband to 300 sites throughout the state	No?	No?	Is it intended this be complete by end of the SIM implementation? Is there an interest in monitoring additional broadband expansion.

What Institutions or Governance Structures Will Continue? (What Role Can They Play in Sustained Evaluation Work Around Ongoing HIT Efforts?)

This SIM HIT workgroup may decide to continue this work after the formal SIM implementation. The Governor's Office of Information Technology (OIT) may be able to house this work.

What HIT Outcomes Are Anticipated to Continue? (What Does the SIM Office Expect/Want to Continue to Improve Because of the SIM Implementation?)

The current HIT evaluation questions that could be monitored beyond SIM implementation include the following:

- What progress was made in the development and implementation of the larger statewide roadmap?
- Did Connectivity to HIEs improve across the state?
- To what extent are SIM practice sites connected to HIE?
- What progress was made on creating a mechanized eCQM process?

Further Considerations for Evaluation Sustainability Planning

As the SIM office engages its workgroups and Steering Committee to focus on sustainability of SIM activities and outcomes beyond the implementation period, many of the questions put forth in this document will be answered. Based on our initial participation in some of these preliminary conversation—and after listening to stakeholder comments in workgroup meetings—we have made the following observations and notes for moving forward with a sustainability plan.

- The two main themes for continued evaluation work are (1) demonstrating the **value** of the SIM work and (2) demonstrating the **sustainability** of existing efforts.
- Efforts to refine the evaluation or to revisit the current evaluation plan should consider alignment with what practice sites need to do this work as they go forward. Also, we should consider what evaluation elements need to be sustained to continue to inform integration and payment reform efforts at a practice site level.
  - What is the value of SIM to the practice sites?
  - What things add value to the evaluation?
- The return on investment (ROI) work from Milliman both demonstrates value and provides an argument for sustaining at least some elements of SIM. The sustainability of this work is likely to be a priority in sustaining evaluation efforts.
- What kind of structure can continue that will provide resources for continued specific evaluation tasks?
  - What are the plans for continued analysis of the data (APCD, etc.)?
  - What is the data management strategy?
  - Who keeps up with the data management, analysis, and reporting (and how)?
- Some concerns remain regarding the amount of general knowledge about SIM across the state. One stakeholder recently commented that the SIM seems like “the best kept secret in Colorado.”
  - What are the plans moving forward for more dissemination of results and rapid cycle feedback reporting, including data on costs and on health outcomes.

- A potential new data set will be available soon. The CDPHE's Provider Directory will be a powerful tool for analyzing patterns of provider availability throughout the state. The data source will be the most comprehensive listing of providers in the state and may be an important resource as not only a data set, but as a way to reach out to providers to collected data (via provider surveys, etc.).

- Sustainability depends on convincing a funding source of value. Current questions across stakeholders include the following:
  - How do we sell success?
  - What should we be focusing on in talking about the success of SIM?
  - Who is the audience?
  - Who are we trying to convince to keep support these kinds of efforts?