

FACT SHEET

Governance Structure

Lessons from State Innovation Model Initiative States

By Anna Spencer and James Lloyd, Center for Health Care Strategies; Tianne Wu, NORC at the University of Chicago

This fact sheet summarizes governance structures created by states to oversee the State Innovation Models (SIM) initiative. As a first step, establishing an office through executive order or state legislation provides a formal infrastructure to support SIM objectives and related health care transformation efforts. Involvement of state lawmakers and executive branch officials may facilitate engagement with a wide range of stakeholders as well as potential transformation efforts beyond SIM. This memo reviews common themes from SIM states and sample SIM governance structures from five states: **Connecticut, Maine, Minnesota, Oregon, and Washington.**

Overview

The states reviewed for this brief all established a central office, through either executive branch or legislative authority, to manage SIM efforts. Some states housed their office of health care transformation within an existing state agency, such as the Department of Health and Human Services, while other states established a stand-alone entity. Advantages of housing a health care transformation office within an existing agency include staff institutional knowledge of the state's health care delivery system and experience in managing health care programs. In addition, agency staff often have existing relationships with external stakeholders, such as community groups, insurers, and health care providers, that can help engage a broad range of participants in SIM. Housing the health care transformation office within an existing agency may also offer greater potential for sustainability.

States typically establish executive leadership teams to oversee transformation efforts, which generally report directly to governors' offices. Executive leadership teams are typically served by a steering committee and, in some cases, subcommittees that manage the daily operations of SIM programs. Steering committees and subcommittees are often organized by substantive area, such as payment reform, health information technology, and population health.

Legislative activity related to SIM varies widely across states. Oregon enacted legislation with provisions that, while not directly addressing all elements of SIM implementation, support the initiatives in the state's SIM project. For example, the state passed a bill that established the Oregon Health Policy Board (OHPB), which serves as the policy-making and oversight body for the Oregon Health Authority and is responsible for improving access, cost, and quality of the health care delivery system.¹ Maine's SIM leadership team includes two state legislators to ensure their involvement in SIM implementation. Minnesota requires that all spending be approved by the legislature, including funds received from federal grants. The Minnesota legislature approved the state's SIM spending in the 2013 biennial budget, and staff from Minnesota's executive office provide regular SIM updates for state legislators.

Sample Structures

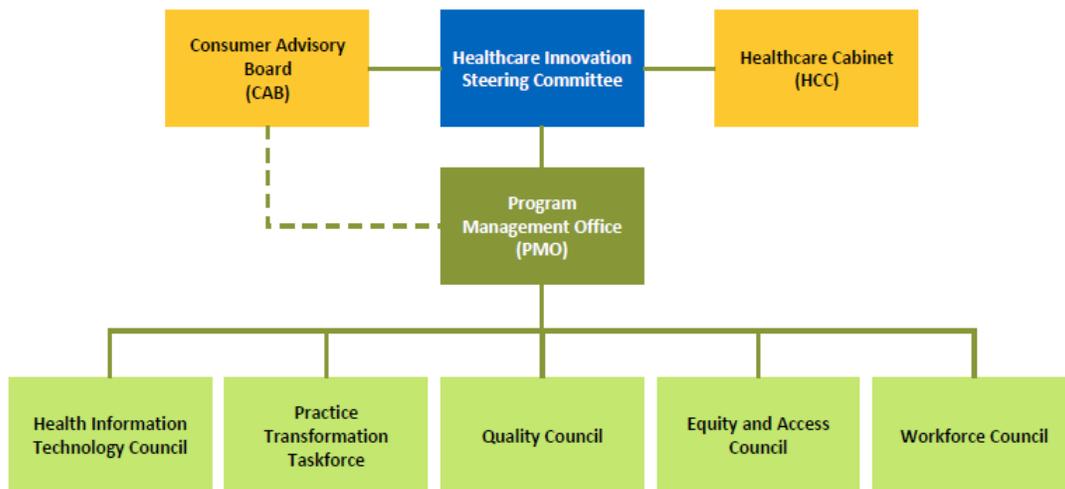
The following pages provide examples of SIM organizational structures from five states: Connecticut, Maine, Minnesota, Oregon, and Washington. The summaries, which include an overview and governance chart for each state, are synthesized from State Health Care Innovation Plans and Operational Plans.¹

Connecticut²

Connecticut’s SIM program is focused on the implementation of a Medicaid Shared Savings Program for large (5,000+ enrollees) providers, and a Community and Clinical Integration Program to support the integration of services, including behavioral and oral health. Following are details of Connecticut’s SIM governance structure:

- The Healthcare Innovation Steering Committee, chaired by the Lieutenant Governor, oversees SIM. Steering committee participants include private foundations; consumer advocates; hospitals; Advanced Networks;³ home health providers; physicians and advanced practice registered nurses (APRNs); health plans; and employers. The Comptroller’s office serves on the committee alongside line agency commissioners with responsibility for public health, Medicaid, behavioral health, health insurance exchange, All Payers Claims Database (APCD), and child welfare representatives.
- The SIM Program Management Office, established in January 2015, manages the implementation of the Connecticut Healthcare Innovation Plan. It is located within the Office of the Healthcare Advocate.^{4,5}
- Connecticut’s unique Equity and Access Council was created with the goal of ensuring that vulnerable populations are adequately served.

Exhibit 1: Connecticut’s SIM Governance Structure



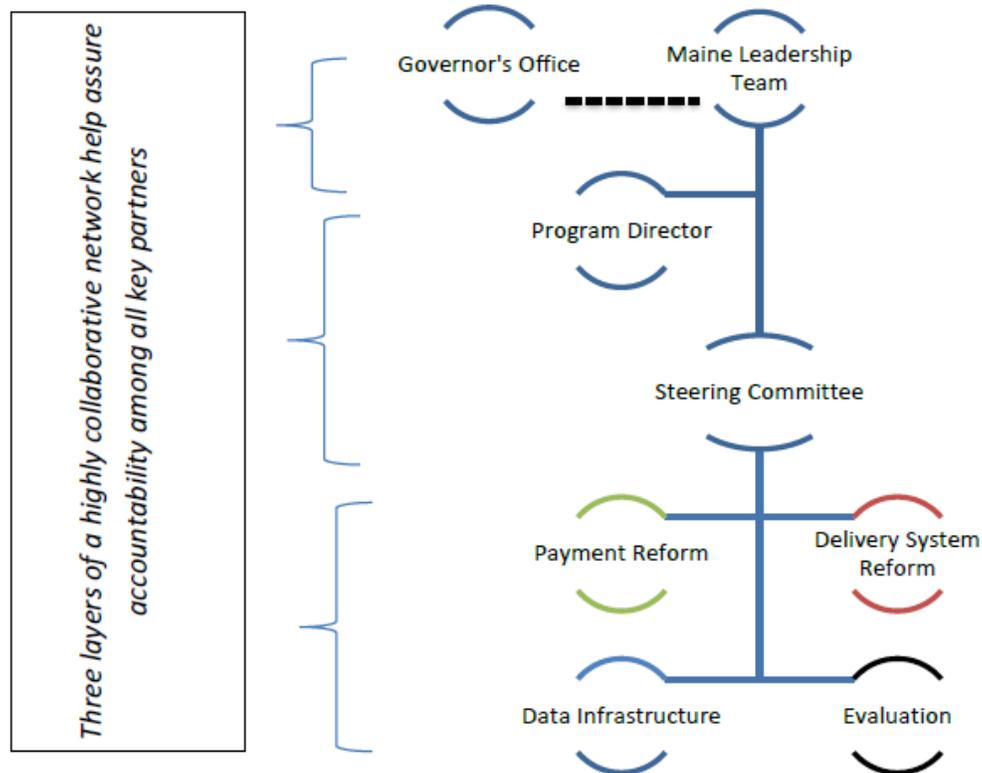
¹ Note: there may have been changes in personnel and organizational structure since the plans were first created in 2012-2014.

Maine⁶

Maine’s SIM efforts are focused on expanding the state’s Patient Centered Medical Home program and implementing “Enhanced Primary Care,” which integrates community care teams (CCTs) with primary care practices to better manage care needs of high-risk/high-cost patients. The state’s SIM also includes the implementation of its Medicaid ACO model, referred to as Accountable Communities.

- The Governor’s office and state executive leadership support SIM project objectives and are updated on efforts regularly.
- The Maine Leadership Team, appointed by the Commissioner of the Maine Department of Health & Human Services, oversees and implements the SIM project. The leadership team consists of members from the legislature, other administrative agencies, the medical director of Maine’s Medicaid program, and a Tribal Representative. This team has responsibility for policies, changes to the work plan, major shifts in resource allocation, and decisions requiring senior authority. The SIM program director reports to the leadership team regularly.
- The SIM Steering Committee, which includes key stakeholders from the public and private sectors, reports to the leadership team. The Steering Committee oversees several subcommittees, including: payment reform; delivery system reform; data infrastructure; and project evaluation.

Exhibit 2: Maine’s SIM Governance Structure

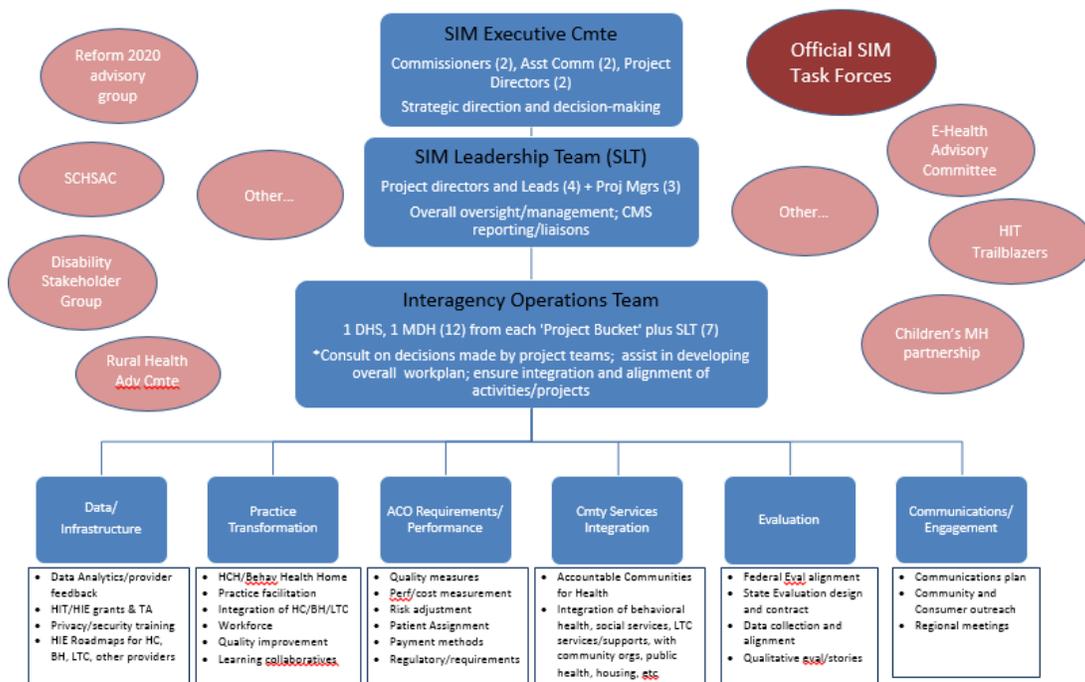


Minnesota⁷

Minnesota’s SIM project involves the expansion of its Integrated Health Partnerships or Medicaid ACO model to provide value-based care to Medicaid enrollees. Minnesota’s SIM effort also aims to establish Accountable Communities for Health, a structure that will integrate care across the spectrum of health and social services and support the implementation of population-based prevention strategies.

- The Governor’s office and state executive leadership support SIM project objectives and are updated on efforts regularly.
- The state established an Executive Committee to act as the SIM leadership team, which includes the Commissioners for the Minnesota Department of Health (MDH) and Department of Human Services (DHS). The Executive Committee approves all SIM deliverables.
- The state created two task forces—the Multi-payer Alignment Taskforce and the Community Advisory Taskforce—to focus on coordinating private and public efforts:
 - A cross-agency SIM Leadership Team (SLT) oversees the project work teams, manages federal reporting, and oversees SIM communications. The SLT also directs the work of the interagency operations team and domain-specific workgroups. The SLT is responsible for bringing any major concerns to the Executive Committee for review.
 - A variety of cross-agency workgroups or coordination teams have been formed to bring together content expertise to inform areas including HIT/health information exchange; data analytics, practice transformation; and community services integration, evaluation. These teams represent directors, managers, and policy and operational staff inside both agencies with program and subject matter expertise that will assist in leading and executing the grant deliverables.

Exhibit 3: Minnesota’s SIM Governance Structure

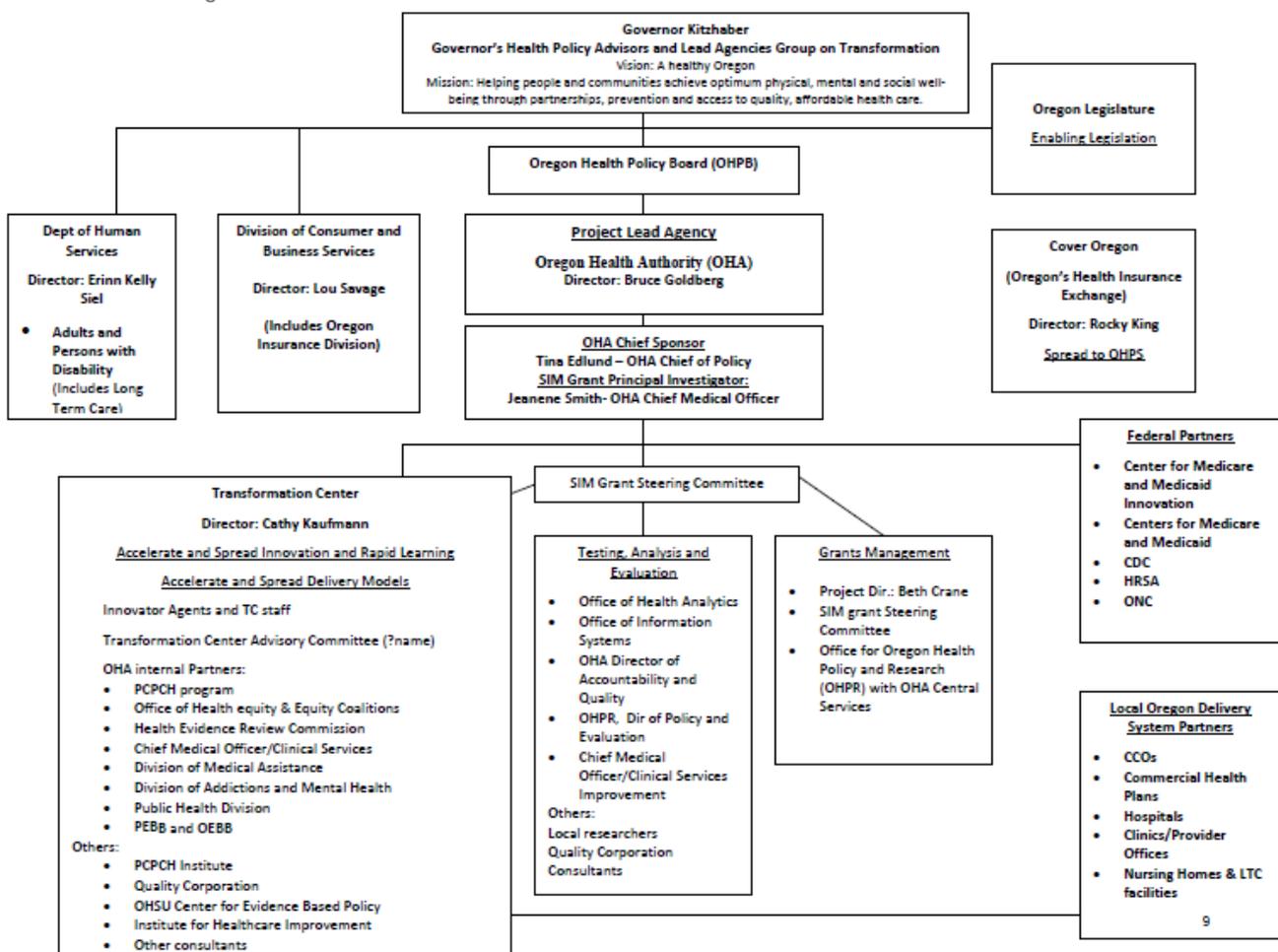


*Oregon*⁸

Oregon’s SIM is focused on spreading its Collaborative Care Organizations (CCOs), a system of globally budgeted ACOs for Medicaid enrollees. SIM resources are also supporting Oregon’s patient-centered primary care home initiative (PCPCH), as well as engaging stakeholders in the health care transformation process via the state’s Transformation Center.

- The Oregon Health Policy Board, a nine-member, citizen-led policy-making and oversight body for the Oregon Health Authority, has a broad mandate for health care transformation and receives explicit directives from the Governor on its SIM assignments. It was formed by legislation in 2009.
- The Oregon Health Authority (OHA) Office for Oregon Health Policy and Research (OHPR) oversees the SIM project. The OHPR Administrator and OHA chief medical officer is the SIM grant principal investigator and main point of accountability to CMMI for the SIM project.
- To monitor and make decisions, governance of SIM project activities includes executive sponsorship by OHA chief of policy and the SIM Steering Committee. The Transformation Center, housed in the OHA, coordinates public/private efforts in this initiative and drives the spread of the coordinated care model across the CCOs, including physical health, addictions, mental health care, and dental care providers. SIM funds leadership positions for the center.

Exhibit 4: Oregon’s SIM Governance Structure

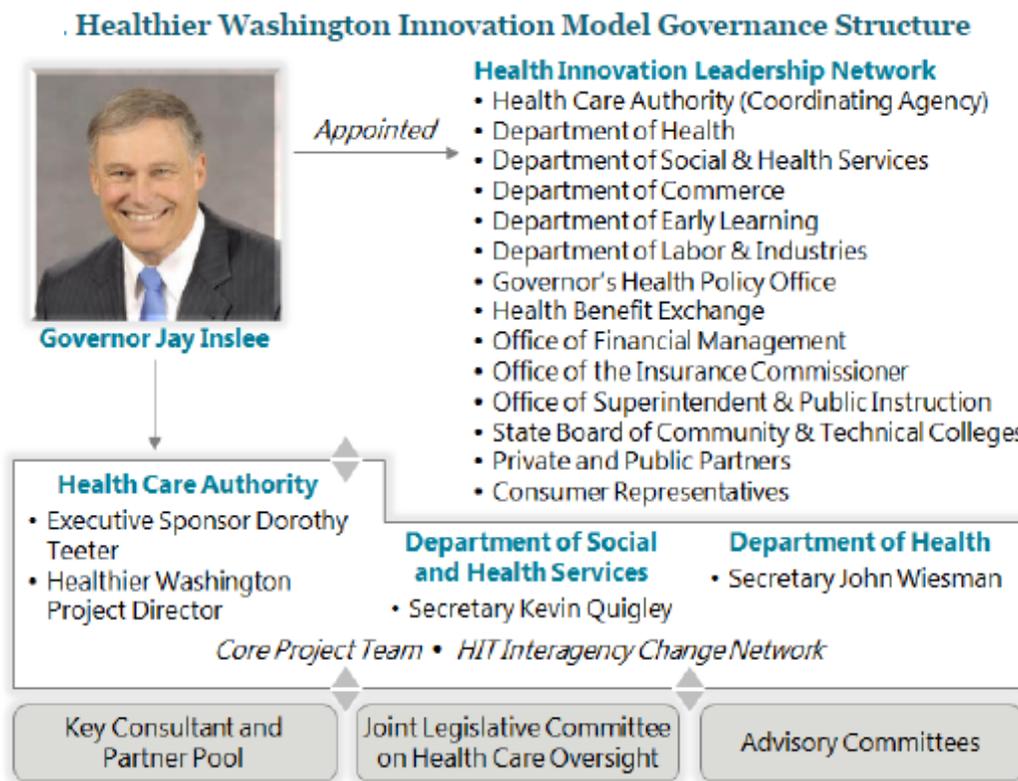


Washington?

With its SIM resources, Washington is planning to integrate behavioral and physical health Medicaid financing and establish an accountable network based on a Total Cost of Care approach in the Puget Sound area. Washington has also proposed Accountable Communities of Health, which will engage community groups to implement evidence-based population health strategies.

- The Health Care Authority (HCA), which oversees the state’s two top health care purchasers (Medicaid and the Public Employees Benefits Board), will lead SIM efforts. The project director and project officer will oversee the staff charged with implementation.
- The Health Innovation Leadership Network builds on an existing group of state agency leadership (previously known as the Executive Management Advisory Council).

Exhibit 5: Washington’s SIM Governance Structure



ENDNOTES

- ¹ Oregon Health Authority, Oregon Health Policy Board. Available at: <http://www.oregon.gov/oha/OHPB/Pages/members.aspx>.
- ² Healthcare Innovation Central, State Innovation Model Test Grant Application Materials. Available at: <http://www.healthreform.ct.gov/ohri/cwp/view.asp?a=2741&q=335460>.
- ³ “Advanced Networks” are advanced medical groups, networks, or systems that are in or are pursuing shared savings program arrangements with one or more payers.
- ⁴ The Office of Healthcare Advocate. Available at: <http://www.ct.gov/oha/site/default.asp>.
- ⁵ Healthcare Innovation Central, About Us. Available at: <http://www.healthreform.ct.gov/ohri/cwp/view.asp?a=2741&q=333472>.
- ⁶ Maine State Innovation Model, SIM Application and Plan Documents. Available at: <http://www.maine.gov/dhhs/sim/resources/sim-application.shtml>.
- ⁷ Health Reform Minnesota, Minnesota Accountable Health Model. Available at: <http://mn.gov/health-reform/SIM/>.
- ⁸ Oregon Health Policy and Research, State Innovation Model Grant. Available at: <http://www.oregon.gov/oha/OHPR/Pages/sim/index.aspx>.
- ⁹ Washington Healthcare Authority, SIM Model Test Application. Available at: http://www.hca.wa.gov/hw/Documents/SIM_Grant_Application.pdf.

About this Resource

This resource was produced by the Center for Health Care Strategies (CHCS) and the State Health Access Data Assistance Center (SHADAC) with support from the Center for Medicare and Medicaid Innovation (the Innovation Center). CHCS and SHADAC are part of a team led by [NORC at the University of Chicago](#) that is serving as the State Innovation Model Resource Support Contractor. CHCS and SHADAC are supporting the states and the Innovation Center in designing and testing multi-payer health system transformation approaches, along with NORC and other technical assistance partners, including the National Governors Association Center for Best Practices and Manatt Health Solutions.