Practice Transformation Assistance in State Innovation Models

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IN BRIEF

The federal State Innovation Model (SIM) initiative is striving to achieve statewide multi-payer care delivery and payment reforms for roughly 80 percent of the population within participating states. To realize this goal, SIM states and territories are helping health care providers transform their practices to be more patient-centered, while improving patient outcomes and reducing health care spending.

Practice transformation assistance better prepares clinicians for new payment models that reward them for delivering coordinated and high-quality care. This brief describes practice transformation assistance activities and related efforts that four SIM states — *Colorado*, *Idaho*, *Oregon*, and *Vermont* — are offering to their provider communities. It details four broad areas of practice transformation assistance being used by states including: (1) tools and resources; (2) trainings; (3) learning collaboratives; and (4) direct assistance. This resource was produced by the Center for Health Care Strategies (CHCS) with support from the Center for Medicare and Medicaid Innovation as part of team led by NORC at the University of Chicago that is serving as the State Innovation Model Resource Support Contractor.

The State Innovation Model (SIM) initiative, made possible through the Center for Medicare and Medicaid Innovation (CMMI), provides financial and technical support to help states develop and test new service delivery models and multi-payer health care payment reforms. SIM was established to improve health system performance, increase quality of care, and decrease costs for Medicare, Medicaid, and the Children's Health Insurance Program. To achieve these goals, SIM is supporting state efforts to: (1) develop sustainable infrastructure for a broad range of providers as they transform their practices; (2) increase the numbers of patients served through coordinated care teams; and (3) integrate care teams to include clinicians and staff from medical, behavioral health, social services, and public health settings.

This brief describes practice transformation assistance activities and related efforts that four SIM states — **Colorado**, **Idaho**, **Oregon**, and **Vermont** — are offering to their provider communities. Information in this brief was gleaned from publicly available SIM operational plans and from additional published resources cited below.

Types of Practice Transformation Assistance

Practice transformation supports that are made available to providers by SIM Test states vary in scope and intensity, depending on provider level of need and the resources available (exhibit 1). The four broad areas of practice transformation assistance, detailed in this brief, include:

1. Tools and resources;
2. Trainings;
3. Learning collaboratives; and
4. Direct assistance.[1]

Exhibit 1: Overview of Practice Transformation Assistance Provided by SIM States

Assistance Category				
Tools and Resources	**Trainings**	**Learning Collaboratives**	**Direct Assistance (1:1 Facilitation)**	**Direct Assistance (Grants)**
AK, CO, CT, DE, ID, IA, ME, MA, MN, NY, OR, VT, WA	AK, CO, CT, DE, ID, IA, ME, MA, MI, MN, OR, RI, TN, VT, WA	CO, CT, DE, ID, IA, ME, MI, MN, NY, OR, VT, WA	AK, CO, CT, DE, ID, ME, MA, MN, NY, OR, TN, VT, WA	CO, CT, DE, ME, MA, MI, MN, OR, VT, WA

Tools and Resources

Print materials, including brochures, toolkits and FAQs, as well as online resources, allow states to widely disseminate guidance related to practice transformation to providers and provider organizations. This type of assistance reaches a broad range of providers and is a good starting point for sharing emerging SIM information. For SIM awardees with less experience in delivering technical assistance or with limited state capacity or resources, this is often the most feasible option. Topics that are well suited for print and online dissemination include:[2]

- Quality measure specifications;
- Health information technology (HIT) guidance or toolkits; and
- State legislative regulation around scope of practice and training standards.[3]

Most states have a SIM-specific website where materials are available to providers and the public (see sidebar for examples).

> **State SIM Transformation Online Resources**
>
> - Practice Innovation Program Colorado. "Resource Hub." www.practiceinnovationco.org/sim-all/sim-collaborative-learning-session-training-material/articles/
>
> - Oregon Health Authority. "Transformation Resources." www.oregon.gov/oha/Transformation-Center/Pages/Resources-Transformation.aspx
>
> - State of Vermont Health Care Innovation Project. "Practice Transformation Reference Materials." http://healthcareinnovation.vermont.gov/tags/pt-reference-materials

Training Sessions

Trainings provide opportunities for providers to master new skillsets and clarify technical questions.[4] Training can be delivered via conference calls, online webinars, or face-to-face instructive sessions. Most SIM Test states offer training opportunities for providers, with the frequency varying from one or two trainings annually to more regular trainings. Arkansas, for example, hosted quarterly sessions, addressing priority topics including workforce, clinical practice leadership, practice management, and data measures.[5] SIM states often contract out the development and content management of training sessions to vendors, as done in Delaware[6] and Idaho.[7]

Learning Collaboratives

Group-based learning collaboratives, typically facilitated by subject matter experts, allow for peer-to-peer learning among providers. Collaboratives are best for topics that lend themselves to discussion, including:

- Issues for which best practices are just emerging;
- Care coordination models, including approaches for high-utilizing populations;
- Team-based care delivery;
- Leadership development;
- Cultural competency; and
- Stakeholder and patient engagement.[8]

Given the intensity of effort required to coordinate and conduct learning collaboratives, states often prefer to use outside vendors — although some SIM states are facilitating learning collaboratives internally. Many states have chosen to conduct one or more sessions on patient-centered medical home (PCMH) efforts, care collaboration, and/or behavioral health integration. Audiences often include front-line staff such as physician assistants and care coordinators. The Iowa Healthcare Collaborative, a provider-led and patient-focused nonprofit organization dedicated to continuous improvement, works with the Iowa SIM team to convene three Learning Community education sessions per year. The audience for these events is mainly comprised of providers and sessions focus on strategies for improving population health, including tobacco cessation and efforts to address social determinants of health.

Direct Assistance

Direct assistance, although more resource and labor intensive, allows SIM states to target guidance to high-priority clinical practices. SIM states are providing two types of direct practice assistance: (1) personalized one-on-one facilitation; and (2) grants and awards to individual practices.

One-on-One Facilitation

Direct on-site facilitation, typically provided by practice facilitators or coaches, can provide tailored assistance to meet the needs of the individual provider or group. Direct technical assistance can facilitate real-time implementation and a team approach to practice transformation. States often contract with external partners to coordinate one-on-one facilitation — much like trainings and learning collaboratives. Vendors can be used for a variety of functions including identifying eligible providers; recruiting and training coaches; and monitoring assistance effectiveness. One-on-one facilitation can help practices in: (1) defining effective care team composition; (2) supporting quality improvement activities; (3) serving as staff extenders to support high-risk patient management; and (4) coordinating trainings onsite for workforce, coordination, and workflow.[9]

Grants or Awards to Practices

A number of SIM states provide direct financial assistance to providers to implement various aspects of practice transformation. For example, Connecticut awarded four-year grants ranging from $300,000 to $450,000 to Medicaid Quality Improvement and Shared Savings Program (QISSP) providers participating in federally qualified health centers and/or Advanced Networks.[10] Vermont's Grant Provider Program offered grants to providers implementing payment reforms ranging from $60,150 to $548,850.[11] SIM states most frequently awarded sub-grants to support health information technology adoption, including building the infrastructure to support data exchange and establishing reporting processes.

Practice Transformation Assistance: SIM State Approaches

Some SIM Test states are still planning their practice transformation assistance activities, while others have already begun implementation. This section highlights activities in four SIM Test states that have begun to implement practice transformation assistance: Colorado, Idaho, Oregon, and Vermont (see Exhibit 2 on page 5 for more details).

Colorado

Colorado is contracting with the University of Colorado's Department of Family Medicine to support practice transformation assistance eventually for more than 400 primary care practices across the state. The university is coordinating provider education, convening bi-annual learning collaboratives, and providing direct technical assistance to practices.[12] In February 2016, the state launched this effort with the first cohort of 100 practices. Additional cohorts, including 150 practices each, will begin in 2017 and 2018. Participating practices commit to working toward implementing 10 practice milestones that relate to the Colorado framework for whole-person care. The milestones include: (1) engaging leadership; (2) using health information technology; (3) empanelment; (4) team-based care and integration;

(5) establishing patient-team partnership; (6) population health management; (7) continuity of care; (8) access to care; (9) coordinated and comprehensive care; and (10) compensation reform.[13]

Practice Facilitators work with each practice to design and implement a Practice Improvement Plan focused on improving care integration; connecting the practice to relevant resources; implementing a shared practice learning improvement tool; and supporting practices in reporting and tracking progress toward a common set of clinical quality measures. Each practice is also linked with a Clinical Health Information Technology Advisor (CHITA) to assist in building practice data capacity and developing a data quality improvement plan. The CHITA also assists managing workflow for data collection, reporting, and analysis.[14] Each practice will be linked with a Regional Health Connector (RHC), with the goal of identifying and addressing gaps in a comprehensive environment of care. RHCs can help practices connect to resources in the community for patients, including social services.[15]

Each practice in the first cohort was eligible to apply for competitive grants of up to $40,000 to help them implement their individual practice improvement plan. The grants are available from a "Practice Transformation Fund" that includes both SIM dollars as well as a $3 million grant from The Colorado Health Foundation. Practices in the first cohort are also eligible to receive up to $5,000 participation payments for completing key activities — such as attending collaborative learning sessions, reporting on clinical quality measures, and participating in the SIM evaluation process. Colorado's SIM Office intends to continue offering some form of funding opportunities for future cohorts.[16]

Idaho

The Idaho SIM Test Model is using PCMH to improve the delivery of primary care services. Under SIM, Idaho's PCMHs are being integrated within local "Medical Neighborhoods," using value-based multi-payer payment methods to drive improvements in care. To integrate PCMHs within the Medical Neighborhoods, Idaho established seven Regional Health Learning Collaboratives. These collaboratives convened the entire practice team three times during the first year to explore topics such as change management, performance improvement, and care coordination — and are continuing to convene regularly thereafter.[17]

The state is conducting outreach to identify and recruit additional practices interested in becoming PCMHs. Idaho is using a vendor to conduct readiness assessments with PCMH practices and tailor practice transformation assistance.[18] Over the next two years, external coaches will work with select practices to develop and execute a tailored transformation plan. The technical assistance that practices will receive includes:

- Individualized training and assistance to achieve PCMH recognition;
- A self-assessment tool to help clinics determine their current PCMH status; and
- Monthly coaching calls to review transformation plan progress.[19]

Oregon

The state-based Oregon Transformation Center, established in 2012, guides the reform activities of the state's SIM Test Model. The Center facilitates collaboration across providers, payers, and the 16 risk-bearing local entities called Coordinated Care Organizations (CCOs), which are responsible for the integration of physical, behavioral, and dental health care for Medicaid and CHIP enrollees.[20]

Challenges to Practice Transformation

SIM states identified several challenges to practice transformation activities:

- Developing resources to collect, managed and analyze data;
- Addressing the complexities of practice transformation in rural settings, such as the expense of setting up HIT/HIE infrastructure;
- Aligning activities across different types of providers as well as ensuring coordination across other state transformation efforts to minimize duplication and reduce provider fatigue;
- Balancing the technical assistance needs of practices and the investments required to hire and train practice facilitators or coaches with available resources; and
- Ensuring sustainability beyond SIM.

Exhibit 2: Sampling of Practice Transformation Assistance provided by SIM States

States	Types of Assistance				
	Tools and Resources	**In-Person/Virtual Trainings**	**Learning Collaboratives**	**Direct Assistance (1:1 Facilitation)**	**Direct Assistance (Grants)**
Colorado	■ HIT resources, e-learning modules, and organizational materials: http://www.practiceinnovationco.org/sim/sim-resources/	■ Stakeholder convening to support greater coordination among primary care practices, public health agencies, and community-based organizations	■ Bi-annual collaboratives, webinars, conference calls, and cross-practice consultations	■ TA from subject matter experts ■ Assistance from clinical health information technology advisors ■ Assistance tailored to practice based on readiness assessments, through Shared Practice Learning Improvement Tool	■ Each practice in the first cohort could apply for competitive grants of up to $40K to help implement individual practice improvement plan ■ Practices are eligible to receive up to $5K in participation payments for completing activities such as collaborative learning sessions and reporting clinical quality measures
Idaho	■ Online toolkits for major stakeholder groups: http://ship.idaho.gov/Portals/93/Documents/IHC/111815Attachment%202-Communications%20Plan%20Final.pdf#page=26	■ Training program with ongoing support over two years ■ Topic-specific training through regional video conferences on PCMH	■ Six video conferences (up to 14 practices per video call) to learn peer-to-peer	■ Monthly coaching for practices on overcoming barriers ■ Assessments relating to PCMH designation criteria readiness ■ Provider TA (e.g., HIT/HIE adoption and clinical protocol development)	
Oregon	■ Website that allows CCOs to collaborate and share best practices, including resources on topics such as data and trauma-informed care: http://www.oregon.gov/oha/Transformation-Center/Pages/Resources-Transformation.aspx	■ 15 webinars on topics such as rural and small practices ■ Webinar recordings and supporting materials posted online: www.pcpci.org ■ Trainings for clinicians, including motivational interviewing skills	■ The Transformation Center has hosted over 100 collaborative meetings or large convenings	■ In-person training, TA, and coaching for practices to support the adoption of the PCPCH model ■ Clinical champions identified to support practice transformation ■ Consultation on strategic communication and marketing strategies, TA, and evaluation services through clinic site visits	■ Three community grants, using SIM funds, awarded to incentivize/support CCOs in meeting metrics and aligning across early learning and health sectors ■ $27M spread among all CCOs, $21M for transformation projects, including improving care coordination for high-risk members and community health integration
Vermont	■ Tools to support provider connectivity to the Vermont Health Information Exchange ■ Toolkits for care management, including free videos	■ Core competency training for front-line care management practitioners	■ Collaboratives that engage providers, social services, and community-based organizations; includes regular in-person and virtual meetings	■ Direct facilitation with individuals through the collaboratives as well as the Accountable Communities for Health and Blueprint PCMH initiatives	■ Sub-grants to providers to foster innovation, alongside TA related to funded efforts

The Transformation Center is connecting communities with each other and with subject matter experts to support the spread of innovation and address priority topics, e.g., the financing of behavioral health integration models.[22,23] The target audience includes CCO medical directors, community advisory councils, the complex care community, and the practice-based quality improvement community.[24]

Additionally, the Patient-Centered Primary Care Home (PCPCH) Program, which was created by the Oregon state legislature and recently became part of the Transformation Center, supports practice transformation largely through SIM financing. This technical assistance provided by the states to clinicians includes a learning collaborative and technical assistance network.[25] PCPCH technical assistance is provided by the Patient-Centered Primary Care Institute, an organization that seeks to improve the quality of information available to practices and create alignment across primary care improvement activities.[26]

Vermont

The Vermont SIM Test Model, called the Vermont Health Care Innovation Project (VHCIP), is focused on enhancing innovative health care provider payment and delivery system reform. VHCIP is integrating the state's accountable care organizations with the Blueprint for Health (the Blueprint) program, a pre-existing state-led initiative to transform health care delivery and payments for primary care as part of a patient-centered medical home.[27]

To align and support practice transformation activities under VHCIP, Vermont established the Integrated Communities Care Management Learning Collaborative. The statewide learning collaborative supports coordination, care management, and the integration of health and community services for people with complex needs across care delivery initiatives — including Core Competency Trainings for front-line care managers and other service providers. Sessions address alignment where SIM practice transformation efforts overlap with other programs in Vermont such as ACOs and PCMH. Separately, community-based efforts known as the regional collaboratives bring together local leadership from the Blueprint, ACOs, and health and community organizations to develop goals and strategies to improve care for their regions.[28]

Vermont's Provider Sub-Grant Program was launched in 2014 and has provided awards to 12 community-based and provider organizations that are engaged in payment and delivery system transformation. Awards range from small grants to support employer-based wellness programs, to larger grants that support statewide clinical data collection and improvement programs.[29] The assistance is designed to improve providers' readiness to accept higher levels of financial risk and accountability. Through 2016, VHCIP had contracts with three technical assistance providers to provide these supports.[30]

Conclusion

SIM Test states are making are significant investments in practice transformation to: (a) develop sustainable infrastructure for a broad range of providers; (b) increase the prevalence of coordinated care teams in Medicaid; and (c) integrate care teams to include clinicians and staff from more settings, including behavioral health, social services, and public health. This brief describes the broad categories of assistance that states may employ to help providers undertake practice transformation efforts. Leading SIM Test states that are farther in their implementation are using a blend of training approaches to help practices become more patient-centered, coordinated, and attentive to patient experience and quality outcomes. States that choose to invest in practice transformation will ultimately help them to move closer to achieving SIM goals of improving health system performance, increasing quality of care, and decreasing costs.

ABOUT THE CENTER FOR HEALTH CARE STRATEGIES

The Center for Health Care Strategies (CHCS) is a nonprofit policy center dedicated to improving the health of low-income Americans. It works with state and federal agencies, health plans, providers, and consumer groups to develop innovative programs that better serve people with complex and high-cost health care needs. For more information, visit www.chcs.org.

ABOUT THIS RESOURCE

This resource was produced by the Center for Health Care Strategies (CHCS) with support from the Center for Medicare & Medicaid Innovation (the Innovation Center). CHCS is part of a team led by NORC at the University of Chicago that is serving as the State Innovation Model Resource Support Contractor. CHCS is 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 SHADAC, the National Governors Association and Manatt Health Solutions.

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