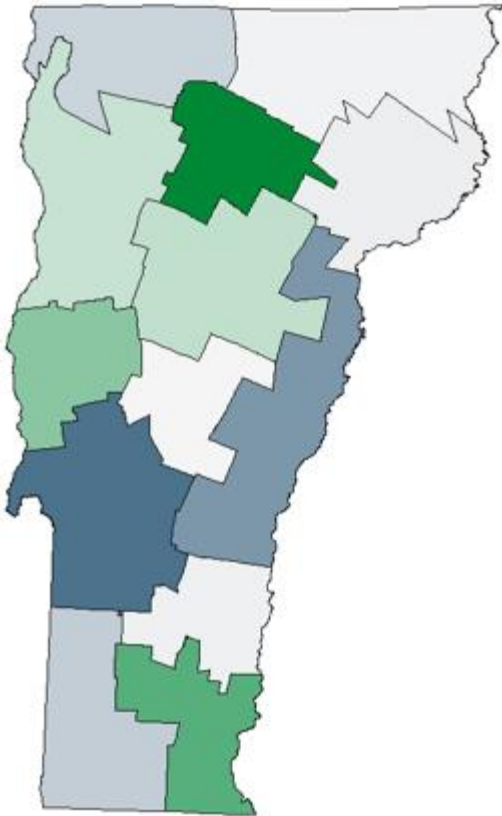# SIM-VHCIP State-Led Evaluation Final Summary

Presentation to Green Mountain Care Board
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Vermont SIM Evaluation

State Innovation Model (SIM) Initiative within the Center for Medicare and Medicaid Innovation (CMMI) is testing the ability of state governments to accelerate statewide **health care system transformation in service delivery, care coordination and value-based payment models**.

Vermont received $45 million from CMMI over 2013-2017 to support a cross-State effort (AOA, AHS, GMCB, DVHA) to transform our state's health system through investments in:

→ payment model design and implementation,

→ practice transformation, and

→ health data infrastructure.

Visit Vermont Health Care Innovation Project website for more information.

Vermont SIM Evaluation

All of Vermont's SIM efforts are evaluated to assess processes, experiences, and outcomes of innovation efforts for Vermont, its residents, payers, and providers.

Federal evaluation

- Examination of state progress on project initiatives.

- Quantitative impact analysis using claims data for Medicaid, Medicare and commercially insured populations within Vermont.

- Cross-state studies of payment reform, data infrastructure, workforce development, and population health integration, including progress, challenges, and lessons learned.

- 5 years – three annual report have been published, with two additional reports forthcoming.

Key Areas of State-led Evaluation

Payment model monitoring and evaluation
          - including SSP and Blueprint measure results

Sub-Grant self-evaluation results
          - 14 sub-grants to organizations across VT

Patient experience survey results

State-Led evaluation to study SIM investment in Vermont

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State-Led Qualitative Study

In 2016, the Green Mountain Care Board contracted with John Snow, Inc. (JSI) to conduct an independent State-led evaluation of the *Vermont Health Care Innovation Project* (VHCIP) payment and service delivery models under the SIM grant.

This study was designed to understand respondents' _perception_, _implementation_, _experience_, and _readiness_ in terms of:

Care coordination activities and quality of care coordination.

SIM-supported payment and delivery reforms and participation in alternative payment models.

Data use and data infrastructure.

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Major Findings: Care Integration

Implementation Successes

- Building on and strengthening Regional Community Collaboratives (RCCs).
- Continuing development of workforce capacity related to care coordination.
- Focusing on data to drive care integration.
- Engaging wide range of service providers and agencies in reform.
- Innovating through sub-grants.

Implementation Challenges

- Insufficient information technology to facilitate care integration work.
- Uncertainty regarding support for RCCs and care management services post grant funding.
- Involvement of primary care providers (PCPs) in RCCs.
- Alignment of financial incentives to sup[port care management.

Opportunities for Further Advancement

- Improve care integration and care coordination efforts through continued improvements in information technology.
- Financial support of care management activities to support high-quality, person-centered services.
- Involvement of primary care providers in regional community collaboratives.

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Major Findings: Payment Reform

Implementation Successes

- Engaging all three ACOs and a full spectrum of PCPs in payment reform.
- Aligning quality measures.
- Implementing Shared Savings Programs.
- Enhancing system and provider infrastructure and capacity to participate in alternative payment models.
- Expanding Pay-For-Performance programs.
- Initiating Medicaid Pathway research and planning.
- Developing and moving to agreement on All-Payer ACO Model.

Implementation Challenges

- Lack of awareness of participation in performance-based payment models.
- Uncertainty of impact of performance-based payment models on practice operations at the provider level.
- Provider confidence in their perceived readiness for alternative payment models.
- Lack of community-based provider involvement in alternative payment models.

Opportunities for Further Advancement

- Increasing provider engagement by better connecting payment reform to practice operations.
- Standard quality measures, better monitoring and tracking tools, and better cost analytics to improve provider confidence and readiness for alternative payment models.
- Inclusion of LTSS and other community support organization involvement in alternative payment models.

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Major Findings: Use of Clinical and Economic Data to Promote Value-Based Care

Implementation Successes

- Leveraging existing data aggregation and dissemination activities and systems.
- Expanding use of EHRs and access to data systems beyond just medical providers.
- Engaging relevant stakeholders in decision-making.
- Building capacity of workforce.

Implementation Challenges

- Varying levels of capacity and sophistication around data use.
- Very little use of external systems (e.g., Patient Ping, VITL).
- Uncertainty between building data capacity locally or centrally.
- Lack of data to support cost analytics.

Opportunities for Further Advancement

- Building capacity/skills around use of data and data systems for patient care and quality improvement.
- Easing/streamlining access to external data systems for increased usability and user capability.
- Exploring comparative value of building systems capacity locally or centrally.
- Providing data to help providers with cost/benefit analyses related to alternative payment models.

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Cross-Cutting Strategies

Common to all theme areas and worth replicating in future undertakings:

→ Emphasizing stakeholder engagement.

→ Building on previous efforts and previous infrastructure.

→ Encouraging local adaptation and implementation.

→ Emphasizing relationships.

→ Understanding that health reform is complex, takes time, and is an iterative process.

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SIM Reform Efforts Across the Nation
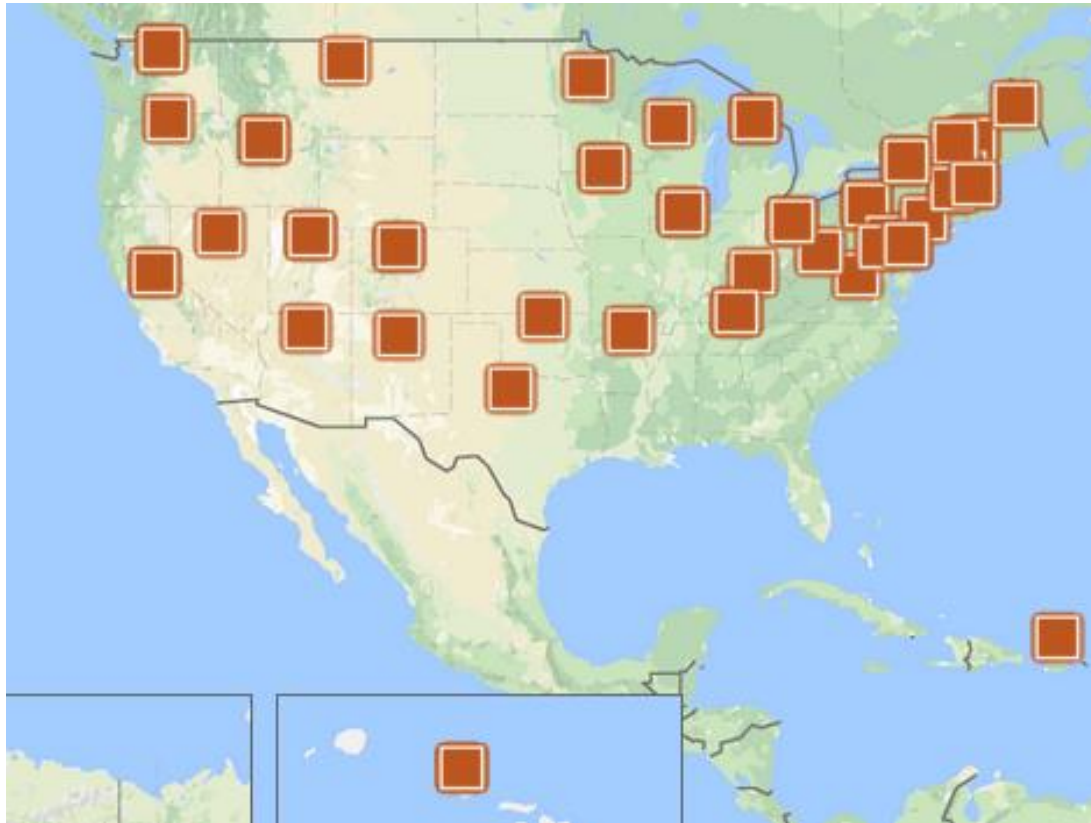
Looking Ahead

- Vermont's health care innovation projects have helped us move forward and learn lessons along the way.

- Since we began SIM-funded initiatives, many more states have embarked on reform.

- SIM in Vermont has ended, the State-led evaluation is complete, but the federal evaluation continues for two additional years.

- Looking ahead to the APM:
    - Federal reporting requirements as outlined in Agreement.
    - Multi-year federal evaluation study.
    - State-led evaluation to track progress toward key benchmarks.

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