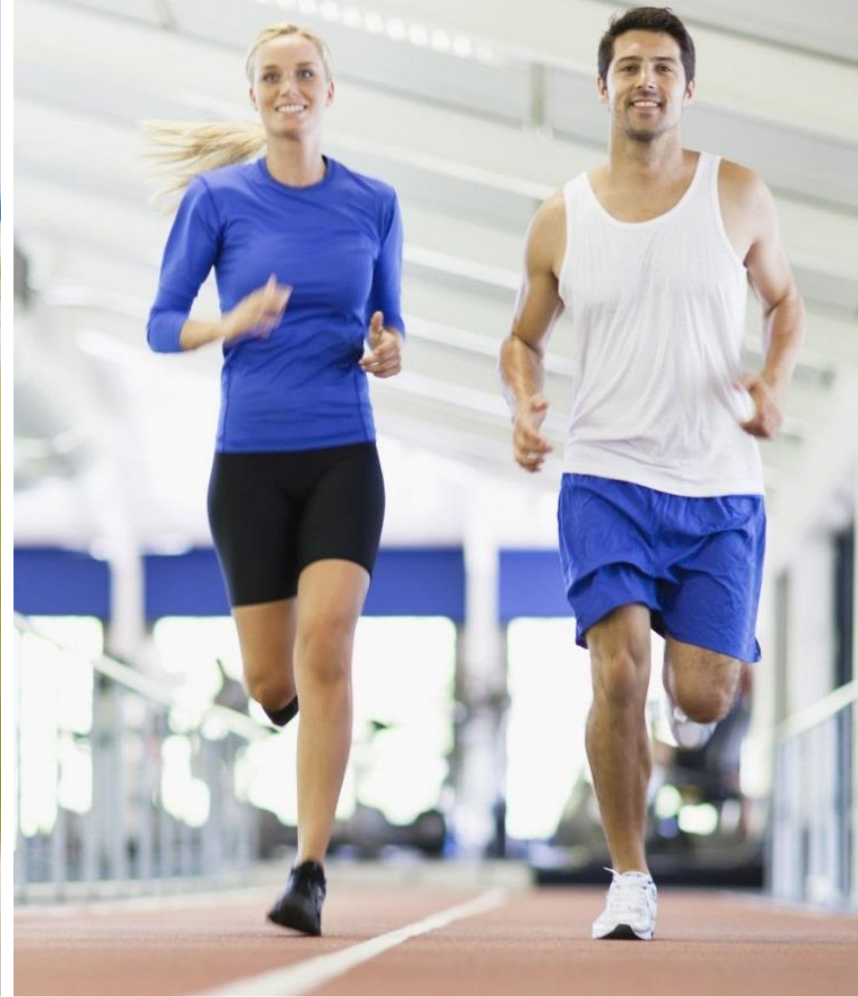
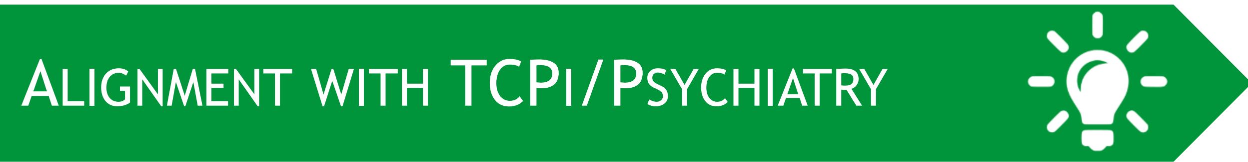


SIM

State Innovation Model

Health transformation in Colorado: how SIM can leverage and support Colorado's healthy spirit



CO SIM State Innovation Model

Goal and Vision

VISION - To create a coordinated, accountable system of care that will provide Coloradans access to integrated primary care and behavioral health in the setting of the patient's medical home.

GOAL - Improve the health of Coloradans by providing access to integrated physical & behavioral health care services in coordinated systems, with value-based payment structures, for 80% of Colorado residents by 2019.

What is Behavioral Integration?

SIM State Innovation Model

- A team of primary care and behavioral health clinicians, working together with patients and families, providing patient-centered care for a defined population.

- May address mental health and substance abuse conditions, health behaviors, life stressors and crises, stress-related physical symptoms.

Participation Qualifications

SIM State Innovation Model

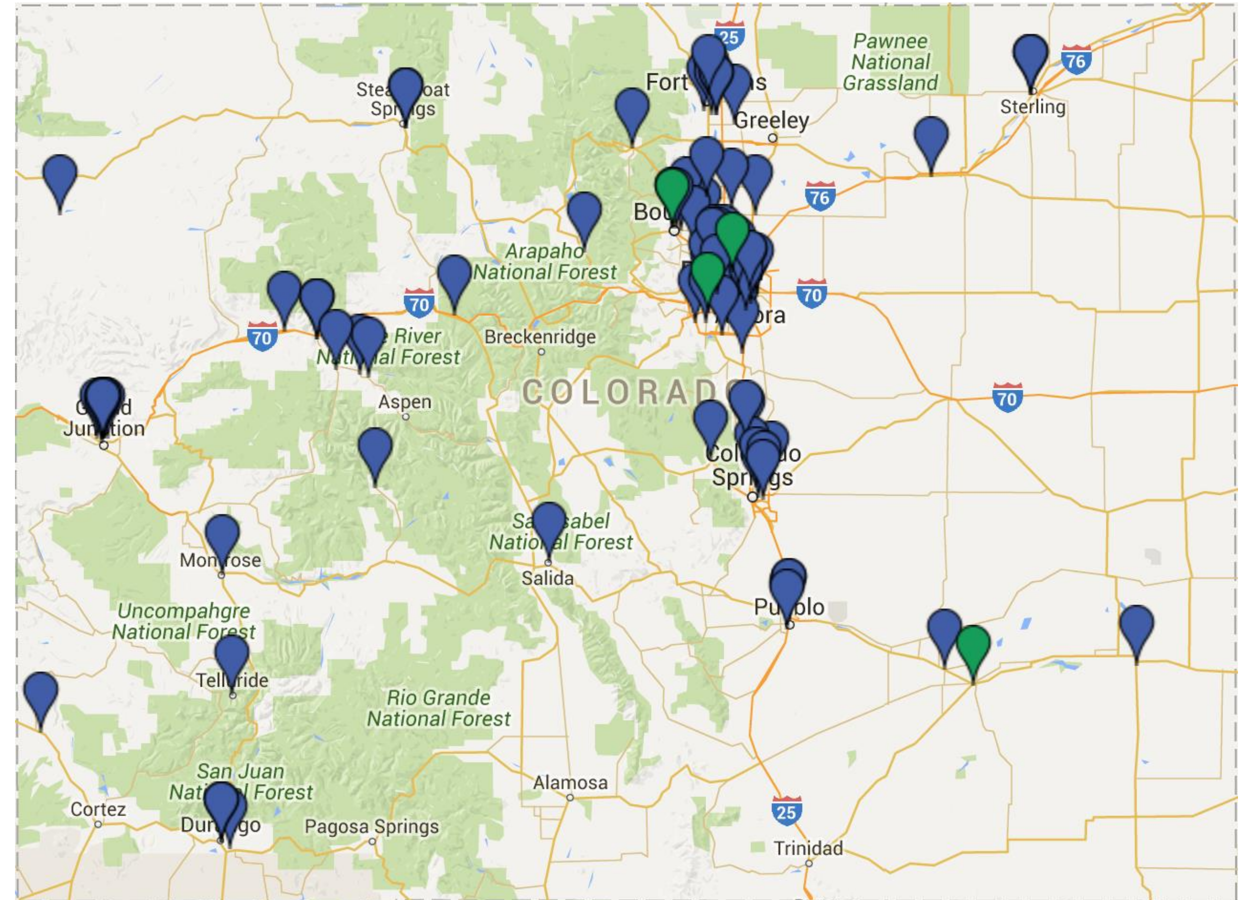
- Colorado primary care practice
- Leadership commitment to move toward behavioral health integration
- Electronic health record (EHR) in place
- Experience with practice transformation, including team based care, quality improvement, population management and using data for improvement
- Financial acumen to be able to adapt to new payment models

PRACTICE TYPES IN COHORT 1

SIM State Innovation Model

Department of Family Medicine
University of Colorado Anschutz Medical Campus

- Rural: 33
- Pediatrics: 22
  - Mixed Pediatrics: 8
- Hospital/System owned: 26
- FQHC: 18
- Residency: 6
- School-based clinics: 5
- Underserved population: 47



Participation Expectations

SIM State Innovation Model

- Work on advancing behavioral health integration using an advanced primary care model.
- Form a SIM Implementation Team, generally at least a provider champion, a clinical support staff member, a front desk person, the office manager, and, if applicable, a care manager and/or behavioral health professional.
- Submit clinical quality measures at least quarterly.
- Send at least two people to two, day-long learning sessions per year, held regionally across the state.
- Participate in the SIM evaluation process.

Achievements Expected

SIM State Innovation Model

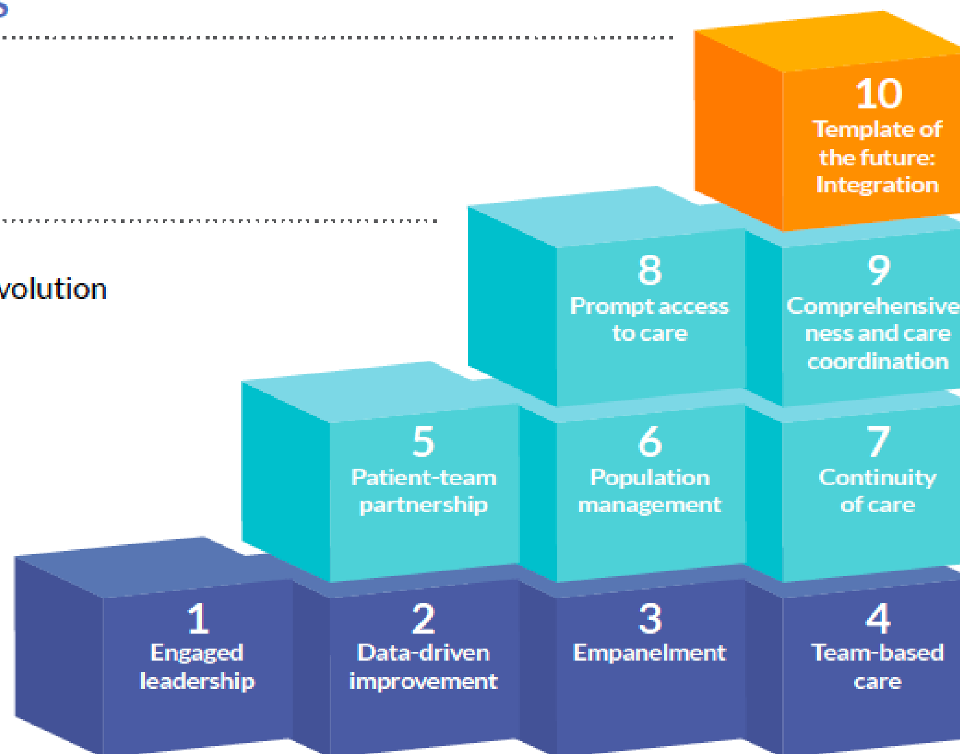
- Individualized by practice – depending on starting point and resources available
- Advance on the continuum of high performing primary care
- Advance on the continuum of achieving behavioral health integration within which ever model: coordinated, co-located; integrated

Models of Integration

CO SIM State Innovation Model

- **Coordinated Care:** Behavioral and primary providers practice in different locations, but collaborate and coordinate care by having preferred provider referral sources with opportunities for communication between settings
- **Co-located Care:** Both types of providers deliver traditional outpatient behavioral health and medical care separately but their offices are housed in the same location.
- **Integrated Care:** Behavioral health and primary medical care providers share patients/caseloads and develop treatment and care plans together, consult on a real-time basis while the patient is being seen at the clinic setting, and provide integrated care as a team.

Figure 1a. High-Performing Primary Care



Adapted from: Bodenheimer T, Willard-Grace R, Ghorob A, Grumbach K. "The 10 building blocks of high-performing primary care." *Ann Fam Med*. 2014;12(2):166–171. http://www.annfammed.org/content/12/2/166.full.pdf

KEY COMPETENCIES FOR EACH STEP OF HIGH-PERFORMING PRIMARY CARE

SIM State Innovation Model

Assessment Name	Purpose	Who Fills It Out	Responsible for Reporting	Timing	Expected Time to Complete (Minutes)
Medical Home Practice Monitor	Practice self-assessment of level of implementation of core aspects of advanced primary care	Practice team led by PF	Practice Champion	Baseline & every 6 months	60
IPAT	Assesses current methods BHI along levels of coordination, co-location and integration	Practice champion	Practice Champion	Baseline & annually	10
Clinician and Staff Experience Survey	Individual provider and staff survey that assesses two subscales – Clinician and Staff Experience and Burnout	All members of Practice	Each practice member	Baseline & annually	15
SIM Milestone Activity Inventory	Assesses practice's current implementation of SIM milestone activities, helps identify gaps and prioritizes practice's next steps	Practice team led by PF	Practice team submits draft, PF submits final	Baseline & every 6 months	60
Data Quality Assessment	Assesses practice's current state of data quality including accuracy of data element capture, validity of CQM reports and desired next steps for HIT	Practice HIT champion led by CHITA	CHITA	Baseline & every 6 months	60
Practice Improvement Plan	SMART goals related to practice transformation as it relates to milestone activities. Can be done at same time as inventory	Practice team led by PF	PF	Baseline & every 6 months	15
Clinical Quality Measures	Track patient and process outcomes reported by practices	Practice champion	Practice Champion	Every calendar quarter starting Q2 2016	Variable

TCPi Alignment - Psychiatry

SIM State Innovation Model

- Transforming Clinical Practice Initiative
  - Practice support for primary care and specialists
  - Psychiatry is an excellent opportunity to align with SIM
  - Training for psychiatrists in “Collaborative Care Model”
    - Promotes psychiatrists working through PCPs, care managers, etc.
    - Opportunity to enhance access to psychiatry without the need for one on one.

SIM

State Innovation Model

THANK YOU!

COLORADO
Office of the Governor
Gov. John Hickenlooper

The Project described was supported by Funding Opportunity Number CMS-1G1-14-001 from the US Department of Health and Human Services, Centers for Medicare and Medicaid Services.