

SIM Component Summary Table

Table 5: Component Summary Table

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Component & Activity/ Budget Item:	Description of activities	Vendor (If known)	Expected Expenditures	Primary Driver	Metric
Planning and Governance					
SIM Steering Committee	The SIM Steering Committee is the public/private governing body for Rhode Island's SIM project. The committee's primary function is to set strategic direction, create policy goals, approve the funding plan, and provide oversight over the implementation of the SIM grant. The committee meets monthly and is comprised of community stakeholders who represent health care providers/systems, commercial payers/purchasers, state hospital and medical associations, community-based and long term support providers, and consumer advocacy organizations.		N/A	Create measureable improvements in Rhode Islander's physical and mental health.	N/A
SIM Project Director and Staffing Across Five Partner Agencies	Staff at each participating state agency will carry out day to day functions of the SIM project and work together on the SIM Interagency Team. Participating state agencies are: Executive Office of Health and Human Services (EOHHS), Office of the Health Insurance Commissioner (OHIC), Department of Behavioral Health, Developmental Disabilities, and Hospitals (BHDDH), Department of Health (RIDOH), and HealthSource RI. We also work closely with the Department of Children, Youth, and Families, but they do not have a dedicated SIM staff person.		\$3,000,000	Create measureable improvements in Rhode Islander's physical and mental health.	N/A
Project Management Vendor	The Project Management Vendor (UMASS) manages SIM related project management activities including support for stakeholder management, project meetings, data collection, risk management, communications, sub-contractor management, and work plan management.	University of Massachusetts Medical School	\$1,600,000	Create measureable improvements in Rhode Islander's physical and mental health.	N/A
Rhode Island Health System Transformation					
Transformation through regulatory action and payment reforms	Coordinated and aligned approaches to expanding value-based payment models in Medicaid and commercial insurance through state purchasing and regulatory levers. Rhode Island has adopted the goal of having 50% of commercial and Medicaid payments under an Alternative Payment Model (APM) by 2018, and 80% of payments linked to value ¹ with a regulatory strategy to achieve these goals. OHIC also has targets for care transformation, as reflected on Page 204.	N/A – Carried out by OHIC and Medicaid	In-kind by OHIC and Medicaid	Create measureable improvements in Rhode Islander's physical and mental health.	Percentage of payments made under an APM.
					Percentage of payments linked to value.

¹ Rhode Island will track payments linked to value by crediting the total dollar value of provider contracts with performance-based incentives (such as P4P) toward the numerator of the ratio.

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Investing in Rhode Island's Healthcare Workforce and Practice Transformation					
Community Health Teams	Community health teams (CHTs) currently serve as extensions of primary care, helping patients meet unaddressed social, behavioral, and environmental needs that are having an impact on their physical health. Overall, CHTs improve population health by addressing social, behavioral, and environmental needs. Our SIM-funded teams will also support providers in transitioning to value-based systems of care; and help transform primary care in a way that increases quality of care, improves coordination of care, and reduces/controls related costs and expenditures. In order to maximize improvements in Rhode Island's population health, address and improve our social and environmental determinants of health, and make progress in eliminating health disparities within our state, CHTs services should be available to all Rhode Islanders who need that level of multi-disciplinary, community-based services to address the factors that impact our health. In particular, SIM will fund two areas of work for CHTs in Rhode Island: Building the capacity of current teams to serve their patients more effectively, and supporting up to two new CHTs. The new CHTs will be multi-disciplinary (including behavioral health providers and community health workers); connected to a provider within a certain geography; accessible to all regardless of insurance; and reflective of the diversity of the communities they serve.	To be determined through a competitive RFP process	\$2,000,000	Maximize & support team-based care Better integrate behavioral health into primary care Investments in Rhode Island's Healthcare Workforce	Number of active SIM-funded CHTs
					Percent of new, SIM-funded CHTs actively seeing patients
					Number of unique practices utilizing new, SIM-funded CHTs
					Number of CHTs participating in the statewide CHT consolidated operations model
					Percentage of completed data reports submitted by consolidated operations team
					Number of provider trainings delivered about practice transformation and CHT benefits
					Percentage of tools and assessments made available to all CHTs in RI that are adopted by intended CHT recipients
					Percentage of patients referred to applicable CHTs who received services (A: SIM-funded; B: Non-SIM-funded)
					Percentage of patients referred to and seen by applicable CHTs who then enrolled in CurrentCare
					Percentage of patients referred to and seen by applicable CHTs who then received an annual influenza vaccination
					Number of Community Health Workers certified through the Rhode Island Certification Board
					Percentage of CHTs employing Certified Community Health Workers

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					Number of patients in provider panels with referral ties to SIM CHTs
					Percent of RI residents with access to CHT (SIM funded + Existing)
Child Psychiatry Access Program	The Pediatric Psychiatry Referral Consultation project will establish a children's mental health consultation team to support pediatricians and other primary care doctors serving children and adolescents with mental health conditions. The Access Program is designed to assist the pediatricians and other physicians to treat children with behavioral and mental health needs in a way that is preventive and responsive to a patient's immediate circumstances. This consultation, support and response to emergent situations will be invaluable for families. This project will also provide ongoing physician training to ensure that the delivery of care for children and adolescents can be in the least restrictive setting possible.	Emma Pendleton Bradley Hospital	\$650,000	Maximize & support team-based care Better integrate behavioral health into primary care Investments in Rhode Island's Healthcare Workforce	CUM # of pediatric practices that have on-demand access to pediatric behavioral health consultation services
					CUM # of pediatricians who have on-demand access to pediatric behavioral health consultation services
					CUM # of pediatricians who have received consultation to provide basic psychiatric assessment and treatment services
					CUM # of patients served under the child psychiatry access program
PCMH Kids	PCMH-Kids builds off of the successes of Care Transformation Collaborative in Rhode Island (CTC-RI), the adult patient-entered medical home (PCHM) initiative in Rhode Island. PCMH-Kids is extending the transformation of primary care practices in Rhode Island to children by engaging providers, payers, patients, parents, purchasers, and policy makers to develop high quality family/youth/children-focused PCMHs that will assure optimal health and development. PCMH-Kids is convened by the state's Executive Office of Health and Human Services (EOHHS) and Medicaid program, with participation from all four major health plans. Nine pilot practices have created a common contract with payers and are receiving supplemental payments and on-site, distance, and collaborative learning and coaching to support practice transformation and quality improvement. SIM funding for PCMH-Kids will include support for practice facilitation and coaching, practice assistance with reporting and analyzing data, and overall program evaluation.	Pursuing single source procurement	\$500,000	Maximize & support team-based care Better integrate behavioral health into primary care Investments in Rhode Island's Healthcare Workforce	CUM # of practices participating in the pediatric PCMH program
					CUM # of clinicians participating in the pediatric PCMH program
					CUM # of patients attributed to practices participating in the pediatric PCMH program

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Behavioral Health Transformation: <i>Integrated Behavioral Health</i>	The Rhode Island SIM Test Grant will fund a qualified provider with experience and skill in helping primary care practices, representing multiple payers, to integrate behavioral health care into their clinical work. The qualified provider will have expertise facilitating within primary care practices: 1) depression, anxiety and substance use screening; 2) collaboration of behavioral health specialty staff with nursing/physician personnel; 3) use of behavioral health subject-matter expert(s) to support training and development efforts; and 4) development of knowledge about appropriate measurement and quality assurance activities.	Pursuing single source procurement	\$370,000	Maximize & support team-based care Better integrate behavioral health into primary care Investments in Rhode Island's Healthcare Workforce	CUM # of practice sites participating in integrated behavioral health initiative
Behavioral Health Transformation: <i>SBIRT</i>	Rhode Island seeks to decrease the use of tobacco, alcohol and other drugs. The Rhode Island Department of Behavioral Health, Developmental Disabilities and Hospitals (BHDDH) has just received a Collaborative Agreement for Screening, Brief Intervention and Referral to Treatment (SBIRT) grant from the Substance Abuse and Mental Health Service Administration (SAMHSA). This grant will allow us to provide alcohol, drug and tobacco screening to 250,000 adults (one-quarter of Rhode Island's population) over five years. As needed, referrals will be made to brief interventions or treatment. Priority populations are individuals living in designated high need areas and persons leaving Department of Corrections' facilities. It is our plan that SIM Test Grant funds will support ongoing training to a 24 person workforce of Health Educators and Navigators to ensure that the two projects are well-aligned. If	Pursuing single source procurement	\$480,000	Maximize & support team-based care Better integrate behavioral health into primary care Investments in Rhode Island's Healthcare Workforce	CUM # of providers who have been trained in SBIRT
Behavioral Health Transformation: <i>Provider Coaching</i>	Another behavioral health investment will be provider coaching. Rhode Island's publicly funded Community Mental Health Centers (CMHCs) are "health homes" for persons with serious mental illnesses. SIM Test Grant funds will be used to support an expert coaching program to help CMHCs improve their effectiveness in addressing consumers' health care needs. Expert coaches will help CMHC staff: 1) improve clinical practices, such as connecting more effectively with primary care providers; 2) learn health information technology uses and benefits; 3) collect and measure data; and 4) strengthen quality improvement practices.	To be determined through a competitive RFP process	\$1,200,000	Maximize & support team-based care Better integrate behavioral health into primary care Investments in Rhode Island's Healthcare Workforce	CUM # of CMHCs that received provider coaching

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Behavioral Health Transformation: <i>Care Management Dashboard</i>	The SIM Test Grant will fund a real-time communication system between Rhode Island hospital providers and CMHCs, mutually responsible for the care of approximately 8500 publicly insured individuals with serious mental illness. An electronic dashboard will deliver real-time information to the CMHCs when their consumers have a hospital emergency department or inpatient encounter. This effort will support targeted, clinical interventions, improve care coordination and reduce re-admissions. Ongoing funding for operation of the dashboard will come through a PMPM cost to the CMHCs. In addition to development of the dashboard, SIM Test Grant funds will cover training to providers in use of this new technology.	Rhode Island Quality institute	\$150,000	Maximize & support team-based care Better integrate behavioral health into primary care Investments in Rhode Island's Healthcare Workforce	CUM # of CMHCs with real-time ED and inpatient dashboards in use
					CUM # of providers trained to use dashboards at CMHCs
Integrated Population Health Plan	<p>Rhode Island aims to achieve measurable improvement in the health and productivity of all Rhode Islanders. To achieve this aim, the healthcare delivery, public health, community development, and social service sectors as well as the many academic, public, and private institutions in our state will work together to ensure that all Rhode Islanders are able to achieve their highest health potential, without system/structural barriers. This population health improvement effort requires multi-sector/multi-agency collaborations to help us transition from an uncoordinated, healthcare provider and payer-centric care focused health services environment to an environment where public health, social service, and healthcare delivery systems are well-integrated as well as outcomes-oriented and person-centric.</p> <p>Although the Integrated Population Health Plan focuses on specific physical and behavioral health conditions or diseases, our aim is to create an approach that centers on wellness, not disease. As the plan evolves, our strategies will move towards methods that help Rhode Islanders live long, productive and healthy lives, addressing them not as patients but as people.</p> <p>Our approach to population health improvement focuses on health across the life course (from birth to death) from the perspective of the "whole-person" and includes behavioral health, where behavioral health includes mental health and substance use disorders. It is a population health vision, with the goals of improving the health and wellbeing of all Rhode Islanders; to promote "any door as the right door" to identifying mental illness and substance use disorders early and providing the supports and interventions to enable people to recover rapidly; to create healthy, resilient inclusive communities throughout Rhode Island, and to ensure that persons with physical or behavioral health conditions, including severe and persistent mental illness and/or addictive disease, have access to evidence-based services that support recovery and full inclusion in their communities in the least restrictive setting possible.</p>	University of Massachusetts Medicaid School sub-contractors The Providence Plan (ProvPlan) and the Technical Assistance Center (TAC)	Funded within the Program Management vendor line for subcontractor consultants	Create measureable improvements in Rhode Islander's physical and mental health.	N/A

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Healthcare Quality, Reporting, Measurement and Technology Feedback	Based on significant stakeholder input, SIM will fund the development of a statewide quality reporting system to help providers "enter data once and analyze many time." Our goals for the reporting system are to improve the quality of care for patients and driving improvement in provider practices by giving feedback to providers, provider organizations, and hospitals about their performance based on quality measures; produce more valuable and accurate quality measurements based on complete data from the entire care continuum; leverage centralized analytic expertise to provide valuable and actionable reports for providers and to drive improvements in population health; reduce the duplicate reporting burden upon providers and provider organizations by having a common platform for reporting; publically report quality measurements in order to provide transparency and support patient engagement in making informed healthcare decisions; and use existing databases, resources and/or systems that meet our needs, rather than building from scratch.	To be determined through a competitive RFP process	\$1,750,000	Maximize & support team-based care Better integrate behavioral health into primary care Investments in Rhode Island's Healthcare Workforce	CUM # of health care organizations/practices sending data to the Health Care Quality Measurement, Reporting and Feedback system.
					CUM # of health care organizations/practices receiving data from the Health Care Quality Measurement, Reporting and Feedback system.
Patient Engagement					
Patient Engagement	In order to ensure that patients receive the greatest value from payment reform changes, and that they are maximally engaged in positive health behaviors including self-advocacy, SIM will invest funds to provide patients access to tools that increase their involvement in their own care, including creating the infrastructure to allow patients to more easily share their advanced care directives and healthcare proxies with their providers; developing patient engagement tools such as health risk assessments; and implementing tools that measure consumer satisfaction as well as behavior change readiness.	To be determined through a competitive RFP process	\$1,700,000	Provide access to patient tools that increase their engagement in their own care.	Metric(s) in development.
End-of-Life/ Advanced Illness Care Initiative	We know that patients and providers both avoid discussions about end-of-life planning, leading to unwanted medical care and family distress. SIM will fund Advance Care Planning Discussion trainings, to support providers in carrying out patient engagement activities in the event of advanced illness. The program will promote effective collaboration between patients, families, and providers in making healthcare decisions; improve health literacy among patients and their families; and provide opportunities for participants to complete advance directives.	To be determined through a competitive RFP process	\$500,000	Provide access to patient tools that increase their engagement in their own care. Assist with advanced illness care planning	Metric(s) in development.
Increasing Data Capability and Expertise					
HealthFacts RI	The Rhode Island SIM Test Grant is investing funds to support the implementation and maintenance of the All-Payer Claims Database (APCD), named "HealthFacts RI." HealthFacts RI collects, organizes, and analyzes health care data from nearly all major insurers who cover at least 3,000 individuals in Rhode Island. This information allows users	In reprocurement	\$2,039,673	Increase use of data to drive quality and policy	# of publically available reports released from HealthFacts RI per year

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	to benchmark and track Rhode Island's health care system in ways that were previously not possible. When fully implemented, HealthFacts RI will ensure transparency of information about the quality, cost, efficiency, and access of Rhode Island's healthcare delivery system. It will also provide state agencies and policy makers with the information needed to improve the value of healthcare for Rhode Island residents and will illuminate how Rhode Islanders use the healthcare system, the effectiveness of policy interventions, and the health of our communities.				# of applications/requests for level 2 or level 3 data extracts from HealthFacts RI per year
Statewide Common Provider Directory	Payers, providers, and consumers all need access to accurate provider information. Using SIM funds, Rhode Island has contracted with its state designated entity for HIE to build a Statewide Common Provider Directory. The provider directory is a database with a web-based tool that allows a staff team to maintain the file consumption and data survivorship rules, error check flagged inconsistencies or mapping questions, and manually update provider data or enter new providers. It will consist of detailed provider demographics as well as detailed organization hierarchy. This organization hierarchy is unique and essential to being able to maintain not only provider demographic and contact information, but their relationships to practices, hospitals, ACOs, and health plans.	Rhode Island Quality Institute	\$1,500,000	Increase use of data to drive quality and policy	CUM # of state agencies using common provider directory
					CUM # of private sector health care organizations using common provider directory
Integrated Health and Human Services Data Ecosystem	<p>Rhode Island lacks a modern system for integrating person-level information across our agencies and then turning that holistic information into action. While EOHHS has built a data warehouse that stores many different sources of data – in addition to separate data sets that live within each agency – there is limited capacity to first connect and then share those linked data, either at the person level or in the aggregate. If we are able to combine and better analyze these data, we can obtain critical information about the needs of our population, the effectiveness of our programs, and how to responsibly spend valuable public resources.</p> <p>With funding from SIM, Rhode Island will take informed, project-based steps that reflect iterative learning and sophistication to build our new data ecosystem, integrating data across our agencies and driving policy with those data. This approach differs from a traditional, expensive and “all at once” Data Warehouse project that is common to many data integration initiatives. Rather than seek to purchase or build a large system that will attempt to integrate all data and develop user interfaces that satisfy many user needs – a process that could take years, come with high upfront costs, and that would rely on our existing knowledge to guide design and decision making – Rhode Island is planning a lighter, simpler and more adaptive solution.</p>	To be determined through a competitive RFP process	\$1,800,000	Increase use of data to drive quality and policy	N/A

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Other System Transformation Components					
Measure Alignment	Quality measurement and improvement are integral components of value-based contracting. As value-based payment arrangements become more widely used in Rhode Island, it is important to ensure consistency and coherence in quality measures, to ease administrative burden on providers, and drive clinical focus to key population health priorities. Toward this end, between June 2015 and March 2016, the Measure Alignment Workgroup created by the SIM Steering Committee created an aligned measure set with 59 measures. Included within the menu were core measure sets for ACOs (11 measures), primary care providers (7 measures), and hospitals (6 measures). The workgroup was made up of up payers, providers, measurement experts, consumer advocates, and other community partners. The next step is for OHIC to create the implementation process for the measures and for the workgroup to create a governance process for annual review and updating of the set.	Bailit Health Purchasing	Included in Project Manager Line Item	Increase use of data to drive quality and policy	N/A
Regulatory Levers	Rhode Island is committed to using our multiple regulatory and purchasing levers to advance the policies described in the healthcare delivery system transformation plan above. All of the state agencies that comprise the interagency team are engaged in this work, identifying the regulatory abilities they have now to move the payment system, support providers and patients, and thus improve population health and address costs. For example, OHIC's Affordability Standards described within the Operational Plan on Page 204 hold insurance carriers to specific standards to advance value-based purchasing; promote practice transformation and increase financial resources to primary care for population health management; and around hospital contracting;	Conducted by staff	N/A	Create measureable improvements in Rhode Islander's physical and mental health.	N/A
Multi-Sector/Multi-Agency Integration and Alignment	Rhode Island's small size provides us with a number of positive opportunities, including the strong relationships that we can build statewide between existing and new interventions. The large number of reform interventions in the state are significant – and the SIM table provides us with a forum to share this information and to ensure that state agency activities can be as aligned as possible with each other – to maximize the value of the interventions, serve more people, avoid duplication, and save money. Therefore, we have determined that one of the main strategies of Rhode Island's SIM project will be to pursue a new level of alignment and integration of our existing healthcare innovation initiatives with each other, and with new SIM-funded activities.	Conducted by SIM leaders and staff	N/A	Create measureable improvements in Rhode Islander's physical and mental health.	TBD

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Workforce Development	Fundamental to restructuring the healthcare delivery system and achieving the triple aim is the development and support of a workforce that has the training, knowledge, and experience necessary to deliver healthcare and wellness services in new and innovative ways. This is likely to entail new job titles, new duties, new work settings, and new skill sets for healthcare employees. This “workforce transformation” cannot and will not be achieved by a single healthcare provider, educational institution, or payer. Rather, it will take an unprecedented collaborative and visionary approach by all stakeholders to identify and implement new workforce development strategies that will successfully address the current and projected workforce needs of healthcare providers and the community at-large.	Conducted by SIM Staff and the Healthcare Workforce Transformation Committee	N/A	Maximize & support team-based care Better integrate behavioral health into primary care Investments in Rhode Island's Healthcare Workforce	TBD
Evaluation					
Evaluation	SIM will retain professional outside evaluators to carry out part of our evaluation process, but we will be monitoring and evaluating the milestones and metrics we identify in-house as well. The Steering Committee has also approved a learning collaborative process to study the efficacy of value-based payments to increase quality, improve population health, and lower costs. Our learning collaborative work can be more long-term and aspirational. And our professional evaluation can cover those topics where we do not have the expertise or tools to carry out a particular type of evaluation well.	University of Rhode Island	\$700,000	Create measureable improvements in Rhode Islander's physical and mental health.	N/A