



# State Innovation Model

Community Health Innovation Region &  
Collaborative Learning Webinar  
**April 21, 2016**

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## Agenda

- SIM Overview (10 minutes)
- Community Health Innovation Region Overview (30 minutes)
  - Value of CHIR to SIM
  - Aspirations of CHIR in Community
  - Required Activities
  - Collective Impact Overview
- Collaborative Learning Network (20 minutes)
  - CLN Roles
  - CLN Approach
  - CLN Scope
  - CLN Components
- Questions (30 minutes)

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# SIM Overview & Updates

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## SIM Overview & Updates

- Overview and Vision
- Goals and Objectives
- Update

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## Overview and Vision

- Michigan received a State Innovation Model grant from Centers for Medicaid and Medicare Services (CMS) to test delivery and payment system changes.
- Strategies focus on moving towards cost-effective use of healthcare dollars overall in terms of patient experience and quality outcomes.
- Our vision is a system that coordinates care within the medical system to improve disease management and utilization; and out into the community to address social determinants of health.
- Developing a project structure, strategy, and timeline to support our goals.

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## Overview and Vision

- With the Blueprint for Health Innovation as our vision, we developed strategies and priorities that would account for our partners and move Michigan towards that vision
- Michigan's State Innovation Model (SIM) project will be a simultaneous effort of:
  - Putting payment policies, measurement infrastructure, and key investments into place.
  - Developing a coordinated communication and committee process that assesses these policies and investments with our partners on an ongoing basis.

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## Strategies

- Patient Centered Medical Home
- Accountable System of Care
- Community Health Innovation Region
- Health Information Exchange/Health Information Technology
- Collaborative Learning Network
- Stakeholder Engagement Committee Structure

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## Goals and Objectives

### **Patient Centered Medical Home (PCMH)**

- Our goals are to support the existing PCMH foundation in our State; and support the increase of PCMH adoption.
- Introducing and testing more performance-based measurement and payment.
- Developing policies to broaden elements such as the level of flexibility for PCMH eligibility and staffing for their medical or community-based teams for providing care.

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## Goals and Objectives

### **Accountable Systems of Care (ASC)**

- We are aiming to support these performance-based PCMH teams by introducing and testing payment models for ASCs.
- ASCs are a group of primary care providers and other key providers that agree to work together to improve health outcomes and contain costs by leveraging the PCMH effort to coordinate care across patient populations.
- Testing the benefits of supporting ASC providers in sharing information, understanding their patient population, and providing the right team-based and community-based care to address their patients' needs.

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## Goals and Objectives

### **Community Health Innovation Region (CHIR)**

- Leverage well-developed, existing capacity in communities to bring partners together in a local area to identify and address community health needs.
- CHIRs will develop and implement linkages between healthcare and community-based agencies to address social determinants of health.
- CHIRs will pursue local policy and built environment efforts; and other services to encourage health and wellness.
- Our vision is to achieve a high level of organization and sophistication in terms of governance, partnership, data collection and information sharing, and integrated service delivery.

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## Regional Roll Out

- Starting with 5 regions:
  1. Jackson
  2. Muskegon
  3. Washtenaw & Livingston
  4. Genesee
  5. Northern Michigan
- We will be exploring resource needs and feasibility to expand, including:
  - Determining the unit cost of Community Health Innovation Region
  - Determining the timeline and cost for Accountable System of Care
  - Determining cost of collaborative learning and other supports

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## Strategic Approach

### **Strategic Supports**

- Health Information Exchange/Health Information Technology
  - Foundational use cases
  - Build upon existing efforts
- Collaborative Learning Network
  - Continuous improvement approach
  - Accountability
- Stakeholder Engagement and Committees
  - Efficiency: limited number of committees
  - Effectiveness: membership, inputs, and topics

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## Updates

- No Cost Extension
- Status of Year-One Activities
- Finalizing the Operational Plan (Due May 31)

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## Update: No Cost Extension

- \$70 million, 4-year grant began February 1, 2015
  - First year planning
  - Three years of implementation
- Medicaid managed care procurement May—October 2015
  - Overlap between new managed care contract and State Innovation Model objectives
  - Similarities between managed care contract bidders and State Innovation Model participants
  - No external communication about State Innovation Model
- No cost extension for planning year 1 approved to July 31, 2016

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## Update: Year One Activities

### **Regional Selection**

- Self-report Capacity Assessment Surveys
  - 50+ Accountable System of Care responses
  - 20+ Community Health Innovation Region responses
- Evaluated and scored responses to narrow possibilities to 29 Accountable Systems of Care and 14 Community Health Innovation Region backbone organizations
- One-on-one interviews with each organization scoring well enough to move on
- Combined both Accountable System of Care and Community Health Innovation Region capacity and scoring to prioritize regions

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## Update: Year One Activities

### Design

- Established the vision, goals, and objectives of each State Innovation Model strategy
- Assessed the degree of alignment and impact of these strategies across the MDHHS and with our partners
- Determined the types of supporting infrastructure these strategies would need to be successful (staffing, funding, assistance, etc.)
- Began development of execution-level detail for each strategy
  - Different stages of this development depending on the maturity and traditional role of the MDHHS for each strategy
  - Details will need to be developed in partnership with our regional participants and payers

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Update: Year One Activities

## Operational Planning

- Drafted a strategy-level operational plan, built our project management structure, and put together implementation approaches for our strategies.
- Improving our strategies and implementation approaches with input from our partners before submitting operational plan to CMS May 31, 2016.
- Webinar series will be followed by publication of sections of our operational plan for comments and feedback.

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# Community Health Innovation Region (CHIR)

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# Agenda: Community Health Innovation Region Webinar Topics

1. Overview of the SIM CHIR
  - i. CHIR Goals and Objectives
  - ii. CHIR Value to the State Innovation Model
  - iii. SIM Population Health Improvement Strategy
  - iv. CHIR Context of Operation within Health System Transformation
2. Operation of the CHIR
  - i. CHIR Requirements
  - ii. CHIR Core Strategy Components
  - iii. CHIR Structure
  - iv. CHIR Flexible and Adaptive Solutions to Regional Landscape
3. CHIR Collective Impact Approach
  - i. Overview
  - ii. Components
  - iii. Examples
4. CHIR Operational Plan

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## 1.1 CHIR: Goals and Objectives

The overall goal of the CHIR is to **develop community capacity** to improve population health. The objectives of the CHIR are to:

- Leverage the existing, well-developed capacity in communities to bring regional partners together to identify and address community health needs.
- Develop and implement linkages between healthcare and community-based agencies to address social determinants of health.
- Enhance local policy, identify cross-organization programmatic and procedural enhancements, and advance built environment efforts to encourage health and wellness.
- Further develop a high level of organization and sophistication in terms of governance, partnership, data collection and information sharing, and integrated service delivery.

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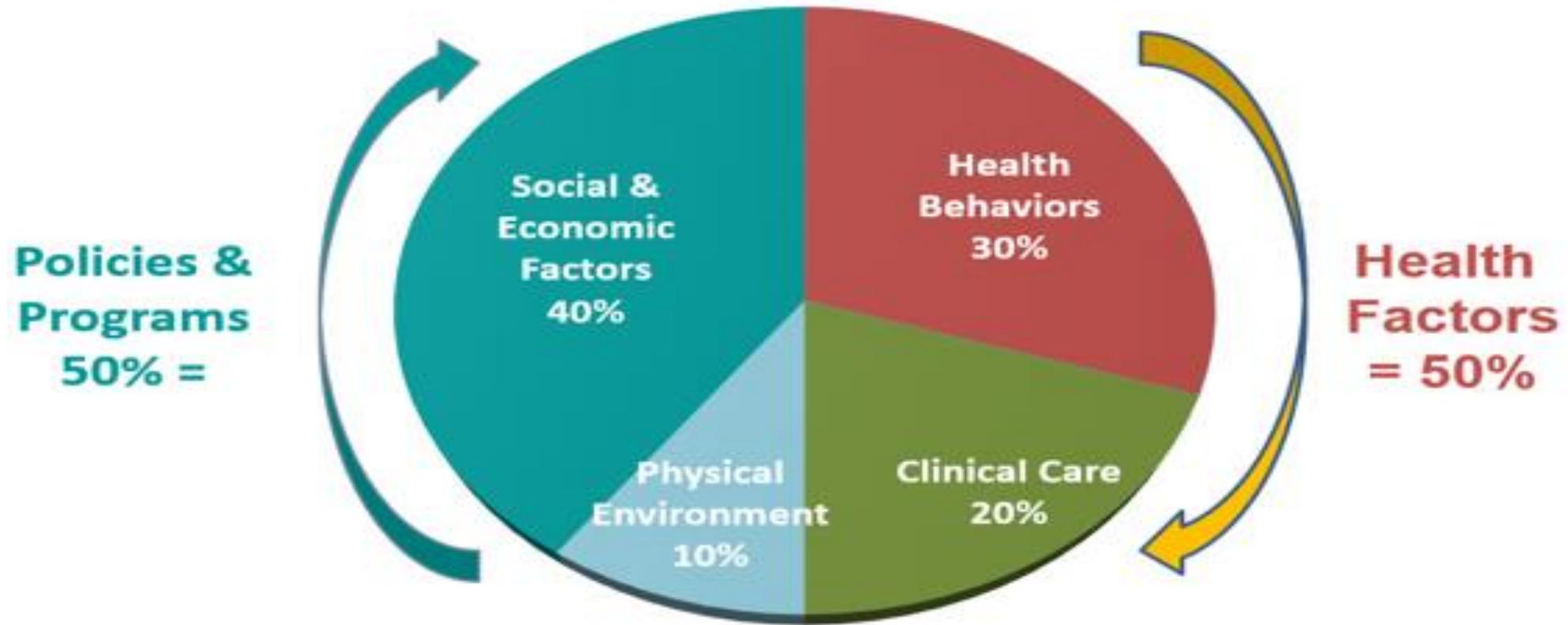
## 1.2 CHIR Value to SIM and Health System Transformation

- The Community Health Innovation Region is a **governance process and structure to better organize key partners** in a local area around common target populations, improvement goals, and activities. This structure enhances the ability for cross-sector partnerships.
- **Improve coordination of service delivery** between the Medicaid health plans, Accountable Systems of Care (ASC), and community agencies.
  - The CHIR structure and operations will provide ongoing input to direct and assist investment into upstream community prevention opportunities.
- **CHIRs are accountable for reducing health risks in the community** to demonstrate value.
  - Health risks include those root causes related to health inequity as well as the socio-economic and environmental determinants of health that affect the health outcomes of the SIM target populations.

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## 1.3 SIM Population Health Improvement Strategy – Health Impacting Factors

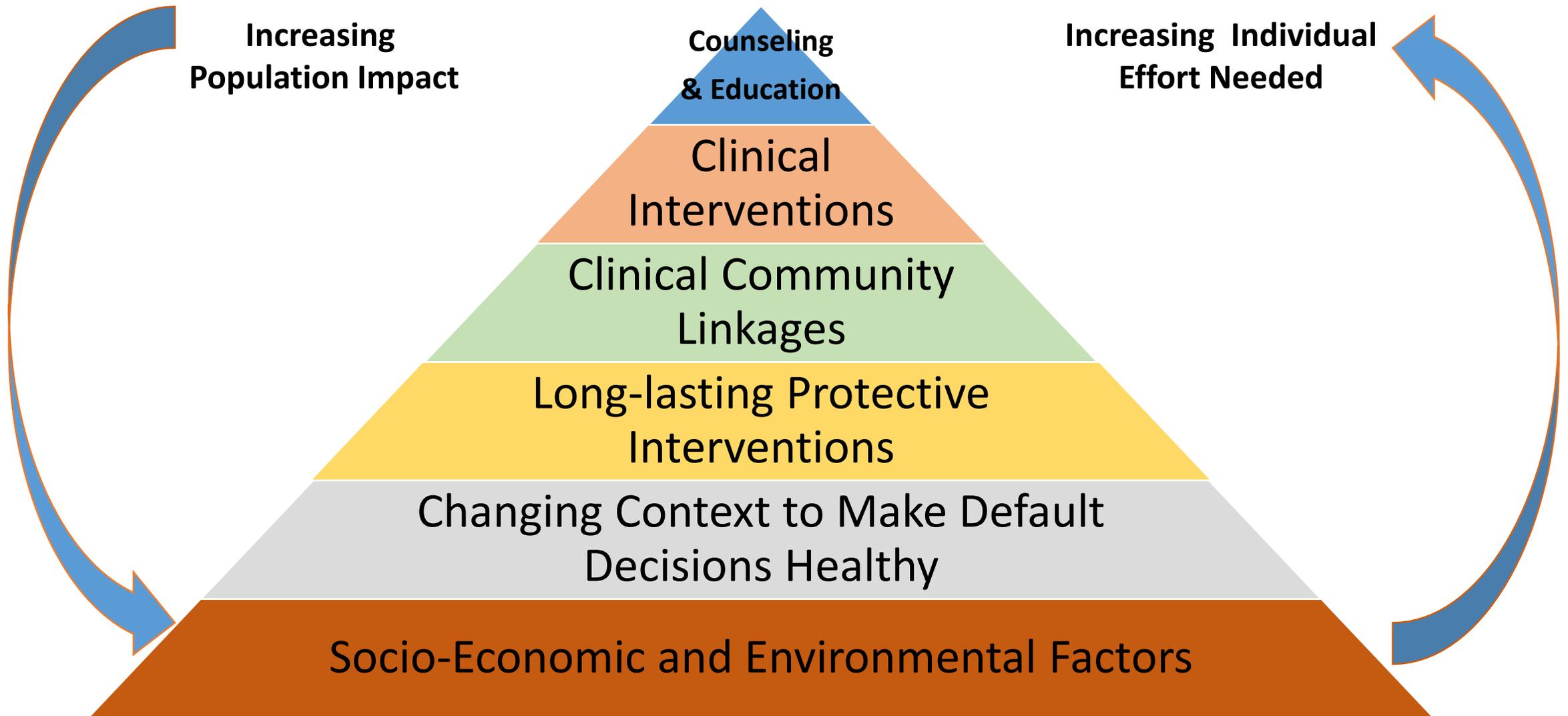
To integrate population health improvement across organizational silos, **the State Innovation Model looks to leverage the knowledge and insights gathered across the field of practice.** Public-private partnerships are integral for communities, as they work to invest in the socio-economic and environmental determinants of health that impact significant portions of an individual's health outcomes.



McGinnis et al, Health Affairs, Vol 22 (2)

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## 1.3 SIM Population Health Improvement Strategy: Health Impact Pyramid



Adapted from Fieden, TR. A Framework for Public Health Action: The Health Impact Pyramid. American Journal of Public Health. 2010: 100(4)590-5.

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## 1.4 Context of CHIR Operations within Health System Transformation Efforts

To help Michigan change the business model of healthcare, the CHIR enables the SIM to move toward the foundational elements of the Health Impact Pyramid:

- Avoidable utilization accounts for a significant share of healthcare spending, and is a critical area for improvement
- Addressing the socio-economic and environmental determinants of health can help avoid acute care utilization
- The numerous payment reform initiatives can support healthcare institutions in implementing strategies to address the non-clinical conditions that impact patients' health:
  - 90% of Medicare fee-for-service payment to be linked to value by 2018
  - Medicaid commitment to partner with community organizations to address the social determinants of health and develop clinical-community linkages
  - Commercial insurers commitment (e.g., Healthcare Transformation Task Force) to support payment reform
  - Accountable care arrangements increasing in prevalence among all payers

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## 2.1 CHIR Requirements

To achieve collective impact through collaborative community projects and capacity building needs targeted a systems-change capabilities, the CHIR must:

- **Identify a geographic boundary** that all participant organizations agree to use for operational and measurement purposes of the SIM Model Test
- Develop an approach to conduct a **single community-wide CHNA** that involves participation from all CHIR participants
- Develop a **Community Health Improvement Plan** related to the CHNA that establishes shared priorities and responsibilities among all stakeholders
- Pursue a **shared dashboard of measures** that CHIR participants are accountable for
- Support for **clinical-community linkage systems**, such as the Pathways Community Hub or the Children's Healthcare Access Program (CHAP)

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## 2.2 CHIR Core Strategy Components

Through the Collective Impact approach to build community capacity, the CHIR will:

- More fully engage communities in health system transformation
  - Advancing how institutions work with communities
  - Building authentic and ongoing community engagement with healthcare institutions
- Integrate health systems and social services through community organizing
  - Organizing around the social determinants of health
  - Utilizing the power of partnerships to mobilize diverse resources
  - Support new forms of leadership
- These endeavors build upon a strong foundation across Michigan related to health system transformation
  - Multipurpose collaborative bodies
  - Chartered value exchanges
  - Health improvement organizations
  - Community benefit funding

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## 2.2 CHIR Core Strategy Components

1. Build upon the **joint CHNAs in each CHIR region**, and develop a joint Community Health Improvement Plan across all CHIR stakeholders.
  - Improve hospital engagement with community-based social services and the resources that address the social determinants of health and their root causes
  - CHIRs develop and provide an inventory of available resources
2. Support community-clinical linkages with **local public health department, social service, and community resource referrals**
  - Identify investment opportunities in upstream, community-based interventions
  - Support gap analysis for the identifications of the capacity building needs of the community
  - Develop shared dashboard measures
  - Identify technology solutions that can support clinical-community communication and measurement to demonstrate value of the CHIR

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## 2.3 CHIR Structure: Convening Cross-sector Stakeholders

### **Required Stakeholders:**

- Local public health department
- Accountable Systems of Care
- Medicaid health plans
- Community mental health
- Other payers
- Community members

### **Other Critical Stakeholders May Include:**

- Employers and Purchasers
- Payers
- Community organizations
- Human service providers
- Behavioral health
- Philanthropy
- Local government
- Community and economic development
- Community safety and corrections
- Education institutions
- Housing
- Transportation
- State associations
- Other non-profit organizations (e.g., civic centers, advocacy organizations, research institutes, etc.)

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## 2.3 CHIR: Flexible and Adaptive Solutions

- Variation across SIM regions' needs, assets, goals and organizational capacities require a flexible approach to local CHIR design and implementation
- The State will support various CHIR approaches and configurations as the CHIR builds upon existing regional infrastructure
- The CHIR must conduct a regional inventory of organizations, programs, and services that impact the health outcomes related to health, human services, and the social determinants of health. This inventory should:
  - Enhance the diversity of leadership in community health efforts
  - Engage new partner organizations in the work of health system transformation
  - Increase the prevalence of blended, braided, and innovative funding approaches

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- The CHIR must conduct a regional inventory of organizations, programs, and services that impact the health outcomes related to health, human services, and the social determinants of health. This inventory should:
  - Provide new ways for community stakeholder to be engaged in decision-making
  - Help public health, social services, and other community services see themselves as part of health care
  - Increase the prevalence of blended, braided, and innovative funding approaches

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## 3.1 CHIR Collective Impact Approach

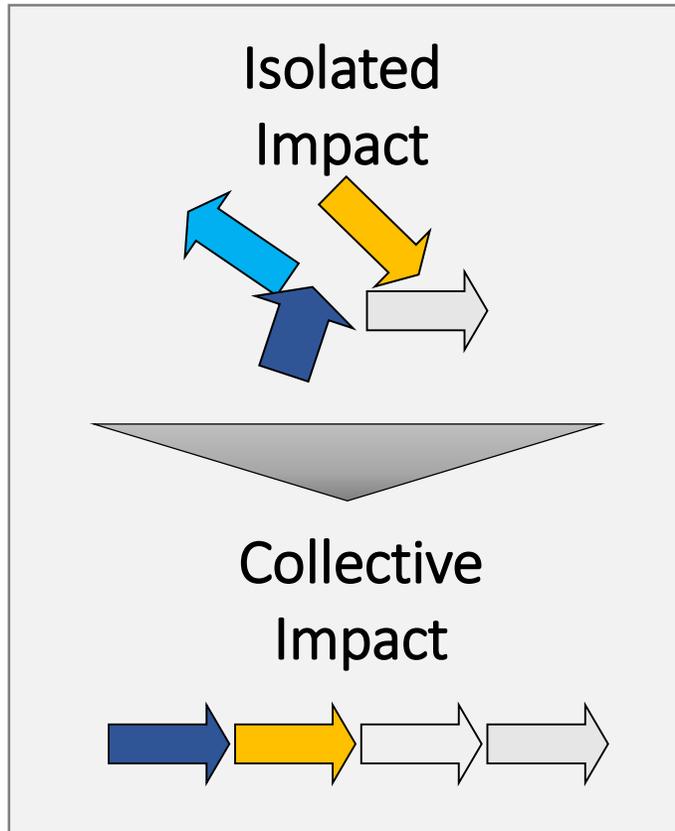
The SIM will support the utilization of best-practices in Collective Impact for CHIR evolution and reporting. Such indicators of progress are:

- Diversity into regional decision-making
- Development and maintenance of strong partnerships
- Use of support systems for learning and improvement across organizations
- Monitor population health improvement measures
- Ensure status of Backbone as a neutral convener
- Support for linkages between health care delivery system and community services
- Pursuit of a system-change approach (leadership at all levels, inclusion of stakeholders, equalization of knowledge, and sustainability), which addresses:
  - Institutional practices, governmental policies, organizational linkages, community norms, interconnection of human service systems, social norms among stakeholders, and the leverage of individuals and informal caregivers that contribute to the health outcomes of at-risk populations

Citations for Collective Impact include FSG - Social Impact Advisors; Collaboration for Impact - Centre for Social Impact; and the Aspen Institute's Collective Impact Forum

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## 3.1 Collective Impact: Complicated Challenges vs. Complex Systems



Systems-change efforts are inherently related to complex challenges.

- Understand that social problems – and their solutions – arise from **interaction of many organizations** within larger system
- **Cross-sector alignment with government, nonprofit, philanthropic and corporate sectors as partners**
- **Organizations** actively **coordinating** their actions and sharing lessons learned
- All working toward the **same goal** and **measuring the same things**

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## 3.2 Collective Impact: Five Elements

### Common Agenda

All participants have a shared vision for change, including a common understanding of the problem and a joint approach to solving it through agreed upon actions.

### Shared Measurement

Collecting data and measuring results consistently across all participants, to ensure efforts remain aligned and that there is shared accountability for performance management.

### Mutually Reinforcing Activities

Participant activities must be differentiated (non-duplicative) while still being coordinated through a mutually reinforcing plan of action.

### Continuous Communication

Consistent and open communication is needed across the many players to build trust, assure mutual objectives, and create common motivation.

### Backbone Organizations

Creating and managing collective impact requires a separate organization with staff and a specific set of skills to serve as the backbone for the entire initiative, and coordinate participating organizations and agencies.

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### 3.3 Backbone Collective Impact Supports

Activity	Short-term Outcomes (Illustrative)	Intermediate Outcomes (Illustrative)
<b>Guide vision and strategy</b>	Partners share a common understanding of the need and desired results	Partners' individual work is increasingly aligned with the CHIRs common agenda
<b>Support aligned activities</b>	Partners increasingly communicate and coordinate their activities toward common goals	Partners collaboratively develop new approaches to advance the initiative
<b>Establish shared measurement practices</b>	Partners understand the value of sharing data	Partners increasingly use data to adapt and refine their strategies
<b>Build public will</b>	Guide vision and strategy	More community members feel empowered to take action on the issues
<b>Advance policy</b>	Partners increasingly communicate and coordinate their activities toward common goals	Policy changes increasing occur in line with CHIR goals
<b>Mobilize funding</b>	Funding is secured to support initiative activities	Philanthropic and public funds are increasingly aligned with CHIR goals

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### 3.3 Backbone Success: Indicators

<b>Guide Vision and Strategy</b>	<ul style="list-style-type: none"> <li>• Partners accurately describe the <b>common agenda</b></li> <li>• Partners <b>publicly discuss / advocate for</b> common agenda goals</li> <li>• Partners' <b>individual work is increasingly aligned</b> with common agenda</li> <li>• Board members and key leaders increasingly <b>look to backbone</b> organization for initiative support, strategic guidance and leadership</li> </ul>
<b>Support Aligned Activities</b>	<ul style="list-style-type: none"> <li>• Partners <b>articulate their role</b> in the initiative</li> <li>• <b>Relevant stakeholders</b> are engaged in the initiative</li> <li>• Partners <b>communicate and coordinate</b> efforts regularly, with, and independently of, backbone</li> <li>• Partners report increasing levels of <b>trust</b> with one another</li> <li>• Partners increase <b>scope / type of collaborative work</b></li> <li>• Partners improve <b>quality</b> of their work</li> <li>• Partners improve <b>efficiency</b> of their work</li> <li>• Partners feel <b>supported and recognized</b> in their work</li> </ul>
<b>Establish Shared Measurement Practices</b>	<ul style="list-style-type: none"> <li>• Shared <b>data system</b> is in development</li> <li>• Partners <b>understand the value</b> of shared data</li> <li>• Partners have robust / shared <b>data capacity</b></li> <li>• Partners <b>make decisions</b> based on data</li> <li>• Partners <b>utilize data</b> in a meaningful way</li> </ul>
<b>Build Public Will</b>	<ul style="list-style-type: none"> <li>• Community members are increasingly <b>aware</b> of the issue(s)</li> <li>• Community members express <b>support</b> for the initiative</li> <li>• Community members feel <b>empowered</b> to engage in the issue(s)</li> <li>• Community members increasingly <b>take action</b></li> </ul>
<b>Advance Policy</b>	<ul style="list-style-type: none"> <li>• Target audience (e.g., influencers and policymakers) is increasingly <b>aware</b> of the initiative</li> <li>• Target audiences <b>advocate</b> for changes to the system aligned with initiative goals</li> <li>• Public <b>policy</b> is increasingly <b>aligned</b> with initiative goals</li> </ul>
<b>Mobilize Funding</b>	<ul style="list-style-type: none"> <li>• Funders are asking nonprofits to <b>align</b> to initiative goals</li> <li>• Funders are <b>redirecting funds</b> to support initiative goals</li> <li>• <b>New resources</b> from public and private sources are being contributed to partners and initiative</li> </ul>

Citations for Collective Impact include FSG - Social Impact Advisors; Collaboration for Impact - Centre for Social Impact; and the Aspen Institute's Collective Impact Forum

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## 4.1 CHIR Operational Plan Components

The CHIR decision-making body is required to develop an Operational Plan that details its approach during the SIM period, and will be used to release funding from CMS. Components include:

### 1. Key Backbone Structures and Processes

- Governance structure
- Fiduciary organization and responsibilities
- Staffing model and organizational charts

### 2. Partner Identification and Nature of Involvement

### 3. Community Health Needs Assessment and Community Health Improvement Plan

- Prioritization of identified needs, especially:
  - Needs relating to SIM priority populations
  - Advancing health equity
  - Integrating non-clinical community services

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## 4.2 CHIR Operational Plan Components

The CHIR decision-making body is required to develop an Operational Plan that details its approach during the SIM period, and will be used to release funding from CMS. Components include:

### 4. SIM Local Community Plan

- Asset mapping / inventory of programs, services, and funding sources
- Driver Diagram
- Balanced portfolio of long-term and short-term projects, to include work related to:
  - Clinical-community linkages
  - Population health improvement efforts
  - Advancing community-specific institutional and governmental policy changes
- Activities to develop greater capacity for effective collaboration among CHIR partners:
  - Shared measurement approaches
  - Program coordination

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## 4.3 CHIR Operational Plan Components

The CHIR decision-making body is required to develop an Operational Plan that details its approach during the SIM period, and will be used to release funding from CMS. Components include:

### 5. Funding

- Requests for SIM funding, including budgets, to execute on the portfolio of projects described in Operational Plan Component #4
- Opportunities to align with other existing funding streams and resources in the community
- Plans for sustainability

### 6. Measurement

- Expected signs of success (structures, processes, and outcomes to integrate with overall SIM measurement approach)

### 7. Mitigation

- Identification of risks and preferred risk mitigation strategies

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# Collaborative Learning Network (CLN)

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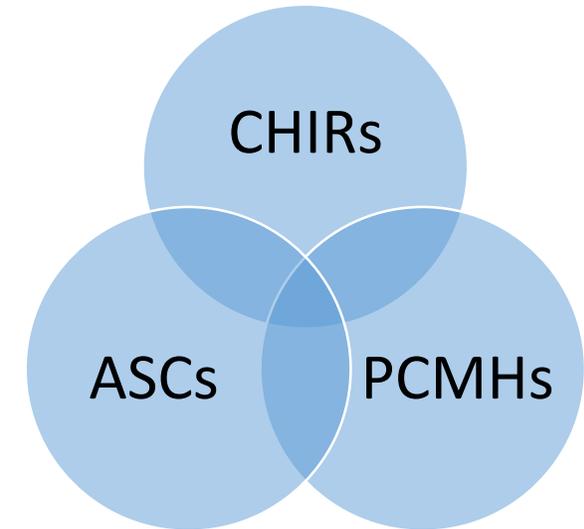
## Agenda: Collaborative Learning Network Webinar Topics

1. Collaborative Learning Network Roles
2. Collaborative Learning Network Approach
3. Collaborative Learning Network Scope
4. Collaborative Learning Network Components
  - Assessment of Readiness to Improve Population Health
  - Operational Plans
  - In-Person Summits and Webinars
    - Draft cadence
  - Coaching
  - Community Health Measurement
  - Technical Assistance
  - Online Platform

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## 1.1 Collaborative Learning Network: Roles

- To catalyze cross-sector collective impact among CHIRs, ASCs, and PCMHs for SIM priority populations
- To build community capacity for continuous improvement and action
  - E.g., institutional policies
- To facilitate and support population health measurement, and promote accountability for outcomes
- To identify promising practices and policies, and share lessons learned



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## 1.2 Collaborative Learning Network: Roles

- Catalyze and support collaboration to address common priorities

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Shared  
Priority

Averting emergency department  
use among high-utilizers

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Participants  
Select One  
of Two

Improve care for individuals with  
chronic disease

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Promoting healthy births and  
healthy babies

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## 2.1 Collaborative Learning Network: Approach

- Draw on lessons learned from the science of improvement
- Build upon initiatives such as Robert Wood Johnson Foundation-supported Spreading Community Accelerators through Learning and Evaluation (SCALE) Initiative
- Incorporate learning and action periods so participants move rapidly into testing ideas and receiving feedback to inform next steps for SIM implementation

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### *Original Investigation*

#### **Pursuing the Triple Aim: The First 7 Years**

JOHN W. WHITTINGTON, KEVIN NOLAN,  
NINON LEWIS, and TRISSA TORRES

*Institute for Healthcare Improvement*

#### **Policy Points:**

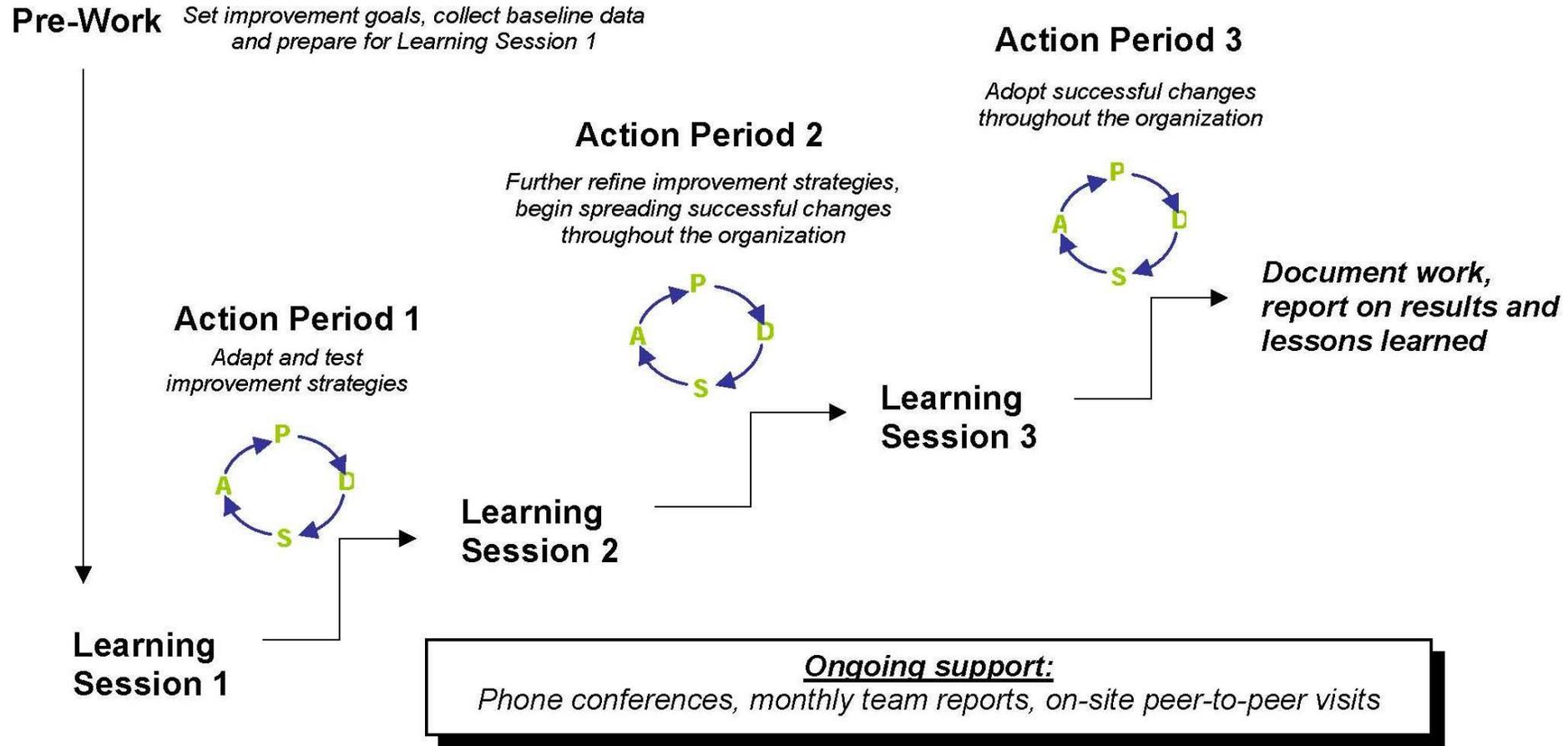
- In 2008, researchers at the Institute for Healthcare Improvement (IHI) proposed the Triple Aim, strategic organizing principles for health care organizations and geographic communities that seek, simultaneously, to improve the individual experience of care and the health of populations and to reduce the per capita costs of care for populations.
- In 2010, the Triple Aim became part of the US national strategy for tackling health care issues, especially in the implementation of the Patient Protection and Affordable Care Act (ACA) of 2010.
- Since that time, IHI and others have worked together to determine how the implementation of the Triple Aim has progressed. Drawing on our 7 years of experience, we describe 3 major principles that guided the organizations and communities working on this endeavor: creating the right foundation for population management, managing services at scale for the population, and establishing a learning system to drive and sustain the work over time.

**Context:** In 2008, researchers at the Institute for Healthcare Improvement (IHI) described the Triple Aim as simultaneously “improving the individual experience of care; improving the health of populations; and reducing the per capita costs of care for populations.” IHI and its close colleagues had determined that both individual and societal changes were needed.

**Methods:** In 2007, IHI began recruiting organizations from around the world to participate in a collaborative to implement what became known as the Triple Aim. The 141 participating organizations included health care systems, hospitals, health care insurance companies, and others closely tied to health care. In addition, key groups outside the health care system were represented, such as public health agencies, social services groups, and community coalitions. This collaborative provided a structure for observational research. By noting the

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## 2.2 Collaborative Learning Network: Approach

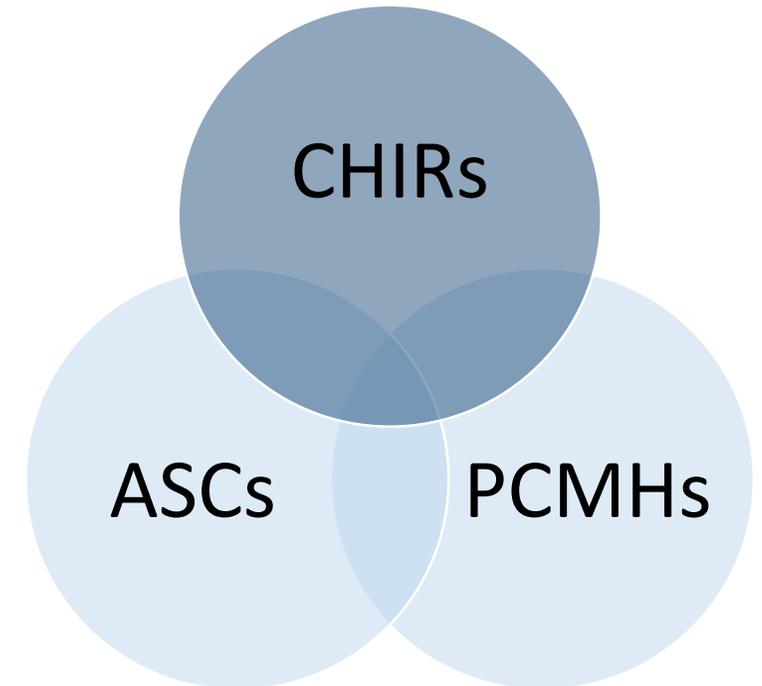


Source: Institute for Healthcare Improvement

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### 3.1 Collaborative Learning Network: Scope

- SIM has prioritized support for CHIRs within the context of Collaborative Learning Network
- Efforts to support ASCs and PCMHs at earlier stages of planning



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## 4.1 Collaborative Learning Network: Components for CHIRs

Assessment of Readiness to Improve Population Health

Operational Plans

In-Person Summits and Webinars

Coaching

Community Health Measurement

Technical Assistance

Online Platform

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## 4.2 Collaborative Learning Network: Components for CHIRs

### Assessment of Readiness to Improve Population Health

- Support CHIRs in:
  - Understanding opportunities for capacity development
  - Sequencing implementation as to build capability over time
  - Informing development of other SIM-provided supports for CHIRs
  - Helping SIM in understand how capacity is developing over time
- Readiness capability assessments for CHIR backbone and CHIR partners
- Administered at baseline and at subsequent intervals

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## 4.3 Collaborative Learning Network: Components for CHIRs

### Operational Plans

- Provide detail related to:
  - Backbone structure and processes
  - Partner identification and nature of involvement
  - Community Health Needs Assessment and Community Health Improvement Plan
  - Plan for change
    - Asset mapping and theory of change
    - Clinical-community linkages
    - Additional population health improvement efforts
    - Local policy development
  - Funding needs
  - Measurement
- To be prepared in stages, with SIM-funded supports
- Emphasize plans for SIM priority populations

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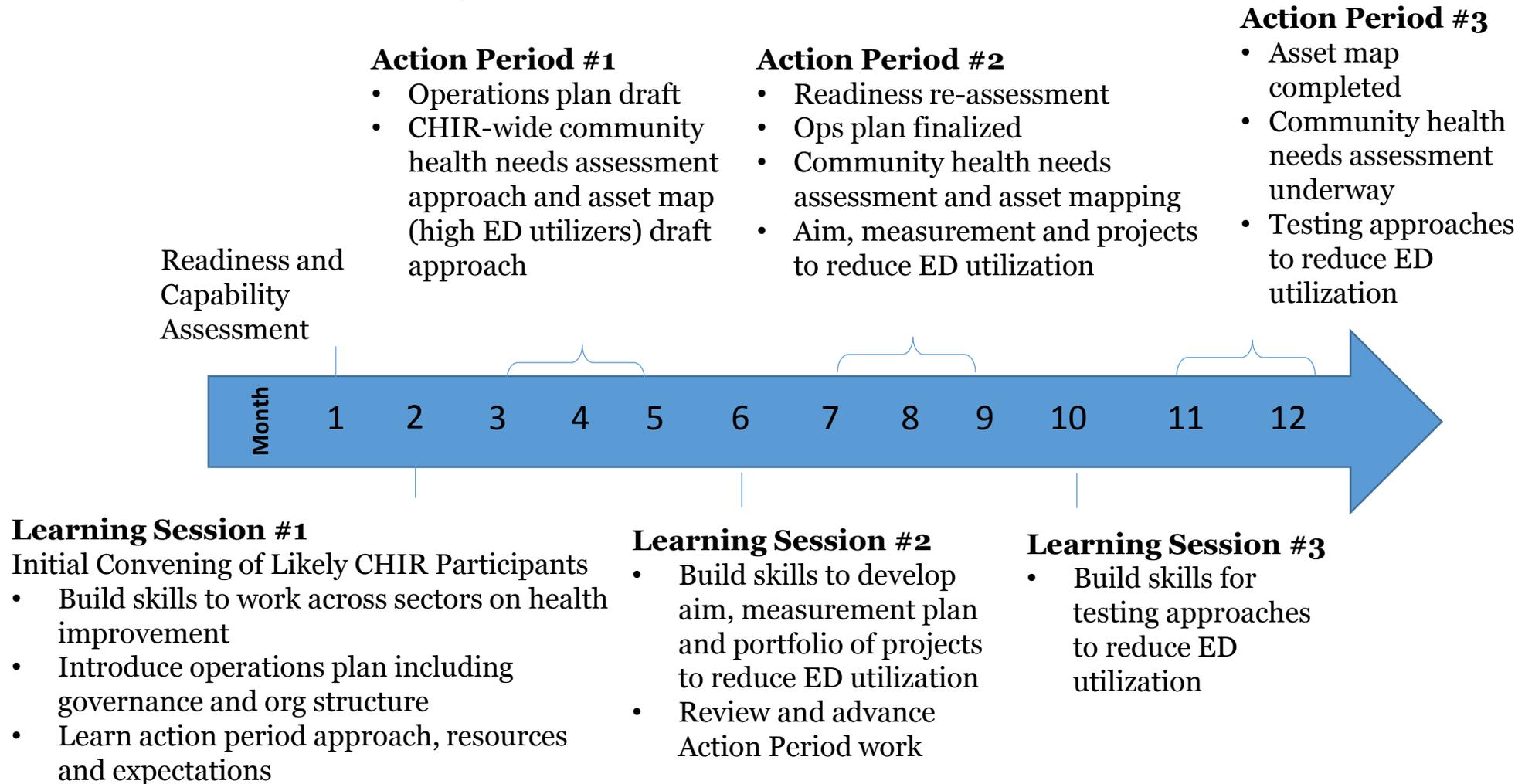
## 4.4 Collaborative Learning Network: Components for CHIRs

### In-Person Summits and Webinars

- Convening will serve to:
  - Teach and facilitate use of improvement methodology among community organizations
  - Highlight in-state and out-of-state “bright spots”
  - Engage organizational leadership
  - Facilitate peer-peer engagement
  - Help make connections across sectors among Model Test Participants (time for in-region meetings)
- Attendees to include CHIR backbone staff and staff from key partners

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## 4.41 Collaborative Learning Network: Draft CHIR Cadence



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## 4.5 Collaborative Learning Network: Components for CHIRs

### Coaching

- Credible, experienced personnel provide support to each CHIR for developing operational plan
- Support for executing pilot tests
- Coaches regularly check-in with SIM Program

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## 4.6 Collaborative Learning Network: Components for CHIRs

### Community Health Measurement

- Allow for continuous learning, course correction, and improvement
- Common set of population health measures across CHIRs will relate to shared priorities
- CHIRs will select additional measures based on local priorities
- *SIM is seeking community input to identify optimal tool(s) for measurement*

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## 4.7 Collaborative Learning Network: Components for CHIRs

### Technical Assistance

- Facilitate connections to state and national experts
- Examples of types of consultation: engaging community members in pilots, developing sustainable financing for community-based initiatives
- Knowledge from technical assistance to be captured, stored, and made available during and after SIM project period

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## 4.8 Collaborative Learning Network: Components for CHIRs

### Online Platform with Resource Library, Educational Modules, etc.

- Enable sharing information within and across the CHIRs, including bright spots
- Repository for lessons learned

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# Questions?

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