

Status Report

- The workgroup on Vision and Mission completed its work on a combined vision and mission statement
- All 8 SIM Stakeholder workgroups met to review strengths and weaknesses of the current system and to brainstorm ideas and strategies for SIM initiatives. Workgroups were held for the following areas

Payment Reform	Regulatory/Legal
System Reform	Existing Initiatives
Quality	Education and Outreach
HIT/IT	Other Barriers



Major Payment Reform Themes Emerging from the Workgroups

- The new payment system needs to support a new “entry point” to LTSS services that focuses on assessing the risk of institutionalization and providing preventative services
- The new payment system should more broadly adopt individual/family budget approach currently deployed in the DD waiver
- The new payment system should empower individuals’ ability to “shop” for needed services based on price and quality
- The new payment system should create incentives to drive better health, better care and lower costs across the many systems of care that serve individuals using LTSS services
- The new payment system should reward improved care coordination across the systems care accessed by individuals using LTSS services
- The new payment system should remove barriers to individuals access to cost effective LTSS services regardless of service type
- The new payment system should incent investment in the HIT/IT infrastructure of the LTSS systems
- The new payment system should provide support and/or incentives for work force development



Meeting Highlights

- **HIT/IT workgroup**

- HIT/IT infrastructure varies widely across LTSS providers and is in most cases in need of upgrading or replacing
- Little clinical data is now being shared between or with LTSS providers electronically and current platforms may not be able to accept and transfer clinical data
- For the providers who have consumer portals adoption/use rates are low
- Information for budget tracking, authorizations and billing is accessible in one place
- **Redesign ideas include**
 - Provide incentives to individuals/families and staff to use available systems
 - Create the ability for individuals and families to access all aspects of service delivery in one place
 - Better tools for care managers and providers to share data and assist individuals and families from the application process through service delivery



Meeting Highlights

- **Regulatory and Legal Barriers Work Group**

- Major challenge to system is that Nursing home/institution based care is an entitlement, home and community based services are not
- Current regulations focus on programs and services as opposed to consistently supporting individual/ family centered care
- Regulations focus on individuals leaving an institution not entering an institution from a family setting
- Multiple waivers create silos that inhibit individuals getting the services they need to remain at home/in the community
- Multiple waivers create confusion for consumers, increased clarity and transparency should be a goal of reform
- Medicaid eligibility rules create a cut off point that puts individuals and families just outside of Medicaid eligibility still needing services but with no means of financial support
- **Redesign ideas include**
 - Regulations, both current and future would benefit from a consistent expression of the system's vision, mission and goals.
 - Explore waiver consolidation as part of system and payment reform



Meeting Highlights

- **System Re-Design Workgroup**

- Strengths include

- Commitment and culture of the Area Agency system
- Local control
- Person centered and community focus of the Area Agency system
- Effective respite programs in some parts of the state

- Weaknesses include

- Lack of community control of BEAS services
- No service coordination for duals
- Lack of standardization among Area Agencies
- Not enough emphasis across the whole system on Individualized care
- Lack of prevention services
- Lack of service coordination for behavioral health services for adults
- Limited support for families
- Workforce recruitment and training is a challenge
- Behavioral health for children is not really a system of care

- **Redesign ideas include**

- Assessments should incorporate more of a risk analysis and prevention focus
- Assessments should be person directed and address all of the individual's needs across the whole LTSS system and reflect both Medicaid and community resources
- Help consumers make informed decisions about LTSS providers
- Utilize the health homes model for individuals receiving LTSS



Meeting Highlights

- **Payment Re-Design Workgroup**

- Notes on the existing system

- Payment methodologies pay for volume not outcomes
- There is a lack of standardization of payment rates and methodologies in some areas of the system
- Current payment system does not reward cross system care coordination
- Nursing home reimbursement system does not appear to encourage vertical integration

- **Redesign ideas include**

- Develop gain/risk sharing mechanisms that promote improved health, care and lower cost spanning all systems of care for individuals receiving LTSS services
- Goal setting for the individual should drive service sets and focus on level of care
- Payment system should encourage care team formation and care coordination across the systems of care, especially for the individuals with the most complex needs
- The payment system should encourage prevention related services
- The use of assisted technology should be encouraged
- A portion of savings derived from system reform should be re-invested



Meeting Highlights

- **Quality Workgroup**

- Notes on current system

- Quality measurement is at various states of development across the systems of care
- Defining measurable outcomes for LTSS is challenging and approaches to measurement are evolving
- There are no quality related incentives or quality driven payment systems in place in the current system
- Data collection to support new approaches to outcome measurement may not be easily supported in the current systems

- **Re-design ideas**

- New payment system should develop a quality strategy that supports
 - Better individual/family decision making
 - Provider level performance measurement
 - System level measurement
- Consumer satisfaction should play a key role in the quality strategy
- Quality strategy needs to be informed by existing quality related activities
- Quality strategy needs to support the “Triple AIM” of better care, better health and lower cost



Meeting Highlights

- **Education and Outreach Work Group**

- Workgroup's initial charge was to discuss the best ways to communicate changes that results from SIM
- Workgroup will also engage around the best way to make sure that individual, family and community input is brought into the SIM project once DHSS has an outreach vendor in place

- **Recommendations/ideas**

- Focus groups are better than larger group activities for getting consumer input
- Language and knowledge around SIM goals needs to consistently communicated by all channels
- Communications need to be clear, specific and in simple terms
- Education activities should utilize all available communication channels, including secondary channels (providers, community organization
- In person meetings should have a clear agenda and purpose and be staffed appropriately to that purpose
- Communication needs to be purposeful and be clear as to the actions that the individual must take
- The current DHHS website is not user friendly and should be re-designed
- Outreach should be on-going in order to collect input on how well the SIM project initiatives are going



Meeting Highlights

- **Existing Initiatives Work Group**

- The Workgroup identified 20 different programs that are engaged in activities that are related to or could be impacted by SIM
- Programs include:

BIP	Money Follows the Person	Elder Wrap Teams
Managed Care	Family Caregiver Program	Transportation assistance programs
System of Care Grant	Volunteer programs	A variety of care management and care coordination activities across the system
Health Homes	Adult protective services	BH Report card
Aging and Disability Resource Centers	ACO initiatives	Public Health programs
VA options counseling	SA block grant	
Dartmouth Trauma Grant	High Priority Wrap Around	

- **Redesign ideas**

- A grid be developed that maps SIM design with existing initiatives
- That where possible SIM leverage on-going initiatives



Meeting Highlights

- **Other Barriers and Challenges Workgroup**

- Workgroup identified two areas that are not specifically addressed in the charters for the other work groups and are key elements for a well functioning LTSS system

- Workforce development and training

- Transportation

- **Redesign ideas**

- Have these topics discussed at the next meeting and invite other stakeholders from other work groups to discuss these topics in more detail



Next Steps

- Next round of work group meetings the week of June 10th focus will be on creating specific recommendations for initiatives to be included into SIM design.
- Workgroups will report out at the next plenary session of the Stakeholder group on June 27th and a “straw person” will be presented to the Stakeholder group for discussion, modification and approval of a high level design for SIM

