NACCHO
National Association of County & City Health Officials
The National Connection for Local Public Health

Health Reform

Local Health Department Experiences with the State Innovation Model Initiative: Minnesota

July 2014

Introduction

Through the State Innovation Models (SIM) Initiative, the Centers for Medicare and Medicaid Services (CMS) has provided up to $300 million since early 2013 to support the design, development, and testing of state-based models for multi-payer payment and healthcare delivery system transformation to improve health system performance for residents of participating states. The CMS has funded 25 states to develop or implement State Health Care Innovation Plans for improving health and reducing healthcare costs:

- Six states, including Minnesota, were designated Model Testing Award states and received $250 million to implement their already developed State Health Care Innovation Plans.
- Three states were designated Model Pre-Testing states and received funding to continue to develop comprehensive State Health Care Innovation Plans within six months of receiving funding.
- Sixteen states were designated Model Design states and received funding to develop a new State Health Care Innovation Plan.

The National Association of County and City Health Officials (NACCHO), with funding from the Centers for Disease Control and Prevention, is producing a series of reports to educate local health departments (LHDs) about SIM-related activities in their states. As states reframe and redesign their financing and delivery structures, LHDs must ensure that their local perspective is represented.

This document outlines the experiences of LHDs in Minnesota and their involvement in State Health Care Innovation Plan activities during the past few years.

Implementation

Minnesota's health reform activities have the overarching goal of providing better care at lower costs.[1] Primary efforts underway, with federal guidance, include participation in the SIM Initiative, operating a state-based health insurance Marketplace, and expanding Medicaid.

Minnesota prides itself on having one of the leading public health systems in the country. The Minnesota Department of Health (MDH) is highly integrated with LHDs, as outlined by the Local Public Health Act (Minn. Stat. 145A). MDH shares public health responsibilities with county, city, and tribal LHDs, governed by 50 local Community Health Boards.[2]

Minnesota is one of only six states that received SIM Testing Awards from the Centers for Medicare and Medicaid Innovation (CMMI) due to the state's readiness to implement its State Health Care Innovation Plan.[3] CMMI awarded Minnesota over $45 million to use from 2014 to 2016.[4] The funding, which went jointly to the Minnesota Department of Human Services (DHS) and MDH, will be used to test the Minnesota Accountable Health Model (MAHM) framework.[4]

The MAHM is based on the idea of expanding accountable care models and supporting accountable care organizations (ACOs), providers, and communities to improve health and lower costs; one key activity is the establishment of up to 15 Accountable Communities for Health (ACHs) that will test whether ACOs that establish meaningful, sustainable partnerships with a wide range of community partners, including LHDs, are able to meet these goals more effectively. The SIM grant supports two public task forces that provide input and strategies for spreading learning from the SIM grant into new settings and communities.

Initially, LHDs in Minnesota were not sure exactly what the SIM funding was going to support, and MDH and DHS were still fleshing out how LHDs would be integrated into the work—although the partnership with LHDs was emphasized from the outset. Since implementation projects have begun, LHDs have been involved both in statewide communications and local-level efforts.

The state approached the Local Public Health Association of Minnesota, Minnesota's State Association of County and City Health Officials, to connect with LHDs. Stearns County was selected because a representative from that county participated on the SIM Community Advisory Task Force. Since grant activities began, LHDs have participated in some specific aspects of the work. In addition, the State Community Health Services Advisory Committee, consisting of policymakers, local health board commissioners, and public health directors across the state, has received updates through quarterly meetings and new monthly health reform conference calls.

LHDs have also been designated a role within the MAHM. The Minnesota Public Health Association led efforts to explore the role of public health within accountable communities, asserting that public health has the capacity to

help patients and communities take collective responsibility for their own health in new ways. Communities interested in applying to become Accountable Communities for Health will be required to partner with their LHDs to build on local needs assessments and to develop population health improvement plans; LHD representatives will also be required to participate in the advisory or governing bodies for each ACH. The state has been able to communicate how the SIM grant funding is designed to break down silos and promote health.

Some LHDs are receiving resources from SIM grants, but this primarily depends on each community's involvement in the process. Some communities have piloted healthcare homes, which are foundational to the vision of the ACH model, and some LHDs were integrally involved in those pilots (most notably, Rochester and Metro Hennepin County). Many LHDs are completing community health improvement plans to use as the foundation for how local public health should be integrated into ACH initiatives.

Challenges

Overall, LHDs and stakeholders feel the state has a strong, positive vision for health reform efforts. However, some uncertainty remains as to how the vision will come to reality—i.e., what exactly needs to change and how the change will be executed. LHDs do not yet know whether the development of ACHs will drive changes for all LHDs, or if only those that are part of the ACH development will have opportunities to modify their services.

Opportunities

LHDs have the chance in Minnesota to lead the changes designed to break down silos, promote health, and empower communities. LHDs should continue to participate in conversations, including participating in a small workgroup that is creating recommendations for the larger task force to consider. The community has voiced the opinion that this effort should not only involve changes in the hospital or medical field but also cut across multiple sectors in a community-focused manner. LHDs can show that cross-sector collaboration is what public health is designed to do and that public health expertise will enhance the conversation.

Recommendations

Participate in Planning

LHDs should participate in the state planning process to the extent possible. Even if plans are made without LHD involvement, learning more about the state's intentions can help LHDs figure out how to modify services to maintain relevance.

Determine the LHD's Value to the Process and Implementation

LHDs have different capacities to work on SIM-based initiatives and activities. As providers jostle for position, LHDs should strategize about what value they bring and position themselves for all potential outcomes.

Develop a Community Health Improvement Plan

Many LHDs in Minnesota are already developing community health improvement plans, but each should proactively focus on such plans as a key to both standardize and customize the way LHDs interact with the state efforts.

References

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