

SIM Prevention Service Initiative

Healthcare providers are increasingly being held accountable for healthcare quality and cost through value-based payment. This has created demand for effective prevention services offered by community organizations (CBOs). CBOs that can provide these services efficiently to Advanced Networks and Federally Qualified Health Centers (FQHCs) have an opportunity to take advantage of this potential demand and establish mutually-beneficial formal arrangements.

Gaps that the model aims to address:

1. Individuals have unmet prevention needs related to asthma, hypertension, and diabetes that can be met by *Bucket-2*¹ prevention services delivered in a community setting.
2. Despite the strong evidence of their effectiveness, *Bucket-2* prevention services offered by community-based organizations or public health entities are currently under-utilized by Advanced Networks and FQHCs
3. CBOs and public health entities provide evidence based prevention services, but have limited service delivery capacity and need support in marketing and delivering these services to Advanced Networks and FQHCs

Prevention services that the model promotes:

The model promotes prevention services delivered in community settings (CDC “Bucket 2” services):

- Asthma Self-Management and in-Home Environmental Assessment
- Diabetes Self-Management Program
- Diabetes Prevention Program
- Evidence-based assistance with use of Self-Monitored Blood Pressure devices
- Chronic Disease Self-Management Program
- Medication Therapy Management by community pharmacists
- Evidence-based hypertension interventions led by Community Health Workers
- Early Childhood Behavioral Programs (Additional vetting against criteria needed)

Program goals:

1. Enable CBOs to access sustainable funding to support increased service capacity in the service of their mission.
2. Position CBOs to develop new competencies and align existing ones with opportunities created by value-based payment.
3. Increase the number and quality of formal referral linkages and contractual relationships between the healthcare sector (ACOs) and the community sector (CBOs, public health entities).
4. Increase the number of individuals with unmet prevention needs who complete evidence-based “Bucket 2” prevention services.
5. Improve ACO performance on quality measures related to asthma, diabetes, hypertension, ED utilization, and readmissions for a defined ACO-attributed population.
6. Enable ACOs to succeed in shared savings programs and other alternative payment models.
7. Open avenues for community integration to address clinical and social determinants of health.

¹ <https://nam.edu/wp-content/uploads/2016/05/CDCs-618-Initiative-Accelerating-Evidence-into-Action.pdf>

"CBO/Advanced Network Linkage Model"	
<p>High-level Overview</p>	<p>This model focuses on preparing CBOs that can provide effective prevention services to enter into and succeed in formal arrangements with Advanced Networks and FQHCs. Multiple CBOs in three regions will receive SIM-funded technical assistance focusing on developing business strategies and formal contractual arrangements with Advanced Networks and FQHCs.</p> <p>This approach is modeled after similar work done in California, where technical assistance that improved CBOs' competencies related to market success increased the number of formal partnerships and referral pathways between the healthcare and community sectors. This work has been expanded to multiple states.</p> <div data-bbox="772 505 1339 894" style="text-align: center;"> <pre> graph TD AN[Advanced Networks/FQHCs] <--> CBO[CBOs] AN <--> LHD[LHDs] </pre> </div> <p>*Arrows represent contractual linkages</p>
Strategy	"CBO/ACO Linkage Model"
<p>1. Improve capabilities of community organizations and public health entities to deliver a specific set of prevention services to the healthcare sector</p>	<p>Multiple community organizations that provide evidenced-based prevention services are selected in each of three regions to participate in TA. The TA focuses on business processes and operational capabilities necessary to support service delivery agreements with Advanced Networks and FQHCs.</p> <p>15 month TA provided to community based organizations (CBOs) in region by a vendor contracted by the State through SIM. CBOs selected for TA through RFA based on entry level requirements: currently offer one or more of the identified services, and commitment to improve their capabilities to enter into and sustain business agreements with Advanced Networks and FQHCs.</p> <p>TA focus on helping the CBO plan and promote services, establish a sustainable business model to meet demand, a business process for communication and coordination with Advanced Network/FQHC partners, and data collection and reporting. TA will also focus on establishing business agreements with Advanced Networks and FQHCs.</p> <p>Potential CBO support grants to offset costs of TA participation.</p>

<p>2. Promote collaboration between the community organizations and public health entities that deliver these services</p>	<p>This model promotes regional peer-learning and collaboration through joint-learning activities led by the TA vendor.</p> <p>Participants receiving TA will have opportunities to participate in a regional peer-to-peer learning network or consortium, potentially in cohorts organized by service focus (e.g., diabetes management). TA will help CBOs share challenges and solutions related to developing business capabilities and determine whether and what type of formal partnerships (e.g., subcontracts) may be needed to meet demand.</p> <p>CCIP Community Health Collaboratives will include these entities and support the development of consensus protocols related to the use of prevention services.</p>
<p>3. Promote the establishment of formal referral (and potential financial) arrangements/linkages between these community organizations and ACOs</p>	<p>This model facilitates formal linkages between ACOs and CBOs that offer services aligned with healthcare sector quality performance priorities.</p> <p>TA will facilitate formal referral and contractual arrangements by coordinating between the Advanced Networks/FQHCs and participating CBOs in the region. Impact will be measured by number of formal arrangements /contracts executed. Such arrangements will establish ACO referral processes and procedures for tracking quality measures that correspond to the offered services.</p> <p>In regions where a Bridge Entity (CMS AHC initiative) exists, we will determine whether referrals to these CBOs can be facilitated by them.</p>
<p>4. Formally recognize organizations that deliver these services</p>	<p>TA participants are recognized as Prevention Service Providers if they are selected to participate in the TA.</p> <p>Participants receiving TA will be referred to as “Prevention Service Providers” for the duration of the 15 month period. Renewable recognition will be considered in the future as Advanced Networks and FQHCs acknowledge value and ROI from prevention interventions.</p>
<p>5. Promote Advanced Networks and FQHCs to adopt services and measure their impact on their attributed populations</p>	<p>Activities for both models are comparable.</p> <p>TA will include support for Advanced Networks and FQHCs to select and track a set of quality measures (e.g., ED utilization, readmissions, A1C control) that reflect CBO performance in serving attributed populations.</p> <p>Regional population health quality measures will help assess the overall success of this initiative.</p> <p>PCMH+ contract may require PCMH+ Participating Entities to implement or demonstrate contractual relationships with at least two CBOs participating in the “SIM Prevention Service Initiative” in each community where such entities exist.</p> <p>CCIP Standards will require linkages with participating CBOs in addition to existing requirements for linkages with providers of social determinant supports.</p>