



SIM Practice Qualifications

Practices must fill out an online application to be considered for engagement in State Innovation Model (SIM) practice transformation activities. Applications will be screened using the proposed eligibility criteria, recommendations from the payers, and the recommendations for the practice types for the first cohort. Practices will be expected to meet the eligibility criteria and all of the required elements listed under “Practice Requirements and Preferences”. In the case of having more practices interested in participating in Cohort 1, preferred elements will help determine which practices will be most likely to achieve SIM deliverables.

Practice Eligibility

- 1) Practice sites must be physically located in Colorado.
- 2) Individual practice sites must complete and submit the application in its entirety before close of business on the posted deadline date.
- 3) Systems or other sponsoring organizations are not allowed to complete applications on the behalf of practice sites.
- 4) As defined by the Institute of Medicine, primary care is the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.
- 5) An applicant primary care practice must be capable of providing a majority of their patients’ comprehensive primary, preventive, chronic, and urgent care.
- 6) “Non-traditional” practices that provide a full range of primary care services and otherwise meet the requirements can be considered. This could include school-based clinics, local public health clinics, practices providing primary care services to specified groups of patients (such as women’s health clinics), and others.
- 7) Applicant practices that are not clearly traditional primary care practices but feel they provide primary care services will be considered on a case-by-case basis and may be required to provide additional information (such as billing information) to substantiate that they provide comprehensive primary care services. Decisions on eligibility in such cases will be made by a committee convened by the University of Colorado and the SIM Office.

Practice Requirements and Preferences

Leadership and Practice Engagement

a) Requirements

- 1) System and practice leadership support the intention to move toward increasingly integrated models of care.
- 2) Agreement to commit to 2 years of practice transformation, attend learning sessions, submit clinical quality measures, meet milestones, participate in a learning community for practices, and participate in ongoing evaluation.
- 3) Applicants must attest to the informed support of the clinical and administrative leaders of the practice. For practices that are part of systems, they must also attest to having the support of appropriately positioned clinical and administrative/business leadership to participate.

Fiscal

a) Required

- 1) Experience preparing annual budget.



- 2) Attested ability and willingness to pilot Alternative Payment Models (APMs) such as PMPM payments, global/bundled payments, shared savings programs, etc. Note this is not meant to rule out federally qualified health centers or rural health centers that have their own unique payment models.
 - 3) Attested ability to account for the use of any funding from SIM such as the practice transformation fund.
- b) Preferred
- 1) Documented experience with APM's.
 - 2) Description of how the practice will be able to financially support an integrated model of care through payer, institutional, or other forms of financial support.

Practice Transformation

- a) Required
- 1) Some documented experience with team-based care and quality improvement.
 - 2) Some documented experience using data to make improvements.
 - 3) Attested willingness to establish regular (at least every other week) quality improvement team meetings.
 - 4) Some experience in using data for population management.
 - 5) PCMH, Medical Home Index (MHI), or similar certification; if not, practice will complete an assessment to determine level of implementation of comprehensive primary care elements.
- b) Preferred
- 1) Experience working with practice coaches/practice facilitators.
 - 2) Practice priorities aligned with coordinating behavioral health and with SIM clinical quality measures.
 - 3) Experience in improving care coordination within the medical neighborhood.
 - 4) Practices along the continuum of behavioral integration and practice transformation that otherwise meet the basic practice requirements.

Technology

- a) Required
- 1) Utilizing an Electronic Health Record (EHR).
 - 2) Attestation to Meaningful Use (MU) Stage 1 or key elements of MU criteria:
 - i. Maintain up-to-date demographics, medications, problem list of current and active diagnoses, etc.,
 - ii. Capability to extract data from EHR to report on clinical quality measures,
 - iii. Capability to exchange key clinical information among providers of care and patient-authorized entities electronically, and
 - iv. Protect electronic health information.
 - 3) Commitment to reporting SIM clinical quality measures quarterly.
- b) Preferred
- 1) Established connection to a health information exchange (HIE).
 - 2) Ability to securely export patient-level data elements from the EHR to a clinical data repository/warehouse.



3) Using an EHR version that is on the HIE preferred list for its relative ease of optimization and data reporting.

Recommendations Regarding Practice Types for the First Cohort

SIM's goal is to improve the health of Coloradans by providing access to integrated physical and behavioral health care services in coordinated systems, with value-based payment structures, for 80% of Colorado residents by 2019. Given the breadth of this goal and the fact that this work will look different depending on the setting, the Practice Transformation and System Design Workgroup recommends that SIM seek a balance of eligible practice types in Cohort 1. This reasonable mix will serve several purposes: 1) assure that practices largely excluded from previous efforts such as pediatric practices and rural settings have access to SIM assistance, 2) quickly provide lessons that can be applied to a variety of settings in later cohorts, 3) further demonstrate the principles of integrated behavioral health regardless of setting, 4) align with other SIM deliverables such as workforce development and population health. While advanced and highly experienced practices such as those currently participating in the Comprehensive Primary Care initiative certainly should be included, having only those practices in Cohort 1 would limit the experience to be gained from the first cohort, might cause a ceiling effect for the evaluation, and might not provide the variety of practice role models needed for subsequent cohorts.

The workgroup does not recommend specific numbers or quotas for specific practice types, but rather would like to see a mix of practices across types and characteristics, including the following:

- 1) Geographic variation, including various regions of the state, urban and rural.
- 2) Various practice sizes (although it may be appropriate to set a minimum number of patients served with provisions for practices that serve underserved populations to apply for an exception).
- 3) Ownership or administrative variations, including a mix of independent practices, practices in various affiliations such as independent practice associations, practices owned by hospitals or health systems, federally qualified health centers, rural health centers, and others.
- 4) Practices with various primary care disciplines or professions (including advanced practice nursing), including those serving children, adults, or all ages.
- 5) Primary care residency practices and other inter-professional training sites, many of which have already done a great deal of behavioral integration and comprehensive primary care work. This would also support necessary workforce training and development.
- 6) Practices serving underserved populations, which need to be represented.

Once practices are deemed eligible and meet the requirements outlined above, they will be further prioritized by their ability to meet these targeted practice types. An applicant practice may fit into more than one practice type and will be able to identify all that apply.