

Appendices for the Health Innovation in Pennsylvania Plan

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Appendix 1: List of Steering Committee Members

This list may be updated to reflect any changes to steering committee members

This list may be updated to reflect additional steering committee members

Member	Organization	Region
Governor Thomas Wolf	Commonwealth of Pennsylvania	Statewide
Secretary Theodore Dallas	PA Department of Human Services	Statewide
Physician General Rachel Levine, MD	PA Department of Health	Statewide
Commissioner Teresa Miller	PA Insurance Department	Statewide
Secretary Sharon Minnich	PA Office of Administration	Statewide
Secretary Karen Murphy	PA Department of Health	South Central
Secretary Teresa Osborne	PA Department of Aging	Statewide
Secretary Gary Tennis	PA Department of Drug and Alcohol Programs	Statewide
David Asch, MD	University of Pennsylvania, Center for Health Care Innovation	South East
Thomas Beeman	Lancaster General Health	South East
Craig Best	Peoples Security Bank and Trust	North East
Neal Bisno	SEIU Healthcare Pennsylvania	Statewide
Lynn Brusco	Carnegie Mellon, Disruptive Health Care Initiative	South West
James Buehler, MD	Philadelphia Department of Public Health	South East
Donald Burke, MD	University of Pittsburgh Graduate School of Public Health	South West
Andrew Carter	Hospital & Healthcare Association of PA	Statewide
Denise Cesare	Blue Cross of NEPA	North East
Corey Coleman	Pennsylvania Department of Health	Statewide

Joe Crosswhite	M&T Bank	Statewide
Bill Cruice	PA Association of Staff Nurses & Allied Professionals ⁺	South East
Allison Davenport	UnitedHealthcare Community Plan of Pennsylvania	Statewide
William Demchak	PNC Financial Services	Statewide
Ron Dendas	Dorothy Rider Pool Health Care Trust ⁺	North East
David Feinberg, MD	Geisinger Health System	North Central
Karen Feinstein	Jewish Health Care Foundation ⁺	North West
John Fry	Drexel University	South East
Karen Hacker, MD	Allegheny County Health Department	South West
John Hanger	Office of the Governor	Statewide
Daniel Hilferty	Independence Blue Cross	South East
Craig Hillemeier, MD	Penn State Hershey Medical Center	South Central
David Holmberg	Highmark	North West, South West, North Central
Lauren Hughes, MD	PA Department of Health	Statewide
A. Everette James III	University of Pittsburgh Graduate School of Public Health, Health Policy Institute	South West
Russell Johnson	North Penn Community Health Foundation ⁺	South East
Steven Johnson	Susquehanna Health	North Central
Larry Kaiser, MD	Temple University Hospital	South East

Laura Karet	Giant Eagle	South East, North East
Lynn Keltz	PA Mental Health Consumers' Association+	South East
Steven Klasko, MD	Thomas Jefferson University	South East
Melissa Lyon	Erie County Department of Health	North West
Ralph Muller, MD	University of Pennsylvania Health System	South East
David Nash, MD	Thomas Jefferson University	South East
Brian Nester, DO	Lehigh Valley Health Network	North East
Grant Oliphant	The Heinz Endowments+	South West
Mary Louise Osborne	Aetna	East
John Paul	Allegheny Health Network	South West
Daniel Polsky	Leonard Davis Institute of Health Economics	South East
Becca Raley	Partnership for Better Health+	North Central
Deborah Rice-Johnson	Highmark	North West, South West, and North Central
Karen Rizzo, MD	Pennsylvania Medical Society	Statewide
Loren Robinson, MD	PA Department of Health	Statewide
Joni Schwager	Staunton Farm Foundation+	South West
Scott Shapiro, MD	Pennsylvania Medical Society	Statewide
Steven Shapiro, MD	UPMC	South West
Antoinette Kraus	Consumer Health Coalition+	South West

Gary St. Hilaire	Capital Blue Cross	South Central
Glen Steele, MD	Geisinger Health System	North Central
Larry Stern	Lawrence & Rebecca Stern Family Foundation, Inc.+	South West
John Tighe	TMG Health Solutions	Statewide
Ann Torregrossa	Health Funders Collaboration	South East
Paul Tufano	Amerihealth Caritas Family of Companies	South East
Antonia Villarruel	University of Pennsylvania School of Nursing	South East
Emily Zyborowicz	Peterson Center on Healthcare	National
Elizabeth Brewer	Sanofi Aventis	International

Note: Individuals identified in both the HIP Steering Committee and work groups have not yet been confirmed and are subject to change as the work progresses.

+Denotes Community Organizations

Appendix 2: List of Work Group Participants

This list may be updated to reflect any changes to work group participants

This list may be updated to reflect additional steering committee members

Value-Based Payments Workgroup Members

Payment		
Member	Title	Organization
Leesa Allen	Deputy Secretary	PA Department of Human Services
Jessica Altman	Chief of Staff	PA Insurance Department
Jeffrey Bechtel	Senior Vice President, Health Care Economics and Policy	The Hospital & Healthsystem Association of Pennsylvania
Carolyn Byrnes	Special Assistant to the Secretary	PA Department of Health
Lawrence Clark	Director of Policy	PA Department of Health
Corey Coleman	Executive Deputy Secretary	PA Department of Health
Theodore Dallas	Secretary	PA Department of Human Services
Alison Davenport	Chief Executive Officer	United HealthCare Community Plan of PA
Nicole Davis	President	PA Academy of Family Physicians
Jenifer DeBell	Policy Director	PA Department of Human Services
Mike Doering	Executive Director	Patient Safety Authority
Amy Fahrenkopf	Medical Director and Vice President	Highmark
Kate Farley	Executive Director	Pennsylvania Employees Benefit Trust Fund
Sarah Galbally	Deputy Policy Secretary	Pennsylvania Office of the Governor
Janel Gleeson	Public Policy Director	Pennsylvania Homecare Association
Peter Grollman	Vice President	The Children's Hospital of Philadelphia
Daniel J. Hilferty	President and CEO	Independence Blue Cross
Diane Holder	President and CEO	UPMC Health Plan
Robert Hoover	Director	Revenue Cycle, Meadville Medical Center Health System
Lauren Hughes	Deputy Secretary for Health Innovation	PA Department of Health
Marcia Guida James	Senior Director, Network Management, Value Based Solutions	Aetna Better Health
Keith Kanel	Chief Medical Officer	Pittsburgh Regional Health Initiative
Susan Kressly	President	PA Chapter of the American Academy of Pediatrics
Stephanie Kuppersmith	Director, Population Health	PA Department of Health
Tara Long	Director, Employee Benefits	PA Office of Administration
Teresa Miller	Commissioner	PA Insurance Department
Sharon Minnich	Secretary	PA Office of Administration
Karen Murphy	Secretary	PA Department of Health
Ashley Parsons	Health Innovation Analyst	PA Department of Health
R. Scott Post	Vice President	Public Policy and Association Affairs, Independence Blue Cross
Cheri Rinehart	President and CEO	Pennsylvania Association of Community Health Centers
Lucia Roberto	Chief of Staff	PA Department of Human Services
Todd Shamash	Vice President & General Counsel	Capital BlueCross

Payment

Member	Title	Organization
Scott Shapiro	President	PA Medical Society
Steven Shapiro	Executive VP, UPMC; Chief Medical and Scientific Officer; President, Health Services Division	UPMC
Gary D. St. Hilaire	President and CEO	Capital BlueCross
Janet Tomcavage	Chief Population Health Officer	Geisinger Health System / Geisinger Health Plan
Richard Toner	Director of Reimbursement	Temple University Health System
Paul Tufano	Chairman and CEO	AmeriHealth Caritas Family of Companies

Price and Quality Transparency Work Group Members

Price and Quality Transparency

Member	Title	Organization
Jessica Altman	Chief of Staff	PA Insurance Department
John P. Bart	Chief, Clinical Services	PA Department of Military and Veterans Affairs
Lorraine Bock	President	PA Coalition of Nurse Practitioners
Francine Botek	VP of Finance	St. Luke's University Health Network
Jessica Brooks	Chief Executive Officer	Pittsburgh Business Group on Health
Michael Brunelle	Special Assistant to the Governor	PA Office of the Governor
Paula Bussard	Chief Strategy Officer	The Hospital & Healthsystem Association of Pennsylvania
Carolyn Byrnes	Special Assistant to the Secretary	PA Department of Health
Lawrence Clark	Director of Policy	PA Department of Health
Corey Coleman	Executive Deputy Secretary	PA Department of Health
Josephine Caminos Oría	Acting Chief Financial Officer	Med Health Services
Theodore Dallas	Secretary	PA Department of Human Services
Nicole Davis	President	PA Academy of Family Physicians
Jenifer DeBell	Policy Director	PA Department of Human Services
Glenda Ebersole	Policy Director	PA Insurance Department
Johanna Fabian-Marks	Acting Director, Bureau of Life, Accident, and Health Insurance	PA Insurance Department
Amy Fahrenkopf	Medical Director and Vice President	Highmark
Vivek Garipalli	Co-Founder	Clover Health
Martin Gaynor	E.J. Barone Professor of Economics and Health Policy	Heinz College, Carnegie Mellon
Alexandra Goss	Executive Director	PA eHealth Authority
Amelia Haviland	Professor of Statistics and Public Policy	Carnegie Mellon University
Diane Holder	President and CEO	UPMC Health Plan
Marcia Guida James	Senior Director, Network Management, Value Based Solutions	Aetna Better Health
Keith Kanel	Chief Medical Officer	Pittsburgh Regional Health Initiative
Antoinette Kraus	State Director	Pennsylvania Health Access Network
Stephanie Koppersmith	Director, Population Health	PA Department of Health
Joe Martin	Executive Director	PHC4
Lynn Miller	Executive VP, Clinical Operations	Geisinger Health System
Teresa Miller	Commissioner	PA Insurance Department
Karen Murphy	Secretary	PA Department of Health
Erik Muther	Managing Director	PA Health Care Quality Alliance
Ashley Parsons	Health Innovation Analyst	PA Department of Health
Daniel Polsky	Executive Director, Leonard Davis Institute of Health Economics	University of Pennsylvania
R. Scott Post	Vice President, Public Policy & Association Affairs	Independence Blue Cross

Price and Quality Transparency

Member	Title	Organization
Donna Sabol	VP & Chief Quality Officer	St. Luke's University Health Network
Dennis P. Scanlon	Director	Center for Health Care and Policy Research, Penn State University
Todd Shamash	Vice President & General Counsel	Capital BlueCross
Scott Shapiro	President	PA Medical Society
Bill Wiegmann	Director, Bureau of Managed Care	PA Department of Health

Population Health

Member	Title	Organization
Michael Ashburn	Director, Pain Medicine and Palliative Care	Penn Pain Medicine Center
Janet Bargh	Director, Division of Plan Development, Bureau of Health Planning	PA Department of Health
Larry Baronner	Rural Health Systems Manager and Deputy Director	Pennsylvania Office of Rural Health
John P. Bart	Chief, Clinical Services	PA Department of Military and Veterans Affairs
Tiffany Bransteitter	Chief, Division of Nutrition and Physical Activity	PA Department of Health
Julia Brinjac	Policy Director	PA Department of Aging
Deborah Brown	President & CEO	American Lung Association of the Mid-Atlantic
Jim Buckheit	Executive Director	PA Association of School Administrators
James Buehler	Professor	Drexel University
John Bulger	Chief Medical Officer	Geisinger Health Plan
Carolyn Byrnes	Special Assistant to the Secretary	PA Department of Health
Brandi Chawaga	Interim Director of Health	Montgomery County Health Department
Esther Chung	Board Member	PA Chapter of the American Academy of Pediatrics
Lawrence Clark	Director of Policy	PA Department of Health
Joanne Cochran	Chief Executive Officer	Keystone Health
Corey Coleman	Executive Deputy Secretary	PA Department of Health
Sheri Collins	Deputy Secretary for Technology & Innovation	PA Department of Community and Economic Development
Michael Consuelos	Senior Vice President, Clinical Integration	The Hospital & Healthsystem Association of Pennsylvania
David Damsker	Director	Bucks County Health Department
Jenifer DeBell	Policy Director	PA Department of Human Services
Ana Diez Roux	Dean, School of Public Health	Drexel University
Jenny Englerth	Chief Executive Officer	Family First Health
Jennifer Fassbender	Director	American Diabetes Association
Toby Fauver	Deputy Secretary for Local & Area Transportation	PA Department of Transportation
Susan Freeman	VP and Chief Medical Officer	Temple University Health System
Karen Hacker	Director	Allegheny County Health Department
Erin Hannagan	Medical Director	Keystone School Based Health Program, Keystone Pediatrics
Marianne Hillemeier	Administration; Professor of Health Policy and Administration and Demography	Penn State University
Lauren Hughes	Deputy Secretary for Health Innovation	PA Department of Health
Wenke Hwang	Director, Public Health Sciences	Penn State Hershey Medical Center
Vicky Kistler	Director	City of Allentown Health Bureau
Barbara Kovacs	Director	York City Bureau of Health
Diane Kripas	Division Chief, Partnerships Division	PA Department of Conservation & Natural Resources
Ted Kross	Director	City of Wilkes-Barre Health Department
Stephanie Kuppersmith	Director, Population Health	PA Department of Health

Population Health Work Group Members

Population Health		
Member	Title	Organization
Kay Lipsitz	Executive Director	Parent Education Network
Melissa Lyon	Director	Erie County Department of Health
Marion McGowan	VP Clinical Affairs	UPMC
Teresa Miller	Commissioner	PA Insurance Department
Karen Murphy	Secretary	PA Department of Health
Judy Ochs	Public Health Program Director, Tobacco Use	PA Department of Health
Ashley Parsons	Health Innovation Analyst	PA Department of Health
Russell Redding	Secretary	PA Department of Agriculture
Cheri Rinehart	President & CEO	Pennsylvania Association of Community Health Centers
Loren Robinson	Deputy Secretary for Health Promotion and Disease Prevention	PA Department of Health
Geoffrey Roche	Director, Community Outreach and Government Relations	Pocono Health System
Lisa Schildhorn	Executive Director	PA Coalition for Oral Health
Nicholas Slotterback	Health and Physical Education Advisor	PA Department of Education
Kay Werhun	Director of Population Health	Lehigh Valley Health Network
Kristen Wenrich	Health Director	City of Bethlehem Health Bureau
Neva White	Senior Health Educator	Jefferson Center for Urban Health
Brian Wyant	Public Health Program Director, Oral Health	PA Department of Health
Alice Yoder	Director	Lancaster General Health / Penn Medicine
Nancy Zionts	COO and Chief Program Officer	Jewish Healthcare Foundation

Health Care Transformation Group Members

Health Care Transformation

Member	Title	Organization
Lisa Davis	Director	Pennsylvania Office of Rural Health
Jessica Altman	Chief of Staff	PA Insurance Department
Linda Aiken	Director of the Center for Health Outcomes and Policy Research	University of Pennsylvania School of Nursing
Holly Alexander	WPE	PA Department of Human Services
Kendra Aucker	President and CEO	Evangelical Community Hospital
Janet Bargh	Director, Division of Plan Development, Bureau of Health Planning	PA Department of Health
John P. Bart	Chief, Clinical Services	PA Department of Military and Veterans Affairs
Jeffrey Bechtel	Senior Vice President, Health Care Economics and Policy	The Hospital & Healthsystem Association of Pennsylvania
Neal Bisno	President	SEIU Healthcare Pennsylvania
Daniel Blough	CEO	Puxsutawney Area Hospital
Lorraine Bock	President	PA Coalition of Nurse Practitioners
Carolyn Byrnes	Special Assistant to the Secretary	PA Department of Health
Richard Celko	Regional Dental Director	UPMC
Lawrence Clark	Director of Policy	PA Department of Health
Corey Coleman	Executive Deputy Secretary	PA Department of Health
Kathryn Conallen	SVP and CEO	Mercy Health System
Nicole Davis	President	PA Academy of Family Physicians
Jenifer DeBell	Policy Director	PA Department of Human Services
Susan DeSantis	Board Administrator	PA Society of Physician Assistants
Sarah Eyster	Mental Health Policy Specialist	Rehabilitation & Community Providers Association
Robert Ferguson	Director of Government Grants and Policy	Jewish Healthcare Foundation
Cathy Gillespie	President	PA Society of Physician Assistants
Jonathan Han	Physician	Family Practice, UPMC
Julianne Hayes	Service System Specialist / Recovery Services	Behavioral Health Alliance of Rural PA
Donna Hazel	Regional Recruiter	PA Pharmacists Association
Sarah Hexem	Director	Pennsylvania Action Coalition
David Hoff	CEO	Wayne Memorial Hospital
Lauren Hughes	Deputy Secretary for Health Innovation	PA Department of Health
Tracy Hunt	Assistant Vice President, In-Home Services	Family Practice, UPMC
Jane Hyde	Senior Vice President; President	Wellspan Health; Wellspan Gettysburg Hospital
Patricia Isakowitz	President	Pennsylvania Society for Clinical Social Work
Linda Kanzleiter-Keister	Associate Program Director	PA AHEC Program; Penn State University College of Medicine
Lynn Keltz	Executive Director and Health Insurance Navigator	Pennsylvania Mental Health Consumers Association
Rebecca Kishbaugh	Director, Bureau of Health Promotion, Division of Cancer Prevention	PA Department of Health
Stephanie Kuppersmith	Director, Population Health	PA Department of Health

Health Care Transformation

Member	Title	Organization
Mario Lanni	Executive Director	Pennsylvania Osteopathic Medical Association
Ed Legge	Division Chief, Center for Workforce Information and Analysis	PA Department of Labor and Industry
Rachel Levine	Physician General	PA Department of Health
Natalie Levkovich	Executive Director	The Health Federation of Philadelphia
John Lovelace	President	UPMC for You; Government Programs and Individual Advantage Products
Ashlinn Masland-Sarani	Policy and Development Director	The Arc of Pennsylvania
Rebecca May-Cole	Executive Director	PA Association of Area Agencies on Aging, Inc.
Ellen Mazo	Director, Government Affairs	UPMC
Judd Mellinger-Blouch	Director, PA Primary Care Career Center	PA Association of Community Health Centers
Janice Miller	Assistant Professor and AACN Health Policy Fellow and Director, Adult/Gerontology, Primary Care, Nurse Practitioner Program	Jefferson College of Nursing
Paula F. Milone-Nuzzo	Dean and Professor	Penn State College of Nursing
Deb Moss	Pediatric Medical Director	Children's Hospital of Pittsburgh
Karen Murphy	Secretary of Health	PA Department of Health
Mary Naylor	Director; Professor of Gerontology	NewCourtland Center for Transitions and Health; University of Pennsylvania School of Nursing
Connell O'Brien	Policy Specialist	Rehabilitation and Community Providers Association
Patrick O'Donnell	President and CEO	Chambersburg Hospital, Summit Health
Barbara Orstein	Executive Director	PA Council on Independent Living
Philip Pandolph	President and CEO	Meadville Medical Center
Ashley Parsons	Health Innovation Analyst	PA Department of Health
Jeannine Peterson	CEO	Hamilton Health Center
Ed Pitchford	President and CEO	Cole Memorial
Cheri Rinehart	President and CEO	Pennsylvania Association of Community Health Centers
Beatrice Salter, PhD	President	Pennsylvania Psychological Association
Steven Scheinman	President and Dean	The Commonwealth Medical College
Lisa Schildhorn	Executive Director	PA Coalition for Oral Health
Katherine A. Schneider	President & Chief Executive Officer	Delaware Valley ACO
Joseph Scopelliti	President and CEO	Guthrie Robert Packer Hospital
Scott Shapiro	President	PA Medical Society
Deborah Shoemaker	Executive Director	Pennsylvania Psychiatric Society
James Schuster	VP & Chief Medical Officer	Community Care Behavioral Health Organization
Susie Snelick	Board Director	North Central Workforce Investment Board
Julie Sochalski	Interim Associate Dean for Academic Programs & Associate Professor	University of Pennsylvania School of Nursing
Patricia Stubber	Executive Director	Northwest AHEC

Health Care Transformation

Member	Title	Organization
Molly Talley	Director, Resident & Student Affairs	PA Academy of Family Physicians
Joseph Tracy	Vice President, Connected Care and Innovation	Lehigh Valley Health Network
Angela Watson	Executive Assistant	PA Department of Transportation
James Waxmonsky	Associate Professor of Psychiatry, Division Chief	Child & Adolescent Psychiatry, Penn State College of Medicine
Lloyd Wertz	Vice President for Policy and Program Development	Philadelphia Mental Health Care Corporation

Health Information Technology Group Members

Health Information Technology

Member	Title	Organization
Jessica Altman	Chief of Staff	PA Insurance Department
Holly Alexander	WPE	PA Department of Human Services
Michael Ashburn	Director, Pain Medicine and Palliative Care	Penn Pain Medicine Center
Michael Baer	Network Medical Director	AmeriHealth Caritas Pennsylvania
Bruce Block	Chief Learning & Informatics Officer	Pittsburgh Regional Health Initiative Director
Carolyn Byrnes	Special Assistant to the Secretary	PA Department of Health
Mark Caron	Chief Executive Officer	Geneia
Martin Ciccocioppo	Vice President, Research	The Hospital & Healthsystem Association of Pennsylvania
Lawrence Clark	Director of Policy	PA Department of Health
Corey Coleman	Executive Deputy Secretary	PA Department of Health
Mary Lee Dadey	Vice President of Nursing Services	Winber Medical Center
Lisa Davis	Director	PA Office of Rural health
Jenifer DeBell	Policy Director	PA Department of Human Services
Glenda Ebersole	Policy Director	PA Insurance Department
Pat Epple	Chief Executive Officer	PA Pharmacists Association
Andy Farella	AVP and Associate Chief Information Officer	The Children's Hospital of Philadelphia
Christine Filipovich	Deputy Secretary for Quality Assurance	PA Department of Health
Alex Fiks	Associate Professor of Pediatrics	The Children's Hospital of Philadelphia
Walid Fouad Gellad	Assistant Professor	University of Pittsburgh
Jeffery Gerdes	Associate Chairman, Department of Pediatrics, Chief Medical Officer for Practice Development	CHOP / University of Pennsylvania
Alexandra Goss	Executive Director	PA eHealth Authority
Scott Haas	Vice President of Information Technology	UPMC
Lauren Hughes	Deputy Secretary for Health Innovation	PA Department of Health
Ellen Joyce	Sr. Territory Manager	VRI
Patrick Keating	Chief Information Officer	PA Bureau of Information Technology
David Kelley	Medicaid Director	PA Department of Human Services
Stephanie Kuppersmith	Director, Population Health	PA Department of Health
Christopher Laing	Vice President, Science and Technology	University City Science Center
Jim Maikranz	Vice President, Payer Solutions	MedeAnalytics
Jim Martin	Director of Treatment Services	Community Services Group
Joe Martin	Executive Director	PHC4
Greg Martino	Assistant Vice President for Governmental Affairs	Aetna
Lori McDonald	Territory Manager	Valued Relationships
Karen Murphy	Secretary	PA Department of Health
Michael Murphy	Vice President and Chief Technology Officer	Wellspan
Dennis Olmstead	Chief Strategy Officer & Medical Economist	PA Medical Society

Health Information Technology

Member	Title	Organization
Ashley Parsons	Health Innovation Analyst	PA Department of Health
Susan Post	Executive Director	Esperanza Health Center
Paul Puopolo	Vice President, Business Innovation & Development	Highmark
Steven Richard	AVP Home Health and Hospice	Geisinger Community Health Services
Robert Rosenwasser	CEO / Executive Director, Farber Institute for Neuroscience and Medical Director, Neuroscience Network	Thomas Jefferson University
Todd Shamash	Vice President & General Counsel	Capital BlueCross
Scott Shapiro	President	Pennsylvania Medical Society
Jennie Slabe	Vice President, Administrative Affairs	Primary Health Network
Kim Slee	Chief Operating Officer	Fulton County Medical Center
Anita Somplasky	Director, Transformation and Measure Development Services	Quality Insights of Pennsylvania
Aron Starosta	Program Manager	University City Science Center
Sari Stevens	Executive Director	Planned Parenthood Pennsylvania Advocates
Raymond E. Washburn	President & CEO	Vincentian Collaborative System
Lawrence Wechsler	Vice President of Telemedicine Services	UPMC
Eric Xing	Director for the Center for Machine Learning and Health	Carnegie Mellon University
Gary Zimmer	Senior Vice President and CEO	Mercy Health System

Appendix 3: Minutes from Work Group Meetings

Minutes from Value-Based Payment Work Group Meetings

Payment Work Group – Session 1		
11.9.2015	1:00 – 4:00 PM	Harrisburg, PA
Meeting called by	Secretary Karen Murphy	
Type of meeting	Payment Work Group – Session 1	
Convener	Secretary Karen Murphy	
Introductions and work group overview		
1:00 – 1:30 PM	Secretary Karen Murphy	
Payment gallery walk 1: current state of PA payment		
1:30 – 2:10 PM	Secretary Karen Murphy	
Payment gallery walk 2: value-based payment innovation across states		
2:10 – 2:40 PM	Secretary Karen Murphy	
Discussion / Conclusions	Attendees were asked to walk through two consecutive gallery walks of posters on: 1) current state of PA payment and 2) value-based payment innovation across states. Attendees then regrouped and debriefed the gallery walks together as a full group	
<p>The discussion included a set of themes:</p> <ul style="list-style-type: none"> ▪ First we need a common definition for value-based payment so that we are grounded and consistent ▪ The current pace of payment innovation is quite slow in PA and we should benchmark ourselves compared to the rest of the country ▪ Different geographies may require different models given the amount of competition in urban settings compared to rural settings ▪ The plan should be focused, impactful, and sustainable ▪ Advanced primary care <ul style="list-style-type: none"> ○ How do we define advanced primary care: “Shift from primary care providers delivering the best care to their patient to delivering the best care to a population” ○ There are many programs in process or that have been tried over time (these programs have varying levels of risk sharing, evaluation metrics, focus on data transparency, levels of infrastructure support / training, focus on consumer engagement) ○ There is a need to really engage the consumer in the care delivery model ▪ Episode-based payments <ul style="list-style-type: none"> ○ A good potential place to start is by agreeing on a common set of metrics ○ Specialist approach is focused on episode-based payments, but employed specialists present a complexity depending on the level of “reward” that reaches the employed specialist 		
Emerging payment model considerations		
2:40 – 3:50 AM	Secretary Karen Murphy	
Discussion / Conclusions	Attendees discussed their experiences with and characteristics of different payment models within and outside of PA.	

The discussion lead to a set of **guiding principles for the work group:**

- Although the current pace of payment innovation is quite slow in PA, the work group should try to build upon existing payment innovation in PA.
- It was suggested that any new payment model / innovation initiative should incorporate a ramp-up (“reporting-only”) time period to allow providers ample time to prepare for the new payment model.
- Payment innovation and new payment models need to be sustainable so that providers (and payers) are willing to invest in developing the necessary capabilities to be successful; at the same time, payment innovation should be flexible enough so that it can adapt and improve over time.
- There is an understanding that different types (e.g., geography, size, demographics) of providers may require different types of payment models.
- The work group will focus on the level of alignment of stakeholders in terms of where to “standardize approach”, “align in principle”, and “differ by design”.
 - Standardization of quality (and cost) metrics across payers could help spur payment model innovation.
 - It was suggested that episode-based payment models should both provide incentives based on a relative (to other providers) threshold (e.g., top 25%) and also provide incentives for improvement from a year-to-year basis (so that all providers can theoretically benefit from improvement incentives) – this was discussed, but not necessarily aligned on.

Action Items	Person Responsible	Deadline
N/A	N/A	N/A
Closing and next steps		
3:50 – 4:00 PM	Secretary Karen Murphy	
Action Items	Person Responsible	Deadline
Participate in follow-up webinars or calls	Work Group Members	TBD
Participate in second work group meeting to test preliminary plan	Work Group Members	January 2016

Payment Work Group – Session 2		
1.28.2016	9:00 AM – 12:00 PM	Harrisburg, PA
Meeting called by	Secretary Karen Murphy	
Type of meeting	Payment Work Group – Session 2	
Convener	Secretary Karen Murphy	
Introduction, reminder of priorities, recap from last meeting		
9:00 – 9:30 AM	Secretary Karen Murphy	
Discussion / Conclusions	Secretary Murphy lead the work group through a recap of the goals for the second work group session, the work group charter and timeline, the objectives of Health Innovation in Pennsylvania (HIP), and what was discussed in the last meeting	
<p>As a recap, there are 4 main principles that PA will follow to payment innovation:</p> <ul style="list-style-type: none"> ▪ The work group should build on existing payment innovation in PA ▪ New payment models should incorporate a ramp-up time period to allow providers time to prepare ▪ Payment model innovation needs to be sustainable so that providers (and payers) invest in developing the necessary capabilities to be successful, but also flexible enough so that it can adapt and improve over time ▪ Different types of providers (e.g., geography, size) may require different payment models <p>Approach to payment model innovation:</p> <ul style="list-style-type: none"> ▪ Advanced primary care <ul style="list-style-type: none"> ○ Advanced primary care efforts, led by stakeholders throughout the Commonwealth, are currently in development or underway across Pennsylvania ○ Standardizing measures and definitions across payers may offer the greatest opportunity for impact and will be addressed through a combination of the transparency and payment work groups ▪ Episode-based payments <ul style="list-style-type: none"> ○ Input from stakeholders suggests that there is an opportunity for episode-based payments as a feasible and attractive model ○ The payment work group will focus on developing a plan to explore episode-based payment specific to the needs of the Commonwealth 		
Presentation from Center for Value-Based Insurance Design		
9:30 – 10:30 AM	Mark Fendrick	
Discussion / Conclusions	Mark Fendrick from the Center for Value-Based Insurance Design at the University of Michigan led the work through prepared materials and then a group discussion	
<p>Center for Value-Based Insurance Design (VBID) presentation focused on implementing clinically nuanced benefit design where consumer cost-sharing level is linked with clinical benefit/value (i.e., reduce or eliminate financial barriers to high-value clinical services and providers and increase cost sharing on lower value services and providers)</p> <ul style="list-style-type: none"> ▪ Presentation led to a group discussion on the value and benefits of both value-based benefit design and payment innovation ▪ There is an opportunity to marry/align benefit design with payment reform (especially for advanced primary care) ▪ As we determine the quality metrics and align on measures, it's a logical next step then to design plans that align incentives with the measures that we are looking to do ▪ There was some good conversation around this concept and payers are starting to develop strategies around value-based insurance design inside and outside of the Commonwealth 		

Episode-based payment review and discussion		
10:45 – 11:45 PM	Secretary Karen Murphy	
Discussion / Conclusions	The mechanics and design choices of episode-based payment models were discussed. Additionally, examples of episode-based payment models implemented in other states were referenced as relevant and useful	
<p>The dialogue on episode-based payment models included numerous questions related to the mechanics and design choices of different models as work group members discussed different considerations of the model</p> <ul style="list-style-type: none"> ▪ Stakeholders engaged around various options for episodes (e.g., mandatory vs. voluntary provider participation, level of standardization regionally or statewide, determination for who should be the principle accountable provider, what type of episodes should the model start with, should the model be prospective or retrospective) ▪ Some questions were specifically on recent episode-based payment model from other, including how other states dealt with the differences between systems with integrated vs. independent primary care physicians, the considerations of systems with employed physicians vs. independent physicians, challenges of engaging post-acute care services ▪ Episode-based payment is an opportunity to engage specialists (around specialty procedural episodes) whereas advanced primary care already engages primary care providers leading to a more comprehensive approach; episode-based payment models are additive to other payment arrangements in place (e.g., complimentary to total cost of care models) ▪ Results in other states for episode-based payment models have been promising. For example, in one state by just providing transparency in the variation of episode costs for asthma acute exacerbation (prior to any payment change), admission rates reduced by 2/3 <p>The work group also briefly discussed advanced primary care (APC)</p> <ul style="list-style-type: none"> ▪ As discussed before, the work group will work to determine / align-on quality measures for APC. As a logical next step, PA can then design plans (through value-based insurance design) that align consumer incentives with the payment strategies and corresponding measures 		
Closing and next steps		
11:45 – 12:00 PM	Secretary Karen Murphy	
Action Items	Person Responsible	Deadline
Engage your organization to determine preliminary thoughts on episode approach design (e.g., where to standardize, align in principle, differ by design)	Work Group Members	February-March
Participate in follow-up webinars or calls	Work Group Members	TBD
Participate in third work group meeting to refine plan	Work Group Members	March 2016

Payment Work Group – Session 3		
3.28.2016	1:00 PM – 3:00 PM	Harrisburg, PA
Meeting called by	Secretary Karen Murphy, Department of Health	
Type of meeting	Payment Work Group Meeting	
Convener	Secretary Karen Murphy, Department of Health	
Introductions and Recap of Last Work Group Session		
1:00 – 1:10 PM	Secretary Karen Murphy, Department of Health	
Discussion / Conclusions	Secretary Murphy led the work group through a recap of the goals of work group, work group charter and timeline, and the vision and objectives for payment reform in PA.	
Payment Path Forward		
1:10 – 1:30 PM	Secretary Karen Murphy, Department of Health	
Discussion / Conclusions	Secretary Murphy presented the strategic direction for PA's health innovation plan, asking stakeholders directly about their interest in moving forward on the initiatives as laid out in the strategy.	
<p>Advanced Primary Care</p> <ul style="list-style-type: none"> Secretary Murphy led a discussion about the stakeholders' experience with the Chronic Care Initiative (CCI) and lessons learned As the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) is implemented, advanced primary care will continue to develop. Over time, advanced primary care may become a more attractive stakeholder-aligned value-based payment model <p>Episodes of care</p> <ul style="list-style-type: none"> The state will focus its efforts on aligning stakeholders on metrics and analytics, which were agreed as a necessary prerequisite to implementation of bundles Overall, openness was voiced to the state's approach, with at least one payer having recently launched a successful pilot Recommendations <ul style="list-style-type: none"> Start small (retrospective, gain sharing) with easy procedures, easy reimbursement Invest heavily in analytics for episodes, make the data more transparent, and make sure explanations are easy to understand 		
Group Discussion		
1:30 – 2:30 PM	Secretary Karen Murphy, Department of Health	
Discussion / Conclusions	Secretary Murphy led the group discussion to elicit feedback from the stakeholders present by going around the room allow each work group member to share their input on the plan as presented.	

- **Role of the Commonwealth and stakeholders**
 - The Commonwealth is uniquely positioned to act as a convener to bring together stakeholders to increase collaboration
 - CMS will continue to set the agenda and spur adoption leading to local innovation, including in PA - Healthchoices is requiring value-based payments in their recent request for proposal (RFP)
 - Many commercial payers have implemented or are in the process of implementing value-based payment programs; these payers are open to new payment models, but want to demonstrate effectiveness of approaches prior to full implementation
 - Employers have and will continue to mandate change - driving down cost is a non-negotiable imperative
- **Engaging additional stakeholders**
 - Stakeholders suggested additional stakeholders who could be engaged:
 - Additional providers, especially rural primary care physicians or providers likely to be affected by bundles
 - Consumers and patients
 - Hospital executives and staff
 - Suggestions for engagement:
 - Merge related work groups (payments, transparency, APCD) into a single workgroup, rather than engaging them separately
 - Conduct focus groups
- **Overcoming barriers and challenges**
 - Recognize and communicate requirements for each stakeholder (administrative burden for providers, timing challenges for payers, etc.)
 - Continue to communicate the vision - ensure that all stakeholders are clear about and aligned behind the common goals
 - Prioritization is critical - pick one concept and demonstrate some success to build credibility and enthusiasm
 - Consider social determinants of health - population health and the other work groups are critical factors in the potential results of any efforts in payment reform
 - Maintaining flexibility is important - need to maintain a balance between standardization and consistency for stakeholders to make real changes and investments on one hand and flexibility to adapt the design of models on the other

Update on overall HIP Strategy

2:45 – 2:55 PM	Dr. Lauren Hughes, Department of Health
Discussion / Conclusions	Dr. Hughes presented the HIP strategy for other 4 work groups, an implementation timeline, and discussed the opportunity for work group members to give their feedback.

The Commonwealth has determined a set of drivers for its approach to achieve its goals to improve population health, improve the health care quality and care experience, and reduce costs.

- **Population Health:** Pennsylvania will drive efforts to reduce childhood obesity, decrease new cases of diabetes, reduce dental cavities in children, decrease the number of drug related deaths, and reduce smoking amongst reproductive aged women
- **Transparency:** The Commonwealth Promote price and quality transparency through broad primary care transparency for all data users, consumer health literacy, “shoppable” care transparency for both commodities and episodes of care
- **HIT:** The state will drive the expansion of statewide HIE, support price and quality transparency, work to spur use of telehealth, develop a population health dashboard, and promote the use of the PDMP
- **Health Care Transformation:** The state will focus on efforts related to community health workers, oral/dental health access, integrating care at multiple levels, data analytics, and tele-health

Closing and Next Steps

2:55 – 3:00 PM	Dr. Lauren Hughes		
Action Items	Person Responsible	Deadline	
Provide access to a preview copy of the complete SIM plan	DOH	Late April	

Provide feedback on SIM plan	Work Group Members	Early May
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Minutes from Price and Quality Transparency Work Group Meetings

Price and Quality Transparency Work Group – Session 1			
11.9.2015		9:00 AM – 12:00 PM	Harrisburg, PA
Meeting called by	Secretary Karen Murphy		
Type of meeting	Price and Quality Transparency Work Group – Session 1		
Convener	Commissioner Teresa Miller		
Introductions and work group overview			
9:00 – 9:30 AM	Commissioner Teresa Miller		
Price and quality transparency innovation initiatives			
9:30 – 10:30 AM	Commissioner Teresa Miller		
Discussion / Conclusions	The discussion focused on a series of price and quality transparency innovation initiatives that spanned data users (consumers, providers, payers, policy makers) and also focus areas (health literacy, self-care/self-monitor data, primary care, “shoppable” care episodes/commodities, “non-shoppable” care episodes/inpatient care, plan design, payment / claims)		
Action Items		Person Responsible	Deadline
<p>The discussion lead to a set of guiding principles for the work group:</p> <ul style="list-style-type: none"> ▪ Focus on transparency into cost, quality, and also value of healthcare ▪ Improve clarity / transparency for definitions and algorithms for cost, quality, and value metrics ▪ Leverage transparency to drive accountability throughout stakeholders ▪ Understand the consumer journey to help identify different needs for information throughout all stages of care (e.g., predictive technology for plan selection, provider quality and cost information to help consumers select primary care providers, etc.) ▪ Build off existing efforts and leverage ideas / concepts across other industries ▪ The Commonwealth should act as a leader by <ul style="list-style-type: none"> ○ Guiding the vision for transparency across the state ○ Bringing stakeholders together ○ Leading by example (ensuring transparency for its own employees) ▪ When determining potential solutions, there are set of principle decisions: <ul style="list-style-type: none"> ○ Leader / vehicle of transparency (e.g., public and centrally developed, private third party, payer-led, provider-led) ○ Mechanism to drive stakeholder participation (e.g., legislation, partial / full funding, voluntary) ○ Level of standardization (standardize approach, align in principle, differ by design) ○ Transparency tool / mechanism (e.g., portal, reports) 			
N/A		N/A	N/A
Price and quality transparency focus area exercise			
10:30 – 11:50 AM	Commissioner Teresa Miller		
Discussion / Conclusions	All attendees split up into break-out groups for the exercise. Each break-out group focused on a specific data user (consumer, provider, payer, policy maker) and attendees were asked to think about potential transparency solutions across the focus areas (health literacy, self-care/self-monitor data, primary care, “shoppable” care episodes/commodities, “non-shoppable” care episodes/inpatient care, plan design, payment / claims)		

The break-out groups and subsequent large group discussion coalesced around **eight major price and quality transparency initiative use cases:**

- Consumer health education
- Consumer health transparency for providers
- Broad primary care transparency for all data users
- “Shoppable” care transparency
- Downstream provider transparency
- Health plan transparency for consumers
- Integrated claims and clinical data tied directly to payment incentives
- Population / demographic claims trends

Action Items	Person Responsible	Deadline
N/A	N/A	N/A
Closing and next steps		
11:50 AM – 12:00 PM	Commissioner Teresa Miller	
Action Items	Person Responsible	Deadline
Participate in follow-up webinars or calls	Work Group Members	TBD
Participate in second Work Group meeting to test preliminary plan	Work Group Members	January 2016

Price and Quality Transparency Work Group – Session 2		
1.28.2015	1:00 PM – 4:00 PM	Harrisburg, PA
Meeting called by	Secretary Karen Murphy	
Type of meeting	Price and Quality Transparency Work Group – Session 2	
Convener	Commissioner Teresa Miller	
Introductions and work group overview		
1:00 – 1:30 PM	Commissioner Teresa Miller	
Discussion / Conclusions	Commissioner Miller led the work group through a recap of the goals of work group session 2, work group charter and timeline, vision and objectives for price and quality transparency for PA, a recap of the approach to price and quality transparency, and a review of the guiding principles from work the last work group session	
<p>As discussed prior, the first work group session identified a set of guiding principles for price and quality transparency:</p> <ul style="list-style-type: none"> ▪ Work group’s main focus is on consumers and how transparency innovations impact the end consumer ▪ Understand consumer journey to help identify different needs for information throughout all stages of care (e.g., provider quality and cost information to help consumers select PCPs) ▪ Clarify and standardize definitions and formulas for cost, quality, and value metrics ▪ Build off existing transparency initiatives in PA and leverage ideas / concepts across other industries <p>Additionally, it was discussed that the Commonwealth should act as a leader by:</p> <ul style="list-style-type: none"> ▪ Guiding the vision for transparency across the state ▪ Bringing stakeholders together ▪ Leading by example 		
Price and quality transparency strategic approach		
1:30 – 2:30 PM	Commissioner Teresa Miller	
Discussion / Conclusions	Commissioner Miller led the work group through the strategic approach to determining potential price and quality transparency solutions for the Commonwealth. The strategic approach leveraged the input and discussion from the first work group to determine and prioritize the use cases for price and quality transparency	
<p>The discussion was structured around the four part approach to developing the price and quality transparency strategy (see presentation for more detail)</p> <ul style="list-style-type: none"> ▪ Determine potential use cases based on: <ul style="list-style-type: none"> ○ Price and quality transparency data users (consumer, provider, payer, policy maker) ○ Data focus areas (consumer health, provider care, payer information) ▪ Prioritize use cases by level of alignment with overall vision: <ul style="list-style-type: none"> ○ Performance transparency ○ Rewarding value ○ “Shoppable” care transparency ○ Consumer behavior change ▪ Identify potential solutions based on: <ul style="list-style-type: none"> ○ Transparency approach / mechanism (e.g., portal, reporting) ○ Vehicle of transparency (public and centrally developed, private third party, payer-led, provider-led) ○ Mechanism to drive stakeholder participation (legislation, partial / full funding, voluntary) ○ Level of standardization (standardize approach, align in principle, differ by design) ▪ Evaluate potential solutions according to: <ul style="list-style-type: none"> ○ Potential impact ○ Ease of implementation (e.g., effort to operationalize, resource requirements) <p>Three use cases were prioritized (use case 1: Consumer health literacy; use case 3: Broad primary care transparency for all data users; use case 4: “Shoppable” care transparency). Use case 7: Claims / clinical data sharing for providers and payers was also discussed</p>		
Potential solution discussion and stakeholder input		

2:45 – 3:45 PM	Commissioner Teresa Miller		
Discussion / Conclusions	Work group members discussed the prioritized use cases and potential solutions, focusing on use case 3 (Broad primary care transparency for all data users) and use case 4 (“Shoppable” care transparency); work group members also determined potential hurdles that will need to be overcome		
<p>The work group session took a deep dive on use case 3 (Broad primary care transparency for all data users)</p> <ul style="list-style-type: none"> ▪ There are 4 ways of operationalizing the solution that varies in terms of centralization: <ul style="list-style-type: none"> ○ Agree on a common set of metrics and common definitions, but operationally each payer will provide transparency into primary care measures in a decentralized manner ○ Agree on a common set of metrics and common definitions, but each payer does their own analytics on the data in a decentralized manner and submits "numerators and denominators" to a central location, which develops reports / transparency tools allowing one-stop shopping for data users (e.g., consumers, providers) ○ Payers enter an agreed-upon set of specific data to a central location, which will run analytics and reporting and publish reports or provide transparency tools ○ Build a centralized data warehouse (all-payer claims database), where analytics and reporting will be done for reports / transparency tools ▪ Work group agreed on the importance of standardizing measures for primary care and population management ▪ There is an opportunity to benefit providers by improving consistency in advanced primary care metrics/definitions and improving consistency in how data is submitted (timing, format, etc.) ▪ Primary care is a good place to start - we can start the conversation here, align on metrics / measures and then build out additional transparency solutions <p>We also discussed use case 4 (“Shoppable” care transparency) in more detail:</p> <ul style="list-style-type: none"> ▪ Most payers currently have a transparency tool of their own, but often these are not the most consumer friendly tools; at the same time, consumer friendly tools often don’t have full access to price and quality data ▪ The Commonwealth can help lead standardization of episodes on the back-end providing the benchmark data needed; variation on the front end (consumer-facing end) is ok and can lead to innovation that improves the consumer experience <p>The characteristics of the state should in part help determine the solution, but not hinder it</p> <ul style="list-style-type: none"> ▪ PA has a fair amount of system integration, leaving a lot of very small independent providers ▪ PA is a more federated (decentralized) model than DE and other states; there are efforts to allow regions to talk to each other, but data differences make it difficult for this data to come together <p>The work group also discussed the importance (and opportunities) for consumer health literacy</p> <p>For any strategy selected, we should take a mindset of pushing forward with rapid innovation</p>			
Closing and next steps			
3:45 – 4:00 PM	Commissioner Teresa Miller		
Action Items	Person Responsible	Deadline	
Participate in follow-up webinars or calls (note: there will be at least 1 webinar prior to the 3 rd work group)	Work Group Members	TBD	
Participate in third work group meeting to refine plan	Work Group Members	March 2016	

Price and Quality Transparency Work Group – Session 3		
3.28.2016	10:00 AM – 12:00 PM	Harrisburg, PA
Meeting called by	Secretary Karen Murphy, Department of Health	
Type of meeting	Price and Quality Transparency Work Group Meeting	
Convener	Commissioner Teresa Miller, Pennsylvania Insurance Department	
Introductions and Recap of Last Work Group Session		
10:00 – 10:10 AM	Secretary Karen Murphy, Department of Health	
Discussion / Conclusions	Secretary Murphy led the work group through a recap of the goals of the work group, the work group charter and timeline, and the vision and objectives for price and quality transparency for PA.	
Price and Quality Transparency Path Forward and Group Discussion		
10:10 – 10:40 AM	Secretary Karen Murphy, Department of Health Jessica Altman, Chief of Staff, Pennsylvania Insurance Department	
Discussion / Conclusions	Ms. Altman presented the strategic direction for PA's health innovation plan. Secretary Murphy then led a group discussion eliciting feedback from stakeholders, with specific focus on identifying additional stakeholders to engage and solutions to potential barriers.	
<p>Price and Quality Transparency path forward:</p> <ul style="list-style-type: none"> • Consumer health literacy-- Commonwealth will identify / solicit leaders interested in continuing a multi-stakeholder effort to promote consumer health literacy through a Pennsylvania branded campaign, then establish a work group cadence; Stakeholders will further evaluate existing initiatives to identify areas that: (a) are already well supported; (b) require coordination across existing initiatives; or (c) would merit a PA-branded campaign; Commonwealth will help establish a working group cadence as needed to execute strategy • Broad care transparency for all data users-- Commonwealth will identify / solicit leaders interested in continuing a multi-stakeholder effort to align measures; Stakeholders will then determine a timeline and process by which payers will work to align on common measures • “Shoppable” care transparency <ul style="list-style-type: none"> ○ Commodities-- After reviewing the findings of the APCD Council, Commonwealth will organize a work group from those on the APCD work group to further explore the different options for an approach to commodity transparency and will establish the principles for transparency ○ Episode based payments-- Commonwealth may then build off the foundation set by the approach to commodity transparency to develop transparency initiatives around episodes of care • Claims and clinical care data aggregation-- Commonwealth will review findings and input of APCD Council and APCD work group and then evaluate options for moving forward <p>Group discussion</p> <ul style="list-style-type: none"> • Stakeholders have been engaged across the health care spectrum providing a broad perspective for the path forward • The path forward will be refined over time with additional input from stakeholders, APCD council, and Catalyst for Payment Reform, among others • The Commonwealth should aim to standardize metrics, and stakeholders suggested a number of specific refinements: <ul style="list-style-type: none"> ○ Compare PA price and quality data to national benchmarks ○ Ensure significant utilization of tools and data by focusing on use cases ○ Recognize the potential for unintended consequences ○ Include patient satisfaction and consumer experience in measures • Stakeholders will convene and be engaged to help identify priorities amongst the prospective initiatives and set direction for ongoing activity (e.g., for health literacy, choosing a particular topic and launching the multi-stakeholder campaign) 		
Update on overall HIP Strategy		
11:00 – 11:25 AM	Dr. Lauren Hughes, Department of Health	
Discussion / Conclusions	Dr. Hughes presented the HIP strategy for the other 4 work groups, an implementation timeline, and discussed the opportunity for work group members to give their feedback.	

The Commonwealth has determined a set of drivers for its approach to achieve its goals to improve population health, improve the health care quality and care experience, and reduce costs.

- Population Health: Pennsylvania will drive efforts to reduce childhood obesity, decrease new cases of diabetes, reduce dental cavities in children, decrease the number of drug related deaths, and reduce smoking amongst reproductive aged women
- Payment reform: The Commonwealth will focus on establishing a target for the commonwealth for the percent of care paid for under a value-based reimbursement structure through the use of advanced primary care, episode based payment, and global payments
- HIT: The state will drive the expansion of statewide HIE, support price and quality transparency, work to spur use of telehealth, develop a population health dashboard, and promote the use of the PDMP
- Health Care Transformation: The state will focus on efforts related to community health workers, oral/dental health access, integrating care at multiple levels, data analytics, and tele-health

Update on APCD Council Study

11:25 – 11:40 AM	Patrick Miller, Founder of the APCD Council
Discussion / Conclusions	Mr. Miller shared findings from interviews with stakeholders regarding the feasibility of and capabilities from implementing an all payer claims database (APCD) in the Commonwealth. A separate APCD work group has been formed to support these efforts.

- The APCD Council work group has convened several meetings, and members are being interviewed. Findings from these interviews will be synthesized and made available in May
- Initial feedback: stakeholders believe in the utility of aggregate insurance data, especially through specific use cases
- Use cases: interest in regional/national benchmarking, using the data for measuring network performance, and using the data for transparency tools for consumers, among others
- Biggest barriers or concerns:
 - Data collection and dissemination (e.g., Who will collect? Who will get access? How will the data be used?)
 - Governance: Mandatory vs voluntary, governing body (e.g., should it be run by a non-profit?)

Update on Catalyst for Payment Reform

11:40 – 11:55 AM	Andréa Caballero, Program Director, Catalyst for Payment Reform
Discussion / Conclusions	Ms. Caballero discussed findings from an early questionnaire submitted to the 7 largest payers in Pennsylvania. Catalyst for Payment reform will collect additional data and anticipates making complete results and the PA scorecard available in early Fall 2016.

- Initial Catalyst feedback: 6 of the largest commercial payers in PA have submitted responses to a questionnaire about the scope of their services. 4 are using internal transparency tools; 2 are through a contracted vendor (Healthsparks)
- Data provided: All 6 payers surveyed have tools that display financial liability for users, with data on co-pays and HSA balances as the most accurate and deductible data being less accurate because of a 30 day lag in reporting
- Data availability: All 6 payers make the data available to customers across a range of product types (HMO, PPO and high deductible)
- Future Catalyst feedback: future Catalyst questionnaires will capture information of interest to stakeholders:
 - Pricing accuracy of data being provided to consumers
 - How the data is being used to support decision making
 - Use of other transparency tools (e.g. health care Blue Book)
 - Consumer engagement and utilization of payer transparency tools

Closing and Next Steps

11:55 – 12:00 PM	Dr. Lauren Hughes, Department of Health
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Action Items	Person Responsible	Deadline
Provide access to a preview copy of the complete SIM plan	DOH	Late April
Provide feedback on SIM plan	Work Group Members	Early May

Minutes from Population Health Work Group Meetings

Population Health Work Group- Session 1			
11.17.2015		1:00 – 4:00 PM	
		Harrisburg, PA	
Meeting called by	Secretary Karen Murphy		
Type of meeting	Population Health Work Group Meeting		
Chairs	Karen Hacker, MD, MPH, and Loren Robinson, MD, MSPH		
Population Health Initiatives Across the Commonwealth			
1:15 – 2:00 PM		Karen Hacker, MD, MPH	
Discussion	Dr. Hacker led a discussion on innovative population health strategies that are already underway across the Commonwealth. Examples included the Allegheny County Health Department- Live Well Allegheny, Temple University Health System- Community-based Care Transitions Program, Lancaster General Health- Care Connections, and the Keystone Rural Health Center- Cervical Cancer Screening Program.		
Conclusions	The Commonwealth will build upon these and other strategies as it develops the HIP Population Health Plan.		
Action Items		Person Responsible	Deadline
Participate in ad hoc meetings or webinars		Work Group Members	TBD
Population Health Priority Areas for the HIP Plan			
2:10 – 3:00 PM		Loren Robinson, MD, MSPH	
Discussion	<p>Dr. Robinson presented the five HIP population health priorities, which included childhood obesity/physical inactivity, diabetes (prevention and self-management), oral health, substance use, and tobacco use. Core strategies include exploring policy change, pursuing patient and provider engagement, and creating connections to other state and local plans such as the State Health Improvement Plan (SHIP) and the Community Health Improvement Plans (CHIPs).</p> <p>Stakeholders discussed how to operationalize these five priorities in different breakout groups. The group discussion focused on suggestions expanding the core strategies:</p> <ol style="list-style-type: none"> 1) Obesity: We were asked to look both inside and outside of schools; suggestions included school gardens and incentivizing parents to participate in their child’s health. 2) Diabetes: The focus was on utilizing evidence-based programming to get the best results. Suggested additions included engaging payers and broader public awareness groups, increasing utilization of programs by providers, and supporting programs such as the Healthy Corner Store Initiative. 3) Oral health: In order to move forward with water fluoridation, we were asked to define who is already working on this issue. Other strategies included developing baseline oral health data at the state level and engaging non-traditional stakeholders. 4) Substance abuse: In addition to the implementation of the Prescription Drug Monitoring Program (PDMP) system, we were asked to look at the integration of physical health and behavioral health, educate stakeholders on how to use the PDMP system, increase awareness of the use of naloxone, and work to ensure insurance is reimbursing for these services. 5) Tobacco use: In addition to focusing on smoking cessation among pregnant women, we were asked to look into the following: establishing a statewide dashboard where we can hold ourselves accountable for outcomes and looking at populations that incent tobacco such as the military. 		
Conclusions	The Health Innovation Center Team will take the input of the work group members and integrate them into the Population Health Plan to be presented to the group in February for discussion.		

Action Items		Person Responsible	Deadline
Use Work Group feedback to build tactics and metrics in Plan		DOH	February 2016
Population Health and Value-Based Payment			
3:00 – 3:45 PM	Karen Hacker, MD, MPH		
Discussion	Dr. Hacker led a discussion on the importance of the integration of population health outcomes and value-based payment methodologies. The discussion highlighted baseline data that will support these efforts and help with accountability, bridge the gap between hospitals and social service agencies, and clarify protected information in regards to behavioral health.		
Conclusions	The work group will continue to advance alignment of population health outcomes and value-based payment throughout the course of the HIP planning process.		
Action Items		Person Responsible	Deadline
Participate in follow-up webinars or calls		Work Group Members	TBD
Participate in second work group meeting to review preliminary plan		Work Group Members	February 2016

Population Health Work Group – Session 2		
2.17.2016	9:00 AM – 12:00 PM	Harrisburg, PA
Meeting called by	Secretary Karen Murphy	
Type of meeting	Population Health Work Group Meeting	
Chair(s)	Karen Hacker, MD, MPH, and Loren Robinson, MD, MSPH	
Introduction and Recap of Last Work Group Session		
9:00 – 9:15 AM	Lauren S. Hughes, MD, MPH, MSc, FAAFP	
Discussion	The work group was kicked off with a recap of the previous population health work group and brief overview of conclusions from the other four work groups.	
	<ul style="list-style-type: none"> ▪ Reviewed timeline for HIP Plan development and stakeholder engagement. ▪ Discussed desired outcome of the meeting to consider metrics to support the strategies and tactics associated with the five health priorities. ▪ Shared preliminary conclusions from other work groups that affect population health. 	
National Diabetes Prevention Program		
9:15 – 10:30 AM	Ann Albright, MD, Director, Division of Diabetes Translation, CDC	
Discussion	Dr. Albright shared the National Diabetes Prevention Program (DPP) as a case study to frame public health outcomes with value-based payment methodologies.	
	<p>Several aspects of the DPP can be applied to similar efforts in Pennsylvania. In particular, how to:</p> <ul style="list-style-type: none"> ▪ Apply a value-based payment model using an evidence-based approach through: <ul style="list-style-type: none"> ○ Identifying effective metrics (weight loss and attendance, in the case of the DPP) ○ Employing economic incentives at both the program and individual levels to positively alter lifestyle choices and improve health outcomes ▪ Use the state to organize participation, convene stakeholders, and promote the program. ▪ Garner the participation of payers, providers, patients, employees, and the community at-large. ▪ Leverage technology to support data collection. 	
	<p>Work group discussion focused on:</p> <ul style="list-style-type: none"> • Sustainable funding for local YMCAs • Use of lay providers in the local DPPs • Scalability at the local level • Whether DPPs allow for free or low-cost access • Sources of startup funding • County level data to identify and monitor the at-risk population (pre-diabetics) 	
Health Equity and Population Health Metrics		
10:40 – 11:00 AM	Loren Robinson, MD, MSPH, and Karen Hacker, MD, MPH	
Discussion	Dr. Robinson advised the work group of the importance of considering health equity in population health. Health inequities occur in a number of areas (i.e., length and quality of life, rates and severity of disease, etc.). Dr. Hacker provided an overview of the strategies, tactics, and metrics identified for the five health priorities.	
Population Health Focus Area Exercise		
11:00– 11:50 AM	Stephanie Kuppersmith, MPH, CHES	
Discussion	All attendees split up into break-out groups for the exercise. Each break-out group focused on one of the five health priorities: childhood obesity, diabetes (prevention & self-management), oral health, substance abuse, and tobacco use.	

Childhood obesity:

- Tactics: Focus on promoting healthier nutrition and more activity at school.
- Metrics: BMI from schools; DOH to validate height and weight data; release evidence-based best practices around wellness committee policies, “brain breaks”, school gardens, and funding sources

Diabetes:

- Tactics: Participate in National DPP and healthy corner store initiative (HCI)
- Metrics: Number of stores participating in HCI; provider referrals to DPPs

Oral health:

- Tactics: Collaborate with other ongoing programs; focus on water fluoridation efforts and promote dental care through primary care providers
- Metrics: Education for communities on benefits of water fluoridation; percent of providers who provide regular oral health assessments at well child visits; and percent of providers who provide dental sealant or varnish applications to children ages one to three

Substance abuse:

- Tactics: Continue effective efforts at care coordination
- Metrics: Number of prescribing guidelines developed; number of dispensers and prescribers using the system, and passage of regulations or legislation to support payment reform

Tobacco use:

- Tactics: Focus on pregnant and reproductive aged women
- Metrics: Number of patients (women ages 18-44) referred to the PA Quitline; number of hospitals/health systems that require inpatients’ direct handoff to PA Quitline; and percent of conversion (enrollment) rate

Conclusions	
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Overall

- Align on specific metrics and data sources to establish population health outcomes at baseline and future monitoring of outcomes
- Incorporate feedback from the work group on metrics to determine direction for the HIP plan

Closing and next steps

11:50 AM – 12:00 PM	Stephanie Koppersmith, MPH, CHES
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Action Items	Person Responsible	Deadline
Participate in follow-up webinars or calls	Work Group Members	TBD
Review and reflect on draft provided ahead of the next work group meeting	Work Group Members	April 4, 2016
Participate in third work group meeting to refine population health strategies and identify interdependencies with other work groups	Work Group Members	April 2016

Population Health Work Group – Session 3		
4.11.2016	1:00 PM – 3:00 PM	Harrisburg, PA
Meeting called by	Secretary Karen Murphy, Department of Health	
Type of meeting	Population Health Work Group Meeting	
Chair(s)	Karen Hacker, MD, MPH, and Loren Robinson, MD, MSPH	
Introductions and Recap of Last Work Group Session		
1:00PM – 1:20 PM	Lauren Hughes, MD, MPH, MSc	
Discussion / Conclusions	Dr. Hughes led the work group through a recap of the goals of the work group, work group charter and timeline, and the vision and objectives for population health in the commonwealth.	
Population Health Path Forward and Group Discussion		
1:20– 2:30 PM	Karen Hacker, MD, MPH	
Discussion / Conclusions	Dr. Hacker discussed Public Health 3.0, which is an initiative that emphasizes cross-sectoral environmental, policy, and systems-level actions that directly affect the social determinants of health. Dr. Hacker also presented the strategic direction for population health in the health innovation plan, engaging stakeholders directly about their questions and comments about the direction laid out in the strategy. The commonwealth's strategy includes:	
<ul style="list-style-type: none"> • Addressing childhood obesity and inactivity through existing programs and working with schools. Specific new recommendations from work group members: <ul style="list-style-type: none"> ○ Target childcare, because a number of children are already pre-diabetic at early years ○ Take advantage of parks and trails to encourage physical activity ○ Consider the cost of improved nutritional requirements and/or competing interests in schools. Selling sodas and candy may send a conflicting message 		
<ul style="list-style-type: none"> • Promoting prevention and self-management of Type-2 diabetes among high-risk populations. Specific new recommendations from work group members: <ul style="list-style-type: none"> ○ Conduct more and earlier screenings, targeting children especially ○ Focus on medication compliance ○ Work with insurance to cover the diabetes prevention program (DPP). Currently, the cost is preventing some from getting access to the program ○ Leverage community health workers, peer support and family members, which has been shown to be effective 		
<ul style="list-style-type: none"> • Working to improve oral health of children by collaborating with family medicine providers, pediatric dentists, and pediatric providers. Specific new recommendations from work group members: <ul style="list-style-type: none"> ○ Take a family approach (oral hygiene of the children will likely be dictated by the habits of the family) ○ Consider looking at other diseases at the same time (e.g., diabetes can often be revealed in dental health visits) 		
<ul style="list-style-type: none"> • Focusing on substance abuse, especially opioid addiction as a major health crisis for the commonwealth. Specific new recommendations from work group members: <ul style="list-style-type: none"> ○ Target children through programs such as Lifeskills. A survey being conducted by the Department of Education will provide data that can serve as a baseline. ○ Develop a strong network of treatment options to make sure that once someone is identified, they can be immediately referred ○ Investigate the concept of using drug money seized by law enforcement as a funding source for drug prevention programming ○ Encourage use of the PDMP through a seamless user interface that does not require multiple log-ins and entries (i.e., does not put an undue burden on providers) 		

- Curbing the use of tobacco products among women of child-bearing years. Specific new recommendations from work group members:
 - Potentially use the state’s policy levers to
 - Eliminate exceptions to the Clean Indoor Air Act
 - Limit the sale of tobacco products to minors
 - Restrict smoking on college campuses
 - Tax non-cigarette tobacco products
 - Eliminate smoking at (and around) government buildings

- Additional stakeholders to include:
 - Municipalities
 - Department of Parks and Recreation
 - Local area aging agencies (AAA), aging population (grandparents raising grandchildren)
 - Faith based communities

Update on overall HIP Strategy

2:45 –2:55 PM	Lauren Hughes, MD, MPH, MSc
Discussion / Conclusions	Dr. Hughes presented the overarching HIP strategy, an implementation timeline, and discussed the opportunity for work group members to give their feedback.

The Commonwealth has determined a set of drivers for its approach to achieve its goals to improve population health, improve health care quality and care experience, and reduce costs.

- **Payment reform:** The Commonwealth will focus on establishing a target for the percent of care paid for under a value-based reimbursement structure through the use of advanced primary care, episode-based payment, and global payments
- **Transparency:** The Commonwealth will promote price and quality transparency through broad primary care transparency for all data users, consumer health literacy, and “shoppable” care transparency for both commodities and episodes of care
- **HIT:** The Commonwealth will drive the expansion of a statewide HIE, support the efforts to determine the feasibility and capabilities of an APCD, work to spur the use of telehealth, develop a population health dashboard, and promote the use of the PDMP
- **Health Care Transformation:** The commonwealth will focus on efforts related to community health workers, oral/dental health access, integrating behavioral health, data analytics and collection, tele-health expansion, primary care workforce, and rural health access and quality

Closing and Next Steps

2:55 – 3:00 PM	Lauren Hughes, MD, MPH, MSc		
Action Items	Person Responsible	Deadline	
Provide access to a preview copy of the complete HIP plan	DOH	Late April	
Provide feedback on HIP plan	Work Group Members	Early May	

Minutes from Health Care Transformation Work Group Meetings

Health Care Transformation Work Group – Session 1		
12.17.2015	9:00 AM – 12:00 PM	Harrisburg, PA
Meeting called by	Secretary Karen Murphy	
Type of meeting	Health Care Transformation Work Group – Session 1	
Conveners	Dr. Rachel Levine and Lisa Davis	
Introductions and work group overview		
9:00 – 9:20 AM	Secretary Karen Murphy	
Health care transformation – current state of PA		
9:20 – 10:00 AM	Dr. Lauren Hughes	
Discussion / Conclusions	Dr. Lauren Hughes presented material on the current state of PA. Selected attendees who submitted material regarding health care transformation initiatives also briefly presented their initiatives to the broader group (please find the document provided for additional content)	
Health care transformation innovation across states		
10:00 – 10:40 AM	Dr. Rachel Levine and Lisa Davis	
Discussion / Conclusions	Attendees were asked to view a gallery walk of posters set-up throughout the room. The posters included topics ranging from health care work force frameworks, to teleconsultation organizations, to innovations in remote monitoring and consumer wearables. Attendees were then asked to regroup for a debrief from the exercise	
<p>The discussion centered on a few themes:</p> <ul style="list-style-type: none"> ▪ A lot of the innovation and initiatives are not necessarily new, but rather the question is how can we approach the challenge in a new way to materially change how care is delivered <ul style="list-style-type: none"> ○ It is critical to embrace disruptive innovation to improve care delivery ○ New innovations should align with and augment existing goals of care delivery (not act counter-productively) ▪ There needs to be a focus on care collaboration (as providers work together as teams) driven by <ul style="list-style-type: none"> ○ Improved technology to allow for communication ○ A cultural shift in thinking about care as a team ○ Retraining for providers to work with other care providers ○ A patient-centric view considering the patient as a care partner ○ Appropriate reimbursement practices ○ Accountability of the care team and a focus on outcomes ○ Awareness of the full care team leveraging the leading role that nurses and health care workers often play ▪ Role of the commonwealth may be to <ul style="list-style-type: none"> ○ Adjust regulatory structures to incentivize and support innovative delivery models ○ Support the payment model reform required to support innovative delivery models 		
Action Items	Person Responsible	Deadline
N/A	N/A	N/A
Health care transformation focus area exercise		
10:50 – 11:50 PM	Dr. Rachel Levine and Lisa Davis	
Discussion / Conclusions	All attendees split up into break-out groups for the exercise. Each break-out group focused on a priority area for health care transformation: A) health care workforce: community health workers, B) health care workforce: behavioral health and primary care integration, C) health care workforce: oral health / dental health access, D) tele-health.	

A) Health care workforce: community health workers:

- There is a need to define community health workers – broadly, we need to define both who should be considered a community health worker and the range of work done by community health workers
 - Preliminary definition: Community health workers are trusted members of a community supporting patients to understand their own care needs and use the health system more effectively
- The role of the Commonwealth includes
 - Changing existing regulations
 - Supporting the change in reimbursement policies across the state to support community health workers (i.e., pay on the basis of outcomes that incentivize coordinated care and a care team orientation)
- Strategies to operationalize role of community health workers may include improved training for care collaboration and coordination across care providers

B) Health care workforce: behavioral health and primary care integration:

- The workgroup identified four major themes
 - Coordination
 - Ensure behavioral health providers are in the right place to provide care (e.g., in emergency rooms, etc)
 - Improve communication across types of providers
 - Reimbursement
 - Pay providers for the care that they deliver (specifically for behavioral health)
 - Ensure sustainability (through reimbursement practices) of valuable / successful services (beyond traditional care)
 - Reimburse providers appropriately based on certification / location
 - Regulatory barriers – ensure that regulations are appropriate and support care integration
 - Training and development of the work force
 - Ensure that primary care providers receive proper behavioral health education (and vice versa) to most effectively deliver care
 - Train a sufficient number of providers to support behavioral health needs of the community

C) Health care workforce: oral health / dental health access:

- Strategies to operationalize the initiative
 - Integrate / co-locate multiple pediatric needs (e.g., topical fluoride varnish, vaccinations, general check-ups, other)
 - Support payers to adjust reimbursement for public health dental hygiene professionals and specific oral health care (e.g., topical fluoride varnish)
 - Integrate dental triage system in emergency departments
 - Collaborate with public health organizations to improve oral public health (e.g., through water fluoridation)
 - Advance general education effort to support oral health
 - Develop a shared community support model with the goal of improving access – professionals would determine the number of visits they are willing to provide for reduced reimbursement as a collective

D) Tele-health:

- There is a need define what qualifies for telemedicine and what is the necessary quality associated with tele-health care
- Reimbursement must be sufficient to incentivize tele-health services – all stakeholders (patients, providers, facilities) should not be dis-incentivized to use telemedicine (many states have passed legislations that mandate telehealth reimbursements have parity with in-person visits)
- Tele-health faces licensure issues that the Commonwealth can help to resolve
- Communication risk – there is a need to ensure that telehealth information / information associated with telehealth visits is communicated to appropriate parties (e.g., primary care providers)
 - Direct to consumer tele-health services may pose a risk where the primary care provider is not informed of the care event / information associated with a visit
- Given the increasing digitalization of the culture there is tremendous opportunity to leverage tele-health technologies (especially in rural areas)

Action Items	Person Responsible	Deadline
N/A	N/A	N/A
Closing and next steps		
11:50 AM – 12:00 PM	Dr. Rachel Levine and Lisa Davis	
Action Items	Person Responsible	Deadline
Participate in follow-up webinars or calls	Work Group Members	TBD

Participate in second Work Group meeting to test preliminary plan	Work Group Members	February 2016
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Healthcare Transformation Work Group – Session 2		
2.8.2016	1:00 PM – 4:00 PM	Harrisburg, PA
Meeting called by	Secretary Karen Murphy	
Type of meeting	Health Care Transformation Work Group Meeting	
Chair(s)	Dr. Rachel Levine and Lisa Davis	
Introduction and Recap of Last Work Group Session		
1:00 – 1:30 PM	Secretary Karen Murphy, Dr. Rachel Levine, Lisa Davis	
Discussion	The work group was kicked off with a recap of the previous health care transformation work group and brief overview of conclusions from the other four work groups.	
	<ul style="list-style-type: none"> ▪ Review of the work group charter and timeline for HIP ▪ Guiding principles from the first work group session ▪ Preliminary conclusions from other work groups that affect health care transformation 	
Community Paramedicine		
1:30 – 2:00 PM	Dick Gibbons, Acting Deputy Secretary for Health Planning and Assessment	
Discussion	Dick shared an emerging model for community paramedicine, where Emergency Medical Services (EMS) resources are used to provide longer-term care to consumers who are underserved, particularly in rural areas.	
	<ul style="list-style-type: none"> • Community paramedicine initiatives are fairly new but will not encroach on the responsibilities of other health care providers. Rather, community paramedicine will help to fill gaps in the health care continuum. • There are 1000-1500 EMS agencies in PA, providing broad coverage across the entire state, especially in underserved rural areas. • Right now, the program has been funded through start-up funds and grants. Most notably, a program called CONNECT has been funded by commercial payers in the state. • Many EMS workers are volunteers and represent an aging work force (mainly baby boomers); there are new entrants to the workforce but not enough. • Community paramedicine represents a big opportunity to bring down health care costs and improve outcomes—of the 1.6 million patient contacts per year only 5% are truly life threatening; the rest happen because people feel 911 is the only / best option. 	
Advancements in Dental and Oral Care		
2:00 – 2:30 PM	Dr. Rick Celko, from UPMC and a practicing dentist	
Discussion	Rick discussed a number of initiatives to improve access to dental care throughout Pennsylvania, with a particular focus on extending the workforce.	
	<ul style="list-style-type: none"> • Efforts to piggy back dental exams on other events such as immunizations for school (e.g., Give Kids a Smile) have been successful. • Dental therapists can help extend a thin workforce especially in rural areas. <ul style="list-style-type: none"> ○ Most therapists are attached to an existing practice and will refer patients back to a dentist in a mandated period (i.e., one year). ○ Hygienists can become dental therapists with an additional certification (in MN, 1000 hours). ○ Alaska, Arizona, and Minnesota have implemented this program successfully. • Much of the work has focused on prevention rather than treatment; in particular, fluoride sealants, teaching children proper dental care in school, or getting pediatricians to provide dental care. 	
Health Care Transformation Focus Area Exercise		
2:45 – 3:45 PM	Dr. Lauren Hughes	

Discussion	All attendees split up into four break-out groups for the exercise. Each break-out group focused on key questions related to metrics on how to measure health care transformation in each topic area.		
<p>Community health workers (CHWs)</p> <ul style="list-style-type: none"> • While the definition will affect reimbursement, there is no single definition. The definition will differ by where CHWs are and how they are used (e.g., as care extenders from hospitals, as social workers outside of hospitals). • The metrics for community and individual engagement should be the focus of more attention and are dependent of the definition / type of CHW. • Additional metrics: <ul style="list-style-type: none"> ○ CHW workforce metrics (e.g., salary, turnover rate, etc.) ○ Smoking rates • CHWs can be health coaches, spurring people to make use of preventive services - they help provide access to care, which will affect readmission and utilization. • The group recommends harvesting information from SIM plan winners who use CHW so implementers can take a look at those states for best practices. 			
<p>Behavioral health and primary care integration</p> <ul style="list-style-type: none"> • Metrics to integrate patient care across all dimensions were cited as critical. <ul style="list-style-type: none"> ○ A hub and spoke model may be particularly effective in getting providers to truly work together. • The hub of care should be the patient’s “health home,” which is where the person goes most often for care (i.e., psychologist for an anorexic patient, oncologist for the cancer patient). • Integration falls along a continuum ranging from communication to co-location to full integration (AHRQ and Millman have literature describing this continuum). • EHR is a start, but it is critical to also measure and drive health information exchange capabilities; information must be available across providers, not just within a single practice. 			
<p>Oral health / dental health access</p> <ul style="list-style-type: none"> • The group recommended stratifying oral health measures by demographic characteristics: <ul style="list-style-type: none"> ○ Age ○ Payment type (especially Medicaid) ○ Rural vs urban • Some of the most critical measures to focus on included: <ul style="list-style-type: none"> ○ Dental workforce supply and demand (indicating shortages / areas of need) ○ Use of any oral health services ○ Emergency department visitation because of oral health ○ Drug seeking through oral health pharmaceuticals • Measures such as fluoride quality and number of teeth removed are difficult to quantify • To improve access, oral health may be able to use the hub and spoke approach 			
<p>Tele-health</p> <ul style="list-style-type: none"> • Tele-health regulations are not uniform across different types of care (behavioral health vs. primary care) • The group wants to remove the barriers to tele-health, which include: <ul style="list-style-type: none"> ○ Licensure ○ Reimbursement ○ Comfort with technology or access ○ Providers may not want (or know how) to use ○ Care coordination challenges • Strategies can focus on monitoring utilization measures <ul style="list-style-type: none"> ○ Percent of total visits done through tele-health (~80% of visits may be done through tele-health) ○ Establish a target (likely as a percentage) and track progress toward that goal 			
Conclusions			
<ul style="list-style-type: none"> • Align on specific initiatives for each focus area based on stakeholder feedback to determine direction for the plan. • Use high-impact metrics highlighted by the work group to develop guidelines for ongoing accountability. 			
Closing and Next Steps			
3:45 – 4:00 PM	Dr. Lauren Hughes		
Action Items	Person Responsible	Deadline	

Participate in follow-up webinars or calls	Work Group Members	TBD
Participate in third work group session to refine health care transformation strategies and identify interdependencies with other work groups	Work Group Members	April 2016

Health Care Transformation Work Group – Session 3		
4.11.2016	10:00 AM – 12:00 PM	Harrisburg, PA
Meeting called by	Secretary Karen Murphy, Department of Health	
Type of meeting	Health Care Transformation Work Group Meeting	
Conveners	Dr. Rachel Levine, Physician General Lisa Davis, Pennsylvania Office of Rural Health	
Introductions and Recap of Last Work Group Session		
10:00 – 10:20 AM	Dr. Lauren Hughes, Department of Health	
Discussion / Conclusions	Dr. Hughes led the work group through a recap of the goals of the work group, work group charter and timeline, and the vision and objectives for HCT in the commonwealth. The discussion also covered Public Health 3.0, which is an initiative that emphasizes cross-sectoral environmental, policy, and systems-level actions that directly affect the social determinants of health.	
Health Care Transformation Path Forward and Group Discussion		
10:20– 11:30 AM	Dr. Rachel Levine, Physician General Lisa Davis, Pennsylvania Office of Rural Health	
Discussion / Conclusions	Dr. Levine and Ms. Davis presented the strategic direction for health care transformation in the health innovation plan, engaging stakeholders directly about their questions and comments about the direction laid out in the strategy. For its strategy the commonwealth anticipates:	
<ul style="list-style-type: none"> • Supporting the work of the Jewish Healthcare Foundation to expand the use of Community Health Workers. Specific new recommendations from work group participants included: <ul style="list-style-type: none"> ○ Keeping up the momentum generated through additional work groups for workforce, certification, engagement, and community paramedicine ○ Expanding the definition of community health workers to include peer specialists and parents who are giving care to special needs children ○ Employing medics leaving military service, who have excellent training and experience, but lack certifications. In the current system, they do not get credit for having already worked in health care 		
<ul style="list-style-type: none"> • Integrating behavioral health with primary care potentially through the use of a hub and spoke model and expanding health homes to include behavioral health. Specific new recommendations from work group participants included: <ul style="list-style-type: none"> ○ Addressing current regulations that prohibit co-location of behavioral health with physical health and compensating primary care practices for providing behavioral health. These make integrating both difficult and costly <ul style="list-style-type: none"> ▪ Clarifying definitions may be a potential solution to the problems posed by regulations ○ Ensuring that providers are clear about how to bill for services provided in an integrated manner 		

	<ul style="list-style-type: none"> • Improving oral health / dental health access by expanding the workforce in currently underserved areas. Specific new recommendations from work group participants included: <ul style="list-style-type: none"> ○ Applying the hub and spoke model mentioned for behavioral health to dental health, as well ○ Using dental assistants and nurse practitioners to expand access to dental health care. A pilot program at NYU for integrating primary and dental care was cited as an example ○ Addressing the perception of low reimbursement for Medicaid. Expanded provider participation in Medicaid will open access for that population ○ Considering non-clinical, up-stream interventions (e.g., health literacy for dental health, keeping sweet drinks out of schools)
	<ul style="list-style-type: none"> • Expanding the use of tele-health, especially in rural areas and reconvening the Telehealth Advisory Committee. Specific new recommendations from work group participants included: <ul style="list-style-type: none"> ○ Leveraging existing programs and organizations, with the understanding that the state has been working on telehealth for a number of years ○ Changing regulations that <ul style="list-style-type: none"> ▪ Treat telehealth as providing a new service, which puts an administrative burden on providers and creates a disincentive ▪ Mandate telehealth services be provided in real-time. In many cases, a “store and forward” approach may be more effective
	<ul style="list-style-type: none"> • Collecting data, especially around workforce, to support and monitor health care transformation and population health initiatives. Specific new recommendations from work group participants included: <ul style="list-style-type: none"> ○ Developing the systems to allow for providers to seamlessly enter data helpful to the state and later retrieve for their own analysis and benchmarking ○ Establish a baseline for co-location of behavioral health and primary care ○ Consider administrative and financial costs to providers as the system process is designed; students in policy programs may serve as a resource to help with data collection. ○ Begin collecting data on important care delivered by providers who are not licensed and not currently tracked by the Department of Labor ○ Include emergency department utilization as a key statistic to capture
	<ul style="list-style-type: none"> • Improving Pennsylvania’s primary care workforce investments and impact. Specific new recommendations from work group participants included: <ul style="list-style-type: none"> ○ Expanding the focus beyond physicians to include community health workers, peer support, mental health, and nurse practitioners ○ Creating incentives for people to enter the profession. Financial incentives are important, but not the only consideration. Structural problems associated with the business model should be addressed ○ Training incumbent workers for the changes in health care and demographics. In some cases, workers may need to be redeployed
	<ul style="list-style-type: none"> • Addressing access to care and population health for those in rural areas with a focus on changing the delivery of services with technology and workforce extensions. Specific new recommendations from work group participants included: <ul style="list-style-type: none"> ○ Applying a similar hub and spoke model to that discussed for both behavioral and dental health ○ Addressing transportation. In some cases, patients may have to travel hours to receive care ○ Levering the HIE and extending it to new regions that are currently not covered or engaged
Update on overall HIP Strategy	
11:45 –11:55 AM	Dr. Lauren Hughes, Department of Health
Discussion / Conclusions	Dr. Hughes presented the HIP strategy for other 4 work groups, an implementation timeline, and discussed the opportunity for work group members to give their feedback.

The Commonwealth has determined a set of drivers for its approach to achieve its goals to improve population health, improve health care quality and care experience, and reduce costs.

- **Payment reform:** The Commonwealth will focus on establishing a target for the percent of care paid for under a value-based reimbursement structure through the use of advanced primary care, episode-based payment, and global payments
- **Population Health:** Pennsylvania will drive efforts to reduce childhood obesity, decrease diabetes, reduce dental cavities in children, decrease the number of drug related deaths, and reduce smoking amongst reproductive-aged women, among others
- **Transparency:** The Commonwealth will promote price and quality transparency through broad primary care transparency for all data users, consumer health literacy, and “shoppable” care transparency for both commodities and episodes of care
- **HIT:** The Commonwealth will drive the expansion of a statewide federated HIE, support the efforts to determine the feasibility and capabilities of an APCD, work to spur the use of telehealth, develop a population health dashboard, and promote the use of the PDMP

Closing and Next Steps

11:55 – 12:00 PM	Dr. Lauren Hughes	
Action Items	Person Responsible	Deadline
Provide access to a preview copy of the complete SIM plan	DOH	Late April
Provide feedback on SIM plan	Work Group Members	Early May

Minutes from Health Information Technology Work Group Meetings

Health Information Technology Work Group – Session 1		
11.30.2015	9:00 AM – 12:00 PM	Harrisburg, PA
Meeting called by	Secretary Karen Murphy	
Type of meeting	Health Information Technology – session 1	
Chair(s)	Secretary Karen Murphy	
Current state of PA		
9:30 – 10:00 AM	Secretary Karen Murphy	
Discussion		
<p>After a brief presentation on current state of HIT in PA, attendees shared reflections on current state</p> <ul style="list-style-type: none"> ▪ There is a decision to be made between what extent should the Commonwealth regulate vs. influence the market to lead to target outcomes ▪ Q: How can we help create a better environment to improve HIT and data integration? <ul style="list-style-type: none"> ○ A: A major issue of HIT is the cost of implementing tools in hospitals ▪ We should make sure to focus on the outcomes for the final consumer (often these conversations do not talk about the care consumers) <ul style="list-style-type: none"> ○ It is important to think about all the data users, including consumers, as well as provider, payer, and policy makers ▪ Q: If we are going to focus on population health there is a need to have consistent payer data – are we considering an APCD? <ul style="list-style-type: none"> ○ A: PID has started discussions about the challenges of implementing an APCD and have engaged a consultant to investigate this further ○ There is a need for consistency across clinical data – this is critical for any value-based payment innovation and many transparency solutions 		
Conclusions		
<p>The discussion lead to a couple guiding principles:</p> <ul style="list-style-type: none"> ▪ Despite the challenges and barriers that we face in PA, it is our obligation to try to solve these health care issues (and keep up with the many other states who also trying to solve these problems ▪ Focus our efforts on the outcome / impact for the final stakeholder (consumer, provider, payer, policy maker) ▪ We should learn from past efforts and build off existing efforts 		
Action Items	Person Responsible	Deadline
N/A	N/A	N/A
HIT focus area exercise		
10:45 – 11:30 PM	Secretary Karen Murphy	
Discussion	All attendees split up into break-out groups for the exercise. Each break out group focused on the HIT requirements supporting a strategic focus area of the PA Health Information Plan	
<p>Payment innovation:</p> <ul style="list-style-type: none"> ▪ There is a need to marry EHR and clinical record data with the claims data from payers ▪ There is a focus on enabling the integration of behavioral health into payment innovation ▪ Commonwealth can play the role of facilitator to convene the right stakeholders and experts together ▪ Necessary for standardization across payers (Commonwealth could help support this) ▪ HIT strategies should build-off and leverage existing payment models ▪ There is a need to identify how strategies will differ in rural vs. urban areas 		

Price and quality transparency:

- Necessary to have a comprehensive database with cost and quality data that can then be leveraged for different transparency purposes
- Commonwealth can help identify appropriate standard cost and quality measures of data that are consistent across provider scorecards, consumer tools, payer measures and are based on evidence-based data
- There is a need for varying strategies for varying providers (in different communities)
- Given effort to support shared decision making – Commonwealth can help provide benchmarks for outcome measures

Population health:

- There are a set of significant barriers that can be overcome using HIT
 - Having the HISPs work together – Commonwealth can help link together through P3N and facilitation / convening
 - Referral loops are often not close – need to ensure EHRs are able to do referral information loop so should work with HIO's to potentially resolve this broader issue
 - Small practices do not necessarily understand value of connectivity for multiple HISP's – Commonwealth can play a leading role in education
 - Patients are often unaware of tools available or have low health care literacy – Commonwealth can play a leading role in education
 - PCPs may be unaware of population health priorities and tools (e.g., PDMP) – Commonwealth can play a role to help support / educate PCP
- Commonwealth can also play a role to help identify standards of measuring population health quality (tied to evidence-based measures)
- Important for providers to understand baseline

Health care delivery population:

- Can leverage consumer to drive changes by promoting
 - Access to records (e.g., EMR)
 - Access to care (e.g., tele-health)
- Could improve coordination by further integrating HIE
- Commonwealth can play the role of supporter, incentivizer (funder), convener
- A significant barrier is PA mental health records act – necessary to improve coordination with mental health care

Conclusions

The break out exercise identified a set of **common themes:**

- There is a need to identify how strategies will differ for different providers (by region, type)
- Stakeholders should be able to understand their current baseline and track performance against metrics
- Commonwealth can play role of facilitator to convene the right stakeholders and experts together
- Commonwealth can help ensure standardization across stakeholders, especially around metrics
- Commonwealth can help play a role in educating consumers and providers (e.g., small practices, PCPs)
- Commonwealth will have different roles in different areas

Action Items	Person Responsible	Deadline
N/A	N/A	N/A

Closing and next steps

11:50 AM – 12:00 PM	Secretary Karen Murphy	
Action Items	Person Responsible	Deadline
Participate in follow-up webinars or calls	Work Group Members	TBD
Participate in second Work Group meeting to test preliminary plan	Work Group Members	February 2016

Health Information Technology Work Group – Session 2		
2.3.2016	9:00 AM – 12:00 PM	Harrisburg, PA
Meeting called by	Secretary Karen Murphy	
Type of meeting	Health Information Technology Work Group Meeting	
Convener	Secretary Karen Murphy	
Introduction and Recap of Last Work Group Session		
9:00 – 9:15 AM	Secretary Karen Murphy	
Discussion	The work group began with a recap of the previous HIT work group and brief overview of conclusions from the other four work groups.	
	<ul style="list-style-type: none"> ▪ Review of the work group charter and timeline for the HIP initiative ▪ Guiding principles from HIT Work Group Session 1 ▪ Preliminary conclusions from other work groups that affect HIT 	
HIT Functionality and Use Cases Identified		
9:15 – 10:15 AM	Patricia MacTaggart, Senior Advisor at Office of the National Coordinator / Office of Care Transformation	
Discussion	Patricia shared learnings from other states that are undertaking similar efforts, with particular focus on functionality and operationalization. Patricia shared high-level structures to think about health information technology and the flow of data throughout the system from data sources to end users.	
	<ul style="list-style-type: none"> ▪ Patient / consumer should be the end focus of all initiatives. ▪ Focus should be on how HIT supports other elements of HIP. ▪ In order to be successful, PA needs to quickly get to addressing the technology functionality needs of the Commonwealth and identify a set of specific initiatives to drive forward in the near term and a higher-level approach for HIT more generally in the long term. ▪ Although some states have improved in specific areas, no state has completely figured out all elements / requirements of HIT. 	
Care Coordination Use Case		
10:30 – 11:00 AM	Patricia MacTaggart, Senior Advisor at Office of the National Coordinator / Office of Care Transformation	
Discussion	Patricia introduced the framework for health information technology using the example use case of care coordination. The framework includes data collection, data extraction / sharing / transport, and technology functionality.	
	<p>HIT framework:</p> <ul style="list-style-type: none"> ▪ Technology functionality is a pyramid of functions that build bottom-up from foundational requirements (e.g., security mechanisms, consent management functions) to higher-level functionality (e.g., analytic services, consumer tools). ▪ Governance, policy/legal, financing, and business operations are required to support this technology functionality. 	
HIT Focus Area Exercise		
11:00 – 11:45 AM	Lauren S. Hughes, MD, MPH, MSc, FAAFP	
Discussion	All attendees split up into break-out groups for the exercise. Each break-out group focused on key strategic questions focusing on care coordination as the use case.	

Data Collection		
<ul style="list-style-type: none"> ▪ There are many touchpoints where data collection is required (patients, primary care physicians, specialists, pharmacists, community organizations, educational institutions, etc.). ▪ An all-payer claims and clinical database is needed (mentioned throughout the work group) <ul style="list-style-type: none"> ○ Where data belongs to the patient (not a vendor) ○ Centrally managed by a neutral / government entity ○ Data is automatically pushed at the point of collection and easily pulled by whoever needs it ▪ Barriers <ul style="list-style-type: none"> ○ Significant portion of the provider population are still using paper (not EMRs). ○ If given an option, many people may opt-out, especially for behavioral / mental health or substance abuse data. ○ Interstate or border populations may use / generate data in other states, but current solutions do not incorporate interstate data sharing or interaction. 		
Data Extraction / Sharing / Transport		
<ul style="list-style-type: none"> ▪ The key user endpoints are consumers, providers, payers (commercial and government), and policy makers (both government and data aggregators, like surveillance). ▪ Need statewide clinical and claims database. ▪ The state does have some pieces in place – current federated model allows data to be pushed (but not stored centrally). ▪ There are some challenges: <ul style="list-style-type: none"> ○ Gap in ambulatory care data (and other types of data). ○ Issues with collaboration between regional HIE participants (due, in part, to competition). ○ Adoption is low in current infrastructure. 		
Technology Functionality		
<ul style="list-style-type: none"> ▪ Solution has to be part of existing provider workflow - it cannot give professionals more work. ▪ Encounter notification must be implemented, so that whoever is being held accountable actually knows that the patient is utilizing services. ▪ Right now home health and long-term care are left out (as well as other providers in continuum of care), and they must be included. 		
Conclusions		
<ul style="list-style-type: none"> • HIT work group will identify a couple specific initiatives to support the broader HIP (i.e., what HIT is required for payment, price and quality transparency, population health, health care transformation). • Governance is recommended as the first area to focus efforts. • HIT work group needs to interact with other work groups to make sure proposed solutions are aligned with the other work groups. • Based on the evaluation of other states, for CMMI, the strategy needs to specifically address each part of the framework: financing, policy / legal, business operations, and governance. 		
Closing and Next Steps		
11:45 AM – 12:00 PM	Lauren S. Hughes, MD, MPH, MSc, FAFAP	
Action Items	Person Responsible	Deadline
Participate in follow-up webinars or calls	Work Group Members	TBD
Participate in third work group session to refine HIT strategies and identify interdependencies with other work groups	Work Group Members	April 2016

HIT Work Group – Session 3		
4.5.2016	10:00 AM – 12:00 PM	Harrisburg, PA
Meeting called by	Secretary Karen Murphy, Department of Health	
Type of meeting	HIT Work Group Meeting	
Convener	Secretary Karen Murphy, Department of Health	
Introductions and Recap of Last Work Group Session		
10:00 – 10:20 AM	Secretary Karen Murphy, Department of Health	
Discussion / Conclusions	Secretary Murphy began with a recap of the goals, charter and timeline, and the vision and objectives for HIT in the commonwealth. The discussion also covered the Public Health 3.0 which is a movement that emphasizes cross-sectoral environmental, policy, and systems-level actions that directly affect the social determinants of health. Secretary Murphy stressed the importance of taking a data driven approach to public health.	
HIT Path Forward		
10:20– 10:40 AM	Secretary Karen Murphy, Department of Health	
Discussion / Conclusions	Secretary Murphy presented the strategic direction for HIT in the health innovation plan, engaging stakeholders directly regarding their questions and comments about the direction laid out in the strategy.	
<p>The strategy for the HIT work group will involve enabling the other work group areas through specific initiatives, the following were discussed with the stakeholders:</p> <ul style="list-style-type: none"> • Expansion of statewide Health Information Exchange—Plans for continuing to move towards centralizing 5 regional Health Information Organizations were shared • Price and Quality Transparency (claims and clinical data aggregation)—The feasibility and capabilities associated with an all-payer claims database (APCD) will be HIT’s focus for transparency. Stakeholders were briefed on the Transparency work group’s approach to moving forward on the APCD effort. • Telehealth—The commonwealth will act as a convener and a regulator, specifically reconvening the Telehealth Advisory Committee and releasing regulations regarding the use of telehealth. • Prescription Drug Monitoring Program (PDMP)—A new PDMP Office has been established within the DOH to lead a multi-agency collaboration to work on launching and promoting the PDMP. Stakeholders provided substantive input on the prospective PDMP, they included: <ul style="list-style-type: none"> ○ Every effort should be made to ensure a seamless interface for providers, to reduce any potential additional administrative burden ○ One objective of the PDMP is to help patients get referred to treatment immediately, rather than being sent home. The referral to a treatment center should be similar to a referral to a specialist physician. ○ The time required to counsel patients may be significant and reimbursement for the additional time might be a consideration ○ It is important to make sure physicians can assign designees to pull this data. 		
Group Discussion		
10:40 – 11:40 AM	Deputy Secretary Lauren Hughes, Department of Health	
Discussion / Conclusions	Dr. Hughes led the group discussion to elicit feedback from the stakeholders present by going around the room allowing each work group member to share their input on the plan as presented.	

- **Engaging additional stakeholders**
 - Stakeholders suggested additional groups or individuals who could be engaged:
 - Vendors of EHRs
 - Office of National Coordinator and CMS
 - P3N board members
 - Suggestions for engagement:
 - Merge efforts across state agencies to focus on one disease at a time to maximize the time and effort of stakeholders
 - Start the conversation with vendors early so that they can incorporate higher levels of functionality into their design processes.
 - Tie Pennsylvania’s HIT efforts to MACRA / MIPPS and leverage national efforts that are already underway
 - Ensure doctors are aware of the existence of, and know how to use, the HIE and engage them on the value proposition of the data for their practices
- **Overcoming barriers and challenges**
 - Be sure to factor in social determinants of health, which have been shown to carry the most weight in an individual’s overall health
 - Focus on reducing the potential administrative burden on physicians. In the design, consider the implications for workflow and productivity
 - In rural areas, primary physicians who identify a problem through the PDMP may not be able to make the referral. In some cases, behavioral services may not be available in the community.
 - Currently, HIE is concentrated in hospitals and delivery systems. It’s important to expand HIE to untapped regions and types of care, keeping in mind the shift to value based payment.
 - Prioritization is critical to success. A recommendation is to focus on a narrower set of initiatives and push forward at an accelerated pace.

Update on overall HIP Strategy

11:45 –11:55 AM	Deputy Secretary Lauren Hughes, Department of Health
Discussion / Conclusions	Dr. Hughes presented the HIP strategy for other 4 work groups, an implementation timeline, and discussed the opportunity for work group members to give their feedback.

The Commonwealth has determined a set of drivers for its approach to achieve its goals to improve population health, improve health care quality and care experience, and reduce costs.

- **Payment reform:** The Commonwealth will focus on establishing a target for the commonwealth for the percent of care paid for under a value-based reimbursement structure through the use of advanced primary care, episode-based payment, and global payments
- **Population Health:** Pennsylvania will drive efforts to reduce childhood obesity, decrease new cases of diabetes, reduce dental cavities in children, decrease the number of drug related deaths, and reduce smoking among women ages 18-44.
- **Transparency:** The Commonwealth will promote price and quality transparency through broad primary care transparency for all data users, consumer health literacy, and “shoppable” care transparency for both commodities and episodes of care
- **Health Care Transformation:** The state will focus on efforts related to community health workers, oral/dental health access, integrating care at multiple levels, data analytics, and tele-health

Closing and Next Steps

11:55 – 12:00 PM	Deputy Secretary Lauren Hughes, Department of Health	
Action Items	Person Responsible	Deadline
Provide access to a preview copy of the complete SIM plan	DOH	Late April
Provide feedback on SIM plan	Work Group Members	Early May

Appendix 4: Presentations from Work Group Meetings

The presentations for work group meetings can be found in their entirety at

Add link or links here

**Appendix 5: Agendas from National Governors
Association Meetings**



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Pennsylvania Pathway to Better Health and Lower Costs

July 17-19, 2015
Harrisburg Hilton Hotel and Towers

Objectives:

- **Understanding Challenges and Solutions:** Identifying challenges facing Pennsylvania's health care system and government and private sector solutions for improving quality and reducing costs.
- **Aligned Perspectives:** Shared understanding about how the commonwealth has a leading role in health transformation and improvement and which initiatives it has been—or will be—moving forward.
- **Agreeing on Next Steps:** Identifying ways to align state government and private sector initiatives to improve health and control costs (such as payment innovations to increase value) while simplifying processes for providers, payers, and patients.

Day One Friday, July 17	
<i>12:00 P.M.–1:00 P.M.</i>	Registration and Lunch
<i>1:00 P.M.–2:00 P.M.</i>	<u>SESSION 1: Welcome and Overview of Retreat</u> Governor Tom Wolf , Pennsylvania Harvey Fineberg , President, Betty and Gordon Moore Foundation; Past President, Institute of Medicine

SESSION 2: Drivers of Health Care Costs and State Levers to Change Spending and Trends

Part 1: The Role of State Government in Accelerating Health Transformation

This session will focus on the levers states can use to accelerate health transformation, including Medicaid, state employee health benefits, regulations, licensing, and public health, and how those levers have been used in other states.

Dan Crippen, Executive Director, National Governors Association

Facilitator: Harvey Fineberg

2:00 P.M.–2:30 P.M.

<p><i>2:30 P.M.–3:45 P.M.</i></p>	<p>Part 2: What is different today from 5 years ago? From 10 or 20 years ago?</p> <p>This session will focus on how health care has changed over the past 5, 10, and 20 years. Participants will discuss the future of health care from a national perspective, the challenges of providing care for the growing number of people living with chronic conditions, and how data capture and analytics can improve and inform that care.</p> <p>Speaker: David Nash, Dean of Jefferson School of Population Health, Thomas Jefferson University; Pennsylvania Health Care Cost Containment Council</p> <p>Facilitator: Harvey Fineberg</p>
<p><i>3:45 P.M.–4:00 P.M.</i></p>	<p>Break</p>
<p><i>4:00 P.M.–5:30 P.M.</i></p>	<p>Part 3: Facilitating the Movement from Volume to Value: Aligning Payment Reform, Transparency, and Consumer Engagement</p> <p>The speakers will discuss how quality reporting/transparency and clinical evidence can contribute to value-based payment innovation and insurance design. The session will focus on why such reporting is needed, what has been done in other states and nationally, the importance of aligned provider and consumer incentives, and how Pennsylvania could approach such activities.</p> <p>Speakers:</p> <ul style="list-style-type: none"> • Andréa Caballero, Program Director, Catalyst for Payment Reform • A. Mark Fendrick, Director of the University of Michigan Center for Value-Based Insurance Design <p>Facilitator: Harvey Fineberg</p>
<p><i>5:30 P.M.–6:15 P.M.</i></p>	<p>Hospitality</p>
<p><i>6:15 P.M.–7:45 P.M.</i></p>	<p><u>DINNER SESSION:</u> IOM’s Experience with Health Care Transformation: Improving Quality and Controlling Cost</p> <p>Speaker: Harvey Fineberg</p>
<p><i>7:45 P.M.</i></p>	<p>Hospitality</p>

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Day Two Saturday, July 18	
<i>7:30 A.M.–8:30 A.M.</i>	Breakfast
<i>8:30 A.M.–10:00 A.M.</i>	<p><u>SESSION 3: Pennsylvania Challenges and Opportunities</u> This session will focus on health and health care in Pennsylvania and the opportunities and challenges of infrastructure, public health, and payment systems that would need to be addressed as part of health care improvement and transformation in the commonwealth. Questions to be addressed include:</p> <ul style="list-style-type: none"> • What are the major forces driving health care spending in Pennsylvania, and how do they compare to other states as well as nationally? • How are new models of care, new payment arrangements, and care coordination already changing the health care system in Pennsylvania? <p>Speakers:</p> <ul style="list-style-type: none"> • Daniel Polsky, Executive Director, Leonard Davis Institute of Health Economics, University of Pennsylvania • Everette James, Executive Director, University of Pittsburgh’s Health Policy Institute <p>Facilitator: Harvey Fineberg</p>
<i>10:00 A.M.–10:15 A.M.</i>	Break
<i>10:15 P.M.–12:00 P.M.</i>	<p><u>SESSION 4: Medicaid in Pennsylvania</u> This session will focus on Pennsylvania’s Medicaid system and plans for transformation (including the implications for improving long-term care in the commonwealth) and how those transformations can align with the changes being developed or implemented by other states.</p> <p>Speakers:</p> <ul style="list-style-type: none"> • Stephen A. Somers, President & CEO, Center for Health Care Strategies <p>Facilitator: Harvey Fineberg</p>
<i>12:00 P.M.–1:00 P.M.</i>	Lunch
<i>1:00 P.M.–3:00 P.M.</i>	<p><u>SESSION 5: Pennsylvania’s Heroin Epidemic: Addressing a Public Health Crisis</u> This session will focus on the public health crisis of heroin addiction in Pennsylvania, and how the commonwealth and others can partner to combat this epidemic.</p> <p>Speakers:</p> <ul style="list-style-type: none"> • Joshua Sharfstein, Associate Dean for Public Health Practice and Training,

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<i>3:00 P.M.–3:30 P.M.</i>	Break
<i>3:30 P.M.–6:00 P.M.</i>	<p><u>SESSION 6: Business Leaders Roundtable</u> This moderated discussion will start with perspectives from a range of Pennsylvania’s private payers, explore health care trends and innovations in employer-sponsored health benefits, and identify ways to improve payment and benefit systems to support broader and more efficient health system transformations across Pennsylvania, particularly in local and regional areas.</p> <p>Facilitator: Harvey Fineberg</p>
<i>6:00 P.M.–6:30 P.M.</i>	Leisure
<i>6:30 P.M.–7:00 P.M.</i>	Hospitality
<i>7:00 P.M.–8:30 P.M.</i>	<p><u>DINNER SESSION: Catalyzing Innovations in Health Care in Pennsylvania</u></p> <p>Speaker:</p> <ul style="list-style-type: none"> • Ezekiel Emanuel, Chair, Department of Medical Ethics and Health Policy, University of Pennsylvania
<i>8:30 P.M.</i>	Evening Hospitality

Day Three Sunday, July 19	
<i>7:30 A.M.–8:30 A.M.</i>	Breakfast
<i>8:30 A.M.–11:00 A.M.</i>	<p><u>SESSION 7: Moving Forward with Aligned Perspectives</u> Facilitated Discussion: Developing and Moving Forward Along Pennsylvania’s Pathway for Health and Health Care Innovation</p> <p>Discussion Facilitated by Governor Wolf (with NGA & IOM)</p>
<i>11:00 A.M.–12:00 P.M.</i>	<u>SESSION 8: Closing Remarks and Discussion</u>
<i>12:00 P.M.</i>	Lunch & Adjournment

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Pennsylvania Population Health In-State Meeting

February 17, 2015, 1 – 4 pm

Location: Conference Room 129, Health & Welfare Building, 625 Forster St., Harrisburg

Purpose: Use a case study on prescription opioid and heroin abuse to frame a larger population health discussion, specifically focusing on: 1) data strategies to align state and local efforts to target geographic areas and resources; 2) strategic deployment of resources; and 3) sustainability of initiatives using existing funding sources.

1:00 – 1:20 **Welcome & Introductions**

- **Karen Murphy**, Secretary of Health, Pennsylvania Department of Health
- **Lauren Hughes**, Deputy Secretary for Health Innovation, Pennsylvania Department of Health

1:20 – 2:35 **Case Study: Vermont's Approach to Treating the Opioid Epidemic**

Participants will hear about the state of Vermont's approach to addressing opioid abuse from a population health perspective, including data strategies, strategic deployment of resources, and financial sustainability.

After 15 minutes of presentation there will be time for questions from the participants followed by a discussion of what Pennsylvania can take away from Vermont's approach to prescription opioid and heroin abuse.

Moderator:

- **Kelly Murphy**, Program Director, National Governors Association

Speaker:

- **Barbara Cimaglio**, Deputy Commissioner, Vermont Department of Health

2:35 – 2:45 **Break**

2:45 – 3:05 **Framing the Discussion**

Key components of a roadmap for integrating population health into state-wide system transformation will be presented.

Presenter:

- **Akeiisa Coleman**, Senior Policy Analyst, National Governors Association

3:05 – 3:45 **Facilitated Discussion: Strategies to Address Population Health Priorities**

Participants will identify lessons and strategies from the case study that can be applied to reach identified objectives for Pennsylvania's five health priorities and map out strategies and approaches across these core areas: data strategies, strategic deployment of resources, and sustainable funding.

Moderator:

- **Sandra Wilkniss**, Program Director, National Governors Association

3:45 – 4:00

Closing and Next Steps

- **Lauren Hughes**, Deputy Secretary for Health Innovation, Pennsylvania Department of Health
- **Stephanie Koppersmith**, Director of Population Health/SIM Project Director, Pennsylvania Department of Health



NATIONAL CONFERENCE of STATE LEGISLATURES

The Forum for America's Ideas

Pennsylvania Health Workforce Meeting – Telehealth

March 23, 2016, 1 – 4 pm

Location: Conference Room 812, Health & Welfare Building, 625 Forster St. Harrisburg

Purpose: Identify workforce priorities and strategies for improving telehealth services across the state, especially in rural areas, which will improve access to quality health care, improve efficiencies within the health system, and drive economic development in Pennsylvania.

1:00 – 1:20pm **Welcome & Introductions**

- **Karen Murphy**, Secretary of Health, Pennsylvania Department of Health
- **Lauren Block**, Program Director, National Governors Association

1:20 – 2:05pm **Telehealth: National Trends and Lessons Learned from Mississippi**

Participants will hear about national trends in telehealth policy and learn about Mississippi's approach to improving access to care through telehealth, including reimbursement policies.

After the presentations, there will be time for questions from participants followed by a discussion of what Pennsylvania can take away from Mississippi's experience and national trends.

Speakers:

- **Laura Tobler**, Program Director, National Conference of State Legislatures
- **Kristi Henderson**, Vice President of Virtual Care and Innovation, Seton Healthcare Family [Tentative]

2:05 – 2:15pm **Break**

2:15 – 3:45pm **Facilitated Discussion: Strategies to Expand Telehealth**

Participants will discuss telehealth goals and map out strategies that align with overarching workforce objectives for the state. Strategies under consideration include:

- Reimbursement parity for tele-dentistry, tele-mental health, and tele-medicine (e.g. consulting services); and
- Expansion of breadth and scope of telehealth services, technologies, and facilities.

Moderator:

- **Lauren Block**, Program Director, National Governors Association

3:45 – 4:00pm **Closing and Next Steps**

- **Lauren Hughes**, Deputy Secretary for Health Innovation, Pennsylvania Department of Health



NATIONAL CONFERENCE of STATE LEGISLATURES

The Forum for America's Ideas

Pennsylvania Health Workforce Meeting

March 24, 2016, 9 am – 4 pm

Location: Health & Welfare Building, 625 Forster St. Harrisburg

Purpose: Identify workforce priorities and strategies for improving access to quality health care, improving efficiencies within the health system, and driving economic development in Pennsylvania.

Location: Room 907

9:00am – 9:30 am

Welcome & Introductions

- **Karen Murphy**, Secretary of Health, Pennsylvania Department of Health
- **Lauren Block**, Program Director, National Governors Association

9:30am – 10:15am

Overview: Community Health Workers

Participants will hear about national trends regarding the use of community health workers (CHWs) as part of the care team. There will also be an update from the statewide CHW task force groups. After the presentation participants will have an opportunity for Q&A and discussion.

Moderator:

- **Laura Tobler**, Program Director, National Conference of State Legislatures

Speakers:

- **Akeiisa Coleman**, Senior Policy Analyst, National Governors Association
- **Robert Ferguson**, Director of Government Grants and Policy, Jewish Healthcare Foundation

10:15am – 11:45am

Facilitated Discussion: Strategies to Advance CHW Models in Pennsylvania

Participants will identify strategies and make recommendations on how the state can formalize and expand CHW models. Areas to be considered include:

- Financing,
- Training,
- Certification, and
- How existing professionals (EMS) can perform CHW functions.

Moderator:

- **Lauren Block**, Program Director, National Governors Association

11:45am – 12:00pm

Break – Move to Room 812

Location: Room 812

- 12:00pm – 12:45pm **Lunch and Update on Oral Health and Dental Services Workforce Strategy**
Participants will rank the initiatives presented and discuss which two initiatives the state should begin addressing this year.
- Speaker:
- **Lawrence Clark**, Director of Policy, Pennsylvania Department of Health
- 12:45pm – 2:00pm **Primary Care and Behavioral Health Integration: An Example from Colorado**
Participants will hear about innovative approaches for integrating behavioral health and primary care, including workforce considerations, privacy, and funding strategies in the context of state innovation. After the presentation, participants will have an opportunity for Q&A and discussion.
- Moderator:
- **Akeiisa Coleman**, Senior Policy Analyst, National Governors Association
- Speaker:
- **Benjamin Miller**, Director, Eugene S. Farley, Jr. Health Policy Center, University of Colorado School of Medicine
- Reactant:
- **Natalie Levkovich**, Executive Director, Health Federation of Philadelphia
- 2:00pm – 2:15pm **Break**
- 2:15pm – 3:45pm **Facilitated Discussion: Strategies to Enhance the Integration of Primary Care and Behavioral Health**
Participants will identify strategies and make recommendations for the state. Areas to consider include:
- Regulatory barriers,
 - Ability to align funding streams for primary care and behavioral health, and
 - Cross or co-training of primary care/behavioral health professionals.
- Moderator:
- **Lauren Block**, Program Director, National Governors Association
- 3:45pm – 4:00pm **Closing and Next Steps**
- **Lauren Hughes**, Deputy Secretary for Health Innovation, Pennsylvania Department of Health

Appendix 6: Recommendations from National Governors Association Meetings

Recommendations and Insights from the National Governors Association

Opportunities identified by stakeholders included:

Need to identify federal funds to support implementation

Need to tap into the significant number of specialists that are in the state

Need to build upon the best practices and successes we have seen thus far across the commonwealth and in other states

Need to utilize home care association expertise

Need to strengthen / expand statewide HIE connections

Need to continue engaging key tele-health stakeholders

Challenges identified for the uptake and utilization of tele-health included:

Hospital credentialing

Rural Pennsylvania challenged by broadband / connectivity issues

Patient education

Start-up and maintenance infrastructure

Lack of quality improvement education

Lack of evidence base supporting tele-health for specific clinical indications

Commercial insurance reimbursement for tele-health services

Legislation

Regulation

Provider capacity

Segmented delivery system

Financing and investment in broadband capacity

Strategies for Building Tele-health

Top three strategies	Meaningful data collection and reporting
Convene academic / health system tele-health leaders to share best practices.	Establish statewide tele-health data registry in one year.
Pass payer parity legislation for reimbursement.	Mandate collection, reporting, and sharing of data in registry in two years.
Create a standards-based technical infrastructure, including full broadband access in two to five years.	Build workforce capacity to meet demand by collecting key workforce data.
Implement best practices	Strategic planning
Convene academic / health system tele-health leaders to share best practices.	Finalized tele-health vision in 6 months
Create central organizing body to guide the work.	Value proposition – create hospital at home environment in two to five years
Re-convene the Tele-Health Advisory Committee.	Credentialing – provider and facility
Conduct four patient think tank focus groups in one year.	Standardize facility licensure in six months.
Develop best practice models related to quality, safety, and legal issues [Pennsylvania Connected Care Alliance].	Standardize provider credentialing in six months.
Identify “champions” of tele-health.	Build a pipeline of providers who feel comfortable using tele-health.
Reimbursement	Patient experience
Pass payer parity legislation for reimbursement.	Require patient training on tele-health as part of primary care visit within one year.
Achieve workers compensation payment for tele-health services.	Ensure that consumer education component includes health literacy.
Infrastructure	Within a year make sure tele-medicine consults use both audio and video, not just audio.
Create a standards-based technical infrastructure, including full broadband access in two to five years.	Other recommendations not associated with a category
Mandate full broadband deployment in one year.	Establish an office for developing and coordinating federal grant funding in 18 months.
Ensure that HIE is readily available for every tele-health encounter.	Within a year set guidelines that spell out how the physician/patient relation is established.
Governance – guidelines, regulations, and legislation	Provide protection from anti-kickback rules (would require federal policy change).
Re-think guidelines.	Explore public-private partnerships to expand unique tele-health opportunities.
Encourage innovative models through regulatory changes.	

