

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 Centers for Medicare and Medicaid Services Correct Coding Initiative and lessons learned As Medicare Access & CHIP Reauthorization Act of 2015 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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