

Health Care Transformation Work Group – Session 1		
12.7.2015	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