

HIP: Health Care Transformation Work Group – Session 2

Discussion document

February 8, 2016

February 8th Agenda: Health Care Transformation

Work group 2



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| 1:00-1:30 | Introduction and recap of last work group session | Presentation |
| 1:30-2:30 | Workforce initiatives and group discussion | Presentation and discussion |
| 2:30-2:45 | Break | |
| 2:45-3:30 | Stakeholder breakout discussion on measures | Breakout discussion |
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Goal of work group session 2 is to provide feedback on proposed strategies



Purpose/principles

- Collaborate with stakeholders across the Commonwealth to test preliminary strategies

Session 1

Provide input and align on principles

Session 2

Test preliminary strategy

Session 3

Refine strategy and identify interdependencies across broader plan



Milestones for HIP

July
Stakeholder engagement kickoff at NGA

Nov
Webinar briefing for work group members

Work Groups Session 1: Input

Jan
Steering Committee webinar briefing

Catalyst for Payment Reform payer survey

March
Work Groups Session 3: Refine

May
Submit HIP plan to CMMI

Q3
2015

Q4

Q1
2016

Q2

Q3

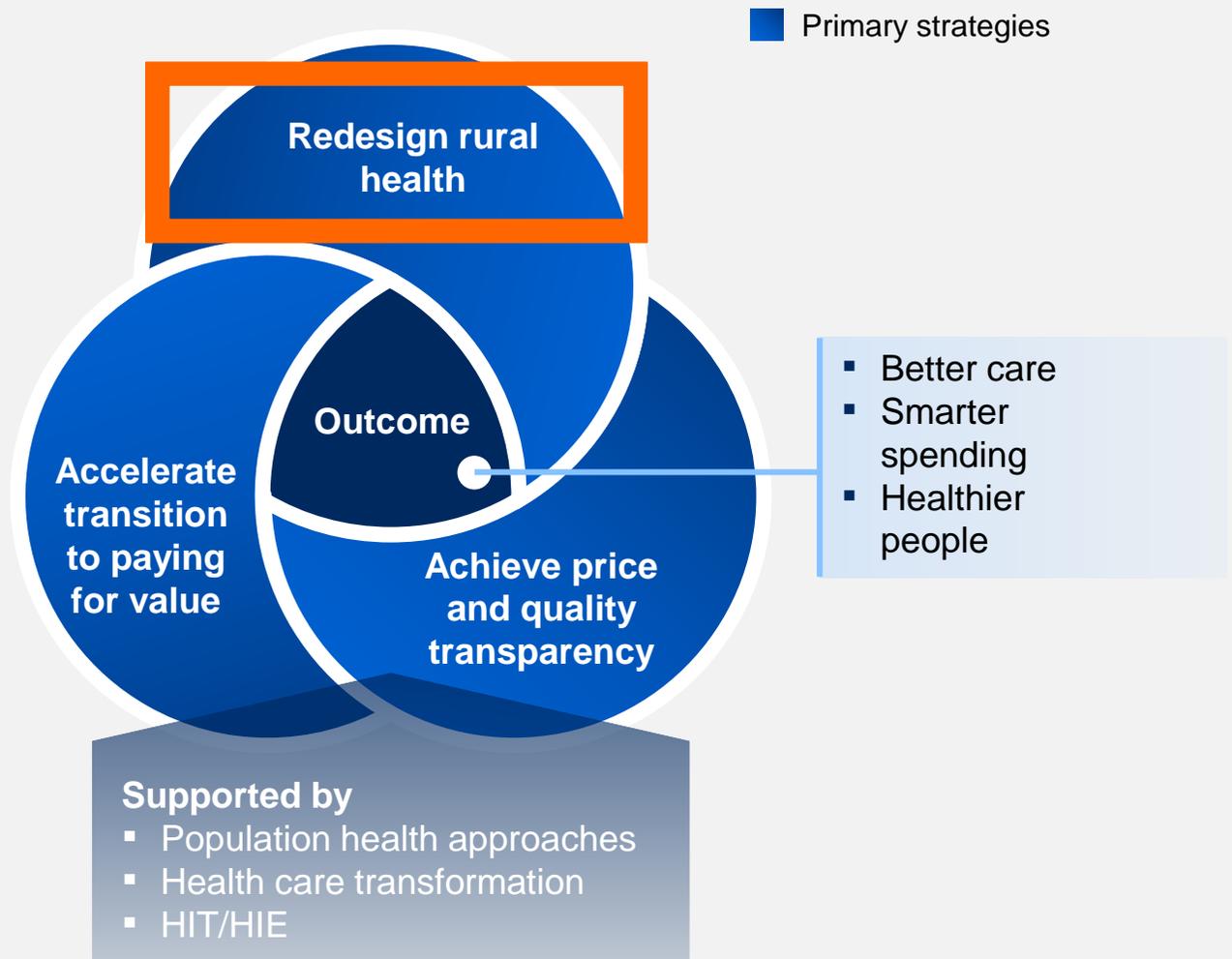
Jan / Feb
Work Groups Session 2: Test

End of Feb
Draft (outline) of full HIP plan complete

Summer
Launch payment model according to implementation plan

Objectives for Health Innovation in Pennsylvania (HIP)

In-going approach to accelerate innovation in PA



What we heard from other work groups

Work group

What we heard

Payment

- Difficult for providers to adjust care delivery without payment model innovation that affects and aligns incentives
- Care delivery transformation requires financial incentive alignment across all stakeholders

Population health

- Care delivery transformation is critical to support population health initiatives in rural areas, especially for oral health, mental health, substance abuse, and access to care initiatives

HIT

- Technology can help enable care delivery transformation through access to records (i.e., EMR) and access to care (i.e., tele-health)
- Technology improvements are necessary to enable care coordination across the broader care team

Price & quality transparency

- Price and quality transparency initiatives can be leveraged to spur transformation through increased accountability

What we heard from health care transformation work group session 1

Guiding principles for health care transformation:

- Much of the innovation and many initiatives are not new, but challenges must be approached in a new way to change how care is delivered
 - Embracing disruptive technologies is critical to improving care delivery
 - New innovations should align with and augment existing care delivery goals
- Care collaboration must be the focus, as providers work together in teams, and should be driven by
 - Improving technology, driving accountability, and building awareness of the full care team
 - Shifting the culture to look at care as a broad team effort (including patients)
 - Retraining for providers to work with additional types of care providers
 - Cultivating a patient-centric view
 - Reinforcing appropriate reimbursement practices

Commonwealth should act as a leader by

- Adjusting regulatory structures to incentivize and support innovative delivery models
- Supporting payment model reform required to drive change

Health care workforce – community health workers

- **Community health workers should be defined** to determine
 - Who should be considered a community health worker
 - 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 to use the health system more effectively.
- **The role of the Commonwealth** includes:
 - Changing / modifying 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** the role of community health workers include improved
 - Training for care collaboration
 - Coordination across care providers
 - Awareness of the full care team to leverage the leading role of community health workers

Health care workforce – behavioral health and primary care integration

- **Improve care coordination**
 - Ensure behavioral health providers are well placed (e.g., in emergency rooms)
 - Improve communication across types of providers
- **Adapt reimbursement**
 - Pay providers for the care that they deliver
 - Ensure financial sustainability of valuable / successful services
 - Reimburse providers appropriately based on certification / location
- **Reduce regulatory barriers**
 - Ensure that regulations are appropriate and support care integration
- **Enhance training and development** of the work force
 - Ensure that primary care providers receive appropriate behavioral health education (and vice versa) to most effectively deliver care
 - Train enough providers to support behavioral health needs of the community

Health care workforce – oral health / dental health access

Potential strategies include:

- Integrating / co-locating multiple pediatric needs (e.g., topical fluoride varnish, vaccinations, general check-ups, other)
- Adjusting reimbursement for public health dental hygiene professionals and specific oral health care
- Integrating dental triage system in emergency departments
- Collaborating with public health organizations to improve oral public health through water fluoridation
- Advancing general education efforts to support oral health
- Developing a shared community collective support model

Tele-health

Telemedicine must be defined in terms of:

- What qualifies as telemedicine
- What is the necessary level of quality acceptable

With digitization, **tele-health can be heavily leveraged**, especially in rural areas.

Reimbursement must be sufficient to incentivize tele-health services

- All stakeholders should not be dis-incentivized to use telemedicine
- Many states mandate parity in telehealth reimbursements with in-person visits

The Commonwealth can help resolve licensure issues associated with tele-health.

Information associated with telehealth **visits must be communicated** to appropriate parties (e.g., primary care providers) to ensure care coordination with tele-health services.

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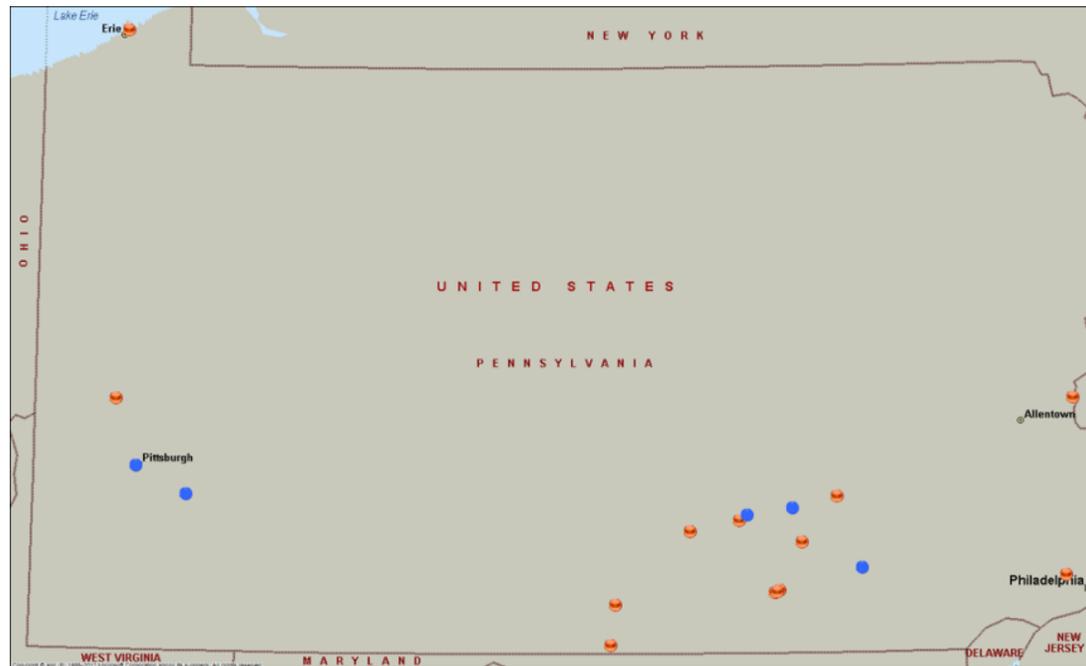


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Pennsylvania Department of Health

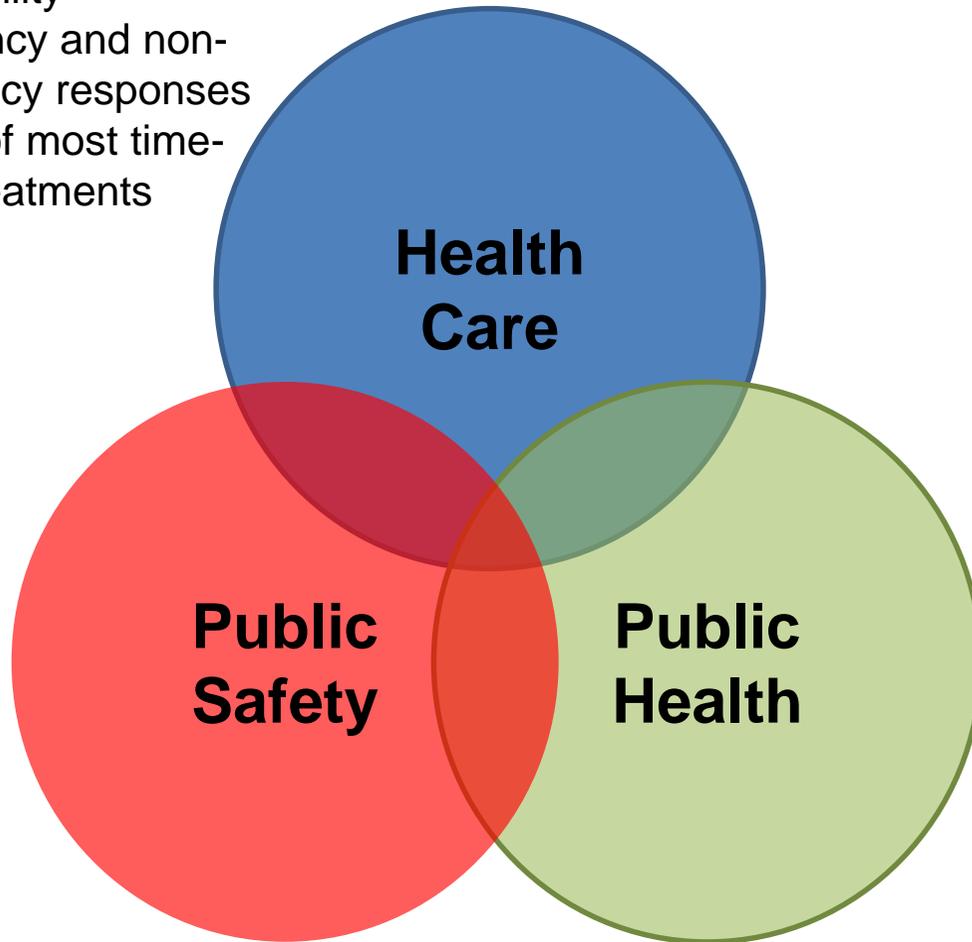
Bureau of Emergency Medical Services (BEMS)

- Oversight / regulation of the EMS system
- Community Paramedicine





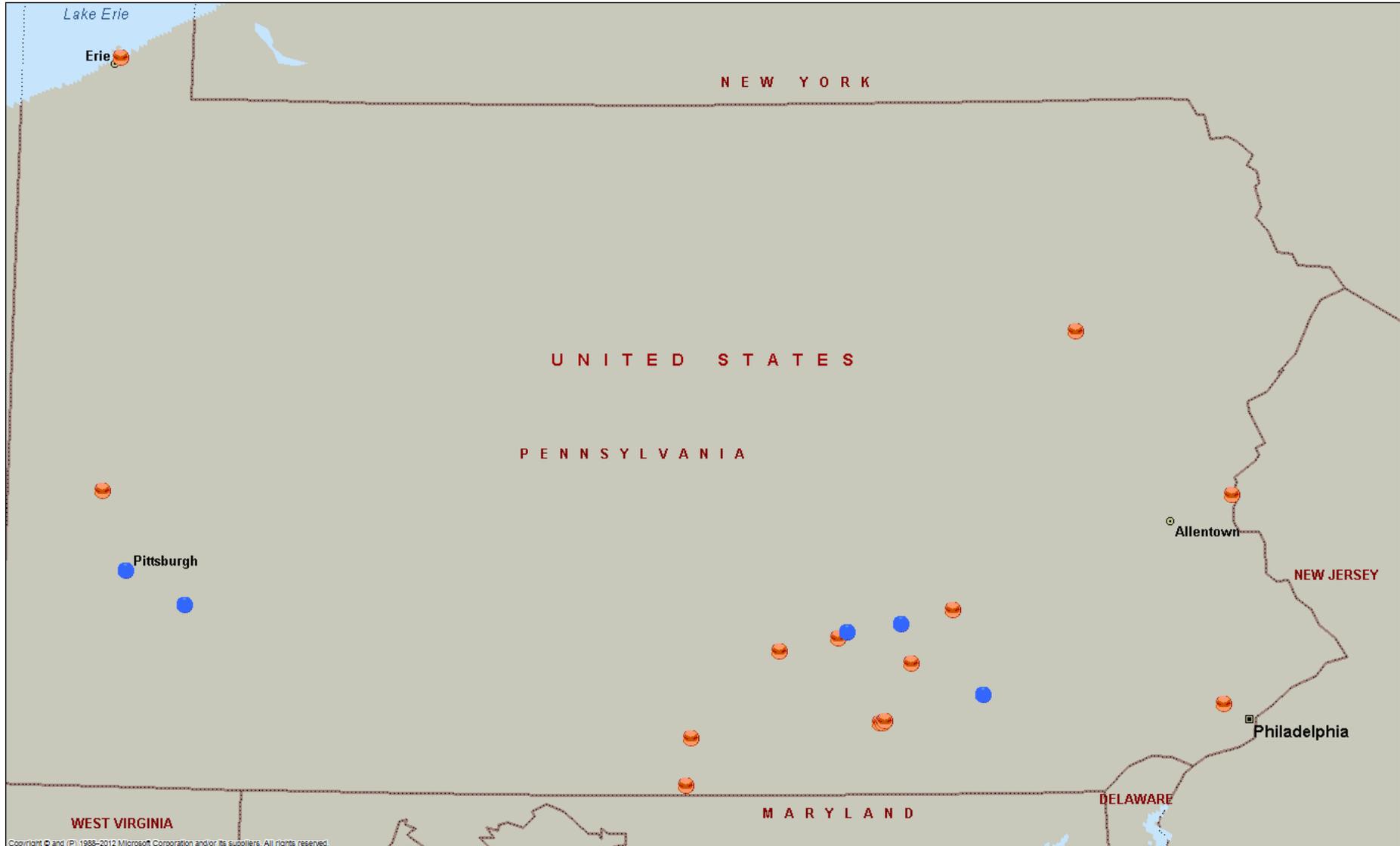
- Care on scene and en route to medical facility
 - Emergency and non-emergency responses
- Integral part of most time-dependent treatments
 - Trauma
 - Stroke
 - Cardiac



- Community Paramedicine
- Health fairs
- Health screenings
- Medical counter measures
- Mass vaccination events
- Mass care shelters

- Emergency response / mitigation
- Disaster response (initial)





Community Paramedicine

Is NOT ...

- Attempt to take patients away from anyone else

IS ...

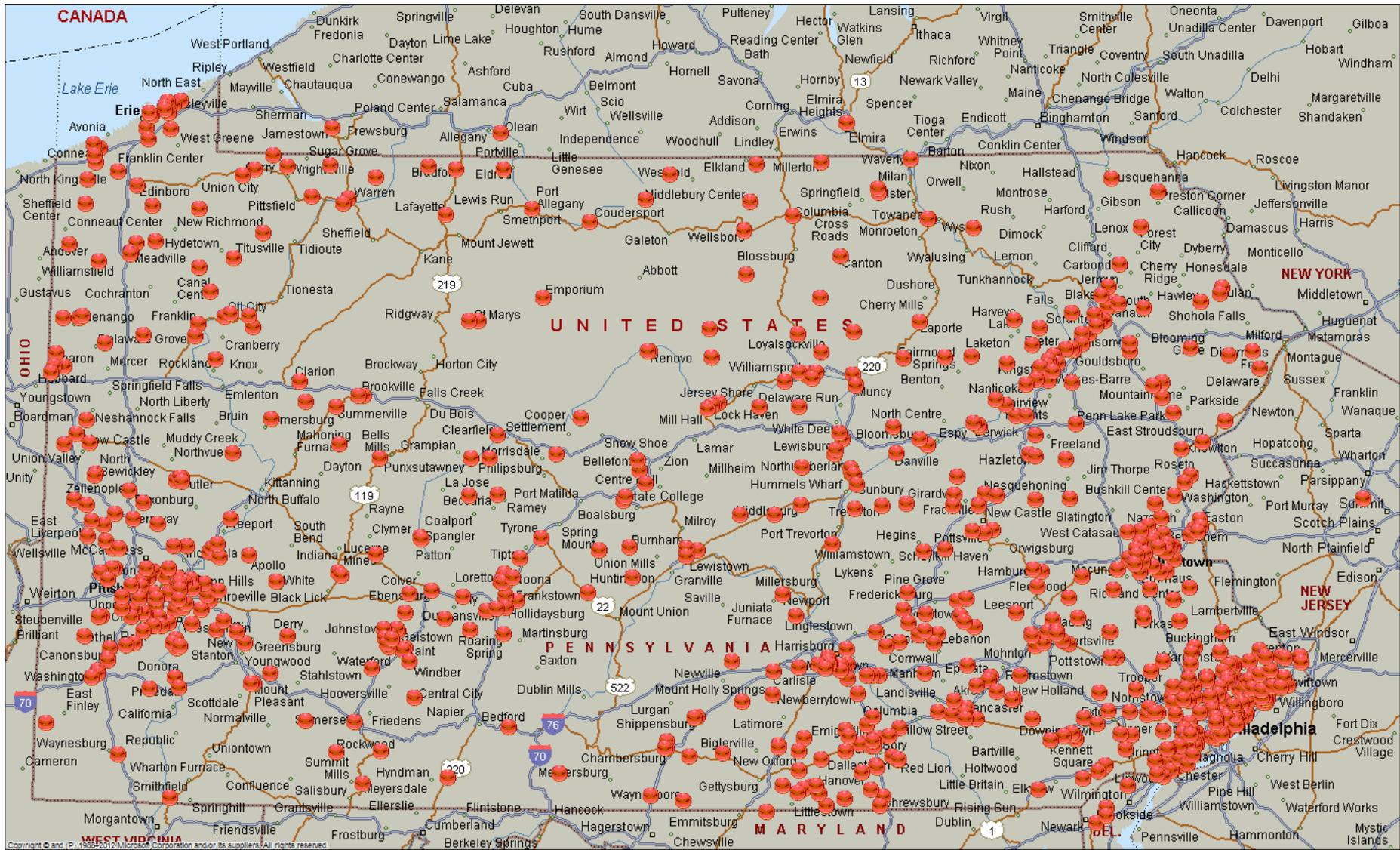
- An opportunity to:
 - ▣ “Fill gaps” in the health care system
 - ▣ Serve those underserved in the system
 - ▣ Help connect patients with the CORRECT services and needs

Community Paramedicine – Value Added

- EMS agencies are uniquely positioned in our communities
- EMS is one of the few health care providers with direct access to patients' homes
- Outreach to the underserved and super-utilizers of the emergency health care system

Community Paramedicine – Value Added

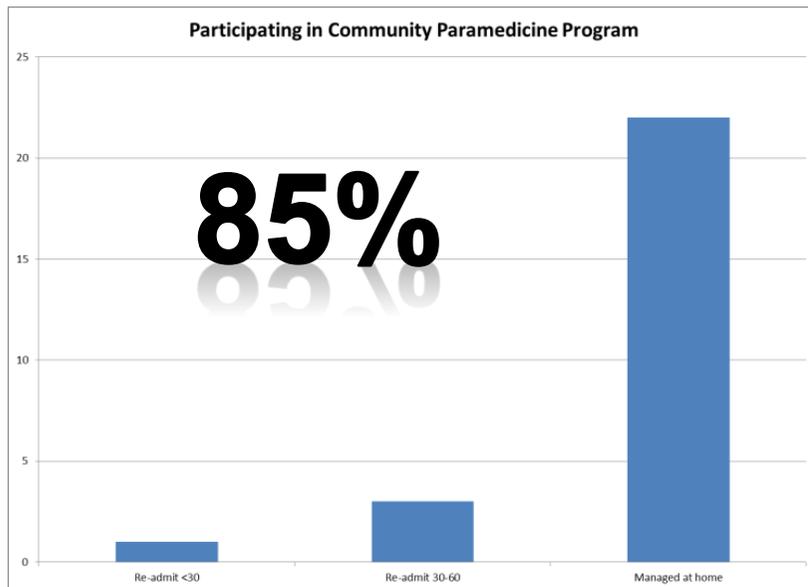
- Existing workforce
 - ▣ In many cases – capacity may already exist
- Mobile workforce
- EMS is everywhere
 - ▣ Variety of models
 - ▣ Variety of capacity



1,000

Is it working?

Participating in CP



- Estimated savings per patient = \$1,200
- Improved quality of life = PRICELESS

Did not participate

- 66% re-admit within 30 days

- Mostly “start-up” and grant funded to-date
- Hospital or third-party payer supported in some instances
- CONNECT program in Pittsburgh area

What is needed?

- ASK ...
- Create sustainable funding --- the cost savings and data support it!
- We are here to fill gaps and expand access to health care.

Richard L. Gibbons, Director
Bureau of EMS

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Increasing preventive oral health services

Kaiser Permanente Northwest Oral Health Initiative

EDUCATING. CONNECTING. GIVING.

From 2011-2014 Kaiser Permanente NW Region awarded \$1.5 million in grants to 13 different community organizations to improve oral health in Oregon and SW Washington.

OBJECTIVES OF THE ORAL HEALTH INITIATIVE



Increase access to oral health care



Implement policy improvements that support oral health



Enhance oral health education for consumers, public health and medical professionals

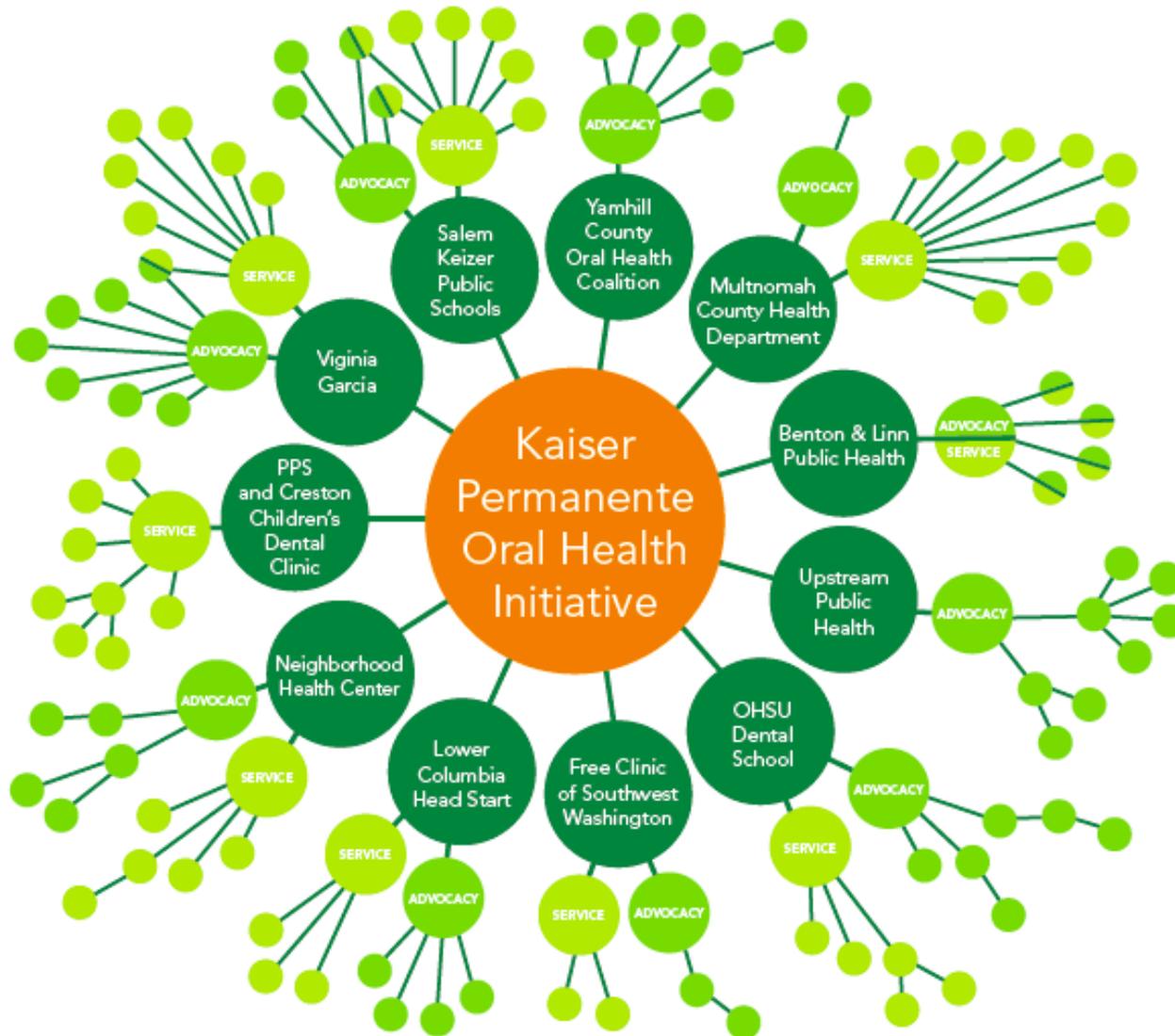


Create innovative partnerships for providing oral health care



Reach diverse populations and communities of color

KP created diverse service, advocacy networks



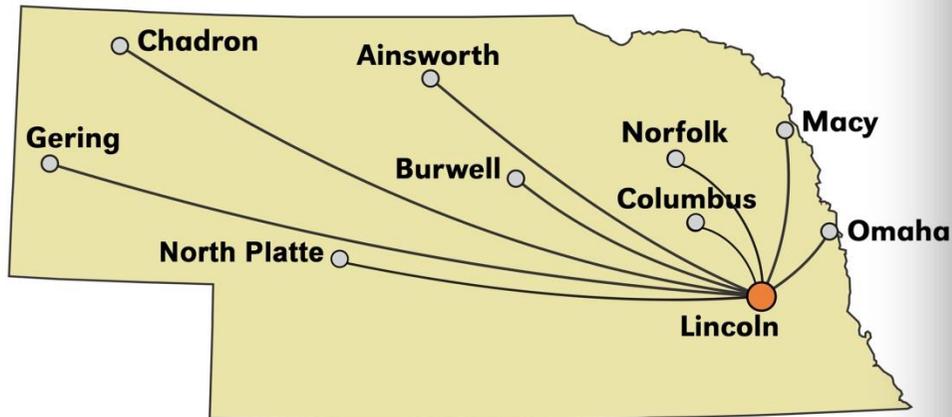
Event highlight ~ “Give Kids a Smile”

- Free event to provide sealants, fluoride varnishes, and vaccinations to uninsured and underinsured children in OR and SW WA
- Event part of National Children’s Dental Health Month (2.7.15)
- Partnership with the ADA
- Example of preventive oral, physical health services delivery



UNMC reaches rural populations via tele-dentistry

NEBRASKA TELEIDENTISTRY SITES



<http://unmc.edu/dentistry/teledentistry.htm>

| |
|---|
| Ainsworth Brown County Hospital |
| Burwell Loup Basin Public Health Department |
| Chadron Community Action Partnership of Western Nebraska [CAPWN] |
| Columbus East Central District Health Department Good Neighbor Community Health Center |
| Gering Community Action Partnership of Western Nebraska [CAPWN] |
| Lincoln People's Health Center |
| Macy Carl T. Curtis Health Education Center |
| Norfolk Norfolk Community Health Care Clinic |
| North Platte West Central Health Department |
| Omaha UNMC Pediatric Dental Clinic Children's Hospital |

Robust, real time tele-health network

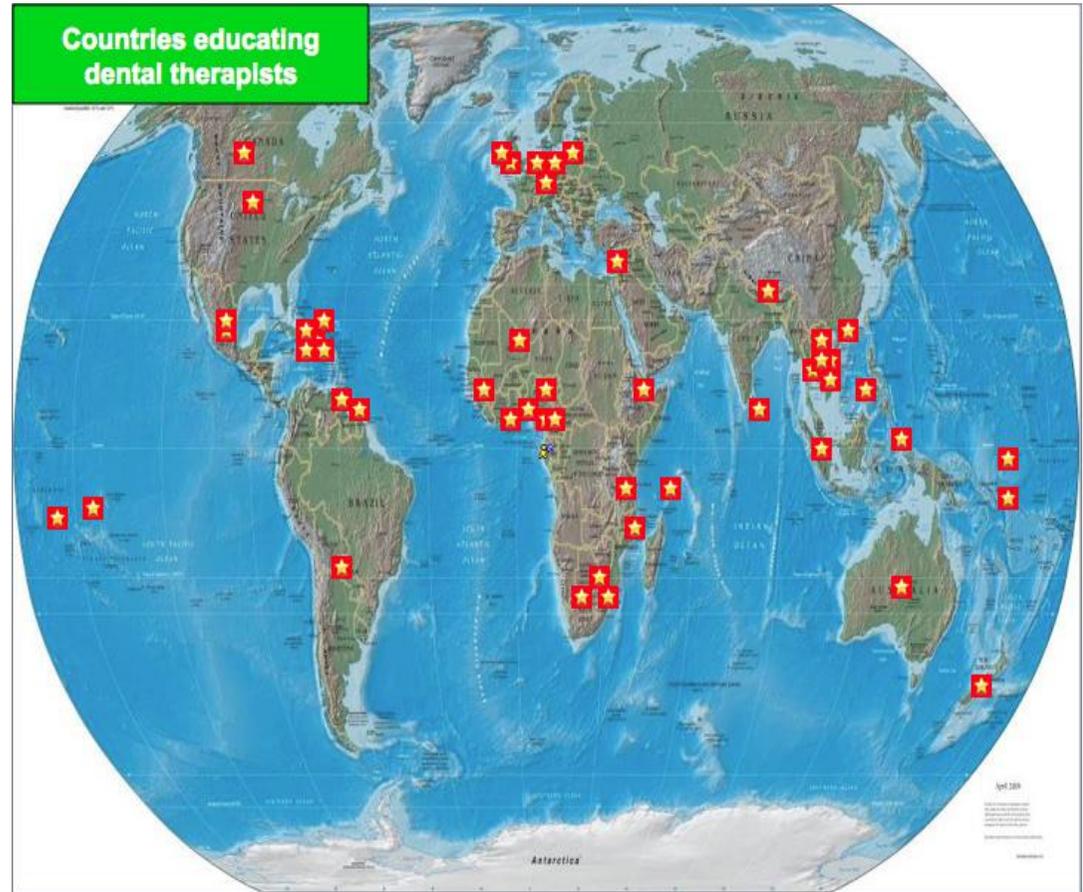
- UNMC College of Dentistry partners w/ NE Statewide Tele-health Network to advance use of technology and interprofessional workforce
- “Community grand rounds” present real-time, interactive video cases to UNMC COD faculty
- Real time video decreases transportation costs, time away from work and school
- Intra- / extra-oral cameras w/ high-definition video required
- Funding from HRSA and US Dept. of Agriculture

Diagnosing temporomandibular joint disorder in Alma, NE

[Community Grand Rounds Video](#)

Introducing dental therapists

- **Where:**
Maine, Minnesota, Alaska and more than 50 Countries
- **History:**
In practice for nearly 100 years
- **Who:**
Provide care to traditionally underserved populations
- **What:**
Provide routine preventive and restorative care, such as filling cavities
- **Safe and Effective:**
1,100 studies showing safety, quality, cost-effectiveness



Slide courtesy of The Pew Charitable Trusts.

Practice locations for MN dental therapists



- Non-profit community-based clinics
- FQHCs
- Private practice clinics
- Medical / dental group practices
- Head Start programs, nursing homes, schools
- Hospital-based dental clinics
- Higher education teaching clinics

▶ Apple Tree Dental serves low-income patients

APPLE TREE DENTAL
Access • Compassion • Excellence

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BREAK
15 minutes
Please return at 2:30 PM

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Directions for break-out discussion on measures

Directions:

- Select the poster you are most interested in
- (45 mins) With your group:
 - What measures are missing (specific to rural health)? (write in measures)
 - Which measures are the most critical to monitor? (mark with orange tags)
 - Which actionable measures should our strategy aim to impact? (mark with green tags)
 - What does success look like based on these measures? (use post-its and attach to specific measures)
- (20 mins) At the end of the exercise, one member from each group will present the groups findings to the rest of the group.

Group A: Health care workforce – community health workers

Discussion questions

- Which measures are the most critical to monitor? (orange)
- Which actionable measures should our strategy aim to impact? (green)
- What does success look like based on these measures?



Potential metrics

- Life expectancy and mortality
 - Life expectancy at birth
- Well-being
 - Self-reported health
- Health-related behaviors and risk factors
 - Smoking rates
 - Alcohol consumption
 - Obesity (body mass index)
- Preventive services
 - Childhood immunization rate
 - Influenza immunization rate
 - Cancer screening
- Community engagement
 - Social support
 - Availability of healthy food
 - Community health benefit agenda
 - Housing
 - Transportation to care services
 - Adolescent birth rate
- Individual engagement
 - Health literacy rate

What measures are missing (specific to rural health)?

Group B: Health care workforce – behavioral health and primary care integration

Discussion questions

- Which measures are the most critical to monitor? (orange)
- Which actionable measures should our strategy aim to impact? (green)
- What does success look like based on these measures?



Potential metrics

- Addiction
 - Addiction death rates
 - Drug dependence / illicit use
- Access to treatment and specialists
 - Access to addiction treatment (e.g., MAT)
 - PDMP (prescription drug monitoring program) utilization
 - Behavioral health specialist supply (per 100,000 population)
 - Hospital ED visit rate for behavioral health needs
- Integration of behavioral health with primary care
 - Rate of primary care providers with on-site behavioral health services or ability to transfer patients to behavioral health provider
 - EHR (electronic health record) integration of medical and behavioral health record

What measures are missing (specific to rural health)?

Group C: Health care workforce – oral health/dental health access

Discussion questions

- Which measures are the most critical to monitor? (orange)
- Which actionable measures should our strategy aim to impact? (green)
- What does success look like based on these measures?



Potential metrics

- Access to dental care
 - Time since last dental visit
 - Dentist/dental hygienist supply (per 100,000)
 - % who used oral health care in past year
 - % who received preventative dental service in past year
 - % of oral cancers detected early
 - % of school-based health centers with oral health
 - % of local health departments and FQHCs¹ with oral health program
- Oral health
 - % with dental caries
 - % with untreated dental decay
 - % with permanent tooth extracted due to dental caries
 - Average number of teeth removed due to decay or gum disease
 - % with periodontitis
- Water fluoridation
 - Percent served by optimally fluoridated water

What measures are missing (specific to rural health)?

¹ FQHC: Federally Qualified Health Center

Group D: Tele-health (tele-consults, remote imaging / monitoring, consumer wearables)

Discussion questions

- Which measures are the most critical to monitor? (orange)
- Which actionable measures should our strategy aim to impact? (green)
- What does success look like based on these measures?



Potential metrics

- Care access
 - Unmet care need
 - Usual source of care
 - Delay of needed care
- Tele-consults
 - Tele-health utilization
 - Tele-monitoring utilization
 - Tele-diagnostic utilization
- Remote imaging/monitoring
 - Remote imaging utilization
 - Remote monitoring utilization
- Consumer wearables
 - Consumer wearable adoption

What measures are missing (specific to rural health)?

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Next steps

- Participate in follow-up webinars / calls
- Meet in April for work group session 3 to refine strategies and finalize the plan
- Continue to provide input; HIP plan draft to be shared prior to work group session 3

Questions

