pennsylvania
DEPARTMENT OF HEALTH

Minutes

Health Care Transformation Work Group – Session 3		
4.11.2016	10:00 AM – 12:00 PM	Harrisburg, PA
Meeting called by	Deputy Secretary Dr. Lauren Hughes, Department of Health	
Type of meeting	Health Care Transformation Work Group Meeting	
Chairs	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 health care transformation 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 impact 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 regarding their questions and comments about the strategic directions included in the overall strategy. For its transformation strategy, the commonwealth anticipates:	

- Supporting the work of the Jewish Healthcare Foundation to expand the use of community health workers. Specific new recommendations from work group participants included:
    - 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.

- 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:
    - Addressing current regulations that prohibit co-location of behavioral health with physical health and compensating primary care practices for providing behavioral health. These make integration both difficult and costly.
        - 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.

- Improving oral health / dental health access by expanding the workforce in currently underserved areas. Specific new recommendations from work group participants included:
    - 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, upstream interventions (e.g., health literacy for dental health, keeping sweet drinks out of schools).

pennsylvania
DEPARTMENT OF HEALTH

Minutes

- Expanding the use of tele-health, especially in rural areas and reconvening the Tele-health Advisory Committee. Specific new recommendations from work group participants included:
    - Leveraging existing programs and organizations, with the understanding that the state has been working on tele-health for a number of years.
    - Changing regulations that
        - Treat tele-health as providing a new service, which puts an administrative burden on providers and creates a disincentive.
        - Mandate tele-health services be provided in real time. In many cases, a "store and forward" approach may be more effective.

- Collecting data, especially around workforce, to support and monitor health care transformation and population health initiatives. Specific new recommendations from work group participants included:
    - 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.

- Improving Pennsylvania's primary care workforce investments and impact. Specific new recommendations from work group participants included:
    - Expanding the focus beyond physicians to include community health workers, peer support, mental health providers, 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.

- 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:
    - 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.
    - Leveraging 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 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 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 and episode-based 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 HIE, support the efforts to determine the feasibility and capabilities of an all-payer claims database, work to spur the use of tele-health, develop a population health dashboard, and promote the use of the prescription drug monitoring program.

Note: Any policy suggestions included in the minutes do not reflect the Administration's position or intentions.

pennsylvania
DEPARTMENT OF HEALTH

Minutes

Closing and Next Steps			
11:55 – 12:00 PM	Dr. Lauren Hughes, Department of Health		
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

Note: Any policy suggestions included in the minutes do not reflect the Administration's position or intentions.