pennsylvania
DEPARTMENT OF HEALTH

Minutes

Healthcare Transformation Work Group – Session 2		
2.8.2015	1:00 PM – 4:00 PM	Harrisburg, PA
Meeting called by	Secretary Karen Murphy	
Type of meeting	Healthcare Transformation Group – session 2	
Chair(s)	Dr. Rachel Levine and Lisa Davis	
Introduction and Recap of Last Workgroup Session		
1:00 – 1:30 PM	Secretary Karen Murphy, Dr. Rachel Levine, Lisa Davis	
Discussion	The workgroup was kicked off with a recap of the previous Health Care Transformation workgroup and brief overview of conclusions from the other four workgroups	

- Restatement of the workgroup charter
- Review of the timeline for HIP
- Guiding principles from Health Care Transformation Workgroup Session 1
- Preliminary conclusions from other workgroups 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

- Community paramedicine initiatives are fairly new, but will not encroach on the responsibilities of other healthcare providers - instead, it 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 under-served 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 true life threat, 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

- 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
  - Most therapists are attached to an existing practice and will refer patients back to a dentist in a mandated period (i.e. one year)
  - Hygenists 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

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Discussion	All attendees split-up into four break-out groups for the exercise. Each break out group focused on key questions focusing on metrics to measure health care transformation in each topic area

Community Health Workers (CHW)

- While the definition will affect reimbursement, there is no single definition and the definition will differ by where community health workers are and how they are used (e.g., as care extenders from hospitals, as social workers outside of hospitals) – there is a report forthcoming on definition of CHW
- The metrics for community and individual engagement should be the focus of more attention and are dependent on the definition/type of CHW
- Additional metrics:
  - CHW workforce metrics (e.g., salary, turnover-rate, etc)
  - Smoking rates
- Community health workers can be health coaches, spurring people to make use of preventative 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

Behavioral health and primary care integration

- Metrics to integrate patient care across all dimensions were cited as critical
  - 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 (ARQH 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

Oral health / dental health access

- The group recommended stratifying oral health measures by demographic characteristics
  - Age
  - Payment Type (especially Medicaid)
  - Rural vs Urban
- Some of the most critical measures to focus on included
  - 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

Tele health

- Tele-health regulations are not uniform across different types of care (behavioral health vs. primary care)
- The group wants to kick down the barriers to tele-health, which include
  - 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
  - Percent of total visits done through telehealth (it was sited that ~80% of visits may be done through tele health)
  - Establish a target (likely as a percentage) and track progress toward that goal

Conclusions	

- 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 workgroup to develop guidelines for ongoing accountability

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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 workgroups		Work Group Members	April 2016

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