

HIP: Health Care Transformation work group – session 3

Discussion document

April 11, 2016

April 11th Agenda: HCT

Work group 3



Time	Session description	Session type
10:00-10:10	Introduction and status update of HIP	Presentation
10:10-10:30	Health Care Transformation path forward	Presentation
10:30-11:15	Stakeholder feedback	Group discussion
11:15-11:30	Break	
11:30-11:50	Update of HIP strategy across work groups	Presentation and discussion
11:50-12:00	Closing and next steps	Presentation

Goal of work group session 3 is to refine the strategy and identify interdependencies across the broader plan



Purpose/principles

- Gather input from multiple stakeholders with the objective of building a plan with the highest likelihood of success
- Collaborate with stakeholders across the commonwealth to align around a set of guiding principles
- Share informed view of what initiatives are happening across the country

Session 1 Provide input and align on principles

Session 2 Test preliminary strategy

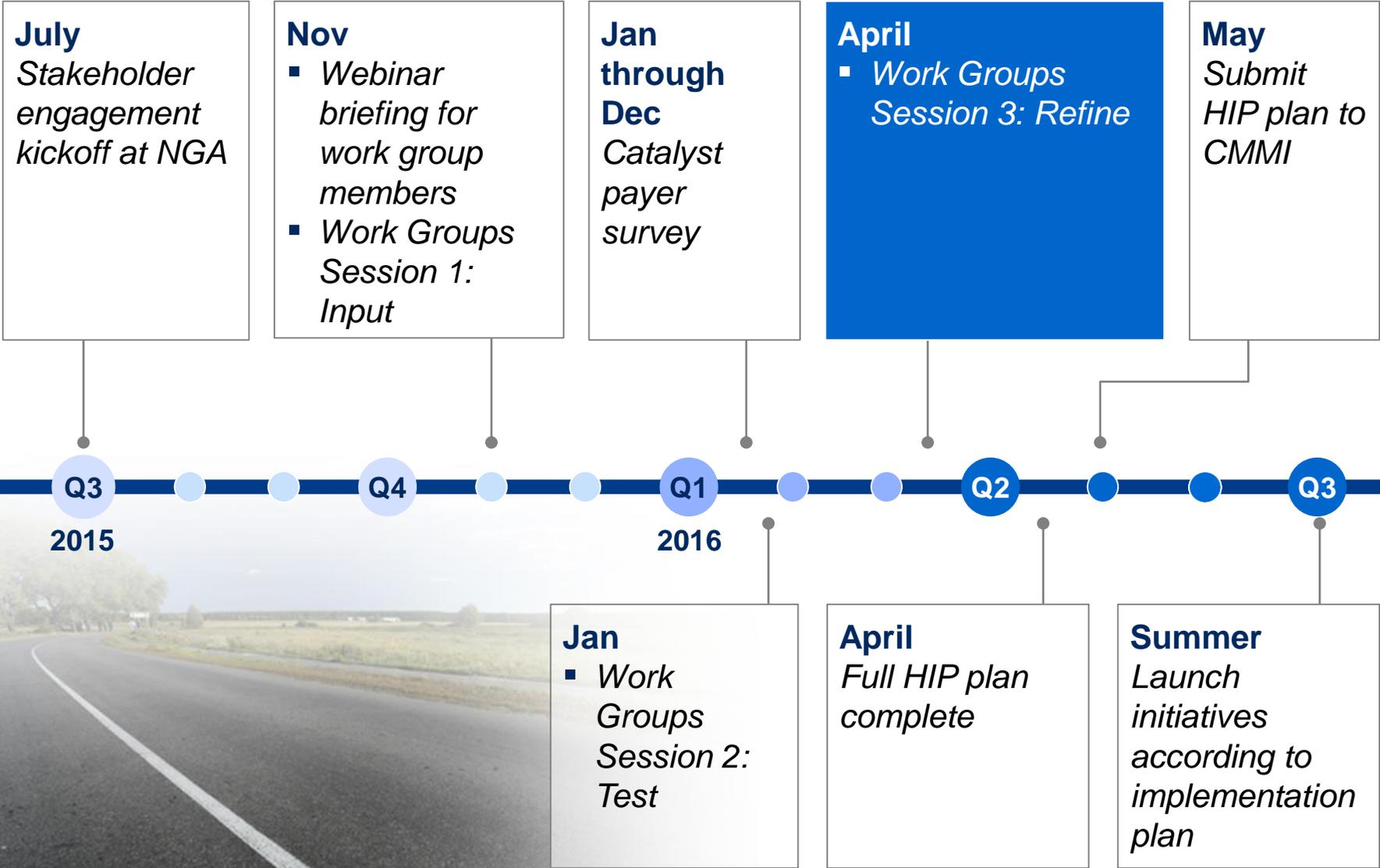
Session 3 Refine strategy and identify interdependencies across broader plan



Work group charter: Health care transformation

Work group title: Health Care Transformation	Co-chairs: Dr. Rachel Levine and Lisa Davis
Problem statement: <ul style="list-style-type: none">▪ Payment and healthcare delivery innovation are necessary for PA to achieve better health, better care, and smarter spending but additional support and capabilities (e.g., tele-health, workforce) are needed to catalyze the transformation process▪ In order to design successful innovation strategies, the Commonwealth needs to embrace broader health care delivery system transformation opportunities	
Mandate for this group: <ul style="list-style-type: none">▪ Align stakeholders on top health care delivery system transformation opportunities to support the PA’s goals▪ Design health care delivery system transformation strategy and recommend state-led or multi-stakeholder levers to reach these goals	Types of decisions to provide input on for HIP Plan: <ul style="list-style-type: none">▪ Scope of potential transformation solutions to consider▪ Areas where state-wide, regional, and local alignment is needed▪ Resources and funding for transformation opportunities▪ Plan for stakeholders to track program effectiveness / health outcome impact (e.g., medical cost or quality targets for the initiatives)▪ Best practices and current models within and outside of PA in health care delivery transformation that can be leveraged by the Commonwealth▪ Areas where the state should play the role of “actor” vs. “catalyzer”
Participation expectations: <ul style="list-style-type: none">▪ Join 3, 2-3hr work group meetings between now and HIP Plan submission (May 2016)<ul style="list-style-type: none">– Webinar (Nov 5th, 2015)– Kickoff (Dec 7th, 2015)– Review / input on draft model design options (Feb 8th, 2016)– Review / input on full draft of HIP Plan (April 11th, 2016)– Potential ad hoc additional meetings▪ Communicate updates from work group within your organization & collect feedback to share back with work group members	

Milestones for HIP



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Health Care Transformation strategies (1/4)

Priorities	Current state	Opportunities	Path forward
Community Health Workers	<ul style="list-style-type: none"> Jewish Healthcare Foundation is currently leading an effort to develop a strategy and toolkit. Regulations and reimbursement practices are current challenges to growing the CHW workforce. 	<ul style="list-style-type: none"> Develop targeted strategy to extend rural workforce through CHWs. Adjust reimbursement to incentivize care coordination and team orientation. Integrate CHWs in health system as health coaches to improve outcomes. 	<ul style="list-style-type: none"> Commonwealth will support the Jewish Healthcare Foundation, which is driving the initiative in the near term Commonwealth may provide support to varying degrees on specific efforts going forward
Behavioral Health and Primary Care	<ul style="list-style-type: none"> Behavioral health and substance abuse care are siloed from primary care. Efforts at integration or information sharing are stymied by privacy regulations. True integration is rare but is being studied by a few practices. 	<ul style="list-style-type: none"> Employ a hub-and-spoke care delivery team centered on a primary care provider. Develop health homes to include behavioral health providers. Improved training / re-training of new and existing workforce. Drive integration through co-location of providers. 	<ul style="list-style-type: none"> Commonwealth will convene stakeholders to discuss integrated behavioral health and primary care strategies, in conjunction with technical assistance from the National Governors Association

Health Care Transformation strategies (2/4)

Priorities	Current state	Opportunities	Path forward
Oral health/ Dental Health Access	<ul style="list-style-type: none"> ▪ Although shortages exist across the commonwealth, dentists are primarily concentrated in metropolitan areas; 29 of 30 rural counties are designated as HPSAs, whereas 14 of the 37 urban counties are. ▪ 26% of dentists providing direct patient care in PA that are accepting new patients are willing to see Medicaid patients. 	<ul style="list-style-type: none"> ▪ Explore policy levers to expand existing oral health workforce to deliver care in underserved areas via the PA Health Care Facilities Act. 	<ul style="list-style-type: none"> ▪ Commonwealth will drive strategy forward, in conjunction with oral / dental health stakeholders
Tele-health	<ul style="list-style-type: none"> ▪ Challenged by: <ul style="list-style-type: none"> – Infrastructure and financing – Commercial reimbursement – Legislation and regulation – Segmented delivery system – Provider capacity ▪ According to best practices, tele-health is most effective for chronic disease management, professional collaboration, and medical education purposes. 	<ul style="list-style-type: none"> ▪ Overcome barriers to tele-health, including: <ul style="list-style-type: none"> – Licensure issues – Reimbursement issues – Patients' (and providers) comfort with and access to technology – Integration with EHRs / HIE ▪ Expand use in rural areas ▪ Build upon success of those already using tele-health in PA 	<ul style="list-style-type: none"> ▪ Commonwealth will re-convene Tele-health Advisory Committee to continue exploring opportunities and barriers to expanding tele-health capacity

Health Care Transformation strategy (3/4)

Priorities	Current state	Opportunities	Path forward
Data Collection	<ul style="list-style-type: none"> ▪ Currently, the Departments of State, Health, and Labor & Industry collect health care workforce data via licensure surveys and other mechanisms. ▪ Recent Joint State Government Commission: The Physician Shortage report recommended the commonwealth improve its physician workforce data collection and analysis strategies. 	<ul style="list-style-type: none"> ▪ Strengthen agency collaborations on workforce data sharing to facilitate predictive modeling. ▪ Consider collecting data on other professions. ▪ Align survey data collection with HRSA Minimum Data Set recommendations. 	<ul style="list-style-type: none"> ▪ Commonwealth will convene key stakeholders and drive necessary changes to enhance data collection and analysis
Primary Care Pathway	<ul style="list-style-type: none"> ▪ Recent Joint State Government Commission report also recommended the commonwealth: <ul style="list-style-type: none"> – Establish a state pipeline program to prepare students for medical careers – Encourage medical schools to implement programs aimed at increasing PA's physician supply – Increase the number of residency positions in order to train more physicians in PA – Increase financial support for the Primary Health Care Practitioner's Program to make Primary Care Loan Repayment Program a more appealing recruitment tool 	<ul style="list-style-type: none"> ▪ Improve upon the following DOH programs: <ul style="list-style-type: none"> – Primary Health Practitioner Program – Community-based health care grant program – Primary Care Loan Repayment Program – National Health Service Corps – Visa Waiver program 	<ul style="list-style-type: none"> ▪ Commonwealth will convene key stakeholders and drive necessary changes to improve primary care workforce investments and impact

Health Care Transformation strategy (4/4)

Priorities

Current state

- 55 rural hospitals have closed within the past 5 years, causing local economic hardship with loss of jobs.
- Sustainability of rural hospitals is challenged in current fee-for-service environment.
- Access to health care services in rural areas can be compromised by fewer primary care and specialty providers, longer distances, and poorer broadband connectivity.

Opportunities

- Leveraging technology, including tele-consultation, tele-monitoring, and patient wearables, can improve access to care in rural areas.
- Exploring new or modified health care workforce members (i.e., community health workers, paramedicine) can also increase access to needed services.

Path forward

- Commonwealth will convene key stakeholders and drive policy changes to improve access to care and population health in rural areas

Rural
Health
Redesign

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Questions for group discussion

For each strategic priority path forward:

- How would you refine the approach and the role of the commonwealth in the path forward? The role of stakeholders?
- How will additional stakeholders outside of the work group be engaged?
- How can we best use the commonwealth's assets to overcome the barriers and challenges to the strategic path forward?

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Drivers for achieving HIP objectives (1/2)

Aims

By the end of 2019, Pennsylvania will,

Improve Population Health

- Achieve or maintain top-quartile performance among states for adoption of best practices and outcomes in disease prevention and health improvement

Improve Health Care Quality and Care Experience

- Achieve high standards for quality and consumer experience, including a reduction in avoidable hospital admissions and readmissions by 20%

Reduce Costs

- Target a goal for the amount of care delivered in Pennsylvania utilizing payment models that promote and incent value-based care

Primary Drivers

Population Health

Price & Quality Transparency

Payment Reform

Secondary Drivers

Expanded Efforts:

- Target women ages 18-44 for tobacco cessation
- Promote the increase in physical activity in school day
- Promote diabetes prevention and self-management
- Promote oral health for children
- Promote use of Prescription Drug Monitoring Program (PDMP) to track and monitor substance abuse

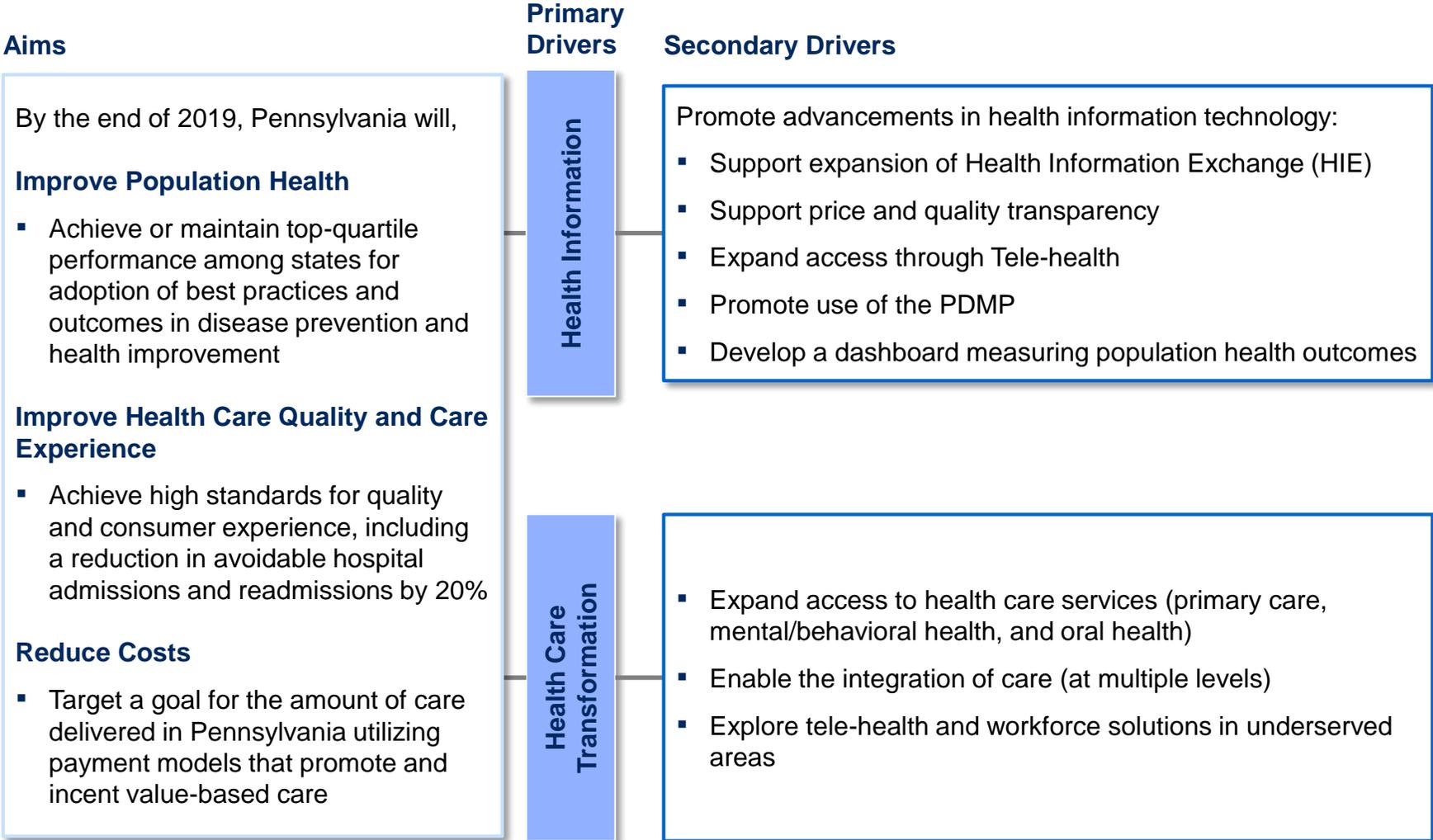
Promote price and quality transparency through:

- Broad primary care transparency for all data users
- Consumer health literacy
- “Shoppable” care transparency for both commodities and episodes of care

Establish a target for the commonwealth for the percent of care paid for under a value-based reimbursement structure through the use of:

- Advanced Primary Care
- Bundled Payments
- Global Payments

Drivers for achieving HIP objectives (2/2)



Overall HIP plan strategic initiatives (1/2)

— Driving - - - - - Convening

		2016		2017	
Strategic initiatives		Q3	Q4	Q1	Q2
Payment / Transparency	“Shoppable” care and episode-based payment and transparency	Continue to develop approach (e.g., organize work group, review findings from APCD council, etc)		Over time, drive increased cost transparency through identified strategy	
	<ul style="list-style-type: none"> Commodity cost transparency Episode-based payment 	- - - - -		—	
	Advanced primary care transparency and payment	Gauge stakeholder interest in adopting common approach; encourage use of episode-based reporting to influence referrals for elective care		Identify regions and/or clinical episodes where payers may shift to episode-based payment	
	APCD exploration	Identify leaders interested initiative		Determine plan to drive transparency or payment innovation	
Payment	Other value-based payment initiatives	APCD council provides findings			
Transparency	Consumer Health Literacy	Set-up sub-group to develop campaign strategy and content		Launch campaign	
Health care transformation	Community health workers	- - - - -		- - - - -	
	Behavioral health and primary care	- - - - -		- - - - -	
	Oral health / dental health access	—		—	
	Tele-health	Depends on sub-initiatives			
	Primary Care Pathway	—		—	
	Data analytics	—		—	

Overall HIP plan strategic initiatives (2/2)

— Driving - - - - - Convening

Strategic initiatives	2016		2017		
	Q3	Q4	Q1	Q2	
HIT	Support expansion / integration of HIE	Drive interoperability through centralization			
	Support “shoppable” care and episode transparency tool	Review findings from APCD council and develop approach			
	Develop public health dashboard				
	Deploy prescription drug monitoring program (PMDP)				
	Expand and enable tele-health	Convene stakeholders to provide recommendations		Amend regulations and remove barriers	
Popula- tion Health	Reduce childhood obesity				
	Improve diabetes prevention and self-management				
	Improve oral health for children				
	Reduce substance abuse				
	Decrease rate of tobacco use for women ages 18-44				

Opportunity for work group feedback on final HIP plan

- Late April—Full draft of SIM plan sent to work group stakeholders for input
 - Early May—Deadline for work group stakeholder feedback
 - Mid-May—Completion of final draft of SIM plan
 - May 31—Submission of final SIM plan
- Work group session 3
 - March 28--Payments
 - March 28--Transparency
 - April 5--HIT
 - April 11--Population Health
 - April 11--HCT

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Next steps

- Look for communication with more details on accessing a preview draft of the entire HIP plan
- Submit feedback on HIP plan by early May

Questions

