

# HIP: Transparency work group – session 2

Discussion document

January 28, 2016

# January 25<sup>th</sup> Agenda: Price and Quality Transparency

Workgroup 2



<b>Time</b>	<b>Session description</b>	<b>Session type</b>
1:00-1:30	Introduction and recap of last workgroup session	Presentation
1:30-2:30	Price and quality transparency strategic approach	Presentation and discussion
2:30-2:40	Break	
2:40-3:30	Potential solution breakout exercise	Breakout groups
3:30-3:50	Stakeholder input and full group debrief	Full group discussion
3:50-4:00	Closing and next steps	Presentation

---

# Goal of workgroup session 2 is to test the preliminary strategy



## 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 State 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: Price and Quality Transparency

**Work Group title: Price and Quality Transparency**

**Chair: Commissioner Miller**

**Problem statement:**

- Insufficient transparency for consumers, professionals, providers, payers, policy makers leads to inefficient decision making and uncertainty
- Stakeholders collect large amounts of data, which could benefit all stakeholders, but it is either not accessible or not interpretable
- There is a growing need to leverage data in a meaningful way to improve transparency focus areas, driven by:
  - Increasing demand from healthcare consumers to understand quality and out-of-pocket cost of care options due to both increased consumer cost sharing and a growing healthcare “shopping” culture
  - Shifting focus on value vs. volume leading to a need for providers to understand performance due to greater provider accountability for outcomes/health and total cost of care
  - Growing requirement for payers and policymakers to access a high level of data to effectively understand market dynamics

**Mandate for this group:**

- Determine which transparency focus areas are most critical to support the goals of PA and should be highest priority
- Design high-level transparency strategy and recommend state-led or multi-stakeholder levers to reach these goals

**Types of decisions to provide input on for HIP Plan:**

- Transparency focus area prioritization
- Investments required to improve transparency focus areas
- Technology and mediums to share data across and with stakeholders
- Areas where state-wide, regional, local alignment is needed to improve transparency
- Areas where the state should play the role of “actor” vs. “catalyzer”

**Participation expectations:**

- Join 3, 3hr work group meetings and webinars between now and HIP Plan submission (May 2016)
  - Webinars (Nov 5<sup>th</sup>, 2015; Jan 19<sup>th</sup>, 2016)
  - Kickoff (Nov 9<sup>th</sup>, 2015)
  - Review / input on draft model design options (Jan 25<sup>th</sup>, 2016)
  - Review / input on full draft of HIP Plan (Mar 28<sup>th</sup>, 2016)
- Potential ad hoc additional meetings
- Communicate updates from work group within your organization and collect feedback to share back

# Milestones for HIP

**July**  
*Stakeholder engagement kickoff at NGA*

- Nov**
- *Webinar briefing for work group members*
  - *Work Groups Session 1: Input*

**Jan through Dec**  
*Catalyst payer survey*

- March**
- *Work Groups Session 3: Refine*
  - *Webinar – presentations on the approach from other states*

**May**  
*Submit HIP plan to CMMI*



- Jan**
- *Work Groups Session 2: Test*
  - *Webinar – presentations from PHC4, Catalyst for Payment Reform*

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

**Summer**  
*Launch payment model according to implementation plan*

# Reminder: Price and quality transparency end state vision and objectives

## Performance transparency

- Patients, providers, employers, and other stakeholders have clear understanding of cost and quality performance

## “Shoppable” care transparency

- Patients are empowered, enabled, and incented to make value-conscious decisions around their care choices

## Rewarding value

- Level of transparency enables the implementation of innovative payment models to reward providers for delivering patient outcomes and cost-effectiveness

## Consumer behavior change

- Consumers are able to understand the impact of their behaviors on their own personal health

**Commonwealth plays different roles** to achieve objectives:

- **Catalyzer** of health care change for all
- **Actor**, via actions that improve state run programs

# Reminder: Price and quality transparency needs differ by data user...

Work group focus

Data user	High-level use case	Examples
 <p><b>Consumer</b></p>	<ul style="list-style-type: none"> <li>Access meaningful data to inform personal health-related decisions</li> </ul>	<ul style="list-style-type: none"> <li>Make an informed choice about health plans</li> <li>Select a physician or care facility for a required health procedure based on price, quality, safety, etc.</li> </ul>
 <p><b>Provider</b></p>	<ul style="list-style-type: none"> <li>Deliver effective care to patients</li> </ul>	<ul style="list-style-type: none"> <li>Select the right referral pathway for a patient, comparing specialists on price, quality, etc.</li> <li>Track and analyze own performance on core measures</li> </ul>
 <p><b>Payer</b></p>	<ul style="list-style-type: none"> <li>Access market intelligence to inform contract negotiations</li> </ul>	<ul style="list-style-type: none"> <li>Compare performance of different providers and/or facilities when deciding on network structure, negotiating contracts, making acquisitions, etc.</li> </ul>
 <p><b>Policy maker</b></p>	<ul style="list-style-type: none"> <li>Inform policy design and evaluate policy impact</li> </ul>	<ul style="list-style-type: none"> <li>Evaluate implementation of the HIP and impact:                             <ul style="list-style-type: none"> <li>Progress towards advanced primary care</li> <li>Value-based payment penetration</li> <li>Provider performance against core measures</li> </ul> </li> </ul>

# ...and span focus areas across consumer health, provider care, and payer information

		Focus areas						
		Consumer health		Provider care			Payer information	
		Health literacy	Consumer behavior	Primary care	“Shoppable” care episodes, commodities	“Non-shoppable” care episodes	Plan design	Payment / claims
Description	<ul style="list-style-type: none"> <li>Understanding health care delivery and systems</li> <li>Awareness of rights</li> </ul>	<ul style="list-style-type: none"> <li>Quantified health care consumer (e.g., exercise, diet, tobacco-use)</li> </ul>	<ul style="list-style-type: none"> <li>Regular medical care administered by a primary care provider</li> </ul>	<ul style="list-style-type: none"> <li>Care that is “shoppable” at the point of sale; or</li> <li>Care that is not differentiated on quality</li> </ul>	<ul style="list-style-type: none"> <li>Care that is not “shoppable” at the point of sale (or point of referral)</li> </ul>	<ul style="list-style-type: none"> <li>Health insurance coverage structure and underlying plan design</li> </ul>	<ul style="list-style-type: none"> <li>Payer claims and payment information and operating structure</li> </ul>	
Examples	<ul style="list-style-type: none"> <li>Types of health care delivery models available (e.g., urgent care, telehealth, ED)</li> <li>Stakeholder rights (e.g., patient, provider, payer)</li> </ul>	<ul style="list-style-type: none"> <li>Personal health behavior monitoring (e.g., Fitbit, Apple health)</li> <li>Individual consumer health care behavior patterns (e.g., tobacco-use)</li> </ul>	<ul style="list-style-type: none"> <li>Care for basic health needs</li> <li>Referrals to downstream care providers (e.g., specialists)</li> <li>Population health management and prevention</li> </ul>	<ul style="list-style-type: none"> <li>Elective or time insensitive procedures (e.g., hip replacement)</li> <li>Imaging diagnostics (e.g., MRI scan)</li> </ul>	<ul style="list-style-type: none"> <li>Complex care needs that are time sensitive (e.g., heart attack, stroke)</li> <li>Overnight stays in a hospital for various care needs (e.g., observation days post health event)</li> </ul>	<ul style="list-style-type: none"> <li>Communication of information on coverage structure / plan design across plans (e.g., deductible, network structure)</li> </ul>	<ul style="list-style-type: none"> <li>State-wide population health analyses based on analysis of aggregated claims</li> </ul>	

**Focus areas consider both price and quality transparency**

# Reminder: price and quality transparency focus area exercise

**Focus areas**

Consumer health			Provider care				Payer information		
Health literacy	Self-care/ self-monitor data	Other	Primary care	“Shoppable” care episodes, commodities	“Non-shoppable” care episodes, inpatient	Other	Plan design	Payment / claims	Other

**Data user**

Consumer



Provider



Payer



Policy maker



**Exercise directions:**

- Join your group’s poster and take some post-its
- For each focus area (and across focus areas, if applicable)
  - Write-down opportunities for innovation that are relevant to your assigned data user group
  - Prioritize the opportunities identified by potential impact (high to low)
  - Identify the most significant challenges to achieving the desired level of transparency
- At the end of the exercise, one member from each group will present the groups findings to the rest of the work group

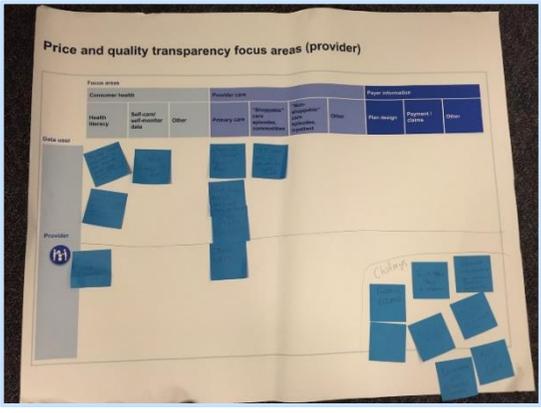
**Last session, the work group split-up into groups to provide input into potential uses of data for price and quality transparency focus areas**

# Reminder: price and quality transparency focus area exercise

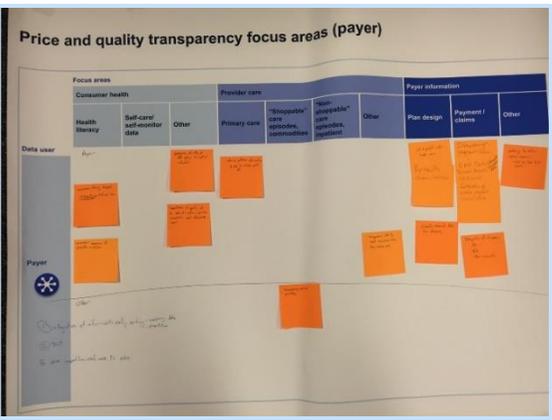
## Consumer



## Provider



## Payer



## Policy maker



Input and feedback from the last work group session's focus area exercise identified the range of price and quality transparency initiative use cases

# What we heard from transparency work group session 1: guiding principles for price and quality transparency

## Guiding principles for price and quality transparency:

- Work group's main focus is on consumers and how transparency innovations impact the end consumer
- Understand consumer journey to help identify different needs for information throughout all stages of care (e.g., provider quality and cost information to help consumers select PCPs)
- Clarify and standardize definitions and formulas for cost, quality, and value metrics
- Build off existing transparency initiatives in PA and leverage ideas / concepts across other industries

## Commonwealth should act as a leader by

- Guiding the vision for transparency across the state
- Bringing stakeholders together
- Leading by example

# What we heard from other work groups

## Work group

## What we heard

### Payment

- Price and quality transparency is critical for enabling any type of payment model innovation, especially for provider self-evaluation
- Standardizing and agreeing-on a set of metrics helps enable transparency initiatives, which are then focused on single set of metrics increasing the ease of implementation

### Population health

- Population health initiatives are enhanced by consistent and transparent population wide claims and clinical data

### Health care transformation

- Transparency of outcomes can help drive accountability of the care team throughout a care event or for a set of patients

### HIT

- HIT initiatives, such as improving consistency across clinical data, should build off current capabilities to help enable transparency

# January 25<sup>th</sup> Agenda: Price and Quality Transparency

Workgroup 2



<b>Time</b>	<b>Session description</b>	<b>Session type</b>
1:00-1:30	Introduction and recap of last workgroup session	Presentation
1:30-2:30	Price and quality transparency strategic approach	Presentation and discussion
2:30-2:40	Break	
2:40-3:30	Potential solution breakout exercise	Breakout groups
3:30-3:50	Stakeholder input and full group debrief	Full group discussion
3:50-4:00	Closing and next steps	Presentation

# Four part approach to determine price and quality transparency strategy

A

## Determine potential use cases based on:

- Price and quality transparency data users (consumer, provider, payer, policy maker)
- Data focus areas (consumer health, provider care, payer information)

B

## Prioritize use cases by level of alignment with overall vision:

- Performance transparency
- Rewarding value
- “Shoppable” care transparency
- Consumer behavior change

C

## Identify potential solutions based on:

- Transparency approach / mechanism (e.g., portal, reporting)
- Vehicle of transparency (public and centrally developed, private third party, payer-led, provider-led)
- Mechanism to drive stakeholder participation (legislation, partial / full funding, voluntary)
- Level of standardization (standardize approach, align in principle, differ by design)

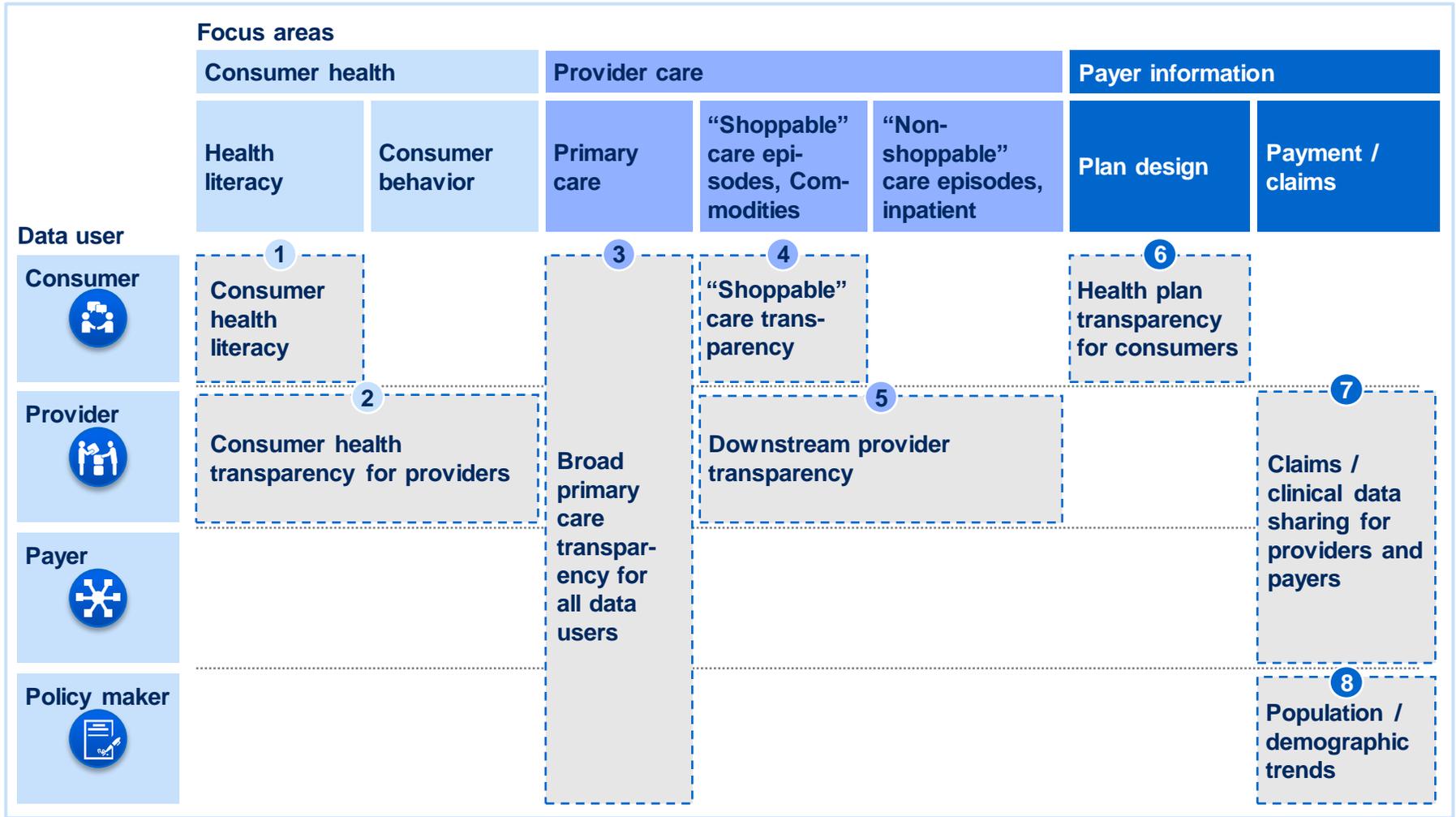
D

## Evaluate potential solutions according to:

- Potential impact
- Ease of implementation (e.g., effort to operationalize, resource requirements)

# A The first work group session identified eight price and quality transparency initiative use cases

(X) Use cases identified



# A Detail on price and quality transparency initiative use cases identified through the first work group session

Consumer health    Provider care    Payer information

Use case	Description	Use case	Description
1 <b>Consumer health literacy</b>	<ul style="list-style-type: none"> <li>Health care education to help consumers                             <ul style="list-style-type: none"> <li>Understand personal cost of care decisions (e.g., co-insurance)</li> <li>Leverage care resources (e.g., build relationship with a PCP, free preventative care)</li> <li>Select appropriate site/mode of care (e.g., ED vs. urgent care, INN vs OON)</li> </ul> </li> </ul>	5 <b>Downstream provider transparency</b>	<ul style="list-style-type: none"> <li>PCP-oriented transparency / analytics centered on health care quality, costs, and value data indirectly related (i.e., downstream) to PCP (e.g., referrals / specialists, inpatient care)</li> </ul>
2 <b>Consumer health transparency for providers<sup>1</sup></b>	<ul style="list-style-type: none"> <li>Provider access to non-clinical consumer behaviors (e.g., tobacco-use, diet)</li> <li>Provider understanding of consumer health literacy to reduce consumer education gaps</li> </ul>	6 <b>Health plan transparency for consumers<sup>2</sup></b>	<ul style="list-style-type: none"> <li>Easily comparable health plan data (e.g., co-pays, network breadth)</li> <li>Plan selection data allowing consumers to predicate annual health care cost on different plans based on personalized needs</li> </ul>
3 <b>Broad primary care transparency for all data users</b>	<ul style="list-style-type: none"> <li>Accurate, relevant, granular, and timely quality, price, and value data on primary care providers for all data users (including PCPs for self-evaluation)</li> </ul>	7 <b>Claims / clinical data sharing for providers and payers</b>	<ul style="list-style-type: none"> <li>Claims and clinical data more readily available to enable broad transparency initiatives</li> <li>Enhanced data sharing technology and capabilities for providers and payers</li> </ul>
4 <b>“Shoppable” care transparency</b>	<ul style="list-style-type: none"> <li>Consumer-centric accurate, relevant, granular, and timely quality, price, and value data for “shoppable” care episodes and commodities</li> </ul>	8 <b>Population / demographic trends</b>	<ul style="list-style-type: none"> <li>Availability of accurate, relevant, granular claims data to help determine and predict health care spending trends (note: may be ancillary benefit of “7”)</li> </ul>

<sup>1</sup> Patient health records will be included in HIT effort

<sup>2</sup> Any effort to increase transparency for consumers selecting plans will need to ensure there is not any unintended negative effects due to adverse selection

## B Use cases 1, 3, and 4 were prioritized based on alignment with vision, ability to support HIP, and clear role of the Commonwealth

Use case	Component of price and quality transparency vision	Level of priority
1 Consumer health literacy	Consumer behavior change	High
2 Consumer health transparency for providers	Consumer behavior change	Medium
3 Broad primary care transparency for all data users	Performance transparency	High
4 “Shoppable” care transparency	Shoppable care transparency	High
5 Downstream provider transparency	Performance transparency	Medium
6 Health plan transparency for consumers	Shoppable care transparency	Low
7 Claims / clinical data sharing for providers and payers	Performance transparency, shoppable care transparency, rewarding value	?
8 Population / demographic trends	Performance transparency	Low

■ High priority

■ Also to be discussed

**Prioritization based on:**

- Level of alignment with vision
- Ability to support other components of HIP
- Clear role for the Commonwealth

## C Each priority focus area has multiple potential solutions

Priority use case	Potential solutions
1 Consumer health literacy	<p>1.1 Set guidelines to enhance payer-specific provider directories (including term glossary and links to additional information)</p> <p>1.2 Create a PA-branded stakeholder-led consumer health literacy campaign</p> <p>1.3 Support existing health literacy collaboration initiatives promoting partnerships with critical regional and local institutions (e.g., schools, employers, churches, community organizations)</p>
3 Broad primary care transparency for all data users	<p>3.1 State-run primary care reports (providers and payers required to submit clinical and claims data)</p> <p>3.2 Commonwealth will work with payers and providers to align-on a standard set of primary care metrics; data related to these metrics will be made accessible to consumers, providers, and payers</p> <p>3.3 Partial funding for third party to integrate primary care clinical and / or claims data (submitted by payers and providers) and build targeted transparency tools and/or reports for consumers, providers, payers, policy makers</p>
4 “Shoppable” care transparency	<p>4.1 Guidance to payers on consumer facing tools</p> <p>4.2 Requirement for payers to develop cost and quality comparison tools on their websites and through mobile applications (e.g., WA)</p> <p>4.3 Requirement for payers and providers to provide information to an existing third-party tool (e.g., Guroo)</p> <p>4.4 New/existing (partially) funded third-party tool providing transparency for employees of self-funded employers (e.g., Castlight Health)</p> <p>4.5 State-run cost and quality tool</p> <p>4.6 Collaboration with providers and payers to ensure health care consumers have access to cost information (e.g., MA)</p>

NOTE: Potential solutions are not mutually exclusive

# D Potential solution evaluation (use case 1)

PRELIMINARY, FOR DISCUSSION

 Preliminary hypothesis

Use case: **1 Consumer health literacy**

## Potential solution

## Potential impact

## Ease of implementation

1.1

Set guidelines to enhance payer-specific provider directories (including term glossary and links to additional information)

LOW

MED

1.2

Create a PA-branded stakeholder-led consumer health literacy campaign

HIGH

MED<sup>1</sup>

1.3

Support existing health literacy collaboration initiatives promoting partnerships with critical regional and local institutions (e.g., schools, employers, churches, community organizations)

HIGH

MED

**Create a PA-branded, stakeholder-led consumer health literacy campaign (1.2) and support existing health literacy collaboration initiatives promoting partnerships with critical regional and local institutions (1.3)**

- Collaborate with stakeholders who have relationships with health consumer audiences to create a PA-branded consumer health literacy campaign to leverage pre-existing communication channels
- Support and build-on existing health literacy collaboration initiatives (e.g., HCIF health literacy collaborative) that work with regional and local institutions to broaden access to additional health care consumers (e.g., uninsured)
- Ensure consistent messaging across initiatives by working with health organizations (e.g., payers, systems) and health research institutions/collaboratives to shape, standardize, and brand content

<sup>1</sup> May require incentives to obtain broad stakeholder participation

# D Potential solution evaluation (use case 3)

 Preliminary hypothesis

Use case: **3 Broad primary care transparency for all data users**

## Potential solution

### Potential impact

### Ease of implementation

3.1

State-run primary care reports (providers and payers required to submit clinical and claims data)

LOW

LOW<sup>1</sup>

3.2

Commonwealth will work with payers and providers to align-on a standard set of primary care metrics; data related to these metrics will be made accessible to consumers, providers, and payers

HIGH

MED<sup>1</sup>

3.3

Partial funding for third party to integrate primary care clinical and / or claims data (submitted by payers and providers) and build targeted transparency tools and/or reports for consumers, providers, payers, policy makers

HIGH

LOW<sup>1</sup>

**Commonwealth will work with payers and providers to align-on a standard set of primary care metrics; data related to these metrics will be made accessible to consumers, providers, and payers (3.2)**

- Guide development of metrics and definitions while incorporating payer and provider input
- Ensure payers and providers agree on and report a standard set of metrics to:
  - Develop more robust benchmarking and data comparisons enabling transparency for all data users
  - Reduce complexity for providers
  - Help enable the implementation of advanced primary care initiatives
- Work with payers and providers to design a solution that can aggregate practice-level metrics

<sup>1</sup> May require incentives or legislation to obtain broad participation

# D Potential solution evaluation (use case 4)

PRELIMINARY, FOR DISCUSSION

Preliminary hypothesis

Use case: 4 “Shoppable” care transparency

Potential solution	Potential impact	Ease of implementation
4.1 Guidance to payers on consumer facing tools	MED	HIGH
4.2 Requirement for payers to develop cost and quality comparison tools on their websites and through mobile applications (e.g., WA)	HIGH	LOW <sup>1</sup>
4.3 Requirement for payers and providers to provide information to an existing third-party tool (e.g., Guroo)	MED	MED <sup>1</sup>
4.4 New/existing (partially) funded third-party tool providing transparency for employees of self-funded employers (e.g., Castlight Health)	HIGH <sup>2</sup>	LOW <sup>1</sup>
4.5 State-run cost and quality tool	MED <sup>2</sup>	LOW <sup>1</sup>
4.6 Collaboration with providers and payers to ensure health care consumers have access to cost information (e.g., MA)	MED	MED <sup>1</sup>

**Multi-faceted approach to “shoppable” care transparency including guidance to payers on consumer facing tools (4.1) and collaboration with providers and payers to ensure health care consumers have access to cost information (4.6)**

- Work with both payers and providers to improve price and quality transparency for “shoppable” care
- Provide guidance to payers (e.g., consumer preferences, suggestions for user interface, organization of metrics)
  - High ease of implementation
  - Builds off existing payer innovation that has already begun
  - Leverage consumer focus groups and surveys
- Partner with providers (in conjunction with payers), who guide patients through a care experience, to help enable “shoppable” care transparency
- Ensure consumer awareness of solution to increase utilization

Note: solution may evolve over time as the Commonwealth continues to build its data capabilities and resources

1 May require incentives or legislation to obtain broad participation

2 Heavily dependent on provider and payer participation

# Use case 7: claims / clinical data sharing for providers and payers builds capabilities that differ based on the type of data collected

## *Claims database*

- Provide claims-based price and quality information for primary care providers, episodes of care, and referrals
- Risk stratify patients based on claims-based algorithms
- Understand current performance and key utilization / quality drivers using risk-adjusted performance reports
- Track population health trends
- Enables rewarding providers for cost savings

## *Clinical database*

- Leverage clinical/EMR data to enhance:
  - Quality metrics and information for primary care providers, episodes of care, and referrals
  - Patient risk stratification
- Develop more accurate predictive gaps-in-care analytics
- Improve care coordination throughout care delivery
- Enables ability to reward providers for quality

## *Integrated claims and clinical database*

- Develop comprehensive patient-centric care delivery model to enhance cross-payer and cross-provider longitudinal patient record to all providers at point of care
- Prioritize and enhance care coordinator outreach and support
- Provide enhanced population health measures
- Build enhanced ability to reward providers for value

# Potential solution evaluation (use case 7)

Use case:

**7** Claims / clinical data sharing for providers and payers

Potential solution	Potential impact	Ease of implementation	Rationale / considerations
<b>7.1</b> Individually hosted payer-specific databases where providers submit clinical data to individual payers ← Current approach	LOW	MED	<ul style="list-style-type: none"> <li>Data only accessible to individual payers</li> <li>Payer-specific databases likely to have different data, formats, capabilities, but may be source of competitive advantage</li> <li>Clinical data could come directly from providers (e.g., hospitals, labs, imaging) or through a central database (may be opportunity to set guidelines)</li> </ul>
<b>7.2</b> State-led centralized claims database where payers are required to submit claims data (e.g., APCD)	HIGH	TBD <sup>1</sup>	<ul style="list-style-type: none"> <li>Helps manage cost and identify key drivers of differences between providers</li> <li>Enables ability to perform analyses across payers, for a population (also enables use case 8); feasibility under review</li> </ul>
<b>7.3</b> Regional clinical databases (e.g., regional / federated HIE) ← Current approach	MED	MED <sup>1</sup>	<ul style="list-style-type: none"> <li>Helps enable regional clinical transparency further improving quality transparency</li> <li>Regional HIOs, HISPs are leading innovation</li> </ul>
<b>7.4</b> State-led centralized clinical database (e.g., centralized HIE)	HIGH	TBD <sup>1</sup>	<ul style="list-style-type: none"> <li>Enables ability to perform analyses across many providers (for a population) in a way that is difficult in a federated model</li> <li>Helps enable system-wide clinical transparency leading to patient-centric view</li> <li>PA eHealth Authority is leading innovation</li> </ul>
<b>7.5</b> State-led centralized integrated claims and clinical database requiring providers, payers submit information	V. HIGH	TBD <sup>1</sup>	<ul style="list-style-type: none"> <li>Enables centralization and consistency across claims and clinical data leading to enhanced price, quality, and value transparency with a patient-centric view</li> <li>Enables ability to perform analyses both across payers and providers (also enables use case 8)</li> <li>Helps manage cost and identify key drivers of differences between providers; likely requires APCD and collection of clinical data<sup>2</sup></li> </ul>

- Current approach is continuing to improve both individually hosted payer-specific databases where providers may submit clinical data (7.1) and regional clinical databases (7.3)
- PA is working with a vendor to explore potential improvement options, including whether it is feasible to implement a centralized claims database (7.2)

<sup>1</sup> May require incentives or legislation to obtain broad participation

<sup>2</sup> Does not necessarily require fully operational HIE (may be collection of clinical metrics through provider submission)

# January 25<sup>th</sup> Agenda: Price and Quality Transparency

Workgroup 2



<b>Time</b>	<b>Session description</b>	<b>Session type</b>
1:00-1:30	Introduction and recap of last workgroup session	Presentation
1:30-2:30	Price and quality transparency strategic approach	Presentation and discussion
2:30-2:40	Break	
2:40-3:30	Potential solution breakout exercise	Breakout groups
3:30-3:50	Stakeholder input and full group debrief	Full group discussion
3:50-4:00	Closing and next steps	Presentation

# Potential solution breakout exercise

## Exercise directions:

- Select the poster for the use case you are most interested in and take some post-its
- (30 mins) For your solution:
  1. Write down any modifications that you would like to make
  2. Determine what it would take to make this solution work in terms of:
    - Role of the Commonwealth?
    - Critical stakeholders that should be engaged?
    - Assets that can be leveraged?
    - Barriers and challenges that would need to be overcome?
    - Specific activities and milestones that will guide the solution?
  3. Identify other potential solutions
- (20 mins) At the end of the exercise, one member from each group will present the groups findings to the rest of the work group

# Group A: Use case 1 – Consumer health literacy

Use case:

1 Consumer health literacy

Solution	Role of the Commonwealth	Critical stakeholders	Assets to leverage	Barriers/ challenges	Activities and milestones
<p><b>Create a PA-branded, stakeholder-led consumer health literacy campaign (1.2) and support existing health literacy collaboration initiatives promoting partnerships with critical regional and local institutions (1.3)</b></p> <ul style="list-style-type: none"> <li>▪ Collaborate with stakeholders who have relationships with health consumer audiences to create a PA-branded consumer health literacy campaign to leverage pre-existing communication channels</li> <li>▪ Support and build-on existing health literacy collaboration initiatives (e.g., HCIF health literacy collaborative) that work with regional and local institutions to broaden access to additional health care consumers (e.g., uninsured)</li> <li>▪ Ensure consistent messaging across initiatives by working with health organizations (e.g., payers, systems) and health research institutions/collaboratives to shape, standardize, and brand content</li> </ul>					
<p><b>Modifications</b></p>					
<p><b>Other solutions</b></p>					

# Group B: Use case 3 – Broad primary care transparency for all data users

Use case:

3 Broad primary care transparency for all data users

Solution	Role of the Commonwealth	Critical stakeholders	Assets to leverage	Barriers/ challenges	Activities and milestones
<p><b>Commonwealth will work with payers and providers to align-on a standard set of primary care metrics; data related to these metrics will be made accessible to consumers, providers, and payers (3.2)</b></p> <ul style="list-style-type: none"> <li>▪ Guide development of metrics and definitions while incorporating payer and provider input</li> <li>▪ Ensure payers and providers agree on and report a standard set of metrics to:               <ul style="list-style-type: none"> <li>– Develop more robust benchmarking and data comparisons enabling transparency for all data users</li> <li>– Reduce complexity for providers</li> <li>– Help enable the implementation of advanced primary care initiatives</li> </ul> </li> <li>▪ Work with payers and providers to design a solution that can aggregate practice-level metrics</li> </ul>					
<p><b>Modifications</b></p>					
<p><b>Other solutions</b></p>					

# Group C: Use case 4 – “Shoppable” care transparency

Use case:

4 “Shoppable” care transparency

Solution	Role of the Commonwealth	Critical stakeholders	Assets to leverage	Barriers/ challenges	Activities and milestones
<p><b>Multi-faceted approach to “shoppable” care transparency including guidance to payers on consumer facing tools (4.1) and collaboration with providers and payers to ensure health care consumers have access to cost information (4.6)</b></p> <ul style="list-style-type: none"> <li>▪ Work with both payers and providers to improve price and quality transparency for “shoppable” care</li> <li>▪ Provide guidance to payers (e.g., consumer preferences, suggestions for user interface, organization of metrics)               <ul style="list-style-type: none"> <li>– High ease of implementation</li> <li>– Builds off existing payer innovation that has already begun</li> <li>– Leverage consumer focus groups and surveys</li> </ul> </li> <li>▪ Partner with providers (in conjunction with payers), who guide patients through a care experience, to help enable “shoppable” care transparency</li> <li>▪ Ensure consumer awareness of solution to increase utilization</li> </ul>					
<p><b>Modifications</b></p>					
<p><b>Other solutions</b></p>					

# Group D: Use case 7 – “Claims / clinical data sharing for providers and payers”

Use case: **7** “Claims / clinical data sharing for providers and payers”

Solution	Role of the Commonwealth	Critical stakeholders	Assets to leverage	Barriers/ challenges	Activities and milestones
<b>7.1</b> Individually hosted payer-specific databases where providers submit clinical data to individual payers	← Current approach				
<b>7.2</b> State-led centralized claims database where payers are required to submit claims data (e.g., APCD)					
<b>7.3</b> Regional clinical databases (e.g., regional / federated HIE)	← Current approach				
<b>7.4</b> State-led centralized clinical database (e.g., centralized HIE)					
<b>7.5</b> State-led centralized integrated claims and clinical database requiring providers, payers submit information					
<b>Other solutions</b>					

# January 25<sup>th</sup> Agenda: Price and Quality Transparency

Workgroup 2



<b>Time</b>	<b>Session description</b>	<b>Session type</b>
1:00-1:30	Introduction and recap of last workgroup session	Presentation
1:30-2:30	Price and quality transparency strategic approach	Presentation and discussion
2:30-2:40	Break	
2:40-3:30	Potential solution breakout exercise	Breakout groups
3:30-3:50	Stakeholder input and full group debrief	Full group discussion
3:50-4:00	Closing and next steps	Presentation

## Debrief and discussion

- What surprised / excited you from today's discussions on price and quality transparency?
- What were the largest opportunities that you identified for the price and quality transparency solutions discussed? What were the most significant challenges / barriers?
- What should be the role of Commonwealth in these solutions? Which require multi-stakeholder collaboration?

# January 25<sup>th</sup> Agenda: Price and Quality Transparency

Workgroup 2



<b>Time</b>	<b>Session description</b>	<b>Session type</b>
1:00-1:30	Introduction and recap of last workgroup session	Presentation
1:30-2:30	Price and quality transparency strategic approach	Presentation and discussion
2:30-2:40	Break	
2:40-3:30	Potential solution breakout exercise	Breakout groups
3:30-3:50	Stakeholder input and full group debrief	Full group discussion
3:50-4:00	Closing and next steps	Presentation

## Next steps

- Participate in follow-up webinars / calls
- Identify additional topics, themes, and examples from other states that should be discussed in future webinars and work group sessions
- Meet in March for work group session 3 to refine strategy and identify interdependencies across broader plan
- Continue to provide input on price and quality transparency innovation strategic plan

Questions

