



## **Task Force Meeting 5**

April 28, 2016

Charleston Marriot Town Center – Charleston, West Virginia

### **MEETING NOTES**

#### **Welcome, Overview and Introductions**

Collective Impact, the contracted facilitation team, provided the welcome, overview and introductions. Participants were asked to introduce themselves. Present Task Force members are listed below:

- Doug Bentz - Roane General Hospital
- Hoyt Burdick, M.D. - Cabell Huntington Hospital
- Sharon Carte - WV Children's Health Insurance Program
- Ted Cheatham - WV Public Employees Insurance Agency
- Christopher Colenda, M.D. - West Virginia University Health System
- Mitch Collins – UniCare
- Terri Giles - West Virginians for Affordable Health Care
- Dana King, M.D. - WVU School of Medicine
- James Pennington – The Health Plan of the Upper Ohio Valley
- Jeremiah Samples - WV Bureau for Medical Services
- Kim Tieman - Claude Worthington Benedum Foundation
- Todd White - CoventryCares of WV
- Robert Whitler - CAMC and Partners in Health Network
- Karen Yost - Prester Center

Additional participants present at the meeting included:

- Joshua Austin - SIM Project Coordinator
- Dave Campbell - SIM Contractor
- Tom Gilpin - SIM Project Manager
- Garrett Moran, Ph.D. - SIM Contractor
- Courtney Newhouse - SIM Administration Assistance
- Nancy Zionts - CPO/COO of the Pittsburgh Regional Health Initiative (PRHI)
- Karen Fitzpatrick, M.D. - West Virginia University Health System

Bruce Decker and Denina Bautti-Cascio with Collective Impact facilitated the meeting.

An overview of the agenda and expected meeting results were reviewed as follows:

- Learn about and discuss the Pittsburgh Regional Health Initiative (PRHI).
- Adopt Vision and Mission Statements for the WVHTA.
- Identify next steps for launching the WVHTA.
- Discuss and seek consensus on the four “drivers” of the Delivery and Payment System Transformation Plan.
- Learn about and discuss the CPC+ opportunity.

### **PRHI – Presentation and Discussion**

Nancy Zionts, Chief Program and Operating Officer of the Jewish Healthcare Foundation/Pittsburgh Regional Health Initiative (PHRI), provided a PowerPoint presentation about PRHI and its experience.

### **WVHTA Vision, Mission, and Next Steps**

#### **Vision**

Joshua Austin, SIM Project Coordinator, presented a draft vision statement for the West Virginia Health Transformation Accelerator (WVHTA) that was developed by the SIM Project Management Team after the March Task Force meeting discussion:

*The West Virginia Health Transformation Accelerator (WVHTA) is the catalyst for advancing health care improvement in West Virginia. The work of the WVHTA and its members makes West Virginia a healthier place to live and a better place to do business.*

Task Force members provided feedback, as follows.

- “West Virginia is a healthier place to live” implies focus on environment rather than “healthier West Virginians”
- Maximize our ability to achieve a “healthier” state – will never be the “healthiest”
- Rationale for why we are doing this should be added before the vision statement
- “Better place to do business” – connect this economic impact piece into the rationale: why we are doing this
- Simple version of vision statement – *All West Virginians are happy, health, and productive*
- May be important to separate “health” and “healthcare”
- Will statewide accelerator have an adequate focus on regional issues/initiatives

The following **vision statement** was approved by consensus. It was suggested that the other statement in the proposed vision statement be added to the “rationale” bullets to be developed.

***The West Virginia Health Transformation Accelerator (WVHTA) is a catalyst for improving the health of West Virginians.***

### **Mission**

Mr. Austin next presented a draft mission statement for the WVHTA that was developed by the SIM Project Management Team after the March Task Force meeting discussion:

*The WVHTA, a public-private partnership, provides statewide leadership for implementation of the State Innovation Model plan—a plan to achieve private sector-driven change in the state’s health care system.*

*The WVHTA coordinates with state and federal governmental entities and its members to catalyze health care innovation by moving it from silo to scale. It also promotes value-based reimbursement through collaborative leadership and serves as a resource to its members to encourage shared learning and promotion of data/quality transparency.*

Task Force members provided feedback, as follows.

- Remove reference to SIM – too limiting
- “Silo to scale” is jargon

- Need to add more about improved patient care and health

The following **mission statement** was approved by consensus. It was suggested that the other statements in the proposed mission statement be added as strategies to be pursued by the WVHTA.

*The WVHTA builds statewide collaboration to advance improvement in the health of West Virginians through public-private partnerships.*

#### **Consensus points:**

- All Task Force members voted thumbs up to support the vision and mission statements.
- WVHTA members can further revise the vision and mission, if and as desired.

#### **Next Steps**

The following questions were raised with respect to WVHTA.

- Who will pay for WVHTA?
- Who should serve on the WVHTA Board?
- Articles of incorporation
- Specific strategies to be implemented, etc. – what the WVHTA will do
- What is WVHTA’s role in relation to the drivers? – The answer to this will impact staffing and budget needs of WVHTA
- Where will this group be formed/housed?

It was decided that a Tiger Team be established to explore the WVHTA and its role. The following participants agreed to serve on this team:

- Christopher Colenda, M.D., West Virginia University Health System (and/or designee Gary Murdock)
- Hoyt Burdick, M.D., Cabell Huntington Hospital
- James Pennington, The Health Plan of the Upper Ohio Valley
- Fred Earley, Highmark Blue Cross Blue Shield of WV
- Mitch Collins, UniCare
- Terri Giles, WV for Affordable Health Care

- Sharon Carte, WV Children’s Health Insurance Program
- Jeremiah Samples, WV Bureau for Medical Services
- A primary care clinician (later identified Dr. Sarah Chouinard to fill this role)
- Toyota – or other large employer in the state

**Consensus points:**

- All Task Force members voted thumbs up that they would like the Tiger Team to consider a relationship (contractual or otherwise) with the West Virginia Medical Institute (WVMI) for the WVHTA. This issue will be explored during the first meeting of the Tiger Team.

**Delivery and Payment System Transformation Plan – Driver One**

Participants were engaged in a discussion about Driver One. The following feedback was provided:

- What does it mean “to have a primary care primary care provider” – assigned to one or consumer connected to one?
- Meaning is “consumer-driven” by choice not attribution by insurer/payer
- Are there enough primary care providers in the state so everyone has access to one?
- This driver seems to depend too much on the PCMH model
- Goal focuses on two populations (general and complex needs) but strategies only focus on those with the complex needs – need strategies for others
- Review data to see who has a primary care provider and if the patient knows/understand this
- Community paramedicine has been mentioned at Task Force meetings, but is not included as a strategy and should be considered (Editor’s note: this was included in Section 5 of the SIM plan)

**Consensus points:**

- All Task Force members voted thumbs up or to thumbs to the side to accept this driver. One Task Force member voted thumbs down on this driver because he noted “there are too many moving parts, and does not think strategies will achieve the goal.”

**Delivery and Payment System Transformation Plan – Driver Two**

Participants were engaged in discussion about Driver Two. The following feedback was provided:

- Some strategies are named but others may be left out – either include more examples or change the language to say “such as...”
- List the examples in the tactics but remove them from the strategies – and use language “such as”
- Remove the last sentence from strategy 3 and leave it in the tactics
- There is too much content in this section – trying to do too much instead of identifying a few things to do

**Consensus points:**

- All Task Force members voted thumbs up to accept this driver, provided the changes suggested above are made.

**Delivery and Payment System Transformation Plan – Driver Three**

Participants were engaged in discussion about Driver Three. The following feedback was provided:

- Add educational component about consumers keeping track of their data – using apps that are available
- Behavioral health data needs to be included in HIE
- Include language to reference need for an HIE – but do not mention state or regional
- Include reference to what is already there – EDIE (Emergency Department Information Exchange)
- Remove everything after the word “data” – do not make reference to “de facto all-payer claims database”
- Change language in driver to *“Leverage data and information management capacity”*

**Consensus points:**

- All Task Force members voted thumbs up to accept this driver, provided the changes suggested above are made.

**Delivery and Payment System Transformation Plan – Driver Four**

Participants were engaged in discussion about Driver Four. The following feedback was provided:

- Strategy 1 tactic references expert panels which are always biased – need voice of providers on the front line and consumers
- Concept of “expert panels” was to learn from what others have already done – not to be prescriptive
- Best value-based reimbursement models involve provider and payer sitting down and figuring it out – do not want an expert panel to do this

- Strategy 1 tactic: remove “expert panel” reference and change the language to say “convene stakeholders to ensure proper accountability...”
- Must have sufficient population size to stratify risk
- Look at merit-based incentive payment process for Medicare
- Verify Secretary Karen Bowling (DHHR’s) support for this driver and goal

**Consensus points:**

- All Task Force members voted thumbs up to accept this driver, provided the changes suggested above are made.

**Delivery and Payment System Transformation Plan – Driver Five**

Participants briefly discussed Driver Five and decided that, although it is not fully developed, it is a driver. It was decided that a Tiger Team should be established to address this driver. It was also suggested that the language for this driver be changed to focus more on aging West Virginians and their health rather than finances – possibly “*Better address the special needs of aging West Virginians.*”

**Next Steps and Wrap Up**

- Make reference to PCORI (Patient-Centered Outcome Research Institute) in the plan
- Conference call/webinar regarding CPC+ for those interested
- WVHTA Tiger Team to meet via webinar or in-person
- Convene Driver Five Tiger Team and/or draft driver for Tiger Team review

**Task Force Meeting Notes Submitted by:** Bruce Decker and Denina Bautti-Cascio, May 2, 2016

**Task Force Meeting Notes Revised by:** Joshua Austin, June 15, 2016