

SIM Steering Committee Meeting

Monday, August 10, 2015 - 3:00 – 5:00 PM

West Virginia Department of Health and Human Resources Charleston

Members in Attendance:

Karen L. Bowling, Sharon Carte, Sue Johnson-Phillippe, Dr. Rahul Gupta, Cynthia Beane, Joseph M. Letnaunchyn, Fred Earley, Mike Riley, Dr. Adam Breinig, Ted Cheatham, Dr. James Becker

Members Absent:

Terri Giles

Project Management Team Attendees

Dr. Jeffrey Coben, Nancy Sullivan, Jeremiah Samples, Dave Campbell, Tom Gilpin, Joshua Austin, Courtney Newhouse

Guest Speaker

Harold D. Miller, President and CEO of the Center for Healthcare Quality and Payment Reform (CHQPR) and an Adjunct Professor of Public Policy and Management at Carnegie Mellon University

Secretary Karen Bowling welcomed and thanked everyone for attending. Secretary Bowling next asked for an introduction of guests: Dave Campbell, CEO of the WV Health Improvement Institute and guest speaker Harold D. Miller, President and CEO of the CHQPR. Following introductions, Dr. Jeffrey Coben presented an overview of the agenda for the meeting, including a July Workgroup Report (Joshua Austin), August Workgroup Plans (Tom Gilpin) and Invited Presentation (Mr. Miller) and discussion.

Mr. Austin unveiled the new SIM logos and then offered a summary of the workgroup activities from July (PowerPoint available for review). Dr. Coben explained to the Steering Committee that the focus of the September/October Steering Committee meetings will be a deep and thorough discussion of the July and August workgroup output/recommendations.

Mr. Gilpin continued the presentation with an overview of the workgroup activities planned to occur in August. Specifically, an exercise to develop an ideal health care delivery system, along with an accompanying “launch document,” will be undertaken by the workgroups. The goal is to begin identifying the approaches that will be written into the final State Health Innovation Plan. The launch documents will include baseline information on obesity, the targeted condition for August. Another document will provide rules and instructions for the activity. Finally, a pre-drafted proposal will be a starting point for the discussion. The pre-drafted proposal is derived from goals in the original SIM application, information from the West Virginia Bureau for Public Health obesity plan—ensuring consistency with the State Health Improvement Plan—and input of workgroup co-chairs.

This activity will be completed by the Better Care, Better Health and Better Value workgroups. The HIT and Workforce Development workgroups will have a slightly different focus since the ‘Targeted Condition’ approach does not necessarily fit with their subject matter. However, Workforce Development will utilize the Better Care proposal to assist in identifying workforce/training gaps.

Dr. Coben introduced Mr. Miller, President and CEO of CHQPR. Mr. Miller’s began his presentation: *“Win-Win-Win Approaches to Accountable Care: How West Virginia Can Be a Leader in Delivering High-Quality, Affordable Healthcare.”* This “Win-Win-Win” approach is a way to frame payment reform as being through a reduction of avoidable/unnecessary spending, which redirects attention to necessary spending. Mr. Miller illustrated several opportunities in West

Virginia that would benefit from reductions in spending without health care rationing, including hospital admissions, CABG, PCIs, etc.

Mr. Miller continued by explaining the barriers in the current payment system (e.g., no payment or inadequate payment for high-value services and many fixed costs remain when volume decreases, etc.). After identifying current barriers, three methods to address these barriers were specified: 1. Bundled Payment, 2. Warranted Payment, and 3. Condition-Based Payment. Mr. Miller presented several in-depth examples of each type of payment model, referencing other states, including Massachusetts, Maryland and Iowa. Shared, trusted data containing current utilizations and costs was emphasized as a critical component of payment reform success. In a successful system, payers and providers need to have matching data for both groups to align and agree on a new approach.

To close the presentation, Mr. Miller offered a set of recommendations for West Virginia to reach a “Win-Win-Win Approach” for high-value health care:

- Agree on a Vision for Better Health & Lower Costs
- Stakeholders Collaborate To Achieve the Vision
- Convert Vision Into Action
- Business Plans for Win-Wins
- Redesign Care Delivery for Higher Quality & Lower Cost and
- Create Payment Systems That Support Success.

To ensure this approach for West Virginia, Mr. Miller noted that neutral facilitation and shared data are essential elements, and a Regional Health Improvement Collaborative (RHIC) could be the mechanism for such a system. West Virginia has gathered most of the stakeholders needed for a RHIC, and it is only missing private employers and Medicare representatives.

Suggested next steps were reviewed and Mr. Miller welcomed questions and discussion. After questions and discussion, the Steering Committee was asked to identify the biggest barriers in the current health care system in West Virginia. The Steering Committee named the following as significant barriers:

- Presumptions that exists between providers.
- Behavioral health management across the different provider fields – do not have a coordinated data strategy.
- How to create a balanced portfolio (combine several initiatives that address different areas to produce results to show that what we are doing will produce results).
- Determine and develop the type of payment reform model to best fit West Virginia priorities across all groups.
- Achieving shared data along with an agreement of that shared data.
- Alignment of payers; even though West Virginia is a smaller state, there are many payers who are difficult to engage in this discussion.
- How to determine regions in West Virginia to establish regional initiatives.

Secretary Bowling closed the meeting by thanking Mr. Miller for his presentation. She thanked members for attending and concluded the meeting.