

SIM Steering Committee Meeting

Monday, October 5, 2015 - 3:00 – 5:00 PM

West Virginia Department of Health and Human Resources Charleston

Members in Attendance:

Sharon Carte, Sue Johnson-Phillippe, Dr. Rahul Gupta, Fred Earley, Ted Cheatham, Mike Riley, Joseph M. Letnaunchyn

Members Absent:

Karen L. Bowling, Dr. James Becker, Dr. Adam Breinig, Terri Giles, Cynthia Beane,

Project Management Team Attendees

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

Dr. Coben started the meeting by thanking everyone for being present. He then presented an overview of activities completed during the months of July, August and September. This included the completion of 15 workgroup meetings involving over 400 total participants, both in-person and via remote participation. Workgroup activities included: reviews of WV public health priorities and proposed strategies for addressing obesity and tobacco; review of several different models of care coordination, including regional care coordination models; sharing of payer quality measures; review of the status of HIT/HIE in WV; and a preliminary review of health workforce projections/needs.

The project management team believes there is general agreement among the stakeholders regarding: priority health concerns (tobacco, obesity, behavioral health/substance abuse); the need for improved care coordination, including better integration of behavioral health & physical health; the need for agreement and alignment of quality measures; the need to enhance IT capabilities; and the need to address workforce shortages and projections. Despite these general areas of agreement, a number of issues and challenges have also been identified. These include:

- Specific models for care delivery and associated payment reform have not been proposed
- There is no consensus on the need, desirability or approach to regional care coordination
- Providers and consumers have expressed frustration with the current approach to quality measure identification/reporting
- IT and workforce planning are, in part, dependent upon the approaches taken towards specific models of care/payment and quality measure reporting

Additionally, the project management team has noted there has been little discussion about PCMHs and their role as an approach to moving towards value-based delivery/payment, and little discussion about Medicaid managed care, and how it can be leveraged to move towards value-based delivery/payment. Feedback from some of the participating stakeholders also suggests some meeting fatigue and frustration with the pace and specificity of the workgroup process.

To address these issues and challenges, the project management team recommended the implementation of a more focused effort to activate alignment between payers, providers and

consumers. The primary goal of this effort will be to develop/propose specific models of value-based care delivery & payment that are agreed upon by payers, providers and consumers. Specifically, the project management team recommends the establishment of a joint task force including payers, providers and consumers. This task force will be charged with bringing forth specific models and recommendations. Recommendations emerging from the task force will be disseminated to the broader stakeholder community for input and commentary. Recommendations and associated input will be brought back to the Steering Committee for subsequent review and consideration.

The Committee discussed issues and needs that may arise with transitioning to a new phase in the SIM design process including: the need to conduct a significant amount of prep work before the task force is first convened to bring members of the group up to speed regarding SIM objectives, accomplishments to date, and information gleaned from the work group activities; and the need for clear communications to the broader stakeholder community that explains this next phase of the project, how the workgroup output to date will help to inform this next phase, and how the recommendations of the task force will be brought back to the stakeholders for their review and subsequent input.

The Committee discussed the task force process and timeline, and the potential composition of the task force, resulting in the final list below:

- Tim Snyder, Humana (Medicare Advantage and PEIA retirees)
- Mitch Collins, UniCare, Medicaid MCO
- Todd White, CoventryCares, Medicaid MCO
- James Pennington, The Health Plan of the Upper Ohio Valley, Medicaid MCO
- Sharon Carte, West Virginia CHIP
- Ted Cheatham, WV Public Employees Insurance Agency
- Fred Earley, Highmark Blue Cross Blue Shield
- Jeremiah Samples, West Virginia DHHR
- Dr. Christopher Colenda, West Virginia United Health System
- Dr. Hoyt Burdick, Cabell Huntington Hospital
- Robert Whitler, Partners in Health
- Dr. Sara Chouinard, Community Care of West Virginia
- Karen Yost, Pretera Center
- Tara Hulse PhD, RN, Nursing Representative
- Dr. Dana King, Family Physician Representative
- Dr. Craig Robinson, Cabin Creek Health
- Doug Bentz, CEO of Roane General Hospital
- Terri Giles, West Virginians for Affordable Health Care
- Eugenie Taylor, West Virginia Chamber of Commerce
- Kathy Stoll, retiree
- Kim Tieman, Benedum Foundation

Members of the Steering Committee then approved the suggested plan to begin implementing the next phase of the project by establishing the task force, approved the composition of the task force, and approved the request to seek a 12-month no cost extension from CMS to permit additional deliberations and the necessary consensus for developing the final SIM deliverable.

Next Steps/Action Items

- Tentative: Next Meeting Monday November 2 3:00 – 5:00 PM, Charleston – May be cancelled, as development/preparation of the Task Force materials would take precedence.