



Task Force Meeting 4

March 30, 2016

Charleston Marriott Town Center – Charleston, West Virginia

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
- Sharon Carte - WV Children's Health Insurance Program
- Ted Cheatham - WV Public Employees Insurance Agency
- Fred Earley – Highmark BCBS of West Virginia
- Terri Giles - West Virginians for Affordable Health Care
- Dr. Dana King – West Virginia University School of Medicine
- James Pennington – The Health Plan of the Upper Ohio Valley
- Jeremiah Samples – WV Bureau for Medical Services
- Eric Schmitz – Humana
- Kim Tieman - Claude Worthington Benedum Foundation
- Robert Whitler - CAMC and Partners In Health Network

Additional participants present on the call included:

- Joshua Austin – SIM Project Coordinator
- Jon Cain – WV DHHR

- Dave Campbell – SIM Contractor
- Tom Gilpin – SIM Project Manager
- Courtney Newhouse – SIM Administrative Assistant
- Elizabeth Conn – The Advisory Board

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

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

- Define the purpose of the West Virginia Health Transformation Accelerator (WVHTA).
- Determine the health transformation activities that WVHTA should manage or help facilitate.
- Determine who should be represented in the WVHTA, how these members should be selected and how the WVHTA should be governed.
- Define how the WVHTA should be organized.
- Determine a sustainability plan for the WVHTA, including how it will be funded, financial stake required for membership, and initial and long-term staffing.
- Introduce the SHSIP and obtain feedback on the SHSIP goals and action items.

The following **meeting ground rules** were reviewed with participants:

- Refrain from discussions related to any pending or prospective procurement of services or goods
- Do not engage in discussions or agreements that have anti-competitive objectives or results (pricing, territories, etc.)
- Stay focused and on task (use of parking lot, timer and clap)
- Respect others' views and opinions
- Be positive and solution oriented – strive to innovate!
- Use "thumb-talk" consensus decision-making
 - ✓ Thumb up – I support this idea
 - ✓ Thumb to the side – I can live with it while it may not meet all of my needs, but I don't have strong reservations about the decision
 - ✓ Thumb down – I cannot support this decision and have concerns and a solution that the full team must hear from me before we move forward

Conceptual Overview of Regional Health Care Improvement Collaboratives and Goals for Today's Session

Joshua Austin, SIM Project Coordinator, provided a PowerPoint presentation providing an overview of regional health care improvement collaboratives and the proposed West Virginia Health Transformation Accelerator.

Questions and comments regarding the presentation include the following:

- What are regional networks, and how are they funded?
- How do we identify the “value-added” from these networks?
- Determining ROI regarding opiate/addiction dependence is likely an outlier, but could be something that is a mission of this entity.
- Indiana has a strong health improvement collaborative that is worth reviewing; it started in Indianapolis since early 2000s and is now expanding.
- Concern regarding health improvement collaborative: how will an entity not created by statute manage all data analytics?
Editor's note: The health improvement collaborative would not hold any data, but would have access to data via an MOU similar to numerous other existing Medicaid projects, such as the National Governors Association Complex Care Program.
- How would data be used? If it is de-identified claims data, that would be appropriate.
- Payers would want ability to compare data for benchmarking purposes.

NOTE: meeting notes were taken by Joshua Austin and the Collective Impact team. Every effort has been made to ensure accuracy. If you notice a factual error or misstatement, please contact Joshua Austin at jaustin3@hsc.wvu.edu or via phone at (304) 400-8300 to make a correction.

Decision Point 1: What is the purpose of the WVHTA? What health transformation activities should the WVHTA manage or help facilitate?

WVHTA Vision Points

- Improved population health
- Better value in health care expenditures—better patient outcomes for less money
- Continuity in continuum of care consistency—coordination so it is not fragmented
- West Virginia is a great place for economic development due to transformed health care system

- Coordination of efforts/initiatives throughout the state to improve the health care system
- Sustainable health care delivery model

WVHTA Mission Points

- WVHTA could do a lot of what the West Virginia Health Innovation Collaborative is currently doing—bring the two entities together. **Editor’s Note:** Almost all health improvement collaboratives engage in a communication, “grand rounds” approach similar to the West Virginia Health Innovation Collaborative. The duties, staffing and planning for these meetings, including developing specific and targeted outcomes from the meetings, could be a duty of the West Virginia Health Transformation Accelerator.
- Should not be in a bureaucratic “cocoon”
- Opportunity for a public/private approach that is more oriented toward the private sector
- Entity would be payer and provider funded
- Creates a network for best practice development and dissemination
- Promotes and facilitates payer consistency
- Leverages innovation in the private sector and improves quality and outcomes for patients
- Attempts to improve population health
- Small yet inclusive membership to accomplish key organizational goals
- Shared leadership for projects among the payers and/or providers with short-term work teams and specific timelines and expected deliverables
- Grants management, especially regarding which grants would be pursued
- Important for providers to have input on the quality measures adopted to ensure they represent actual measures of quality, make sense and that there would be staff to support collection of the measures
- Make sure efforts do not result in unfunded mandates
- Transformation should be primary care provider-led
- Shared, peer-to-peer learning
- Data collection and analysis

Core Values Points

- Shared learning
- Leveraging innovation to improve population health
- Demonstrate return on investment

- Small, nimble organization
- Short-term workgroups
- Making health care innovations sustainable
- Training health care staff of the future for a value-based system
- Respectful transparency
- Consumer voice, engagement and education

Consensus Points (All Thumbs Up)

- **Tasks Force members unanimously agreed to support the development and further exploration of the West Virginia Health Transformation Accelerator.** Draft vision, mission and core values statements will be developed by the SIM project management team and will be reviewed, revised and adopted by the Task Force at its April meeting.

Decision Point 2: Who should be represented in the WVHTA? How should these members be selected? Who governs the WVHTA? Decision Point 3: How should the WVHTA be organized?

Representation on WVHTA

- Consumer groups
- Primary care providers and other types of providers
- Payers that represent a significant amount of West Virginia's covered lives
- Funders

WVHTA Structure/Organization and Governance

- WVHTA will be a stand-alone 501(c)3 non-profit organization and governed accordingly.
- The 501(c)3 status will allow the WVHTA to apply for government and foundation grant funding and accept awards/donations that are tax-deductible.

Consensus Points (All Thumbs Up)

- **Task Force members unanimously agreed to the aforementioned WVHTA structure/organization and governance.**

Decision Point 4: What is the sustainability plan for the WVHTA? How will it be funded? What is the amount of the financial state required for membership? How should it be staffed initially and long-term?

Who Will Fund WVHTA

- Payers
- Foundations
- Providers – large health systems
- Provider associations
- Reinvestment of existing government-funded efforts, initiatives, entities, etc.
- Government grants to fund specific projects—not necessarily WVHTA itself, unless certain project funding can be allocated to support staff, capacity building, etc.

Ways to Financially Support WVHTA

- Membership dues
- Grant funds
- Fees from service performed
- Partners that represent strategic populations
- West Virginia Medicaid and SIM will inquiry about the possibility of including a certain, capped amount of WVHTA membership dues in the medical loss ratios of Medicaid MCOs to encourage participation in the organization

Funding Comments/Questions

- Further explore with individual Task Force members the level of funding, in-kind or other contribution that they might be able to offer to support the WVHTA
- Can Task Force members commit a representative to serve on WVHTA?

Consensus Points (All Thumbs Up)

- **Task Force members unanimously agreed on who might fund WVHTA and ways to financially support the organization. The Task Force also supported surveying each individual member to determine specific levels of funding, in-kind and other contributions that could be support the WVHTA.**

Feedback on SHSIP Goals and Action Items

Participants were engaged in discussion regarding the draft State Health System Innovation Plan (SHSIP) Goals and Action Items using the *Six Thinking Hats* (6 TH), a system designed by Edward de Bono that describes a tool for group discussion and individual thinking involving six colored hats. *Six Thinking Hats* and the associated idea - parallel thinking - provide a means for groups to plan thinking processes in a detailed and cohesive way, and in doing so to think together more effectively. After reviewing the draft SHSIP Goals and Action Items document, the following feedback was provided, organized by the six hats:

1. **Red Hat** (feelings, intuition): After being introduced to the SHSIP goals and action items, I feel...

- 28 is a lot of goals – merge and prioritize them into fewer, more powerful overarching goals
- Overwhelmed with too many goals
- Prioritize and put timeframes on them – not all will be addressed or accomplished now
- Where did the percentages come from? Are they realistic?
- Where are we now? How far are we from goals with percentages?
- Include milestones with dates to work towards achieving specified percentages
- A lot of this seems driven by payers and then down to providers/physicians – need more input on these
- Can some goals be consolidated to meet CMS guidelines?
- Maybe separate Medicaid and Medicare – but if population health improves for those with specific conditions doesn't everyone (payers) benefit?
- Goals reflect the enormity of the situation in West Virginia
- Good goals, a little ambitious
- Encouraged that we might have a path forward to improve quality and patient/population health
- Need some goals that address the consumer population and improving their health (also a white hat comment)

2. **White Hat** (facts, information): Goals and/or action items that are missing and should be added...

- Goal 14 is weak
- Don't list specific entities (locally) in goals (e.g., goal 15)
- Combine goals 14 and 15 and remove names of specific entities – get out of the “weeds”
- Combine to have one goal on behavioral health integration and one on telehealth, then have specific objectives or strategies on how to achieve the goals
- Goals should be consolidated/combined – they are too broad – objectives/action steps can be more specific

- Add goal “Educating consumers about what they need to do” – maybe a part of each goal is to add communication and education of consumers
 - Use language like “Explore models such as ...” want to highlight local models, but not be committed to implement a specific approach
 - Add goal “Consumers should be engaged, educated and empowered”
 - Add goal related to “incentivizing behavior modification ...”
 - Part 4 of the quadruple aim needs to be addressed
 - Look for positive consumer engagement goals in existing implementation plans/projects in West Virginia
 - Need a goal to start with some of the core quality measures
3. **Green Hat** (creativity, possibilities): What we might do differently, or a new, innovative, or different approach to take is...
- Focus on things that don’t require funding to keep momentum going
 - Keep moving and work on what we can that doesn’t cost money
 - Further develop CHW, PCMH, WVHTA and Project ECHO
 - TeamSTEPPS
4. **Black Hat** (caution, negatives): In my opinion, the biggest downside or area of caution is...
- Too many goals – pare them down
 - Make sure we don’t alienate providers – need them all to be bought in
 - Too payer-driven
 - Too top down
 - CMS controls all
 - New president and administration
 - All we need is a chance to succeed
 - Worry/concern that we will hurry up and wait and lose momentum
 - Should be ongoing evaluation process for WVHTA to see how it is doing along the way, as well as assigned health services research to document what is working, find new approaches/models that work, etc.
 - Make goals measurable – maybe use SMART framework
 - Don’t let the grant process slow us down – keep us from working to move innovation forward
5. **Yellow Hat** (positives, benefits): The recommended SHSIP goals and action items could work because....

- We have a bit more trust among partners, payers and systems. We want West Virginia to be a great place to live and work with a healthy population

6. **Blue Hat** (purpose/manage): Suggested next steps...

- Just do it!
- Writing team will revise goals and action steps and get feedback from each Task Force member prior to the April Task Force meeting
- Convene the beginning group of the WVHTA

Next Steps and Wrap Up

- Decision Point 4 was not fully addressed during the meeting. It was determined that Task Force members should be surveyed to determine more specifics related to this issues of funding and sustainability.
- The final Task Force meeting is scheduled for Thursday, April 28, 2016, from 8:30 a.m. – 4:30 p.m.

Task Force Meeting Notes Submitted by: Bruce Decker and Denina Bautti-Cascio, March 31, 2016

Task Force Meeting Notes Revised by: Joshua Austin, April 6, 2016