

# State Innovation Model (SIM) Better Care Workgroup

Tuesday, July 21<sup>st</sup> 2015 - 1:00 p.m. – 4:00 p.m.  
Marshall University Graduate College – South Charleston Campus – Room 116

## MEETING SUMMARY NOTES ADDENDUM

### Minority / Non-Attendee Report

*This document includes views and opinions held by individuals who did not participate in the July Better Care Workgroup meeting. The feedback of these individuals was submitted through Qualtrics as part of the workgroup survey process. These views and opinions do not necessarily reflect the consensus of the Better Care Workgroup. The workgroup itself ultimately determines how to use this information, which is termed a “Minority / Non-Attendee Report,” in their decision-making and consensus-building process.*

*These responses have been lightly edited for clarity and grammar.*

**Workgroup Charter Question 1:** What does "Establish a highly coordinated care delivery system built upon a comprehensive primary care model" mean? What is the function of such a system? What are the components of such a system? How do we transition to such a system?

- West Virginia should establish a network of regional care hubs built on the principles of coordinated care and medical homes, with support from a central coordinating center.
- Building a high functioning primary care system for West Virginia is more important than creating programs or strategies for individual problem areas such as tobacco or obesity. Strong primary care provides the capability to intervene in myriad ways to address the complex and varied health challenges of the population.
- An integrated care model engages all aspects of medical care delivered and ensures that it is coordinated. To maximize the model, the social determinants of poor health must also be addressed and coordinated. Data and (re)focusing of resources are both critical to the model.

**Workgroup Charter Question 2:** How can current integrated and coordinated care models in West Virginia (Medicaid MCOs, PCMHs, value-based reimbursement) be leveraged in development of the State Health System Innovation Plan?

- West Virginia should build on what is pre-existing and augment in areas where it is needed, with more training, more incentives for primary care to become advanced primary care and more workforce incentives. The state’s medical and allied health schools should be incentivized to produce more primary care graduates.

- Payment for care coordination is an important driver for practices. Coordination around care transitions and for high-risk super utilizers will have the quickest impact on controlling costs by reducing admissions, readmissions and complications. Payment for group visits would allow for more effective interventions for conditions that require behavior changes (i.e., can leverage peer interactions). Payment for a dietitian and bariatric surgery; for care coordination services; telehealth and co-delivery of primary care plus behavioral health care on the same day—these are all important components of effective care delivery.
- For Medicaid, the managed care model can be further refined to ensure the payment structure matches the desired outcome. Practice transformation efforts focused on major provider systems regionally could also advance this strategy.

**Workgroup Charter Question 3:** What would be good measures for our six target areas of obesity, tobacco, behavioral health, preventable care and avoidable costs, data / measurable outcomes, and community engagement, collaboration and infrastructure?

- West Virginia should initially look at proportional rates and national rankings.
- There are several specific measures West Virginia could utilize, such as:
  - Afterhours access to telephone advice;
  - Same day appointment availability;
  - Tobacco use addressed, and if positive, plan of care with reimbursement;
  - Emergency department utilization and
  - Seven-day primary care follow up after a hospitalization.
- The workgroup should consult with the West Virginia Health Statistics Center to base objectives and targets on data that are collected at least annually, or biannually. Once this is established, use linear regression, coupled with expert panel reviews from West Virginia University, Marshall University, West Virginia School of Osteopathic Medicine and Charleston Area Medical Center, to research specific targets. Most targets previously selected have little basis in factual analysis of the state data and trends.