Rural Health Innovation Accelerator Committee

February 11, 2016
10:00 AM – 11:00 AM
Call-in Information
1-888-757-2790
Access Code 480321

Meeting Objectives:

- Outline the goals and objectives for the Committee and prompt discussion.
- Frame expectations for the upcoming in-person working session.

Agenda Items	Time
Welcome from our co-champions, Andre Fresco and Nicole Bell **Meeting Minutes:** *Andre Fresco and Nicole Bell -* Thank you for your time and contribution. During this meeting we will hear from Nathan Johnson on the current state of payment reform conducted under Healthier Washington, discuss the mechanisms and cogs of transformation, and discuss the March in-person working session.	10:00 am
Vision for Healthier Washington's Payment Redesign – Nathan Johnson • *Conceptual vision and transformation impact of the payment models* • *Committee contributions* • *Committee feedback and discussion* **Meeting Minutes:** *Nathan Johnson -* Welcome and thank you for your participation on this Committee. This is a natural extension of the work that is being conducted under Healthier Washington. As there is only so much that the state can and reasonably should do to spur health system transformation, the state is looking to empower public and private partnerships to advance Washington as a first mover in health innovation. Healthier Washington transforms the health system in Washington State so that people experience better health during their lives, receive better care when they need it, and care is more affordable and accessible. There are three core strategies of Healthier Washington: • Healthier Washington addresses whole person health and will ensure that people receive coordinated care for physical and mental health and substance abuse in a way that works wherever they live. ○ We are targeting the integration of physical and behavioral health care in regions as early as 2016, and statewide integration by 2020.	10:05 am

- We will change how we pay for care so that we pay for the value of that care instead of the amount of care provided.
    - Our goal is to shift 80% of state financed health care to value-based arrangements by the end of Healthier Washington.
- We will engage communities, driving local health innovation and partnering with the state on health purchasing.
    - We will use data to drive community decisions and identify community health disparities.

There are four payment models that help us to achieve this transformation.

Payment Model 1 is known as Early Adopter of Medicaid Integration. Starting in Southwest Washington, it seeks the integration of behavioral health and physical health services. It builds upon the commitment by the Governor and Legislature as initiated through House Bill 2572 and Senate Bill 6312. Under this initiative, services will be coordinated through a single entity. This requires direct and unique engagement of local governments, payers and providers, which is tailored to regional needs. We will carry these lessons forward as we expand this initiative across the State and seek Mid-Adopters.

Payment Model 2, Encounter-based to Value-based, is most applicable for rural health as it addresses Federally Qualified Health Centers (Centers), Rural Health Clinics (Clinics), and Critical Access Hospitals (CAHs). Under this model, we are shifting Centers and Clinics away from a system driven by face-to-face encounters to one that rewards for outcomes and the delivery of care. While challenging, cost-based reimbursement holds this delivery system together. Not losing this foundation, Model 2 will move providers to a system that allows providers to innovate and reward for the care delivered. Model 2 is also working with a subset of Washington's most stressed and financially vulnerable CAHs to test new payment and delivery mechanisms that build sustainability and move this set of CAHs closer to value-based readiness.

Payment Model 3, known as our Multi-Purchaser initiative, focuses on the development of accountable care delivery and payment strategies. Starting first for public employees in Western Washington and on the longer-term statewide spread, and partnerships with other public and private purchasers to adopt similar risk-based and value-based strategies. Under this model, providers will be paid based on the value of care delivered, on employees' satisfaction with their health care experience and improved health outcomes. As of 2016, this initiative was launched with the Puget Sound High Value Network and the University of Washington Medicine Accountable Care Network.

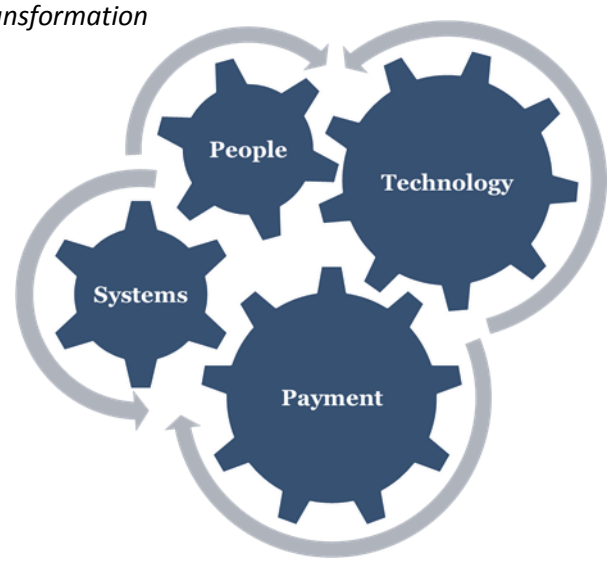
Payment Model 4, our Multi-Payer initiative, seeks to accelerate the adoption of value-based purchasing by increasing providers' access to patient data across multiple payers and health systems. It will provide the infrastructure support and the data needed to coordinate care, and share risk. Model 4 will Work with major health systems and engage a large population comprised of commercial payers.

The intent of this group is to explore and promote the opportunities offered through the transformation to value-based purchasing. We want to support a creative forum that encourages collaboration between Washington's public and private health entrepreneurs. Through this forum, rural health innovators and entrepreneurs will be able to draw cross sector linkages and will lead to the increase of uptake and adoption of value-based payment models.

We very much appreciate the time and resource contribution you have made by participating in this group.

Charge for the Rural Health Innovation Accelerator Committee

- *Unique contribution of Committee Members*
- *Early wins and longer-term Committee goals*
- *Intersections in rural health transformation*



Minutes:

Andre Fresco –

10:20 am

When we talk about different approaches to health care, there are many different components that are going to be impacted by these changes. From our initial discussion, we have recognized that there are four main cogs that link to transformation, people, systems, payment and technology. Within this context, our question to the group is, what are the challenges and barriers that you see as important to this committee?

We are interested in your thoughts and want to provide an outlet for experts to give voice to this question. We want to ground the conversation in practical solutions to issues, and to identify the kinds of opportunities that you see every day.

Committee Comments:

- Eric Moll – We are working with other members in relation to this committee on initiatives for our facility. Telemedicine is very important, and it is important to note this is different than virtual care. We are implementing a virtual visit model that helps to create access at a very affordable cost, and increase access. The integration of Tele-behavioral health is important to consider as well.

  Early ACO models are helping to reorient organizations toward population health. We are in conversations with Daryl Edmonds from Amerigroup to explore shared savings opportunities. From these early ACO models, we have found care coordination is an important component as well as service links to

tertiary care.

- Carlos Olivares – This work is dependent on many factors, and we must consider beyond the triple aim (better health, better care and lower cost) to a fourth aim, focus on providers. Provider and staff recruitment is an important issue. Technology and data utilization is also very important. We need to have access to the data in a comprehensible way to distribute for use.

Nicole Bell -

These are important considerations as it relates to provider burnout. The Committee has not come with preconceived ideas. We will be working through a process to get the Committee to solutions generation.

- Linda Gipson – With a focus on data, I have experience with assessments in rural areas. I have looked at how one gets to population health questions, and have worked on questions such as how one gets data, mines data and filters data. Also, I have explored how does one help rural communities that do not have significant assets and help them establish this infrastructure support for data.

Andre Fresco –

The Committee serves as an aggregator, or a place to identify such issues, and work through potential solutions. We are looking for an unvarnished view of what are the problems are and realistic sets of solutions.

In-Person Working Session Preview and Site Update

- *Location and Tele-Conferencing*
- *From now to then… action steps*
- *Working session*

Meeting Minutes:

Working Session Facilitators Matt Holman and Avtar Varma –

We are asking that you submit white papers, slides and other vital source documents that help to outline common themes and issues relevant to rural health. Additionally, we are asking you to contribute 2-3 problem statements prior to the working session. We want to come into the working session prepared with problem statements.

It is critical to get these problem statements and challenges early on so that we can move forward with development. Problem statements need to focus on things that we can take action against, something that is in your purview.

10:35 am

Summary/Closing Comments

- *What do I need?*

10:55 am

In-Person Meeting Details:

Time: 1-5 p.m.
Date: Friday, March 18
Location: Cambia Grove, Suite 250, Boardroom, 1800 9th Ave., Seattle (parking and location information here)

Roster of Attendees:

Name	Organization
Andre Fresco	Yakima Health District
Nicole Bell	Cambia Health
Jacqueline Barton True	WSHA
Ralph Derrickson	Carena
Mark Johnston	Amazon
Keith Watson	Pacific Northwest University
Linda Gipson	Whidbey General Public Hospital District
Brian Myers	Empire Health Foundation
Sue Dietz	Critical Access Hospital Network
Carlos Olivares	Yakima Valley Farm Worker Clinic
Candace Goehring	DSHS/ALTSA/HCS
Daryl Edmonds	Amerigroup
Phil Skiba	Hewlett Packard
Desney Tan	Microsoft
Cindy Snyder	Delta Dental
Mark Stensager	Washington Health Benefit Exchange
Karina Uldall	Virginia Mason
Dawn Bross	RHCAW
Eric Moll	Mason General
Ken Roberts	WSU College of Medicine