



Minutes for April 26, 2016 HILN Clinical Engagement Accelerator Committee Call

Committee members present: Hugh Straley, Paul Hayes, Richard Bryan, Tony Butruille, Phylis Cavens, Eileen Cody, Lori Cohen, Charissa Fotinos, Ingrid Gerbino, Holly Greenwood, Sarah Koca, Hiroshi Nakano, Jeanne Rupert, Bruce Smith, Sean Trafficante, Laura Pennington, Committee Staff, Ginny Weir, Committee Staff

Guests: Maria Courogen, DOH, Bonnie Wennerstrom, HCA, Laura Zaichkin, HCA

Apologies: Chris Barton, Dylan Dressler, Sharon Eloranta, John Espinola, Bob Farrell, James Kaech (Chris Kaasa substitute), Lynn Kimball, Michael Maples, Donna Poole, Carol Wagner

After brief introductions an overview of the Health Innovation Leadership Network (HILN) and Clinical Engagement Accelerator Committee was shared:

HILN is a Governor-appointed public-private leadership group that is driving change by leveraging their collective and individual action to take as leaders, from multiple sectors. This Clinical Engagement accelerator committee is made up of HILN members as well as other leaders across the state – all multi-sector- who are focused on diverse but triple-aim focused cross-cutting elements. Accelerator committee structure is one of several catalyst mechanisms for Healthier Washington.

The Clinical Engagement Accelerator Committee stems from recognition that Healthier Washington cannot be successful and achieve the triple aim in WA without the engagement of clinicians and health system leadership – along with the broader practitioner community.

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- 1. After an overview of the Clinical Engagement Guiding Principles document was provided, the Committee discussed potential areas of opportunity to consider, as well as gaps and barriers. Here are the main topics of discussion:**
 - **Consider how to address provider burn out/fatigue (quadruple aim):** the Committee acknowledged the burdens providers are facing, provided in current literature, caused by the current reimbursement structure which does not support quality time spent with patients, yet an increased demand for increased performance on quality health outcome measures, and EHR systems that require an enormous amount of provider time to input information.
 - **Integration of behavioral health specialists into the primary care clinical team - what are root causes/barriers to implementation?** The Committee discussed the importance of programs that integrate BH into primary care, as the current BH system is overburdened and in crisis-like mode. Furthermore, having all team members, including BH, diabetes educator, etc. , would allow the opportunity to better coordinate care by providing warm handoffs for patients with secondary issues/needs.
 - **Reimbursement Policy....how to invest upfront and then pay for value... especially the need for reimbursement for clinical behavior evaluation and change:** The Committee discussed the need to support providers who are transitioning to a VBP structure, acknowledging that investments are needed upfront to support providers before reimbursement is received. Providers feel this change to a VBP

structure is important but find it difficult to transform practice before payment system is in place because there is not model to tell them how to do it.

- **Investment in Team Based Care and clinic infrastructure:** Committee discussed the importance of investing in the infrastructure to support team-based care to support the functioning of a team to reduce the burden on providers.
- **Development of a subset of key measures by all stakeholders to ease measure fatigue:** The Committee acknowledges the need to develop a subset of key measures that will help down the road, but will reduce the burden to providers upfront by standardizing the measures that providers are being asked to report on.
- **Easing specific practice burdens of prior authorization, coding and billing, and outcome measurement:** The Committee discussed the need to consider how we can help ease the administrative burdens of practices. Some initial thoughts are to look for legislative support to integrate medical and behavioral health billing, consider potential consequences of eliminating prior-authorizations for Medicaid patients, and identify core set of metrics.

2. The Committee discussed the opportunity to participate on the Practice Transformation Support Hub ad hoc Advisory Board:

As written in the State Innovations Model (SIM) Grant, the Healthier Washington Practice Transformation Support Hub will convene an advisory board to support the mobilization and alignment of strategic interventions and related evaluation oversight, for short and long-term success of the Hub and to identify opportunities and mechanisms to align and coordinate activities among the practice transformation activities and related HW investment areas. The intention of the board is to have a core group of members from the accelerator committee and invite, as needed, membership from other accelerator committees on an ad hoc basis to provide input into the Hub work process.

The Committee was asked for volunteers to participate in the board, which will be starting up in July. Additional information will be provided.

Next steps/Action Items:

- Develop a survey of this membership to ask and prioritize current barriers and opportunities for practice transformation – include what “transformation practices” are working in their areas.
 - As discussed during initial call in January, consider convening a small workgroup to develop survey. Workgroup to draft elements to be included in survey;
 - Send drafts to whole committee for comments and finalization – and then will frame up survey for organizations to complete. *The following individuals responded initially:*
 - Sara Koca - CHAS Health
 - Lynn Kimball – Aging and Long Term Care of Eastern WA
 - Holly Greenwood – Rural Health Collaborative
 - Lori Cohen - Community Health Plan of Washington
- Perhaps this Committee could develop a road map for Value Based Payment/ MACRA with attention at the practice level as to what is needed in IT, clinical management, Team Structure, etc. The Goal is how to integrate value based payment into clinical practice that will transform clinical practice so that key population outcomes, patient experience improve, costs are reduced and provider burdens, especially in primary care, are eased.

Next Meeting: Tuesday, May 17, 8:00 – 9:00 1-866-244-8528 Access code 874454