

**Meeting Objectives:**

- Review and discuss the in-person working session, and outline areas of focus for Committee reaction
- Discuss Committee next steps and timing of activities

Agenda Items	Time
<p><b>Welcome and introductions</b></p> <p><b>Minutes:</b></p> <ul style="list-style-type: none"> <li>• Thanks to the Committee for a productive in-person working session. Overview of objectives and roll call.</li> </ul>	1:00 pm
<p><b>Overview of the in-person working session</b></p> <ul style="list-style-type: none"> <li>• <i>What was discussed and targeted?</i></li> <li>• <i>Outcomes and next steps</i></li> <li>• <i>Committee feedback and discussion</i></li> </ul> <p><b>Minutes:</b></p> <ul style="list-style-type: none"> <li>• The in-person meeting focused on three main areas in breakout sessions:             <ol style="list-style-type: none"> <li>1 People</li> <li>2 Systems and Processes</li> <li>3 Technology</li> </ol> </li> <li>▪ <i>Refer to the “Working Session Summary” for details.</i></li> </ul> <p><i>Outcomes:</i></p> <ul style="list-style-type: none"> <li>• The Committee decided they would like to move forward with these three focus areas. The Committee will continue to build upon this foundation through in-person working sessions.</li> <li>• Conference calls will be used as feedback mechanisms and will mainly be informational. It is too difficult to work through such complex issues over the phone.</li> <li>• The frequency of in-person meetings is targeted for every 2 months. The next working session is targeted for early June. HCA is reaching out to schedule working sessions.</li> </ul>	1:05 pm
<p><b>Aims for value based purchasing</b></p> <ul style="list-style-type: none"> <li>• <i>Implications for the Committee</i></li> <li>• <i>Focus on Encounter to Value</i></li> </ul>	1:20 pm

**Minutes:**

- By 2019, A Healthier WA will see engaged communities driving local health innovation and partnering with the state on health purchasing.
- By 2019, A Healthier WA will have integrated physical and behavioral health services in Medicaid that serve the whole person.
- By 2019, A Healthier WA will shift 80% of health care purchasing in Washington state from paying for volume to paying for value.

**Model 2: Encounter to Value:***Pilot – FQHC/RHC APM 4*

- Timeline – Target pilot for January 1, 2017

## Goals:

- Simplified FQHC/RHC Reconciliation Process
- Paying for Value
  - Shift from Encounter-based to Value-based
  - Quality/Performance Incentives with Shared Savings
  - Bend Cost Trend Over Time
  - Increased Financial Flexibility/Practice Transformation
    - Group Visits
    - Telemedicine
    - Non-traditional workforce

## Desired elements:

- Simplified FQHC/RHC reconciliation process to reduce administrative burden
- Ability to pay of full encounter at time of service
- Budget neutrality to APM 3
- Incentives tied to quality
- Seeking upside and downside risk in a phased approach
  - Will not put at risk what Clinics/Centers are entitled

*Pilot – CAH Payment and Service Delivery*

- Timeline – Targeted pilot for 2017
- CAH work formed from a partnership between DOH and the Washington State Hospital Association (WSHA). DOH and WSHA convened financially stressed CAHs under the Washington Rural Health Access Preservation (WRHAP) Initiative to explore new payment and delivery options.
- Model 2 is seeking to create a new facility type designation that meets the needs of both payers and providers and offers the opportunity for care to be organized and delivered in ways that are responsive to the health needs of rural communities.
- A dozen CAHs facing the most serious fiscal challenges have submitted letters of intent to collaborate in the development of a new approach to facility designation and reimbursement.

*Questions/Comments:*

- How is Model 2 aligning with Medicare, MACRA? Timing
  - Model 2 is attempting to align with Medicare payment approaches and is responsive to timing of piloting. Refer to HCPLAN for approach to alternative payment alignment. Model development is early; engagement with CMS on pilots is expected as a part of the SIM grant.

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**Action pathway and upcoming working sessions**

- *Action pathway review*
- *Timeline discussion*
- *Upcoming activities*

**Minutes:**

- Pathway Development review:
  - The timeframe for all accelerator committees is set for a year. HCA recognizes the needs of the Committee and is willing to adjust along the way if needed, and continue to evolve the Committee beyond a year at the will of the Co-Champions and Committee.
- *Intent for the Committee*
  - HCA is open to Committee needs in relation to content work; the intent for these committees is not purely advisory. While founded in what is realistic, the hope is that these committees will drive actionable results, and move the needle. It is the desire of HCA that these Committees self-select those meaningful areas of impact and the content work that adds the most value for those engaged in the process.
- The target for the next working session is to fully develop:
  - Main focus areas
  - Determine who is accountable?
  - Who else is needed?
  - What needs to be done by when, by whom, and how?

1:45 pm

**Next Steps:**

- Within the identified sub-groups (People, Systems/Processes, Technology) work with leads to build out and drive own agenda and coordinate group.
  - Leads:
    - Andre Fresco - People
    - Nicole Bell - Systems and Processes
    - Ken Roberts – Technology
- The Committee will self-select participation in sub-groups. Sub-group will connect and begin to refine next steps to move conceptual development forward.

**Summary/Closing Comments**

- *What do I need?*

**Minutes:**

- Reaching out schedule in-person working sessions.

1:55 pm



**Rural Health Innovation  
Accelerator Committee**

April 5, 2016  
1:00 PM – 2:00 PM  
Call-in Information  
1-800-689-9374  
Access Code 625042

*Roster of Attendees:*

Name	Organization	In Attendance
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/AL TSA/HCS	NO
Daryl Edmonds	Amerigroup	
Phil Skiba	Hewlett Packard	
Cindy Snyder	Delta Dental	YES
Mark Stensager	Washington Health Benefit Exchange	
Karina Uldall	Virginia Mason	
Dawn Bross	RHCAW	
Eric Moll	Mason General	
Ken Roberts	WSU College of Medicine	