

# Minnesota's Accountable Health Model: Multi-Payer Alignment Task Force

October 3, 2013, 1 p.m. - 4 p.m.

Hiway Federal Credit Union

840 Westminster St.,

St. Paul

# Agenda

## Welcome/Overview

- \* General Updates on Initiative
- \* Update: Data Analytics/HIT RFI
- \* Minnesota Straw Proposal for Accountable Health
- \* Update: Vision and Goals
- \* Key Task Force Milestones for Year 1
- \* Next Steps
- \* Public Comment

# Multi-payer Alignment Task Force

- \* Focus: what is happening in the community and how can it be integrated into Minnesota's Accountable Health Model?
- \* Underlying tenet of work: using the Model activities to achieve the Triple Aim (improving population health, improving the experience and quality of care for patients, and decreasing health care costs).
- \* Role of Task Force: advisory; recommendations must be within the boundaries of the state's agreement with the federal government for grant funds

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# Update: Data Analytics/HIE RFI

- \* Revised based on Task Force input – *thank you!*
- \* Released publicly on September 23
  - \* Distributed to interested parties, MDH and DHS listservs and mailing lists (e-Health listserv, health reform listserv, etc), posted on SIM website
- \* Open for comment until **10/15/13**
  - \* Respondents can send responses to [SIM@state.mn.us](mailto:SIM@state.mn.us) using the subject line “RFI: SIM Data and HIT Infrastructure:
  - \* Available at: <http://mn.gov/health-reform/SIM/>
- \* Please share with anyone who might be interested in responding

# Themes from Data Analytics/HIE RFI Feedback

- Provide more background of the MN Accountable Health Model.
- The RFI is too long, which could discourage responses.
- Clarify the anticipated outcomes and intent of the RFI.
- The layout of RFI makes it difficult to address only those areas that concern a specific organization.
- Revise to emphasize all elements of the Triple Aim; health and patient experience are missing in many places.
- Define ACOs more broadly, to be more inclusive.
- Consider adding questions about payer role, data availability, and process/governance structure, etc.

# State's Changes to RFI

1. Added overview of Minnesota Accountable Health Model
2. Clarified guidance re: responding to the RFI
3. Provided an overview of content by section and relevancy to particular audiences
4. Defined key terms (e.g., ACO, provider, behavioral health, etc.)
5. Prioritized critical information more prominently
6. Clarified “ACO” as a broad range of health/health care providers accountable for care, not just existing MN ACOs
7. Reformatted RFI to flow more logically
8. Simplified language and removed redundancies
9. Included or revised questions to reflect task force input

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## **Minnesota Straw Proposal for Accountable Health**

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# Impetus for Accountable Care Organizations

## Impetus for ACOs



## Desired Outcomes

- Develop payment approaches to create incentives for value not volume
- Shift risk ***and*** rewards closer to point of care to foster local accountability
- Realize return on federal and state investments
- Improve access to care, outcomes and information for the beneficiary

- Value = Better Quality + Lower Cost/“The Triple Aim”
- Integrated prevention, wellness, screening and disease management
- Coordinate care across care cycle
- Data to monitor utilization, compare and share across states
- New reimbursement structures, including Incentives that encourage integrated practice models

# What is the Triple Aim?

- Originated in a 2008 *Health Affairs* article by Don Berwick and colleagues
- *“Improving the U.S. health care system requires simultaneous pursuit of three aims: improving the experience of care, improving the health of populations, and reducing per capita costs of health care....”\**
- Accountable care organizations (ACOs) advance the Triple Aim

\* Article available for free at:

<http://content.healthaffairs.org/content/27/3/759.full.pdf+html>

# MN ACH Straw Proposal

- \* Developed in response to task force request for a more concrete description of accountable health organizations
- \* Not set in stone – for discussion
- \* Identifies the basic capabilities, relationships and functions for eligible organizations
- \* Provides guidance around expectations while recognizing the continuum/variations levels
- \* Allows some flexibility of development within levels

# Discussion on Straw Proposal

## Questions for Task Force:

1. Are these the critical areas and “must haves” of program design?
  - If not, what might be missing?
2. Are these the right levels along the continuum?
  - If not, what should be changed?
3. Are these the right expectations?
  - If not, what should be changed?
  - What should be optional rather than required?
4. What are the barriers facing providers from advancing along the different levels of the continuum?
  - Legal, financial, regulatory, etc.

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## **Update: Vision and Goals**

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# Feedback on Vision/Goals: Multi-payer

- \* More clearly define what an ACO is.
- \* Allow for flexibility in defining an ACO - create a framework that allows varying levels of sophistication.
- \* Target investments not only by geography and provider, but by patient subpopulation (e.g., clinical complex, etc.).
- \* Within targeted investments, share resources/supports broadly and proportionately with partners.
- \* Align economic incentives across stakeholders to promote triple aim success.

# Feedback on Vision/Goals: Multi-payer

- \* Target investments to build on existing capabilities of organizations, and leverage existing programs/ organizations as building blocks (“buy vs. make”).
- \* Invest in entities that commit to external investment, i.e., sustainment beyond grant funding.
- \* Prioritize models that include a hypothesis for improvement and detailed data collection/measurement plan to test hypothesis.
- \* Prioritize investments to entities willing to share tools and learning’s (collaborate/transparency).

# Feedback on Vision/Goals: Multi-payer

- \* Prioritize investments in infrastructure, tools and information to traditional and non-traditional providers.
- \* Prioritize investments which reduce variations in cost, quality outcomes and patient experiences which can be replicated.
- \* Target investments that offer a high potential for achieving measurable and positive impacts on “triple aim” outcomes for a defined population.

# Feedback on Vision/Goals: Multi-payer

- \* Keep administrative requirements (e.g., measures, evaluation, etc.) simple, not overly burdensome.
- \* Clarify that ROI must be completed within the reporting timeframes and life of the CMMI grant.
- \* Set a clear expectation that reduced health care expenditures will be a measure of success.
- \* Infuse concepts regarding and expectations for consumer engagement and accountability throughout.

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# Key Milestones for Multi-Payer Task Force for Year 1

- \* November 2013:
  - \* Detailed discussion of straw proposal
  - \* Review/provide input on draft grant evaluation plan
  - \* Discuss baseline assessment of ACO participation, structures
- \* Winter/Spring 2014:
  - \* Review/provide input on data feedback and analytics content, opportunities for alignment

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# Next Steps

- \* Next Meeting: Friday, November 22, 1 - 4 p.m.
- \* Location: Hiway Federal Credit Union, 840 Westminster St., St. Paul
- \* Homework assignment will be emailed to you by October 14
  - \* Notify constituents about Data Analytics/HIE RFI
  - \* Review/feedback/input on straw proposal
  - \* Background reading

# Contact Information

- \* Multi-Payer Alignment Task Force

- \* Garrett Black ([garrett\\_e\\_black@bluecrossmn.com](mailto:garrett_e_black@bluecrossmn.com))
- \* Marie Zimmerman ([Marie.Zimmerman@state.mn.us](mailto:Marie.Zimmerman@state.mn.us)), DHS
- \* Diane Rydrych ([Diane.Rydrych@state.mn.us](mailto:Diane.Rydrych@state.mn.us)), MDH

## Facilitation Team

- \* Shannon McMahon ([smcmahon@chcs.org](mailto:smcmahon@chcs.org))
- \* Diane Stollenwerk ([dstollenwerk@stollenwerks.com](mailto:dstollenwerk@stollenwerks.com))
- \* Shannon Kojasoy ([shannonkojasoy@gmail.com](mailto:shannonkojasoy@gmail.com))

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**Public Comment**