

Minnesota Accountable Health Model

**Community Advisory Task Force/Multi-Payer Alignment Task Force
Joint Taskforce Meeting - August 29, 2012**

MINUTES

Welcome and Introduction

Commissioner Jesson and Commissioner Ehlinger introduced themselves and welcomed task force members and those in attendance.

Commissioners value the task force but will not attend all meetings and will sit with the audience when they do attend. They want to be sure that members feel free to speak candidly and do not feel inhibited by their presence.

Task Force & Facilitator Roles

Garrett Black, Chair of the Multi-payer Alignment Task Force, and Jennifer Lundblad, Chair of the Community Advisory Task Force, introduced themselves and welcomed task force members and those in attendance.

Chairs will guide the process and aim to drive members to achieving the objectives of the taskforce and when possible reach a consensus. The Chairs will also ensure that the task forces are action oriented. The facilitation team will facilitate discussions and ensure that there is a diversity of opinion represented.

Shannon McMahon, Center for Health Care Strategies (CHCS) introduced CHCS and clarified that the role of the facilitation team would be to provide objectivity and feedback loop for all members. The team will also respond to questions and assist the taskforces in reaching consensus when possible.

Dianne Hasselman, CHCS, walked through slides providing more information on CHCS.

National Perspective on SIM Efforts

Dianne Hasselman walked through slides giving a national perspective on SIM efforts, and briefly describing the core activities being undertaken by each of the six SIM testing states.

Discussion: SIM Vision and Goals

Marie Zimmerman, DHS, and Diane Rydrych, MDH walked through the Vision and Goals document. Marie and Diane clarified those parts of the document that are pulled directly from

the grant application to CMMI and therefore must remain as is (overall vision, test questions, savings targets), and those that are open to further refinement; many of the bullets are open to further refinement and feedback from members.

Diane Stollenwerk facilitated discussion of the Vision and Goals document. The discussion focused on the 'Principles for SIM Investment' on last page of document. She suggested that task force members think of this as a venture capitalist, who has the right "nuggets" or program components to get the desired outcome?

- Health needs to be a greater focus in the document – improvement of individual/community health is the goal, not just cost containment/value. That is implied now, should be explicit.
- On priority for models for investment, move those that are going to improve health and reduce disparities to the top of the list – don't just keep the focus on savings; really focus on improving population health and get out of the "traditional medical model"
- Health disparities – can money be used for the uninsured and the uninsurable?
- Transparency and replication must be able to take place – shared tools will equal success. Have to agree to share your tools in order to be funded.
- How will state encourage new investment while also separately looking into new territory and new partners, not just the "same old" folks working together?
 - Need to add bullet to encourage new collaboration and new relationships.
 - How do we get patients to the table? It's not just about what we do to/for them, it's about their role.
- Need to ensure that there is collaboration with other initiatives (accountable communities)
- Is there a list of all other programs?
 - Diane Rydrych responded No, but as part of the operations plan agency staff listed those that they are aware of that they want to learn from/partner with. The state knows that they have gaps, in particular with programs in other states.
 - How can this group identify a way to develop a "clearinghouse or inventory of existing programs, infrastructure, investments as well as community/model/provider specific investments?

Discussion question: Are there any principles listed that would put organizations at a disadvantage?

- Community based service organizations find the reference to ACO/TCOC very intimidating. Need new nomenclature.
- Need to include alternative models
- Need to define boundaries of what is an ACO/TCOC and when an entity has advanced on to the next "level"?
- Can't expect partnerships to develop right away – there are competing entities
- There is an assumption in the document that the ACO/TCOC model is the answer and that dictates what the acceptable models may be. Too narrow of a view.
- Concern that those members who have worked to become an ACO/TCOC, and have made early investments will not qualify for funding while those who have sat by the wayside will be eligible

- essentially punishing the early adopters for their efforts.
 - Diane S clarified that funding will be provided based on a continuum to ensure that organizations continue to grow towards an Accountable Community for Health.
- How is community defined?
- Local municipalities and governments are on the hook if the health plan/others step away, how will a mayor of a city, for example, know how they are accountable in this model?
- It will be the responsibility of members to educate community
- Need new nomenclature to describe model that fall under the ACO/TCOC umbrella
 - This will be part of homework/strawman assignment for task forces; the chairs will work with members to provide recommendations on ACO/TCOC definitions related to the priorities for SIM investment.
- Need to ensure that principles do not exclude new models and ideas
- Need to highlight health and patient outcome VS. cost containment
- If there is going to be action organizations must give up power and incorporate with other orgs.
- Need strong community voices/community leadership

Break

Operational Plan Overview & Next Steps

Diane Rydrych and Marie Zimmerman provided a high-level walk through of operations plan handout. The 200 page document has been submitted for review and there should be feedback to the State from CMMI by mid to late September. The operations plan must be approved before funding for the test period is released.

The document is organized based on five main “Drivers” that describe how the overall SIM vision is to be achieved. Within the Drivers, individual projects, their rationale, and the connections between them are outlined, along with workplans and general timelines. While the main Drivers (1-5) cannot be modified, how the Drivers are described (1A-5D) is open to feedback.

Feedback on Draft Health Information Technology (HIT)/Data Analytics Request for Information (RFI)

Jennifer Fritz (MDH) and Heather Petermann (DHS) presented an overview of a draft RFI that would solicit input on the health information technology, health information exchange, ACO expansion, and data analytics aspects of the SIM grant.

- Who will the RFI go to?
 - It will be open to public, members, organizations members, etc.

Garrett Black facilitated discussion. Are we in the ballpark? Have we missed anything big? Is this something the community could respond to?

- This will be difficult for community members to respond to. Language may be difficult to understand.

- Will this drive RFPs?
 - Yes, it will provide information for RFPs, grants, contracts, etc.
- Leverage existing data sharing arrangements.
- Define 'provider' as broadly as possible
- Be careful of terminology – if we only refer to ACOs, many potential responders might not see this as applying to them.
- Can we frame the RFP so it gets at the broader issues, for example – as a provider, what information/data do you wish you had in order to identify gaps in care, improve quality of care, or coordinate care across settings? How do we build a system to get there?
- How can patients be engaged to share how they would want their health info to be shared?
- It is a bit too broad – difficult for groups to know which section they should respond to
 - Need to break out sections by assumed audience (provider, payer, etc)
 - Could this be a two-part RFI – one that focuses more on data, one more technical?
- Each group says they provide care coordination but do they have coordinated care when we look at it as a whole? The goal isn't necessarily coordination itself – it's improved care, with coordination being one way to get there.
- Think about data analytics – it's not just about what data elements are needed, it's about how they are used.
- How can the RFI target efforts that are focused on improving the coordination of the coordinators (e.g. Health Homes, SSI social worker, child welfare, county public health workers)?
- How to get responses from people not typically at the table?

Members will receive homework on the RFI. The facilitation team will summarize feedback and highlight subsequent changes made to the RFI.

Public Comment

- Jean Lee
 - Need to ensure that agencies are working across silos
 - Need to provide funding for training on data collection/software
 - How will groups denied funding remain involved in process?
 - Need to ensure there is cultural competency
- Trisha Stark - What is the due date of the RFI?
 - It will be released mid September and open for 3-4 weeks.
- Eileen Weber - Aim 3 and 4 – how will these be operationalized?
 - This is the first of multiple RFIs, in addition to other approaches, which will be utilized to gather feedback on how to implement 3 and 4.