

Minnesota Accountable Health Model: Joint Task Force Meeting

WEDNESDAY, MARCH 19, 2014, 9 AM-12 NOON
THE WELLSTONE CENTER
179 ROBIE STREET EAST, SAINT PAUL, MINNESOTA



Agenda

- **Welcome and Overview of Agenda**
- Update: Minnesota Accountable Health Model Initiative
- Enhancing Data Analytics and Reporting to Minnesota Health Care Programs ACOs
- Overview of Accountable Communities for Health Approach
- Next Steps
- Public Comment

Next Phase of Development of the Minnesota Accountable Health Model

- Incorporating task force input
- Shifting from planning to action
- Setting a roadmap for 2014
- Engaging stakeholders not currently at the table
- Defining alignment and consistency across payers

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SIM Updates

- Community collaborative HIE grant RFP
- Continuum of accountability matrix self-assessment
- Federal evaluation
- ACH advisory sub-group
- Staffing
- Upcoming RFPs
- Communications/webinars
- Community engagement

May 2014 – Planned Discussions

- Continued discussion of current approaches to data analytics, and provider needs, across payers.
 - Identifying opportunities for greater consistency and alignment
 - Best practices
- Recommendations from the ACH Sub-group
- SHADAC evaluation update
- Updates on:
 - ACO baseline assessment
 - Learning collaboratives

3Q/4Q 2014- Expected Discussions

- Continued discussion on data analytics & potential for consistent signals
- ACO baseline assessment results and discussion
- Health Information Technology and Health Information Exchange (HIE)
 - Community collaborative grants updates
 - Planning for statewide needs/challenges
 - Barriers to HIE
- Accountable Communities for Health and total cost of health
- Community engagement
- Evaluation update & feedback

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Enhanced Data Analytics, Reporting, and Technical Assistance to Providers

Overall Goals:

- Ensure groups participating in Integrated Health Partnerships (IHP) have data to manage financial risk and population health
- State investment should complement what IHPs are already doing
- Encourage greater and broader participation in IHP (and by extension other TCOC arrangements) by providing funding for TA support
- Ensure we are aligning and not duplicating existing efforts

Enhanced Data Analytics, Reporting, and Technical Assistance to Providers

Funding covers expansion of Data Analytics reporting and support for partners participating in DHS' IHP program

- Infrastructure to provide enhanced reporting tools and expansion of content and usability
- Technical assistance on development and use of customized reports and integration/translation of reporting to “on the ground” action and development of cost and quality strategies

Enhanced Data Analytics, Reporting, and Technical Assistance to Providers

What is NOT included in Minnesota's project:

- Funding for a centralized or all-payer data analytics vendor
- Reporting on quality measures
- Public reporting of TCOC or other similar measures
- Alignment of methodologies

Enhanced Data Analytics, Reporting, and Technical Assistance to Providers

What does funding look like?

1. Infrastructure to support IHP Demonstration
 - Professional and Technical Contracts with Vendor(s)
 - Capacity to support additional providers, enhance current reporting
 - Program consultation on services or issues unique to Medicaid population
 - Readiness to respond to evolving IHP model (complex populations, additional services)
2. Technical Assistance
 - Access to consultants
 - Learning Collaborative(s) / Provider User Groups
 - Use claims/admin data in own practice
 - Interpreting and applying risk information
 - Start-up or supplemental funds for IHP analytics projects or vendors

Enhanced Data Analytics, Reporting, and Technical Assistance to Providers

- RFI and Provider Feedback
 - One size doesn't fit all
 - Organic and incremental - more sustainable and effective
 - Providers need/want to do their own analysis but many are not at place that they can afford to support analytics on their own
 - Time spent reconciling or addressing data integrity issues is costly
 - Reports aren't helpful if don't know what to with them or how they compare to related but dis-similar information from other sources
 - Move from identifying who is high risk/high cost to preventing them from getting on the "list"

Enhanced Data Analytics, Reporting, and Technical Assistance to Providers

- Current data analytic package includes:
 - Quarterly Total Cost of Care and Performance Exhibits
 - Monthly Care Management and Provider Alert Reports
 - Monthly Encounter Utilization Detail Files
- Tools used to produce analytics and reporting
 - ACG Risk Adjustment and Predictive Modeling
 - DHS Enterprise Data Warehouse
 - SAS Enterprise Guide
 - DHS MN-ITS Provider Web Portal

Enhanced Data Analytics, Reporting, and Technical Assistance to Providers

- Quarterly Total Cost of Care and Performance Exhibits
 - Population risk change
 - Aggregated costs by category of service (included and excluded from TCOC)
 - Aggregated costs inside and outside the IHP
 - Comparison to interim targets

Enhanced Data Analytics, Reporting, and Technical Assistance to Providers

- Monthly Care Management and Provider Alert reports
 - “CMR” based on ACG Clinical Profile Output by patient
 - Includes all patients attributed during observation period
 - User driven risk stratification
 - Risk Scores
 - Coordination of Care (condition counts, # and type of providers seen, frailty flags)
 - Utilization and specialty care counts
 - Likelihood of Hospitalization and Predictive Values
 - Chronic condition indicators (supplement registries)
 - Provider Alert is subset of attributed enrollees with an ED visit or hospital admission in prior month, includes re-admission count

Enhanced Data Analytics, Reporting, and Technical Assistance to Providers

- Monthly Utilization Detail files
 - Line level administrative claims on delimited flat files for attributed enrollees
 - Includes facility, professional and pharmacy services
 - Excludes service paid amounts
 - Excludes CD treatment
 - Allows provider flexibility to do their own analysis, incorporate data into other infrastructure or create custom reports if desired

Enhanced Data Analytics, Reporting, and Technical Assistance to Providers

Any high level questions about the State's approach?

About data analytics in general ...

- Does the State's approach seem consistent with what you receive or provide, if you are involved in data analytics?
- What questions would you like to be able to answer to manage the health of your 'patient' population and for financial accountability?
- Is there specific data you would like to receive? If so, how would it be used? Who in your organization would use it?

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Accountable Communities for Health (ACH) Subgroup Activities

Convene 12 members in February – April, 2014 to:

- Provide guidance and advice in setting strategies to raise awareness of the ACH vision across Minnesota that will create community readiness for innovation in health and health care system redesign
- Provide advice on soliciting and receiving input from diverse stakeholders and communities regarding the ACH approach and applying that input to program planning as appropriate
- Develop recommendations for selection criteria and recommendation of ACHs in collaboration with existing advisory groups and the SIM leadership team by the end of March

Accountable Communities for Health (ACH) Subgroup Members

Alex Alexander MPA, MBA -- Beacon Group, SE MN, Project Management Office, Mayo Clinic

Catherine Brunkow, RN -- HCMC, Community Care Team, Hennepin County Human Services & Public Health Dept

Catherine Vanderboon, RN, PhD -- Community Care Team, Mayo Clinic,

Gina Nolte -- Partnership for Health and CTG, Clay County Public Health

Heidi Favet, CHW -- Essentia Health Ely Community Care Team

Jan Malcolm -- Courage Kenny Center, Allina Health

Jennifer DeCubellis and Ross Owen -- Hennepin Health

Joanne Foreman, RN, BAN -- Institute For Clinical Systems Improvement, Accountable Health Community

Kathy Gregersen -- Mental Health Resources Center

Kevin A. Peterson MD, MPH, FRCS, FAFAP – Dept of Family Medicine & Community Health, Univ of MN, Minnesota Academy of Family Physicians

Kristin Godfrey, MPH -- HCMC, Community Care Team, MPHA

Roxanne King, CHW -- NorthPoint Health and Wellness

Sarah Keenan RN, BSN -- Bluestone

Susan Severson -- Stratis Health

Accountable Communities for Health (ACH) Subgroup Activities

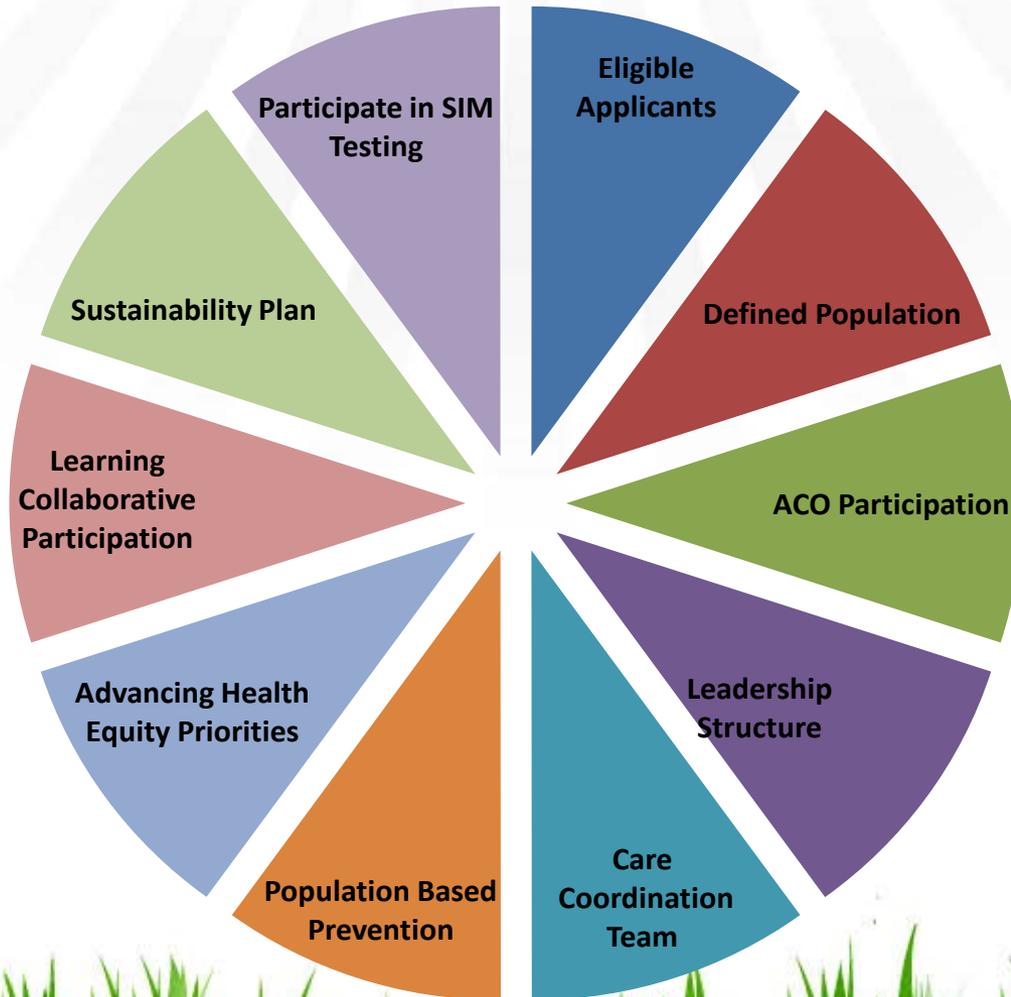
ACH Advisory Subgroup will meet three times:

- February 28
 - ACH Goals
- March 14
 - Eligible applicants
 - Populations to serve
 - Leadership structure
 - Care Coordination Team
 - Population based prevention
- March 28
 - Sustainability planning
 - Advancing health equity
 - ACO participation
 - Putting it all together

ACH Goals

- ▶ Create new, sustainable venues through which providers engage with communities in more meaningful ways to improve individual and community and population health.
- ▶ Ensure selected ACH communities have identified their own health and cost goals and their own measurement tools, and they have a solid plan to be sustainable in the future.

Accountable Communities for Health Proposal Elements



Activities

Select up to 15 Accountable Communities for Health and provide financial support to:

- ▶ Establish community advisory teams/partnerships
- ▶ Identify priority population health goals and improvement activities
- ▶ Enhanced integrated community care coordination
- ▶ Ensure community leadership/ownership
- ▶ Provider technical assistance and development of payment model integration
- ▶ Develop sustainability plans

ACH Next Steps

- Contract with existing community care teams
- Work with community to refine ACH criteria
- Develop/release RFP
- Prepare communities with tools, resources, best practices
- Community engagement

Task Force Discussion – Accountable Communities for Health

- Task Force member impressions
 - Multi-Payer Alignment: Jim Przybilla
 - Community Advisory: Jennifer DeCubellis

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Next Steps

- **Next Meetings:**
 - Community Advisory Task Force – May 14th
 - Location: Wilder Foundation
 - Multi-Payer Alignment Task Force – May 15th
 - Location: Wellstone Center
- **Homework/Reading assignment:**
 - Community Advisory Task Force
 - Discuss data or information that you receive or use (or would like to receive) from payers to manage the health of your ‘patient’ population
 - Multi-Payer Alignment Task Force
 - Discuss data and information that payers currently provide to providers

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Contact Information

Multi-Payer Alignment Task Force

- Garrett Black ([garrett E black@bluecrossmn.com](mailto:garrett_E_black@bluecrossmn.com)), Chair
- Marie Zimmerman (Marie.Zimmerman@state.mn.us), DHS
- Jennifer Blanchard (Jennifer.Blanchard@state.mn.us), DHS
- Diane Rydrych (Diane.Rydrych@state.mn.us), MDH

Facilitation Team

- Dianne Hasselman (dhasselman@chcs.org)
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Community Advisory Task Force

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