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# Health System Transformation Team

## March 2, 2011



## Timeline

**March 2:** Transformation savings opportunities and budget targets; drafting a legislative concept

**March 9th**

Refining legislative concept

**March 16<sup>th</sup>:** Refining legislative concept

**March 23<sup>rd</sup>:** Last meeting of the Transformation Team

**Products:** Legislative concept; outline for health system transformation and reviewing federal waiver issues.

**Spring and summer 2011:** Health system transformation bill. Staff and stakeholder work continues to finish RFP and to write waiver applications over the summer.

# Accountability Metrics

## Last week we discussed some preliminary thoughts on:

- What do we optimally want to measure in a transformed system to know we are improving health, getting quality outcomes, and reducing inefficiencies?
- What guidelines and principles should we use to guide the selection of system metrics?
- What major domains or policy areas provide a comprehensive picture of health outcomes and system performance?

## Initial guidelines for selection of metrics

Goal is to maximize accountability with minimal administrative burden:

- Utilize available national metrics and benchmarks (e.g., meaningful use criteria, Medicare reporting requirements, etc.)
- Optimize use of current reporting activities and definitions
- Minimize added work and new data elements
- Parsimony in number of measures is highly desirable
- Demonstrate value-added activity
- Choose metrics that are meaningful to the public and can be easily navigated and understood (particularly for the statewide scorecard)

# Discussion and Comments

- Domains of metrics were generally well received at initial review; much more detailed review is needed for actual measures
- More emphasis on health promotion and population health suggested, as well as focus on outcomes and cost containment
- Suggested shift from “patient-centered” to “person-centered” engagement and activation
- Consider geographic differences in setting expectations and risk-adjustment for cost measures
- Data source and methodology need to be transparent
- Build on existing data systems, while moving toward better data and collection efforts to measure reform
- Need expressed to return to this discussion when system transformation ideas more developed

# Next Steps

- Add technical expertise and stakeholder representation to metrics workgroup
- Over summer, fully develop metrics for request for proposal and statewide scorecard.

# Regulatory Barriers to Efficiency

- After the initial meeting of the Health System Transformation Team, Representatives Freeman and Hoyle asked for feedback from partners and stakeholders about regulations and rules that create inefficiency. March 25<sup>th</sup> deadline.
- Over 178 regulations, statutes, and general ideas were identified, addressing behavioral health, physical health and public health activities. They are included in packets.

# Examples

- Credentialing
  - Providers are required to get credentialed for each clinic, hospital in which they practice. This is redundant and duplicative.
  - Behavioral health providers are credentialed differently than medical. Standardize process across all providers
- Reporting requirements
  - State survey of rural health clinics. If Joint Commission credentials, state should deem the clinic as having status.
  - In behavioral health/public health, planning processes and needs assessments should be streamlined. Have a single priority plan for each county.
- Medicaid
  - Use the federal National Provider Identification (NPI) number rather than a number unique to the Division of Medical Assistance Programs.
  - Drop requirement that informational materials and handbooks are all sent out in hard copy; allow clients to choose if they'd like to receive them electronically
  - Streamline prior authorizations; align with commercial plans

## Next Steps

- Lists forwarded to the appropriate programmatic people.
- OHA will identify impact and potential savings; which changes can be made now without additional authorities, which require statutory change, and which may be out of state control.
- OHA will report back to Representatives Freeman and Hoyle in April.