

Meeting Discussion Guide 

December 9, 2011

Alaska Health Care Commission

1. Goals, Values, Definitions

2. 2011 Study Findings

3. 2012 Plans for Study of
Current System

4. 2011 Strategies – Findings
& Recommendations

5. 2012 Transformation
Strategies

a) Changes Based on Public
Comment?

b) Commission Changes?

c) Approve

Discussion Plans



- » Goals, Values, Definitions
- » Health Care Cost Findings
- » Long Term Care
- » 2012 Agenda – Study of Current System
- » Patient-Centered Primary Care
- » Transparency
- » Payment Reform
- » Trauma System
- » Immunizations
- » Obesity
- » Behavioral Health
- » Workforce
- » Other
- » 2012 Agenda – Transformation Strategies

Comments Received > ³

» Goals, Values, Definitions

- “Wellness” as a goal (pg. 23) *
- “Personal engagement” value (pg. 23)
- “Health care continuum” definition (pg. 23)
- Public health as part of health care system (pg. 6)
- Include definition of population-based prevention and practice (pg. 6; 43)

» Health Care Cost Findings

- Drivers of health care costs (pg. 24)
- Wellhead oil value comparison (pg. 25-26)
- Cost shifting (pg. 26)
- Utilization (pg. 27)
- Hospital operating costs (pg. 27)
- Hospital operating margins (pg. 28)

» Long Term Care (pg. 28-29)

» Plans for 2012 Study of Current System

- General support (pg. 6)
- SNF Costs (pg. 29-30)
- Behavioral Health (pg. 37-40; 44-46)
- Malpractice Reform (pg. 24)

Public Comments



Public Health *draft proposed definition*

- » Public health is what society does collectively to assure the conditions for people to be healthy. The two main characteristics of public health are its focus on 1) prevention rather than cure, and 2) population-level rather than individual-level health concerns.
- » The public health system protects and improves communities by preventing epidemics and the spread of disease; promoting healthy lifestyles for children and families; protecting against hazards in homes, worksites, communities and the environment; and preparing for and responding to emergencies.

» Patient-Centered Primary Care

- Support (pg. 24, 30, 35, 43)*

» Transparency (pg. 30)

- Hospital Discharge Database
- All-Payers Claims Database

» Payment Reform

- Move towards value (pgs. 24, 31-32)
- Data collection (pg. 31-32)
- Purchasing policy and payment methodology development (pgs. 32, 39-40)

Public Comments



» Trauma System

- Question trauma center value, cost (pg. 24, 31)*

» Obesity

- Support (pgs. 6, 43)
- Emphasize community/built environment, partners (pg. 43)

» Immunizations

- 16 Support (pgs. 6 – 18, 21, 35-36, 43)
- Hospital comment (pg. 31)
- Statewide public awareness campaign required (pg. 35-36)

Public Comments



» Behavioral Health

- Integration (pgs. 33, 38-40, 43)*
- Payment reform (pgs. 39-40)
- Distinguish between “behavioral health” and “health behaviors” (pgs. 38-39)

» Workforce

- Background check system (pg. 2)
- Primary Care; Residency (pgs. 19-20)
- Non-traditional/allied care givers; chiropractors (pg. 24, 34)
- Support (pg. 30)
- Continue to address other disciplines (pg. 43)

» Other

- SOA employee/retiree health coverage (pg. 1)

Public Comments



1. The Alaska Health Care Commission recommends the State of Alaska support efforts to foster development of patient centered primary care models in Alaska that:
 - a) Integrate behavioral health services with primary physical health care services in common settings appropriate to the patient population
 - b) Include screening for the patient population using evidence-based tools to screen for
 - + A history of adverse childhood events
 - + Substance abuse
 - + Depression

2. The Alaska Health Care Commission recommends the State of Alaska develop with input from health care providers new payment methodologies for state-supported behavioral health services to facilitate integration of primary physical health care services with behavioral health care services.

✓ 2011 Behavioral Hlth Rec.s



» Strategies for Consideration in 2012

- End-of-Life Care (pgs. 3, 4, 5, 41-42)*
- Role of knowledgeable, financially responsible consumer (pg. 24)
- Fraud, Waste and Abuse/psych drugs (pgs. 44-46)

Public Comments



* Page numbers reflect page # handwritten in upper right corner of each page in Public Comment Packet

1. The Alaska Health Care Commission recommends the State of Alaska recognize the value of a strong patient-centered primary care system by supporting appropriate reimbursement for primary care services.
2. The Alaska Health Care Commission recommends the State of Alaska support state policies that promote the central tenet of patient-centered primary care – that it is a model of care based on a continuous healing relationship between the clinical team and the patient.
3. The Alaska Health Care Commission recommends the State of Alaska and other entities planning a patient-centered primary care transformation initiative incorporate the following strategies the Commission found to be common to start-up of successful programs studied as models. These successful models started with:
 - a) Financial investment by the initiating payer organization (whether public or private).
 - b) Strong medical leadership and management involved in planning and development.
 - c) A collaborative partnership between the payers and clinical providers.
 - d) A vision concerned with improving patient care, followed by identification of principles, definitions, criteria for participation, and tools and measures.
 - e) A focus on local (i.e., practice-level) flexibility and empowerment.
 - f) A phased approach to implementation.
 - g) A tiered approach to managing patient populations.

2011 PCMH Rec.s

4. The Alaska Health Care Commission recommends the State of Alaska and other entities implementing a patient-centered primary care transformation initiative include the following attributes the Commission found to be common to successful programs studied as models:
 - a) **Resources** provided to primary care practices to support improved access and care coordination capabilities.
 - b) **New tools and skill development opportunities** provided to primary care practices to support culture and practice transformation.
 - c) **Shared learning environments** for clinical teams to support development of emergent knowledge through practice and dissemination of new knowledge.
 - d) **Timely data** provided to primary care practices to support patient population management and clinical quality improvement, including centralized analytical and reporting capability and capacity.
 - e) **Infrastructure support** for medical guidance, including a medical director for clinical management and improvement, case managers, pharmacists, and behavioral health clinicians.
 - f) **A system of review** that includes both implementation monitoring by initiative partners and evaluation of initiative outcomes by an independent third-party.

5. The Alaska Health Care Commission recommends the State of Alaska support a patient-centered medical home (PCMH) initiative, recognizing:
 - a) Front-end investment will be required for implementation, and it may take two to three years before a return on investment will be realized;
 - b) Collaboration between State programs that pay for health care, other health care payers and the primary care clinicians who will be responsible for implementing this model is essential to success; and,
 - c) Patient-centered primary care development is not the magic bullet for health care reform, but is an essential element in transforming Alaska's health care system so that it better serves patients, better supports providers, and delivers better value.

 **2011 PCMH Rec.s**

1. The Alaska Health Care Commission recommends the State of Alaska encourage full participation in the Hospital Discharge Database by Alaska's hospitals.
2. The Alaska Health Care Commission recommends the State of Alaska develop an All-Payers Claims Database for Alaska.

✓ 2011 Transparency Rec.s



1. The Alaska Health Care Commission recommends the State of Alaska utilize payment policies for improving the value of health care spending – for driving improved quality, efficiency and outcomes for each health care dollar spent in Alaska – recognizing that:
 - a) Local payment reform solutions are required for Alaska’s health care markets
 - b) Payment reform may not result in immediate cost savings, but efforts must begin immediately
 - c) Payment reform is not the magic bullet for health care reform, but is one essential element in transforming Alaska’s health care system so that it better serves patients, and delivers better value for payers and purchasers.

2. The Alaska Health Care Commission recommends the State of Alaska take a phased approach to payment reform, revising payment structures to support primary care transformation as a first step in utilizing payment policies for improving value in Alaska’s health care system.

3. The Alaska Health Care Commission recommends the State of Alaska develop health data collection and analysis capacity as a tool for quality improvement and payment reform. Data collection, analysis and use decisions should involve clinicians, payers, and patients.

✓ 2011 Pay Reform Rec.s > 14

4. The Alaska Health Care Commission recommends the State of Alaska support efforts by state officials responsible for purchasing health care services with public funds to collaborate on the development of common purchasing policies. These collaborative efforts should be used as leverage to drive improved quality, effectiveness, efficiency and cost of care in Alaska's health care system. These efforts should endeavor to engage commercial payers and federal health care programs in alignment of payment policies in a multi-payer approach to minimize the burden on health care providers.

✓ 2011 Pay Reform Rec.s > 15

1. The Alaska Health Care Commission recommends the State of Alaska support a strong trauma system for Alaska that:

- Is comprehensive and coordinated, including:
 - + Public health system capacity for
 - studying the burden of injury in the local population
 - designing and implementing injury prevention programs
 - supporting the development and exercise of local and statewide emergency preparedness and response plans
 - + Emergency medical service capacity for effective pre-hospital care for triage, stabilization and coordination of safe transportation of critically injured patients
 - + Trauma center care for treatment of critically injured patients
 - + Rehabilitation services for optimizing recovery from injuries
 - + Disability services to support life management for individuals left with a permanent disability due to an injury
- Is integrated, aligning existing resources to efficiently and effectively achieve improved patient outcomes.
- Is designed to meet the unique requirements of the population served.
- Provides evidence-based medical care to achieve the best possible outcomes for the patient.
- Provides seamless transition for the patient between the different phases of care.

2. The Alaska Health Care Commission recommends the State of Alaska support continued implementation of the recommendations contained in the 2008 consultation report by the American College of Surgeons Committee on Trauma, including achievement and maintenance of certification of trauma center status of Alaskan hospitals.

✓ 2011 Trauma System Rec.s



1. The Alaska Health Care Commission recommends the State of Alaska implement evidence-based programs to address the growing rate of Alaskans who are overweight or obese. First efforts should focus on nutrition and physical activity for children and young people and raise public awareness of the health risks associated with being overweight and obese.

✓ 2011 Obesity Rec.s



1. The Alaska Health Care Commission recommends the State of Alaska ensure the state's immunization program is adequately funded and supported, and that health care providers give priority to improving immunization rates in order to protect Alaskans from serious preventable diseases and their complications.

✓ 2011 Immunization Rec.s



Tentative 2012 Meeting Dates

» March

» May

» August

» October

Public Comment Period: November 1 – 26

» December 7

Potential Meeting Dates > 19