

Potential Commission Activities to Facilitate Implementation of Policy Recommendations

Instruction to Commission Members: Page numbers refer to “Core Strategies & Policy Recommendations” document. See the referenced page(s) to read the actual policy recommendation(s) as you consider potential options for Commission activity to facilitate implementation.

Ideas listed below are a compilation of suggestions from Commission members as of the date noted in the footer, and have not been edited to align or eliminate duplicate ideas or clarify the specific actions the Commission could take. The Policy Recommendations that were eliminated during the 1st ranking exercise, plus the two duplicates, are now grayed-out.

CORE STRATEGIES & POLICY RECOMMENDATIONS	IDEAS FOR COMMISSION FACILITATION ACTIVITIES
I. Ensure the Best Available Evidence is Used for Making Decisions	
<p>I. 1.a,d,e. Incorporate Evidence-Based Medicine in Pay & Benefit Design and Provide Decision-Support Tools (See Page 3)</p>	<ul style="list-style-type: none"> • 1. Convene state agency leaders to facilitate mutual learning sessions and alignment of evidence-based medicine and medical management strategies • 2. A. Assess whether the State of Alaska (SOA) is ready to attempt to provide benefits consistent with a “moderately” managed health plan in terms of evidence based criteria. Options are loosely, moderately, and tightly managed. Priority would be Medicaid and DRB health coverage. • 2. B. If the SOA is ready to consider a policy of providing evidence based benefits within a context of “moderate” medical management investigate the option for contracting for an assessment regarding the current level of medical management provided by the current SOA Third-Party Administrators (TPAs) (Qualis, Aetna). • 3. If the SOA as purchaser desires to use high grade evidence related to benefit design and medical management, begin a series of annual seminars for staff to facilitate understanding of and expertise regarding evidence based medicine. (States such as WA and OR have done this). • 4. Consider for future TPA contracts a requirement for a uniform set of nationally utilized medical management standards for all state programs using a TPA – such as InterQual or Milliman. • 5. Encourage all state-run plans, both for employees and social programs, to incorporate evidence-based medicine, beginning with the top 10 procedure codes by cost. • 6. Arrange for conversations between Alaska health plan administrators and administrators in other states who have successfully implemented evidence-based medicine.

<p>I. 1.b,c,2. Provide Evidence-Based Medicine Training & Education <i>(See Page 3)</i></p>	<ul style="list-style-type: none"> • 1. Convene clinician training program leaders and stakeholders to discuss current strategies and opportunities for strengthening integration of evidence-based medicine skill development in curricula for programs such as nursing, medicine, health care management, etc. • 2. If the SOA as purchaser desires to use high grade evidence related to benefit design and medical management, begin a series of annual seminars for staff to facilitate understanding of and expertise regarding evidence based medicine. • 3. Facilitate presentations at annual meetings of organizations such as ASHNHA and ASMA to talk about evidence based medicine and what the SOA is doing in this regard • 4. Work with groups such as the HR Directors and Commonwealth North to talk about evidence based medicine and what the SOA is doing in this regard. • 5. Include discussion of the what, why, and how of evidence based medicine during meetings with state legislators and as appropriate during committee testimony related to the Health Care Commission. • 6. Begin conversations with other regional states (WWAMI) to “take pulse” of each state’s commitment and standing re: training and education. • 7. Follow-up conversations from #6 to investigate pooling educational and training resources.
<p>II. Increase Price and Quality Transparency</p>	
<p>II. 1. Investigate Transparency Legislation <i>(See Page 4)</i></p>	<ul style="list-style-type: none"> • 1. Prepare policy brief on recommended key elements for legislation • 2. Convene stakeholder sessions and compile input and ideas for state legislation • 3. Prepare white paper on transparency legislation enacted in other states including success and lack of success in states where it has been implemented. Success would be defined as is the information being accessed and utilized and is it having an impact. • 4. Designate Health Care Commission members who will meet with key legislative committee chairs and encourage legislation.
<p>II. 3. Establish an All-Payer Claims Database (APCD) <i>(See Page 4)</i></p>	<ul style="list-style-type: none"> • 1. Convene stakeholders to discuss uses of APCD data to support transparency • 2. Convene stakeholder sessions to compile feedback on legislative policy brief • 3. Prepare white paper on APCD legislation enacted in other states including success and lack of success in states where it has been implemented. Success would be defined as is the database being utilized and is it having an impact. • 4. Get up-to-date information of other states’ progress and experience. • 5. Compile “Lessons Learned” from other states’ experiences.

III. Pay for Value	
III. 1,2. Implement Payment Reform; Start with Patient-Centered Medical Homes (PCMHs) <i>(See Page 4)</i>	<ul style="list-style-type: none"> • 1. Determine from existing Alaskan PCMHs the problems involved with reimbursement, and how to rectify these problems without displacing the burden of PCMHs onto plans and people not utilizing them. • 2. Arrange meetings, teleconferences, WebEx, etc. with providers and gather their thoughts and inputs on this topic. • 3. Discuss with health administrators, employers, and agency leaders for their thoughts and inputs. • 4. Compile results from #2 and #3 for Health Care Commission discussions. Produce recommendations.
III. 3. Support Payment Reform with Data <i>(See Page 4)</i>	<ul style="list-style-type: none"> • 1. • 2.
III. 4. Convene a State of Alaska (SOA)-led Multi-Payer Collaborative <i>(See Page 4)</i>	<ul style="list-style-type: none"> • 1. Convene state agency leaders to study how other states align health care purchasing strategies and learn how purchasing could be aligned across State of Alaska health care programs • 2. Advocate for continuing and investigating the expansion of the early activities DOA engaged in related to options for payment reform such as the earlier contacts with and discussions with Catalyst for Payment Reform (CPR). • 3. Convene state agency leaders who purchase health care and develop enterprise-wide purchasing policy, negotiations, methodology.
III. 5. <i>Reduce Fraud, Waste & Abuse (recommendations to be finalized Dec 2014) (See August 2014 meeting notes in Meeting Discussion Guide on-line)</i>	<ul style="list-style-type: none"> • 1. • 2.
IV. Engage & Support Employers to Improve Health Plans and Employee Wellness	
IV. 1. Increase Transparency (Transparency Legislation & APCD) <i>(See Page 5)</i>	<ul style="list-style-type: none"> • 1. <i>SAME AS II.1 AND II.3</i> • 2.
IV. 2. Modify Insurance Payment Regulation <i>(See Page 5)</i>	<ul style="list-style-type: none"> • 1. Contract for assessment of Alaska’s insurance laws and regulations, including recommendations for modernization (with appropriate balance between relief from government regulation of market and consumer protections). • 2. Survey other states for the frequency of laws/regulations limiting contracting and payment options for contracts between payers and providers – such as payment at least at the 80th percentile, prohibition of assignment of benefits for non-network providers, any limitations regarding payment mechanisms related to value or episodes of care.

	<ul style="list-style-type: none"> • 3. Request that the Division of Insurance review 3 AAC 26.110 to determine the extent of unintended consequences and explore the risks and benefits of various ways to eliminate or reduce the unintended consequences of this regulation.
<p>IV. 3. Model Best Practices for Employee Health Management <i>(See Page 5)</i></p>	<ul style="list-style-type: none"> • 1. Recognizing that many employee wellness and disease management programs have been embraced but have in fact not been cost effective – investigate activities in these areas that in fact can be both cost effective for the SOA as employer and for plan enrollees. • 2. Facilitate discussion of expanding the use of HEDIS measures for age and plan type (e.g. Medicaid, active employees and dependents) and within existing budget incorporate incentive payments for achieving success for selected measures. • 3. Encourage the continuation the DOA investigation of possible employee primary care clinics in locations with large numbers of SOA employees such as Juneau and Anchorage. • 4. Foster keeping visible an option for the SOA to shed health care risk for employees, retirees, dependents, and Medicaid enrollees by purchasing health insurance from a health plan. The viability of such an option would be impacted on by changes in law and regulation that would make the Alaska health insurance market conform more with the laws and regulations found elsewhere in the country. • 5. Encourage all health plans serving SOA employees to join resources supporting Wellness/Preventive efforts.
<p>IV. 4. Reform Workers’ Compensation Laws <i>(See Page 5)</i></p>	<ul style="list-style-type: none"> • 1. Continue to work with the Division of Workers Compensation (Mike Monagle) and with leaders in the legislature who have already achieved significant progress in improving the Alaska Workers’ Compensation program in ways that benefit employees, employers and the SOA. If Rep. Olson continues his role during the 2015 legislative session the Health Care Commission should provide support for that. • 2. Continue to work with the Workers Compensation program to foster the incorporation of evidence based benefit and coverage practices being informed by what other states such as Wisconsin have done in this regard • 3. Review recent modifications to laws in other states and invite expert comment from labor, industry, regulators and lawmakers in those states on those changes. • 4 a. Coordinate meetings with stakeholders, facilitate input to find common ground, and produce joint statements of agreements. • 4 b. Produce White Paper to strategically share with key legislators

<p>IV. 5. Regulate Dispensing Clinician Practices (See Page 5)</p>	<ul style="list-style-type: none"> • 1. Expand knowledge of the use of clinician office based and pharmacy based repackaging and compounding practices to help identify practices that are not likely to deliver significant medical benefit but that may largely provide a profit center for those engaged in the practice. • 2. Suggest appropriate regulation or law change needed to assure practices such as those noted in #1 above can be excluded from liability for payment by the state and other payers where high grade evidence does not support their clinical benefit. • 3.
<p>V. Enhance Quality and Efficiency of Care on the Front-End</p>	
<p>V.1-4,6. Foster/Support Patient-Centric Primary Care (See Page 6)</p>	<ul style="list-style-type: none"> • 1. • 2.
<p>V. 5. Pilot Patient-Centered Medical Home (PCMH) Initiative (See Page 6-7)</p>	<ul style="list-style-type: none"> • 1. Invite current PCMH initiative participants to provide feedback. • 2. • 3.
<p>V. 7,8. Support Trauma System (See Page 8)</p>	<ul style="list-style-type: none"> • 1. • 2.
<p>VI. Increase Dignity and Quality of Care for Seriously Ill Patients</p>	
<p>VI. 1,2,3. Educate Public & Clinicians (See Page 8)</p>	<ul style="list-style-type: none"> • 1. • 2. • 3.
<p>VI. 4. Investigate POLST/MOST Program (See Page 9)</p>	<ul style="list-style-type: none"> • 1. Convene stakeholder sessions to compile input on potential legislation • 2. Prepare policy brief on essential legislative elements and considerations • 3.
<p>VI. 5. Establish an Advance Directives Registry (See Page 9)</p>	<ul style="list-style-type: none"> • 1. Prepare policy brief on essential legislative elements and considerations • 2. • 3.
<p>VI. 6. Foster Telehealth & Reimburse for Palliative/Hospice Care (See Page 9)</p>	<ul style="list-style-type: none"> • 1. • 2. • 3.
<p>VII. Focus on Prevention</p>	
<p>VII. 1. Encourage and Support Healthy Lifestyles (See Page 9)</p>	<ul style="list-style-type: none"> • 1. Champion Healthy Alaskans 2020 • 2. Champion Public Health System Improvement Process • 3. Encourage all health plans serving SOA employees to join resources supporting Wellness/Preventive efforts.

<p>VII. 2. Implement Obesity Prevention Program (See Page 9)</p>	<ul style="list-style-type: none"> • 1. As the most important public health challenge as identified by the Division of Public Health schedule an update for the Health Care Commission on activities and any progress being achieved by the SOA related to this issue. • 2. Informed by #1 above consider incorporating specific recommendations to the Governor’s Office, the Legislature, and DHSS in regard to support for programs addressing this major public health challenge. • 3.
<p>VII. 4. Integrate Behavioral & Primary Care; Behavioral Health Screening (See Page 9)</p>	<ul style="list-style-type: none"> • 1. • 2. • 3.
<p>IV. 6. Adopt Opioid Control Policies & Programs (See Page 6)</p>	<ul style="list-style-type: none"> • 1. Continue to be informed of recommendations from the FDA, CDC, White House Office of Drug Control Policy and other states regarding prescription drug management programs operating elsewhere. • 2. Within fiscal realities continue to encourage a more real time Prescription Drug Monitoring Program Database (PDMP) to be available to physicians and pharmacies. • 3. Include access to our existing and any future expanded PDMP to state staff with a need to know and manage medical benefits or controlled substance misuse such as the HCS pharmacists, medical director, or the Department of Law. • 4. Strengthen our recommendation on guidelines – “The state should use an established guideline on opioid consumption to prevent any reimbursement by any state program beyond such a guideline.”
<p>VIII. Build the Foundation of a Sustainable Health Care System</p>	
<p>VIII. A. 1,3. Health Information Technology: Facilitate Telehealth (See Page 11)</p>	<ul style="list-style-type: none"> • 1. Design and implement process for compiling specific state policy barriers to increased development and use of Telehealth to increase access to health care • 2. • 3.
<p>VIII. A. 4c. Health Information Infrastructure: Establish an APCD (See Page 11)</p>	<ul style="list-style-type: none"> • 1. SAME AS II.3 • 2. • 3.
<p>VIII. B. Health Workforce Development (See Page 12-13)</p>	<ul style="list-style-type: none"> • 1. • 2. • 3.