Recap of December Roundtable Discussion

Emerging Themes

Healthy Communities/Prevention
Consumer Experience Across the Continuum
Building a Sustainable Health System
Shared Quality Metrics
Use and Sharing of Data
Enabling Technology
Care Coordination and Patient Centered Delivery System Alignment
Health System Transparency and Education
Value-Based Purchasing
Vision of Sustainable Healthcare

Working together, we will build a coordinated, data-supported healthcare system that is:
• Fiscally sustainable;
• Provides better health outcomes; and,
• Advances the economic and business environment for our state.
APPENDIX

Discussion Recap
Innovation and Visioning Roundtable
December 14, 2017
Meeting
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- Transition to value-based purchasing at the national level
  - No loss of momentum post-Obama administration
- Transition requires organizational investment and a huge cultural shift
- Preferred model is the Accountable Care Organization (ACO) structure
  - Majority of lives covered by ACOs is through commercial plans
  - ACO model seems the most prevalent for states transitioning to value-based purchasing in Medicaid
- State examples: Maryland; Tennessee; Minnesota
- Create better business case for delivery system innovation
- Align incentives to demonstrate growing value for hitting incentives
- Importance of sustainability plans
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- Issues can be resolved at the state-level - responsibility to build Iowa-based solutions
- Education needed for consumers
- Data needed to make informed decisions
- Challenges in the individual market
- Dynamic between the payer community and the provider community in a value-based system
- Need to redesign care and create sustainability strategies
- Need to be adaptable and foster continual learning

Iowa Healthcare Landscape

Nick Gerhart, Chief Administrative Officer, FBL Financial Group Inc.

Dr. Tom Evans, President and CEO, Iowa Healthcare Collaborative
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- Prevention is different than care coordination
- Focus on community-based prevention strategies
- Population health and social determinants
- Hierarchy of needs across health and non-health domains (e.g. food insecurity, shelter)
- Need to get upstream on “disease factory”
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Consumer Experience across Continuum

- Better consumer education
- Consumer engagement across continuum of care
- Accountability of one's health
Shared Quality Metrics

- Commonality in quality measurement across payers, and the importance of aligning metrics between payers
- Simplicity and focus in measurement sets
  - Select areas – TCOC, chronic illness, and prevention
- Accountability for metrics among providers and payers
- Avoiding unnecessary oversight
- Relationship of metrics and economics
- How performance is incentivized
- Aligning metrics and incentives for integration of behavioral health and acute care
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Use and Sharing of Data

- Need for ACOs to have data
- Potential for All Payer Claims Database (APCD)
  - Capture Total Cost of Care (TCOC)
- Challenges of exchanging information real-time
- Bi-directional health information exchange at the point of service
  - Eventual interoperability
- Restrictions in current regulations (e.g. HIV, behavioral health, and substance abuse information)
- Transparency needed for transformation at the service delivery level
- Provider views into proprietary systems
- Data or insight into tools (e.g. Value Index Score)
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Technology

- Technology as an enabler
- Telemedicine, broadband, and mobile technologies to expand place of service beyond a clinic
- How technologies can be leveraged
- How compensation is provided
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- Optimize care coordination across systems
- Common definition of care coordination
- Population-specific levels of care coordination
- Effectiveness of care coordination
- How to pay for care coordination
- Defining roles between payers and providers
- Relationship between payment and risk
- Communication plans for providers and consumers
Other Issues

- Differences between rural and urban
- Scalable models and not a one-size fits all
- Pharmacy cost inflation
- Potential for a common formulary and/or buying coalition
- Overutilization/underutilization
- High care “hot spots
- Workforce development
- Integration of public health, healthcare, and community resources
- Sustainability