

## **Project Abstract: The Virginia Health Innovation Plan 2015**

The Virginia Health Innovation Plan (VHIP) will continue to engage multiple stakeholders in a statewide effort to achieve the Triple Aim of improving the patient experience and population health while reducing costs for all Virginians. Our vision is informed by collaborative work led by the Virginia Center for Health Innovation with strong support from successive Governors, the Virginia General Assembly, and state agency heads.

Our core strategy is to support the development of regional Accountable Care Communities (ACCs) in which public and private stakeholders work collaboratively to advance the Triple Aim for their region's population. During SIM Model Design, we expect that ACCs will engage the State's 7 major health systems, 6 Medicaid Managed Care and commercial plans, 4 state-owned academic health centers, the majority of Virginia's 40 behavioral health Community Service Boards and 140 FQHC sites, and hundreds of primary care providers, specialists, and dental providers in their work.

The ACCs will be provided with primary care transformation tools, value-based payment models, and regulatory supports from the State to help transform care delivery. Our working groups will develop integrated behavioral health, oral health, complex care, care transitions, and remote patient monitoring models that can be adapted by the ACCs. The health care workforce will be strengthened to ensure necessary clinicians are available to execute the necessary population health improvement strategies. We will seek to support implementation of many of the proposed ACC initiatives through a Delivery System Reform Incentive Program (DSRIP) under a Medicaid waiver.

While there will be variation in the Regional Transformation Plans that the ACCs develop, we will ensure that all ACCs align their efforts with a statewide Plan for Improving Population Health that focuses on populations with or at risk for chronic conditions. That statewide plan will include specific target goals for cost, quality, and health outcomes. A state Quality, Payment Reform, and HIT Roundtable led by the Lt. Governor will further support alignment by selecting a uniform set of quality and outcomes measures across all payers, ensuring that payment incentives are aligned with these measures, and identifying the data and infrastructure necessary to ensure timely measurement and rapid cycle improvement.

Strong consumer engagement is essential, especially for populations with chronic and complex conditions. In addition to serving on all our working groups, consumers will be engaged through Choosing Wisely and value-based insurance design initiatives to facilitate incentive-based and fully informed choices about their health care.

We anticipate our total budget of \$2,628,219.13 will result in comprehensive planning that will improve health care access, care delivery, and population health for the preponderance of Virginians. In year 1 of implementation, as many as 724,000 Medicaid beneficiaries, 946,227 Medicare beneficiaries, 599,156 uninsured individuals, and 199,984 state employees are likely to be impacted by one or more VHIP initiatives. By year 4 (end of Model Testing), we anticipate a significantly transformed health care system, with at least 80 percent of health care payments tied to a value-based incentive and 73% of Virginians impacted by one of the VHIP initiatives.