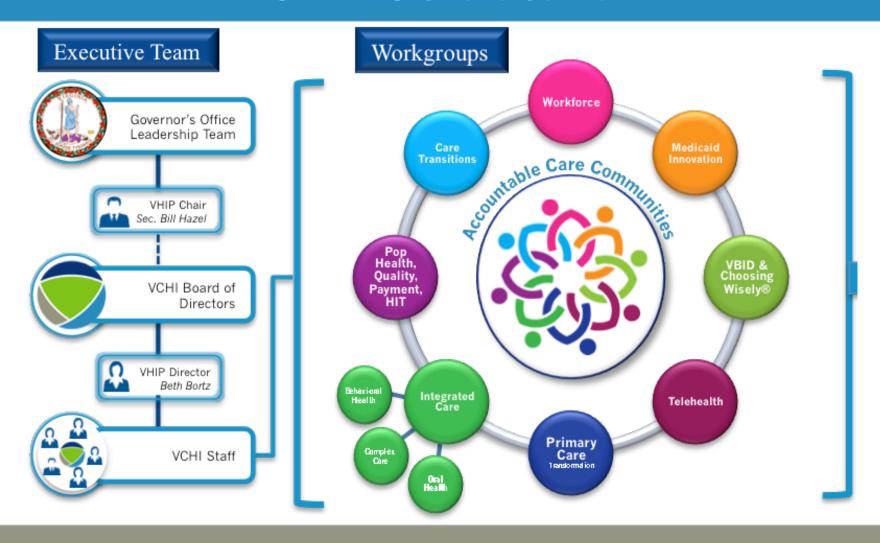
SUCCESSES OF VIRGINIA'S SIM DESIGN



SIM Structure





Process + Strategy

- Convened hundreds of stakeholders from all regions and constituencies to develop solutions to some of our most complex health care challenges.
- These stakeholders set priorities, developed innovative models of care, and identified the measures necessary to demonstrate improvement.



Priorities

- Build accountable care communities that identify regional population health priorities and the care models to address them;
- Align population health and clinical quality measures;
- Analyze data to reduce wasteful and potentially harmful medical tests and procedures;
- Better integrate primary, complex, behavioral and oral health care;

- Improve care transitions and reduce hospital readmissions;
- Strengthen the care coordination workforce;
- Prepare primary care for Virginia's emerging marketplace; and
- Move health care payment from one that rewards volume to one that rewards value.







Accountable Care Communities

- Central component of Virginia's SIM design is the creation of regional **Accountable Care Communities** (ACCs) that understand the Commonwealth's core population health priorities and then work to develop regional solutions.
- ACC's are allowing public and private stakeholders to work together to achieve progress on Virginia's Plan for Well-Being and to advance the Triple Aim (better care, better health, and lower cost) in their locality.



Accountable Care Communities

Within each of the five ACC planning regions, a common theme emerged – that it is time to acknowledge that to improve health outcomes, Virginia communities will need to address both health care, and perhaps more importantly, the social determinants of health.







- Tasked with developing a plan to better align statewide clinical quality measures, population health measures, and cost-related performance measures across all payers in Virginia and;
- Ensure that the IT infrastructure is in place to collect the necessary data for timely analysis and utilization.



Transformational Goals:

- 1. Improvement in population health, with a focus on improving the social determinants of health and reducing disparities in indicators included in Virginia's Plan for Well-Being;
- 2. Improvement in health care system performance, with a focus on improving access to high quality, coordinated community-based care; and
- 3. Improvement in the health care marketplace, by rewarding providers for high value care and reducing health care



Priority Population Goals

- The Roundtable worked to narrow a list of 560 measures currently in use in Virginia to a recommended core set of 78 measures.
- These measures focus on three priority population goals: providing a strong start for children, reducing the emergence of rising risk adults, and aging well.



IT Infrastructure:

- The Roundtable is now working to finish its IT infrastructure assessment to determine its ability to track these agreed upon measures in a meaningful, timely way.
- This is a necessary step if Virginia is to ultimately move to a system that rewards the value of services provided over the volume of care delivered.



Plan for Well-Being

"The vision of the *Virginia Plan for Well-being* is to improve health opportunities for individuals. To a large extent, factors such as where we live, the state of our environment, genetics, our income and education, and our relationships with friends and family all have considerable impact on our health. This means that doing better will require a very collaborative, regional approach."

- Marissa Levine, MD, MPH Commissioner of Health



Plan for Well-Being

Developed by the Virginia Department of Health, Virginia's Plan for Well-Being identifies a core set of **24** population health measures that align with the recommended clinical quality measures from the Lt. Gov's Roundtable.

> Visit VDH's website for more details: vdh.virginia.gov







VCHI is taking this national model of Choosing Wisely one important step further, by employing data analytics to determine how much unnecessary and potentially harmful testing and procedures are taking place and to estimate the potential for improving utilization and controlling costs.



Using data from Virginia's All Payer Claims Database, VCHI is working with Virginia Health Information, Milliman, and the University of Michigan's Center for Value-Based Insurance Design using a "Health Waste Calculator."



The Waste Calculator will identify which tests and procedures are generating the most waste in our state and then inform the design of a multi-tiered educational approach to improve our outcomes.



TOP WASTEFUL SERVICES - STATEWIDE

COST FREQUENCY

ANNUAL EKGS OR CARDIAC SCREENING

Cost: \$39,613,510 | Number: 99,668

ROUTINE PAP IN WOMEN 21-65
Cost: \$29,487,580 | Number: 150,761

3 NSAIDS FOR HYPERTENSION, HEART FAILURE, CKD

Cost: \$18,650,429 | Number: 42,955

ANTIBIOTICS FOR ACUTE RHINOSINUSITUS

Cost: \$16,740,830 | Number: 158,903

PROSTATE-SPECIFIC ANTIGEN (PSA)
Cost: \$11,849,435 | Number: 81,767

Source: Virginia APCD MedInsight Health Waste Calculator







Integrated Care

VCHI engaged providers and community partners across the care continuum in designing and implementing integrated delivery models in three priority areas:

- Integrated behavioral health and primary care
- Integrated oral health and primary care, and;
- Complex care programs that provide person-centered, integrated care to superutilizers.



Integrated Care

- A portfolio of Integrated Care models in Behavioral Health, Oral Health, Complex Care, and Substance Abuse is available on the Virginia Health Innovation Network.
- Coming Soon: An interactive Commonwealth Asset Inventory will be live on the Network for providers and community organizations to share programs, outcomes, and engage with others across the state.



Replicating Success

VCHI also explored how Virginia can replicate and enhance existing models of care that have shown demonstrated success in improving patient outcomes.



Care Transitions

Funded through a CMS Care Transitions Initiative (CTI) grant, the Eastern Virginia Care Transitions Partnership utilizes the Coleman Model to effectively improve health care, health outcomes, and patient satisfaction while also reducing unnecessary 30-day hospital readmissions and health care costs for older adults.



Care Transitions

EVCTP is using SIM planning funds to explore CTI enhancements identified as critical

- Improved advanced care planning;
- Behavioral health support;
- Chronic disease self-management;
- Medication management;
- Fall prevention;
- Patient activation; and
- The use of telehealth
- -- while also solidifying its payment mechanism with selected managed care organizations and accountable care organizations.



Care Transitions

Next steps/In progress:

- The EVCTP team is solidifying its payment mechanism with selected managed care organizations and accountable care organizations.
- Developing a plan to replicate this model across the Commonwealth in partnership with Virginia's hospitals and area agencies on aging (AAAs).



Telemedicine/Telehealth

UVA's Center for Telehealth has proven the value of telehealth programs to fill gaps in care coordination for chronic or complex conditions, as well as access to high-risk obstetrical care.



Telemedicine/Telehealth

- The challenge is creating a payment model that will make telehealth a viable, sustainable solution.
- As part of the SIM design, the UVA team has put together plans for a potential expansion of its teleheath and remote patient care monitoring models and is developing accompanying payment models.







Healthcare Workforce

Perhaps the greatest challenge patients face is navigating the seemingly endless maze of providers and payers to get the care they need when they need it. The solution is care coordination.



Healthcare Workforce

Virginia's SIM plan is strengthening the Commonwealth's care coordination workforce by advancing 4 strategies to better ensure patients receive the right care at the right time.



Healthcare Workforce

Strategies:

- Establishing care coordination and health coaching certificate programs for interested health professionals;
- Increasing the number of psychiatric nurse practitioners through an expansion of current training programs;
- Establishing an online course in transformation leadership for all health professionals; and
- Advancing community health workers from a reliance on grant funded positions to reimbursable health care providers by developing a credentialing process that defines their scope of practice, core competencies, and model training requirements.







Heart of Virginia Healthcare

Making the successful transition to a health care marketplace that financially rewards the value of services provided requires some heavy lifting from Virginia's primary care providers, many of whom are already overburdened and financially challenged.



Heart of Virginia Healthcare

VCHI identified primary care transformation as a priority for its SIM planning effort and during 2015 was successful in partnering with Virginia Commonwealth University to secure \$10.6 million in funding from the Agency for Health care Research and Quality to engage 300 Virginia primary care practices in practice transformation and a statewide learning collaborative.



Heart of Virginia Healthcare

- EvidenceNow: Heart of Virginia Healthcare is designed to restore the joy in primary care through personalized coaching and consultation.
- Aims to transform health care delivery by building critical infrastructure and to apply the latest medical research to the care they provide.







Value

VCHI's top priority in working on the SIM design is to advance payment reform which moves our system from one which rewards the volume of services provided to one which rewards the value of health outcomes.



DSRIP waivers are significant in scope and provide financial incentives to achieve delivery system reforms through:

- Infrastructure Development
- System Redesign
- Clinical Outcome Improvements
- Population-Focused Improvements



- The Department of Medical Assistance has submitted its application for a DSRIP waiver and will be negotiating with CMS over the next 12 months.
- Virginia Integrated Partnerships will implement DSRIP projects once the waiver and project concepts are approved.



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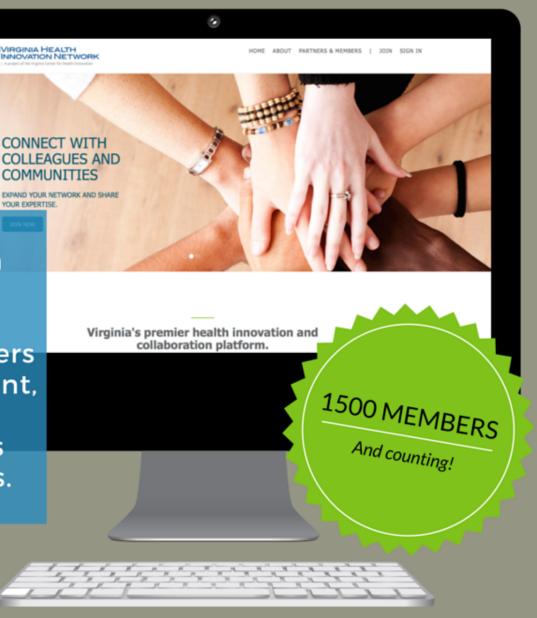


STAYING CONNECTED AND SHARING PROJECTS



LEARNING & CONNECTING

Launched in 2013, VCHI's Virginia Health Innovation Network is a groundbreaking online platform that enables leaders from healthcare, government, business, education and philanthropy to share ideas and collaborate on projects.







Beth Bortz

MOVING FORWARD: SUSTAINING THIS WORK



Moving Forward: VCHI's Role

- Post-SIM, VCHI will continue to serve as a convener and connector.
- Absent Round 3 SIM funding, we aim to advance key pieces of the SIM design work through other funding and partnership opportunities.
- This spring, VCHI's Board and Leadership Council
 will be meeting to set our priorities given staffing
 and funding expectations. We expect that
 advancing the core population health and clinical
 quality metrics through the accountable care
 communities will be a top priority.



LEARN MORE

This presentation highlights just some of VCHI's work. To learn more about any of our initiatives, please visit our website or contact us directly.



vahealthinnovation.org





Beth A. Bortz President & CEO bbortz@vahealthinnovation.org Ashley Edwards Chief Innovation Officer ashley@vahealthinnovation.org

