

Commonwealth of Kentucky
Cabinet for Health and Family Services (CHFS)
Office of Health Policy (OHP)



State Innovation Model (SIM) Model Design
June Increased Access Workgroup

June 17, 2015
9 AM – 12 PM

Agenda

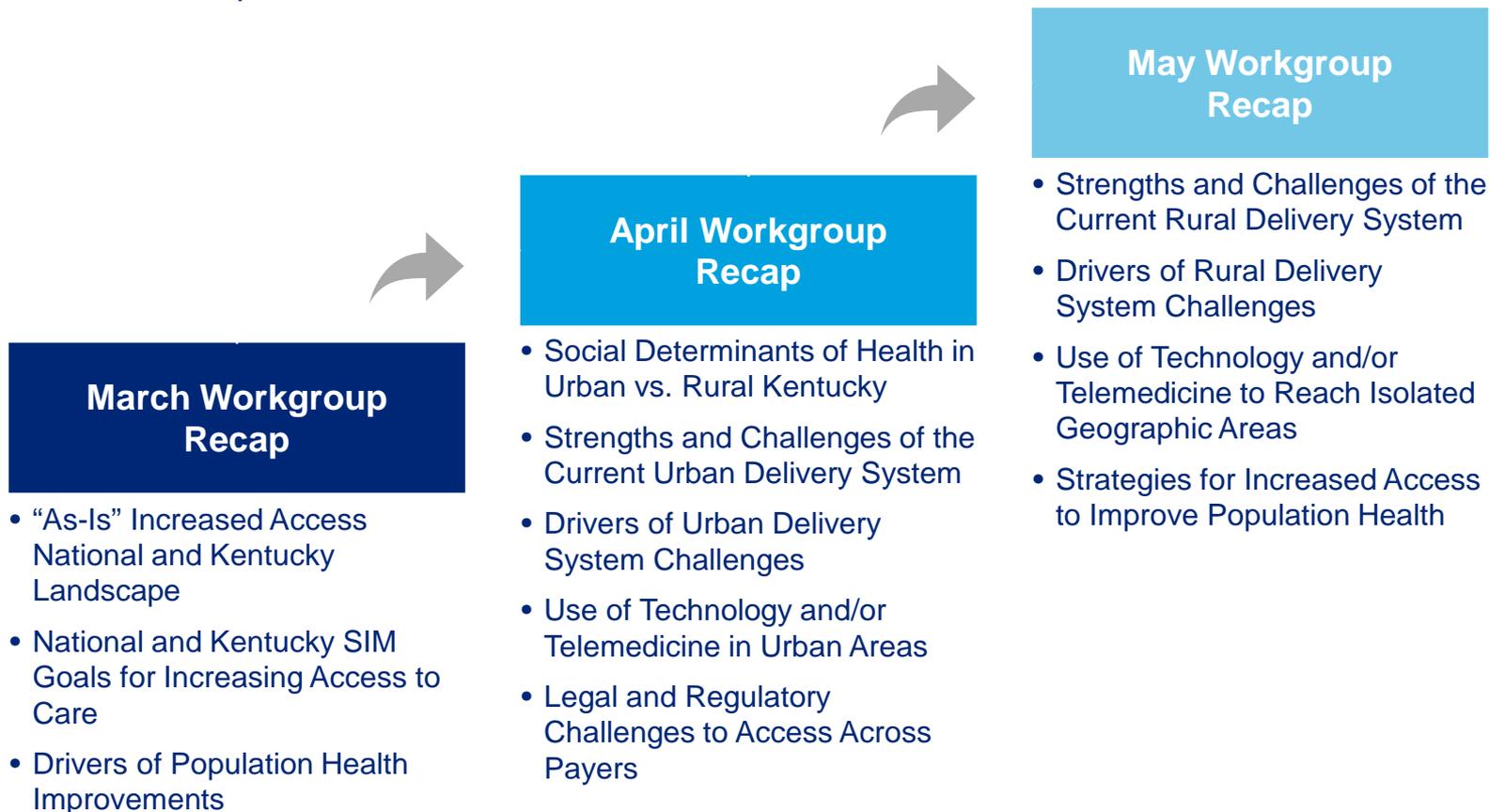
- **Welcome and Introductions** 9:00 AM – 9:10 AM
 - **Review Draft Increased Access Guiding Principles** 9:10 AM – 9:30 AM
 - **Review SIM Straw Person** 9:30 AM – 10:00 AM
 - **Discuss Increased Access Strategies Included in Initial Straw Person Design** 10:00 AM – 11:00 AM
 - *Break* 11:00 AM – 11:15 AM
 - **Workforce Discussion** 11:15 AM – 11:45 AM
 - **What is the best way to transform the state’s health care workforce and pipeline to provide a modernized, holistic approach to health care?**
 - **How can we address the lack of local resources needed to support new care models?**
 - **Outline Next Steps** 11:45 AM – 12:00 PM
-

Welcome and Introductions

Review Draft Increased Access Guiding Principles

How We Got Here

Over the course of the past three months, the Increased Access workgroup has covered a variety of different topics and discussed multiple options as it relates to increasing access to care in the Commonwealth as part of SIM.



As a result of this work, we were able to compile a set of guiding principles for increasing access to care in Kentucky that will be used to shape the components of the SIM Model Design.

Draft: Increased Access Guiding Principles

Based on discussions and activities with the Increased Access workgroup, the following guiding principles have been proposed for expanding access to care in Kentucky as part of SIM.

1

Expand the coverage and scope of telehealth, telemedicine, and teledentistry

2

Develop policies that promote access to care and services in non-health care settings (e.g., schools, community organizations)

3

Expand care delivery models and programs to non-traditional settings (e.g., schools, community organizations)

4

Increase the availability of community-based, preventive education

5

Promote the colocation of services and integration of practices

6

Leverage existing health education programs in Kentucky

7

Leverage and enhance existing workforce development initiatives

8

Revisit existing business processes, requirements, and billing structures for potential improvements

9

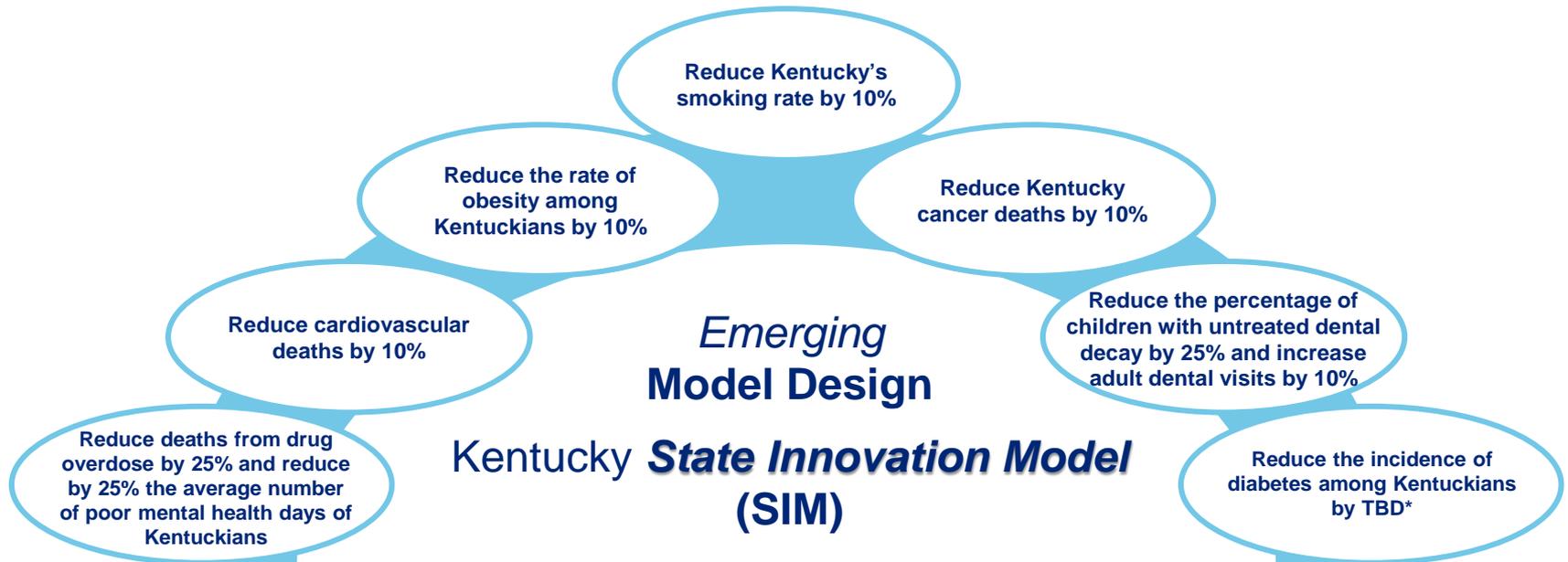
Use legal and regulatory authority to encourage healthy behaviors and/or discourage unhealthy behaviors

10

Enable consumers to play a role in care navigation

**Review of Draft Straw Person and
Detailed Review of Increased
Access Strategies**

At a Glance: KY's Health Care Delivery System Transformation Plan



Potential Reform Initiatives (based on workgroup input and guiding principles to date)

Expanded Patient Centered Medical Homes (PCMH)

Expanded Accountable Care Organizations (ACO)

Expanded Health Homes

Expanded Bundled Payment Initiatives/Episodes of Care

A Multi-payer Community Innovation Support Center

A program for providers and communities to develop new delivery model & payment reform pilots with multi-payer support

Increased Access Strategies

Quality Strategies

HIT Strategies

Other Supporting Strategies

*The current goals included with kyhealthnow and therefore the PHIP do not contain a specified reduction goal for diabetes. Over the course of the Model Design process, CHFS will work alongside key stakeholders to develop this target for inclusion in the final PHIP.

Level-setting: Core and Supporting Elements

Each component of Kentucky's proposed SIM Model Design contains a set of core design elements developed based on stakeholder input and a set of supporting design elements for future workgroup review and discussion.

i *Core Elements of KY's Model Design*

- The *core design elements* to be reviewed for each component of the proposed SIM Model Design have been identified as “high-priority” items to consider by both the Commonwealth and its stakeholders to date
- These elements should be viewed as “starting points” to design the reforms proposed within SIM and may serve as future criteria to be used in developing these initiatives

? *Supporting Elements for Consideration*

- The *supporting elements for consideration* to be reviewed for each component of the proposed SIM Model Design have been listed as secondary items. They represent recommendations and/or viewpoints expressed by stakeholders in the workgroups to date
- These supporting elements would benefit from additional stakeholder input, further Commonwealth review and research, and more detailed descriptions prior to being considered as core design elements of the SIM initiatives

All core design elements and/or supporting elements for consideration within each component of the proposed Model Design will be revisited and discussed in-depth with those stakeholders participating in the upcoming workgroup meetings.

Increased Access Strategies

Kentucky has proposed five core elements of its foundational access strategy. Supporting elements of the access strategy vision will continue to be developed with the Increased Access workgroup.

Core Elements of KY's Model Design

- Encourage the colocation of primary care with specialty care, behavioral health, and oral health services
- Revise same-day billing processes to allow for multiple visits across the care spectrum
- Expand care delivery models and programs to non-traditional settings and/or providers
- Expand coverage of telehealth and telemedicine strategies
- Expand coverage of diagnostic and preventive care
- Adopt a workforce development strategy to support the SIM initiatives

Supporting Elements for Consideration*

- Expand coverage for community wellness programs
- Leverage university health education programs in Kentucky
- Promote community-based education that aligns with national policies from the CDC and other federal health agencies
- Explore opportunities to increase access to healthy foods

Supporting Strategies

Kentucky has proposed four core elements of its plan to implement strategies to support the overall vision of the SIM Model Design. These strategies will continue to be developed with each workgroup.

Core Elements of KY's Model Design

- Reduce administrative burdens by standardizing:
 - Provider credentialing
 - Smoking cessation product formularies
 - Smoking cessation reimbursement policies
 - Prior authorization criteria for diabetes-related drugs and products
 - Reporting across payers
- Continue implementation of kyhealthnow initiatives
- Reduce administrative barriers to telehealth and telemedicine
- Develop a consumer engagement and accountability strategy

Supporting Elements for Consideration*

**Strategies to support the overall vision of the SIM Model design will continue to be developed with all five workgroups.*

Break

Workforce Discussion

KY Health Care Workforce Capacity Report: Findings

In March 2013, the Cabinet contracted with Deloitte Consulting to examine the Commonwealth’s workforce capacity and identify gaps by provider type. This workforce capacity report identified eight key provider groups in assessing the current supply and future need for health care workers in Kentucky. Several themes were identified as part of the analysis for each provider group.

Provider Group	Current Supply	Themes
Physicians	10,475	<ul style="list-style-type: none"> • Overall physician need in 2012, including both Primary Care physicians (PCPs) and specialists, across the Commonwealth is 3,790 Full Time Equivalents (FTEs) (excluding surpluses) • 61% of unmet need is concentrated in rural counties • The PCP subset, which is calculated from more defined benchmarks and modeling, indicates a need for 183 in 2012 to 284 FTEs in 2017, which includes Medicaid expansion • Physician retirement and retention issues add to the challenges of growing the physician population through traditional measures • Licensing database is fairly correct and includes county of practice; benchmarks for this group are also widely available
Dentists	1,711	<ul style="list-style-type: none"> • Overall dentist need in the Commonwealth is high with 612 additional FTEs (excluding surpluses) or 36% of the current supply required to meet current demand • Many counties in Kentucky need greater than 100% increases in the current dentist workforce, and three counties appear to have no dentists currently practicing • Jefferson County has the most pronounced need of 150 dentists • Licensing database had duplicative and missing information in crucial fields; widely available benchmarks

KY Health Care Workforce Capacity Report: Findings (continued)

The workforce capacity report identified eight key provider groups in assessing the current supply and future need for health care workers in Kentucky. Several themes were identified as part of the analysis for each provider group.

Provider Group	Current Supply	Themes
Advanced Practice Registered Nurses (APRNs)	3,057	<ul style="list-style-type: none"> Overall APRN need in 2012 is relatively low compared to other groups with only 148 FTEs (excluding surpluses) needed across the Commonwealth Need is nearly evenly split between rural and urban counties Licensing database is one of the most accurate compared to other groups and includes county of practice; widely available benchmarks
Physician Assistants (PAs)	985	<ul style="list-style-type: none"> Overall PA need in 2012 is 296 FTEs (excluding surpluses), or 30% of current supply, which is relatively high as a percentage compared to other groups The need is nearly evenly split between rural and urban counties Licensing database is fairly correct, but does not include crucial county of practice; widely available benchmarks
Registered Nurses (RNs)	48,093	<ul style="list-style-type: none"> The current need for additional RNs across the Commonwealth is 5,635 FTEs (excluding surpluses), or more than 10% of the total RN workforce The need is pronounced across the southern border and in the northeastern corner of the Commonwealth Licensing database is one of the most accurate compared to other groups and includes county of practice; widely available benchmarks
Licensed Practical Nurses (LPNs)	11,770	<ul style="list-style-type: none"> Overall LPN need in 2012 is low at only 6% growth or 688 FTEs (excluding surpluses) needed over the current workforce supply to meet demand Rural needs are evenly spread across the Commonwealth, and urban needs are concentrated around Warren, Woodford, Bullitt, and Boone counties Licensing database is one of the most accurate compared to other groups and includes county of practice; widely available benchmarks

KY Health Care Workforce Capacity Report: Findings *(continued)*

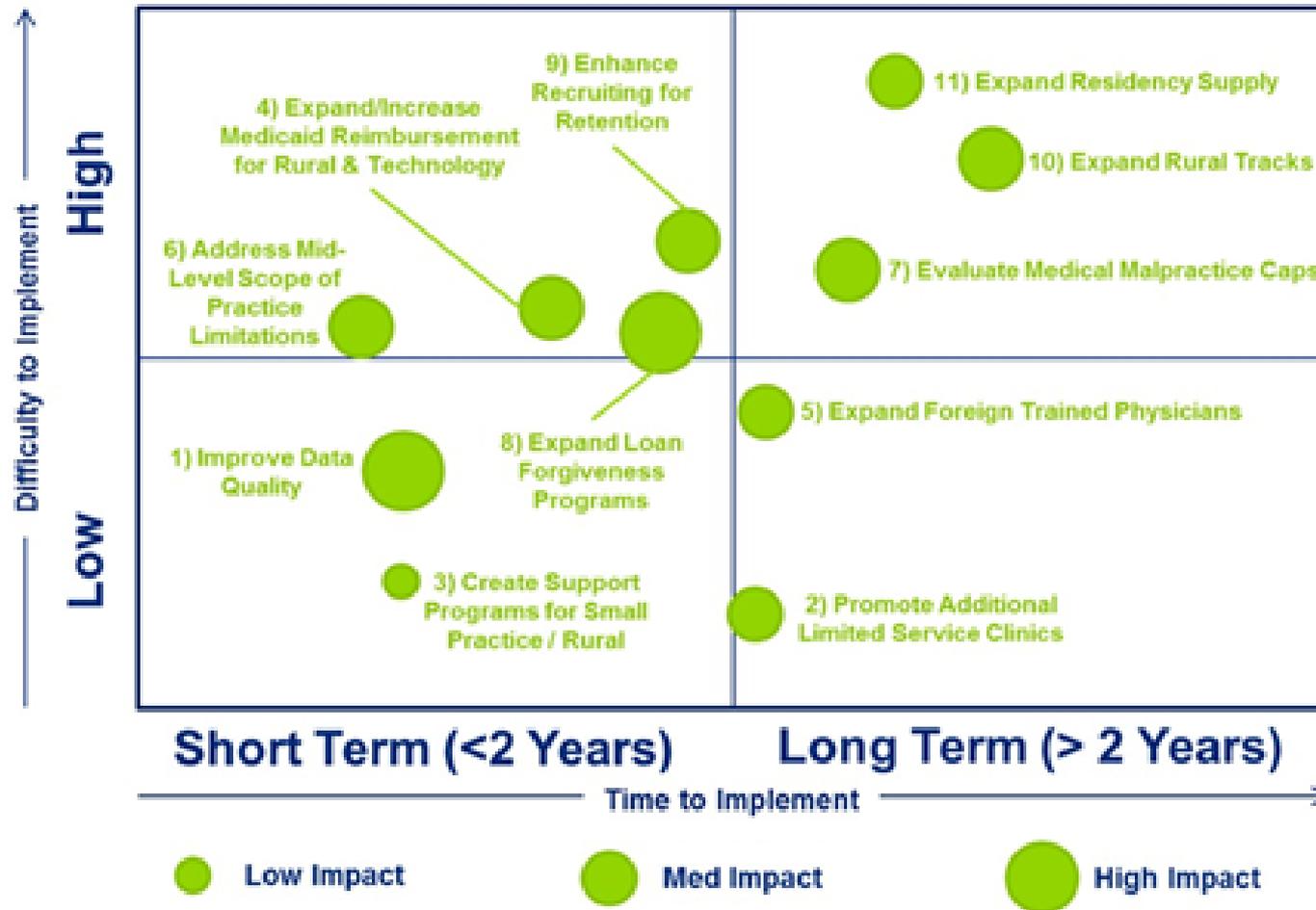
The workforce capacity report identified eight key provider groups in assessing the current supply and future need for health care workers in Kentucky. Several themes were identified as part of the analysis for each provider group.

Provider Group	Current Supply	Themes
Nurse Aides (NAs)	43,619	<ul style="list-style-type: none"> Benchmarking does not indicate unmet need in this provider group across the Commonwealth Licensing database is fairly correct, but does not include crucial county of practice; benchmarks available but limited
Optometrists	568	<ul style="list-style-type: none"> Overall optometrist need is high with an additional 269 FTEs (excluding surpluses) or 47% of supply required to meet current need Over 25% of the counties in Kentucky do not have a practicing optometrist represented in the licensing database, and only 10% of counties have enough optometrists to meet the current need Licensing database is fairly correct, but does not include crucial county of practice; benchmarks available but limited

KY Health Care Workforce Capacity Report: Prioritization of Recommendations



The study contains a prioritization matrix, which ranks each of the eleven recommendations based on ease of implementation, duration of implementation, and impact on the Commonwealth's workforce.



Overview of NGA Policy Academy Workforce Planning

As part of the National Governor’s Association (NGA) Policy Academy, the Commonwealth is developing an action plan titled *Building A Transformed Health Workforce: Moving From Planning to Implementation* focused on developing health workforce strategies based on accurate data.

Core Area #1: Data

- Five Year Vision: Kentucky has a regular reporting structure (at least annually) for core data fields of certified and/or licensed health professionals. This data is analyzed in concert with data from health and educational systems and health-related employers to support effective workforce planning and transformation of health care systems.
- Goal #1: Each licensure board and/or certification agency collects core data fields identified by the state as being necessary for meaningful data analysis.
- Goal #2: Licensure boards regularly report data to a central entity harmonizes, analyzes, and regularly reports on the data.

Core Area #2: Redesign of Health Workforce Planning

- Five Year Vision: Kentucky’s health workforce plan relies on stakeholder approved metrics that are responsive to Kentucky’s health workforce needs in view of changing models of coverage and care delivery.
- Goal #1: Kentucky’s health workforce plan uses metrics that are widely accepted as best practices for projecting needs in the post-Affordable Care Act era.
- Goal #2: Kentucky’s health workforce plan includes projections for new and emerging types of health professionals, not just those that have been relied on in the past.

Core Area #3: Pipeline

- Five Year Vision: Kentucky’s health workforce plan is directly aligned with the needs of the population and translates to projections of the education, workforce investment, and financial sectors, leading to a seamless health delivery system.
- Goal #1: Kentucky’s health education system has the capacity to deliver the necessary professionals, either by training new students or re-training existing professionals.
- Goal #2: Kentucky’s educational system and/or other coordinating entities/agencies are able to ensure and coordinate clinical placements for all students enrolled in degree programs.
- Goal #3: All health profession degree program graduates who wish to pursue primary care/family medicine in Kentucky are able to do so.

Core Area #4: Policy Coordination

- Five Year Vision: Kentucky has a coordinated state health workforce plan that includes timely, comprehensive data analysis and evidence-based policy recommendations to ensure that Kentucky’s health workforce plan meets the needs of Kentuckians.
- Goal #1: Kentucky has a single entity responsible for issuing an annual state health workforce plan containing policy recommendations, performance metrics, an analysis of the health workforce pipeline, along with maintaining a real-time ongoing data dashboard assessing the state of the health workforce.

While this plan is currently in draft form, it outlines vision statements, goals, and strategies in four core areas that could be considered and leveraged in the development of an overall workforce strategy for the SIM initiatives.

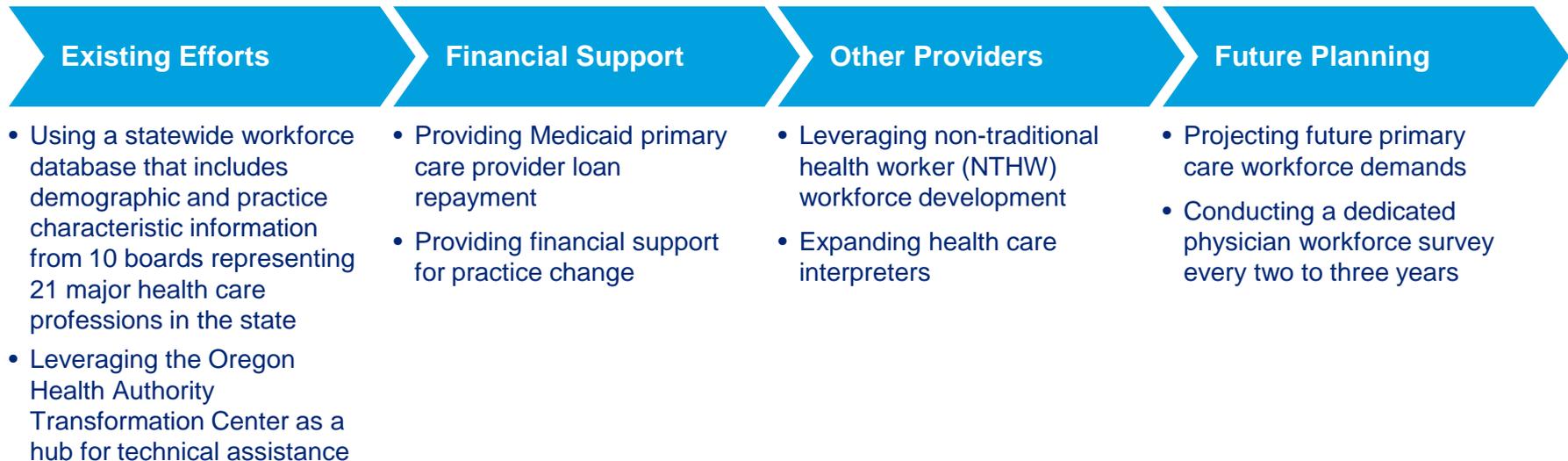
Brainstorming a Workforce Strategy

What is the best way to transform the state’s health care workforce and pipeline to provide a modernized, holistic approach to health care? How can we recognize the lack of local resources needed to support new care models?

Strategies Heard to Date
<ul style="list-style-type: none"> • Leverage university health education programs • Expand the number and scope of community health workers (CHWs) • Use cooperative extension programs



Oregon’s plan is an example of a workforce strategy from a Round One SIM state. Below are the mechanisms for monitoring the general workforce capacity and the level of provider participation in Oregon’s key transformation efforts:



Next Steps

Upcoming Schedule

A monthly workgroup meeting will be essential for discussing key topics, reaching consensus, and driving the development of a successful Model Design. The exact meeting dates, times, and locations for the workgroups will be communicated in advance of each session.

July 2015

M	T	W	T	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

August 2015

M	T	W	T	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31				

September 2015

M	T	W	T	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30		

Calendar Legend

Workgroup Meeting

Stakeholder Meeting

Next Steps

- The July full stakeholder meeting is scheduled for **Wednesday, July 8, 2015** from **1:00 PM – 4:00 PM** at the **Kentucky Historical Society** (100 W. Broadway Street, Frankfort, KY 40601). No advance registration is required.
- Mark your calendars! The next Increased Access workgroup will be held on **THURSDAY, July 23, 2015**. Please note that shift from Wednesday to Thursday in July due to meeting space constraints. We will return to our regular rhythm in August.

Workgroup	July Date	July Time	July Location
HIT Infrastructure	Tuesday, July 21, 2015	9 AM to 12 PM	KY Department for Public Health (DPH), Conference Suite A , 275 E Main St, Frankfort, KY 40601
Payment Reform	Wednesday, July 22, 2015	9 AM to 12 PM	KY Department for Public Health (DPH), Conference Suites B-C , 275 E Main St, Frankfort, KY 40601
Integrated & Coordinated Care	Wednesday, July 22, 2015	1 PM to 4 PM	KY Department for Public Health (DPH), Conference Suites B-C , 275 E Main St, Frankfort, KY 40601
Increased Access	Thursday, July 23, 2015	9 AM to 12 PM	KY Department for Public Health (DPH), Conference Suites B-C , 275 E Main St, Frankfort, KY 40601
Quality Strategy/ Metrics	Thursday, July 23, 2015	1 PM to 4 PM	KY Department for Public Health (DPH), Conference Suites B-C , 275 E Main St, Frankfort, KY 40601

- Please visit the dedicated Kentucky SIM Model Design website: <http://chfs.ky.gov/ohp/sim/simhome>
- Please contact the KY SIM mailbox at sim@ky.gov with any comments or questions

Thank you!

Q&A