

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



**State Innovation Model (SIM) Model Design
June Stakeholder Meeting**

June 9, 2015

Meeting Agenda

- **Welcome and Introductions** (Eric Friedlander, Deputy Secretary, Kentucky Cabinet for Health and Family Services) 1:00 – 1:10 PM
- **May Workgroup Meetings: Recap and Report Out** (Jim Hardy, Specialist Leader, Deloitte Consulting LLP) 1:10 – 1:30 PM
- **Overview of SIM Model Design Outline** (Dr. John Langefeld, Chief Medical Officer, Department for Medicaid Services and Jim Hardy, Specialist Leader, Deloitte Consulting LLP) 1:30 – 2:20 PM
- **Population Health Improvement Plan (PHIP) Draft Update** (Jim Hardy, Specialist Leader, Deloitte Consulting LLP) 2:20 – 2:30 PM
- *Break* 2:30 – 2:45 PM
- **Overview of Technology Advancements** (Ken Keller, Vice President, Value-Based Care, The Advisory Board Company, Inc.) 2:45 – 3:25 PM
- **Q&A and Next Steps** (Jim Hardy, Specialist Leader, Deloitte Consulting LLP) 3:25 – 3:30 PM

May Workgroup Meetings: Recap and Report Out

May Workgroups Overview

During the May workgroup meetings, participants continued discussing key topics from the workgroup charters and provided input on Kentucky’s draft PHIP.

May 2015 SIM Workgroup Calendar

Tuesday 19th	Wednesday 20th	Thursday 21st
9 AM to 12 PM	9 AM to 12 PM	9:30 AM to 12:30 PM
Payment Reform Workgroup – KY Department for Public Health (DPH)	Increased Access Workgroup – KY DPH	HIT Infrastructure Workgroup – KY DPH
1 PM to 4 PM	1 PM to 4 PM	
Integrated & Coordinated Care Workgroup – KY DPH	Quality Strategy/Metrics Workgroup – KY DPH	

46 Stakeholders attended the May Payment Reform Workgroup

Stakeholders attended the May Integrated & Coordinated Care Workgroup **47**

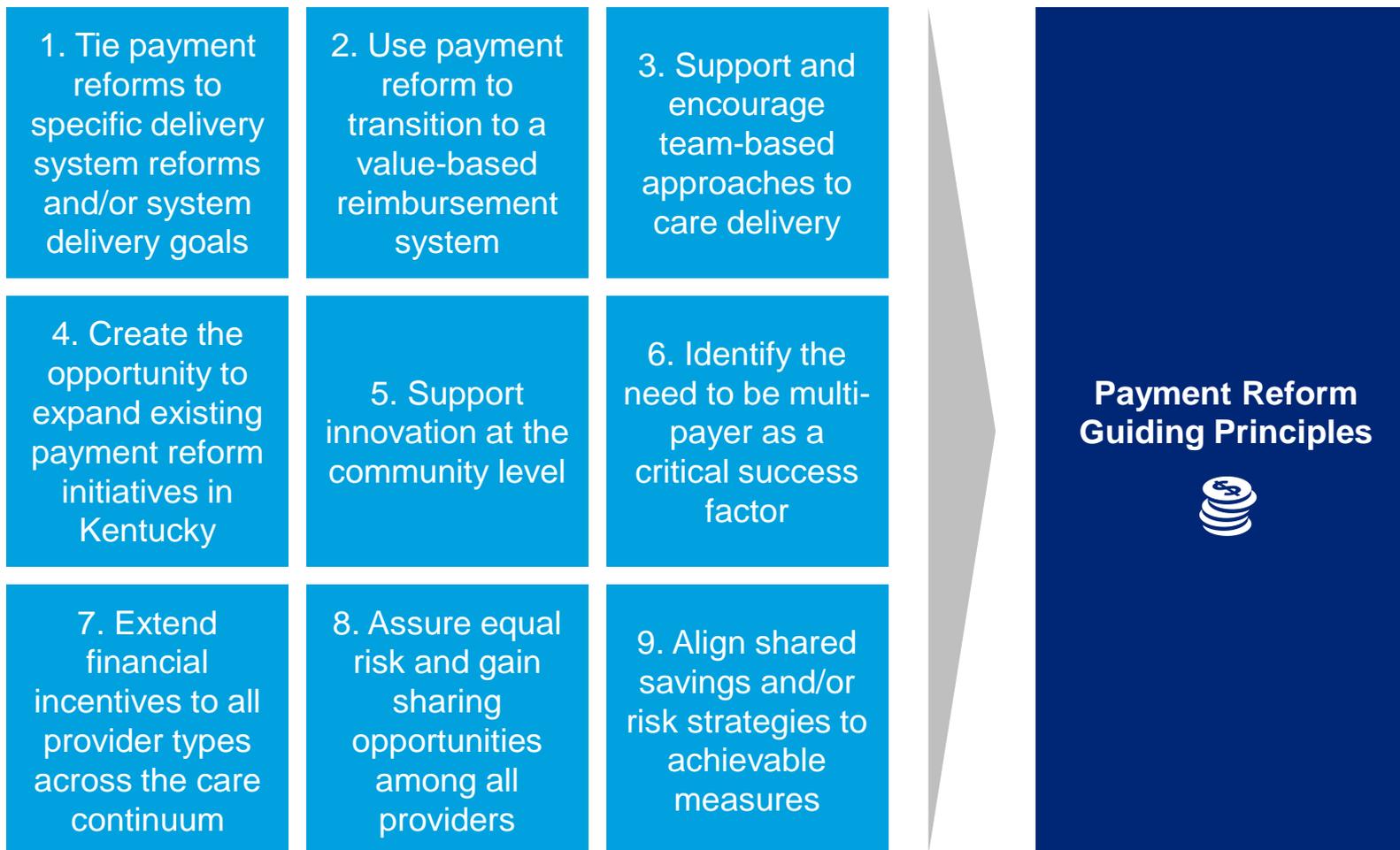
41 Stakeholders attended the May Increased Access Workgroup

Stakeholders attended the May Quality Strategy/Metrics Workgroup **48**

35 Stakeholders attended the May HIT Infrastructure Workgroup

Draft: Payment Reform Guiding Principles

Based on discussions and activities with the Payment Reform workgroup, the following guiding principles have been proposed in developing payment reform initiatives as part of SIM.



Draft: Integrated & Coordinated Care Guiding Principles

Based on discussions and activities with the Integrated & Coordinated Care workgroup, the following guiding principles have been proposed in developing delivery system reforms as part of SIM.



Encourage team-based approaches to care delivery



Expand care teams to include additional, non-traditional provider types



Establish relationships with non-traditional settings (e.g., schools, community organizations)



Promote care coordination across all transitions in care



Encourage colocation of services and integration of practices



Leverage existing care delivery models in Kentucky



Increase payer consistency and harmonization in benefit design



Enhance the consumer's role in care direction and management



Guiding Principles for Developing Integrated & Coordinated Care Models

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

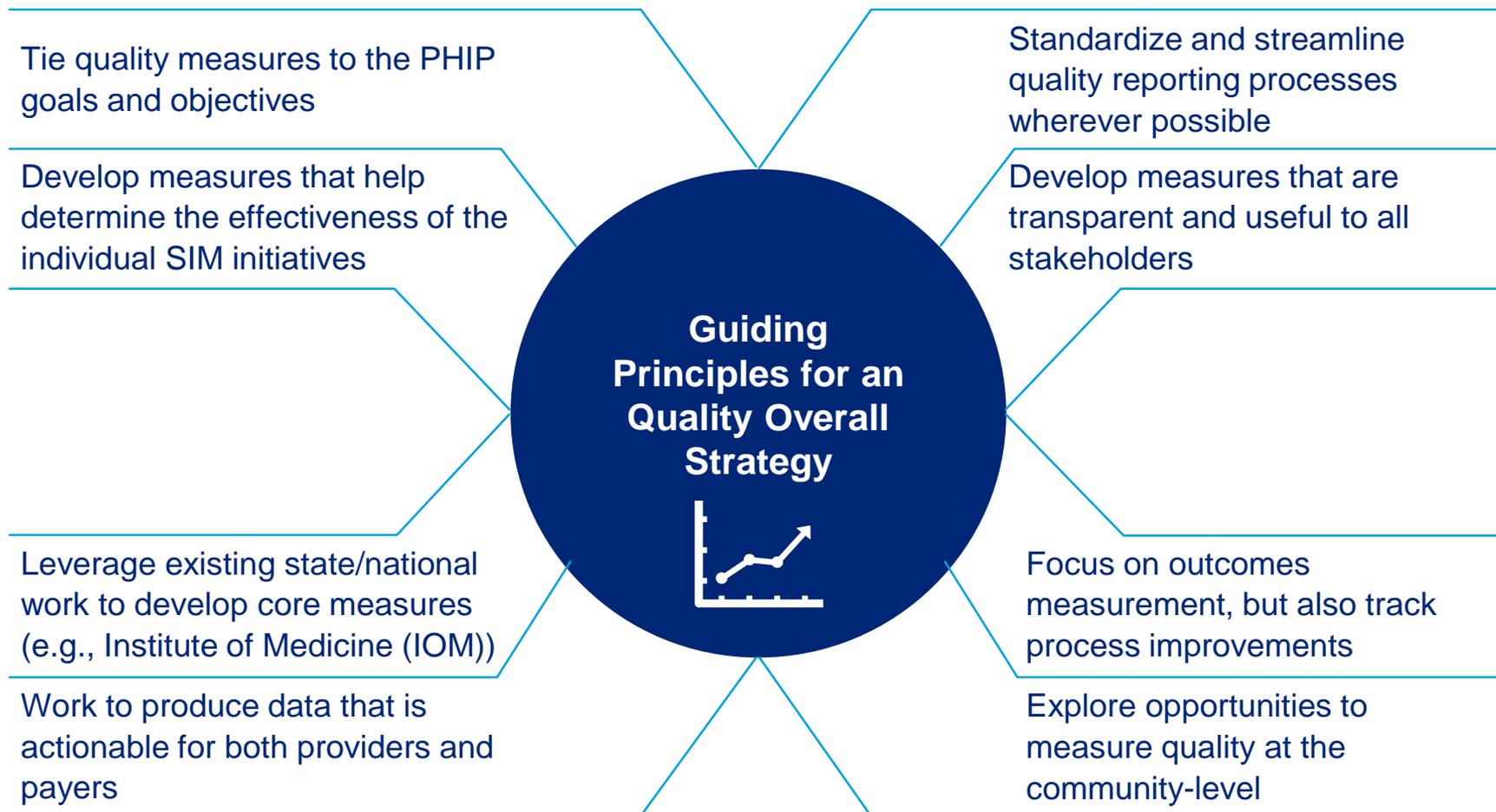
Use legal and regulatory authority to encourage healthy behaviors and/or discourage unhealthy behaviors

10

Enable consumers to play a role in care navigation

Draft: Guiding Principles for an Overall Quality Strategy

Based on discussions and activities with the Quality Strategy/Metrics workgroup, the following guiding principles have been proposed in developing an overall quality strategy as part of SIM.



Guiding Principles in Measure Selection

The following guiding principles were developed by the Quality Strategy/Metrics workgroup in April to be used in the future measure selection process for Kentucky SIM.

Patient and Provider Impact

- Applicable across provider types and the care continuum
- Patient-centric
- Understandable by patients
- Equitable across the spectrum of stakeholders
- Allow for patient accountability
- Simple; low administrative burden

Appropriateness

- In alignment with national metrics
- Address priorities for health improvement
- Able to be benchmarked
- Contain appropriate units of measure
- Equitable across the spectrum of stakeholders
- Easily measurable, but accurate

Design Features

- Consistent definition
- Timely and current
- Flexible
- Achievable
- Clinically useful
- Reliable and valid
- Promotes safety

Financial Impact

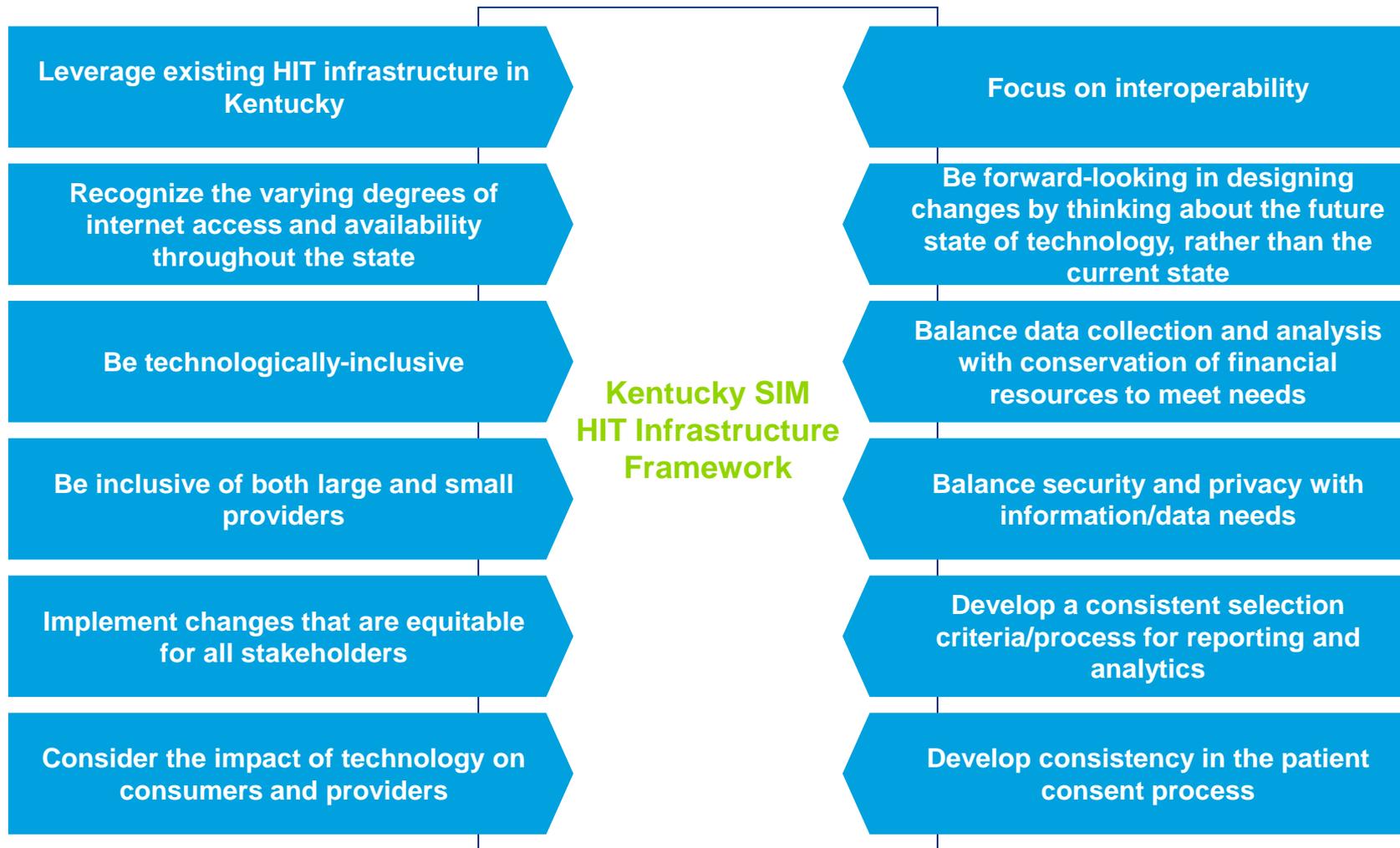
- Low-cost, high-value
- Balance efficiency in care delivery versus outcomes
- Risk-adjustable
- Usable for payment reform
- Process and outcome-driven

Guiding Principles in Expanding HIT Infrastructure

The following guiding principles were developed by the HIT Infrastructure workgroup in April to be used in the future development of an overall HIT strategy for Kentucky SIM.

Leveraging Existing Infrastructure

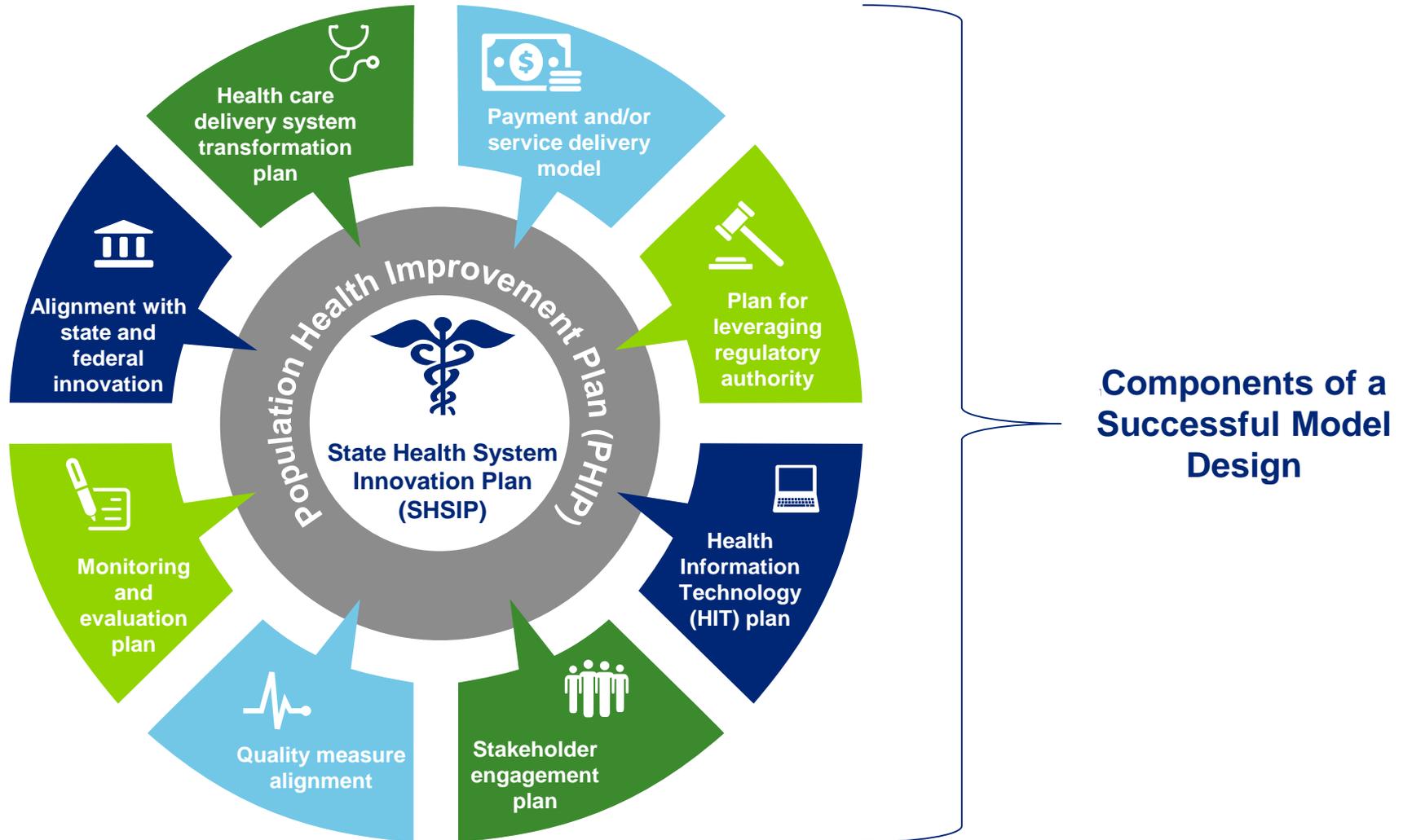
Looking Forward



Overview of SIM Model Design Outline

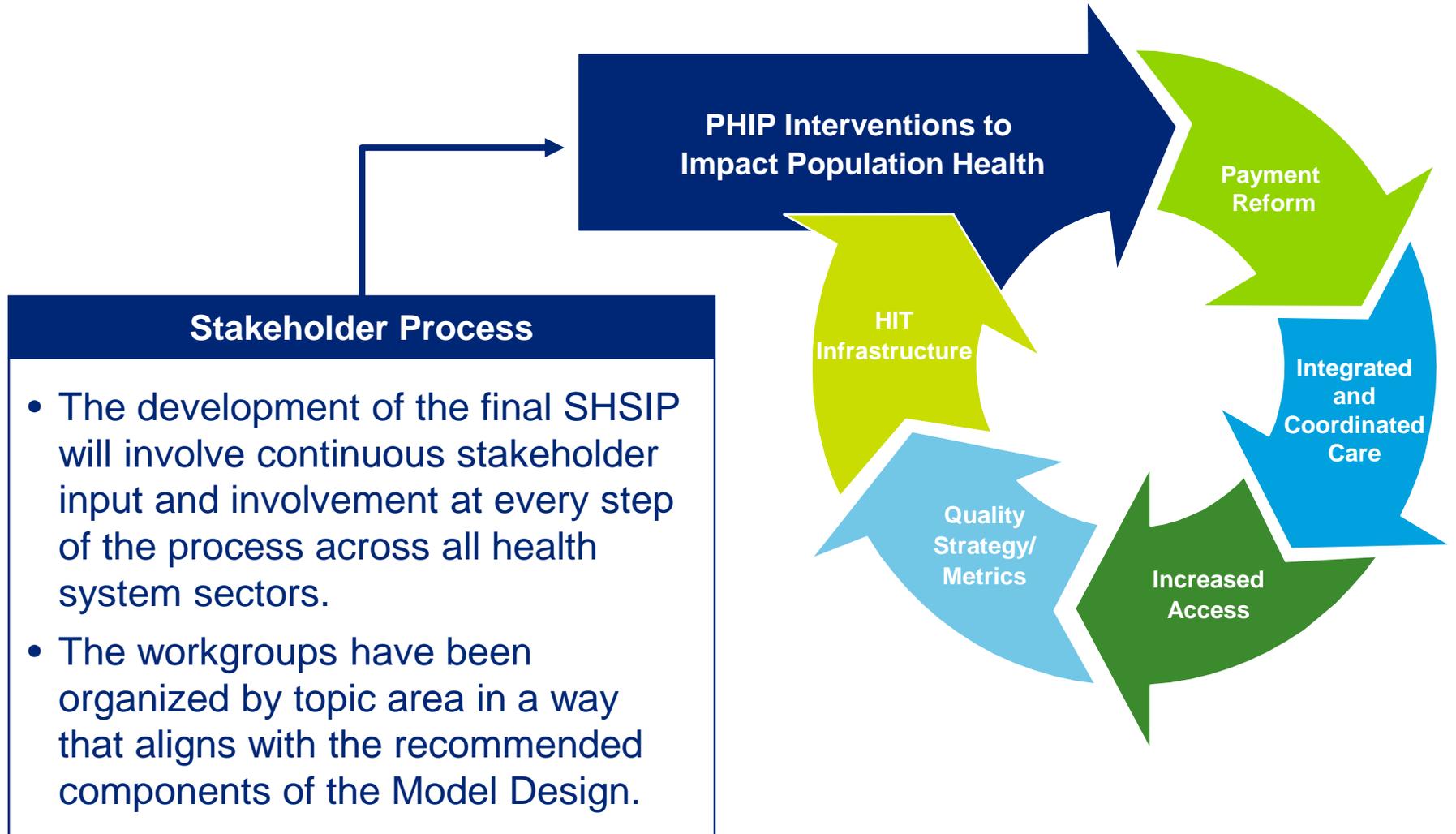
Components of a SIM Model Design

The State Health System Innovation Plan (SHSIP) = “Model Design” is the final deliverable for a SIM grant.

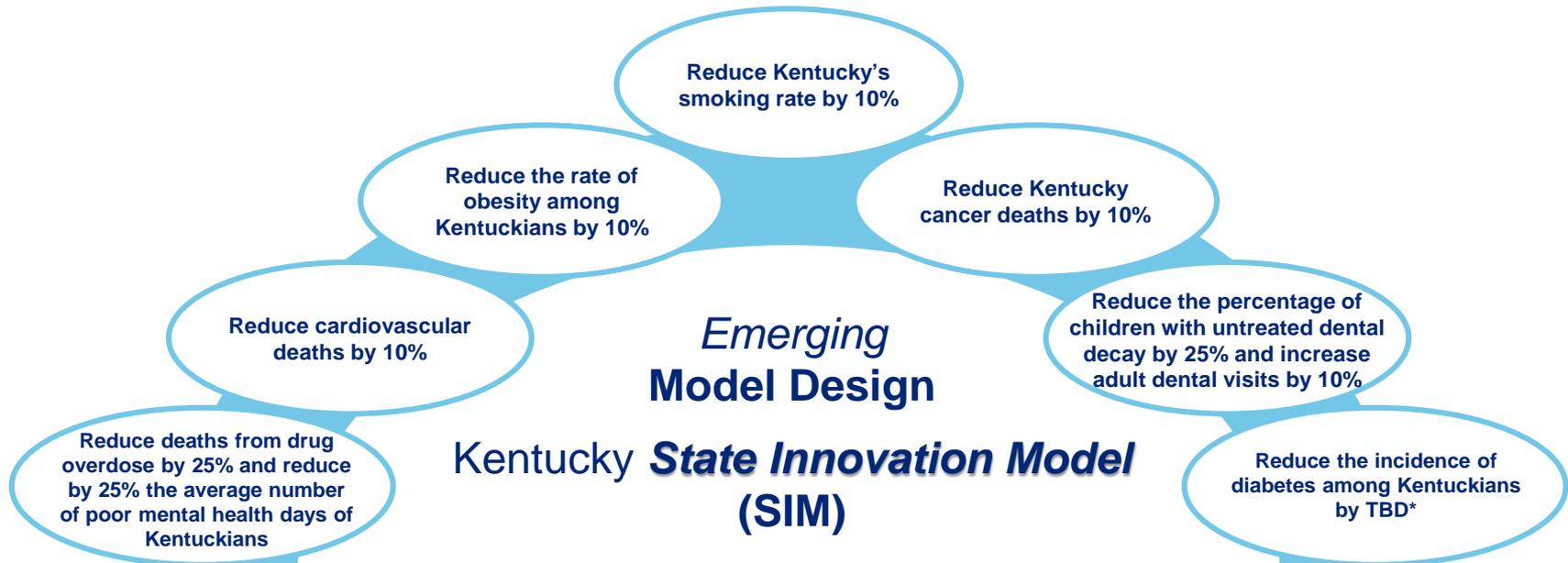


Stakeholder Engagement & Process for Development of SHSIP

The Model Design process has included a robust, iterative process with internal and external stakeholders to craft the components of the Model Design.



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.

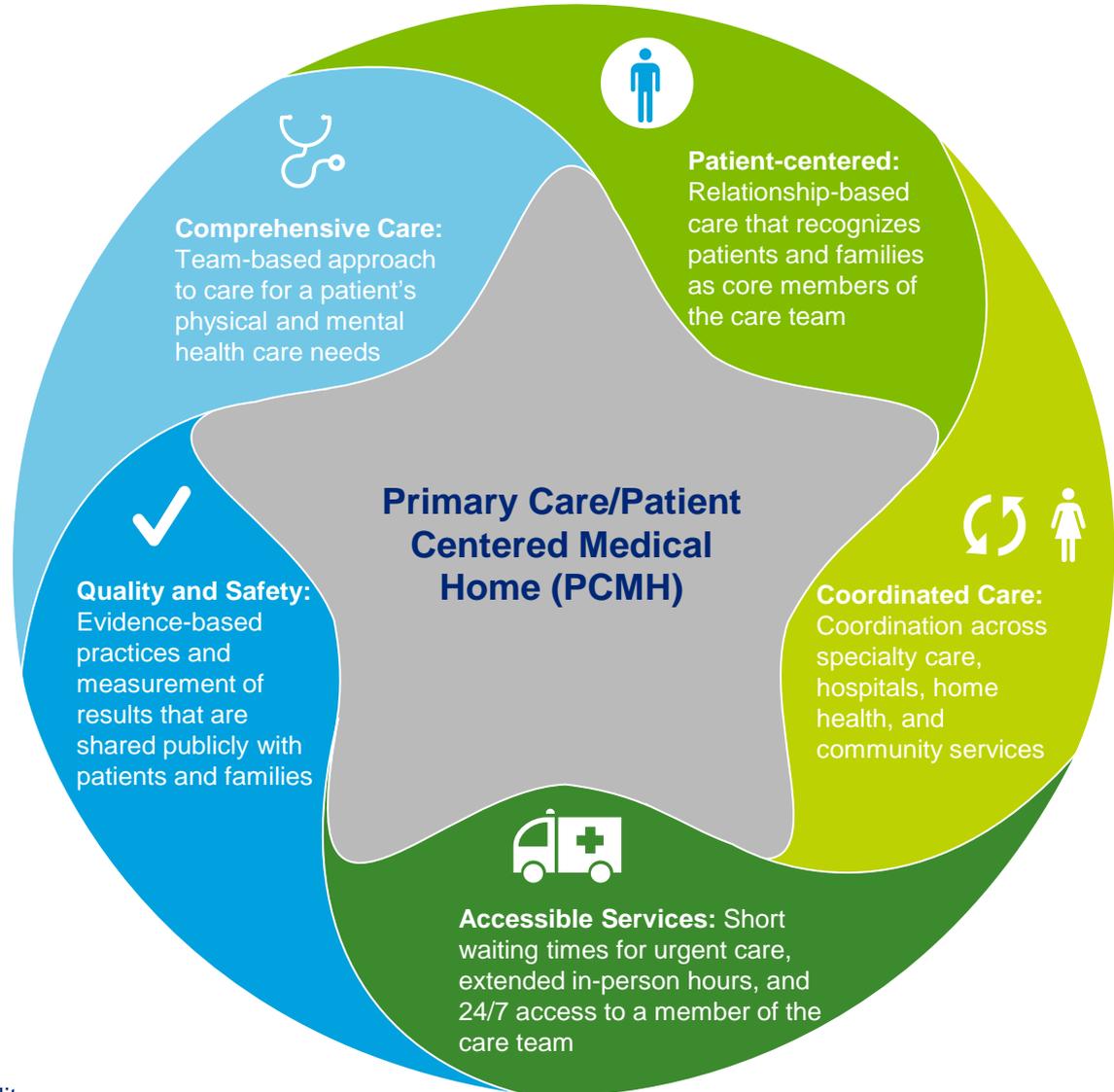
Where Are We?



Delivery System and Payment Reform Definitions

Definitions: Patient Centered Medical Home (PCMH)

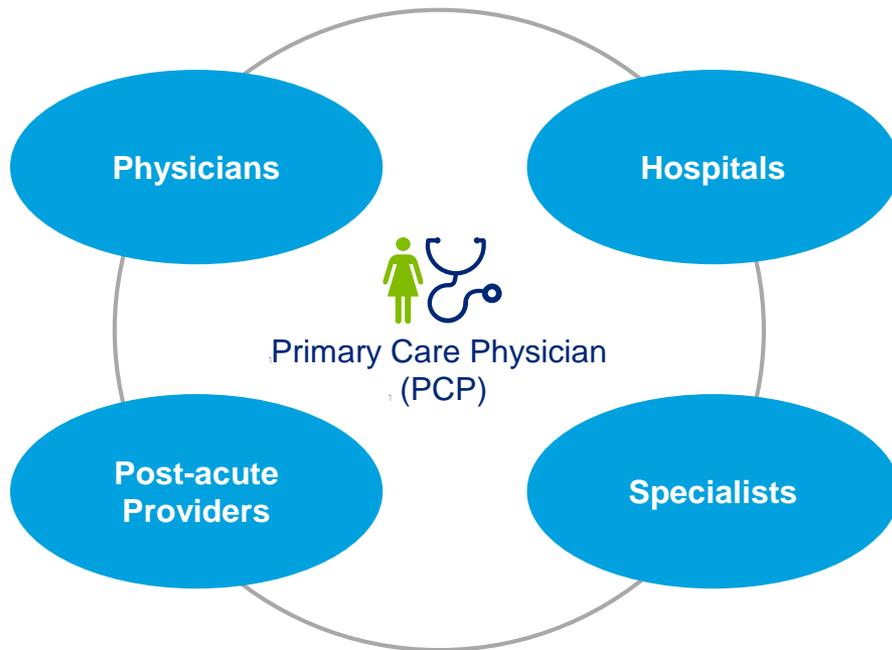
The PCMH model seeks to transform the method of primary care delivery.



Definitions: Accountable Care Organization (ACO)

ACOs share financial and medical responsibility for their members in an effort to provide coordinated care, reduce unnecessary services, increase the timeliness of treatment, and improve the overall health outcomes of their patients.

ACO Model



Key Elements

Comprehensive Provider Network

ACOs include physicians, hospitals, and other health care providers. PCPs are a required element of the ACO model

Quality Measures

The performance of ACOs is typically tied to certain quality measures. Medicare, for example, groups the quality measures into four categories:

- Patient/caregiver experience
- Care coordination/patient safety
- Preventive health
- At-risk population

Shared Savings

Providers within an ACO network share in the risk/savings that result from meeting or exceeding defined measures

Definitions: Health Home

Health Homes offer coordinated care to individuals with multiple chronic health conditions. Health home providers will integrate and coordinate all primary, acute, behavioral health, and long-term services and supports to treat the “whole-person” across the lifespan.

Health Home Eligibility

- Have two or more chronic conditions
- Have one chronic condition and are at risk for a second
- Have one serious and persistent mental health condition

Health Home Services

- Comprehensive care management
- Care coordination
- Health promotion
- Comprehensive transitional care/follow-up
- Patient and family support
- Referral to community and social support services

Health Home Providers	Definition
Designated Provider	May be a physician, clinical/group practice, rural health clinic, community health center, community mental health center, home health agency, pediatrician, OB/GYN, or other provider
Team of Health Professionals	May include physicians, nurse care coordinators, nutritionists, social workers, and behavioral health professionals and can be free-standing, virtual, hospital-based, or a community mental health center
Health Team	Must include medical specialists, nurses, pharmacists, nutritionists, dieticians, social workers, behavioral health providers, chiropractors, and licensed complementary and alternative practitioners

Definitions: Bundled Payment Initiatives/Episodes of Care

Bundled and/or episodic payments are combined payments to cover services delivered by multiple providers for one service.

Definition

- A bundled/episodic payment is the reimbursement to health care providers, such as hospitals and physicians, on the basis of expected costs for clinically-defined episodes of care

Key Elements

- Episodes of care included in the bundled payment need to be well-defined
- Target rate/discount for the defined episodes of care needs to be calculated
- Gain-sharing mechanism needs to be established amongst various providers

Outcome

- Increased care coordination can be achieved amongst hospitals, post-acute care providers, physicians, and other practitioners by encouraging them to work together
- Higher quality of care and lower costs can be achieved by incentivizing providers through bundled/episodic payments

Key Needs

Technology Needs

- Identify operational challenges
- Web-enabled provider collaboration system
- Clinical care plan and workflow system

Analytical Needs

- Episodes of care identification
- Establishment of gain-sharing mechanism
- Financial impact analysis

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.

Expanded PCMHs

Kentucky has proposed four core elements of its vision to expand PCMHs as part of SIM, with several supporting elements listed to help achieve the core elements.

Core Elements of KY's Model Design

- Expand the scope and reach of the care team to include oral health, public health, in-school providers, pharmacists, physical therapists, community health workers (CHW), and community mental health centers (CMHC)
- Expand the reach of PCMHs to coordinate with schools, grocery stores, faith communities, and other community resources
- Develop multi-payer PCMH support by aligning PCMH compensation and measures across all payers
- Encourage employers to promote PCMH primary care for covered employees

Supporting Elements for Consideration

- Develop quality targets aimed at promoting PHIP goals
- Provide infrastructure and training support to practices wanting to achieve PCMH
- Develop a “quick-win” strategy to generate support
- Increase provider motivation through the use of incentives
- Focus on medication adherence and including pharmacists in care coordination
- Develop reimbursement methods that support colocation
- Create incentives for physicians to conduct initial oral health screenings
- Assign individuals leaving the corrections system to a PCMH

Expanded ACOs

Kentucky has proposed four core elements of its vision to expand ACOs as part of SIM, with several supporting elements listed to help achieve the core elements.

Core Elements of KY's Model Design

- Expand the scope of ACOs to encourage participation across the full continuum of care and focus on behavioral health, public health, and community resources
- Establish a multi-payer, “open-door” policy whereby payers agree to add their populations to an ACO if the ACO desires
- Establish a harmonized attribution process and approach to measuring performance across all payers
- Assure equal risk-sharing and gain-sharing opportunities among all providers in the ACO

Supporting Elements for Consideration

- Develop quality targets aimed at supporting PHIP goals
- Allow creation of new Medicaid-focused ACOs
- Expand scope of ACOs to more complex populations (e.g., long-term services and supports)
- Expand scope of ACO care team to include oral health, public health, in-school providers, pharmacists, physical therapists, CHWs, and CMHCs
- Increase provider coordination within and outside ACOs
- Encourage colocation of providers
- Create information technology connections between oral and physical health within ACOs

Expanded Health Homes

Kentucky has proposed three core elements of its vision to expand Health Homes as part of SIM, with two supporting elements listed to help achieve the core elements.

Core Elements of KY's Model Design

- Expand Medicaid health homes statewide after effectiveness is demonstrated in initial pilot
- Encourage other payers to adopt Medicaid Health Home payment and design structure to establish consistency in Health Homes across payers
- Expand Health Homes to include more comorbidities and chronic illnesses

Supporting Elements for Consideration

- Assign individuals leaving the corrections system to a Health Home
- Provide more robust transportation to Health Homes

Expanded Bundled Payment Initiatives/Episodes of Care

Kentucky has proposed five core elements of its vision to expand Bundled Payments and Episodes of Care as part of SIM, with three supporting elements listed to help achieve the core elements.

Core Elements of KY's Model Design

- Establish a multi-payer, “open-door” policy where payers agree to implement bundled payments at the request of providers
- Develop a roadmap for the phased implementation of Kentucky-specific, data-driven bundled payments/episodes of care
- Explore the creation of a joint bundled payment initiative between the Kentucky Employee Health Plan (KEHP) and Medicaid Managed Care Organizations (MCO)
- Review and leverage outcomes and successes of episodes of care used in surrounding SIM states and Medicare
- Increase coordination of care between acute and post-acute settings through the use of bundled payments

Supporting Elements for Consideration

- Expand risk agreements to all provider types
- Expand episodes of care across more segments of the delivery system
- Explore using new episodes of care strategies to better manage chronic disease

A Multi-payer Community Innovation Support Center

Akin to CMS' DSRIP waiver program, Kentucky could consider a multi-payer community innovation support center to potentially fund providers and/or communities who develop specific reforms that differ from the other key elements of the SIM Model Design and meet a set of pre-determined criteria.

Delivery System Reform Incentive Payment (DSRIP)

- DSRIP initiatives are part of broader Section 1115 Waiver programs and provide states with significant funding that can be used to support hospitals and other providers in changing how they provide care to Medicaid beneficiaries
- These waivers are intended to allow for experimental, pilot, or demonstration projects; however, there is no official federal guidance about what qualifies as a DSRIP program
- In general, DSRIP initiatives link funding for eligible providers to their progress toward meeting specific milestones through key elements of delivery system reform
- The details of what these key elements look like vary across states and waivers, but generally include projects focused on the following four areas: infrastructure development, system redesign, clinical outcome improvements, and population-focused improvements

i Core Elements of a KY Multi-payer Community Innovation Support Center



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

Quality Strategies

Kentucky has proposed four core elements of its foundational quality strategy, with several supporting elements listed to help achieve the core elements.

Core Elements of KY's Model Design

- Link quality metrics to the PHIP goals and objectives
- Leverage existing state and national efforts to develop a core measure set (e.g., the IOM)
- Standardize and streamline quality reporting processes wherever possible
- Develop a statewide quality reporting strategy that also measures quality improvement at the community level

Supporting Elements for Consideration

- Adopt a Medicaid MCO quality incentive program
- Align data collection and reporting requirements for providers with the achievement of kyhealthnow goals
- Leverage provider-reported data within community health needs assessments in establishing quality measures
- Improve measurement strategy of screening and counseling activities

HIT Strategies

Kentucky has proposed three core elements of its foundational HIT strategy, with several supporting elements listed to help achieve the core elements.

Core Elements of KY's Model Design

- Move toward real-time data collection and sharing to increase collaboration
- Develop a more robust infrastructure for data analytics
- Identify ways technology can be used to more actively engage consumers in taking a role in their health

Supporting Elements for Consideration

- Develop an inventory of early detection, screening, and prevention data
- Develop more robust and consistent reporting on consumer adherence to treatment plans
- Focus on standardization of data elements across all reports by creating a data dictionary, beginning with Kentucky's All-Payer Claims Database (APCD) and/or encounter system

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.*

Q&A

PHIP Draft Update

Update on the Draft Population Health Improvement Plan (PHIP)

The draft PHIP was submitted to CMS on May 29th, and is currently being reviewed by SIM project staff within CMS. The draft PHIP can be found on the Kentucky SIM website [here](#).

Draft PHIP Submission

- The draft PHIP was submitted to CMS after receiving input from SIM stakeholders throughout the first three workgroup meetings.

CMS Review

- Several staff members from CMS will review the PHIP and provide detailed feedback regarding the approach and will offer technical assistance in completing a final draft.

PHIP Revisions

- Revisions to the PHIP will be made based on CMS feedback. Kentucky SIM leadership will revise the PHIP in collaboration with CMS, the Centers for Disease Control (CDC), and SIM stakeholders as the rest of the components of the SIM plan are completed.

Final PHIP Submitted as part of SHSIP

- The final PHIP will be submitted to CMS as one component of the State Health System Innovation Plan (SHSIP).



PHIP Guiding Principles

The draft PHIP submitted to CMS included 10 guiding principles that will be used to guide the development of remaining gaps in the PHIP outline.

01 Be evidence-based and data-driven

02 Encourage providers to focus on social determinants of health

03 Make connections between the health care delivery system and other existing systems

04 Increase the focus on prevention

05 Promote the inclusion of all populations

06 Promote administrative simplification

07 Be designed to promote multi-payer support

08 Encourage consumer engagement and accountability

09 Develop a quality strategy that ties initiatives to PHIP goals

10 Focus both on process improvements and health outcomes

Kentucky Cabinet for Health & Family Services State Innovation Model (SIM) Model Design

SIM Round Two Draft Driver Diagram (Initial Submission – 5/29/15)



Supporting Strategies

Aims

Primary

Secondary

Supporting Initiatives

*The current goals included with kyhealthnow and therefore the aims for the KY CHFS SIM Model Design 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 plan and driver diagram.

Overview of Technology Advancements

Paging Dr. Robot

Not Such a Farfetched Idea

the Atlantic

“The Robot Will See You Now”

February 20, 2013

The Washington Post

“How Robots Will Replace Doctors”

Oct 1, 2011

WIRED

**“Better Than Human:
Why Robots Will – and
Must – Take Your Job”**

December 24, 2012

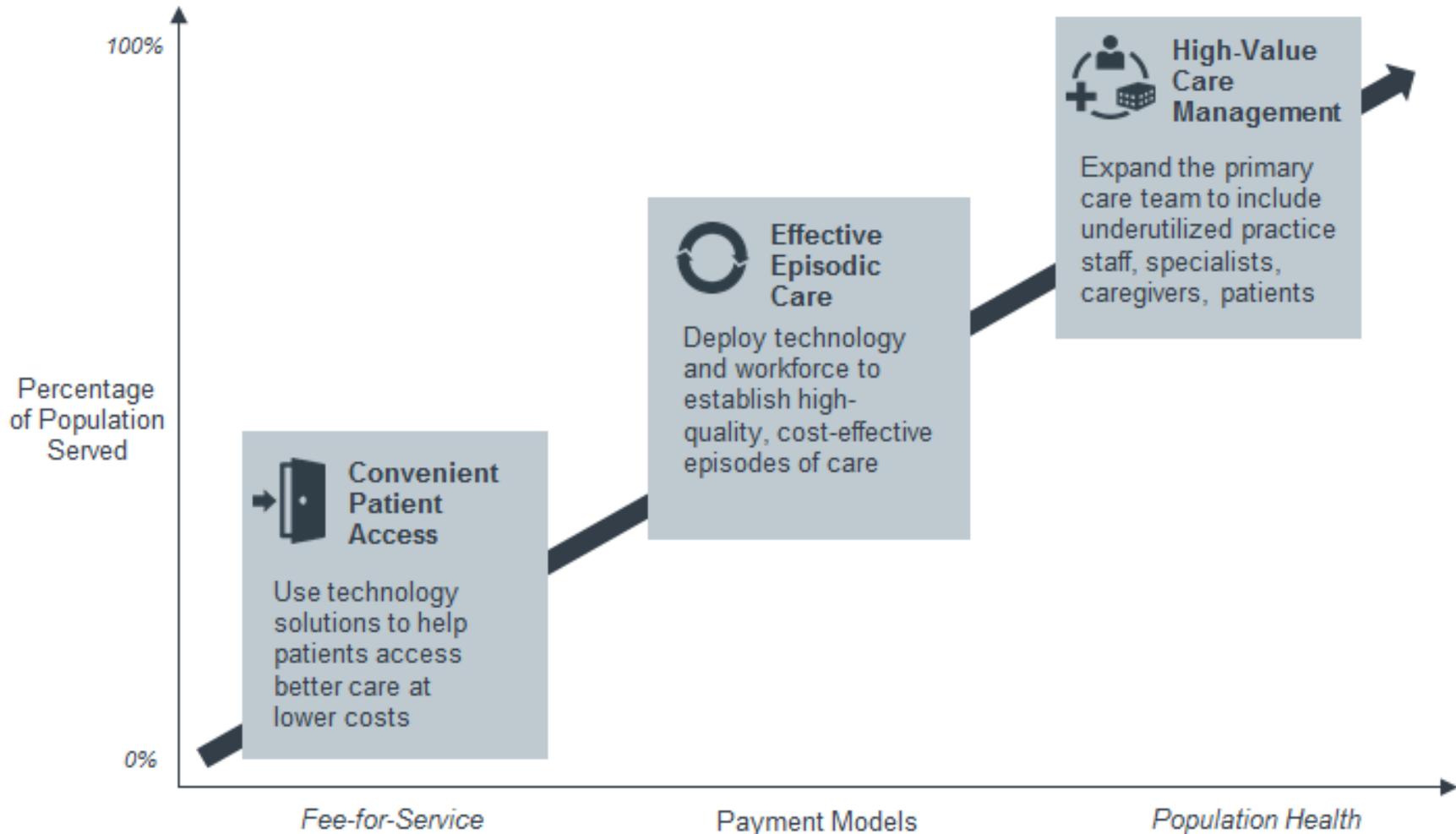
**Bloomberg
Businessweek**

**“Doctor Robot Will
See You Shortly”**

September 16, 2013

Source: Cohn J, “The Robot Will See You Now,” *The Atlantic*, February 20, 2013; Klein E, “How Robots Will Replace Doctors,” *The Washington Post*, October 1, 2011; Kelly K, “Better than Human: Why Robots Will – and Must– take your job,” *Wired Magazine*, December 24, 2012; McArdle M, “Doctor Robot will See you Shortly,” *Bloomberg Businessweek*, September 16, 2013; Advisory Board interviews and analysis.

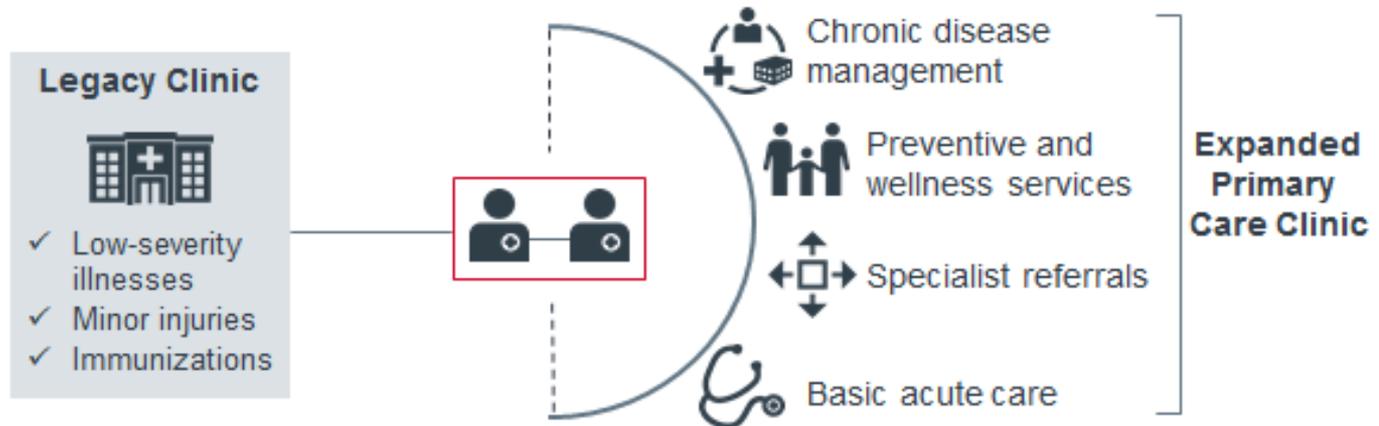
Three Areas of Focus in Care Delivery Innovation



The New Primary Care Outlet for 130 Million People?

Walmart Testing Enhanced Primary Care Model to Replace Legacy Clinics

Evolution of Model



Case in Brief: Walmart Care Clinic Pilot

- Walmart piloting new primary care clinic staffed by two contracted NPs in Copperas Cove, TX
- Service offerings expand beyond traditional Walmart retail clinic to include chronic disease management, preventive and wellness services, and specialist referrals



Low Price Guarantee in Primary Care

\$4.00

Cost of a clinic visit for employees on Walmart's health plan

\$40.00

Cost of a clinic visit for customers and non-covered associates

Shifting Care and Services to Lower-Cost Settings

Theranos Enables Cost-Efficient Blood Testing in Retail Clinics

Overview of Walgreens' Care Delivery Strategy



- Palo Alto-based technology company
- Developed a miniature medical device that quickly detects hundreds of diseases with a minute amount of blood
- Partnered with Walgreens in 2013; have opened Theranos Wellness Centers in Walgreens stores in Palo Alto and Phoenix



Case in Brief: Walgreens

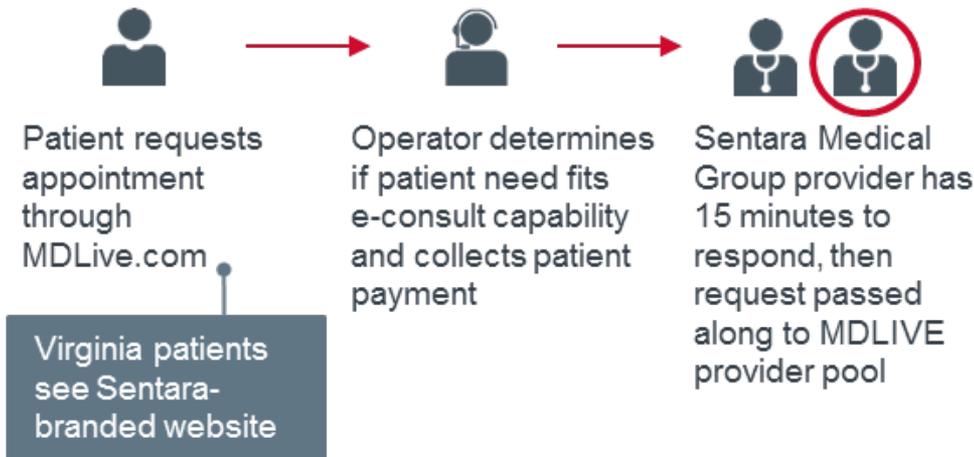
- Largest drugstore chain in the country based in Deerfield, Illinois
- Operates 370 in-store Healthcare Clinics staffed by NPs, PAs
- Establishing health system partnerships in order to improve care coordination, medication adherence, and quality metrics for patients

Source: Anderson J, "Providers Want Partner, Not Dictator, in Potential Insurer ACO Relationships," ACO Business News, March 2013; Dolan P, "Walgreens clinics expand services to diagnosing chronic diseases," American Medical News, April 22, 2013; Walgreens Press Room, "Walgreens Forms Accountable Care Organizations (ACO) to Deliver Seamless, Coordinated Care to Improve Patient Health, Lower Costs and Close Critical Gaps in Care for Medicare Patients," January 10, 2013; Advisory Board interviews and analysis.

Evolving to Real-Time Virtual Visits

MDLIVE Visit Platform Enhances Access and Convenience for Patients

MDLIVE Enabling New Business




A Small Cost for Virtual Care

\$45	Cost per visit for unsubscribed patients
\$15	Cost per visit for Sentara employees
\$199	Cost of an annual subscription to MDLIVE



Case in Brief: Sentara Healthcare/MDLIVE

- Multi-hospital system headquartered in Norfolk, Virginia; owns equity stake in MDLIVE—a telehealth provider of online, on-demand health care delivery services and software
- Provides access to virtual care for any patient; Virginia-based web visitors triaged to co-branded virtual product to labeled “Sentara—Empowered by MDLIVE”
- Phone, web, and email visit services include general health, pediatric health, mental health

Me-Visit App Creates Space in Practitioner's Day

“House Call by Smartphone” Provides Efficient, Documented Care



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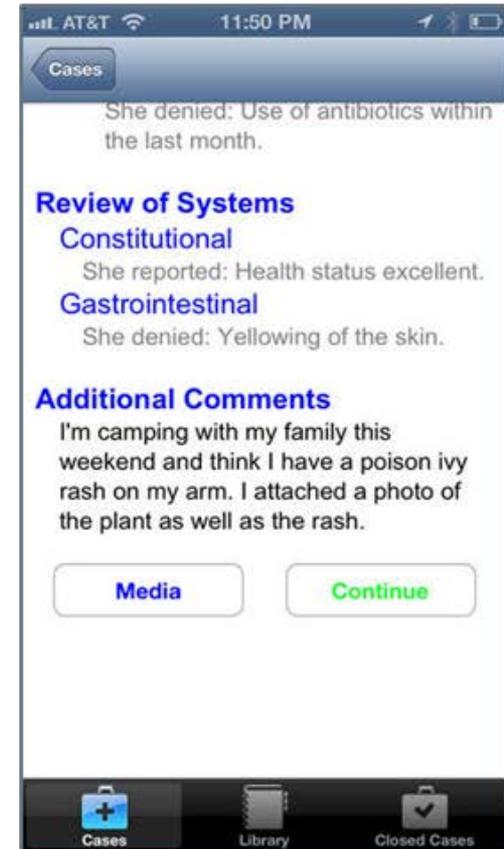
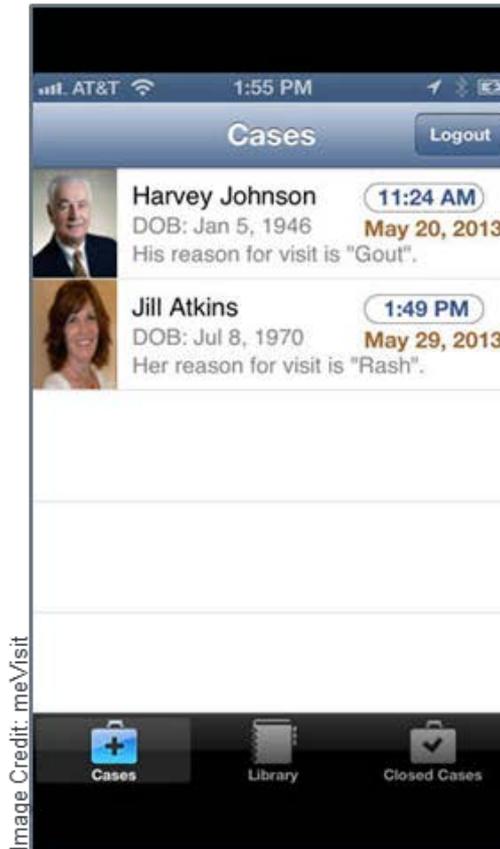
Average minutes to complete a fully documented patient interaction with meVisit

19%

Productivity increase from using meVisit, equivalent to gaining about 1 extra day

15%

Decline in per capita costs with use of meVisit



.... And Delivers Value Across Multiple Stakeholders

KY-Based Medical Associates Clinic Realized Significant Benefits



Patient Education and Population Health

- Served patients in 9 rural counties, 5 of which are classified as impoverished and medically underserved
- Utilized both English and Spanish features



Patient Satisfaction

- 97% patient satisfaction rate
- 100% of surveyed patients reported that they would use the service again



Practice Management

- Formerly lost revenue from care provided over the phone can now be captured which lowers liability risk
- Clinic capacity increased and lead time for in-office visits decreased



Patient Safety and Quality

- Zero adverse quality or safety outcomes
- Very high quality and safety ratings



Clinic Personnel

- No IT support or significant change in workflow required
- No disruption in clinicians' quality of life



Provider Productivity

- Clinicians provided virtual care in an average of less than 3 minutes per case during clinic between patients

Better Care Decisions Facilitated by Transparency

PokitDok Offers Consumer Platform for Comparison Shopping

Taking “Consumer-Driven” to the Next Level

 **Innovation in Brief: PokitDok**

- Website, mobile app marketed to individuals with high-deductible health plans
- Offers database of over three million providers



Service:

Location:

Budget: Negotiate

Payment Type: Cash HSA Insurance

Request Quote

“What Castlight Health is to people with employer-provided health insurance, PokitDok is to people with high-deductible plans. The new ‘set your price’ service for basic healthcare services may be what ‘consumer-driven healthcare’ needs to become a realistic option.”

MedCity News

Source: MedCityNews, “PokitDok Makes Cash Payments Easier for Doctors and Patients,” April 17, 2013, available at: www.medcitynews.com; Advisory Board interviews and analysis.

Empowering Consumers Through Plan Choice

StrideHealth Recommends Plans Based on Medical Conditions and Networks

StrideHealth Option to Filter Plans By Ongoing Illness

Plan	Annual Premium	Typical Drug Cost	Doctor's Nearby	Monthly Payment	
Kaiser Silver 1250/40	\$5,200	\$50 (after you spend \$250)	448	\$374	
Anthem Essential Direct CBMM	\$5,400	\$50 (after you spend \$250)	8,849	\$371	
Uninsured	\$5,600	100%	?	Federal Fine!	
Kaiser Silver 2000/45	\$5,511	\$45	\$50 (after you spend \$250)	448	\$375

Case in Brief: StrideHealth

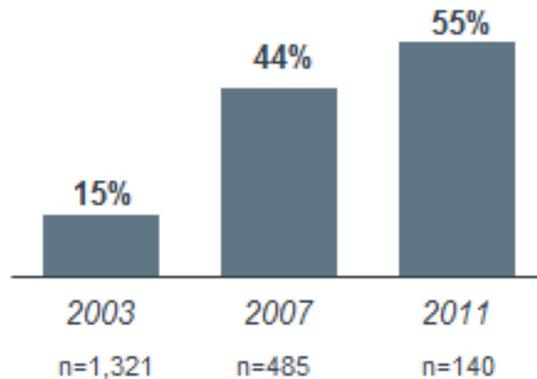
- Startup exchange platform based in San Francisco, California that helps individuals compare plans on Covered California
- Uses recommendation engine to help individuals compare plans by estimated total cost, in-network physicians, medical conditions, and usual drugs

Source: Temple J, "A Stride Toward Simpler Health Insurance in California," Re/code, March 17, 2014, available at: www.recordnet.net; Advisory Board interviews and analysis.

Using Technology to Centralize and Streamline Services

Teleradiology Offers Greater Efficiency and Scalability of Radiology Services

Percentage of Practices Using External Off-Hours Teleradiology



“

A Short Jump from Night to Day Reads

“Nobody ever questions the value of imaging in the modern practice of medicine today, but many question the value of onsite radiologists.”

*Cynthia Sherry, MD
Texas Health Presbyterian Dallas*

Service Guarantees by Select Remote Radiology Companies



Onsite technologist and nurse training programs



75% of radiologists fellowship trained in subspecialty



Turnaround time for all studies averages 25 minutes

Source: Harolds J, et al, “Challenges to Radiologists: Responding to the Socioeconomic and Political Issues Keeping Radiologists Up at Night: The Third Annual Open Microphone Sessions at the 2011 AMCLC” *Journal of the American College of Radiology* 2012, 9: 20-26; Lewis R, et al, “Radiology Practices’ Use of External Off-Hours Use of Teleradiology Services in 2007 and Changes Since 2003,” *American Journal of Roentgenology*, 2009, 193: 1333-1339; ONRAD, available at: <http://www.onradinc.com>; PDI Pediatric Teleradiology, available at: <http://www.pditeleradiology.com>; Virtual Radiologic, available at: <http://www.vrad.com>; Advisory Board interviews and analysis.

Providing More Time for Patient Care

Augmedix Reclaiming Time for Direct Patient Care Through Google Glass

Reduces Peripheral Tasks

Functions

- EHR¹ documentation
- Point-of-view video recording
- Visual feedback in Glass display



Advantages

- Hands-free connectivity
- Unobtrusive to care delivery
- Interactive at point of care

Gaining Physician and Patient Acceptance

99%

Percentage of patients “very comfortable” with physician using Augmedix, Google Glass during appointment

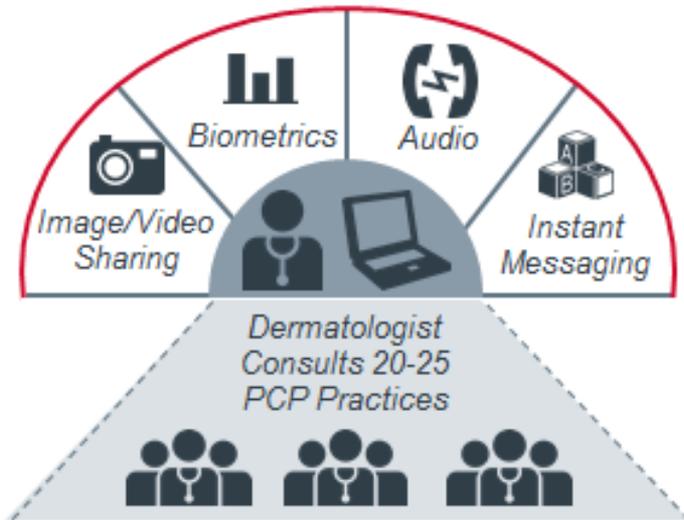


Case in Brief: Augmedix

- Health care start-up company based in San Francisco, California
- Developed a platform powered by Google Glass to streamline physician data entry and electronic health record (EHR) interaction at the point of care
- Currently piloting platform at several sites; physicians experience productivity gains through Augmedix, without negatively impacting patient satisfaction, quality of care

Protecting Practice Capacity for Complex Cases

Partners HealthCare Triaging Low-Acuity Demand via Virtual Visits



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Case in Brief: Partners HealthCare Center for Connected Health

- Division of Partners HealthCare, an integrated health system in Boston, focusing on technology-enabled care delivery
- Developed “virtual visits” to triage low-acuity dermatology cases for primary care
- Diverts easily resolved volume, reduces avoidable demand for in-person dermatology

W

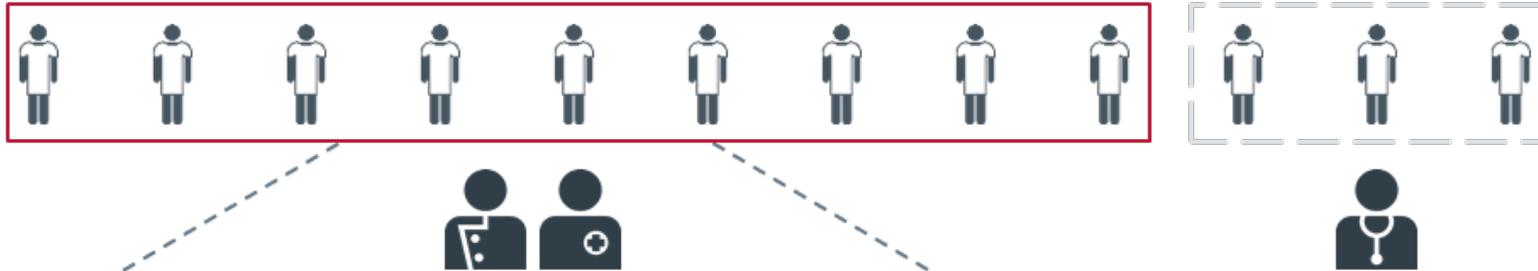
Diverting Demand without Sacrificing Quality

<h2>50%</h2> <p>Percentage of questions that can be answered immediately through virtual consult</p>	<h2>30%</h2> <p>Percentage of patients requiring an in-person follow-up after consult</p>	<h2>90%</h2> <p>Rate of satisfaction with digital care model among participating patients</p>
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Elevating the Role of Non-Physician Providers

AkeLex Brings Care Guidelines to the Point of Care

Sample of Patients Presenting to Primary Care



Majority of patients diagnosed and treated by non-physician providers using AkeLex

Highly complex patients diagnosed and treated by PCP



Adaptive Knowledge Engine

- Uses artificial intelligence and pattern-based learning to improve the accuracy of diagnosis and treatment of patients
- Provides real-time support to evaluations, triage, and management decisions
- Creates a differential diagnosis based on data; then dynamically poses follow-up questions to identify outliers and communicate a more complete clinical picture



75%

Primary care patients autonomously diagnosed and treated by non-physician providers using AkeLex

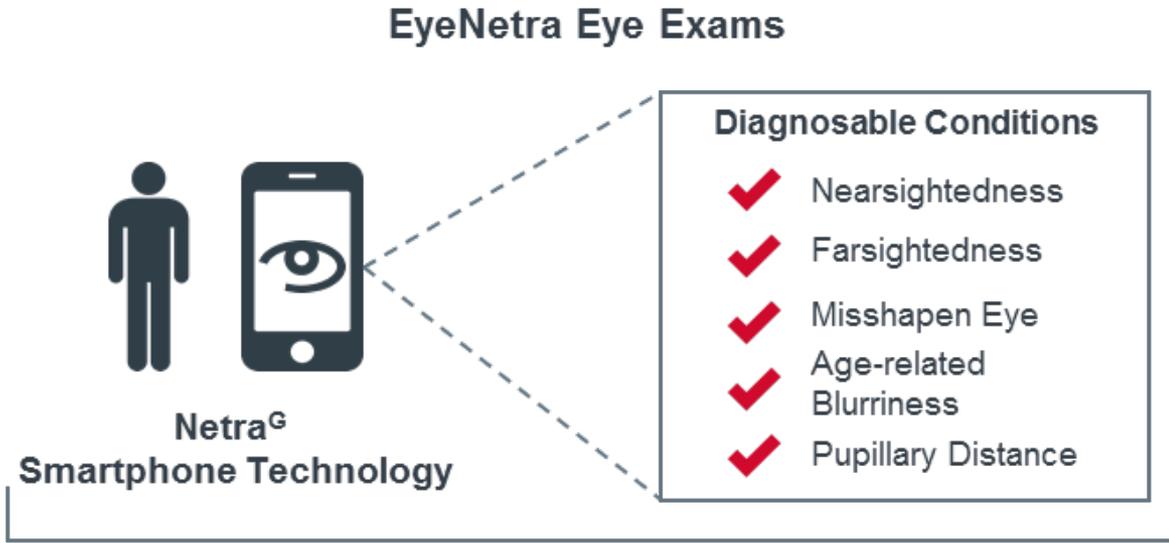
Technology Enabling Non-Traditional Solutions

EyeNetra's Smartphone Technology Enables Self Vision Exam

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Case in Brief: EyeNetra

- Consumer technology and smartphone application company in Somerville, Massachusetts
- Developed Netra^G hardware and application; enables consumers to conduct autonomous vision exams for glasses, contact measurements¹
- Proven to be as accurate as top-tier auto-refractors in IRB-approved side-by-side trials, at a fraction of the cost



Consumers can use outputs from Netra^G solutions to obtain glasses, contacts under guidance from eye care professional

Clear and Immediate Advantages

Accuracy

Affordability

Ease of Use

Mobility

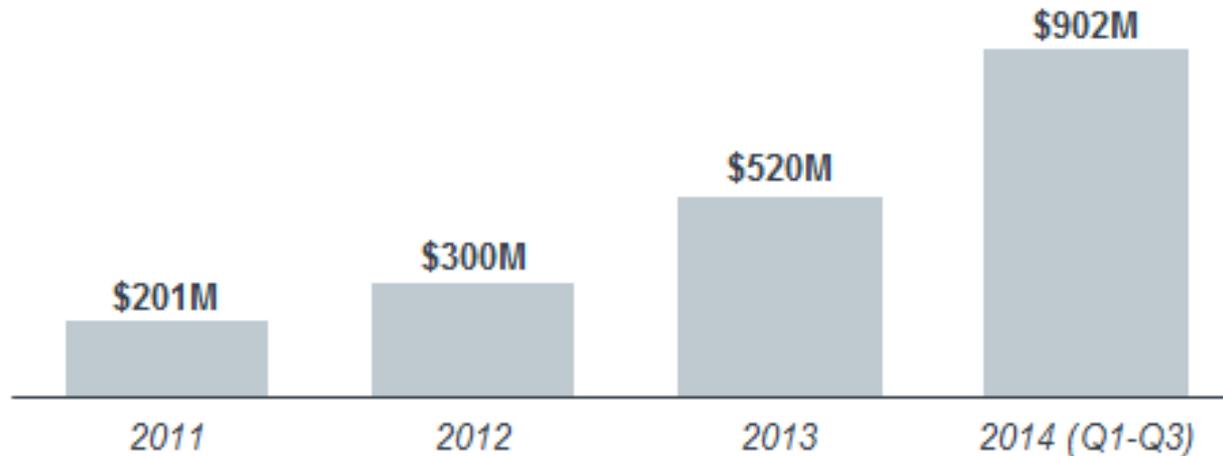
1) EyeNetra states that device should be used under "guidance from an eyecare professional."

Analytics Enabling High-Value Care Management

Data Giving Rise to Ability to Predict and Prevent Medical Problems

Venture Funding for Companies Using Predictive Analytics¹

2011-Q3 2014



Notable Deals



Source: Rock Health, "The Future of Personalized Health Care: Predictive Analytics," available at: <http://www.slideshare.net/RockHealth/the-future-of-personalized-health-care-predictive-analytics-press>; Advisory Board analysis.

Data-Driven Care Management Resource Allocation

MissionPoint Using Data to Drive Outreach to Highest-Risk Patients

Analysis of Data



- Use daily data from Crimson and other sources to identify at-risk patients on a daily basis
- Use monthly data from Crimson and other sources as a secondary method for identifying at-risk patients



Assignment of Care Managers



- Once a patient is identified, they are triaged to one of three specialized care teams:
 - Transitional Team
 - Ambulatory Team
 - Integrated Care Team



Case in Brief: MissionPoint Health Partners

- Clinically integrated network in Middle Tennessee comprised of 1,600 physicians
- Using data analytics to enable high-risk patient identification, to assign patients to one of three specialized care teams, and to support care manager workflow



Results

7.08%

Reduction in readmission rate for Nashville MSSP population, Jul 2012-June 2014

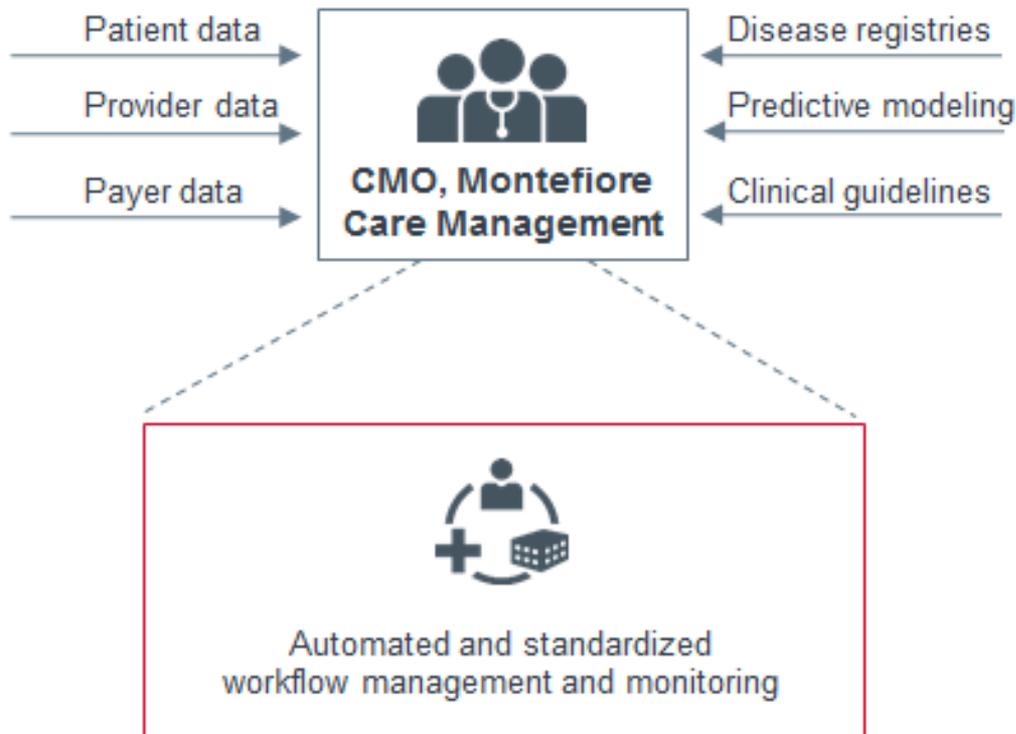
4.12%

Reduction in overall costs for Nashville Associate population, Jan 2012-Jul 2014

A Unified Approach to Care Management

Creating an Aligned Organization to House Care Management

Centralizing Care Management Efforts



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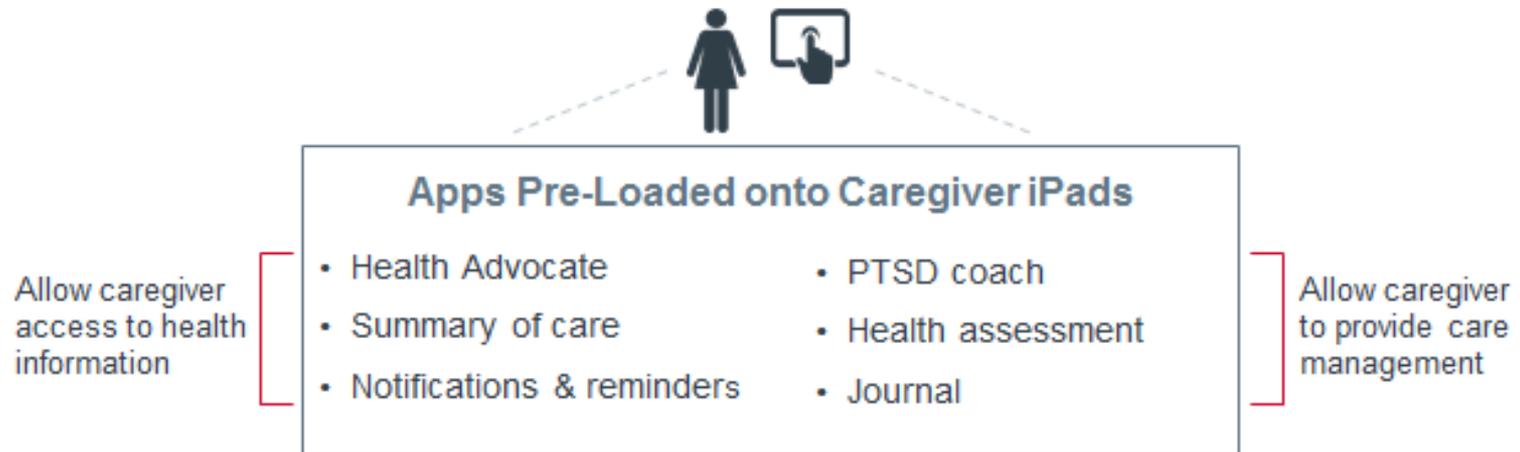
Case in Brief: CMO, Montefiore Care Management

- Health care management company that provides technological and intervention-based care management to Montefiore Medical Center in Bronx, New York
- Manages the care of 225,000 patients under risk or shared risk contracts

Supporting Lay Caregivers in Home-Based Care

VHA's Electronic Tools Engage Non-Clinical Caretakers

VHA Family Caregiver Pilot Program



Case in Brief: Veterans Health Administration

- America's largest integrated health care system, serving 8.7 million veterans each year across 1,700 sites located throughout the country
- In 2013, launched Family Caregiver Pilot Program, through which lay caregivers were provided with iPads pre-loaded with apps to assist with health information access, care management

Source: US Department of Veterans Affairs, "About Mobile Health Family Caregiver Pilot," available at: <http://mobilehealth.va.gov/caregivers>, accessed April 29, 2014; Advisory Board interviews and analysis.

Engaging Patients in Their Own Care

WellFrame Automatically Customizes and Adjusts Post-Discharge Plan

WellFrame Post-Discharge Care Management Mobile Platform

Patient-facing care plan in the form of a daily to-do list

Allows patients and care managers to communicate via asynchronous messaging

Automatically readjusts goals based on previous performance

Syncs with external apps and devices



Technology in Brief: WellFrame

- Mobile platform designed to provide patients with automated, customized, and step-by-step care plan guidance post-discharge
- Piloted by Brigham and Women’s Hospital, Columbia University, South Shore Hospital, and McLean Hospital



Allowing for Patient Engagement at Scale

5X Increase in patient to care manager ratio enabled by WellFrame

Roles for States to Play in Facilitating Innovation

Implications for States

- 1 States can drive payment incentives for innovation in state-run programs by covering new methods of providing care and to reward value of care provided rather than volume
- 2 States can encourage innovation by adapting regulatory requirements to appropriately facilitate and grow innovative approaches (i.e., telemedicine and scope of practice)
- 3 States can provide innovators and providers timely access to data—including individual and aggregate clinical and financial data—to facilitate potential innovations
- 4 States can support employers, providers and entrepreneurs in scaling innovative technology solutions through education, access, and funding
- 5 States can enhance consumer and patient awareness/utilization of new tools through public health education, incentives, and privacy protection

Q&A

Next Steps

Next Steps

- The July full stakeholder meeting is scheduled for **Wednesday, July 8, 2015** from **1:00PM – 4:00PM** at the **Kentucky Historical Society** (100 W. Broadway Street, Frankfort, KY 40601). No advance registration is required.
- Mark your calendars!** The June stakeholder workgroups will be held as follows.

SIM Workgroup	June Date	June Time	June Location
Payment Reform	Tuesday, June 16, 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	Tuesday, June 16, 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	Wednesday, June 17, 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	Wednesday, June 17, 2015	1 PM to 4 PM	KY Department for Public Health (DPH), Conference Suites B-C , 275 E Main St, Frankfort, KY 40601
HIT Infrastructure	Thursday, June 18, 2015	9:30 AM to 12:30 PM	KY Department for Public Health (DPH), Conference Suite B , 275 E Main St, Frankfort, KY 40601

- All stakeholder meeting materials and workgroup information is posted on the Cabinet's dedicated Kentucky SIM Model Design website here: <http://chfs.ky.gov/ohp/sim>
- Please contact the KY SIM mailbox at sim@ky.gov with any comments or questions

Thank you!