



## Charter Overview

**Workgroup:** Increased Access

**Date of Charter:** 3/30/2015

**Deliverables:** Health care delivery system transformation plan, Regulatory levers plan

## Background

The Center for Medicare and Medicaid Innovation (CMMI) established the SIM initiative to help drive improvements in service delivery and payment reform. To deliver upon these improvements, Kentucky will work with a diverse set of stakeholders to develop a detailed plan for improving access to health care across the Commonwealth, with a special emphasis on Kentucky's most underserved areas.

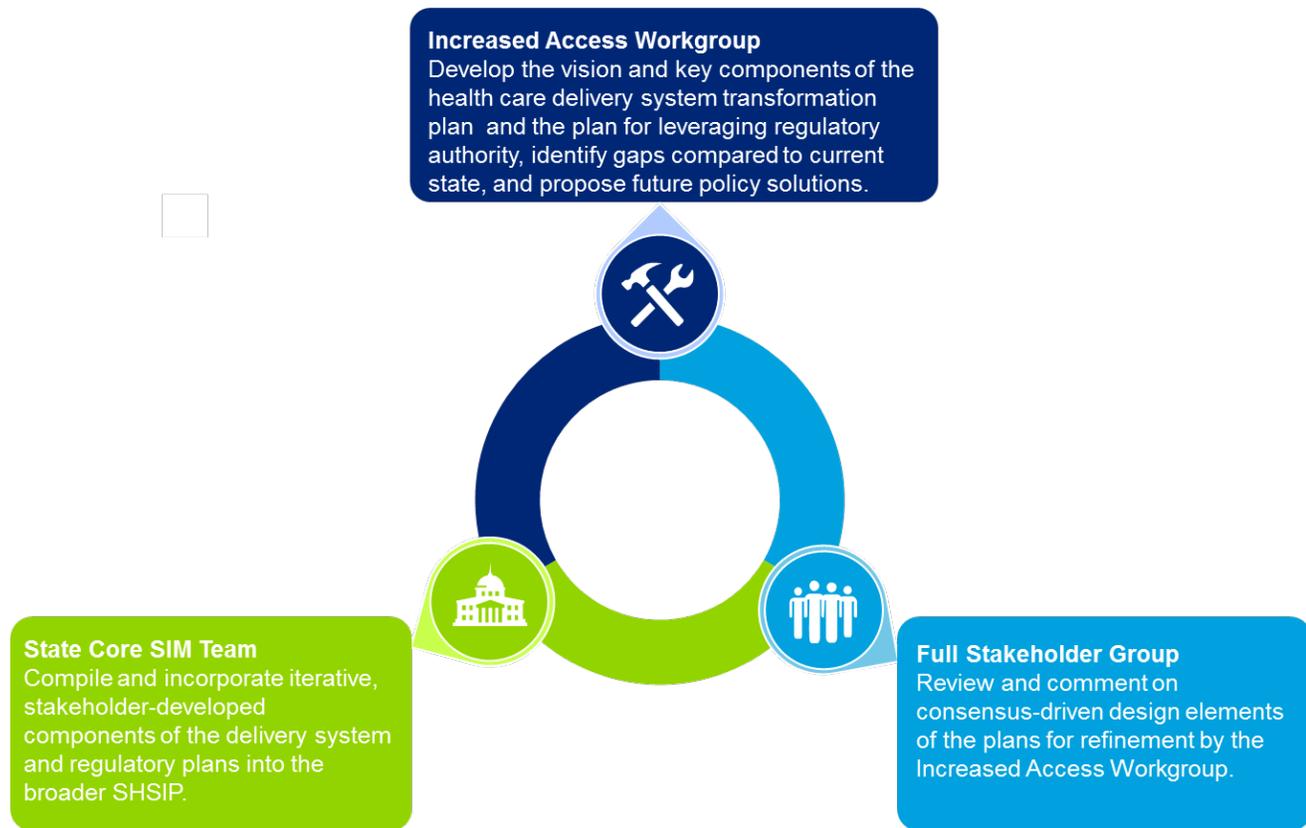
## Mission Statement

The Increased Access Workgroup has been formed to establish a vision for health care delivery system transformation through a broad range of initiatives and the use of regulatory and statutory levers to advance Kentucky's SIM Model Design. The workgroup will develop a strategy that incorporates concepts and themes from the Population Health Improvement Plan (PHIP), and will pay particular attention to primary care and preventive services.

## Approach

The Increased Access Workgroup will take a consensus-based approach to identifying initiatives and regulatory and statutory changes needed to transform the health care delivery system in Kentucky. It will begin by assessing the current regulatory, statutory, and delivery system framework in Kentucky, while reviewing best practices from other states. The workgroup will then develop a vision of health care delivery system transformation in Kentucky. Once a consensus has been reached regarding the vision, the workgroup will identify barriers to increased access to care, and propose initiatives and regulatory and statutory changes for inclusion in the State Health System Innovation Plan (SHSIP) to address these gaps.

Taking a consensus-based approach to developing components of the SHSIP will promote broad stakeholder input and inclusion, and allow for an iterative review and comment process. This approach will also contain a continuous feedback loop between the workgroup, the full stakeholder group, and the Commonwealth. Specifically, as plans are developed and refined, each point of consensus reached by the workgroup will be presented to the full stakeholder group on a monthly basis and reviewed by the State's Core SIM Team for inclusion in the final SHSIP.



## Proposed Workgroup Topics

The Increased Access Workgroup will cover a variety of different topics during the SIM initiative, including but not limited to:

1. Rural Health Care
  - a. What current gaps exist with regards to rural access to health care and health status disparities in rural areas?
  - b. How can we maintain a rural emphasis, but also focus on urban disparity and income disparity?
  - c. How can access to health care be increased in underserved rural and urban areas, particularly access to primary care, behavioral health care and preventive services?
2. Local Resource Maximization
  - a. How can local health departments (LHDs) and community health workers (CHWs) best reach individuals entering and navigating the health care system?
  - b. How can LHDs and CHWs better coordinate with local health care systems?
  - c. How can we maximize local resources while recognizing that the resources in every community are very different and this solution cannot be one size fits all?
  - d. How can we look at the current system for licensing and the current challenges in keeping this resource information accurate?

3. Workforce Needs

- a. How can existing state-level multi-stakeholder efforts, such as the National Governor's Association (NGA) Academy, be leveraged to assess workforce needs?
- b. What is the best way to transform the state's health care workforce and pipeline to provide a modernized, holistic approach to health care?
- c. How can we leverage the Area Health Education Center (AHEC) system that is in place statewide and provides pipeline support?
- d. How do the shifting models of care delivery affect workforce needs in Kentucky?
- e. How can we recognize the lack of local resources needed to support new care models?
- f. What regulatory or statutory changes could increase access to health care in Kentucky?

4. Consumer Service and Convenience

- a. How can technology be used to reach isolated geographic areas in order to make high-value education and preventive services more accessible?
- b. To what extent can telehealth be used to provide better access to remote populations?
- c. How can we align the medical necessity criteria for all payers, including the MCOs, as to reduce the current limitations on what services members can access based upon their plan?

## Timeline

Task	2015									
	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	
	<b>Workgroup Sessions</b>									
<b>Phase 1: Assess</b> <ul style="list-style-type: none"> <li>Review workgroup charter</li> <li>Conduct as-is review of current initiatives in Kentucky</li> <li>Conduct driver diagram/goal setting exercise</li> <li>Discuss key topics related to increased access:               <ul style="list-style-type: none"> <li>Rural health care</li> <li>Local resource maximization</li> <li>Workforce needs</li> <li>Consumer service and convenience</li> </ul> </li> </ul>										
<b>Phase 2: Design Health Care Delivery System Transformation and Regulatory Plans</b> <ul style="list-style-type: none"> <li>Develop straw person outlines for relevant SHSIP components</li> <li>Reach consensus on Health Care Delivery System Transformation and Regulatory plans</li> </ul>										
<b>Phase 3: Review Health Care Delivery System Transformation and Regulatory Plans</b> <ul style="list-style-type: none"> <li>Review draft Health Care Delivery System Transformation and Regulatory plans</li> <li>Incorporate workgroup feedback into SHSIP components</li> </ul>										
Health Care Delivery System Transformation Plan Draft Due ★ Final Workgroup Meeting										