

North Texas Health Care Summit

Work Group Updates

September 20, 2010

Metrics and Measurement

- Workgroup Charge
 - Develop clinical metrics and measurements for Diabetes, Congestive Heart Failure and Childhood Asthma
 - Engage all stakeholders for consensus, especially physicians
 - Ensure measureable metrics for transparency and consistency
 - Produce tangible metrics and measurements for ease in hand off to other workgroups
 - Launched in April and completed in June

Metrics and Measurement Output

- Key measurements, results and frequency
- Various stages or levels of treatment
- Determined process measures for Asthma, but expect outcome metrics
 - Will refocus on a more appropriate childhood condition like obesity
- Robust Clinical measures for Diabetes and CHF

Diabetes Measures	Results	Frequency
A1C	A1C < 7 in two consecutive 3 month tests	Every six months to one year
A1C	A1C > 7	Every three months
BP	<130/80 mmHg in two consecutive 3 month tests	Every six months to one year
BP	>140/90 mmHg	Every three months
LDL	<70 mg/dL in two consecutive 3 month tests	Every six months to one year
LDL	>100 mg/dL	Every three months
Eye Exam		Yearly
Nephropathy		Yearly
Foot Exam		Yearly
Smoking Status		Each visit
Nutrition		Each visit
Exercise		Each visit
Mortality		Yearly
Readmissions		Yearly

	Stage 1	Stage 2	Stage 3	Stage 4
Diagnosis ≥ 40% EF	♥	♥	♥	♥
Assessment				
Ischemic	♥	♥	♥	♥
Non-Ischemic				
Class of Disease	♥	♥	♥	♥
Complete Metabolic Panel	♥	♥	♥	♥
Goals				
Treat Hypertension	♥	♥	♥	♥
Treat Lipid Disorders	♥	♥	♥	♥
Potassium and Kidney Function every three months	♥	♥	♥	♥
Counseling				
Encourage Smoking Cessation	♥	♥	♥	♥
Encourage Regular Exercise	♥	♥	♥	♥
Discourage Alcohol intake and illicit drug use	♥	♥	♥	♥
Control Metabolic Syndrome	♥	♥	♥	♥
Dietary Salt Restriction			♥	♥
Weighing-- + 2 lbs overnight or +5 lbs in a week	♥	♥	♥	♥
Drugs				
ACEI or ARB	♥	♥	♥	♥
Beta Blockers		♥	♥	♥
Aldosterone Blockers			♥	♥
Diuretics		♥	♥	♥
Devices- Were they considered?				
Implantable Defibrillators		♥	♥	♥
Biventricular Pacing			♥	

Stage 1 = At high risk for CHF but without structural heart disease or symptoms of CHF

Stage 2 = Structural Heart Disease but without signs or symptoms of CHF

Stage 3 = Structural heart Disease with prior or current symptoms of CHF

Stage 4 = Refractory CHF requiring specialized interventions

Care Coordination

- Work Group Charge
 - Support Accountability for Clinical Performance
 - Bend the cost curve using care coordination
 - Increase the physicians' role in care coordination system and support them providing it
 - Develop a process to connect ER frequent fliers with primary care physician (e.g. medical home)
 - Promote awareness of palliative care and end of life decisions.

Care Coordination Output

- Agreed to definition of Care Coordination
 - National Quality Forum (NQF) Endorsed, 2006
- Agreed to Guiding Principles
- Developed Conceptual Models of Patient ID & Flow through Care Coordination
- Agreed to Need & Value of HIE Tool
- Agreed to Metrics
 - NQF Endorsed – 5 Domains

Payment Structure & Rewards

- **Work Group Charge**
 - Evaluate payment structures (value-based vs. volume-based)
 - Determine significant and meaningful rewards for participants
 - Determine how rewards will be distributed (zero-based, bundled payments, fee schedule changes, etc.)
 - Determine who gets rewarded and at what level: (integrated vs. independent providers)
- **Launch in September**
 - Review background materials on value-based payment structures and rewards
 - Incorporate output from Metrics and Care Coordination Work Groups in discussions

Payment Structure & Rewards

- Work Group Output
 - Recommend payment structure for “best fit” with NTHS goals
 - Recommend meaningful and significant performance-based rewards for participants
 - Recommend process for “operationalizing” new payment structure and rewards

Plan Design

- **Workgroup Charge:**
 - Incorporate individual accountability/lifestyle compliance
 - Match with evidence-based as determined in metrics phase
 - Coverage provisions/co-pays
 - Incentives/disincentives for employees
 - Integration with Live Healthy North Texas and other wellness/community programs
- **Launch in mid-October**

Plan Design Output

- List of plan benefits for each disease that Workgroup recommends to be included in standard plan design
- Outline recommendations for individual accountability
- Define wellness features/programs currently available to address the obesity issue confronting the community

Plans to Operationalize Work Groups' Recommendations

- Remain flexible to future workgroups' recommendations
- Develop data exchange tool
 - Early October RFP release for state HIE dollars
- Identify the early adopters of employers, physicians, hospitals and healthplans to participate in the launch
- Link goals with new employer “plan design” to:
 - Incentivize patient cooperation & establish “medical home” and “accountable performance” connections
 - Obtain buy-in from employers to:
 - offer new plan design
 - provide employee incentives to use participating providers
 - hold individuals accountable for their lifestyle choices

Plans to Operationalize Work Groups' Recommendations (cont'd)

- Enlist major carriers support with the implementation of rewarding performance and of the plan design recommendations
 - Host a series of educational sessions with carriers who agree to implement the model
 - Leverage P4P Incentive and Shared Savings bonus
 - Physicians
 - Hospitals
- Work with the State to incorporate plan designs as part of the Exchange offerings
- Collaborate with the Mayor's Childhood, Obesity initiative, Cooper Clinic, Chambers' Live Healthy NTX effort, American Diabetes Assoc, and others, to promote the health improvement charge for the community

Next Steps

- 10/31/2010 – Form Entity
- 10/31/2010 – Funding for Business Plan
- 01/01/2011 – Develop Business Plan
- 03/31/2011 – Funding for Entity
- 06/30/2011 – Resource Determination
- 09/30/2011 – Project Plan Development
- 09/30/2011 – Stakeholder Participation Defined
- 01/01/2012 – Implementation