



Medicaid Transformation Project - Putting the Pieces Together

Governing Board Meeting
September 20, 2018

Putting the Pieces Together

Steps to Transformation: The Process Over Time

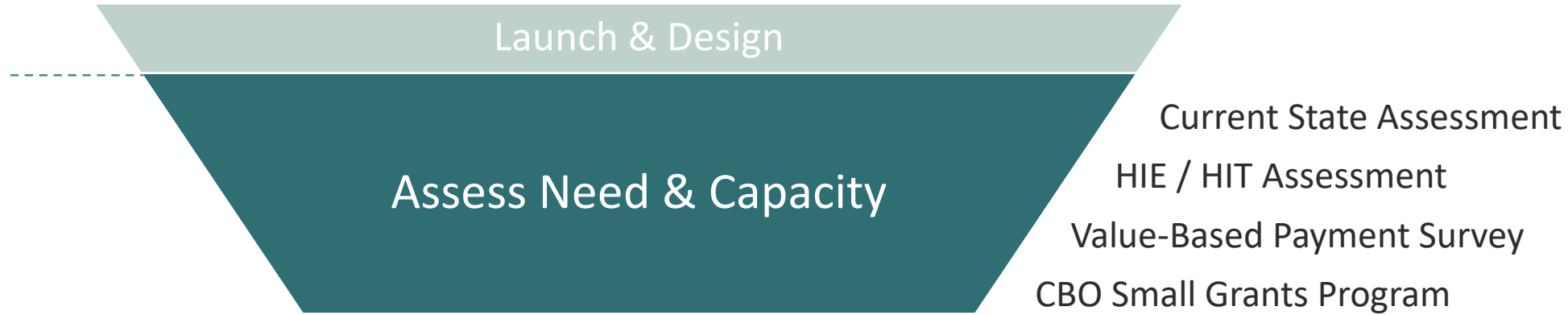
2017: Define Organization, Goals and Scope



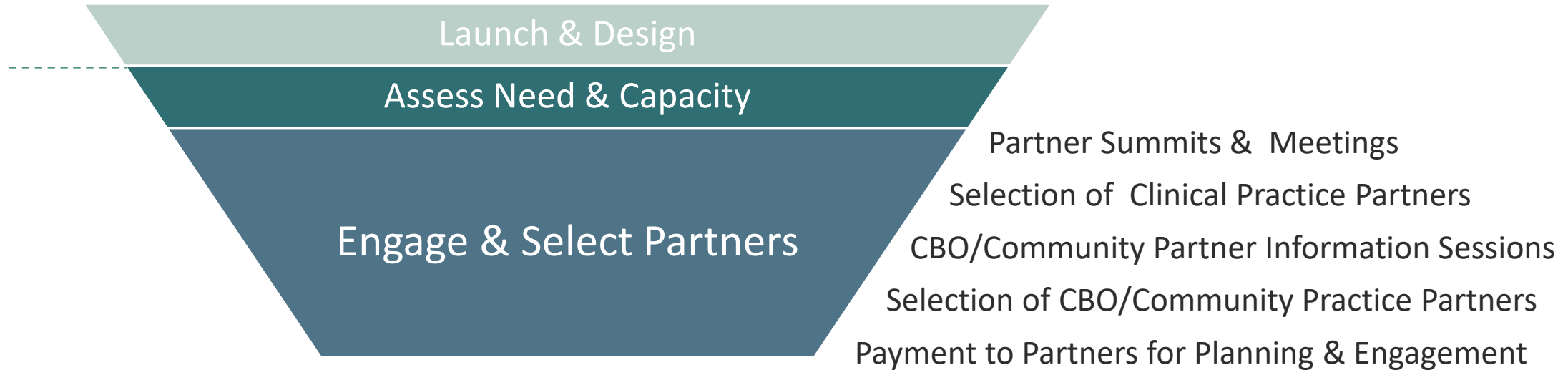
Launch & Design

Governing Board Formed / Principles
Regional Needs Assessment
Community Learning Sessions
8 Design Teams Develop Proposals
Portfolio Submitted to the State

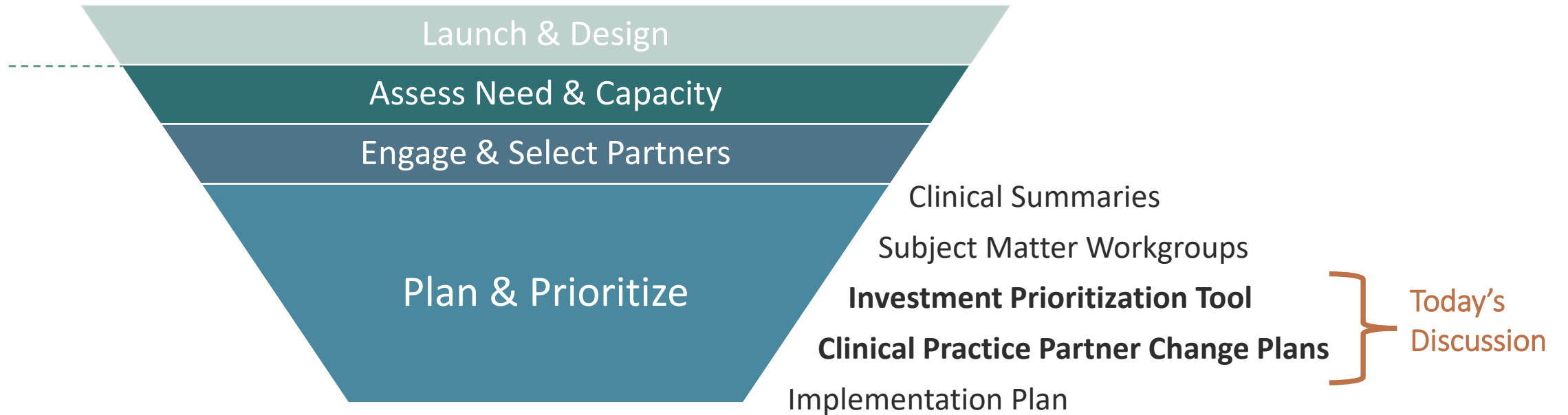
2018: Strategically Focus to Optimize Performance



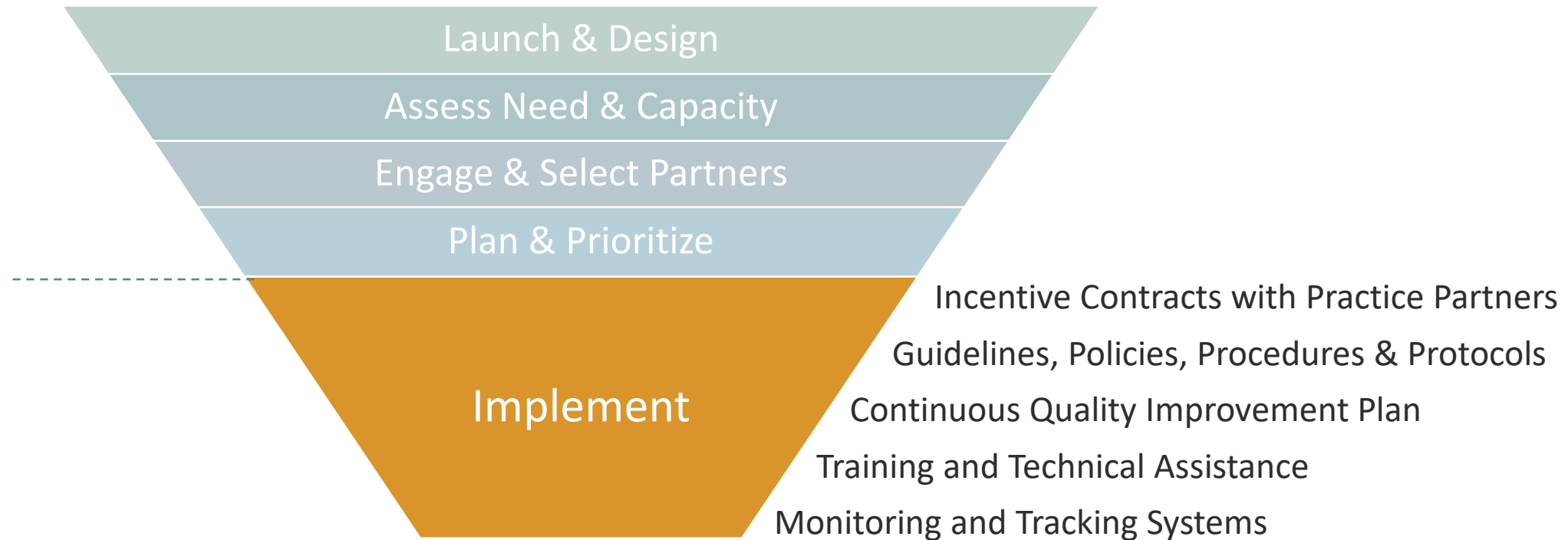
2018: Strategically Focus to Optimize Performance



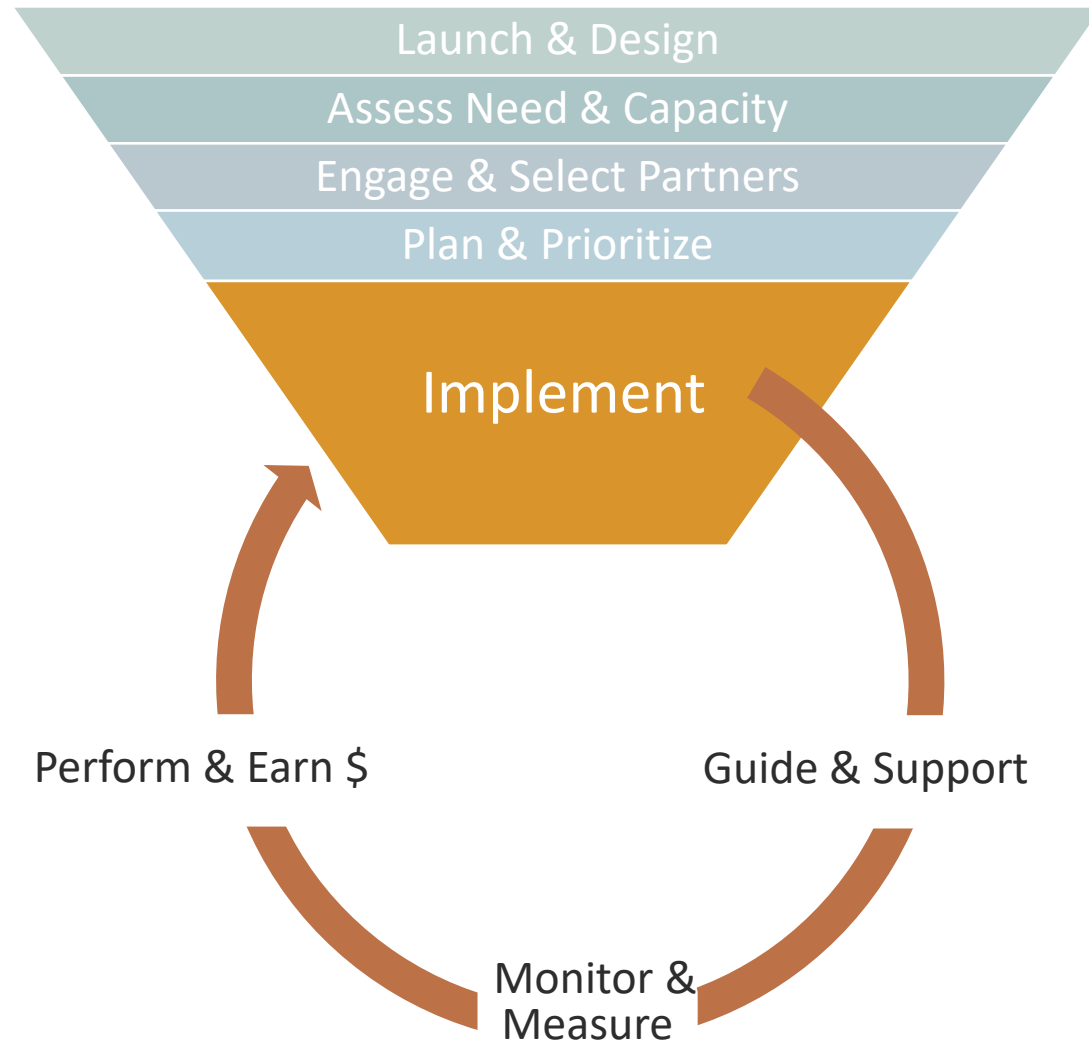
2018: Strategically Focus to Optimize Performance



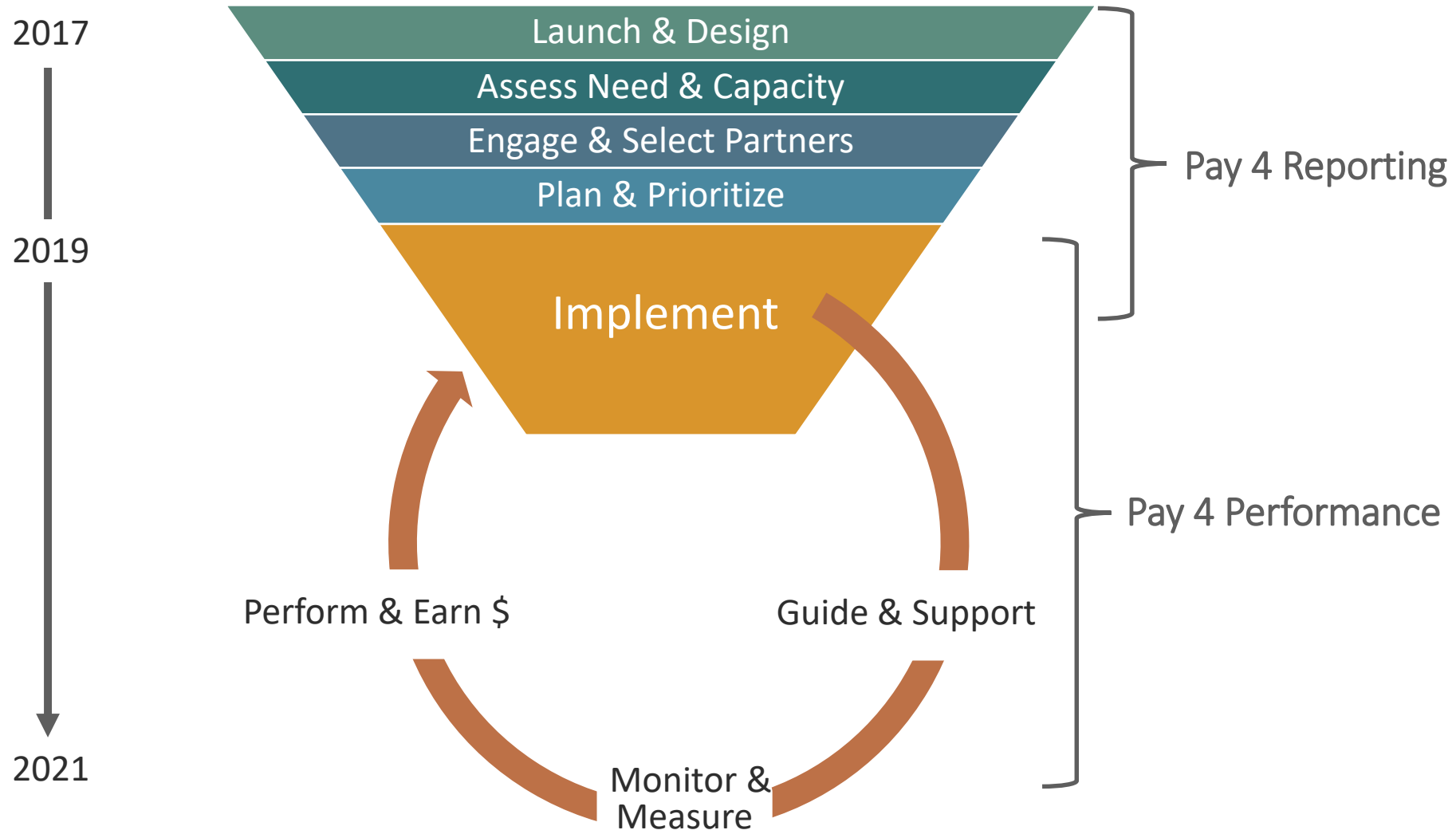
2019: Build Implementation Systems and Launch



2019 – 2021: Manage for Optimum Performance



Making the Shift to Pay for Performance



Putting the Pieces Together

An Overview of Clinical Practice Partners Change Plans

Innovation Partner Commitment

Innovation Partners must be committed to transforming their practices by enhancing or building tools and capacities, including:

PATIENT CARE



Electronic Health Records (EHR)



Registries that Link to EHR



Holistic Screening



Multidisciplinary Teams

SYSTEM QUALITY



Evidence-Based Approaches and Quality Improvements



Quality Measurement and Outcomes



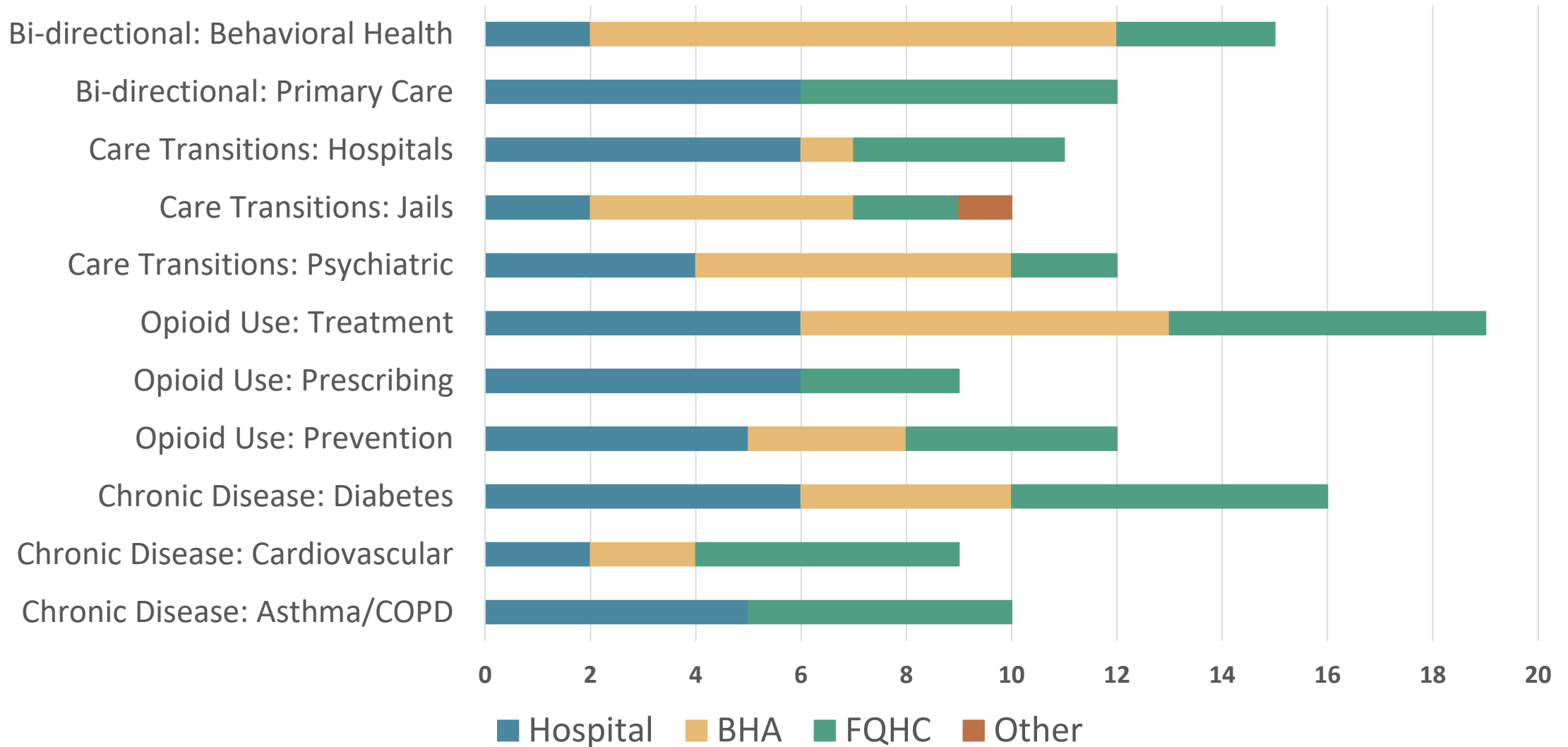
Population Health Management Knowledge & Tools

Change Plans: Strong Participation

- **28** Practice Partners were invited to complete change plans
- **27** submitted change plans
- **1** BHA did not submit a change plan

Sector	Completed Change Plans
BHAs	11
FQHCs	7
Hospitals	8
Other	1
TOTAL	27

Number of Change Plan Submissions by Sub-Project



Change Plan Review and Evaluation Process

- Each change plan section had at least two reviewers
- Change plan evaluation included documenting:
 - *Gaps*
 - *Resources in place*
 - *Resources needed*
 - *Viability of overall approach*
 - *Confidence in ability to move P4P metrics*
 - *Prospects for Sustainability*
- Each change plan was then discussed by the full Practice Transformation Team to determine next steps

Change Plan Evaluation: **Readiness Categories**



Ready to go

Most of the key elements are already in place. HealthierHere is confident the organization can begin implementation in January 2019.



On the right path

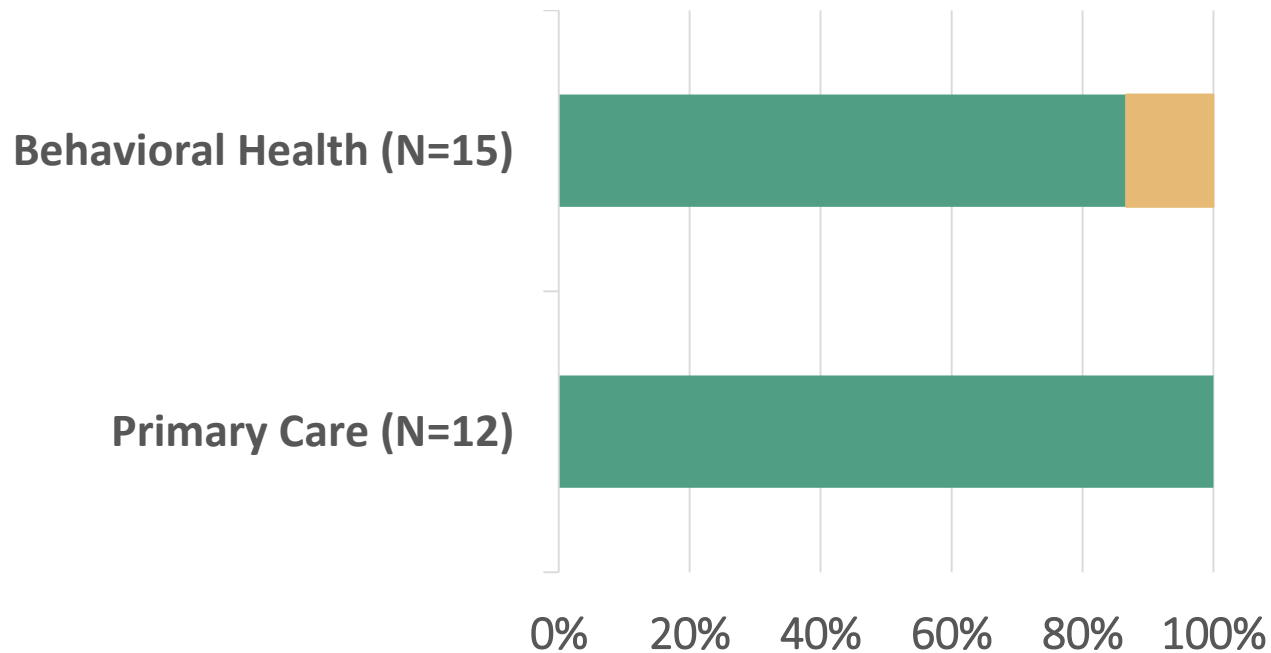
Many of the key elements are already in place or will be implemented in 2019. With HealthierHere's support the organization can begin implementation at some point in 2019.



Clarify and coach, as needed

HealthierHere has outstanding questions that need to be addressed before an assessment can be made or the organization responded that they are not planning to implement a number of the key elements.

Process Findings: Bi-directional Integration



Ready to Go



On the Right Path

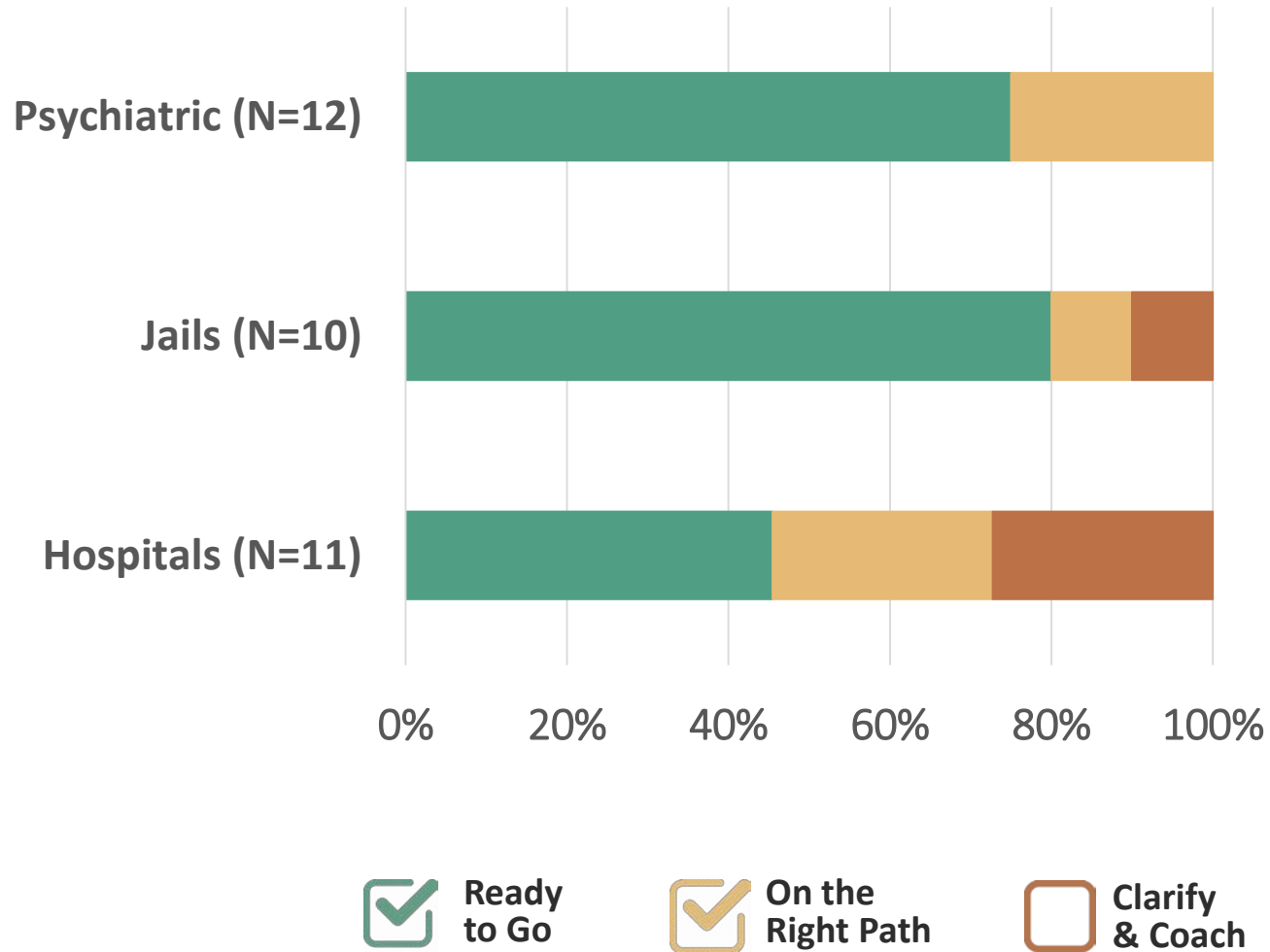


Clarify & Coach

IDENTIFIED GAPS

- Shared care plans
- Understanding of integrated care models
- Using patient registries and ability to stratify risk
- Need standardized screening tools for whole person care
- Training and best practices needed in team based care, self-management support
- Staffing for care coordination, self-management support, community linkages

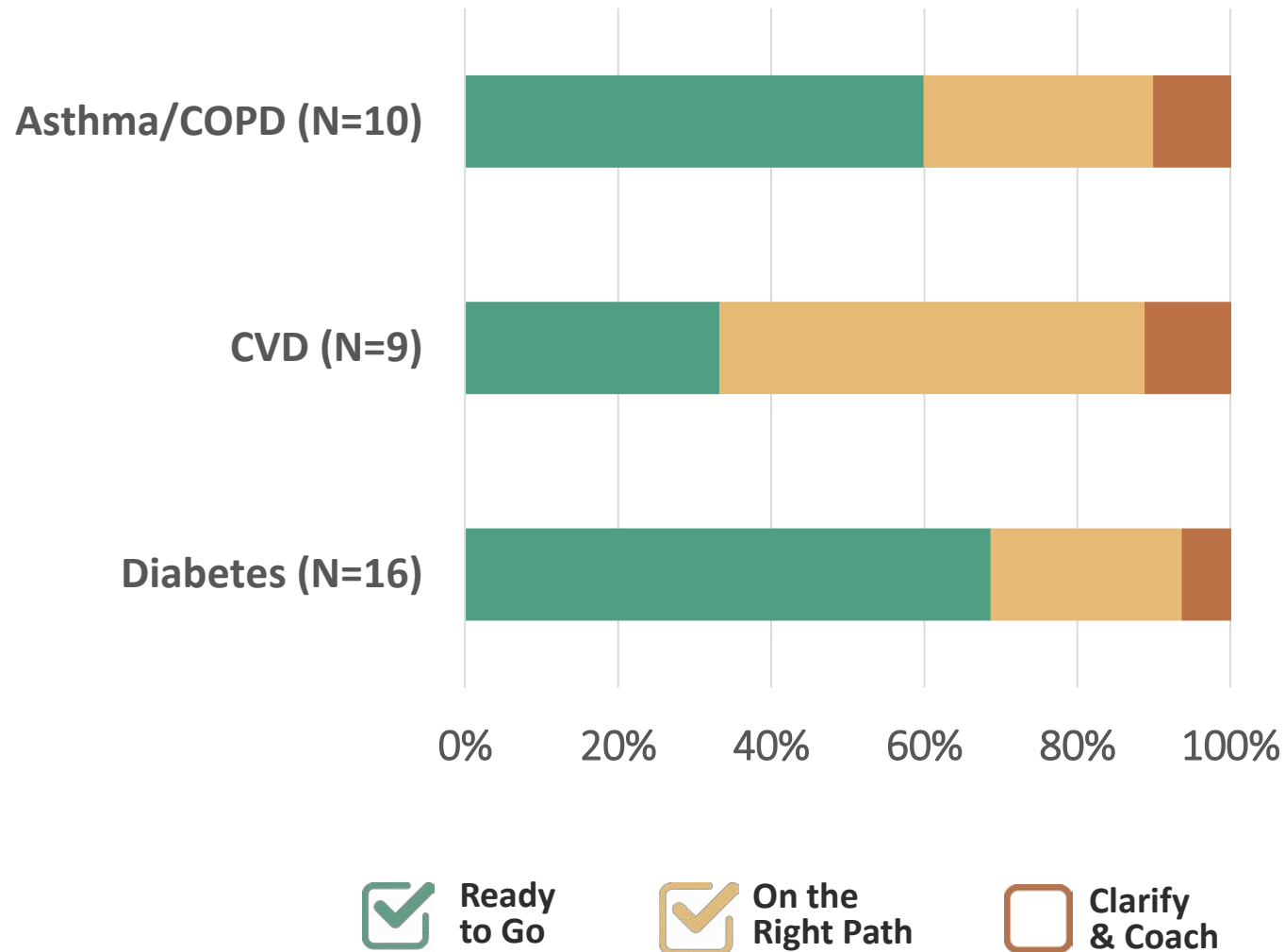
Process Findings: Care Transitions



IDENTIFIED GAPS

- System for FQHCs and BHAs to more efficiently interact with these institutions without over burdening them (*e.g. care transitions response team, diversion/ respite sites with community /clinical linkages*)
- Standardized operating agreements (*e.g. MOUs*) among providers and hospitals
- Guidance/training for expanding relationships with CBOs
- Shared care plans
- Staffing – community support specialists
- Team-based care

Process Findings: Chronic Disease



IDENTIFIED GAPS

- Shared care plans
- Staffing shortages, particularly positions that focus on a specific chronic condition
- Patient registries and ability to stratify risk
- Guidance/training for expanding relationships with community-based organizations
- Standardized MOUs
- Standardized screening tools for whole person care