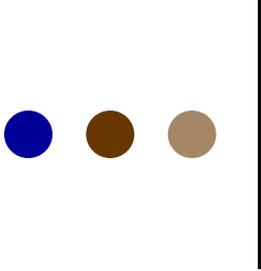




Questions for Workgroup

Centralized Tracking and Resource System: Potential Recommendations

- Does the workgroup want to recommend that an organization serve as a central tracking and resource system that tracks all the new delivery and payment models, and help disseminate information to others across the state?
- If so:
 - We recommend that *some organization (Sheps, NCFAHP, NCHQA)* maintain this data in NC, and report data to AHRQ. Is this a Center for Best Practices?
 - Help convene stakeholders.
 - State, with payers and providers? Needs to be a collaborative with lots of different stakeholders.



Centralized Tracking System

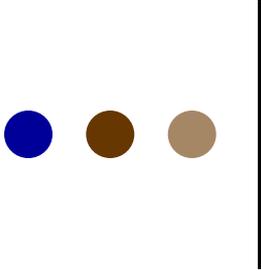
- Useful only to extent its useful to existing health systems and payers
- Want to provide technical assistance and help drive rapid change.

Evaluation and Dissemination Recommendations

- How can we ensure that new models are evaluated; and that we disseminate the results of these evaluations (both successes and failures) across the state?
- Any new model be meaningfully evaluated, in order to develop and disseminate evidence based.
 - Use metric that matter? Look at federal/state metric already in use.
 - As payer, meaningful measure is one that bends the cost curve. For providers, it may be another measure.

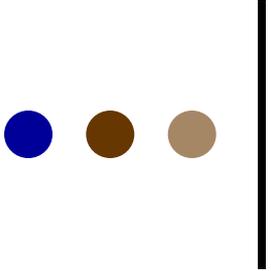
Evaluation and Dissemination Recommendations

- Different types of models
 - Evidence-based
 - Promising practice
 - Tried and good
 - Tried and failed
- Use existing metric (NQF, AHRQ, ACO, MU, etc.)
 - Add pmpm using common reimbursement (Medicare?)
 - Should include process/outcome measures, patient satisfaction, and cost data.



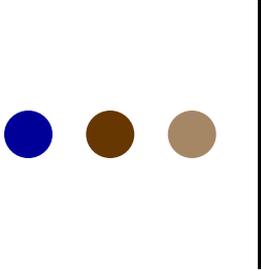
Data: Potential Recommendations

- What recommendations do we want to make, if any, to support the collection and analysis of data needed to evaluate new models of care?
- Do we want to support the development of an a comprehensive data system (including payer data)? If so,
 - Should we build on existing organizational data system?
 - What data should be collected?
 - How much would this cost, and how will the costs be covered?



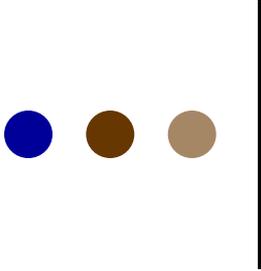
Data Recommendation

- Should go beyond “all payer” data to include other population health data, etc.
 - Is the data to support the delivery of care, or the evaluation and overall view of population factors?
- We agree that robust data is necessary to evaluate new models of care and health care reform pieces.
 - Need folk to help develop “simple” and usable system.
 - Can be used to link interventions to a community (not solely on individual patient basis)
 - Easier to pay if build on specific need; but then may be creating lots of different systems. Instead, may need to identify small simple steps that are based on existing data.



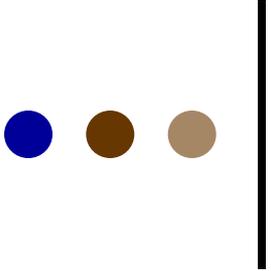
Data Recommendation

- Need to get all the different groups that need data, and bring them together to think through this issue.
 - Think about what we can get a consensus on use and collection of data from different stakeholders. (State, health care professionals, hospitals, providers, researchers, etc.)
 - Difference in data required to support delivery of patient care, evaluate new models of care, risk adjustment of QHPs (inside and outside the HBE).
 - Everyone should have access to the data. Everyone should be required to contribute. Should be level playing field.
 - Analytic/evaluation use, policy/population use, operational/clinical intervention use. Data needs and timeliness are different.



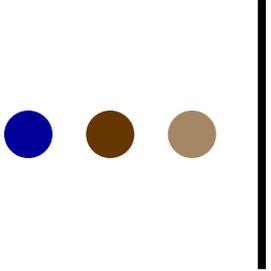
Data Recommendation

- Data is critical, its complicated, and needs continued focus.
 - DHHS should take the lead, working with other partners.
 - Should make recommendation no later than XX (day).
 - Vet it with broad-based stakeholders. Consensus building summit/workshop.
 - Focus on how this will be helpful.
 - Map out sequential process with clear end points.
 - We don't want to perform functions that HIE will or should do
 - Opportunity to engage patients/consumers in cost control? Self-management?
 - Difference in data needed for “needs assessment” to identify new models/ versus evaluation of existing “new models”



Recommendation

- Create a business strategy that's integral to the existing payers/providers
 - Needs to be built into existing delivery system
 - Move from new “models of care” to new “systems of care”



System of Care

- Systems of care—need to think about role of patients
 - Asynchronistic communication
 - Need to think about new systems of care (not just new models of care). Need new models of care, but also need new systems of care that also considers people who we don't see.
 - Also need to align financial incentives.

Barriers to Implementation

Potential

Recommendations

- Are there other barriers to the successful implementation and dissemination of new practice models, delivery systems or payment mechanisms? If so, what are they?
- Do we want to make any recommendations about how to remove barriers to testing new models of care? If so, what?