

Rec. 1. Centralized Tracking System

North Carolina Foundations should provide funding to XXX to create and maintain a centralized tracking system to monitor and disseminate new models of payment and delivery reform across the state. The role of this organization would be to:

1. Monitor federal funding opportunities and new regulations identifying new systems of care
2. Convene stakeholder groups to examine existing data on costs and utilization, geographic areas of the state that are outliers in terms of costs, quality, or population health measures, and help identify appropriate new payment or delivery models or systems of care to test
3. Maintain a data base of existing North Carolina demonstrations that test new payment and delivery models and overall systems of care
4. Collect evaluation data on these demonstrations, and to the extent possible, identify what models work best to address specific problems.
5. Disseminate information across the state to other health care providers, health systems, and insurers about the success of these initiatives.
6. Provide technical assistance to communities, health care providers, insurers, or others who are interested in replicating a new model of payment or health care delivery.

Question: The group discussed the need to develop new systems of care (rather than new “models” of care)? How should we describe the difference between new systems and new models of care?

Rec. 2. Evaluation of New Payment and Delivery Models

1. Any health system, group of health care providers, payer, or insurer that pilots a new delivery or payment model should include a strong evaluation component. The evaluation should include:
 - a. Existing nationally recognized quality of care metric that includes both process and outcome measures
 - b. Patient satisfaction data
 - c. Cost information, including changes in per member per month costs over time
 - d. *Impact on overall population health measures*
2. Evaluation data should be made public and shared with other health system, group of health care providers, payers, or insurers so that other can learn from these new demonstrations.
3. North Carolina foundations and governmental agencies should require new models to collect evaluation data and make this data available to others as a condition of funding or other support for new models of care.

Questions for group:

- *Should we include some population health measures as a required evaluation component?*
- *The group discussed different types of models (including evidence-based, promising practices, tried and good, tried and failed). I’m not sure how (or if) to incorporate this into this recommendation.*
- *Do we want different levels of evaluation for different types of demonstrations? Do we want a common set of metric across all new models, and if so—what?*

Rec. 3. Data to Support New Models of Care¹

1. The North Carolina Department of Health and Human Services (NC DHHS) should take the lead in working with various stakeholder groups to develop a plan to capture health care data necessary to improve patient safety and health outcomes, improve community and population health, reduce health care expenditures, and support the stabilization of the health insurance market.
2. NC DHHS should examine what other states are doing to meet similar data needs including but not limited to all payer data systems or confederated data models, and assess the costs and technical requirements for different approaches.
 - a. NC DHHS should examine existing sources of data to determine whether existing systems can provide the necessary data, and if not, the gaps in existing systems.
 - b. To the extent possible, the new data system should capture data already collected in the system for other purposes, including the Health Information Exchange, CCNC Quality Center, Thompson Reuters, State Center for Health Statistics, XXX.
 - c. All providers and payers should have access to aggregate data for evaluation purposes. All providers and payers should be required to contribute necessary data, and should have access to aggregate data for clinical, operational, population, policy and evaluation purposes.
 - d. Insurers, payers, providers, and consumers should have access to their own data.
 - e. Any new data repository or data aggregator should be required to meet strict patient confidentiality and XX protections.
3. NC DHHS should prepare its plan, including a timeline and potential financing mechanisms and report it to XXX no later than XXX.

Question for the group: I'm not sure I fully captured this recommendation. Please review closely and see what else we want to say. Also, who should NC DHHS report to and when?

Rec. 4. Barriers to Testing and Implementing New Systems of Care.

To be discussed in the September meeting.

¹ In the text of the report, we will include examples of uses of health data. Some of the uses of data should include, but not be limited to: delivery of individual patient care, evaluation of new models of care, population health management, and risk adjustment for qualified health plans.