## Alaska Healthcare TRANSFORMATION PROJECT

## HOUSE

## Miscellaneous Meeting February 12, 2019

HEALTHY ALASKANS – HEALTHY ECONOMY EVERYBODY'S BUSINESS

1

## History of Health Care Reform Efforts in Alaska



- P 2007 Health Strategies Planning Council
- P 2009 Health Care Commission
- 2010Medicaid Task Force
- 2010 Affordable Care Act
- 2014 Medicaid Reform Advisory Group
  - 2016 SB74 Medicaid Reform Bill

## What is the Alaska Healthcare Transformation Project



A cross sectional collaboration of payers, providers, policymakers and patient advocates working together to transform Alaska's healthcare system.

## PROJECT MANAGEMENT COMMITTEE



- Senator Natasha von Imhof
- Representative Ivy Spohnholz
- Elizabeth Ripley, Mat-Su Health Foundation
- Kalani Parnell, Alaska Native Tribal Health Consortium
- Becky Hultberg, AK State Hospital and Nursing Home Association
- Nancy Merriman, AK Primary Care Association
- Mike Barnhill, OMB Policy Director, State of Alaska



The vision for Alaska's healthcare system is to improve Alaskan's health while also enhancing patient and health professional's experience of care, and lowering the per capita healthcare growth rate.

## **GUIDING PRINCIPLES**



- Focus on improving individual and population health outcomes (defined holistically including mental, behavioral, oral, vision and social health)
- Health coverage with common basic benefits for all. There is shared responsibility in reforming and paying for coverage, with everyone – individuals, business, insurers and governments – playing a role.
- Focus on whole person/integrated systems of care
- Use proven healthcare delivery practices supported by appropriate payment mechanisms
- Seeking recognition and ways to incorporate social determinants of health in patients' care plans





#### Healthy Alaskans:

• The percentage of Alaskan residents with a usual source of primary care will increase by 15% within five years

#### Healthy Economy:

 Reduce overall per capita healthcare growth rate to the greater of 2.25% or Consumer Price Index within five years

#### Everybody's Business:

 Align all payers, public and private, towards value-based alternative payment models with streamlined administrative requirements within five years

## Strategy Development Teams



- Primary Care utilization
- Payment Reform
- Data Analytics
- Coordinated Care
- Social Determinants of Health

## Themes



Alaska landscape – previous projects, pilots, demonstrations
 Meta-analysis/Synthesis of reports and studies
 National landscape – what's happening in other states
 Spend/Cost analysis of Alaska healthcare

## **BUDGET and FUNDING**



- Governor's Budget \$250,000
- Capital Budget \$250,000
- Foundations \$120,000
- 50,000
  - Mat-Su Health Foundation

\$250,000 Rasmuson

Other

\$130,000 AK Mental Health Trust, TBD



## Four Scopes of Work

NORC at the University of Chicago and University of Alaska Anchorage



NORC at the University of Chicago is an independent, non-profit research institution that delivers reliable data and rigorous analysis to guide critical programmatic, business, and public policy decisions.





#### NORC at a Glance

#### 675+ Professional/Research staff

**39 Senior Fellows 400+ Active Projects** 

**1500+** Interviewers Work in 60+ Countries



Albuquerque | Atlanta | Boston | San Francisco | Silicon Valley | Wichita



Economics, Markets, and the Workforce	\$
Education, Training, and Learning	C
Global Development	
Health and Well-Being	C
Society, Media, and Public Affairs	iÿi



The Institute of Social and Economic Research (ISER) at the University of Alaska Anchorage has been at the forefront of public policy research in Alaska for more than half a century. ISER's multidisciplinary staff studies virtually all the major public policy issues Alaska faces. That work helps Alaskans better understand the state's changing economy and population—and the challenges and opportunities that come with change.



Institute for Circumpolar Health Studies (ICHS) is an applied health research institute within the College of Health at UAA. The focus of the Institute is applied health research and evaluation relevant to Alaskans. Research areas of interest include health disparities, environmental health, rural health, health care systems, and social determinants of health.



- Provide the Alaska Healthcare Transformation Project Project Management Committee (PMC) with objective information to:
  - Learn from what has been done already in Alaska via past experiments or meta-analysis of reports/studies
  - Learn from models, structures, and initiatives in other states, and how to apply in Alaska
  - Understand the drivers of the spending and cost of healthcare in Alaska
- Steered by the PMC's vision, guiding principles, and goals, and topic areas of interest



- Four studies, each in response to a statement of work issued by the PMC and focused on a set of guiding principles and topic areas.
  - <u>Meta-Analysis</u>. Identify and assess a group of Alaska-focused reports and studies issued over the past decade (2008 to the present) that focus on delivery system reform related to the triple aim of improved health, improved quality of care and experience with care delivery (for patients as well as the health care workforce), and reduced per capita costs.
  - Alaska Historical Project Scan. Identify and assess selected delivery system reform experiments in Alaska over the past decade (2008 to the present), with priority to characterizing regional innovation within the state.



#### Four proposed studies continued...

- National Scan. Develop case studies for selected states where delivery system reform relevant to Alaska's five key topics of interest offers lessons for prospective innovation.
- Drivers of the Health Care Costs and Spend in Alaska. Review health care spending in the state and the prospects and limitations of available data sources that would support a fine-grained analysis of cost drivers relevant to these reforms. Based on this review, prepare a set of estimates of potential reform-related savings and a draft roadmap with proposed short-term (within one year) and long-term steps that comprise one or more pathways to reform.
- Dissemination-related tasks. Collaborate with the PMC to present or support debriefings on key findings and the roadmap, with creation of high-impact summary materials (issue brief/fact sheet).



#### **Topic Areas of Focus**

# Coordinating patient care

Increasing primary care utilization

> Addressing social determinants of health

Increasing data analytics capacity



Changing the

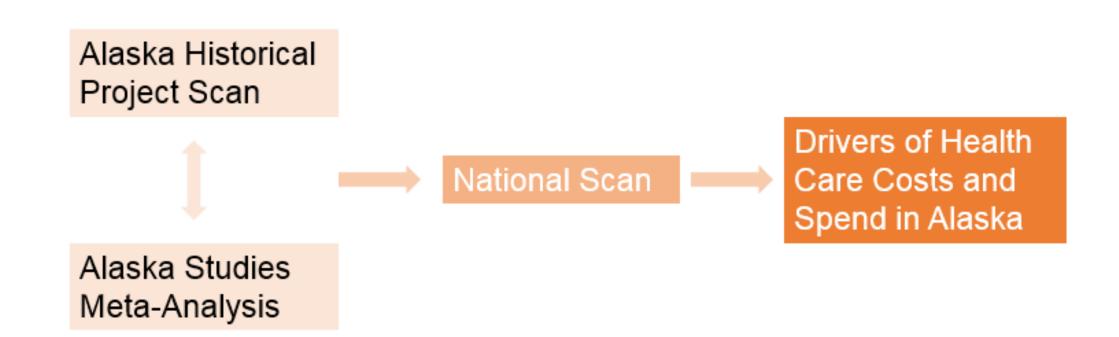
way healthcare

is paid for in

Alaska

November 2018	February 2019	March 2019	April 2019	May 2019	June 2019	
<ul> <li>Kick-off meeting</li> <li>Convening meeting</li> </ul>	<ul> <li>Meta-Analysis Report submitted</li> <li>Historical Scan Report submitted</li> <li>Legislative hearings PMC review of first two reports</li> <li>PMC to disseminate reports to convening and strategy development teams</li> </ul>	<ul> <li>Draft National Scan Report</li> <li>Draft Cost Report</li> <li>Review Drafts with PMC</li> <li>Final National Scan report</li> </ul>	<ul> <li>Review Final National Scan with PMC</li> <li>Review Cost report progress with PMC</li> <li>PMC to disseminate report to convening and strategy development teams</li> </ul>	<ul> <li>Final draft cost study report and roadmap</li> <li>Review final reports, roadmap with PMC, convening, strategy development teams</li> </ul>	<ul> <li>Final report with roadmap incorporating any input</li> </ul>	







## **Meta-Analysis**



- Conduct a systematic review to identify relevant peer-reviewed and grey literature;
- Extract and compile quantitative and qualitative data in a database; and
- Develop a report that explores commonalities across the identified reports and studies, analysis of gaps in understanding related to limitations of these documents, themes that characterize available public comments, and a summary of policy, programmatic, and system redesign changes based on our review.



- Systematically searched peer-reviewed and grey literature for Alaska-based reports and studies related to five topic areas
- Submitted list of reports and studies on November 5, 2018
- Developed database of reports and studies
- Identified key themes from reports and studies
- Developed final report, submitted on February 7, 2019



## Alaska Historical Project Scan



- Refine a definition of health reform experiment, services, and outcomes to guide scan of reforms since 2008
- Gather and analyze qualitative data on selected experiments
- Develop a report that identifies regional patterns and gaps in experiments across the topics of interest, compares experiment features and outcomes, and presents conclusions regarding policy, programmatic, and system design recommendations for Alaska.



- Identified Alaska-based experiments, focused on the five topic areas
- Submitted list of experiments on November 5, 2018
- Searched peer-reviewed and grey literature, including newspapers
- Conducted interviews with stakeholders
- Organized information on the experiments
- Submitted final report on February 7, 2019



### **National Scan**



- Develop a list of states involved in relevant health reform models to inform in-depth analysis;
- Gather and analyze data on relevant models in selected states, especially those with all payers claims databases; and
- Develop a report that systematically analyzes and compares the state health reform models, identifies what is known about model results related to costs and other outcomes, and presents conclusions regarding policy, programmatic, and system design recommendations for Alaska.

Draft Report: March 1, 2019 Final Report: March 29, 2019

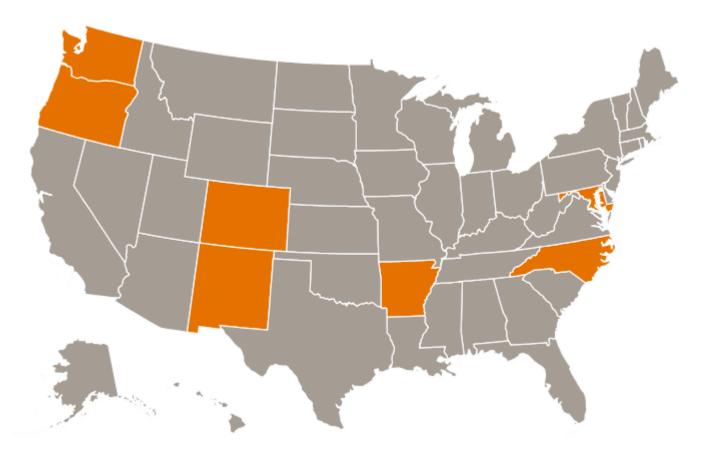


- State Characteristics
- History of and Impetus for Health Reform
- Overview and Implementation of the Health Reform Approach
- Details and Mechanics of Initiative
- Incorporation of Social Determinants of Health
- HIT, Data Analytics, All-Payers Claim Database
- Results, Lessons Learned, Next Steps
- Considerations for Alaska



#### National Scan: States

- Arkansas
- Colorado
- Maryland
- New Mexico
- North Carolina
- Oregon
- Washington





- Arkansas Health Care Payment Improvement Initiative
- Colorado The Colorado Framework
- Maryland All-Payer Rate-setting System for Hospital Services
- New Mexico Centennial Care and Medicaid-related reforms and intiatives
- North Carolina Medicaid Transformation and Social Determinants of Health
- Oregon Oregon Action Plan for Health
- Washington Healthier Washington



## Spend and Cost of Healthcare



### Spend and Cost of Healthcare: Methods

#### Two work streams summarized in one report

#### 1) Review of Spending and Data

- Prepare a review of health care spending in Alaska, including:
  - Identifying gaps in data source availability that constrain a comprehensive accounting;
  - Identify sources of additional data to address gaps;

#### 2) Summarize extant knowledge on potential sources of cost savings;

- integrate findings from all project tasks to understand constraints to implementation of reforms in Alaska
- make considerations regarding policy, program, and system redesign in the state;
- Develop a report that presents a draft roadmap for possible pathways to reform in Alaska, including recommendations for both short- and long-term steps.
- Revise roadmap and disseminate findings in coordination with the PMC, incorporating feedback from the Steering Committee.
- Final Report, May 2019

## Alaska Spend and Cost of Health Care: In-Depth Review of Health Care Spending in Alaska

- Develop summaries and/or identify potential sources of data:
  - State Medicaid data
  - Medicare public use files
  - Open Enrollment Health exchange marketplace
  - State and local employees and retirees
  - Alaska health plans
  - Describe potential datasets such Truven MarketScan, FAIR Health, and HCCI
  - Review limitations of available public data with the PMC



## Alaska Spend and Cost of Health Care: Revision of Roadmap and Dissemination of Findings

- Meet with PMC to review draft report and roadmap
- Upon PMC approval, coordinate with the PMC to solicit feedback from the strategic development team and convening groups
- Iterative process with PMC to develop final report
  - In-person and virtual working visits
- Create high-impact, visually-oriented summary materials (fact sheet/short issue brief) and materials to support debriefings that PMC would schedule
- Potential Follow-on steps:
  - Survey payers to understand what data exist and can be obtained for improved study on payment reforms
  - Obtain and analyze data to further understand cost drivers
  - Engage stakeholders in structured process to refine analyses and generate recommendations;



# Findings to Date: Alaska Studies Meta Analysis and Alaska Historical Project Scan



- Reviewed 75+ reports related to five topic areas
- Analyzed information by:
  - Topic Area
  - Geography
  - Population
  - Payer
  - Service



### Meta-Analysis: Summary

- Primary Care/Coordinated Care
  - Promising models (evaluation): patient-centered medical home, improved screening, telehealth & ECHO (specialty co-management), behavioral health, CCI ED diversion program, Strong Start for Mothers (national evaluation)
- Data Analytics:
  - Available data sources: CMS, commercial, private; prospects for APCD
  - Approaches to regional analysis
- Payment Reform
  - Cost-shifting (state to federal)
  - Movement from fee-for-service toward value-based purchasing: managed care, capitation
  - Challenge of low-volume, aligning payers
  - Promising models: bundled care, FQHC Advanced Primary Care (national evaluation)
- Social Determinants of Health
  - Landscape of needs
  - Promising models (evaluation): Housing First



- Initial list of 30 health reform experiments  $\rightarrow$  PMC identifies 11 for focus
- Literature review to generate supplemental list of reforms by topic area
- 5 key informant interviews
- Analyzed information by:
  - Topic Area
  - Geography
  - Population
  - Payer
  - Service



### Alaska Historical Project Scan: Findings by Topic

#### Primary Care Utilization and Coordinated Care

- Patient-Centered Medical Home Models
- Behavioral Health Integration with Primary Care
- Emergency Department Utilization
- Care Coordination Systems
- Clinic-Based Reforms
- Payment Reform
  - State-wide payment reform tied to delivery system reform
  - VBP: bundled payment models
- Data Analytics
  - Electronic health records
  - Telemedicine
  - Data analytics to support care delivery





## THANKYOU

#### Sandra Heffern

Sandra.heffern@effectivehealthdesign.com • (907)529-6730

Scott Leitz

Leitz-Scott@norc.org

Lynne Synder Snyder-Lynne@norc.org

http://akhealthcaretransformation.com