

# Arkansas Health Workforce

## Strategic Planning Workgroup Meeting Minutes

Wednesday, October 20, 2011

4:00 – 5:30 p.m.

Convener: Dan Rahn  
Attendees: Linda McIntosh, Mike Smets, Billy Tarpley, Suzanne McCarthy, Ed Franklin, Omar Atiq, Mike Moody, Mike Kennedy, David Wroten, Ann Bynum, Jean Zehler  
Presenters: Arlo Kahn - Arkansas Center for Health Improvement  
Tim Ward - McKinsey & Company  
Guests: William Golden, John Selig, Gene Gessow, Anuraag Chigurupati  
ACHI Staff: Craig Wilson, Shanoa Miller, Pat Russell  
Not Present: Joe Thompson, Ann Bynum, Mark Riley, Susan Hanrahan, Paul Halverson

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### Welcome and Agenda Review

Dan Rahn

### Recommendations

Suzanne McCarthy

- Review instructions for the 13 recommendations for the Arkansas Workforce Strategic Plan
  - Select eight of the thirteen recommendations for inclusion in the Strategic Plan
  - Pick two strategies for inclusion within each recommendation
  - Prioritize the recommendations keeping in mind the likelihood of implementation and impact on the Arkansas workforce by 2014.
  - The vetting criteria (shaded in gray) on the right side of the document should help in making your determinations.
  - Each member of the workforce is requested to return their revised version of the recommendations by Wednesday, October 26<sup>th</sup> to [mrussell@uams.edu](mailto:mrussell@uams.edu).

### Vision for Healthcare Delivery in Arkansas

Arlo Kahn

- Background of Vision Development
- Explanation of the Vision Graphic <..\..\Workforce Resources\vision\110112 Vision Healthcare Delivery AR FINAL VERSION Arlo.pptx>
  - Vision is intended to be the “ideal” concept
  - Boxes represents a place where the patient receives care
  - Arrows represent interaction between the sites
  - Four boxes that don’t have bi-directional technology are within the Medical Home
- Attached document describes all the services in the PCMH <..\..\Workforce Resources\vision\110216Vision Brief.docx>
  - Services in medical home
  - Technology
  - Personnel on the patient-centered team

- Discussion/Concerns/Suggestions
  - Concern over the statement “a physician in every medical home/overseeing all medical decisions” - a limiting factor in access to care
  - Concern over definition: page one/”Personnel in the PCMH /second bullet
    - Change to “that” medical home
  - Question about the bundled payments and care delivery
    - McKinsey will address
  - Concern over “ACHI” brand on the Vision document
    - Per Dr. Kahn, ACHI does not endorse or identify it as the Workforce Vision
    - It is something to react to and is presented for feedback
  - Model the PCMH
    - Suggest -model from UAMS
      - Concern: Not replicable outside the UAMS system
    - Model from AHECs
      - Concern: People are on salaries at the AHECs and CHCs
    - How to get the pharmacists engaged
      - Underutilization of pharmacist services
      - Financial incentive for chronic disease/medication management is lacking
  - Concern over how to do the bundled payment, coordination when we have such a disjointed delivery system
    - Suggestion -Reimbursement model must be in place first
    - Suggestion - focus on team-based care
  - Suggestion - take “medical home” out of PCMH
    - To be patient centered doesn’t require a physical location
    - Payment system needs to recognize that centeredness exists and so promotes the alignment of these activities

**Arkansas Payment Improvement Initiative: Update for Workforce Workgroup**

**Tim Ward**

- Workforce and Payment Initiative Link
  - Overview: objectives, approach, first workgroup meeting
    - A statewide multi-payer effort
    - Patient centered
    - Team-based model promoted
    - No method is a panacea but episodes represent an improvement
    - Nine priority areas – high potential for episode based improvement
    - Idea is to cover all illnesses in Arkansas eventually – expect sequencing
  - Timeline
    - Episode model design: Oct – Dec 2011
    - Prepare to launch: Jan-Jun 2012
    - First Implementation: July, 2012
  - Principles
    - Patient centered
    - Clinically appropriate
    - Practical
    - Data-based

- Criteria for sequencing
  - Potential for improvement
  - Implementation complexity
  - Diversity of portfolio
- Major design dimensions for the episode model
  - Definition of the episode – start/stop, services
  - Patient criteria- age/sex/exclude dx and procedures
  - Provider criteria
    - Not forcing any one delivery model
  - Metrics – quality, cost efficiency, patient experience
- Measurement
- Payment Model – prospective vs. retrospective, risk , outliers, stop-loss
  - Model for Acute Care
  - Model for Chronic Care
- Discussion/Questions
  - What are options to deal with patients with co-morbidities?
    - There are very sophisticated models to address co-morbidities and attribution of cost to co-morbidities
    - Eventually there will be a model to deal with it.
  - Costs:
    - Shift occurs when units of service become cost
    - Will be incented to avoid billable episodes
    - Two revenues – one to hospital and one to MD
    - Participants in system should be incented to keep people out of the hospitals which allows the system to succeed
  - Other Comments
    - Centralized 24/7 service can be regionalized
    - Pharmacy can be the same mode
    - Med management /reverse incentive
    - Accomplish care with in- home services, EMR, health coach when there is an appropriate reimbursement

- First Workgroup Meeting: Pregnancy/Delivery/NICU - Oct 17th
  - Background on work
  - Patient Care Map
    - Modeled as pregnant patients come into the system
    - Complicated pregnancy and routine pregnancy
    - High risk categories/low risk episodes
    - Manage technology for episodes
    - Support systems in place
    - Medical Home
    - Reduce post-partum ER visits and hospitalizations

**William Golden**

- Goals:
  - We are not going to solve everything with this model; it is the beginning of the framework
  - Working toward avoidance for need for services
  - Avoid prematurity/less severe infant complications/less need for developmental services and specialty services
- Discussion/Concerns/Questions
  - Must have per unit cost of the people in Medicare.
  - We need some fundamental redesign. Need to push towards going beyond the boundaries, including scope of public health, incentivizing patients, getting solutions for conditions that are driving costs at incredible rates.
  - Small start as to what is coming down the line in the next few years
  - Request to make an attempt to make workgroups more inclusive.
    - IAC sites available but not given access
    - Per Tim Dall – “will work on it.”
  - Payment Flow
    - How does payment flow to provider? At the conclusion of the episode?
      - Options being considered in the design
    - Need to pay for services by building it into the system as an expectation and incentivizing it.
    - Designate people in a cost effective manner to avoid inefficiencies
    - Incentives for patient centered and care coordination
  - What can be taken/what is realistic from the Workforce Group that can help guide the payment improvement process?
    - Shift in how care is delivered.
    - Lots of responsibility in primary care.
    - Continued interaction of both groups.

**Reports on Research Projects/Grant Status**

- Workforce Vacancy report will be available in two weeks **Ann Bynum**
  - 4,000 plus surveyed
- Blue and You/AFMC **Suzanne McCarthy**
  - Survey
    - Where practicing
    - FTE
    - Relationship with payers
  - Consumer prospective on access to care
- Analysis of Arkansas population morbidity for the expansion **Tim Dall**
  - What will be the demand for services?
  - What will the profile of workforce look like?
  - What needs to be in place?
  - He will clean up the AMA data file.

- Comments

**Dan Rahn**

- How will things change if the payment model changes the incentives?
- How will demand for services change?
- Can we prevent avoidable readmissions?
- How we shape the system with provider input and incent them in the right ways, will change and shape things. It will be moving target.

**Meeting Dates/Deadlines**

- October 26<sup>th</sup> - Email responses on Recommendations from Workgroup are due
- November 7<sup>th</sup> - Health Systems Change Summit at Arkansas Children's Hospital
- November 8<sup>th</sup> – Health Workforce Stakeholders Meeting at Arkansas Dept. of Health
- November 16<sup>th</sup> – Health Workforce Workgroup Meeting ACHI Staff