# Minnesota Health Care Financing Task Force

HEALTH CARE DELIVERY DESIGN & SUSTAINABILITY
NOVEMBER 13, 2015



# Health Care Delivery Design & Sustainability

November 13<sup>th</sup>, 2015

### Agenda

- Welcome, Roll Call, and Meeting Purpose
- Enhancements that Support Integrated Care Delivery
  - Review "themes/principles" from Nov. 9<sup>th</sup> meeting
  - Primary Care Case Management review of proposal
  - Provider/Patient "attachment"
  - Multi-payer alignment/consistency
- Public Comment
- Next Steps and Wrap Up





### Enhancements to Care Delivery: Themes/Principles

- Current alternative payment models (APM), such as IHP, are in place, modifications to payment methodology and measurements so that they are more equitable and effective
- Flexible, prospective payments would be useful and better match costs as providers in APMs build necessary infrastructure, provide more flexible care delivery options, in a cost-effective way
- Prospective, stable attribution may allow providers to more effectively target interventions, manage specific population
- Provide increased accountability for patient care across the care continuum, potentially including non-medical expenses





### Enhancements to Care Delivery: Themes/Principles, continued

- Alternative payment models need to be sustainable across multiple years, ensuring that incentives remain in out years
- APMs should be applicable across high and low efficiency providers, rewarding for both performance and improvement
- Metrics should continue to be used, but with caution; they
  have great power to improve the care delivery system but
  can easily be over-emphasized in payment policy or become
  a new barrier for under-represented populations
- APMs need consistency of goals and intended outcomes across payers, while enabling flexibility and innovation





## Enhancements to Care Delivery: Primary Topics for Today's Meeting

#### Primary Care Case Management

Review of memo and bill language; open questions, additional information needed?

#### Patient attachment to provider

- Allow for patient choice
- Allow providers to know population they are responsible for, will receive prospective payments for, more effectively target interventions, manage specific populations
- Support existing and enhanced alternate payment arrangements and care coordination
- Include a variety of provider types, particularly for patients with complex conditions (i.e. not just traditional primary care providers)

#### Multi-payer alignment/consistency

- Ease burden on providers with APMs with multiple payers
- Allow for flexibility and innovation, while keeping consistent goals of better, more cost effective, and accessible care
- Could include consistency in metrics, methodologies, and definitions
- Encourage up-take of APMs by payers across the health system





### **Next Meeting**

Friday, November 20, 2015 2:00 PM to 4:00 PM Location TBD



