



## Utah Partnership for Value-Driven Healthcare Member Meeting Thursday, June 23, 4:00-6:00 pm

### Welcome

The group introduced itself to each other.

### Updates

Utah State Innovation Model (USIM)

*Please see handout*

- Snapshots of Delivery Transformation and Payment in Utah: Value-Based Strategies to Impact Behavioral Health, Obesity/Diabetes, and End Of Life Care
- Snapshot/perceptions from people about what goes on in their organization
- Telehealth was a big topic
- A lot of information from rural areas

*Discussion*

- Juliana Preston-broad information backing up the environmental scan
- David Patton-collaboration better than competition. Sandra said this is true particularly in rural areas.
- Josette Dorius-part of the interview group, interesting questions, look at from integrated system
- Sarah Woolsey-low % from perspective or whether or not ready
- Matt Hoffman-UHIN frustrated, very interesting results, UHIN has data they can make available

MACRA Overview: What does our community need to be successful?

*Please see slides*

- Providers have been given more details
- Medicare/Fee for service
- Data-sharing, coordinating care for patients across providers, aligns with SIM work
- When patient goes home, unable to get records
- University model thru EPIC, for SNFs
- UHIN can continue help moving things along, need full record loaded in the CHIE
- Matt Hoffman-hospital alerts, push patient information into the EHR
- Wyatt Packer-community feedback to UHIN about gaps/holes, take up subject at community HIT/HIE meeting
- Patient feedback needs to be in the design from the beginning
- Brian Jackson—Don Berwick/JAMA, Three years of healthcare (article)
- Community Health Worker (Sarah Woolsey)
- Wyatt Packer-community continue to educate and inform, HI has resources thru CMS contracts

### Community Updates

- Becky Kapp-evidence-based programs in senior centers, Medicare Advantage programs
- Teresa Roark-assessments, compliment environmental scan (maybe share at an upcoming UPV mtg)

### Dialogues/Break Outs:

- End of Life
- Behavioral Health
- Transparency

## Facilitator Questions

Identify emerging topics, activities, issues, leading needs (movement), gaps/needs

Remember 4 Ps: Public, Payers, Providers, Purchasers

Questions: Ideas to run with—open-ended thought-provoking, action-ahead

1. Given the topic (EOL, BH, Transparency) what do you define as success—how do you define value?
2. Based on current status, what is the next step for the community to see value in the work?
3. What barriers might need to be removed so we can move ahead in this work?
4. What would be a great outcome in the next six months for this area in your organization? How realistic is this? Who needs to be at the table to move it forward?

## Report Back to the Group

Jennifer/Behavioral Health

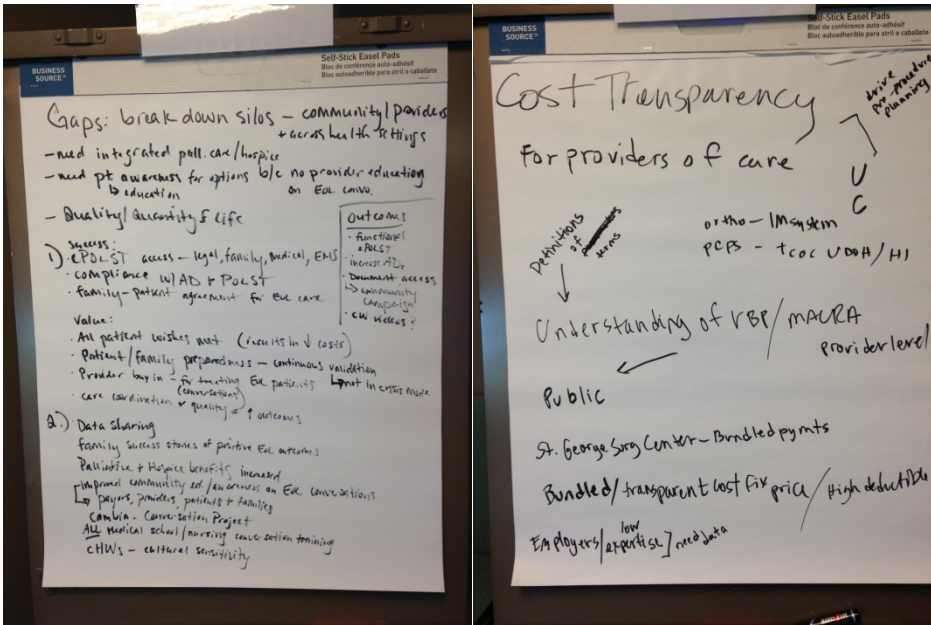
- Should be seamless from patient's point of view, patient-access issues

Allie/EOL

- Improved communication skills, community awareness, awareness across providers
- Conversation Project
- Data-sharing especially with EOL care documentation, functional ePOLST
- Need for continuous EOL conversations before crisis-mode
- Outcomes: functional ePOLST, documentation, community campaign (CW videos)

Sarah/Transparency

- People don't know how much things cost
- People do not understand MACRA, increase education in all areas
- Continued interest that people want to know how much things cost, couch things in terms of value
- Perception that if it costs more it's better



Behavioral Health

Who is missing?  
Who needs to be in the discussion?

Patients of BH

Providers - BH and I<sup>o</sup> care

Payers -

Policy makers critical to change system structure

Barriers

- cost of BH drugs

- Who provides BH care?

GAPS

- Shortage of providers
- Need I<sup>o</sup> care to be more comfortable w/BH - more mid-levels
- Design & funding of BH care
- If team-based - help pt. understand

Health plans

- care managers (coordination)
- parity requirements (burden)

To go forward: ↑ Access!

Share info on resources

BHI success:

- treating the "whole person"
- no gap in time to BH tx

- better access / true parity

- seamless BH care (and PH care for people receiving BH services)

- Mental health assessment as part of annual exam - (and) same treatment at therapy visits