

Saint Alphonsus Health System

Health Care Council

Coordination Meeting | June 2011



Support Innovative Delivery Models

- Align data collection, exchange, reporting requirements and performance measures with the work of the Centers for Medicare & Medicaid Services' quality reporting programs.
- Ensure sufficient investment in primary care capacity to address the primary care professional shortage. Support educational loan repayment programs for primary care providers and provide Medicaid and Medicare reimbursement for graduate medical education training programs.
- Remove major legal and regulatory impediments to clinical integration. Advocate for change of the five major federal laws that affect provider collaboration and incentives change provider behavior — the Stark laws, Civil Monetary Penalties, anti-kickback, anti-trust and IRS restrictions on payment to physicians.
- Develop patient-centered performance measures. Reward providers who implement effective, evidence-based, processes that demonstrate improved outcomes, including patient-centered medical homes.
- Create payment structures that support the adoption and use of health information technology and the development of statewide health information exchanges. They support real-time exchange of patient health information — critical to providing patient-centered care.
- Support Idaho providers who seek funding through CMS Center for Innovation multi-stakeholder ACO demonstrations and/or pilot programs.
- Consider innovative benefit designs that empower beneficiaries to be equal partners in attaining improved outcomes and reduced costs, and to share in decision-making with ACO providers.



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Promote Patient Centered Medical Home Model

- Provide appropriate Medicare and Medicaid reimbursement to providers implementing PCMHs
- Foster PCMH expansion in Medicaid, like the pilot in Idaho, to achieve higher value — particularly for high-risk populations
- Lead by convening all stakeholders around the development of consistent PCMH certification standards, payment methodologies, and performance outcome measures
- Create quality performance measures — both financial and clinical — that measure patient outcomes and align with the work of the National Committee for Quality Assurance, National Quality Forum and other CMS quality reporting programs
- Ensure that the PCMH payment structure supports the adoption and use of health information technology and the development of state-wide health information exchanges
- Address the primary care professional shortage, including providing Medicare and Medicaid reimbursement for testing and implementing the PCMH in graduate medical education training programs. In Idaho, I know, the Family Medicine Residency will likely be the first in Idaho to be NCCQA designated as a Medical Home.
- Provide PCMH incentive payments for state employee health coverage and public health programs
- Enroll Medicaid beneficiaries with chronic conditions into a health home, and receive the enhanced Federal Medical Assistance Percentage of 90 percent for the State of Idaho



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Adopt Health Information Technology

- Implement Meaningful Use requirements with sufficient lead time to afford providers flexibility and efficiency in their compliance
- Expand the Meaningful Use program to post-acute and long-term care facilities in support of care coordination
- Reward Electronic Health Record (EHR) system use for both creating efficiencies associated with patient care management and scheduling, and for enabling patients with personal responsibility for maintaining health records
- Promote information exchange by leveraging existing infrastructures and the expertise of early adopters
- Develop and enforce the use of national data standards for key elements used in EHRs
- Encourage all payors to reimburse telehealth services as a way to expand access while reducing cost



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Ensure Organized Providers

- Facilitate provider collaboration and risk sharing by accommodating legal and regulatory frameworks
- Pre-exempt state laws and regulations that limit either scope of practice or the corporate practice of medicine transforming care.
- Again remove major legal and regulatory impediments to clinical integration. Advocate for change of the five major federal laws that affect provider collaboration and incentives to change provider behavior — the Stark laws, Civil Monetary Penalties, anti-kickback, anti-trust and IRS restrictions on payment to physicians.
- Develop patient-centered performance measures. Reward providers who implement effective, evidence-based, processes that demonstrate improved outcomes.



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Design Smart Payment Reform

- Testing new payment and delivery models to determine which approaches improve quality and reduce spending
- Formulating sustainable solutions to address geographic payment disparities
- Assessing innovations that focus on rural populations and community based care
- Creating incentives to promote provider integration and accountability for outcomes
- Requiring transparency across the continuum of care
- Design the State's insurance exchange to provide affordable coverage options to drive full participation, that emphasize primary care access, care coordination and are adaptable to local needs



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