

Member Roundtable

Driving Market Change Through Multi-Stakeholder Collaboration

Featuring Stratis Health

July 18, 2022

Housekeeping Reminders

- This is a Zoom meeting.
- Please mute yourself when you are not actively speaking.
- Please use the raise hand function to chime in with questions or comments and/or use the chat to share.
- Please share video if you are able.

Agenda

- Welcome and Civitas Updates Jolie Ritzo
- Member Presentation Payer Engagement in Quality Improvement Efforts, Stratis Health, Jennifer Lundblad, President and CEO, Nicole Gackstetter and Senka Hadzic, Program Managers
- Q&A/Discussion



Civitas Updates

The Conference Agenda is Live!

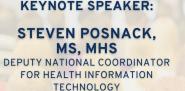
Access the agenda on the Civitas website or using the short URL:

https://bit.ly/CDTagenda





SPEAKER ANNOUNCEMENT





SPEAKER ANNOUNCEMENT **KEYNOTE SPEAKERS:**



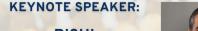




CHIEF MEDICAL OFFICER,









SPEAKER ANNOUNCEMENT





#TOGETHER4HEALTH2022

OFFICE OF THE NATIONAL COORDINATOR FOR

HEALTH INFORMATION TECHNOLOGY



CIVITAS Networks for Health

#TOGETHER4HEALTH2022

OFFICER, GRANTMAKERS IN HEALTH









Hotel Room Block Ends July 25!

Be sure to reserve your room now:

https://book.passkey.com/gt/lodging/218459910?gtid=dc 5ffb9e0e93b860e463f3c6e6 d96b63



The Civitas Networks for Health 2022 Annual Conference, a Collaboration with the DirectTrust Summit



More event info on the Civitas website.

Event Information

Conference Registration

We're pleased to present a hybrid 2022 conference with options for both in-person and virtual attendance. Snag the Early Bird rate before Friday, May 27.

Please view our <u>Conference Event</u>

<u>Safety, Code of Conduct and</u>

Policies here.

REGISTER NOW

Hotel Reservations

Take advantage of our discounted hotel room block for conference attendees at the San Antonio Marriott Rivercenter.

Discounted room rate: \$159/night

Reservations must be made on or before July 22.

RESERVE A ROOM

Sponsor Prospectus

Be part of one of the most anticipated health data conferences of the year. Join us as a sponsor!

There are options at every price

VIEW PROSPECTUS





Upcoming Civitas Event

- Network News is on Wednesday, July 20 at 1 pm ET. We will be introducing new members, highlighting member news, hearing from HEALTHeLINK about their intent to merge with The Population Health Collaborative, and from the Institute for Health Improvement on their collaborative work to support COVID-19 Vaccine efforts.
- Collaboratives in Action Webinar, July 27 at 3 pm ET Learning from an Equitable, Data-Informed Response to COVID-19: Translating Knowledge into Future Action and Preparation. This will feature Civitas' Jessica Little, Senior Director, Business Development and Programs, as well as Civitas member organization, The Health Collaborative and partners from Institute for Health Improvement (IHI), Cincinnati Children's Hospital Medical Center (CCHMC), Parkland Center for Clinical Innovation (PCCI), and Parkland Hospital in Dallas, Texas.



Payer Engagement in Quality Improvement Efforts

Civitas Member Round Table July 18, 2022

Jennifer Lundblad, President and CEO Nicole Gackstetter and Senka Hadzic, Program Managers



Stratis Health

- Independent, nonprofit organization founded in 1971 and based in Minnesota
 - Mission: Lead collaboration and innovation in health care quality and safety, and serve as a trusted expert in facilitating improvement for people and communities
- Core expertise: design and implement improvement initiatives across the continuum of care, test new models of care delivery, bring promising practices to scale
 - Work at the intersection of research, policy, and practice

Our goals today are to:

- Describe two examples which illustrate payer engagement in quality improvement efforts
- Share lessons learned and insight about engaging payers in quality improvement efforts
- Engage with Civitas members on what we can learn from each other and how we can work collaboratively

Health Plan Performance Improvement Projects (PIPs)



What Is a PIP?

- Health plans are required to complete Performance Improvement Projects (PIPs) to meet regulatory requirements from CMS and MN DHS
- Focus on opportunities for health improvement for state public programs members.
 - Areas of focus determined by MN DHS or agreed upon by group
- Projects have varying lifecycles most are 3-4 years
- Typically includes both member and clinician interventions, tailored to meet individual plan needs



History of Collaborative PIPs in Minnesota

- Stratis Health support was originally funded as part of CMS QIO efforts, and the initial collaborative project was a pilot with 3 health plans in 2000 targeted towards dual-eligible seniors (MSHO)
- Health plan interest and involvement grew considerably in 2006-2007 with statewide MSHO expansion and health plan decision to extend collaborative projects to all Medicaid populations. CMS QIO funding to support Stratis Health's involvement ended
- Health Plans engaged Stratis Health to continue in its role as a neutral convener to support PIP development and implementation

Collaborative PIP Projects

- More than 20 collaborative health plan improvement projects have been implemented in MN since 2000 including:
 - Heart Failure
 - Diabetes (multiple projects)
 - Depression Screening
 - Pneumococcal Vaccination
 - Chlamydia Screening
 - Colorectal Cancer screening

- Readmissions
- Preventive Visits
- HPV Vaccination
- Transitions in Care
- Healthy Start

- Appropriate ED utilization
- Spirometry testing for COPD
- Calcium/Vitamin D supplementation
- Optimal Medication Management
- Antidepressant Medication Management



Current PIP Project (Overview): Healthy Start

- Focuses on ensuring a "healthy start" for Minnesota children by concentrating on improving services provided to pregnant women and infants, with a particular focus on reducing health disparities in the areas of:
 - Prenatal and postpartum care of pregnant persons
 - Child and teen checkups
 - Immunizations
- In year two of a 3-year cycle

- Interventions include:
 - Development of education, resources, and tools for care systems
 - Development of community partnerships to support this work
- Measured by looking at HEDIS data as it relates to:
 - Timely Prenatal Care (PPC)
 - Timely Postpartum Care (PPC)
 - Childhood Immunization Status (CIS)
 - Well Child Visits in First 30 Months of Life (W30)



Benefits of collaborative PIPs

- Improve overall the health and quality of care of population served – health plans do not see this as an area they compete in
- Reduce duplication and confusion for care coordinators and clinicians
- Coordinate and pool resources
- Increase "power" when working collectively towards a shared common goal
- Shared page on Stratis Health website provides resources for clinicians and care coordinators
- Hosted and coordinated webinars



Health Plan PIPs: Lessons Learned

- Clarity is needed on roles and responsibilities (e.g., designating a lead health plan)
- Consensus is important in achieving common goals
 - Shared decision making when selecting interventions
- It is necessary to have clear timelines and products
- A need for independent facilitators and location facilitates
- Attention to:
 - Improving processes (addressed at least annually)
 - Interpersonal dynamics (how teams work together)



Chat Discussion

 What kind of work is your organization doing with Medicaid Managed Care in your state?

 What role could HIEs play to enhance Medicaid managed care improvement projects?

Co-Creating a Shared Approach to Social Needs Resource Referrals



Co-Creation Project Goal

Collaboratively design a shared approach as well as tools for connecting people in Minnesota with needed and culturally responsive resources. Moreover, this project seeks to provide support to other dimensions such as health care, food, housing, transportation, and more.

Project Background

- Addressing Social Determinants of Health (SDOH) is a high (for many top) priority for Minnesota-based private and public payers
- There has been a lot of investment in SDOH referral platforms as well as other technologies, but the system is fragmented and not working consistently and universally
- Health plans in Minnesota are seeking to pool the investment resources in SDOH referral platforms vs. individual investment which further contributes to fragmentation

Organization of the Process and Payer Role





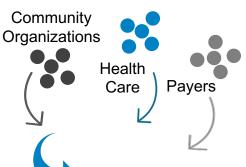




80+ interviews



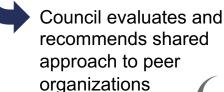
Confirmed widespread interest, gathered Initial guidance on desired characteristics of shared approach



Prioritize "musthaves" for shared approach in each of the 3 groups, establish Guiding Council



Representative Council determines if there is enough agreement on priorities to move forward





Phase 2B and 3, Co-Design and Implement!

Co-Creation Project Current State

- The Guiding Council unanimously voted to move to the next stage and adopted a Road Map for Moving Forward which includes:
 - Selecting a high priority topic to focus on
 - Developing recommendations
 - Implementation of recommendations
- Currently working to fulfill the principal pre-condition of the Guiding Council: "Begin to secure assurances of funding for the co-creation process to evidence commitment and buy-in of payers in the process and outcome including DHS as state Medicaid payer".

Co-Creation Benefit to Payers

- Representative of the MN geography and diversity of perspectives by inclusion of all major payers in the state: large, non-profit, commercial health plans, smaller county-based and MN DHS (public payer)
- Opportunity for payers to provide equal input on the "must have" of a shared approach and determine the final Framework and Road Map for Moving Forward
- Not seen as a funder only, but rather as its own entity with specific needs that need to be responded to

What are we learning about the process?

- Equitable process, which distributes power differently than usual among cross-sector stakeholders
- Challenged to step back from traditional set up where payers lead and design to distributing that power to impacted organizations which resulted in a more inclusive and equitable process
- This effort is social justice centered predicated on an equity lens

Co-Creation Presentation at the CIVITAS Annual Conference

- We invite you to check out Jennifer Lundblad's presentation.
 Jennifer will be speaking about the Co-Creation work,
 specifically how we brought together groups of varied
 stakeholders, and designed the convening that builds in and
 advances equity in both processes and outcomes.
 - CIVITAS Network 2022 annual conference
 - August 23, 3:15-4:00 p.m. (CDT)

Chat Discussion

 What kind of work is being done around social needs referrals in your communities and how are payers engaged in that work?

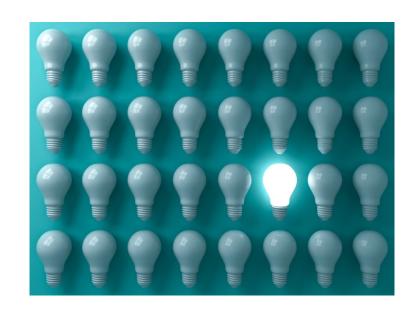
How are you integrating payers into HIE (e.g., flow of information, funding)?

Lesson Learned in Engaging Payers in Improvement Initiatives



Key Takeaways

- Build trusting relationships
- Work with and through health plan associations
- Maintain communication
- Track on needs and priorities
- Design contracts and structures to be responsive
- Integrate the payer voice not just as a potential funder, but also as an improvement partner



Discussion

How does your organization engage with health plans in quality improvement work?

What are the barriers/challenges to engaging with national health plans in states and regions?



Discussion

How can we support each other and how can Civitas support us in engaging national health plans in improvement work?



For More Information:

Nicole Gackstetter

ngackstetter@stratishealth.org

Senka Hadzic

shadzic@stratishealth.org







www.civitasforhealth.org





twitter.com/civitas4health



contact@civitasforhealth.org