



Utah State Innovation Model Grant (USIM) Update

MCAC Meeting

Iona Thraen, PhD ACSW

July 21, 2016

Overview

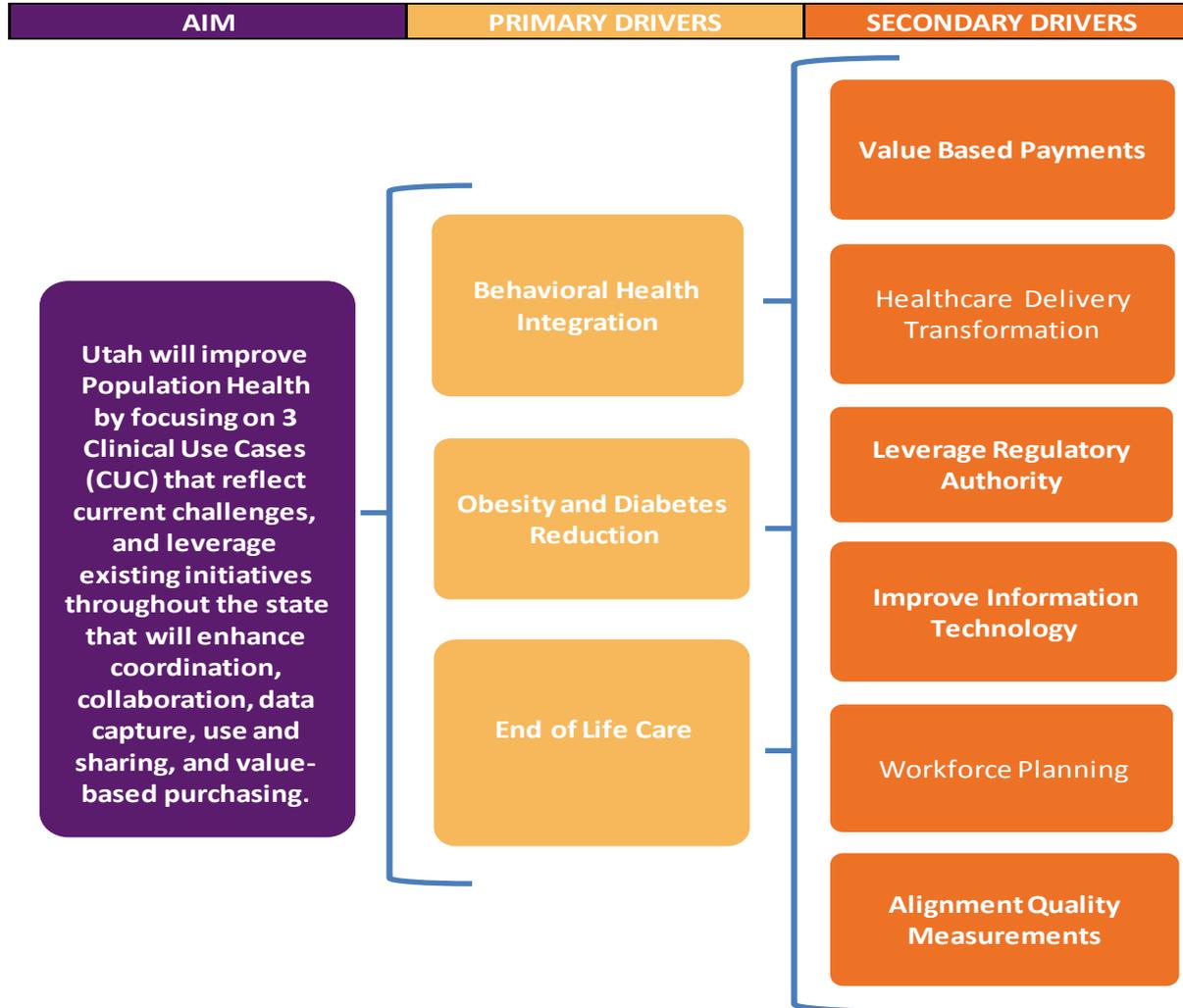
Contributors

- Commission on Aging
- HealthInsight
- Indian Health Tribal Council
- Office of Health Disparities
- Social Research Institute
- Utah Dept. of Health
- Utah Health Information Network
- Univ. of Utah BioMedical Informatics

Contributors

- Utah Leaders for Health
- Utah Medical Education Council
- Utah Pediatric Partnership to Improve Healthcare Quality
- Utah Telehealth Network
- Utah Hospital Association
- Many, many others (274 organizations + 257 individual contributors)

Overview



Value Based Payment Models – Patients Enrolled (Environmental Scan)

Alternative Payment Models & Delivery Systems	What % of PATIENTS are enrolled/engaged		% Medicare		% Medicaid		% Commercial
Bundled payments		=		+		+	
AA	N/A		---		---		---
BB	---		---		---		0
CC	0		N/A		0		N/A
DD	0		0		0		0
EE	0		0		0		0
FF	N/A		---		---		---
GG	0		N/A		N/A		0
HH	---		---		---		---
II	0%		---		---		---
JJ	<1%		0		<1%		<1%
Shared Savings		=		+		+	
AA	18.2% St-wd; 22.9% Was.		N/A		N/A		18.2%; 22.9%
BB	11%		4%		7%		0
CC	See ACO		N/A		See ACO		N/A
DD	4 people		---		---		---
EE	26%		14%		12%		0
FF	10%		4%		1%		5%
GG	4.1% of contracted providers		N/A		N/A		4.1% of con...
HH	6.1%		0.3%		N/A		5.9%
II	11%		100%		100%		2%
JJ	26.8%		0		28.5%		24.2%
ACO		=		+		+	
AA	18.2% St-wd; 22.9% Was.		N/A		N/A		18.2%; 22.9%
BB	---		---		---		0
CC	28.8%		N/A		28.8%		N/A
DD	---		---		---		---
EE	9%		3%		3%		3%
FF	N/A		---		---		---
GG	N/A		N/A		N/A		N/A
HH	0		0		N/A		0%
II	13%		---		100%		---
JJ	See shared savings		0		See sh....		See sh...

Value Based Payment Models – Providers Enrolled (Environmental Scan)



Alternative Payment Models & Delivery Systems	What % of PATIENTS are enrolled/engaged		% Medicare		% Medicaid		% Commercial
Bundled payments		=		+		+	
AA	N/A		---		---		---
BB	---		---		---		0
CC	0		N/A		0		N/A
DD	0		0		0		0
EE	0		0		0		0
FF	N/A		---		---		---
GG	0		N/A		N/A		0
HH	---		---		---		---
II	0%		---		---		---
JJ	<1%		0		<1%		<1%
Shared Savings		=		+		+	
AA	18.2% St-wd; 22.9% Was.		N/A		N/A		18.2%; 22.9%
BB	11%		4%		7%		0
CC	See ACO		N/A		See ACO		N/A
DD	4 people		---		---		---
EE	26%		14%		12%		0
FF	10%		4%		1%		5%
GG	4.1% of contracted providers		N/A		N/A		4.1% of con...
HH	6.1%		0.3%		N/A		5.9%
II	11%		100%		100%		2%
JJ	26.8%		0		28.5%		24.2%
ACO		=		+		+	
AA	18.2% St-wd; 22.9% Was.		N/A		N/A		18.2%; 22.9%
BB	---		---		---		0
CC	28.8%		N/A		28.8%		N/A
DD	---		---		---		---
EE	9%		3%		3%		3%
FF	N/A		---		---		---
GG	N/A		N/A		N/A		N/A
HH	0		0		N/A		0%
II	13%		---		100%		---
JJ	See shared savings		0		See sh....		See sh...

- Value Based Payment Changes
 - Medicaid – ACO
 - Medicare - MACRA - (AMA)
 - Congress repealed the sustainable growth rate (SGR) formula.
 - The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) permanently eliminates SGR
 - Provides positive annual payment updates lasting through 2019

- Two Pathways
 - **Alternative Payment Models (APMs)**
 - MACRA supports physicians who choose to adopt new payment and delivery models approved by the CMS.
 - Participation voluntary.
 - Physicians who choose to be paid under eligible APMs are exempt from participating in MIPS.
 - **Merit-Based Incentive Payment System (MIPS)**
 - MACRA also retains a modified fee-for-service model and consolidates former reporting programs (Physician Quality Reporting System, Value-Based Modifier, Meaningful Use) to provide greater flexibility.
 - Initially, most physicians are expected to be participants in MIPS

Value Based Payments – Behavioral Health



Client Counts 0-34 years of age in 2014				
	Counties/LAs	Medicaid	Commercial	Totals
Substance use	10,218	2,386	3,828	16,432
Mental health	30,330	21,686	89,752	141,768
	40,548	24,072	93,580	158,200

This total represents about 9.3% of the estimated 1.7 million persons 0-34 in Utah in |

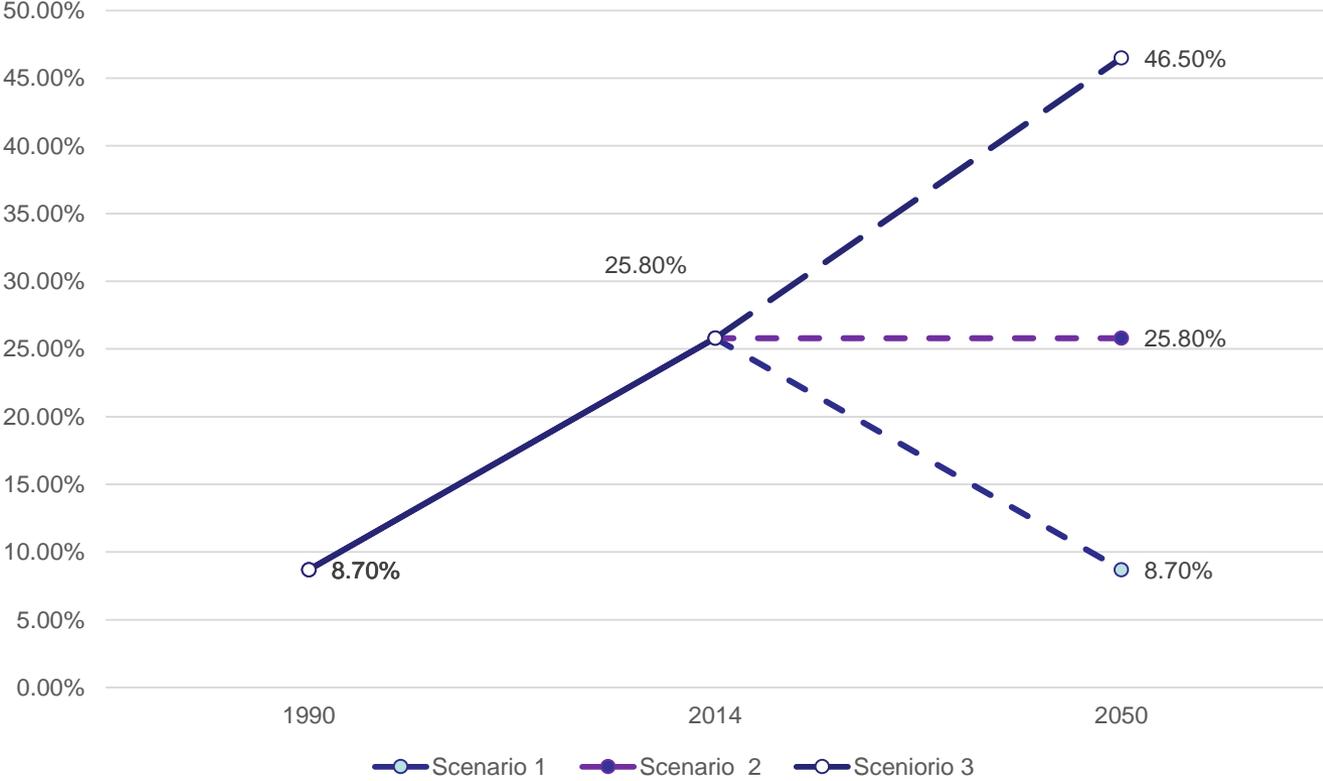
Costs* for clients 0-34 years of age in 2014				
	Counties/LAs	Medicaid	Commercial	Totals
Substance use	\$32,388,885	\$6,431,043	\$32,109,202	\$70,929,130
Mental health	\$81,053,958	\$53,459,294	\$88,613,965	\$223,127,217
	\$113,442,843	\$59,890,337	\$120,723,167	\$294,056,347

*Costs are underestimated because Medicaid and Commercial costs include only those for services billed with a behavioral code as the primary diagnosis

Value Based Payments Obesity/Diabetes Projected Rates



Utah Projected Obesity Rates (2014-2050) by Scenario



Value Based Payments Obesity/Diabetes Rates



Adult Obesity

State Rate	26.0%
Hispanic	30.0%
Non-Hispanic	25.0%
Native Hawaiian Alaskan Native	40.0%
Less than high school education	34.0%
Income less than \$25,000/year	32.0%
Women aged 50-64	33.0%
Tooele County	30.0%
Tri-County	30.0%

Adult Diabetes

State Rate	7.7%
Hispanic	13.7%
Non-Hispanic	7.0%
Native Hawaiian Alaskan Native	17.7%
Less than high school	14.0%
Income less than \$25,000/year	12.8%
Age 50-64	11.9%
Age 65+	20.0%
Southwest County	9.5%
Kearns	13.0%
Magna	14.0%

Obesity

- Accounts for 0.1% of the APCD-covered population and 0.2% of the APCD total cost
- The total cost for the 3443 Utahns with obesity in the APCD-covered population is \$19,953,231
- The average cost per person is \$5795.30
- The age group 45-64 had the highest cost per person of \$7048.20
- Females were 2.3 times more likely to be obese, and had a cost person at \$5845.65

Diabetes

- The total cost of care for persons in the APCD with diabetes or diabetes and comorbidities is \$1,188,775,945
- The average age for diabetes-related CRGs is 61 years
- The total cost of care for diabetics without comorbidities is \$130,786,347 with a cost per person of \$5367.14
- Diabetes and hypertension accounted for the largest percentage of the diabetic population, 31.2%, and diabetes with this comorbidity increased the cost per person by \$130.48
- The highest average cost per person is \$71,470.87 for the CRG group Dialysis with Diabetes. This group cost is 13.3 times the cost of a diabetic without comorbidities and 6.3 times the average diabetes-related CRG.

Value Based Payments Obesity/Diabetes Costs

Population and total cost for the CRG “Obesity”

	APCD Population Count	Percentage of APCD Population A	Total APCD Cost	Average years
Obesity	3443	0.1%	\$19,953,231	37.7

Population and total cost for the CRG “Obesity” by Age

Age Group	APCD Population Count	APCD Total Cost	Cost Person
0-17	449	\$,1759,992	3919.80
18-25	356	\$1,754,773	4929.14
26-44	1625	\$9,489,194	5839.50
45-64	910	\$6,413,861	7048.20
65+*	103	\$535,410	5198.16

Population and total cost for the CRG “Obesity” by Gender

	Persons	% of Obesity Population	Total Cost
Obesity	3,443	100.0%	\$19,953,231
F	2,398	69.6%	\$14,017,879
M	1,045	30.4%	\$5,935,351
Grand Total	3,443	100.0%	\$19,953,231

Health Delivery Transformation PCMH



% Patients Enrolled

Alternative Payment Models & Delivery Systems	What % of PATIENTS are enrolled/engaged		% Medicare		% Medicaid		% Commercial
PCMH		=		+		+	
AA	N/A		---		---		---
BB	100%		---		---		---
CC	0		N/A		0		N/A
DD	---		---		---		---
EE	0		0		0		0
FF	2%		1%		---		1%
GG	N/A		N/A		N/A		N/A
HH	---		---		---		---
II	42%		48%		51%		40%
JJ	Not implemented		0		0		0

% Providers Enrolled

Alternative Payment Models & Delivery Systems	What % PROVIDERS are enrolled/engaged		% Medicare		% Medicaid		% Commercial
PCMH		=		+		+	
AA	N/A		---		---		---
BB	---		---		---		---
CC	0		N		0		N/A
DD	---		---		---		---
EE	0		0		0		0
FF	2%		1		---		1%
GG	N/A		N		N/A		N/A
HH	---		---		---		---
II	11%		---		---		---
JJ	Not implemented		0		0		0

Health Delivery Transformation – End of Life



Primary Organization	Name of Project/Principal investigator	Project Description	Additional Affiliated Organizations													
			Huntsman Cancer Institute	Intermountain Healthcare	Utah Dept of Health	Utah Dept of Health- Bureau of HealthInsight	Commission on Aging	Utah Health Information	University of Utah	Cambria Health Foundation	Avalon	AAA				
Huntsman	Kathy Mooney	Creating resources for use in patient's last year of care, identifying triggers to have the end-of-life care conversation	X													
Huntsman	UCoPE- Utah Certificate of Palliative Education	Nursing coordinator from UCoPE, mid-career professionals, EDs, Hospices. Didactic course and practice of communications skills to have the EOL care conversation. Community faculty include Intermountain Healthcare and the U of U.	X	X								X				
Huntsman/HealthInsight	SIM Advance Care Planning Pilot	Training providers on Atul Gawande's Serious Illness Conversation Guide to reduce provider distress associated with having the conversation with patients diagnosed with brain, metastatic breast, pancreatic and lung cancer	X				X									
Intermountain Healthcare	New palliative care medical director	System-wide commitment, growing programs, expanding access for inpatient and outpatient		X												
VYNCA	VYNCA	Vendor product that provides interoperability and integration for POLSTs	X	X	X		X	X	X							
Cambria	Sanpete Hospital, Mt. Pleasant	Nursing coordinators and UCoPE trainings		X									X			
UHIN	Pilot to demonstrate interoperability and using cHIE to exchange POLSTs	Pilot to share the polst through the cHIE (600 records/cHIE, 2 avalon NH), focus on EMS access, Pushing patient summary in a timely opportunity to use CCD to transmit patient POLST				X		X	X					X		
UDOH Bureau of EMS	Peter Taillac/ Access to POLSTs	From DNR to POLST, creating easy access. EMS not legally liable for following or not following POLST forms.			X	X	X	X	X	X	X					
UDOH	POLST Licensing	House the rule, change from facility owned to public owned, moving to electronic process, contacts/interactions in ALL provider settings			X	X		X	X							
UDOH and HealthInsight	Beacon ePOLST	Electronic input and EMS access; version control			X	X	X	X	X							
Long-term care	POLST access/exchange during	Version control in EHR. Gap: "call" versus electronic transfers														
Intermountain	Dementia Care	Care planning, treatment, and diagnosis		X												
UU	Peggy Batin/ Ethical Issues of Suicice	EOL issues, religious, practices, digitally available										X				
HealthInsight	SIM Governance	Convening ACP/EOL activity leads to identify overlap, gaps, and collaborative strategies	X	X	X	X	X	X	X	X	X	X	X			
Huntsman	Seed Grant	Chart reviews of ACP to assess data quality and focus groups to assess perspectives of providers, social workers, patients and families on current gaps in ACP	X				X				X					
University of Utah (U of U)	Taking Care of our Parents: PCORI Tier I & II	Advisory and research group to identify current gaps in ACP from perspectives of caregivers of elderly patients					X	X			X					
Cambria	The Conversation Project	Steering committee and toolkit and resources for having the conversation with friends, family and community.	X				X	X				X				
HealthInsight	Leaving-well.org	EOL/ACP website					X									
Commission on Aging	Anne Palmer and Becky Kapp	Proposal to design a Data Visualization Tool to Predict Mortality					X	X			X					
Intermountain	Palliative Care	High high patients relaying prognosis, palliative care focus, online tool		X												
Regence & Medicare	Annual Wellness Visit Reimbursement	Reimbursement for having the conversation	X	X							X					
AAA	Patient centered care planning	Aging waivers, senior centers														X
U of U	Care for the Vulnerable Elderly Group	A platform for researchers to convene and work together to address the needs for the vulnerable elderly														
HealthInsight	ThSisU--Identification services for Utahns	Services usecase, POLST linkage and identification	X					X			X					
Commission on Aging	National POLST work	Representing Utah in the National POLST paradigm taskforce and providing expertise on the requirements needed to develop a mature POLST program		X	X		X	X	X							

Health Information Technology – Community Wide Projects

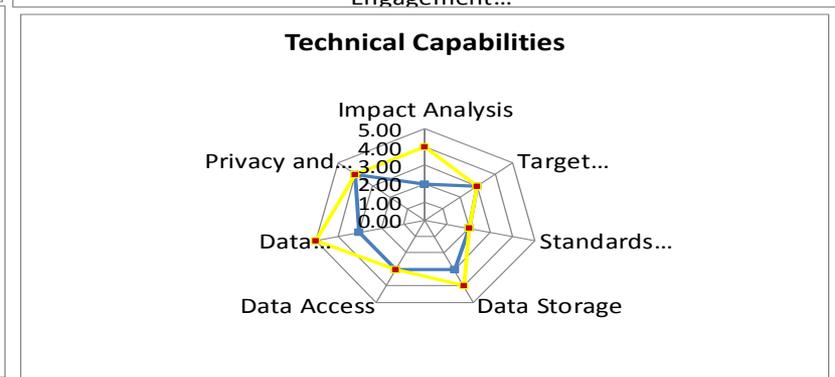
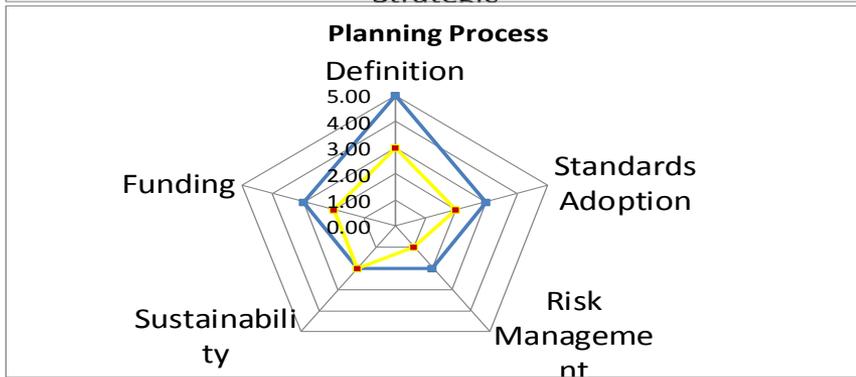
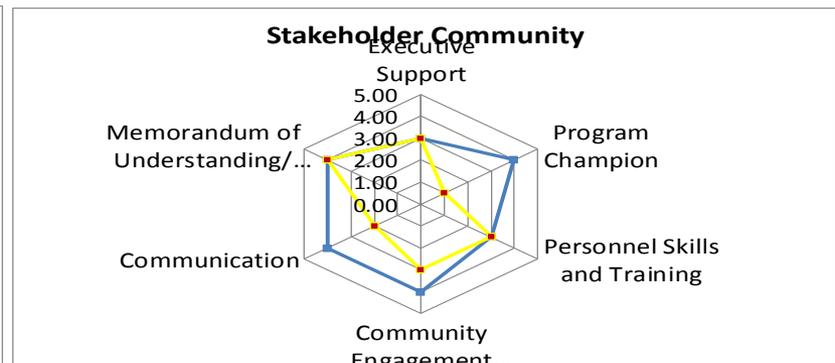
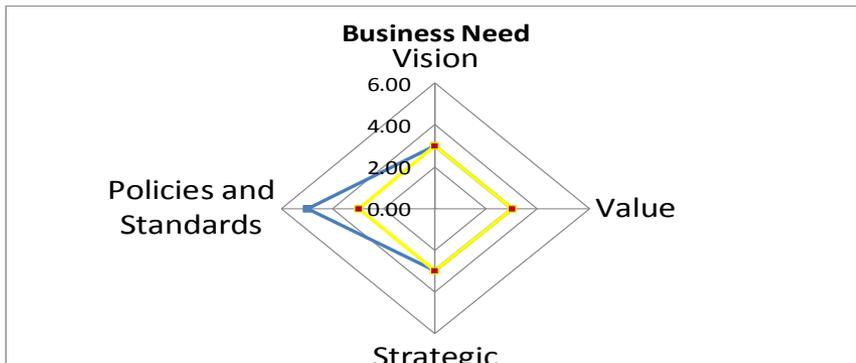


ID#	PROJECTS (STRATEGIES)	OBJECTIVES SUPPORTED				ACTION	
GOAL 1: ADVANCE THE HEALTH AND WELL-BEING OF INDIVIDUALS AND COMMUNITIES THROUGH PERSON-CENTERED AND SELF-MANAGED HEALTH							
1.01	APCD (Price Transparency) & NRHI Total Cost of Care	1A	2A			Implementation	
1.02	UtahHealthScape.org (Transparency for Consumers)	1A	2A			Implementation	
1.03	HealthInsight's Patient & Family Advisory Council	1A	1C			Expansion	
1.04	ePOLST Analysis and Implementation	1A	1B	1C		Planning	
1.05	Planning project for 1D - Promote patient use of HIT	1D				Gap	
1.06	Planning project for 1E - Consumer-mediated/generated exchange	1E				Gap	
1.07	cHIE Patient Portal	1A	1B	1C		Planning	
1.08	HIE for Newborn Screenings and Follow up	1A	2B			Need resources	
1.09	Pediatric Patient Summary Exchange - PCP to BH and BH to PCP	1A	2B			Implementation	
1.10	Choosing Wisely Campaign (informed patient)	1A				Need resources	
GOAL 2: STRENGTHEN HEALTH CARE DELIVERY TRANSFORMATION							
2.01	Provider Support for Quality Reporting (PQRS, MU, MACRA)	1C	2A	2B		Implementation	
2.02	EHR Guide for Quality Reporting on Cardiac Care	2A	2C			Implementation	
2.03	GetHealthyUtah.org (Population Health)	2B	2C	2D		Implementation	
2.04	Death Notices	2B	2D			Implementation	
2.05	Long-Term/Post Acute Care Summary Exchange	2B	3C			Implementation	
2.06	Dashboards (HIT, NQF, Monarch) for Geographic Quality Analysis	2C	2D			Implementation	
2.07	Adult Immunizations - increase rates (flu, pneumonia)	2C				Implementation	
2.08	HealthInsight's Quality Awards Program	2B	2C			Expansion	
2.09	ADT Alerts for reducing admissions and readmission	2B	2D	3C		Expansion	
2.10	Clinical information exchange among public health, EHRs, and HIE	2A	2C	3D		Planning	
2.11	Obesity & Diabetes Population Health	2B	2C	2D		Planning	
2.12	Behavioral Health & Primary Care Interoperability	2B	2D	3C		Planning	
2.13	Utah Regional Health Care Innovation Day	2B	3A	3F	4C	Planning	
2.14	Indian Health Geographic Analysis	2D	3C			Planning	
2.15	COB Database - Payer coordination	2A	2B			Implementation	
GOAL 3: ENHANCE UTAH'S INTEROPERABLE HEALTH IT INFRASTRUCTURE							
3.01	Rural Community Connectivity to cHIE	2B	2D	3C		Implementation	
3.02	Bi-directional Immunization Query through cHIE	3C	3D			Implementation	
3.03	EMS Integration exchange with cHIE	3C				Implementation	
3.04	Patient Centered Data Home - Multi-HIE Connections	3C				Implementation	
3.05	Poison Control Center Data Integration	3C				Implementation	
3.06	The Shared Identity Services for Utahns (ThSisU) / Statewide MPI	1E	3A	3D	3E	Planning	
3.07	EHR, HIE connections to the Controlled Substance Database	3B	3C	3D		Planning	
3.08	UHIN HIT Conference	2D	3A	3B	3F	4A	Implementation
3.09	cHIE Adoption	2B	3C			Expansion	
3.10	cHIE Connections	3C				Expansion	
GOAL 4: SUPPORT INNOVATION AND APPLIED RESEARCH TO EFFICIENTLY IMPLEMENT STATEWIDE HEALTH IT INITIATIVES							
4.01	Utah Partnership for Value	4A	4B			Expansion	
4.02	Provider Directory	4A				Planning	
4.03	Stakeholder Engagement (ie. Indian Health) (combine with #17)	4B				Planning	
4.04	PCORI Partnering for Better Health Research Conference	4A				Need resources	

Health Information Technology – UDOH Readiness

Overall Score	
Core Capability	Scores %
Business Need	90.00%
Stakeholder Community	75.00%
Planning Process	68.67%
Technical Capabilities	100.00%

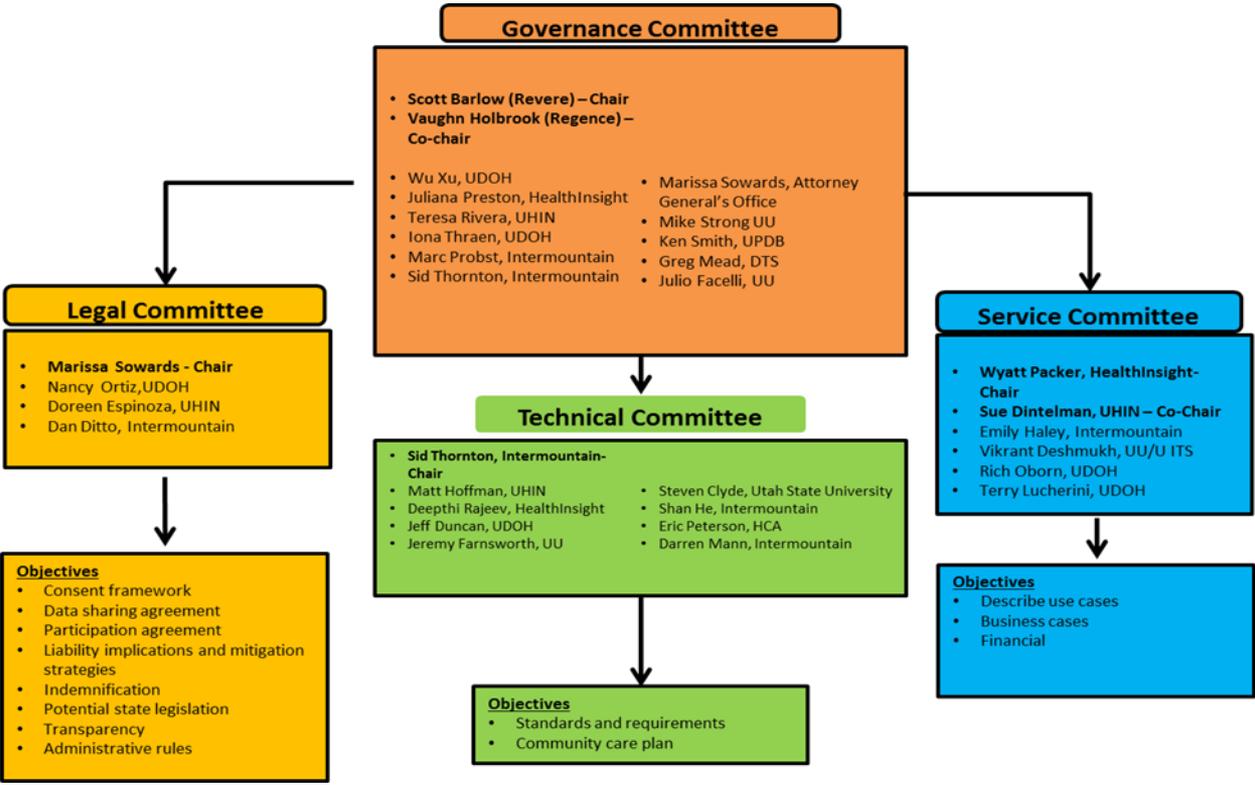
>= 90% Ready
< 90% Capable



Ready
Capable

Well-positioned to realize value of information sharing and exchange.
Capable of realizing value, but improvements are needed to realize full potential.

Health Information Technology – ThSisU (The Shared Identification Services for Utahns)



ThSisU Identity-related Building Blocks to support appropriate data movement

Patient Identity Service

- Identity proofing, verification, and correlation
- Match digital identities across organizations, yielding confidence in disclosing organization

Patient Proxy Relationship Management

- Proxy relationship verification and policy
- Allow recipient identification, transmission notification, audit data to follow patient

Provider Electronic Delivery Specifics

- Provider digital identity repository
- Provider identity proofing
- Ensure messages are delivered according to preferences/capabilities of intended provider
- Facilitate the transparent auditing of each transaction

Care Team Management

- Curation of patient-provider relationships
- Encounter records from member organizations

Patient Access

- Enable community applications to dialogue with patients for notifications, planning, and data corrections
- Enable patient identity self-verification

Case Information Delivery

- Timely collection of information from appropriate data source, aggregated/filtered, and using community standards received by appropriate provider

Selected Care Coordination Use Cases

Newborn data Bundle

- Electronic birth certificate
- Screening orders, tracking results
- Pediatrician identification and follow-up

End of Life Care

- Electronic POLST
- Advance Directives
- Emergency Medical Services

Poison Control

- Case coordination with Emergency Physicians

Business case and financial benefit

Pooled-shared knowledge

Trust framework

Risk Indemnification

Workforce Planning – Primary Care Providers



- Primary Care Grants and Loan Scholarship

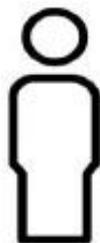
Utah Primary Care Grant Program									
# Served	2009	2010	2011	2012	2013	2014	2015	2016	Cumulative
Rural	13,023	34,080	22,525	21,745	24,324	23,382	37,452	65,480	242,011
Urban	11,367	26,836	20,223	8,100	6,891	6,087	102,990	22,613	205,107
Total	24,390	60,916	42,748	29,845	31,215	29,469	140,442	88,093	447,118
# Sites	2009	2010	2011	2012	2013	2014	2015	2016	Cumulative
Rural	30	28	22	19	19	20	30	24	192
Urban	28	24	17	10	8	6	22	20	135
Total	58	52	39	29	27	26	52	44	327
Award Amounts	2009	2010	2011	2012	2013	2014	2015	2016	Cumulative
	\$1,491,667	\$1,641,836	\$1,166,100	\$757,708	\$786,233	\$757,896	\$2,595,215	\$2,110,285	\$11,306,940

- Community Health Workers

Community Health Worker Survey Summary

First Utah Community Health Worker Conference: Building a Statewide Force
April 11, 2016

73 community health workers responded out of potential 160



Employed CHWs

Average 5.4 years experience

70% on employer-based health insurance

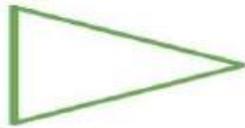


Volunteer CHWs

Average 3.6 years experience

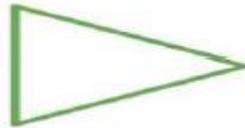
Workforce Planning – Community Health Workers

Top 3 types of organizations CHWs work in



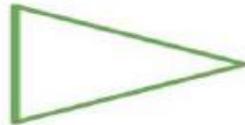
1. Non-profits (n=47)
2. Community Health Clinics (n=14)
3. Health Plans (n=9)

Top 3 trainings CHWs receive



1. Conferences / Workshops (n=41)
2. On the job training by shadowing others (n=37)
3. Partner agency(ies) training (n=26)

Top 4 health areas*



1. Diabetes (n=58)
2. Blood pressure (n=45)
3. Obesity/ Nutrition (n=31)
4. Mental Health (n=27)

*22 health issues were selected

Workforce Planning – Behavioral Health Providers

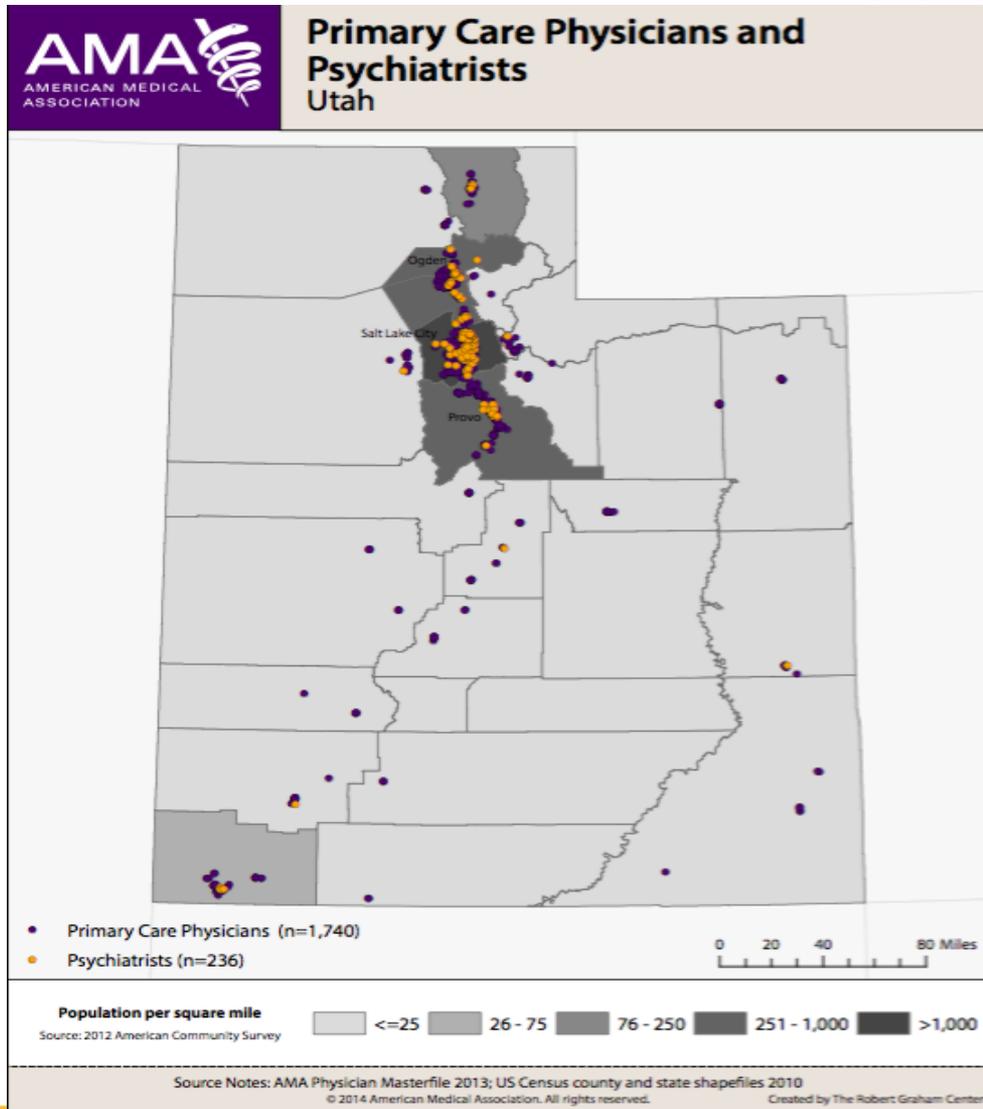


- Behavioral Health Providers

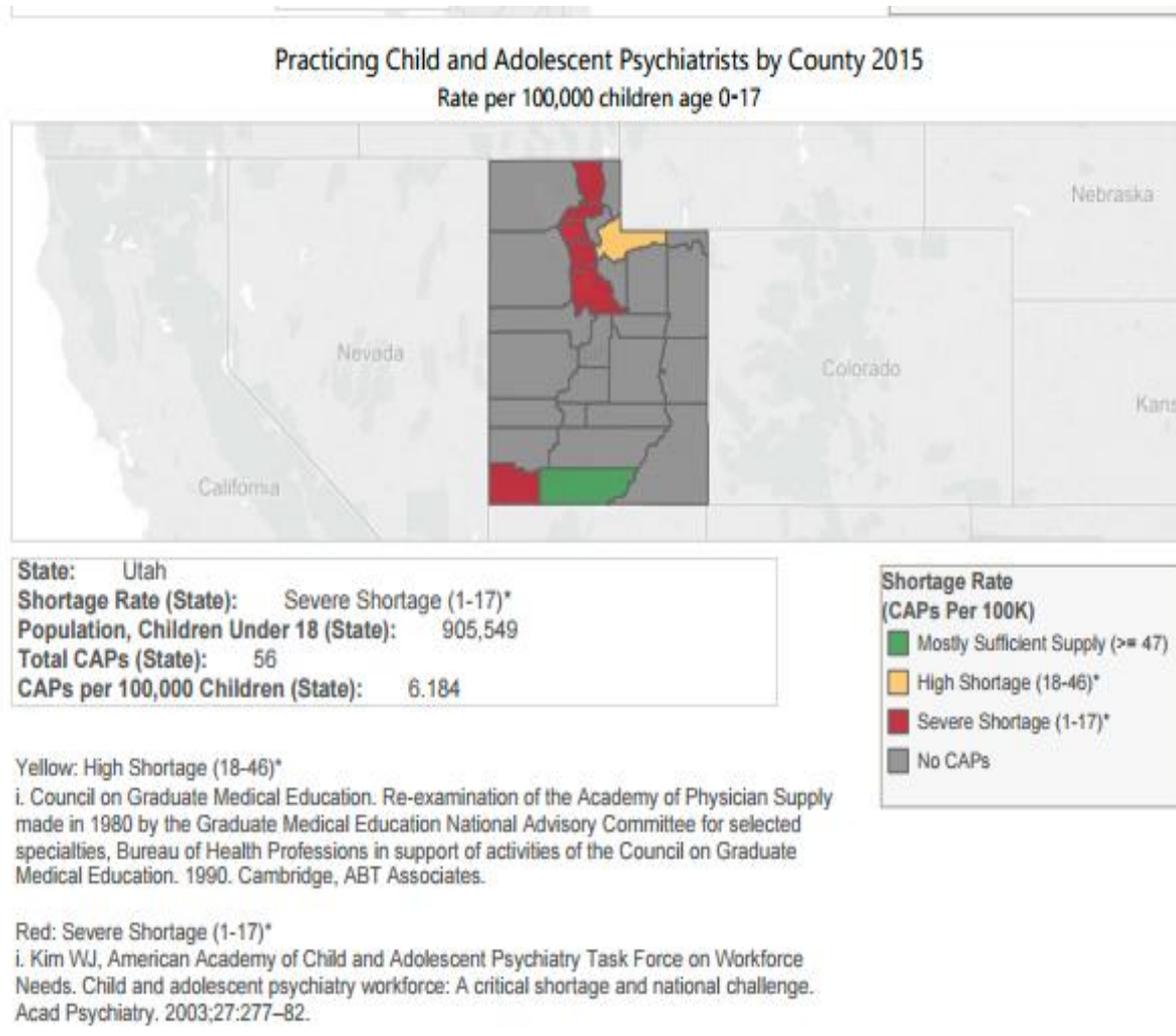
Utah FTEs and U.S. Providers per 100,000

	CMHC	LCSW	MFT	PSYCH	ALL
Utah FTEs per 100,000 People	30	98	15	27	171
U.S. Providers per 100,000 People	41	204	12	55	311
Ratios	.73:1	.48:1	1.25:1	.49:1	.55:1

Workforce Planning – Behavioral Health Providers

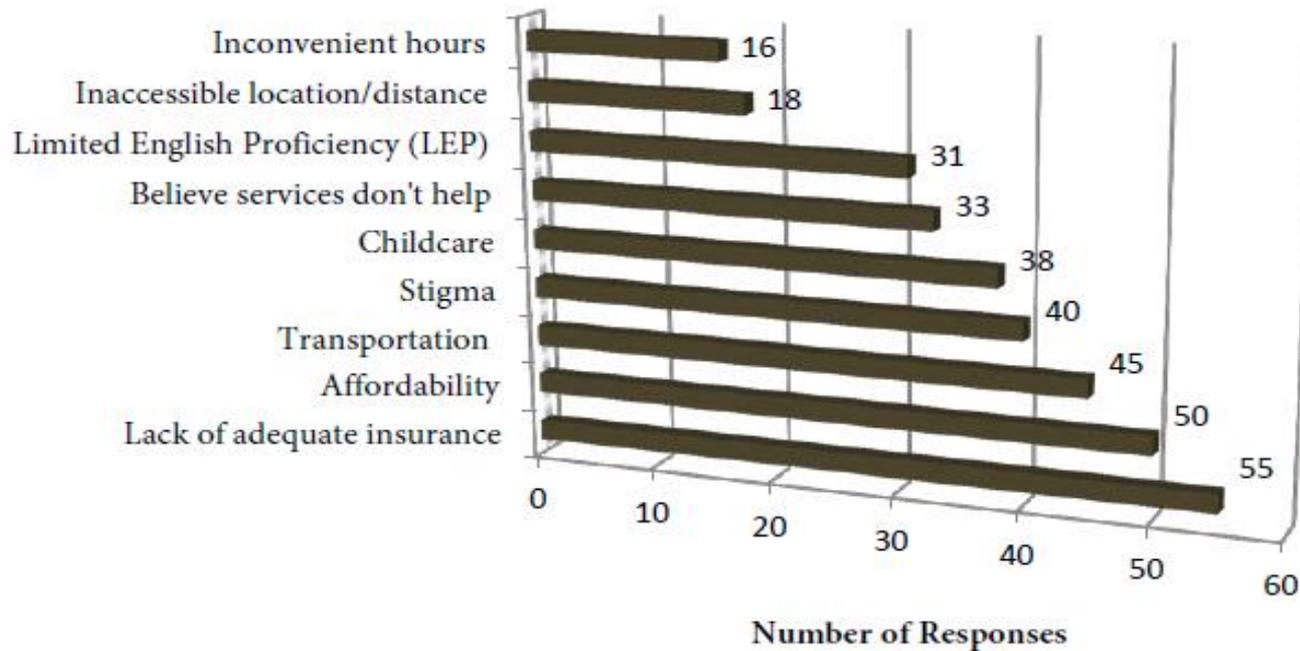


Workforce Planning – Behavioral Health Providers



Most common barriers that may deter consumers from accessing BH/MH services

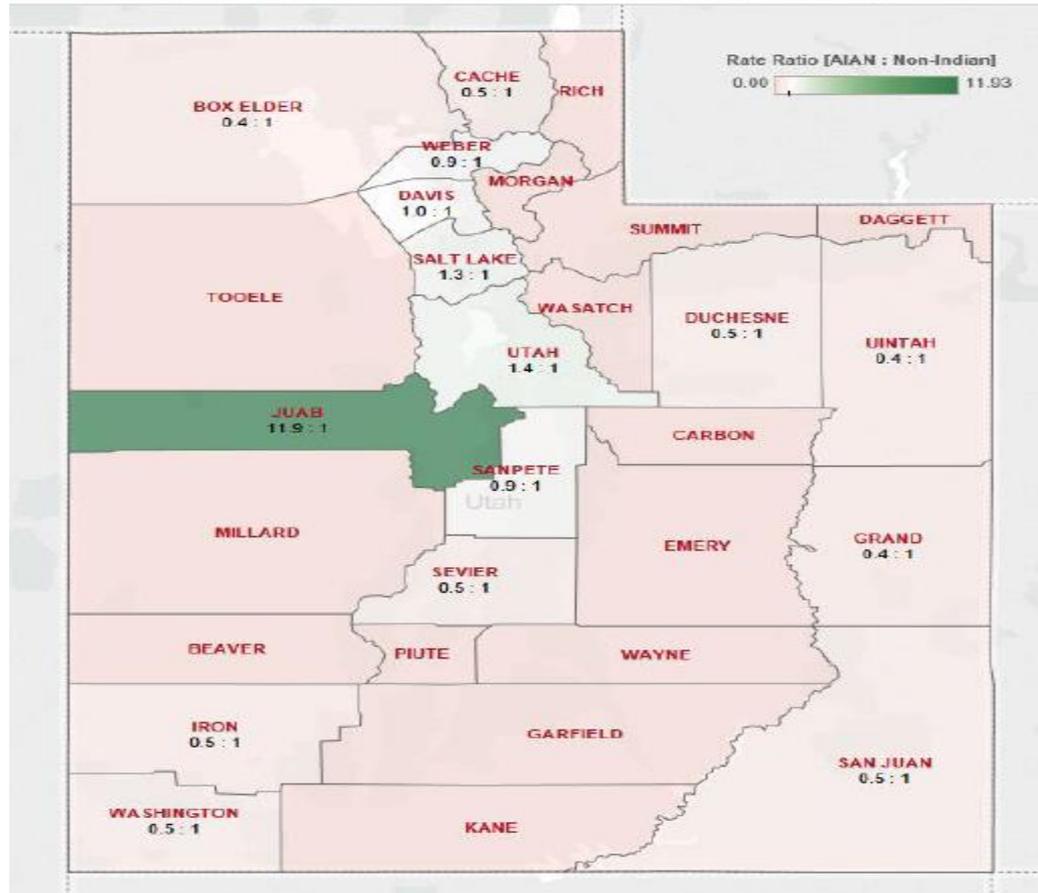
Access to Care Barriers



Behavioral Health Disparities – American Indian/ Alaska Native (AIAN)

The Medicaid Suicide rates ratio map shows ratios of AI/AN Suicide rates to Non-Indian Suicide rates in Medicaid for counties of Utah from 2011-2014.

AIAN vs Non-Indian MH-Suicide Rate in Medicaid (2011-2014)



* Data may be duplicative for those enrolled in Medicaid from 2011-2014 for use as the denominator

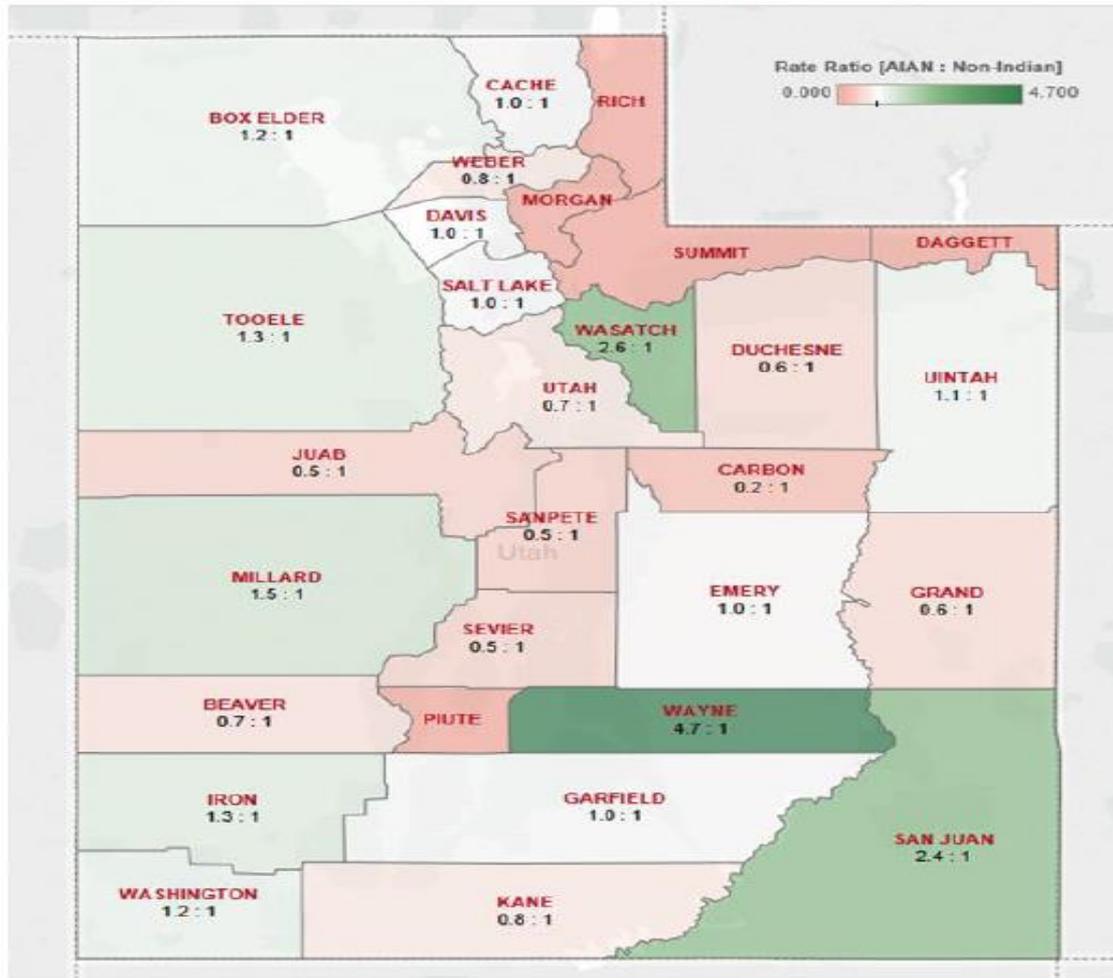
Quality Measures – Behavioral Health Baseline



Measure Information	Utah 2015 Baseline
NQF 0418 -Preventative Care and Screening: Screening for Clinical Depression and Follow-up Plan	
	Estimate = 48.0%
NQF 0105 - Antidepressant medication management;	
Effective Acute Phase Treatment	Estimate = 54.0%
Effective Continuation Phase treatment	Estimate = 36.8%
NQF 0004- Initiation and treatment of alcohol and other drug dependence treatment:	
Initiation	Estimate = 20.4%
Engagement	Estimate = 8.9%

Diabetes Disparities (AIAN)

AIAN vs Non-Indian Diabetes Rate in Medicaid (2011-2014)



* Data may be duplicative for those enrolled in Medicaid from 2011-2014 for use as the denominator

Quality Measures – Obesity/Diabetes

Measure Information	Utah 2015 Baseline
NQF 0421: Adult Weight Screening and Follow-Up	51.26%
NQF 0024: Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents Population 1: Percentage of patients with height, weight, and body mass index (BMI) percentile documentation	48.66%
NQF 0024: Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents Population 2: Percentage of patients with counseling for nutrition	34.33%
NQF 0024: Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents Population 3: Percentage of patients with counseling for physical activity	35.40%
NQF 0575 Diabetes: HbA1c Control (<8%)	43.83%
NQF 0059 Diabetes: HbA1c Poor (hemoglobin A1c > 9.0%)	11.55%
NQF 0064 Diabetes: Low Density Lipoprotein (LDL) Management and Control (LDL-C <100mg/dL)	22.91%
NQF 0061 Diabetes: Blood Pressure (BP <140/90 mmHg)	51.36%

- SBIRT – 5 yr \$8 million grant (waiting to hear from SAMHSA) – end of summer
- 90/10 Medicaid HIT potential matches
 - ePOLST match
 - Skilled Nursing Facility Civil Money Penalties
 - EMS fines and Forfeitures
 - Pediatric Behavioral Health Summary
 - University of Utah (Pediatrics/Biomedical informatics)
 - Controlled Substance Abuse Data Base (general funds)
 - ThSisU
 - NGA Technical Assistance
 - Business Case (Intermountain Healthcare, others?)

Next Steps and Sustainability – No Cost Extension



Secondary Drivers - <i>Berwick Principle</i>	Use Case	Work Not Completed and Proposed Activities
Integrate Health Delivery System Transformation - <i>Ensure Transparency</i>	BHI	<ul style="list-style-type: none"> • Identify and focus on enhancing core elements of lowering costs and improving quality regardless of payment model per NORC review of evidence • Produce training materials associated core elements • Provide 4 VBP WEBINAR trainings over the 6 month extension period to relevant stakeholders by use case • Test and evaluate CLAS WEB training module with behavioral health providers
Integrate Payment and Service Delivery models for Value Based Payments - <i>Minimize Complex Individual Incentives</i>	BHI EOL	<ul style="list-style-type: none"> • Collaborate with HealthInsight in developing trainings and outreach to providers on MACRA expectations, changes, methods, and timeframe as it relates to behavioral health integration and end of life care • Produce training materials associated with the strengths and weaknesses of payment models as outlined by the Urban Institute. • Provide 4 VBP WEBINAR trainings over the 6 month extension period to relevant stakeholders by use case
Leverage Regulatory Authority – Governance – <i>Ensure Sustainability</i>	BHI	<ul style="list-style-type: none"> • Identify and develop an inter-agency governing body with representatives from Depts. of Health Human Services, Corrections, Commerce and Workforce Services in partnership with community agencies. • Identify the implications for MACRA, MBQIP and 90/10 sustainability opportunities for SIM specific innovations. • Explore with Medicaid, ACOs and Behavioral Health funding entities their current thinking and knowledge of new transformation options and readiness to implement any of the options. • Prepare sustainability plans for innovation recommendations using Medicaid 90/10 funding, Civil Money Penalties collected from skilled nursing facilities, Fines and Forfeitures collected on behalf of Emergency Medical Services, state appropriations, local foundations and National grant opportunities. • Prepare funding plans for innovations including but not limited to: <ul style="list-style-type: none"> ○ ePOLST for skilled nursing facilities ○ ePOLST for EMS access ○ Electronic Pediatric Behavioral Health Summary ○ THSisU services implementation plan ○ State Master Person Index ○ Opioid registry access at point of care
Improve Health Information Technology Infrastructure - <i>Use Improvement Science</i>	EOL	<ul style="list-style-type: none"> • Develop a POLST registry implementation plan that meets recommended criteria. • Develop identity management and access policies for ThSisU • Develop data sharing agreements for improved access to registry • Integrate recommendations from Sequoia project into ThSisU RFP • Support proposed legislative changes to improve identity management services at the state level
Improve Stakeholder Engagement – <i>Hear the voices served</i>	EOL	<ul style="list-style-type: none"> • Convene a Utah Coalition for Quality at End of Life to oversee POLST dissemination, research and training (potentially a workgroup under the ACP Advisory Group)
Align Quality Measures –	BHI	<ul style="list-style-type: none"> • Identify the MBQIP measures as they relate to the three use cases, identify how data for these measures may be collected, stored and used for determining value for the three use cases