HSCRC Workgroups, Partnership Activities and Roadmap

Performance Measurement Workgroup
June 22, 2015
Organization of Current Activities

Advisory Council

HSCRC Commissioners & Staff

HSCRC FUNCTIONS/ACTIVITIES
- Payment Models
- Performance Improvement Measurement

PARTNERSHIP ACTIVITIES
- Care Coordination & Infrastructure
- Consumer Engagement, & Outreach
- Alignment Models
- Medical Education

Multi-Agency and Stakeholder Groups
Developing a New Culture for Patient Care—Rapid Change Cycle

**Year 1 Focus**
- Shift to person-centric model
- Payment reform (Global budgets)
- Focus policies on potentially avoidable utilization
- Stakeholder engagement
- Regulatory infrastructure

**Year 2 Focus (Now)**
- Clinical improvement, care coordination, integration planning, and infrastructure development
- Partner across hospitals, physicians and other providers, post-acute and long-term care, and communities to develop person centered approaches

**Year 3 Focus**
- Implement changes, and improve care coordination and chronic care
- Work with people to keep them healthier, financially and clinically
- Engage patients, families, and communities
- Prepare for “Phase 2”, and focus on total cost of care and extending the model
Strategic Roadmap

State-Level Infrastructure (leverages many other large investments)

Create and use, meaningful, actionable data
Develop shared tools (Patient profiles, enhanced notifications, care needs, others)
Connect providers

Alignment
Medicare chronic care management Codes/Medical homes
Gain sharing & Pay for Performance
Integrated Care Networks & ACOs including Dual Eligibles
Accelerating all-payer opportunities moving away from volume

Care coordination & integration (locally-led)
Implement provider-driven regional & local organizations & resources (requires large investments & ongoing costs)
Support provider-driven regional/local planning
Technical assistance

Consumer Engagement
State & local outreach efforts
Develop shared tools for engaging consumers

Year 2 Implementation Focus
• Clinical Improvement Focus:
  • Chronic Care
  • Care Coordination
  • High Needs Patients
• Alignment