

**RURAL & FRONTIER HEALTHCARE SOLUTIONS WORKGROUP MEETING**  
**MEETING SUMMARY**  
Thursday, January 23, 2020 | 9:00 a.m. – 4:00 p.m. MST  
JRW Building, 700 W. State, Boise

*Establishing the Work Group Framework*

Patt Richesin, Kootenai Care Network, and Larry Tisdale, Idaho Hospital Association, provided a brief background and history of the value-based healthcare (VBHC) model in the state of Idaho. High-level discussions around the need to transition to a more sustainable budget model in Idaho began at the Value Based Healthcare Forum hosted at Boise State University in October 2019. Rural and frontier hospitals were identified as the most vulnerable to these changes. The communities these critical access hospitals serve also have the greatest need for enhanced services. The Healthcare Transformation Council of Idaho (HTCI) then decided to convene this workgroup to develop a potential pilot model that could be supported by funding from Centers for Medicare and Medicaid Innovation (CMMI). A grant announcement is possible sometime this spring.

Elizabeth Spaulding, facilitator, reviewed the charter with meeting participants, who identified some key changes to the scope of what they believe the work group can accomplish within the established timeframe, including how the work force training and capacity issues will be examined. These changes will be presented to HTCI for approval.

The group was then asked to share their expectations for the day. Participants were excited to learn more about new value-based models, including the global budget model, and share ideas and concerns about how a new model might impact their organizations and communities.

*The Pennsylvania Model Presentation, Janice Walters*

Janice Walters, Pennsylvania Department of Health, presented an overview of the development and implementation of Pennsylvania's pilot global budget model. This overview included the inception of the program, how global budgets were developed, how stakeholders were engaged, and the challenges and lessons that arose during the first year of implementation. Participants asked questions about the financial aspects of the model and how those changes might affect organizations with thin operating margins.

Key takeaways from the presentation included:

- Identify impactful, yet realistic targets.
- In order for a global budget model to work, organizations must focus equally on the opportunity for financial stabilization and the need to do what's best for their communities.
- Transformation plans for hospitals are critical to a successful implementation.
- Maintaining an accurate and up-to-date Healthcare Information Exchange is important for program monitoring. Pennsylvania also receives data from payers.
- Educating potential participants, their boards, and payers early in the process to manage misinformation and misconceptions can result in a more successful outcome.

Key questions included:

- How are waivers determined?
- Does the model inhibit the ability to grow?

- How do primary care conveners and disrupters influence the model?
- How are out of network patients impacted?
- What happens after year three?
- How do we establish a realistic baseline for hospitals that have already started implementing value-based services?
- How do investments in social determinants of health fit into the cost report?
- How do you calculate out of network savings?
- What was the level of provider support?
- What were the core staffing levels?

### *Idaho Needs and Success Factors Discussion & Key Questions for Next Steps*

Participants discussed components of the Pennsylvania model that might be relevant to an Idaho model, as well as key distinctions. The group identified a list of considerations and questions to be answered in order to define clear outcomes and objectives:

#### Comments included:

- The settlement of cost reports will be an important issue to consider.
- An Idaho model will need to look at how to allow for capital improvements and future growth. Sustainability is the key need.
- There is a risk that a new model could hurt some hospitals. The model needs to be flexible to address the various needs of the different communities.
- Participation with Medicaid will be necessary.
- Community support and investment will be critical, from hospital boards to county commissioners. How we describe and promote a new model will need to be done carefully.
- Retaining access to care and economic stability should be the primary focus of any new model.
- ACOs/RCOs may offer an example or opportunity for partnership.

#### Questions included:

- Were there any services (mental health, OB, etc.) excluded in the Pennsylvania model?
- What data do we have? What data do we need?
  - Idaho-specific/baseline data.
- Are there other sources of data besides payers?
- Do we need to invite more payers to this discussion? At what point in the process will they be interested in participating?
- Do we have access to economic and community needs assessments?
- Does everyone at the table know what waivers they might want to request? Is this something CMMI can support?
- What are the first steps?
- How would DHW participate in this issue? How would this work support the health care systems?
- Does Idaho (legislature) have the appetite for supporting this?
- How can this new model align with the RCO/ACO model?
- How do we customize and scale?
- How do we communicate with the CAH's the outcome of this meeting? What's the elevator pitch?
- What problems are we trying to solve?

- What is our vision? What is our desired outcome?

*Action Items*

- Changes to the Workgroup Charter will sent to members and provided to HTCI.
- Lenne and Chris will develop a draft budget template relevant to their operating budgets in order to for the workgroup to have something to start building.
- Identify a decisionmaker in Pennsylvania to reach out to regarding the internal process for participation.
- Identify potential subject matter experts and other experts to bring to work group meetings.
- Identify what data is available through Medicaid.
- Provide information on the RCO/ACO models.

