

Critical Access Hospital (CAH) Workgroup Charter

Workgroup Summary:

Co-Chairs: Patt Richesin, President, Kootenai Care Network and Larry Tisdale, VP Finance, Idaho Hospital Association

Bureau of Rural Health & Primary Care Staff Lead: Mary Sheridan

Workgroup Charge (from HTCI): Convene a workgroup to develop a sustainable value-based model for Critical Access Hospitals (CAHs), their outpatient clinics, and other healthcare providers to optimize the value provided and sustained. The model will be submitted to the Center for Medicare and Medicaid Innovation as a demonstration project when the opportunity becomes available.

Function Alignment: Promote and support transformation by identifying opportunities for innovation that will help shape the future of healthcare.

Identify delivery system barriers that are preventing healthcare transformation and prioritize and recommend solutions.

Promote alignment of the delivery system and payment models to drive sustainable healthcare transformation.

Utilize accurate and timely data to identify strategies and drive decision making for healthcare transformation.

Support the efforts in Idaho to provide a healthcare workforce that is sufficient in numbers and training to meet the demand.

Driver Alignment and Measurement:

HTCI Driver Alignment	Desired Outcome	Measurement	Workgroup Role
Finance	1. CAH value-based model developed.	Proposal accepted by HTCI.	Develop proposal.
Workforce Development	2. Training and educational needs identified and strategies to address them are developed.	Comprehensive list of educational needs and solutions included in proposal.	Identify educational needs.

Infrastructure development	3. Resources needed to support alignment with new value-based model identified.	Framework for necessary infrastructure changes addressed in proposal.	Identify changes needed for successful model adoption.
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Planned Scope:

Deliverable 1:

Description:	Develop a value-based model for CAHs and their primary care clinics.		
Timeframe:	<i>Anticipated Dates</i>	<i>Description</i>	
	December 2019	Preliminary planning with co-chairs, staff, facilitator. Identify issues the workgroup will try to solve.	
	January 2020	Review existing VBP models being deployed in rural and frontier communities. Develop a shared understanding about existing models that may help resolve or support the identified issues. Use existing models as the foundation for developing a proposed solution to meet the needs of Idaho CAHs.	
	February 2020	Develop agreed-upon core concepts of a model, which may include waivers. Review state and federal regulations and policies that may create barriers to the proposed CAH value-based payment model.	
	March 2020	Identify CAH resources and infrastructure needed to test and transition to the proposed value-based payment model. Identify data to describe current financial challenges and how the proposed model will facilitate improvement. Seek feedback from payers, HTCI, CAHs, and CAH community stakeholders about the proposed model.	
	April 2020	Refine model based on feedback. Seek commitment from Idaho CAHs willing to test the new model.	
Milestones:	<ul style="list-style-type: none"> • Core model concepts developed and agreed upon by workgroup members. • Model presentation to HTCI. • Finalize proposed model for inclusion in an application to CMMI as a demonstration project. 		

Deliverable 2:

Description:	Create training and educational models to support CAH leadership, boards, communities, and staff to successfully transition to the proposed value-based payment model.		
Timeframe:	<i>Anticipated Dates</i>	<i>Description</i>	
	February 2020	Develop a comprehensive list of stakeholders to educate about the proposed value-based payment model.	

	Identify the type of education needed by each stakeholder group and the optimal delivery method.
March 2020	Research existing educational modules that may address identified needs.
	Identify gaps in educational needs and develop solutions.
	Seek feedback from HTCI, CAHs, boards, and stakeholders regarding educational needs and solutions.
April 2020	Include the comprehensive list of educational needs and solutions in application to CMMI.
Milestones:	<ul style="list-style-type: none"> • Comprehensive list of education needs, gaps, and solutions developed. • Education addressed in application to CMMI.

Deliverable 3:

Description:	Create plausible, community-specific CAH staffing and infrastructure changes needed to successfully implement proposed model. review by CAH stakeholders.	
Timeframe:	<i>Anticipated Dates</i>	<i>Description</i>
	February 2020	Review repurposing efforts underway nationwide as it relates to value-based models in rural and frontier communities.
	March 2020	Identify Idaho CAH infrastructure changes that must occur to support the proposed model.
	April 2020	Identify strategies and resources needed for infrastructure transition.
Milestones:	<ul style="list-style-type: none"> • Idaho-specific repurposing scenarios developed. • Resource needs and strategies to support repurposing efforts identified. • Resource needs addressed in application to CMMI. 	

Project Reporting and Scope Changes:

Changes to scope must be approved by HTCI.

Version Information:

Version	Author	Summary	Date
1.0	Ann Watkins	Initial draft	10/25/19
1.1	Mary Sheridan	Revised	11/15/19
1.2	Mary Sheridan	Co-chair update	12/11/19

Final Acceptance:

Name/Signature	Title	Date	Approved via Email
HTCI approved on 12/17/19	HTCI advisory group	12/17/19	<input type="checkbox"/>
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