



**Participants present:** Karen Dale (Chair), Joe Weissfeld, Jacqueline Bowens, Christy Repress, Michael Neff, Dennis Hobb, Peter Tuths, Naomi Seiler, Michael Rein, Sumita Chaudhuri, Emily Eelman, Mark Weissman, Emily Eelman, Seiji Hayashi, Veronica Damesyn-Sharpe, Brede Eschliman, Amber Stumpf, Chris Botts, DaShawn Groves, Bidemi Isiaq, Kathy Haines, Ellen Gardner, Johanna Barraza Cannon, Dan Weinstein

| TOPIC  | DISCUSSION  |
|--|---|
| <p><b>Qualitative and Quantitative Goals</b></p> | <ul style="list-style-type: none"> <li>• The work group reviewed qualitative goals discussed at previous meetings               <ul style="list-style-type: none"> <li>➤ <b>Care Delivery Transformation:</b> Put the patient first and meet the patients/families where they are; Deliver the right care, right time, right place, right cost; Foster team-based care; Align across all providers (e.g. housing entities, behavioral health, etc.); Include effective transitions of care, resourced at the provider level</li> <li>➤ <b>Infrastructure/ Resources to Support Care Delivery Transformation:</b> Develop more integrated system(s) that aim to eliminate disparities and reduce inappropriate utilization of services; Share information that is accurate, actionable and accessible; Leverage existing strategies/resources; Align financial incentives with health system goals (e.g. shared accountability)</li> <li>➤ <b>District’s Transformation Process:</b> Allow all options to remain on the table; Be bold, but thoughtful with the timeline; Drive more alignment between Medicaid MCO and FFS</li> </ul> </li> <li>• Overview of CMS quantitative goals</li> </ul> |

| TOPIC   | DISCUSSION   |
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|   | <ul style="list-style-type: none"> <li>➤ CMS established a new payment reform goals of 90% of spending through value-based arrangements by 2018 (50% through alternative payment models)</li> <li>➤ Congress passed a new Medicare physician payment system, which may support the CMS new payment reform goals by requiring providers to participate in an enhanced fee-for-service payment system or receive a significant portion of their revenue through an alternative payment system.</li> <li>• Set quantitative goals to recommend to the Advisory Committee <ul style="list-style-type: none"> <li>➤ Some participants indicated concern around quantifying goals, including: <ul style="list-style-type: none"> <li>▪ Needing more information on the specific types of reforms we plan to adopt</li> <li>▪ The scope of quality to measure provider outcomes</li> </ul> </li> <li>➤ Some participants encouraged quantitative goals that include both medical and behavior health; they indicated that they would prefer that payment does not further cement silos</li> <li>➤ Others indicated support for long term planning and setting quantitative goals. Specifically, it was suggested that the quantitative goals serve as targets, but that there is flexibility for individual providers to transform over time</li> </ul> </li> </ul> |
| <p><b>Discuss Pathway for Achieving Goals</b></p> | <ul style="list-style-type: none"> <li>• Stakeholders suggested that different providers have different capacities, panel mix, and financing considerations; providing a menu of options for providers to assume different levels of risk or different types of payment policies would provide flexibility for providers; this flexibility will allow providers to better plan, build their capacity, and transform their care delivery model(s).</li> </ul>   |