

# December 9th, 2016 Regional Learning Session

## Moving From Volume to Value: A Multi-Stakeholder Perspective

### Keynote Presentations

Over 160 learning session participants had the opportunity to hear a national perspective on moving from volume to value from guest speaker Dianne Hasselman, Executive Director for Federal and New Programs at the Network for Regional Healthcare Improvement. Additionally, participants heard Diana Han MD, Chief Medical Officer and Global Medical Director for GE Appliances, share the GE Appliances journey towards value-based payment.

#### Keynote #1 Moving from Volume to Value: A Multi-Stakeholder Perspective

- Dianne Hasselman, *Network for Regional Healthcare Improvement (NHRI)*, Executive Director, Federal and New Programs

As the health care industry continues to move toward alternative payment models that reimburse providers for outcomes, why is a multi-stakeholder approach so important, and what role does each stakeholder play in this transition? Ms. Hasselman described the ongoing challenges facing communities throughout the country, and how local leaders are working together to improve quality, reduce costs, and create a more patient-centered health care system.

#### Keynote #2 Waking the Sleeping Giant: One Employers Collaborative Effort in Shifting to Value-Based Payment

- Diana Han MD, *GE Appliances*, Chief Medical Officer and Global Medical Director

Diana Han MD has become a national leader on how employers can better leverage their purchasing power and role to move the country away from paying for volume and toward paying for value. Dr. Han discussed the strategic decisions she is making for GE related to health and health care contracting and priorities, and how these decisions are changing outcomes, conversations and partnerships.

Session slides can be found [here](#). Please note that GE Appliances restricts the electronic distribution of Dr. Han's slides but her contact information is included in the packet and she is available for any follow up questions.

#### Panelist Reaction and Audience Discussion

A multi-stakeholder panel spent time responding to Ms. Hasselman and Dr. Han's presentations as well as providing their unique value-based payment efforts as well as the opportunities they see for the region.

Panelist participants included:

- Larry Blosser, MD, *Central Ohio Primary Care*, Corporate Medical Director
- Michelle Mathieu, *Aetna*, Vice President Network Management
- Kendell Sherrer, *Cardinal Health*, Vice President Benefits
- Ernest R. Smith, *AK Steel*, Director, Employee Benefit
- King Stumpp, *Netcare Access*, President and CEO

#### Small Group Discussions

Learning session participants spent time discussing what value-based healthcare means as well as what the opportunities and challenges our region may experience as we shift to value-based healthcare.

***What does value-based healthcare mean to you and your organization?***

##### ***Accessibility to Providers***

- Access to providers
- Assessing value of providers and rewarding them for their role.
- Efficiency

### ***Affordability of Care***

- Organizationally: lower cost to the patient and organization.
- Putting cost into actual care—decreasing barriers for patients to be engaged and have access.
- Receiving good healthcare at an affordable cost.
- Reduce costs and reward good performance.
- Reduced cost and increased quality for all (payers, patients, employers, providers)

### ***Collaboration and Engagement of all Stakeholders***

- A need for real collaboration between providers as well as social workers/care coordinators working with physicians.
- Collaboration with doctors/employers/payers.
- Employer engagement.
- Enable patient engagement and accountability.
- Moving toward team-based approach, incentivizing to keep patients healthy and out of office.
- Opportunity to innovate
- Team-based patient-centered care

### ***The Ability to Show Quality Care through Outcomes***

- Accountability for outcomes.
- BWC using FFS and outcome incentive for vocation reward.
- Efficiency and reduced cost for those outcomes.
- Health outcomes and compensating for them.
- Highest quality possible care, safety, efficient, patient perception of this.
- Ideally best outcomes at reasonable cost.
- Means care that matters→making folks better keeping folks well.
- Population health
- Quality outcomes especially with chronic diseases.
- Reductions in readmissions to ERS, inpatient units and increases in linkages between all levels of healthcare in all areas.
- Right care, right time, right place.
- Triple aim view
- Using what we have to provide the best outcome possible for patients.
- Value-based healthcare is misleading, should be value-based health.
- Which metrics would be best for tracking performance?
- Wrap around services are valuable in providing the best care.

### ***What are the opportunities and challenges the region may experience shifting to value-based healthcare?***

#### ***Collaboration and Engagement of all Stakeholders***

- Aligning the patient's goal with that of the employers.
- Behavioral health coordination.
- Coordination and commitment... it takes a village.
- Coordination of care across care site and system
- Engagement of large employers and their perspectives.
- How will the change in Presidency/Congress affect the value-based healthcare proposition?
- I think we need to consider and bring into the conversation the huge LEP, immigrant and refugee population in our region. How do they factor into the effort?
- Identifying stakeholders based on need.
- Lack of agreement on what value is
- Lack of understanding
- Lack of understanding between providers.
- Language issue—corporate vs public health approach (understanding one another)
- More collaboration, consistency, and standardization across payers to reduce unnecessary variability so provider can deliver higher/lower.
- Pharmacists as providers.
- Physician to physician collaboration. PCP<-->Specialty opportunity

### ***Continued focus on Practice Transformation***

- Close gap of theory and practice. Not only money but manage staff for retention
- Competing incentives.
- Finances
- Getting provider to buy into changes.
- Giving care individualized to specific patient needs.
- How do you get more time for physicians with patient education?
- Modify metrics to measure value
- Outcomes focus. Are we helping you?
- Proving outcomes came from activities or staff.
- Strategic improvement in demand management
- Time required by PCPs to ask additional questions and provide care.
- Tracking value will be hard—how will it be defined?
- Variation by injury makes evaluating providers difficult.
- Volume is a challenge.
- Why focus on a disease? Focus on system and core characteristics of a delivery system that is organized/coordinated/comprehensive.
- Workload

### ***Education and Patient Engagement***

- Consumers don't understand
- Education
- Education about how to transition.
- Education so all healthcare and community members know who to reach out to and who to refer who to.
- Engaging patients
- How do you get patients engaged?
- Incentivizing the patients→how do you motivate them? Carrot vs stick
- Lack of workforce (PCP)
- Missing the patient voice.
- Remembering the patient is the key stakeholder—consider including patients on panel.

### ***Incorporating Innovation in Health Insurance Plans***

- High deductible plans (donut holes) are still putting patients at risk.
- In an era of high deductible health plans, more cost and quality transparency needs to be available to the consuming community.
- Plan designs→ tweaking benefits

### ***The Need for Data Transparency across all Stakeholders***

- Cost data
- Data overload
- Data sharing/analytics for population health management. Takes us outside our four walls.
- EHRs that track what we need.
- Interoperability
- Investment in healthcare infrastructure without better outcomes just serves to drive up costs.
- Need for more data and quality staff.
- Opportunity by sharing data.
- Price transparency.
- Siloed EHRs across providers
- Technology

**What was the value of December 9<sup>th</sup>'s regional learning session?**

Very High Value:	31%
High Value:	55%
Medium Value:	14%
Low Value:	0%
No Value:	0%

*HCGC would like to extend a thank you to the Robert Wood Johnson Foundation and the Network for Regional Healthcare Improvement (NRHI) for their technical and financial support of the December 9<sup>th</sup> Regional Learning Session.*

**Please save the dates for our scheduled 2017 Regional Learning Sessions**

All Regional Learning Sessions held at the Nationwide and Ohio Farm Bureau 4H Center from 8:30 – 11:30 AM

April 14<sup>th</sup>, August 25<sup>th</sup>, & December 8<sup>th</sup>, 2017

[www.hcgc.org/registration](http://www.hcgc.org/registration)

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**Thank you to all of the participants that were able to attend. We appreciate your time and perspectives.**