Accountable Care NEWS

# Catching Up With ....

**Elizabeth Mitchell** serves as president/CEO of the Network for Regional Healthcare Improvement (NRHI), a national organization representing more than 30 multi-stakeholder, regional health improvement collaboratives across the United States.

- Vice Chair, Physician-Focused Payment Technical Advisory Committee
- Guiding Committee Member, Health Care Payment Learning and Action Network
- Member, Quality Improvement Strategy Technical Expert Panel
- Former CEO, Maine Health Management Coalition
- Coalition Named Fourth Qualified Entity Certification Program, Centers for Medicare & Medicaid Services
- Integral to Development of Maine's State Innovation Model grant, enabling the coalition to become Maine's "Implementation Partner"
- Former Senior Director, Public Policy, MaineHealth
- Former Member, Maine House of Representatives representing Portland
- Former Chair, Health and Human Services Committee, Maine State Legislature
- Former Member, Board and Executive Committee, National Quality Forum
- Former Member, Consensus Committee on Core Metrics for Better Care and Lower Costs, Institute of Medicine
- Former Chair, Implementation Task Force, Consensus Committee on Core Metrics for Better Care and Lower Costs
- Former Board Member, National Business Coalition on Health (NBCH)
- Former Chair, Government Affairs Committee, NBCH
- Former Vice Chair and Board Chair, NRHI
- Atlantic Fellow, Public Policy, Commonwealth Fund and British Council
- B.A., religion, Reed College
- Completed International Health Leadership Program, Judge School of Management, Cambridge University

***Accountable Care News**: How can regional, multi-stakeholder collaborations make national healthcare reform successful?*

**Elizabeth Mitchell:** Regional multi-stakeholder collaborations are important forums enabling meaningful payment change, clinical system redesign and restructured care that is affordable and of higher quality. To get the change everyone is looking for in healthcare, every actor in the system is going to have do things differently and make changes in an aligned way. Payment changes by payers or purchasers must enable the types of clinical delivery redesign that providers know are best for patients. In addition, we have to align benefit design and patient engagement and other community activities.
Across the country, we are seeing regions that are bringing all stakeholders together, setting shared goals and helping each stakeholder understand his/her role in achieving them. These are the fundamental changes needed to actually achieve affordability and better care.

***Accountable Care News**: How do you carry your mission as a health advocate over to your role as president/CEO of the Network for Regional Healthcare Improvement (NRHI)?*

**Elizabeth Mitchell:** The common premise across all members is that the current state of our healthcare system is not acceptable. We are seeing data that now suggest that the value of the system is actually decreasing. Costs are going up and quality is not; in some cases, it is declining. We are not seeing the gains that are essential. This is increasingly affecting families and communities in ways that are immediate and tangible. So, regardless of how transformation is approached in each region, there is a shared commitment to redesigning the healthcare system to provide better care at lower cost for patients.
I have come at this same set of challenges from a wide range of vantage points. I've worked in elected politics, I've worked for a large health system, and I've worked in philanthropy. This is the model that holds the greatest promise for actual change. I think it is only by stakeholders on the ground collectively committing to and acting on shared priorities that we will actually see the change that people have talked about for so long.

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***Accountable Care News**: With the Affordable Care Act disappearing, are there features of ACA you feel are essential to retain? If so, what are they and why have they proved effective?*

**Elizabeth Mitchell:** The reason people are disappointed with the Affordable Care Act is that it did not make care affordable. That, however, does not in any way diminish the importance of coverage expansions that were achieved. Those expansions, whether it is through Medicaid or through the private market, are having a profound effect on people's lives. Loss of that coverage will have serious consequences for families and individuals and communities. The coverage gains of the ACA are critically important and, in my view, need to be maintained for their effect on families and their economic impact at both state and regional levels. They impact providers, hospitals and employers as well. Healthy, productive community members also are able to provide a successful workforce and lower healthcare costs that are critical to economic development. There is very little this would NOT effect.

The work that remains is to make the care itself more affordable and of higher quality. The only way to bring down the cost of coverage is to bring down the cost of care. That is the fundamental work that is imagined in MACRA and elsewhere. If we lose the coverage gains that we have achieved, that work will only be made more difficult.

***Accountable Care News**: Are there new ideas for reform that your members are putting into action?*

**Elizabeth Mitchell:** One of the themes we are hearing from this administration is a move away from Washington to states and regions. Our members are not waiting for federal solutions; they are convening local stakeholders to identify solutions that work for their markets. Many of them are setting shared priorities, shared measures of accountability, testing new payment models and creating forums where all stakeholders can come to a common table, share data and identify solutions they can achieve.

Many regional health Improvement collaboratives have overcome two key barriers to improvement—a lack of data sharing and common measurement. The urgency of this work will only increase, particularly if the Medicaid expansions are rescinded, or if states suddenly have full financial accountability for their Medicaid programs. The problems are too serious not to address.

The needs of people don't go away even if coverage does. There are ways to improve the system. Some of our members are exploring them now, including behavioral health integration, active and aligned purchasing by states and commercial payers and better data sharing to understand needs and how to address them. In some regions they are looking at new models that include community organizations looking at new ways to improve population health and integrate social care.

All of these areas will need to be explored and developed because states will have to find ways to provide the care for these very needy populations. If they don't, they will ultimately end up costing more through increased utilization of intensive services and hospitalizations. It will also come at significantly greater cost to individuals and families if illnesses are not addressed as early as they should be.

One of the key needs to pushing this work forward for improved population health is multi-payer alignment and shared data. It is important to align strategies across commercial and public payers so that providers can move more quickly in implementing improvements to population health. Many of our members are leading that work through programs such as Comprehensive Primary Care Plus (CPC+) or other models. Necessary care that is not paid for by Medicare or Medicaid ends up shifting costs to private payers and employers. Reducing our commitment to public programs increases the burden on large public and private employers and will ultimately increase costs for their employees. The costs don't go away. What we are looking to do is align all payers to reform payment in ways that enable better care delivery.

We understand that every actor is working in his/her organizational interests, which is appropriate and expected. To achieve greater affordability for patients, we will have to prioritize community benefit and organizational success. Everyone will have to change something they are doing in ways that are complex and difficult. But we are seeking alignment and promotion of what is in the best interest of communities.

***Accountable Care News**: What more needs to be done to create full transparency in healthcare?*

**Elizabeth Mitchell:** Opacity is a hallmark of our healthcare system. There is no way that healthcare will ever be a functional market without transparent information. The premise of value-based purchasing is the availability of meaningful, transparent information that purchasers can use to identify high-value care and for patients to make decisions. The direction of proposed legislation is to put more of the decision making into the hands of patients, but there is currently little or no information for them to use to make informed decisions or to be responsible consumers. That is untenable and unfair. Without information and tools to make decisions, patients will have a very difficult time navigating their choices and the system.

It's even true that physicians don't have access to information that they need about their own performance, their referrals or their peers to understand what's possible. The opacity of the current system is built to sustain outdated business models of secret negotiations in which prices and performance are not known. Transparency is a fundamental and necessary premise of a transformed system. One of biggest barriers to transparency is the lack of access to needed data, which are treated as proprietary to different organizations and actors in the system. Our members have shown that data can be put to use responsibly, and effectively enable decision making across stakeholders.

We have just produced comparable and transparent total cost of care and resource use information across seven states that is enabling providers to understand their own performance, policymakers to understand variation and purchasers to begin to identify higher value providers. This can be done. It is being done. We've got to scale the availability of this information so that the entire country can benefit from it.

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***Accountable Care News**: How can members of NRHI best prepare themselves for MACRA? What do you see at its major challenges?*

**Elizabeth Mitchell:** It's hard to choose among challenges that communities are facing in implementing MACRA. The first two are education and engagement. There are too many practices that haven't had the opportunity to fully understand the implications of MACRA even though the first measurement year is under way. A lot of our members are emphasizing education and engagement in their communities by doing direct outreach with practices so that they not only know how to participate but can also prepare and improve their performance as the stakes go up over time.

There are some key changes that most practices will be required to make to be successful under MACRA, including effective use of shared data, performance improvement around key metrics and in how they work with other community providers. Because of their very strong local relationships, our members can often play very important roles enabling those improvements and changes. They also often have access to all payer claims or shared clinical data and can be enablers in practice success by sharing that data and helping with improvement.