

Working Together to Transform Health Care

The Colorado Health Care Innovation Plan Kick-Off

May 29, 2013



Welcome!

Wireless information:

Network: SOC _Guest

Username: guest

Password: guest1

Twitter hashtag: #COSIM

Website: ColoradoSIM.org

Today's Discussion

- Opening Remarks Sue Birch
- Background and Overview Lorez Meinhold
- Defragmenting Health Care Ben Miller
- Stakeholder Involvement Michele Lueck
- Colorado's Innovation Plan Edie Sonn



Seizing Our Moment

Sue Birch

Executive Director

Department of Health Care Policy and Financing



Perfect **Time** to Transform Our System

Governor's
Vision and
Commitment

Innovative Work Statewide Strong
History:
208
Commission

Collaboration: We Get It



Our Goal: The Healthiest State

What It Will Require

- Expertise
- Will
- Drive
- Determination

What It Will Look Like

- Coordinated
- Efficient
- Effective
- Integrated

What It Will Mean

- HealthierColoradans
- Better system
- Lower costs



Our Team: You Are Essential

\$2 million award for Colorado Health Care Innovation Plan

One of Three States

A Colorado Opportunity Convene Experts.
That's You.
Build Integrated Vision.
Create Guide to Lead
Efforts.



Our Work: It Starts Today





Background and Overview of the Colorado Health Care Innovation Plan

Lorez Meinhold

Deputy Executive Director/Director Community
Partnership Office

Department of Health Care Policy and Financing



Our Opportunity

- Funding: \$2 million award from the Center for Medicare & Medicaid Innovation
- Program: State Innovation Model (SIM) Initiative
- Deliverable: Updated and refined Colorado Health Care Innovation Plan
- Strategy: State level innovation to accelerate change



Didn't Colorado Just Submit a SIM Application?



Gold Medal Awards:

Arkansas, Maine, Massachusetts, Minnesota, Oregon, Vermont

Silver Medal Awards:
A.K.A. "Pre-Testing Awards"
Colorado, Washington,
New York



How Does All Our Work Fit Together?

The Colorado Health
Care Innovation Plan
Combines Core
Elements to Produce:

- Payment reform coupled with care redesign.
- Plan to improve population health and patient care experience and control costs.
- Statewide impact.

Governor's "The State of Health" Plan Community **Previous SIM Health Needs** Work **Assessments** Colorado **Health Care** Innovation Plan Local Health 208 **Improvement** Commission **Plans** 12

What Do We Have to Produce?

A Lot. And All by October 30.

Model to integrate **behavioral health** into primary care.

Proposals for **specific populations**, including homeless.

A driver diagram.

The Colorado Health Care Innovation Plan **report**.





Innovation Plan: Book and Chapters

The Book:

Colorado Health Care Innovation Plan

Overall vision and how we get there

The Chapters: Major drivers and strategies

Chapter 1

Integrate
Physical and
Behavioral
Health

Chapter 2

Establish Health Homes

Chapter 3

IT Infrastructure

Chapter 4

New Payment Models

Chapter 5

Benefit Design and Marketplaces

Chapter 6

Improve Quality Through System Redesign



Could Colorado could still win a big SIM award?

It puts us in a great position to take the next step.

No model-testing awards available right now.

When new round announced, Colorado will apply.

Behavioral health chapter will inform our proposal.



Defragmenting Health Care

Benjamin F. Miller

Director of the Office of Integrated Healthcare Research and Policy

Department of Family Medicine
University of Colorado Denver School of Medicine

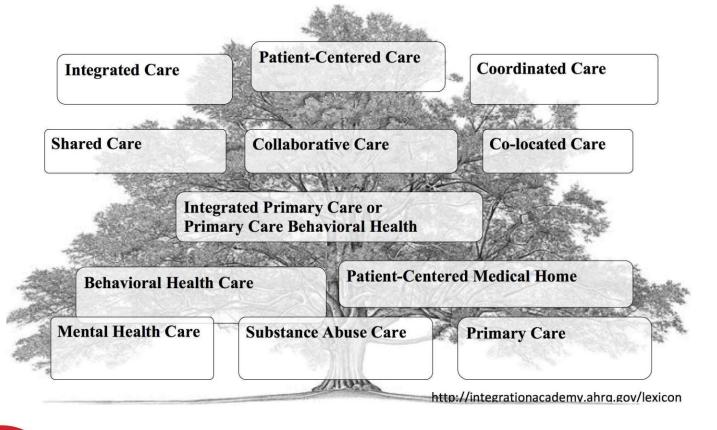


Language



Glossary: A Family Tree of Common Terms

Definitions and more complete glossary appear in full lexicon





The Problem



Two-thirds of primary care physicians (N=6,660) reported not being able to access outpatient behavioral health for their patients.

50-90% of patients with "mental health" needs rely solely on their primary care physician (Brody, Khaliq, & Thompson, 1997)

Primary care has become the "de facto" mental health system (Regier et al, 1993)

"We have developed a health care system that is unable to deal with the varied roles that mind and body play in so-called physical illness." (Levant, May, & Smith, 2006)

Cunningham, Health Affairs. 2009; 3:w490-w501.

Brody, D.S., Khaliq, A.A., & Thompson, T.L. (1997). Patients' perspectives on the management of emotional distress in primary care settings. *Journal of Internal Medicine*, 12, 403-406.

Reiger, D. A., Narrow, W. E., Rac, D. S., Manderscheid, R. W., Locke, B., & Goodwin, F. (1993). The de facto US mental health and addictive disorders service system: Epidemiologic Catchment Area prospective. *Archives of General Psychiatry*, *50*, 85-94.

A Statement

Mental health and primary care are inseparable; any attempts to separate the two leads to inferior care

IOM, 1996

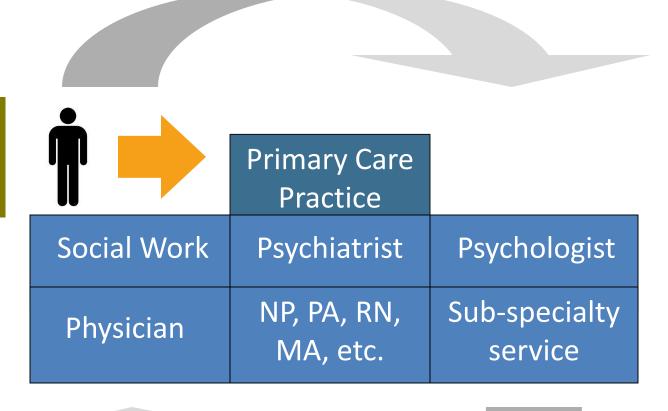


The Vision

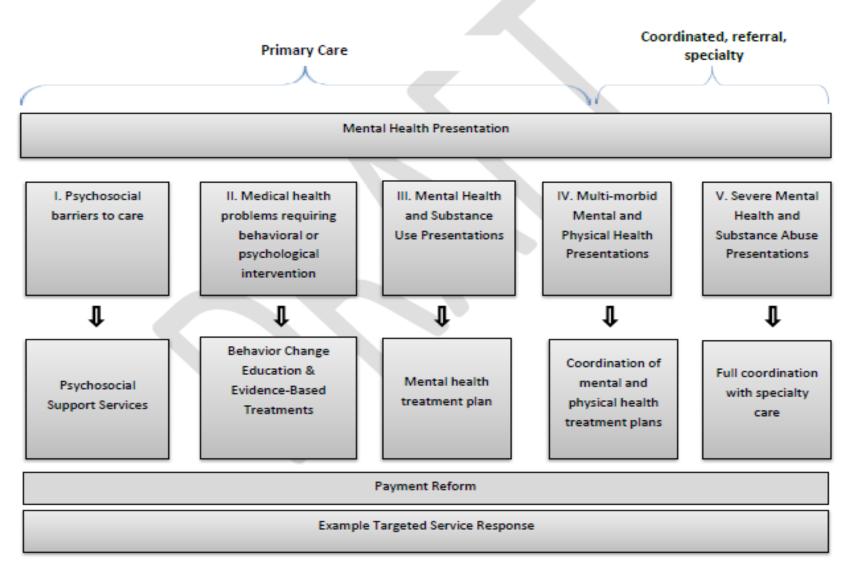


Integrated

Initiating Problem



A Range of Behavioral Health Presentations and Needs in Primary Care



Different Levels of Alignment

No Alignment

- Referral-based
- Treating disease states separate (e.g. mental health/physical health)

Partial Alignment

- Onsite part time
- Specialty mental health interventions

Full Alignment

- Onsite full time
- Seamless
- Population-based
- Address the "range" of health presentations



Alignment Clinical Operational Financial



The Opportunity



Project Management and Stakeholder Involvement

Michele Lueck
President and CEO
Colorado Health Institute



Your Contributions are Essential to our Success

Innovation Plan Stakeholder Advisory Group

Provider Track

Payer Track

Public Health Track Specific Populations Track



The Colorado Process

Stakeholder Advisory

Group:

Consensus on Overall Vision
Major Strategies
Drivers
System Requirements

Payers:

Components of Vision

Model Design

Scale and Agreement

Public Health:

Components of Vision
Integrate Population
Health with Clinical Care

Providers:

Components of Vision

Model Design

How We Get There

Specific Populations:

Components of Vision
Identifying Specific Needs
Tailoring the System
To Those Needs



Deliverables

Stakeholder Advisory Group

Three meetings by September, approve plan

Smaller Targeted Groups

 Meetings as needed by July/August, recommendations for plan

Innovation Plan

Submit October 30



The Project

Management Team

- Department of Health Care Policy and Financing
- Department of Family Medicine, University of Colorado
- Center for Improving Value in Health Care
- Colorado Health Institute



Stakeholder Engagement is Critical

Experts (You!) Will Help Shape the Plan

It will evolve through a number of discussions

Engagement Will Take Several Forms

- Feedback, comments, questions
- Smaller groups on the nuts and bolts
- Population research
- System capacity and readiness analysis
- Support: In-person, online
- Website: ColoradoSIM.org



What We Are Asking Of You

Today

- Ask Questions
- Provide Input

Between Meetings

- Think Creatively
- Provide Input

Final Meeting

- Approve Model and Plan
- Engage in the Transformation
- Make it Happen!



The Innovation Plan: Public Comment and Discussion

Edie Sonn

Vice President of Strategic Initiatives

Center for Improving Value in Health Care



Part One: Structured Dialogue



SIM Vision

Build on Colorado's robust foundation of primary care and collaboration to create an integrated system of physical health, behavioral health, community prevention and clinical care.

Right Track? Wrong Track?



Discussion: The Questions

- What will success look like five years from now?
- What barriers could impede our progress?
- What is your greatest hope for this project?
- What is your greatest fear about this process?



Part Two: Open Mic



Thank You for Joining Us in Transforming Colorado's Health Care System

Stay in Contact:

ColoradoSIM.org

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