



## Coordinated Care Improvement Group Minutes of January 10, 2012 Meeting

### Members Present:

Dr. Francis Middleton  
Cindy Helling  
Cesar Martinez  
Dan Gallagher  
Dr. Barbara Freeman  
Charles Beaman, Jr.  
Todd Atwater  
Scott Graves  
J.T. McLawhorn  
Dr. Mark Lyles  
Dr. Caughman Taylor  
John Magill  
Thornton Kirby  
Dr. Casey Fitts

### Members Absent:

Paul T. Accardi  
Dr. Greta Harper  
Dr. Otis Engleman  
Sue Berkowitz

The meeting was called to order by Director Keck. He provided an update regarding the SC Hospital Association Reengineering Steering Committee's Payment Reform and Alignment Team. The goal of the committee is to improve care in hospitals using the triple aim payment reform method. There have been two meetings to date. Several pilot programs have been launched regarding geography and clinical conditions. Thornton Kirby mentioned the 7 Key Strategies driving this effort and stated that he would share them with the group.

Next, Dr. Laura Long, Vice President of Clinical Redesign and Health Management of BCBSSC, spoke about several pilot and expansion initiatives. She elaborated on the 7 Joint Principles: Personal Physician, Physician-Directed Team, Whole Person Orientation, Coordinated Integrated Care, Emphasis on Quality and Safety, Enhanced Access, and Appropriate Payment Structure. Pilot programs included diabetes, heart failure, hypertension, and predictive modeling. The diabetes pilot improved measures in all areas and four out of six measures improved within the heart failure pilot. She discussed the BlueChoice and Greenville Hospital system collaboration. They plan to develop a provider network with DHHS oversight. The program should allow continuity of care within the network, movement towards robust clinical programs, and sharing of resources and alignment of incentives.



Charles Beaman, Jr., CEO of Palmetto Health, spoke about the Palmetto Health Quality Collaborative which aims to transform the healthcare delivery system into one that puts the patient at the center, uses resources to maximize quality and cost efficiency, provides coordinated care, provides care via multi disciplinary teams of healthcare professionals, extends into and integrates within the community and operates in trust honesty and mutual respect. The PHQC participants, 450 to date, are rewarded through shared savings, pay for performance, enhanced FFS reimbursements, bundled payments and upfront investments for providing higher value healthcare services.

Rob Damler with Milliman, Inc. discussed performance withholds and auto-assignments within care coordination. He noted that the measurement often relies on a combination of factors such as HEDIS, survey results, CAHPS and data reporting. He provided examples based on several state programs and their various withhold amounts. He discussed the recommended health care quality measures for Medicaid eligible adults as a result of the Affordable Care Act in areas such as prevention and health promotion, management of acute conditions, chronic conditions, care coordination and availability. Quality delivery of health care becomes increasingly important as Medicaid expands and consumes a greater portion of state general fund expenditures with more individuals enrolled.

Ana Lopez-De Fede, PhD from the USC Institute for Families in Society discussed strategies and challenges of consumer engagement in health care coordination. We must engage consumers in their provider choice, health plan choice and treatment choice while continuously educating them. The use of “benefits incentives” in Florida, Idaho, Kentucky and West Virginia were discussed. Consumer engagement is a critical component of improving health care quality and controlling costs. There are various consumer engagement approaches and no single method is effective for all consumers across the continuum of health care needs.

Director Keck made closing remarks and the meeting was adjourned.