

**UCEDD Directors Meeting
Roundtable Discussions
December 4, 2016**

Topic: Healthcare Transformation

Facilitator: Danny Armstrong

Discussion notes:

How different this would have been last month; would have been talking about interdisciplinary teams, quality outcomes, opportunities with innovation centers of CMS as part of ACA....

With appointment of Dr. Price as sec of HHS, who drafted most bills to repeal ACA, likely CMS innovation centers will go away despite the cost savings they have demonstrated. Discussion of repealing and replacing: reassurance that pre-existing conditions, no cap, and COBRA til 26 yr will remain BUT these components are what are most costly. If repealed, the minimum is 20 M who will lose coverage, probably more. What was in place intergovernmental transfers as mechanism to send up to Feds and then draw down funds for safety net (disproportionate care, etc) CMS now saying end-date in safety net dollars coming to states from expanded Medicaid. Speaker Ryan- overhaul and privatize Medicaid... Issue there is that in almost every state, Medicaid and Medicare run at 5% operating cost where 12% is cost for private agencies at best. Executive office vs Congress, as well as Supreme Court-- Roe V Wade, reproductive rights outside of abortion-- at risk.

Distinctive differences in election between rural and urban counties, as well as economic differences that will enter into how health care systems are changed, as well as other systems, due to reactions and alliances to changes that will likely happen. UCEDDs rather than being reactive to changes, anticipatory to changes that might help provide leadership, guide some of the process and discussions re: access to care, paid for and evaluated in terms of what is provided, research on innovative health care delivery, precision medicine, genetic and genomic screening that lead to longitudinal outcome studies, etc.

Iowa- one of 11 innovation grants with aims improving population health, transforming healthcare and sustainability. Low hanging fruit- reduce obesity, diabetes, smoking. Reducing preventable re-admissions and ER visits. Clinical part of UCEDD is tertiary care, so not sure how to address. U Iowa accountable care organization affiliated with 5 other health care systems (Medicare), so how can DBP and other providers create partnerships within university more aggressively?? Where is the entity that will have the value based? Launched managed care Medicaid- money follows the person, but managed care won't pay for extra costs after one year of transition (overhead costs are higher)

CA- medical based care for adults with DS with family practice providers in order to improve outcomes within get health care system at USC. County based funding for projects that can be leveraged- early screening, EMR implementation... But outcomes harder to show. Medical home model to figure out who will need the most care and coordination in order to direct resources to decrease hospitalization (will increase clinical visits). Most fee for service MediCal transferring

to managed care, as is entitlement CA Children Services (CCS) being moved into managed care in N CA.

TN: Paper charts still, so data re: outcomes is harder to collect. Will be partnering with Pediatrics to find how to work together- embedded in other parts of the health care system. Complex children's clinic starting-- how do you decrease costs? Managed care- lack of access so have preventable effects of poor care.

FL- managed Medicaid 3 years ago. Managed companies recognized that the state agency fee for services- tight rules (face to face, etc) might be good to negotiate flexibility (telehealth, web-based PCIT, training masters level vs doctoral level providers to provide care).

We need to think out of the box in terms of how do we manage population based health. EG Child mental health: 5000 child mental health providers in US, 11 M children 1999-2000... Opportunities here re Social Determinants of health-- connections for big data analysis to identify differences in outcomes re: behavioral interventions, medications, gene therapy, etc. Threats are also opportunities to identify early intervention/identification re: precision medicine, population health interventions that are broad and simple Sense that the best thing health systems can do is to plow ahead with what we were planning- and losing money if not able to transform, but need to change or go over cliff. Push on productivity (RVUs), indirect correlation between productivity and patient satisfaction however.

Challenge is trying to figure out what is the new thing, and how do we structure so that we can help trying to improve outcomes.

Training curriculums that include didactics/experience on health systems, transformation and change will be increasingly important .

1/6 of GDP is health care, so even a little shift has effects that are broad.

Two things to share—

AAMC meeting 2-3 weeks ago, CEO inspirational talk. Focus on social healing- bridge the divide. UCEDDs well positioned to help with this.

Recent survey of Fortune 500 CEOs : The Seventh Sense by Joshua Ramo- major transformational things that have happened in history (printing press, industrial revolution, etc) We are in new transformational stage in which networks are crucial in creating a situation where the distance of time and geography have changed completely. What about gateways/who controls access....POWER OF THE NETWORK is key to UCEDD and innovation