

MAIN STREET MONTANA PROJECT

A BUSINESS PLAN *For Montana by Montanans*

October 27, 2015

Health and Wellness Key Industry Network Meeting Minutes

MHA- An Association of Health Care Providers 2625 Winnie Ave, Helena MT

10:00 a.m. - 2:30 p.m.

Prepared by Michaela Wolfinger and Mary Craigle

Co-Chairs

Rick Haraldson, Sidney Health Center, Sidney (Co-Chair)

Larry White, Consultant, Missoula (Co-Chair)

KIN Members Present

Jodi Daly, Western Montana Health Center, Missoula

Matt Bugni (filling in for Larry Noonan), Aware Inc., Anaconda

Randy Holom, Frances Mahon Deaconess Hospital, Glasgow

Bina Eggensperger, Clark Fork Valley Hospital, Thompson Falls

John Goodnow, Benefis Health System, Great Falls

Barbara Mettler, South Central Montana Regional Mental Health Center, Billings

Maria Clemons, Northwest Community Health Center, Libby

Cindy Smith, Bullhook Community Health Center, Havre

Participated by phone

Lenette Kosovich, Rimrock, Billings

Bill Woody, Consumer Direct Personal Care, Billings

Staff/Public

Ginny Furshong, Department of Public Health & Human Services (DPHHS)

Carol Bischoff, HealthCARE Montana

Bob Olson, Montana Hospital Association (MHA)

Michaela Wolfinger, Montana Department of Commerce

Mary Craigle, Montana Department of Commerce

Janice Wannebo, Montana Department of Commerce

Meeting started at 10:00 a.m. with introductions from the Co-Chairs

Larry White gave a brief summary of the work the KIN has done to date

Presentations

At 10:15 a.m., Mary Craigle gave a presentation on the status and highlights of the Main Street Montana Project and the work of the other KINs

In starting to discuss the common themes that have come out the KIN meetings so far, Barb Mettler stated workforce shortage is a bigger problem for the healthcare industry than most other industries.

10:30 a.m. Tara Veazy, Family and Health Advisor to Governor Bullock, gave an update on the HELP Act implementation. The Administration is moving forward on the waiver. John Goodnow gave praises for how quickly and efficiently it is moving forward. MHA and KIN members can help distribute information to non-covered patients and send people to the Federally Facilitated Marketplace (FFM) at healthcare.gov to sign up.

Bill Woody asked about how to address the “kid gap” – when employers will cover employees but not family members. He mentioned the possibility of using Children's Health Insurance Program (CHIP) coverage and making sure there are not any coverage gaps with kids and the HELP Act.

KIN members brought up several other topics including the SIM Grant <https://www.pcpcc.org/initiatives/montana>. The purpose of the grant is to bring stakeholders to the table and increase capacity. Governor has created Council on Healthcare Innovation to review innovative practices, policies and opportunities for collaboratively increasing efficiency in the healthcare system and improving the health of Montanans. Jessica Rhoades at DPHHS is the project lead. https://governor.mt.gov/Portals/16/docs/2015EOs/EO_15-2015_Council%20on%20Healthcare%20Innovation%20092415.pdf

11:00 a.m. Carol Bischoff gave an update on the HealthCare MT grant. Currently, they have 4 workforce coordinators travelling across the state doing lots of site visits. Staff are also working on pharmacy tech, CNA, and billing apprenticeships. They have about 250 students enrolled statewide.

11:15 a.m. Ginny Furshong from DPHHS gave an update on preventive health. Primary focus areas include:

- Tobacco cessation
- Childhood immunization
- Mental health

Some alignment happening among providers and DPHHS is working with employers to help them design health improvement plans.

The KIN discussed what role could KIN members service in helping to promote immunization? Who is currently promoting immunization? Is there new legislation?

Ginny indicated, for the most part, Montana schools are the lead in promoting immunizations

KIN members heard a discussion lead by Ginny and Mary on Upstream, a Montana startup company. Upstream provides a platform called navigator that includes demographic and health data (current and projected) and a predictive health care calculator. Ginny mentioned that the only data DPHHS has of the preventive health areas by geography is the cancer registry data. The KIN discussed the pros and cons of a state-wide license and letting providers buy access.

Larry White asked the KIN if this product is of sufficient interest and utility, especially for small providers. Is it worth the state pursuing? John Goodnow mentioned we have a ton of data, wants more specifics. A Montana specific demo was suggested. KIN members also suggested the State should help smaller provider's access data, promote sharing of data, and encourage collaboration. Population health modeling is a new and further exploration is warranted.

12:00 p.m. Lunch

12:30 p.m. KIN began Working towards recommendations facilitated by Mary Craigle

Recommendation #1

Address Escalating Healthcare Costs:

- Change physical and behavioral health reimbursements systems to value-based and develop outcome standards.
- Provide options for employers to provide affordable health insurance.
- Educate population to be prudent shoppers.
- Develop focus on community-based wellness programs including:
 - More educating at K-12 levels.
 - Including prevention education for mental health in messaging.
 - Exploring ways to serve folks at home particularly in rural areas.
- Increase collaboration through forums for providers, employers, payers, community members to share best practices, modeling / data on population health, resource sharing.
- Produce a statewide plan for behavioral care.

Recommendation #2

Improve coordination of patient care (public and private):

- Improve patient transitions between healthcare systems.
- Enhance coordination of care among providers to prevent duplicative or unnecessary services focusing first on dual-enrolled Medicaid/Medicare high-cost patients.
- Study the incentives and impacts on healthcare costs of juvenile judicial decisions such as placement in a secure facility versus community-based options.

Recommendation #3

Re-orient Montana healthcare licensing boards:

- Change the focus of board appointments and board directives to work force development.
- Review statutes, ARM, processes to enhance and streamline licensing board work.
- Incentivize boards to be responsive and innovative.
- Provide greater support to licensing boards to promote innovation and enhance responsiveness.
- Enhance reasons for top Montana healthcare professionals to be appointees.

Recommendation #4

Enhance healthcare workforce development:

- Expand apprenticeships and mentorships particularly in rural areas and provide regular reporting on goals and achievements.
- Incentivize students to participate in apprenticeship and mentorships and make the Montana population aware of training opportunities.
- Increase Montana University System and Montana Department of Labor & Industry training and educational offerings.
- Promote healthcare career awareness to K-12 students. Provide certification opportunities for high school students.
- Provide regular reports that compare the number of high school and higher education healthcare graduates by program (including certifications) with the projections of need produced by the Montana Department of Labor and Industry incorporating input and involvement from the employers in establishing need to set the projections.
- Develop a web portal that gives access to population inside and outside of metro areas.
- Expand telemedicine opportunities. Use the technology to supervise, build capacity and provide mentorship.
- Assess establishing a medical school in Montana by conducting a feasibility study.

Recommendation #5

Incentivize preventive care:

- Redesign payment systems to encourage preventative care program and service costs including Federal Medical Assistance Percentages (FMAP) funded and State General Fund mental health care costs.¹
- Identify best practices that other States have effectively used to incentivize preventive care.
- Start a system for price transparency to help consumers understand costs
- Use population health modeling / information for enhancing preventive care leading to shareable cost savings.

¹ The amount of Federal payments to a State for medical services depends on two factors. The first is the actual amount spent that qualifies as match-able under Medicaid and the FMAP. The **Federal Medical Assistance Percentage (FMAP)** is computed from a formula that takes into account the average per capita income for each State relative to the national average