

North Dakota Legislative Health Care Task Force

Meeting # 5

September 4, 2024

Agenda

- Welcome and Overview of Today's Meeting
- Review of Task Force Charter and Determining Final Recommendations
- Discussion of Recommendations from Subcommittees
 - Understanding Costs
 - Quality
 - Improving Access
- Consensus Recommendations
- Task Force Report Outline
- Next steps

Charter Reminder: Consensus Process

- The Task Force will strive for agreements that they can accept, support, live with, or agree not to oppose.
- Decisions on Task Force recommendations will be made by consensus of all present members unless voting is requested by a Task Force member.
- If there is a vote, voting shall be by roll call.
- Final action on Task Force recommendations requires an affirmative vote of the majority of the Task Force members.
- If no consensus is reached on an issue for proposed Task Force recommendations, minority positions will be documented.
 - Those with minority opinions should propose alternative solutions or approaches to resolve differences.

Work of the Subcommittees

- Task Force members selected which Subcommittees to participate in.
- Each Subcommittee met virtually two or three times throughout the summer:

Understanding Costs

- July 14, 2024
- July 31, 2024
- August 26, 2024

Quality

- July 18, 2024
- August 1, 2024

Improving Access

- July 16, 2024
- July 30, 2024

Overview of Recommendations from Subcommittees

- **Understanding Costs Subcommittee:**
 - Recommends biennial collection of data to allow for ongoing understanding and monitoring of health care expenditures and utilization in North Dakota
 - Developed a Medicaid Expansion Fact Sheet
- **Quality Subcommittee:**
 - Recommends launching a Statewide Quality Collaborative focused on identifying core measures to be used across payers to allow for ongoing understanding of health care quality and outcomes in North Dakota and alignment of measures for value-based payment (VBP) models
- **Improving Access to Care Subcommittee:**
 - Recommends a number of initiatives aimed at improving access to and utilization of well visits and cancer screenings
- Each Subcommittee developed their own recommendations, but recognized the potential for alignment across Subcommittee recommendations.

**UNDERSTANDING COSTS:
BIENNIAL COLLECTION AND ANALYSIS OF
SPENDING AND UTILIZATION DATA**

Highlights of the Proposed Approach

- Issue a request for aggregate data from major commercial and Medicaid payers, which would then be combined by the state to develop state-level estimates.
- Supplement data collection with national survey data on health care affordability that can be used as benchmarks.
- The data collection/analysis would be issued biennially with timing that coincides with the legislative biennium cycle.
- Data collection and analysis would be conducted by a state agency and supported by a workgroup that further defines parameters for the data collection.
 - The workgroup should be small but comprise, at a minimum, representatives from NDID, DHHS, payers and providers.

Important Considerations Around the Proposed Approach

- Does not allow for collection of Medicare data; an alternative approach would be needed if the state wants to look at Medicare spending and utilization.
- Process allows for high-level look of commercial and Medicaid spending and utilization, but ability to do deeper dives with the data collected will be limited.
- State resources would need to be allocated to the collection and analysis of data (both for the agency designated to collect and aggregate data, and for the Medicaid agency to produce the requested analyses using Medicaid data).

Types of Information Collected in the State Data Request and National Survey Data

State Data Request

- Demographics
- Overall data on spending and utilization
- Spending on and utilization of primary care, inpatient facility, emergency department, retail pharmacy, and specialty pharmacy services
- Information on where North Dakota residents seek care
- Payments made through value-based programs

National Survey Data

- Rate of uninsurance
- Out-of-pocket spending
- Employer spending on health care
- Impact of costs on access to care
- Medicaid spending as percent of the state budget

Discussion on the Data Collection and Analysis

- What concerns, if any, do Task Force members have about the proposed approach?
- What additional data elements do you propose to include in the straw proposal?
- What else is needed for the Task Force to make a recommendation to the legislature?



UNDERSTANDING COSTS: MEDICAID EXPANSION FACT SHEET

Purpose of the Fact Sheet on Medicaid Financing

- The purpose of the fact sheet is to give legislators a common set of information and data about Medicaid financing and spending so that they can make informed decisions about the program.
- To identify what a fact sheet on Medicaid expansion and hospital financing should include, it is useful to think about what are key areas of confusion about how the Medicaid expansion financing works.
- The draft fact sheet includes information on the Medicaid expansion program and its financing, as well as types of hospital payments.

Information Included in Draft Fact Sheet

- **Description of Medicaid Expansion:**
 - Medicaid Expansion coverage, including who is eligible and information on those covered, including demographics and diagnoses
 - how it is funded
 - how benefits are provided
 - how payment works
 - use of APMs
 - impact on quality and utilization
 - changes in uncompensated care
- **Description of Hospital Payments:**
 - Base payments
 - Supplemental payments
 - Upper payment limit (UPL)
 - Disproportionate Share Hospital (DSH)
 - Directed Payments

Discussion on the Medicaid Expansion Fact Sheet

- Do any Task Force members have comments on the draft Medicaid Expansion fact sheet? Are there any proposed changes to the draft?
- Is there any additional information would you like to see included in the Medicaid Expansion fact sheet?



QUALITY:

LAUNCH A STATEWIDE QUALITY COLLABORATIVE

Recommendation: Statewide Quality Collaborative

- Create a Statewide Quality Collaborative, convened by DHHS that is focused on evaluating and improving care in the State of North Dakota.
- The collaborative's mission should be twofold:
 - to come to consensus on a **core set of measures** that are both measured across multiple payors and providers and are important to the state as a collective, including a set of optional measures that could be used as part of value based payment arrangements; and
 - to **bring together relevant stakeholders** to initiate change through the sharing of best practices, implementation of initiatives, and/or recommendations for policy changes.

Defining Quality

- For the purposes of the **Statewide Quality Collaborative**, the Subcommittee recommends adopting the following definition of quality, which combines the definition from the World Health Organization and NCQA:

Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes. To provide high quality health care, North Dakota health plans and providers aim to ensure that North Dakotans receive the right care, in the right amount, at the right time, and at the most appropriate location.

Statewide Quality Collaborative: Phase 1

- Begin with a smaller group of providers and payors convening with the State to set goals for the group and select a core set of measures.
 - These measures would be existing measures that are currently tracked by a majority of the stakeholders and used in VBP models.
 - The Statewide Quality Collaborative would publish these measures and request that all payors offering coverage in North Dakota voluntarily utilize these measures with their providers to support improvement in core areas.
 - The Statewide Quality Collaborative may also consider identifying benchmarks based on performance in the state and nationally on those measures, as well as considering additional, relevant national measures to review on a regular basis and consider as part of its overall review of performance across the state.

Statewide Quality Collaborative: Phase 2

- Phase 2 would include an expanded group of stakeholders
 - Including representatives of organizations who may have a direct impact on improving performance for the selected core measure set.
 - Potential representatives would include primary care, behavioral health, public health, community resources, and pharmacy, among other stakeholders, in addition to those that participate in Phase 1.
- In Phase 2, the Statewide Quality Collaborative would be responsible for endorsing a second set of quality measures that the state would also encourage to be used in appropriate VBP models
- During Phase 2, the Statewide Quality Collaborative would also be responsible for the development of initiatives to improve access and outcomes related to the identified core and additional measures.

Discussion on Quality Subcommittee Recommendations

- Are you supportive of a Statewide Quality Collaborative?
- Do you agree with the mission and definition of quality?
- Are you supportive of the use of core measure set to look at quality on statewide basis? And to support VBP alignment?
- Do you agree that the Statewide Quality Collaborative is a group to lead development of statewide initiatives to improve quality?

IMPROVING ACCESS TO CARE: RECOMMENDED ACTIONS AND INITIATIVES

Aligning with the Statewide Quality Collaborative

- The Subcommittee recommends that access be considered as an integral focus of the Statewide Quality Collaborative
 - Recommends the establishment of a standing process as part of the Statewide Quality Collaborative to review and assess intervention impacts on quality measures prioritized by the Statewide Quality Collaborative. The goal of which is to implement and maintain interventions that are determined to be positive in their impact on quality scores.
 - Recommends engaging local providers to align with programs already in place, consider appointment availability, and other factors identified in outreach to community providers. Take a “volunteer” approach whereby the implementation of interventions in communities is dependent on the communities agreeing to accept their roles in each intervention.
 - Recommends use of consumer surveys or other stakeholder feedback as precursors to actions to identify if actions are likely to result in greater access to services.

Use of Mobile Health Clinics

- The Subcommittee recommends mobile health clinics as an avenue to expand access and improve quality scores in targeted North Dakota geographies including tribal areas.
 - Support legislative funding for mobile clinics combined with annual all payer consensus recommendations and geographic and population specific targeting.
 - Engage local providers to align with programs already in place, consider appointment availability, and other factors identified in outreach to community providers. Take a “volunteer” approach whereby the allocation of mobile units to communities is dependent on the communities agreeing to the uses and timing of the mobile unit.
 - Held discussion with CHAD on successes and challenges seen with Mobile Health Clinics

Education Campaign

- The Subcommittee recommends **education and promotion of services** as avenues to improve quality scores in targeted ND geographies including tribal areas.
 - Identify successful marketing and education strategies of consumers & providers to drive improvement in recommended health screenings and wellness visits with a focus on well child, immunizations, & cancer screenings
 - Adopt recommended marketing and education initiatives prior to legislative session as a formal recommendation

Access to Preventative Services Across All Payers

- The Subcommittee recommends the Task Force support of **access to preventative services** across all payers and lines of business.
 - Support expanding access to more preventative services like colonoscopies and other screenings by ensuring that preventative services are promoted and covered by various health plans.

Additional Recommendations

- Consider development of a statewide process to measure wait times for primary care and to be determined specialties on a regular basis (such as quarterly, every six months, annually).
- Consider the impact of behavioral and dental health on overall health and recognize these areas as focus areas to insure access.

Discussion: Improving Access to Care Recommendations

- This group put forth several recommendations to support improving access. Do these recommendations make sense to you?
 - Mobile Health Clinics
 - Education Campaign
 - Consistent coverage of preventative screenings across payers
 - Measuring of appointment wait times
- As an initial approach, based on the data reviewed through the Task Force, the Subcommittee focused on initiatives that would improve access to well visits and cancer screenings.
 - They also recognized importance of access to oral health and behavioral health
 - Is prioritization correct?

Charter Reminder: Consensus Process

- The Task Force will strive for agreements that they can accept, support, live with, or agree not to oppose
- Decisions on Task Force recommendations will be made by consensus of all present members unless voting is requested by a Task Force member
- If there is a vote, voting shall be by roll call
- Final action on Task Force recommendations requires an affirmative vote of the majority of the Task Force members
- If no consensus is reached on an issue for proposed Task Force recommendations, minority positions will be documented
 - Those with minority opinions should propose alternative solutions or approaches to resolve differences

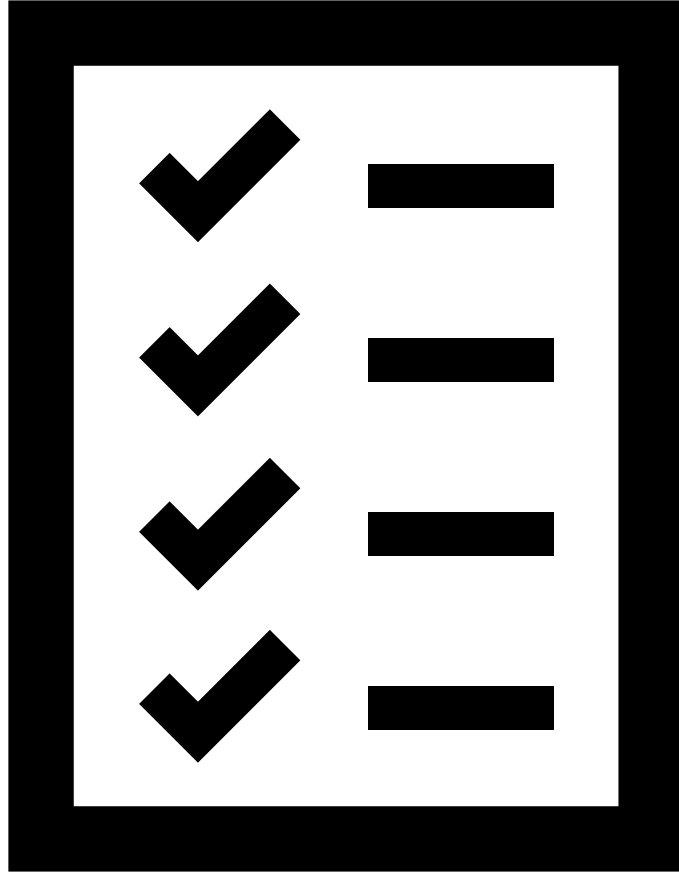
Consensus Recommendations

- Is the Task Force comfortable with adopting the recommendations from the Subcommittees?
 - Medicaid Expansion Fact Sheet
 - Biennial Data Collection
 - Statewide Quality Collaborative
 - Initiatives to Improve Access
 - Mobile Health Clinic
 - Education Campaign
 - Consistent Access to Preventative Care through Payers
- What changes would you suggest to the group to improve the recommendations?
revisit our discussion of each Subcommittees r

Proposed Report Outline

- Legislation establishing the Task Force requires an annual report in October of each year.
- For Discussion: Draft Report Outline
 - Introduction and background
 - Task Force creation
 - Task Force goals
 - Task Force membership and process
 - Overview of project activities
 - Landscape of health care cost transparency in North Dakota
 - Trends in health care spending and quality in North Dakota
 - Key themes from task force discussions, subcommittee meetings, and stakeholder input
 - Summary of recommendations

Next Steps



- Develop Draft Report of Task Force
- Discuss at next Task Force meeting on October 1st
 - Will share by Sept 24th
- Present findings to Health Care Committee on October 2nd
- Finalize 1st report of Task Force