

## Sixth National ACO Summit

Thursday, June 18, 2015

Track Five

### 3:30–5:00 PM State Innovations in Accountable Care

**Steve Cha**, Chief Medical Officer, Center on Medicaid and CHIP Services (*Moderator*)

1. **Bob Atlas**, President, EGB Advisors, Inc. and Medicaid Consultant, NC DHHS
2. **Marni Bussell**, PMP, State Innovation Model (SIM) Project Director, Iowa Medicaid Enterprise, Iowa Department of Human Services
3. **Iyah Romm**, Policy Director for Care Delivery Innovation and Strategic Investment, Health Policy Commission (MA)
4. **Matt Salo**, Executive Director, National Association of Medicaid Directors (NAMMD)

### Panel Overview

As accountable care models continue to mature and evolve, community organizations, public health departments, and social services agencies are playing a bigger role in local and state health services. These partnerships recognize that non-medical factors such as social and economic influences can significantly contribute to patient health status and outcomes with great impact for population health management. While most accountable care activity is focused on care delivery in traditional inpatient and outpatient settings, an increasing number of organizations are beginning to develop “community-based ACOs” focused on the importance of complimenting this care through the redirection of resources from medical silos towards more effective alignment with social services and supports (e.g. housing, transportation, nutrition, psychosocial, vocational training, etc.) to promote and sustain better health outcomes, lower health care costs, and improved population health. To date, approximately sixteen states have already begun adopting different forms of accountable, or value-based, care arrangements for their Medicaid population to provide more coordinated and aligned care. These payment models range from quality incentives tied to patient centered medical homes, bundled payments for certain episodes, and shared savings. This panel will discuss different initiatives taken at the local and state levels to improve health through accountable care processes.

### Core Questions

- How was your organization developed? What was the initial state support?
- What alliances have you created in order to bolster the effectiveness of your accountable community approach?
- How have the roles of community health centers changed since the formation of ACOs?
- What have been the biggest challenges in dealing with a predominantly Medicaid population?
- What successes has your organization seen via accountable care delivery?
- What additional supports does the Medicaid population need from its state programs?
- What access do the state Medicaid programs have that other accountable care organizations might not be privy to? How does this strengthen your program?
- What advantages does your state provide that will help you increase the amount of covered lives in your value-based arrangement?
- How will or how has the expansion of Medicaid within your state influence your agenda? What is your plan if it is not expanded?
- What are you doing to improve transparency in your system?
- How do the strategies for success in a Medicaid ACO differ from those potentially employed by a predominantly Medicare ACO?

**3:30 PM**

**Focus**

**Steve Cha, Center on Medicaid and CHIP Services (*Keynote*)**

Steve will introduce the panelists and provide an overview of current Medicaid regulations and initiatives under the State Innovation Model grants.

**3:50 PM**

**Focus**

**Bob Atlas, EGB Advisors, Inc., NC DHHS**

Bob will discuss North Carolina's Medicaid reform project from his perspective as a consultant for the North Carolina Department of Health and Human Services (DHHS). Bob will speak on the state plans for furthering development of Medicaid ACOs and increasing services provided under value-based care.

**3:58 PM**

**Focus**

**Marni Bussell, Iowa Medicaid Enterprise, Iowa Department of Human Services**

Marni will discuss Iowa's accountable care initiatives under its CMMI State Innovation Model grant. With a recent expansion of their Medicaid program, Iowa has opted to adopt value-based payment strategies and a quality framework in order to further its goal of improving population health, healthcare delivery, and cost control.

**4:06 PM**

**Focus**

**Iyah Romm, Health Policy Commission (MA)**

Iyah will focus on Massachusetts' statewide approach to hospital transformation, with the goals of better health, better health care, and lower costs. He will describe the innovative model for program oversight of CHART investments which builds a public-private partnership where government provides direct capacity to drive improvement through semi-standardized, data-driven approaches to change.

**4:14 PM**

**Focus**

**Matt Salo, National Association of Medicaid Directors (NAMD)**

Matt will touch on additional state innovations and challenges he sees with members of the NAMD. He will discuss current opportunities for states to better structure accountable care with Medicaid populations.

**4:22 PM**

**Q&A**