DRAFT – Not Approved

Technical Advisory Panel of the Cooperative Agreement
November 18, 2019 – 10:00 a.m. to 4:00 p.m. Meeting Minutes
Office of Emergency Medical Services, Echo Conference Room
1041 Technology Park Drive, Glen Allen, Virginia 23059

Videoconference Location:
Wise County Health Department
134 Roberts Avenue SW
Wise, Virginia 24239

Members present: Joseph Hilbert (Virginia Department of Health "VDH"), Chair; Don Beatty (Virginia Bureau of Insurance); Tom Eckstein (Arundel Metrics); Lynn Krutak (Ballad Health); Sarah Milder (Arundel Metrics); Andy Randazzo (Anthem); and Dr. Clay Runnels (Ballad Health)

Members participating via videoconference: Bobby Cassell (consumer) and George Hunnicutt, Jr. (consumer)

Members absent: Dr. Ron Clark (Virginia Commonwealth University Health System) and Sean Barden (Mary Washington Hospital)

VDH staff present: Erik Bodin, Director, Division of Certificate of Public Advantage, Managed Care Health Insurance Plans, and Cooperative Agreement, Office of Licensure and Certification; Kevin Meyer, Cooperative Agreement Analyst, Division of Certificate of Public Need, Managed Care Health Insurance Plans, and Cooperative Agreement, Office of Licensure and Certification; Stephanie Norris, Health Economist, Office of Health Equity; Brenden Rivenbark, Senior Policy Analyst, Office of the Commissioner; and Lina Zimmerman, Cooperative Agreement Analyst, Division of Certificate of Public Need, Managed Care Health Insurance Plans, and Cooperative Agreement, Office of Licensure and Certification

Tennessee Department of Health (TDH) staff present: Judi Knecht, Population Health Program Manager, Division of Health Planning

Tennessee Certificate of Public Advantage Monitor: Larry Fitzgerald

Virginia Office of the Attorney General staff present: Amanda Lavin, Assistant Attorney General

Ballad Health officials present: Todd Norris, Senior Vice President, Community Health and System Advancement

<u>Welcome and Introductions</u>

Mr. Hilbert called the meeting to order at 10:17 a.m. and announced that a quorum of Technical Advisory Panel (TAP) members was present. Mr. Hilbert introduced himself and asked each of the TAP members to introduce themselves. After the TAP members introduced themselves, Mr.

Hilbert asked others in the room and participating via videoconference to introduce themselves as well.

Once everyone had an opportunity to introduce themselves, Mr. Hilbert made the following opening remarks to the TAP:

- The purpose of the TAP is to provide ongoing input to the Commissioner on the evolution of measures and benchmarks that should be used to objectively track the benefits and disadvantages of the Cooperative Agreement (CA), as well as measures and benchmarks that should be use to track the progress of Ballad Health with respect to achievement of commitments that have been made

- The TAP's work and recommendations are an important component of VDH's capability to actively supervise the CA

- VDH's efforts with respect to active supervision are ongoing, and evolving in coordination and cooperation with our colleagues at TDH. Mr. Erik Bodin will be providing an update concerning our active supervision efforts

- Today, VDH is bringing to you a proposal for certain revisions to the set of measures that are currently in place. As you can see from the agenda, Brenden Rivenbark of our staff will be presenting the different components of the proposal to you, including metrics pertaining to quality, access and population health

- VDH's proposal addresses what would be measured, how it would be measured and when it would be measured

- The TAP recommended at their meeting in April that a Metrics Workgroup with representation from Ballad Health, TDH, and VDH be established

- That workgroup was convened and their work is reflected in various parts of this proposal. The Panel also recommended that additional focus be given to quality measures that were more directly pertinent to rural facilities. VDH will be discussing that as well as part of the proposal

- If you have a question or comment for Mr. Rivenbark while he is making his presentation, please place your tent card on its end so that I know to call on you. For Mr. Honeycutt and Mr. Castle on videoconference, please speak up if you have a question or wish to make a comment

- Following the presentation of each component, I will ask for a motion and a second to adopt the proposed measures in a block – so that we have something specific on the table to discuss.

- My intent would be for the Panel to discuss the motion, including any questions or comments members have concerning any of the proposed metrics. At that time, if any

member of the Panel would like for one or more proposed measures to be taken out of the block to be discussed and voted on separately, we will do so without objection

- I will then ask the Panel to proceed to a vote by a show of hands on the remaining measures in the block. We will vote by show of hands

- After that, we will return to any other measures that have been removed from the block. I will ask for a motion and second to adopt each of those measures, whereupon we would discuss the motion and then proceed to a vote

- To the extent that certain components of our proposal pertain to reporting structures, timelines or templates – as opposed to specific measures, I will ask for a motion and a second to adopt the structure, timeline or template, and then have discussion on that motion prior to a vote

- Recommendations from the TAP will be sent to the Commissioner in the form of a written report

- Following this meeting, VDH will prepare a draft report which reflects the discussion and actions taken by the panel. We will provide that draft report to each of the Panel members for their review and comment prior to submitting it to the Commissioner by the end of December. Those recommendations will help to inform, but will not necessarily dictate, the Commissioner's final decision concerning any changes to the current set of measures. Any member of the Panel who wishes to submit a dissenting opinion for inclusion in the report may do so.

- Finally, I would note that there is no fixed deadline for the Commissioner's decision concerning new or revised metrics. There are a number of discussions ongoing between VDH, TDH, and Ballad related to the continued evolution of the Active Supervision Framework. It is VDH's intention to ensure that its metrics remain closely aligned with other components of the Active Supervision Framework.

Mr. Hilbert asked the TAP if there were any questions concerning the agenda. Hearing none, Mr. Hilbert directed the TAP members' attention to a copy of the draft minutes from the April 2, 2019 TAP meeting.

Approval of Draft Minutes

Mr. Hilbert gave the TAP a few minutes to review the draft minutes. Mr. Hilbert then asked if any changes needed to be made to the draft minutes. No changes were requested. Mr. Hilbert asked the TAP members for a motion to adopt the minutes from the April 2, 2019 meeting. Mr. Eckstein motioned and Ms. Krutak seconded the motion. The minutes were approved unanimously.

Overview of Active Supervision

Mr. Bodin provided a brief overview of activity pertaining to the active supervision of the Cooperative Agreement since the TAP last met in April of 2019. Mr. Bodin included the following points in his overview:

- Over the past several months, as we have continued to implement and refine the Active Supervision Framework, VDH has formalized a team and structure to support our work to include:
    - A Full-Time Cooperative Agreement Analyst/Complaint Intake Specialist within the Office of Licensure and Certification;
    - A Full-Time Cooperative Agreement Analyst/Complaint Intake Specialist, based in Southwest Virginia, within the Office of Licensure and Certification;
    - Active Supervision management from the Division Director of COPN, MCHIP, and the Cooperative Agreement within the Office of Licensure and Certification;
    - Active Supervision management from the Deputy Commissioner for Governmental and Regulatory Affairs;
    - A Part-Time Health Economist within VDH's Office of Health Equity;
    - A Part-Time Rural Health Manager within VDH's Office of Health Equity;
    - Dedicated support from a Senior Policy Advisor and Senior Policy Analyst within the Office of the Commissioner; and
    - A VDH Cooperative Agreement Active Supervision Committee with membership from:
        - Cooperative Agreement staff
        - Deputy Commissioner for Population Health
        - District Director for our Mount Rogers Health District
        - District Director for our LENOWISCO and Cumberland Plateau Health Districts
        - Director for our Office of Family Health Services
        - Division Director for Population Health Data
        - Division Director for Primary Care and Rural Health
        - Division Director for Social Epidemiology
        - Data and evaluation experts from sister agencies, including the Department of Medical Assistance Services and the Department of Behavioral Health and Developmental Services
        - Other key VDH staff, as needed
    - This Committee has convened twice and will convene quarterly

- VDH will continue to assess staffing needs as we continue to implement and refine the Active Supervision Framework. VDH still has funding for three additional full-time equivalents, if needed.

Wise/Norton Hospital Consolidation

- Ballad requested authorization under the Virginia Order to make the following changes in Wise County and the City of Norton:
    - Relocate medical/surgical and Intensive Care Unit services offered at Mountain View Regional Hospital (MVRH) in Norton and consolidate them with the same services currently offered at Lonesome Pine Hospital (LPH) in Wise.
    - Close the Emergency Department at MVRH.
    - Transition MVRH laboratory services to a contracted service provided by Norton Community Hospital (NCH) in Norton.
    - Transition MVRH radiology services to a contracted service provided by NCH.
    - Transition MVRH pharmacy services to a contracted service provided by NCH.
    - De-license 59 licensed hospital beds at MVRH, resulting in a total licensed bed count of 59 beds at MVRH, including 44 beds certified for long-term/skilled care.
- VDH considered all applicable Conditions of the Virginia Order that must be taken into account prior to approval of a request to adjust the scope of services or service lines and concluded that approval of the request was warranted based on the following:
    - The proposed project is consistent with the applicable Conditions of the Virginia Order.
    - The existing acute care hospital system in Wise County and the City of Norton is duplicative, inefficient, and not sustainable.
    - The population of Wise County and the City of Norton cannot continue to successfully support three full-service hospitals long term.
    - Ballad's current plan will help address the unnecessary duplication of resources in Wise County.
    - The consolidation should result in cost-savings and recouped resources that Ballad can reallocate to population health or other health care improvement.
- VDH is looking forward to reviewing Phase II of Ballad's plan for Wise County

- Staff are currently reviewing a Certificate of Public Need application to move inpatient rehab from NCH to MVRH

- Staff anticipate that Ballad's proposal will include additional behavioral health services for the Wise/Norton community

Southwest Virginia Health Authority

- VDH is working to finalize a Memorandum of Agreement (MOA) with the Southwest Virginia Health Authority (Authority).

- The Authority formed the Virginia Cooperative Agreement Task Force to undertake the responsibilities of the Authority with respect to monitoring Ballad's Cooperative Agreement.

- The Virginia Cooperative Agreement Task Force met on October 7, 2019

    - The Task Force Chairman, Delegate Todd Pillion, tabled consideration of the MOA until the next Task Force meeting to give the Task Force time to select nominees for three or four additional members of the Task Force from the public and to review the MOA.

Areas for Improvement/ Suggestions to Ballad

- VDH has identified the following suggestions for Ballad to improve on:

    - As has been displayed by the public sentiment associated with Ballad's decision to consolidate services across facilities in its service area; proactive, intentional, and culturally empathic communication from Ballad is critical to developing a more successful relationship with public, employees, and community organizations. Ballad, in its future proposals and requests to the states should include communications plans and community outreach strategies.

    - Leverage every opportunity to highlight the regional Virginia work and projects Ballad is undertaking to improve hospital quality of care, population health outcomes, behavioral health outcomes, successful partnerships and collaborations, etc. rather than focusing more on organizational structure changes, financial successes, etc.

    - Maintain close and active communication with the States– provide advance notice, as outlined in the states' COPA/CA, of changes in services/access, potential compliance issues, etc. so that the States are prepared to respond to constituents.

Overview of the Metrics Workgroup

Mr. Hilbert reminded members of the TAP that at their last meeting, in April of 2019, they recommended that a metrics workgroup with representation from VDH, TDH, and Ballad Health convene to develop a comprehensive set of "line of sight" measures that could be utilized to

actively supervise Ballad Health. Mr. Rivenbark provided the TAP with a brief overview of the Metrics Workgroup's progress over the past few months. Mr. Rivenbark's PowerPoint presentation noted the following key points:

- The TAP recommended that a Metrics Workgroup convene
- The Workgroup was tasked with assessing the Cooperative Agreement metrics and measurement framework and with developing a proposal for the TAP to review at their next meeting
- The Workgroup was led by staff from Ballad Health, TDH, and VDH
- Ballad Health, TDH, and VDH staff who participated in the Metrics Workgroup solicited feedback from internal and external subject matter experts throughout the process
- The Workgroup met in-person on July 25th, August 26th, August 27th, and October 8th and held weekly check-in conference calls from July 11th to October 24th
- The Metrics Workgroup will continue meeting and collaborating to develop "line of sight" documents, outputs, and outcome measures for each of Ballad Health's plans

Mr. Rivenbark asked if the TAP members had any questions. Hearing none, Mr. Rivenbark began presenting the proposed Quarterly (Quality) measures.

Presentation of Quarterly (Quality) Measures

Mr. Rivenbark's PowerPoint presentation noted the following:

- Quality data will be presented to the States quarterly using control charts
- Control charts will be presented at the system level, state level, and facility level
- When a "special-cause event" occurs, Ballad will notify the States and propose a mitigation strategy should one be necessary
- Annually, Ballad will propose three performance measures for targeted Quality Improvement (QI) initiatives
- Ballad will notify the States, within six months, should any measure by Premier or Press Ganey be retired and convene a discussion to determine which measure(s) should replace the retired measure(s)
- States may propose additional monitoring metrics to the TAP

- The states or Ballad may propose revisions to the Peer Hospital System group to the TAP annually

Mr. Hilbert asked if there were any questions or comments for Mr. Rivenbark at this time. Hearing none, Mr. Rivenbark read aloud the Quality-Patient Safety (slides 9 & 10), Quality-Mortality and Readmissions (slide 11), Quality-Patient Satisfaction (slide 12), Quality-Timely and Effective Care (slide 13), Rural Quality-Inpatient (slide 14), Rural Quality-Outpatient Patient Satisfaction (slide 15), Rural Quality-Outpatient Prevention (slide 16) and COPA/CA Financial and Operational Quarterly Updates (slide 17).

Discussion of Proposed Quarterly (Quality) Metrics

Mr. Hilbert asked if there were any questions or comments on the Quality measures as presented by Mr. Rivenbark.

Mr. Eckstein asked if the readmission rates for the top 10 causes of readmissions and the mortality rates for the top 10 causes of mortality (slide 11) would change overtime and noted that if the top 10 causes change annually, the data cannot be tracked longitudinally. Mr. Eckstein suggested that the States "lock" some of the top 10 causes so that they can monitor Ballad Health's progress longitudinally.

Dr. Runnels noted that Ballad Health does not normally separate many of these measures by payer type and was surprised by the number of measures that listed "payer type" as a data stratification because this was not discussed by the Metrics Workgroup. Additionally, Dr. Runnels noted that for some measures reporting by payer type might be difficult.

Mr. Rivenbark confirmed that data stratification by payer type had not yet been discussed by the Metrics Workgroup.

Dr. Runnels stated that Ballad Health cannot commit to reporting all of the measures by payer type at this time. Mr. Hilbert acknowledged Dr. Runnels' concerns and stated that VDH would follow up with Ballad Health to discuss which measures could be reported by payer type.

Mr. Eckstein suggested that the States and Ballad consider pulling out certain aggregate payer types – for example, Medicaid and Non-Medicaid payers.

Mr. Hilbert asked if there were any additional comments or questions pertaining to the Quality-Patient Safety (slides 9 & 10), Quality-Mortality and Readmissions (slide 11), Quality-Patient Satisfaction (slide 12), Quality-Timely and Effective Care (slide 13), Rural Quality-Inpatient (slide 14), Rural Quality-Outpatient Patient Satisfaction (slide 15), Rural Quality-Outpatient Prevention (slide 16) and COPA/CA Financial and Operational Quarterly Updates (slide 17).

Hearing none, Mr. Hilbert asked the TAP what level of data should be displayed publically. Mr. Eckstein suggested that the states group smaller facilities together to increase the sample size "n" and to reduce random variation "noise." Mr. Rivenbark agreed that the smaller hospitals could be grouped together to eliminate noise.

Mr. Eckstein noted that the perceptual questions (e.g. patient satisfaction measures) would be difficult, especially in the smaller facilities. One or two bad surveys could "spike" the data. Dr. Runnels agreed with Mr. Eckstein, and noted that one event can really skew the data when the "n" is small.

Mr. Rivenbark suggested that Ballad report the data to the States by facility but that the States would present the data in aggregate.

Mr. Eckstein noted that "n" could also be increased by looking at a longer period of time – increasing the number of data points from one facility. However, Mr. Eckstein recommended that the States group smaller facilities together to increase "n." Dr. Runnels supported Mr. Eckstein's recommendation.

Mr. Hilbert asked if there were any additional questions or comments about the Quarterly (Quality) Measures as presented.

Vote – Quality – Patient Safety Measures

Hearing none, Mr. Hilbert asked the TAP members for a motion to adopt the proposed Quality-Patient Safety Measures (slides 9 & 10). Mr. Eckstein motioned and Ms. Milder seconded the motion. Mr. Hilbert asked the TAP members if there was any discussion of the motion.

Dr. Runnels reiterated, for the record, that Ballad Health could not commit to reporting all of the measures by payer type at this time and noted that Ballad Health is still using two different Electronic Medical Record (EMR) systems, further complicating reporting each measure by payer type.

Mr. Hilbert asked if there were any additional comments on the motion to adopt the proposed Quality-Patient Safety Measures (slides 9 & 10). Hearing none, Mr. Hilbert called for a vote by show of hands on the motion. The motion was approved unanimously.

Vote: Quality – Mortality and Readmissions Measures

Mr. Hilbert asked the TAP members for a motion to adopt the proposed Quality-Mortality and Readmissions Measures (slide 11). Mr. Eckstein motioned and Ms. Milder seconded the motion. Mr. Hilbert asked the TAP members if there was any discussion of the motion.

Mr. Eckstein reiterated his suggestion that the States "lock" some of the top 10 causes of mortality and readmissions so that they can monitor Ballad Health's progress longitudinally.

Hearing no additional comments, Mr. Hilbert called for a vote by show of hands on the motion. The motion was approved unanimously.

Vote: Quality – Patient Satisfaction

Mr. Hilbert asked the TAP members for a motion to adopt the proposed Quality-Patient Satisfaction Measures (slide 12). Mr. Eckstein motioned and Dr. Runnels seconded. Mr. Hilbert asked the TAP members if there was any discussion of the motion.

Mr. Eckstein suggested that smaller hospitals be grouped together to increase sample size for these measures.

Hearing no additional comments, Mr. Hilbert called for a vote by show of hands on the motion. The motion was approved unanimously.

Vote: Quality – Timely and Effective Care

Mr. Hilbert asked the TAP members for a motion to adopt the proposed Quality – Timely and Effective Care Measures (slide 13). Mr. Eckstein motioned and Ms. Milder seconded the motion. Mr. Hilbert asked the TAP members if there was any discussion of the motion.

Hearing no additional comments, Mr. Hilbert called for a vote by show of hands on the motion. The motion was approved unanimously.

Vote: Rural Quality – Inpatient Measures

Mr. Hilbert asked the TAP members for a motion to adopt the proposed Rural Quality – Inpatient Measures (slide 14). Mr. Eckstein motioned and Ms. Milder seconded the motion. Mr. Hilbert asked the TAP members if there was any discussion of the motion.

Ms. Milder asked for the definition of the Metric titled "Falls Risk Assessment or Falls with Injury (NQF 0202)." Mr. Rivenbark noted that the Metrics Workgroup was still discussing the definition of some measures.

Hearing no additional comments, Mr. Hilbert called for a vote by show of hands on the motion. The motion was approved unanimously.

Vote: Rural Quality – Outpatient Patient Satisfaction Measures

Mr. Hilbert asked the TAP members for a motion to adopt the proposed Rural Quality – Outpatient Satisfaction Measures (slide 15). Mr. Eckstein motioned and Dr. Runnels seconded the motion. Mr. Hilbert asked the TAP members if there was any discussion of the motion.

Ms. Krutak raised concerns about the stability of the Clinical and Group Survey Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS) "In the last six months…" metrics and noted that the source of the data, Ballad Health's EMR, might create some noise because Ballad Health is still on two separate EMRs.

Ms. Krutak asked if the Metrics Workgroup had discussions about Ballad Health's EMRs. Mr. Rivenbark stated that the Metrics Workgroup did discuss Ballad Health's EMRs. Dr. Runnels noted that it might be difficult to pull data from the past six months for facilities that will be transitioning to EPIC.

Mr. Eckstein suggested that the States display access measures alongside Press Ganey's perception measures to show perception vs. reality. Ms. Krutak and Mr. Runnels agreed that showing perception vs. reality was a good idea.

Ms. Milder asked why the metrics about providers listening carefully and explaining things in a way that was easy to understand were selected for *Rural* Quality. Mr. Eckstein noted that most of the facilities in Virginia were rural facilities.

Mr. Hunnicutt asked if Ballad Health tracked return rates of Press Ganey surveys and noted that usually only patients who have a very negative experience or very positive experience complete and return Press Ganey surveys. Mr. Hunnicutt also asked if any other sources had been considered for the patient satisfaction measures.

Dr. Runnels stated that Ballad Health does track return rates and that the rate varies across facilities. Dr. Runnels also noted that while return rates are low, this is an issue for hospitals across the country, and it is the source Ballad Health utilizes for HCAPS.

Mr. Eckstein asked if Ballad had any initiatives to increase Press Ganey returns. Dr. Runnels stated that Ballad does look into initiatives to increase returns and that Ballad wants more feedback from patients.

Dr. Runnels asked if the data source should explicitly say "Press Ganey" and noted that the data source could change. Mr. Hilbert stated that VDH would consider changing the data source if a better source becomes available.

Mr. Eckstein noted that the third Rural Quality – Outpatient Patient Satisfaction Measure (Slide 15) was identical to the fifth measure. Mr. Hilbert stated that the fifth measure would be removed.

Hearing no additional comments, Mr. Hilbert called for a vote by show of hands on the motion. The motion was approved unanimously.

<u>Rural Quality: Outpatient Prevention</u>

Mr. Hilbert asked the TAP members for a motion to adopt the proposed Rural Quality – Outpatient Prevention Measures (slide 16). Ms. Milder motioned and Mr. Eckstein seconded the motion. Mr. Hilbert asked the TAP members if there was any discussion of the motion.

Hearing no additional comments, Mr. Hilbert called for a vote by show of hands on the motion. The motion was approved unanimously.

COPA/CA Financial and Operational Quarterly Updates

Mr. Hilbert asked the TAP members for a motion to adopt the COPA/CA Financial and Operational Quarterly Updates (slide 17). Mr. Eckstein motioned and Ms. Krutak seconded the motion. Mr. Hilbert asked the TAP members if there was any discussion of the motion.

Ms. Krutak acknowledged that Ballad Health currently updates the states on these items quarterly.

Hearing no additional comments, Mr. Hilbert called for a vote by show of hands on the motion. The motion was approved unanimously.

10-Minute Break

Presentation of Proposed Access Measures

Mr. Rivenbark began presenting the Proposed Access Measures to the TAP. Mr. Rivenbark's PowerPoint presentation noted the following:

- Ballad is required to report various metrics to the States that measure timely access to quality healthcare services
- Ballad has committed to submit an evaluation plan to the States in the event that the closure of a non-Ballad facility has an adverse effect on geographic access to emergency and urgent care services
- Brenden noted the following changes to the Access measures:
    - SBIRT administration in Emergency Departments and Outpatient Facilities
    - Geographic Access to primary care and specialty care

Dr. Runnels commented on how difficult it is to find doctors who are willing to work in rural areas and noted that this often leads to doctors with low patient volumes earning high salaries. Low patient volume is a quality of care concern for Ballad.

Dr. Runnels stated that Ballad does not consider "population-weighted percentage of residents across all census blocks that reside within 30 miles of a specialty care clinic" and "population-weighted percentage of residents across all census blocks that reside within 20 miles of a primary care clinic" to be value-added measures. Dr. Runnels contended that Ballad would prefer to measure time to third appointment.

Mr. Beatty asked why the States wanted to measure the "population-weighted percentage of residents across all census blocks that reside within 30 miles of a specialty care clinic" and the "population-weighted percentage of residents across all census blocks that reside within 20 miles of a primary care clinic."

Ms. Milder commented that, the percentage of residents within a certain distance, in contrast to time to the third available appointment, gets at social determinants of health – "it's looking at can you get to a clinic."

Dr. Runnels contended that the measure is inaccurate because proximity to a clinic does not mean access. Dr. Runnels explained that a Medicaid patient may live one mile from a clinic, but that clinic may not be accepting Medicaid patients and reiterated that time to third appointment would be a better measure of access to care.

Ms. Krutak pointed out this measure would be difficult to track as clinics open and close frequently in the region and noted that it is Ballads understanding that these measures were for all clinics, not just Ballad Health clinics.

Mr. Hilbert asked if there were any additional comments on the Proposed Access Measures.

Mr. Eckstein cautioned against utilizing zip code of residence because zip codes can often mask problem areas.

Vote: Proposed Access Measures

Mr. Hilbert asked the TAP members for a motion to adopt the proposed Access Measures (slides 20, 21, and 22). Mr. Eckstein motioned and Ms. Milder seconded the motion. Mr. Hilbert asked the TAP members if there was any discussion of the motion.

Ms. Milder noted that for some of the measures the data source listed is "Ballad EMR." Thus, these measures are only looking at Ballad's patients, not the larger population. Ms. Milder contended that, where available, population data would be better.

Dr. Runnels reiterated, for the record, that Ballad does not consider "population-weighted percentage of residents across all census blocks that reside within 30 miles of a specialty care clinic" and "population-weighted percentage of residents across all census blocks that reside within 20 miles of a primary care clinic" to be value-added measures. Dr. Runnels contended that Ballad would prefer to measure time to third appointment.

Hearing no additional comments, Mr. Hilbert called for a vote by show of hands on the motion. The motion was approved unanimously.

Presentation of Proposed Population Health Measures

Mr. Rivenbark began presenting the Proposed Population Health Measures to the TAP. Mr. Rivenbark's PowerPoint presentation noted the following:

- On June 18, 2019, Ballad Health submitted their STRONG Children and Families Population Health Plan to the States

- The Metrics Workgroup reviewed the Plan, Ballad's proposed population health outcome measures, and Ballad's proposed impact measures to develop a "line of sight" connecting Plan strategies and activities to outcome and impact measures

- Ballad Health's STRONG Children and Families Population Health Plan included the following strategies:

    - Increase Birth Outcomes and STRONG Starts

    - Increase Educational Readiness and Performance

    - Increase Healthy Behaviors in Children, Youth, and their Support Systems to Improve Health and Strengthen Economic Vitality

    - Change Social Norms to Support Parents, Families, and the Community

        - Develop population health infrastructure within the health system and community

        - Position Ballad Health as a community health improvement organization

        - Enable community resources and sound health policy

Mr. Hilbert asked if there were any questions or comments for Mr. Rivenbark at this time. Hearing none, Mr. Rivenbark read aloud the Proposed Output Measures: Increase Birth Outcomes & Strong Starts (slides 26 and 27), Proposed Output Measures: Increase Educational Readiness and Performance (slide 28), Proposed Output Measures: Increase Healthy Behaviors in Children, Youth, and their Support Systems to Improve Health and Strengthen Economic Vitality (slide 29), Proposed Output Measures: Change Social Norms to Support Parents, Families, and the Community (slides 30 and 31), Proposed Outcome Measures (slide 32), and Proposed Impact Measures (slide 33).

Discussion of Proposed Population Health Measures

Mr. Hilbert asked the TAP members if they had any questions or comments for Mr. Rivenbark.

Ms. Milder asked why so many measures were numbers instead of percentages or rates. Mr. Rivenbark explained that the Metrics Workgroup found that some measures did not have a reasonable denominator at this time. Mr. Eckstein stated that it is important to establish rate-based measures early, so that the States can identify areas of success and areas for improvement.

Mr. Eckstein asked why the proposed output metric for "Increase prenatal programs/supports across facilities" is "Number of prenatal programs/supports provided by behavioral health facilities" (slide 27). Specifically, Mr. Eckstein wanted clarification as to why the metric was limited to behavioral health facilities.

Mr. Rivenbark asked if Mr. Norris had an explanation. Mr. Norris was unsure but suggested a different output measure might capture the number of prenatal programs/supports provided across facilities.

Mr. Hilbert stated that VDH would take a closer look at that metric.

Mr. Rivenbark noted that there is considerable overlap between these metrics and the behavioral health plan metrics.

Mr. Eckstein recommended that the activity "Expand maternal MAT and other recovery programs" (slide 26) be modified to include "best-practice programs."

Mr. Hunnicutt asked what a business-health collaborative is. Mr. Norris explained that participating businesses in the region come together to collaboratively work on strategies to improve the health status of the region.

Mr. Runnels asked if the Metrics Workgroup had discussions around the baseline year. Mr. Rivenbark stated that the baseline year would be pre-merger when available. Mr. Runnels commented that Ballad Health would like for all the baselines to be pre-merger.

Mr. Eckstein noted that Ballad's STRONG initiative is centered around reducing ACEs and asked if there was a program to monitor/measure ACEs in the community. Additionally, Mr. Eckstein noted that some ACEs, including inter-partner violence, are not included although they seem relevant to Ballad Health's initiative.

<u>Vote: Proposed Output Measures – Increase Birth Outcomes and STRONG Starts</u>

Mr. Hilbert asked the TAP members for a motion to adopt the proposed Output Measures – Increase Birth Outcomes and STRONG Starts (slides 26 and 27). Ms. Krutak motioned and Mr. Eckstein seconded the motion. Mr. Hilbert asked the TAP members if there was any discussion of the motion.

Mr. Eckstein commented that many of these metrics need denominators.

Hearing no additional comments, Mr. Hilbert called for a vote by show of hands on the motion. The motion was approved unanimously.

<u>Vote: Proposed Output Measures – Increase Educational Readiness and Performance</u>

Mr. Hilbert asked the TAP members for a motion to adopt the proposed Output Measures – Increase Educational Readiness and Performance (slide 28). Mr. Eckstein motioned and Dr. Runnels seconded the motion. Mr. Hilbert asked the TAP members if there was any discussion of the motion.

Mr. Eckstein reiterated his comment that many of these metrics need denominators.

Hearing no additional comments, Mr. Hilbert called for a vote by show of hands on the motion. The motion was approved unanimously.

Vote: Proposed Output Measures – Increase Health Behaviors in Children, Youth, and their Support Systems to Improve Health and Strengthen Economic Vitality

Mr. Hilbert asked the TAP members for a motion to adopt the proposed Output Measures – Increase Health Behaviors in Children, Youth, and their Support Systems to Improve Health and Strengthen Economic Vitality (slide 29).

Ms. Milder motioned and Mr. Eckstein seconded the motion. Mr. Hilbert asked the TAP members if there was any discussion of the motion.

Hearing no additional comments, Mr. Hilbert called for a vote by show of hands on the motion. The motion was approved unanimously.

Vote: Proposed Output Measures – Change Social Norms to Support Parents, Families, and the Community

Mr. Hilbert asked the TAP members for a motion to adopt the proposed Output Measures – Change Social Norms to Support Parents, Families, and the Community (slides 30 and 31). Mr. Eckstein motioned and Dr. Runnels seconded the motion. Mr. Hilbert asked the TAP members if there was any discussion of the motion.

Ms. Milder asked how the number of sites on EPIC was a measure of changing social norms and suggested that the measure be modified so that it is clear how it relates to the goal.

Hearing no additional comments, Mr. Hilbert called for a vote by show of hands on the motion. The motion was approved unanimously.

Vote: Proposed Outcome Measures

Mr. Hilbert asked the TAP members for a motion to adopt the proposed Outcome Measures (slide 32). Mr. Eckstein motioned and Dr. Runnels seconded the motion. Mr. Hilbert asked the TAP members if there was any discussion of the motion.

Hearing no additional comments, Mr. Hilbert called for a vote by show of hands on the motion. The motion was approved unanimously.

Vote: Proposed Impact Measures

Mr. Hilbert asked the TAP members for a motion to adopt the proposed Impact Measures (slide 33). Mr. Eckstein motioned and Ms. Milder seconded the motion. Mr. Hilbert asked the TAP members if there was any discussion of the motion.

Mr. Eckstein recommended that ACEs be added as an impact measure.

Hearing no additional comments, Mr. Hilbert called for a vote by show of hands on the motion. The motion was approved unanimously.

Lunch

Public Comment Period

Mr. Hilbert announced that the TAP members would now hear public comment. Mr. Hilbert asked if there were any members of the public in attendance who would like to comment. Hearing none, the public comment period ended.

Presentation of Reporting Structure/ Timeline

Mr. Rivenbark guided the members of the TAP through the Proposed Annual Performance Review and Data Submission Timeline.

Dr. Runnels noted that Ballad Health is generally supportive of the timeline and that there were ongoing conversations between VDH and Ballad Health regarding when the quarterly meetings would occur.

Vote: Reporting Structure/Timeline

Mr. Hilbert asked the TAP members for a motion to adopt the Proposed Annual Performance Review and Data Submission Timeline. Dr. Runnels motioned and Mr. Eckstein seconded the motion. Mr. Hilbert asked the TAP members if there was any discussion of the motion.

Hearing no additional comments, Mr. Hilbert called for a vote by show of hands on the motion. The motion was approved unanimously.

Presentation of Proposed Quarterly Update Templates

Mr. Rivenbark guided the TAP through the Proposed Quarterly Update Templates.

Mr. Hilbert asked the TAP members if they had any question or comments about the Proposed Quarterly Update Templates. Mr. Eckstein noted that there might be a way to streamline the templates.

Mr. Rivenbark suggested that the templates could be restructured so that there is a section for measures that Ballad is achieving and a separate section for measures that Ballad is behind on.

Ms. Krutak noted that there is still discussion around the data submission format and that Ballad Health may prefer to continue using their performance management system.

Vote: Proposed Quarterly Update Templates

Mr. Hilbert asked the TAP members for a motion to adopt the Proposed Annual Performance Review and Data Submission Timeline. Dr. Runnels motioned and Mr. Eckstein seconded the motion. Mr. Hilbert asked the TAP members if there was any discussion of the motion.

Hearing no additional comments, Mr. Hilbert called for a vote by show of hands on the motion. The motion was approved unanimously.

Next Steps

Mr. Hilbert stated that in the next few weeks VDH would prepare a draft report which reflects the discussion and actions taken by the TAP. Mr. Hilbert noted that VDH would provide a copy of the draft report to each member of the TAP for their review and comment prior to submitting it to the Commissioner by the end of December. Mr. Hilbert reminded the TAP that their recommendations will help inform, but will not necessarily dictate, the Commissioner's final decision concerning any changes to the current set of measures.

Dr. Runnels thanked Joe for facilitating the meeting.

Mr. Eckstein thanked Mr. Rivenbark and the team members who put the proposed measures together and noted that a lot of progress had been made in the past year or two.

Mr. Bodin asked Mr. Hilbert if he would like the group to meet in April 2020 or November 2020. Mr. Hilbert stated that the group would meet again in November 2020.

Adjourn

The meeting Adjourned at approximately 2:15 p.m.