



Alaska Healthcare Transformation Project

November 9, 2018

Agenda

- About NORC and UAA
- Project Overview, Goals, and Expectations
- Scopes of Work
 - Meta-Analysis
 - Historical Project Scan
 - National Scan
 - Drivers of Spend and Cost of Healthcare

About NORC at the University of Chicago

NORC at the University of Chicago is an independent research institution that delivers reliable data and rigorous analysis to guide critical programmatic, business, and policy decisions.

NORC's Walsh Center for Rural Health Analysis, established in 1996, conducts timely policy analysis, research, and evaluation that address the needs of policy makers, the health care workforce, and the public on issues that affect health care and public health in rural America.



NORC at a Glance

675+ Professional/Research staff

39 Senior Fellows
1500+ Interviewers

400+ Active Projects
Work in 40+ Countries

Downtown Chicago



DC Metro



University of Chicago



Albuquerque



Atlanta



Boston



San Francisco



Silicon Valley



Research Areas

Economics, Markets, and the Workforce



Education, Training, and Learning



Global Development



Health and Well-Being



Society, Media, and Public Affairs



NORC: Similar Previous Work

- Innovation Accelerator Program (IAP) Value-Based Payment and Financial Simulations
- Health Care Innovation Awards
- State Innovation Model (SIM) Research Support
- Improving Rural Health Care Delivery in Maryland's Mid-Shore Region
- The Frontier Community Health Integration Model

NORC: Similar Previous Work

- National and Tribal Evaluation of the 2nd Generation of the Health Profession Opportunity Grants (HPOG)
- Rural Health Outreach Tracking and Evaluation Project
- Rural Health Care Coordination and Collaboration Strategies
- Linking Health Care Reform and Economic Development in the Agriculture Sector
- 2014 Update of the Rural-Urban Chartbook
- Evaluation of the Frontier Community Health Care Network Coordination (FCHCNC) Grant

About University of Alaska Anchorage: ISER

The Institute of Social and Economic Research (ISER) at the University of Alaska Anchorage has been at the forefront of public policy research in Alaska for more than half a century. ISER's multidisciplinary staff studies virtually all the major public policy issues Alaska faces. That work helps Alaskans better understand the state's changing economy and population—and the challenges and opportunities that come with change

ISER: Similar Previous Work

- Trends in Alaska's Healthcare Spending
- How Has the 80th Percentile Rule Affected Alaska's Healthcare Expenditures?
- Alaska Employer Health-Care Benefits: A Survey of Alaska Employers
- Improving Health Care Access for Older Alaskans: What Are the Options?
- Alaska's Health-Care Bill: \$7.5 Billion and Climbing

About University of Alaska Anchorage: ICHS

Institute for Circumpolar Health Studies (ICHS) is an applied health research institute within the College of Health at UAA. The focus of the Institute is applied health research and evaluation relevant to Alaskans. Research areas of interest include health disparities, environmental health, rural health, health care systems, and social determinants of health.

ICHS: Similar Previous Work

- Social and Physical Determinants of Alaskan Health – 2009 and 2011 reviews
- Causes and Consequences of Outmigration in Alaska and its Impact on Health Care Delivery
- Transforming Primary Care – Patient-Centered Medical Home Evaluation with Southcentral Foundation
- Alaska Housing First Quality of Life and Cost Evaluation
- Health Consequences of Traumatic Stress in Alaska Native Communities
- Alaska Department of Corrections Vivitrol Evaluation

NORC Project Team



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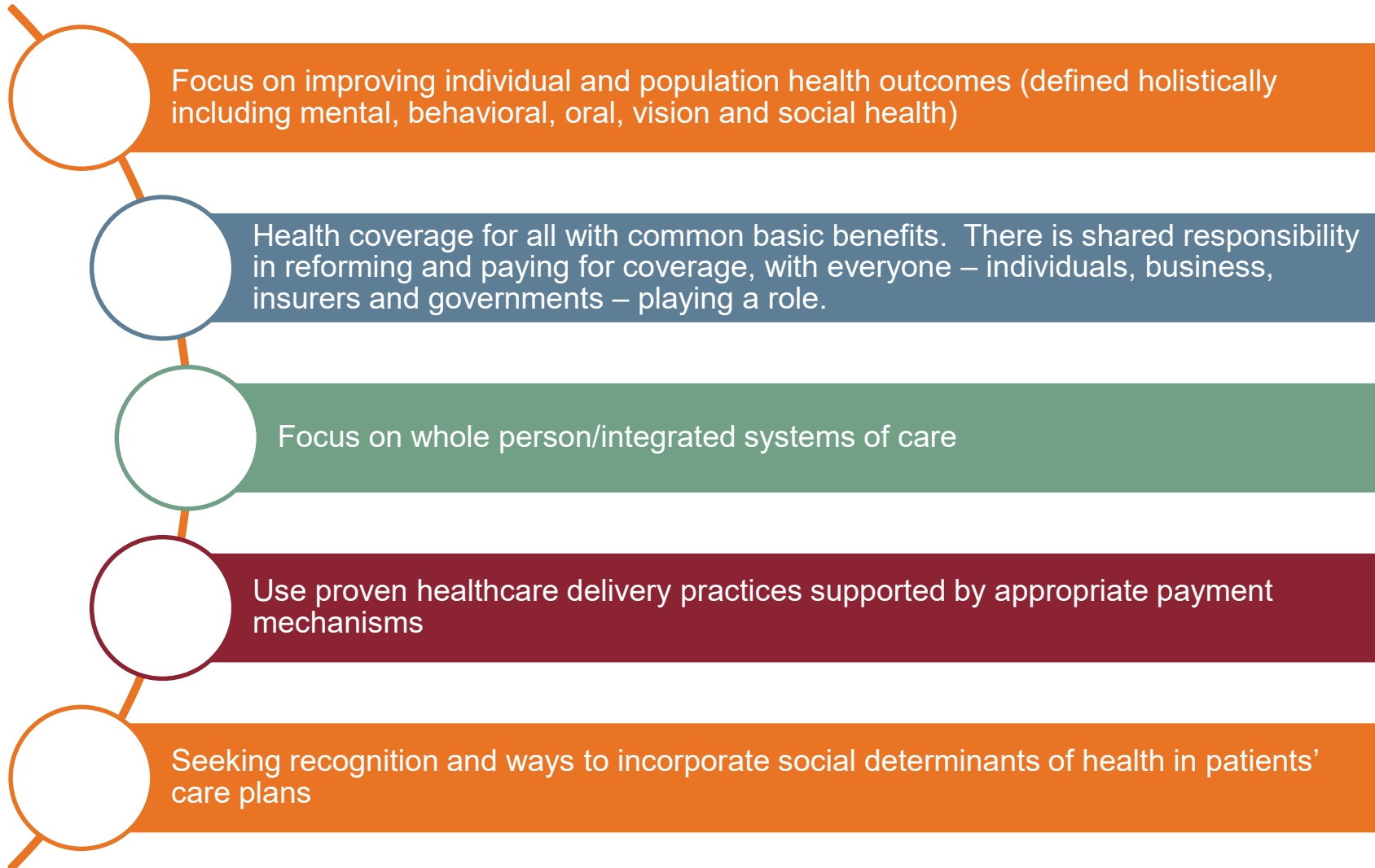
Anita Moore-
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Project Overview

- Provide the Project Management Committee (PMC) with objective information to:
 - Learn from what has been done already in Alaska via “experiments” or meta-analysis of reports/studies
 - Learn from other’s models, structures, etc. in other states and how to apply in Alaska
 - Understand the drivers of the spending and cost of healthcare in Alaska
- Steered by the PMC’s vision, guiding principles, and goals, and topic areas of interest

The vision for Alaska's healthcare system is to improve Alaskan's health while also enhancing patient and health professional's experience of care, and lowering the per capita healthcare growth rate.

Guiding Principles



Goals

Healthy Alaskans

The percentage of Alaskan residents with a usual source of primary care will increase by 15% within five years

Healthy Economy

Reduce overall per capita healthcare growth rate to the greater of 2.25% or CPI within five years

Everybody's Business

Align all payers, public and private, towards value-based alternative payment models with streamlined administrative requirements within five years

Topic Areas of Focus

Increasing
primary care
utilization

Coordinating
patient care

Changing the
way healthcare
is paid for in
Alaska

Increasing data
analytics
capacity

Addressing
social
determinants of
health

Project Scope

- Four proposed studies, each in response to a statement of work issued by the PMC and focused on a set of guiding principles and topic areas.
 - **Meta-Analysis.** Identify and assess a group of Alaska-focused reports and studies issued over the past decade (2008 to the present) that focus on delivery system reform related to the triple aim of improved health, improved quality of care and experience with care delivery (for patients as well as the health care workforce), and reduced per capita costs.
 - **Alaska Historical Project Scan.** Identify and assess selected delivery system reform experiments in Alaska over the past decade (2008 to the present), with priority to characterizing regional innovation within the state.

Project Scope (cont.)

- Four proposed studies continued...
 - **National Scan.** Develop case studies for selected states where delivery system reform relevant to Alaska's five key topics of interest offers lessons for prospective innovation.
 - **Drivers of the Health Care Costs and Spend in Alaska.** Review health care spending in the state and the prospects and limitations of available data sources that would support a fine-grained analysis of cost drivers relevant to these reforms. Based on this review, prepare a set of estimates of potential reform-related savings and a draft roadmap with proposed short-term (within one year) and long-term steps that comprise one or more pathways to reform.
- **Dissemination-related tasks.** Collaborate with the PMC to present or support debriefings on key findings and the roadmap, with creation of high-impact summary materials (issue brief/fact sheet).

Meta-Analysis

Meta-Analysis

- Five topics of interest in this project: primary care utilization, coordinated care, data analytics, payment reform, and social determinants of health (SDOH).
 - **Conduct a systematic review** to identify relevant peer-reviewed and grey literature;
 - **Extract and compile quantitative and qualitative data** in a database; and
 - **Develop a report** that explores commonalities across the identified reports and studies, analysis of gaps in understanding related to limitations of these documents, themes that characterize available public comments, and a summary of policy, programmatic, and system redesign changes based on our review.

Meta-Analysis: Study Eligibility Criteria

Databases and Key Words and Searches, Meta-Analysis

Eligibility Criteria	Databases	Key Words and Key Word Combinations
<ul style="list-style-type: none"> Published between 2008 and 2018 Focus areas: primary care utilization; coordinated care; data analytics; payment reform; social determinants of health Language: English-language articles Geographic location: Alaska 	<ul style="list-style-type: none"> Peer-reviewed literature <ul style="list-style-type: none"> Pub-Med Google Scholar Grey literature <ul style="list-style-type: none"> Google search engine Foundation, non-profits, think tank, and private enterprise reports Federal, state, and local government reports 	<p>“Alaska” AND “health care” OR “healthcare” AND “growth rate” OR “per capita growth” OR “costs” OR “health outcomes” OR “improved health” OR “transformation” OR “health reform”</p> <p>Other target key words:</p> <ul style="list-style-type: none"> “Primary care utilization” “Coordinated care” “Data analytics” “Payment reform” “Social determinants of health” “Health care spending” “Delivery system reform” “Value based payment”

Meta-Analysis: Initial Top-Level Outline of Final Report

Section	Topics
Executive Summary	
Introduction	<ul style="list-style-type: none">• Overview of the Alaska based reports and studies• Methods
Findings	<p>For each topic of interest (primary care utilization, coordinated care, data analytics, payment reform, and SDOH):</p> <ul style="list-style-type: none">• Matrix of commonalities across reports and studies, including shared recommendations• Categorized themes of public comment• Limitations of the reports and studies
Recommendations	Synthesis across topics of short- and long-term policy level changes, programmatic changes, and system redesign based on commonalities
Conclusion	

Meta-Analysis: Deliverables

List of Alaska based reports and studies

- November 5, 2018

Report

- January 29, 2019

Historical Project Scan

Alaska Historical Project Scan

- Develop a framework to identify and analyze experiments and apply this framework to characterize Alaska's experience with health reform starting in 2008.
 - **Refine a definition of health reform experiment, services, and outcomes** to guide scan
 - **Gather and analyze qualitative data on selected experiments**
 - **Develop a report** that identifies regional patterns and gaps in experiments across the topics of interest, compares experiment features and outcomes, and presents conclusions regarding policy, programmatic, and system design recommendations for Alaska.

Historical Project Scan: Study Eligibility Criteria

Search Criteria, Data Sources, and Search Terms, Historical Project Scan

Search Criteria	Data Sources	Search Terms (Same as for Meta-Analysis)
<ul style="list-style-type: none"> • Active between 2008 and 2018 • Focus areas: <ul style="list-style-type: none"> ○ primary care utilization ○ coordinated care ○ data analytics ○ payment reform ○ social determinants of health • Geographic location: Alaska; representing at least one of seven regions (Northern, Southwest, Interior, Gulf Coast, Southeast, Anchorage, Matanuska-Susitna) 	<ul style="list-style-type: none"> • Key informant interviews • Reports and studies identified in meta-analysis, including those on Alaska-specific websites <ul style="list-style-type: none"> ○ AK Health Care Commission ○ AK State of Reform Health Policy Conference • Online newspapers (e.g., Anchorage Daily News) • Grey literature <ul style="list-style-type: none"> ○ Google search engine ○ Foundation, non-profits, think tank, and private enterprise reports ○ Federal, state, and local government reports 	<p>“Alaska” AND</p> <p>“health care” OR “healthcare” AND</p> <p>“growth rate” OR “per capita growth” OR “costs”</p> <p>OR</p> <p>“health outcomes” OR “improved health”</p> <p>OR</p> <p>“transformation” OR “health reform”</p> <p>Related terms: “Alaska” AND</p> <ul style="list-style-type: none"> • “Primary care utilization” • “Coordinated care” • “Data analytics” • “Payment reform” • “Social determinants of health” • “Health care spending” • “Delivery system reform” • “Value based payment”

Historical Project Scan: Initial Top-Level Outline of Final Report

Section	Topics
Executive Summary	
Introduction	<ul style="list-style-type: none"> Overview of health reform experiments in Alaska identified to date Timeline for health reform experiments in Alaska Context of Alaska-specific opportunities and constraints Definition and terms used to define health reform experiment, health services, and measurable outcomes Methods for analysis
Findings	<ul style="list-style-type: none"> Matrix of experiments, categorizing by region and topic area Gaps analysis, noting regions and topics for which none or insufficient data Comparison of experiments along domains, identifying commonalities and differences Current status of Alaska in health reform for each topic of interest (primary care, coordinated care, data analytics, payment reform, SDOH): reform elements, stakeholders, opportunities and constraints to reform,
Recommendations	<ul style="list-style-type: none"> Short- and long-term policy level changes, programmatic changes, and system redesign prospects, based on experiment outcomes to date Proposed outline of next steps for Alaska to consider
Conclusion	
Appendix	Matrix of health reform experiments identified in the report

Historical Project Scan: Deliverables

Matrix of Experiments

- November 5, 2018

Report

- January 29, 2019

National Scan

- Identify a selected group of states that may serve as models for health reform in Alaska.
 - **Develop a list of states involved in relevant health reform models** to inform in-depth analysis;
 - **Gather and analyze data on relevant models in selected states**, especially those with all payers claims databases; and
 - **Develop a report** that systematically analyzes and compares the state health reform models, identifies what is known about model results related to costs and other outcomes, and presents conclusions regarding policy, programmatic, and system design recommendations for Alaska.

National Scan: Analysis

Domain	Notes to Include, Where Feasible
Title of model	<ul style="list-style-type: none"> Dates when active, if known
State where model located	<ul style="list-style-type: none"> Geographic characteristics: urban/rural
Goal of model	<ul style="list-style-type: none"> Which of the triple aim goals, which health services are targeted, which of the topics of interest are targeted (primary care, coordinated care, data analytics, payment redesign, SDOH)
All payer claims database	<ul style="list-style-type: none"> If yes, describe purpose and cost Create matrix that compares all databases considered
Current status	<ul style="list-style-type: none"> Describe start up and end, as relevant Describe history and model operations to date Alignment with other models
Governance and organizational characteristics	<ul style="list-style-type: none"> Administrative structures, market context, extent of clinical integration and integration across health care and social services (e.g., housing, income supports, transportation)
Measurable outcomes	<ul style="list-style-type: none"> Describe whether and how outcomes align with measures as defined as part of historical scan analysis Describe relevance to one or more topic of interest Identify outcome by payer source, as relevant
Cost of the model	<ul style="list-style-type: none"> Source(s) of information on cost
Entity providing funding	<ul style="list-style-type: none"> Type of entity (e.g., federal, state, local; non-profit/trust, private enterprise) and brief history of entity's support for health reform, as relevant
Population(s) being served	<ul style="list-style-type: none"> Whether includes residents disproportionately at-risk of adverse health outcomes due to SDOH (e.g., veterans, minor children, persons living with disability)
Future goals	<ul style="list-style-type: none"> Include as relevant
Lessons learned	<ul style="list-style-type: none"> Generalizability, replicability/capacity to scale, sustainability, emerging best practices, promise as model for Alaska
Recommendations for policy level changes, programmatic changes, and system redesign	<ul style="list-style-type: none"> Whether specific changes have resulted from model to date
Missing information	<ul style="list-style-type: none"> Summary of data needed to complete template, with explanation about whether and how feasible to complete data-gathering, as feasible

National Scan: Initial Top-Level Outline of Final Report

Section	Topics
Executive Summary	
Introduction	<ul style="list-style-type: none"> List of states health reform models explored in the report Context of Alaska-specific opportunities and constraints Methods for analysis
Findings: review of identified state innovative models	<ul style="list-style-type: none"> Primary care utilization: state models Coordinated care: state models Data analytics: state models <ul style="list-style-type: none"> Interoperability Payment reform: state models <ul style="list-style-type: none"> All payers claims databases Setting of charges Social determinants of health: state models in summary
Findings: cross-case analyses	<ul style="list-style-type: none"> Comparison of models along domains, identifying commonalities and differences <ul style="list-style-type: none"> By topic of interest By population By payer By outcomes Comparison of all payer claims databases
Cross-Case Analysis in Context of Alaska Implementation	<ul style="list-style-type: none"> Applicability of models to Alaska marketplace and goals All Payer Claims Database applicability to Alaska and outcomes Opportunities and challenges of model implementation in Alaska
Recommendations	<ul style="list-style-type: none"> Short- and long-term policy level changes, programmatic changes, and system redesign prospects, based on model implementation to date Proposed outline of next steps for Alaska to consider
Conclusion	
Appendix	<ul style="list-style-type: none"> Matrix of all payer claims databases identified in the report

National Scan: Deliverables

Preliminary List of State Cases

- November 5, 2018

Draft Report

- March 1, 2019

Final Report

- March 29, 2019

Spend and Cost of Healthcare

Alaska Spend and Cost of Health Care

- Synthesize data from academic studies and grey literature and identify gaps in access to data and drivers of cost;
- Prepare a draft roadmap outlining concrete pathways or approaches to reform and engage selected stakeholders to refine the roadmap and derive an accompanying set of recommendations for next steps in analysis, policy, programmatic, and system redesign changes for Alaska's consideration; and
- Plan and conduct dissemination activities around submission of the final report, including the creation of tailored communication materials and debriefings.

Alaska Spend and Cost of Health Care (cont.)

- **Prepare an in-depth review of health care spending in Alaska**, identifying gaps in data source availability that constrain a comprehensive accounting;
- **Generate a set of estimates around potential sources of cost savings**, engaging stakeholders in structured process to refine analyses and generate recommendations;
- **Develop a report that presents a draft roadmap for possible pathways to reform in Alaska**, including recommendations for both short- and long-term steps. The report will integrate findings from across all project tasks to assess the likely impacts of previous reform efforts in Alaska on health-care spending and make recommendations regarding policy, programmatic, and system redesign in the state; and
- **Revise roadmap and disseminate findings** in coordination with the PMC, incorporating feedback from the Steering Committee.

Alaska Spend and Cost of Health Care: In-Depth Review of Health Care Spending in Alaska

- Develop summaries of data:
 - state Medicaid data
 - Medicare public use files
 - Open Enrollment Marketplace
 - state and local employees and retirees
 - Alaska health plans
 - Potential datasets: Truven MarketScan, FAIR Health, and HCCI
- Review limitations of available public data with the PMC
- Note that we do not foresee additional analyses (in this SOW)

Alaska Spend and Cost of Health Care: Generate Estimates and Potential Sources of Cost Savings

- Leverage Meta-Analysis, Historical Project Scan, and National Scan
- Develop a matrix summarizing data sources, measures, methods used to estimate costs, and evaluate the strengths and limitations of the estimates
- Using existing literature, analyze the feasibility of options, based on the Alaska experience and healthcare system structure
 - Cannot directly apply cost savings, but will explore potential replicability and subsequent savings, if parameters exist in the literature
 - *To the extent that research on administrative costs exists (hard to get!), the team will gather these estimates and report on these costs, including a description of human resource requirements, and data collection and analysis needed to support different health care reform programs*

Alaska Spend and Cost of Health Care: Initial Top-Level Outline of Final Report

Section	Topics
Executive Summary	
Introduction	<ul style="list-style-type: none"> • Overview of health care spending in Alaska • Methods for analysis
Findings: spending review	<ul style="list-style-type: none"> • Feasibility assessment to create chart book of Alaska healthcare spending, based on local and national data sources • Opportunities and limitations of available data
Findings: options to reduce spending	<ul style="list-style-type: none"> • Analysis of findings from meta-analysis and historical project scan about impacts of previous Alaska policy efforts on health care spending • Presentation of options to reduce spending • Consideration of outcomes to consider alongside cost-savings (e.g., impact on population health, stakeholder willingness to pay) • Applicability of proposed options to Alaska marketplace and goals
Recommendations	<ul style="list-style-type: none"> • Short- and long-term policy level changes, programmatic changes, and system redesign prospects, based on assessment of policy options (high-level or detailed) • Proposed outline of next steps for Alaska to consider
Roadmap	<ul style="list-style-type: none"> • A proposed set of reform pathways, in terms of short-term and long-term steps for Alaska to consider, starting in the next calendar year.
Conclusion	
Appendix	<ul style="list-style-type: none"> • Matrix for each proposed strategy, noting <ul style="list-style-type: none"> ○ Relevant stakeholders ○ Known estimates of savings ○ Data requirements and needs ○ Resources to conform with best practices ○ Challenges to implementation ○ Feasibility with respect to fiscal, regulatory, provider, and community perspectives

Alaska Spend and Cost of Health Care: Revision of Roadmap and Dissemination of Findings

- Meet with PMC to review draft report and roadmap
- Upon PMC approval, coordinate with the PMC to solicit feedback from the strategic development team and convening groups
- Iterative process with PMC to develop final report
 - In-person and virtual working visits
- Create high-impact, visually-oriented summary materials (fact sheet/short issue brief) and materials to support debriefings that PMC would schedule

Alaska Spend and Cost of Health Care: Deliverables

Draft Report

- March 1, 2019

Final Report

- May 3, 2019

Project Deliverables and Due Dates

Deliverable	Due Date
Alaska Studies—Meta-Analysis	
List of Alaska based reports and studies	November 5, 2018
Report	January 29, 2019
Alaska Historical Project Scan	
Matrix of Experiments	November 5, 2018
Report	January 29, 2019
National Scan	
Preliminary List of State Cases	November 5, 2018
Draft Report	March 1, 2019
Final Report	March 29, 2019
Alaska Spend and Cost of Health Care	
Draft Report	March 1, 2019
Final Report	May 3, 2019

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Thank You!



NORC⁷⁵
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 insight for informed decisions™