

**Technical Advisory Panel of the Cooperative Agreement
Minutes
December 4, 2017 – 9:00 a.m.
Office of Emergency Medical Services, Class Room A & B
1041 Technology Park Drive
Glen Allen, Virginia**

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

Members present: Dr. Norm Oliver (Virginia Department of Health “VDH”), Chair; Sean Barden (Mary Washington Healthcare); Don Beatty (Virginia Bureau of Insurance); Bobby Cassell by videoconference (consumer); Dr. Stephen Combs (Wellmont Health System “WHS”); Todd Dougan (WHS); Tom Eckstein (Arundel Metrics); George Hunnicutt, Jr. (Pepsi Cola Bottling of Norton); Pete Knox (Peter Knox Consulting); Lynn Krutak (Mountain States Health Alliance “MSHA”); Sarah Milder (Arundel Metrics); Andy Randazzo (Anthem); and Dr. Morris Seligman (MSHA).

Member absent: Dr. Ron Clark (Virginia Commonwealth University Health System).

VDH staff present: Erik Bodin, Director, Office of Licensure and Certification; Joseph Hilbert, Director, Governmental and Regulatory Affairs; and Catherine West, Administrative Assistant.

Others Present: Amanda Lavin, Office of the Attorney General.

Welcome and Introductions

Dr. Oliver called the meeting to order at 9:00 a.m. He told the Technical Advisory Panel (TAP) that a quorum of members was present. Each of the members introduced themselves.

Approval of Minutes

Dr. Oliver asked the members if any changes needed to be made to the draft minutes from the November 14, 2017 TAP meeting. Mr. Hunnicutt asked that the minutes be amended to more accurately reflect one of his comments during the meeting; specifically, in the last paragraph on page six, the third sentence should read: “Mr. Hunnicutt suggested that those performance indicators that are directly related to hospital care should be addressed first.” Dr. Seligman made a motion to adopt the draft minutes as amended with Mr. Eckstein seconding the motion. The minutes were approved unanimously by a voice vote.

Comments by Dr. Seligman

Dr. Seligman provided the TAP with some introductory comments including that the role of the TAP is to make recommendations for quantitative measures which substantiate achievement of the ongoing cognizable benefits of the cooperative agreement. He said that the Commissioner has clearly set forth certain plan requirements and associated criteria or milestones in the

conditions. Dr. Seligman said that the plans set forth by the Commissioner will include associated qualitative and quantitative measures which must be accepted by the Commissioner in the context of those plans. Development of the plans is necessary prior to establishment of such measures, and the TAP should defer to the planning process and the Commissioner's approval process for solidification of plan specific measures. He said further that the focus of the TAP should be on fulfillment of the plans required by the Commissioner and that additional plans should not be suggested.

Long-Term Measures – Active Supervision of the Cooperative Agreement: Draft Measures and Performance Indicators

Dr. Oliver told the panel that it is the TAP's task to develop metrics to recommend to Commissioner Levine for actively supervising the new health system. Dr. Oliver discussed the process for reviewing the draft set of long-term measures and performance indicators contained in the meeting packet.

Dr. Oliver explained that draft long-term measures and performance indicators are organized and grouped into eight outcomes:

1. Create value in the marketplace;
2. Improve health and well-being for a population;
3. Equitable access to services across the region;
4. Adequate providers to provide equitable services throughout the region;
5. Benchmark operating performance;
6. Strong vibrant culture;
7. Strong academics and research impacting regional issues; and
8. Monetary commitment.

Dr. Oliver told that TAP that, for ease of discussion, individual indicators within each outcome have been given a number and letter; e.g., 1.A, 1.B, 1.B.1, etc. Each indicator will be referred to by its reference number for the minutes.

Mr. Dougan provided the TAP with a document, Technical Advisory Panel Recommendations (attached). The document contained a suggested approach in reviewing the long-term measures and performance indicators as well as some suggested alternate language with respect to certain indicators.

While all non-roll call votes were by show of hands, in all instances, Mr. Cassell's vote was cast by voice method.

Outcome 1 – Create Value in the Marketplace

Performance Indicator 1.A

Mr. Eckstein made a motion to approve Indicator 1.A with Mr. Hunnicutt seconding the motion. The motion was approved unanimously by a voice vote.

Performance Indicator 1.B

Mr. Knox made a motion to approve this indicator with Mr. Eckstein seconding the motion. Mr. Dougan made a motion to replace all of the existing language in 1.B with the following language: “Number of validated and unresolved complaints from payers (self-reporting with verification from payers and department and review by department); Number of contracts retained or added with payment for value elements; Number of lives covered in at-risk contracts; and Amount of at risk revenue increasing to 30% by 2021 (self-reporting with verification from payers and department and review by department).” Ms. Krutak seconded the motion. Dr. Oliver called for a vote by show of hands on the motion. The vote was 10 ayes, two nays, and one abstention. The motion was approved.

Performance Indicator 1.B.1

Ms. Krutak made a motion to remove this indicator in its entirety with Dr. Seligman seconding the motion. Dr. Oliver called for a vote by show of hands on the motion. The vote was 13 ayes and 0 nays. The motion was approved.

Indicator 1.B.2

Mr. Dougan made a motion approve this indicator by replacing all of the existing language in 1.B.2 with the following language: “Review of milestones at months 6, 12, and 18, and then annually thereafter.” Mr. Barden seconded the motion. Dr. Oliver called for a vote by show of hands on the motion. The vote was 13 ayes and 0 nays. The motion was approved.

Indicator 1.C

Mr. Knox made a motion to approve this indicator with Mr. Hunnicutt seconding the motion. During discussion by the panel members, an amendment was proposed to remove the words “complete and” between the words “six month milestones” and “approved by the health commissioner.” The amendment was agreed to. Dr. Oliver called for a vote by show of hands on the amended motion. The vote was eight ayes and five nays. The motion was approved.

Indicator 1.C.1

Mr. Hunnicutt made a motion to approve this indicator with Mr. Knox seconding the motion. Dr. Oliver called for a vote by show of hands on the motion. The vote was nine ayes and four nays. The motion was approved.

Indicator 1.C.2

Mr. Hunnicutt made a motion to approve this indicator with Mr. Knox seconding the motion. During discussion by the panel members, an amendment was proposed to remove the first word “ongoing” and add the words “at months 6, 12, and 18, and then annually thereafter” to the end of the sentence. The indicator now reads: “Review of milestones at months 6, 12, and 18, and then annually thereafter.” The proposed language was agreed to. Dr. Oliver called for a vote by show of hands on the amended motion. The vote was eight ayes, four nays, and one abstention. The motion was approved.

Indicator 1.D

Mr. Knox made a motion to approve this indicator with Mr. Eckstein seconding the motion. During discussion by the panel members, an amendment was proposed to replace “PMPY” with the words “per member per year;” replace the words “at half the” with the words “one quarter to one half the multi-state between the words “increasing” and “regional trend;” add the word “payer” between the words “for similar” and “populations;” and add the words “calculated on a rolling three year average” after the word “basis” to end the sentence. The indicator now reads: “Total cost of care measured by per member per year for all risk based contracts increasing at one quarter to one half the multi-state regional trend for similar payer populations on an annual basis calculated on a rolling three year average.” The proposed language was agreed to. After discussion by the panel members, Mr. Hunnicutt made a motion to table the pending motion which was properly seconded. Dr. Oliver called for a roll-call vote to table the motion. The vote was seven ayes (Mr. Cassell, Mr. Eckstein, Mr. Hunnicutt, Mr. Knox, Ms. Milder, Dr. Oliver, and Mr. Randazzo) and six nays (Mr. Barden, Mr. Beatty, Dr. Combs, Mr. Dougan, Ms. Krutak, and Dr. Seligman). The motion was approved.

After a brief break, Dr. Seligman told the members that perhaps it would be best to make a global motion to table discussion on those indicators that required data analysis. Dr. Oliver told the panel that it would be best to table those indicators individually on an as-needed basis as the panel discussed them. Dr. Seligman agreed to this approach.

Indicator 1.E

Mr. Eckstein made a motion to approve this indicator with Mr. Knox seconding the motion. During discussion by the panel members, Ms. Krutak made a motion to table the pending motion with Dr. Seligman seconding the motion. Dr. Oliver called for a vote by show of hands to table the motion. The vote was seven ayes and six nays. The motion was approved.

Indicator 1.F

Ms. Milder made a motion to approve this indicator with Mr. Eckstein seconding the motion. During discussion by the panel members, Ms. Milder amended her motion so that the indicator will be deleted in its entirety. Mr. Randazzo seconded the amended motion. Dr. Oliver called for a vote by show of hands on the motion. The vote was 13 ayes and 0 nays. The motion was approved.

Indicator 1.G

Mr. Knox made a motion to approve this indicator with Mr. Eckstein seconding the motion. During discussion by the panel members, an amendment was proposed to add the words “Board level” before the first word “comprehensive.” The proposed amendment was agreed to. Dr. Oliver called for a vote on the amended motion by show of hands. The vote was eight ayes and five nays. The motion was approved.

Indicator 1.H

Mr. Hunnicutt made a motion to approve this indicator with Mr. Knox seconding the motion. During discussion by the panel members, Mr. Eckstein made a motion to table the pending motion which was properly seconded. Dr. Oliver called for a vote by show of hands to table the motion. The vote was nine ayes and four nays. The motion was approved.

Indicator 1.I

After a brief break for the TAP members to pick up their lunches, Mr. Knox made a motion to approve this indicator with Mr. Eckstein seconding the motion. During discussion by the panel members, Dr. Seligman made a motion to table the pending motion with Mr. Dougan seconding the motion. After further discussion by the panel members, Dr. Seligman withdrew his motion to table the pending motion. Ms. Milder made a motion to amend the wording of the indicator that was seconded by Dr. Combs. A further amendment of the wording was made by Mr. Eckstein to replace the words “achieving 80% by 2021” with the words “on a year over year for five years” at the end of the sentence. The proposed amendment was agreed to. The indicator now reads: “Increasing percentage of independent physicians on the common IT platform increasing year over year for five years.” Dr. Oliver called for a vote by show of hands on the amended motion. The vote was six ayes, five nays, and two abstentions. The motion was approved.

Indicator 1.J

Mr. Knox made a motion to approve this indicator with Mr. Eckstein seconding the motion. Dr. Oliver called for a vote by show of hands on the motion. The vote was seven ayes and six nays. The motion was approved.

Indicator 1.J.1

Mr. Knox made a motion to approve this indicator with Mr. Eckstein seconding the motion. Ms. Krutak made a motion to amend the wording of the indicator that was seconded by Dr. Seligman. A further amendment of the wording was made by Mr. Eckstein to replace the words “Year over year improvement on” at the beginning of the sentence in front of the word “cost;” replace the word “PMPY” with the words “per member per year;” and remove the words “minimum of half the regional trend” at the end of the sentence. The proposed amendment was agreed to. The indicator now reads: “Year over year improvement on cost on per member per year.” Dr. Oliver called for a vote by show of hands on the amended motion. The vote was 11 ayes and two nays. The motion was approved.

Indicator 1.J.2

Mr. Knox made a motion to approve this indicator with Mr. Eckstein seconding the motion. During discussion by the panel members, Mr. Knox proposed an amendment to the wording to add the words “Year over year improvement in” at the beginning of the sentence before the words “quality metrics;” and to delete the words “at upper quartile performance” at the end of the sentence. The indicator now reads: “Year over year improvement in quality metrics for employee populations.” Dr. Oliver called for a vote by show of hands on the amended motion. The vote was 11 ayes and two nays. The motion was approved.

Indicator 1.J.3

Mr. Eckstein made a motion to approve this indicator with Mr. Knox seconding the motion. During discussion by the panel members, Mr. Eckstein proposed an amendment to the wording to add the words “Year over year improvement in” at the beginning of the sentence before the words “experience metrics;” and to delete the words “at upper quartile performance” at the end of the sentence. The indicator now reads: “Year over year improvement in experience metrics for employee populations.” Dr. Oliver called for a vote by show of hands on the amended motion. The vote was 11 ayes and two nays. The motion was approved.

Indicator 1.K

Mr. Knox made a motion to approve this indicator with Ms. Milder seconding the motion. During discussion by the panel members, Mr. Eckstein proposed an amendment to the wording to add the words “existing health outreach programs with employers, adding” between the words “the region with” and “new;” adding the word “employer” after the word “new” and before the word “customer;” and deleting the word “added” between the words “customer” and “each year.” The proposed amendment was agreed to. The indicator now reads: “Increasing relationships with employers in the region with existing health outreach programs with employers, adding new employer customers each year.” Dr. Oliver called for a vote by show of hands on the amended motion. The vote was 12 ayes and one nay. The motion was approved.

Indicator 1.L

Mr. Knox made a motion to approve this indicator with Mr. Eckstein seconding the motion. During discussion by the panel members, Mr. Knox proposed an amendment to the wording to add the words “outcomes where the services are being provided to employer customers” after the words “demonstrated improvement in;” and to delete the words “cost control, quality and experience for employer customers year over year” at the end of the sentence. He further moved that indicators 1.L.1, 1.L.2, and 1.L.3 be deleted in their entirety. The indicator now reads: “Demonstrated improvement in outcomes where the services are being provided to employer customers.” Dr. Oliver called for a vote by show of hands on the amended motion. The vote was nine ayes and four nays. The motion was approved.

Indicator 1.M

Mr. Knox made a motion to approve this indicator with Mr. Eckstein seconding the motion. During discussion by the panel members, Mr. Eckstein made a motion to table the pending motion. Hearing no second, this motion failed. During further discussion by the panel members, an amendment was proposed to add the words “year over year” between the words “Increased spending” and “by new system;” delete the words “year over year to a minimum of 70%” after the words “regional suppliers;” add the words “at or below market value for products and services;” and delete the words “by 2021” from the end of the sentence. The proposed amendment was agreed to. The indicator now reads: “Increased spending year over year by new system on ongoing operations with regional suppliers at or below market value for products and services.” Dr. Oliver called for a vote by show of hands on the amended motion. The vote was seven ayes and six nays. The motion was approved.

Indicator 1.D

Mr. Barden made a motion to take the pending motion for indicator 1.D from the table with Ms. Milder seconding the motion. Dr. Oliver called for a vote by show of hands to take up the pending motion from the table. The vote was 11 ayes, 0 nays, and 2 abstentions. The motion was approved.

During discussion by the panel members, an amendment was proposed to replace the current wording in this indicator, along with the proposed amendments made earlier in the meeting, and to replace it with the following wording: “The rate of increase of the total cost of care measured by per member per year for all risk based contracts is below the regional trend for similar payer populations on an annual basis calculated on a rolling three year average.” The proposed amendment was agreed to. Dr. Oliver called for a vote by show of hands on the amended motion. The vote was nine ayes and four nos. The motion was approved.

Outcome 2 – Improve Health and Well-Being for a Population

Table 2 – Measures, Descriptions, and Sources

Mr. Dougan made a motion to keep measures 2.7, 2.16, 2.31, 2.32, and 2.40 (Youth Tobacco Use, Obesity Subpopulation Measure, Vaccinations – HPV Females, Vaccinations HPV – Males, and Children receiving dental sealants) and delete the rest of the measures in this table with Dr. Seligman seconding the motion. The measures to keep read as follows:

2.7 * #	Youth Tobacco Use	Percentage of High School Students who self-reported currently using tobacco (used cigarettes, cigars, chewing tobacco, snuff, or pipe tobacco within the 30 days before the survey).	National Survey on Drug Use and Health
2.16 * #	Obesity Subpopulation Measure	Increase the proportion of physician office visits that include counseling or education related to weight and physical activity.	Data Collection to be led by the New Health System
2.31 * #	Vaccinations – HPV Females	Percentage of females aged 13 to 17 years who received ≥ 3 doses of human papillomavirus (HPV) vaccine, either quadrivalent or bivalent.	Data Collection to be led by the New Health System
2.32 * #	Vaccinations – HPV Males	Percentage of males aged 13 to 17 years who received ≥ 3 doses of human papillomavirus (HPV) vaccine, either quadrivalent or bivalent.	Data Collection to be led by the New Health System
2.40 * #	Children receiving dental sealants	Children receiving dental sealants on permanent first molar teeth (% , 6–9 years).	Data Collection to be led by the New Health System

Dr. Oliver called for a vote by show of hands on the motion. The vote was 11 ayes and two nays. The motion was approved.

Dr. Oliver then asked if the panel would like to reinsert any of the measures contained in Table 2.. Ms. Milder made a motion to add 2.6 (Mothers who smoke during pregnancy) and 2.19 (Breastfeeding Initiation). The motion was properly seconded. During discussion by the panel members, measures 2.24, 2.30, 2.37, 2.38, 2.42, 2.44, and 2.51 were also proposed to be added. The proposed amendment was agreed to. The measures to be added back read as follows:

2.6 #	Mothers who smoke during pregnancy	Percentage of mothers who report smoking during pregnancy (%).	VDH Division of Health Stats – Birth Certificate Data
2.19 #	Breastfeeding Initiation	Percent of live births whose birth certificates report that baby is breastfed. <u>US Value:</u> Proportion of infants who are ever breastfed.	VDH Division of Health Stats – Birth Certificate Data CDC National Immunization Survey
2.24 #	NAS (Neonatal Abstinence Syndrome) Births	Number of reported cases with clinical signs of withdrawal per 1,000 Virginia resident live births.	Active case reports submitted by clinicians OR through VDH’s inpatient hospitalization database (VHI data)
2.30	Children – On-time Vaccinations	Children receiving on-time vaccinations (% of children aged 24 months receiving 4:3:1:FS:3:1:4 series).	Virginia Immunization Information System
2.37 * #	Teen Pregnancy Rate	Rate of pregnancies per 1,000 females aged 15-19 years.	VDH Division of Health Stats – Birth Certificate Data
2.38 * #	Third Grade Reading Level	3rd graders scoring “proficient” or “advanced” on reading assessment (%).	Fourth grade reading level is available through KIDS COUNT data center
2.42 #	Frequent Mental Distress	Percentage of adults who reported their mental health was not good 14 or more days in the past 30 days.	Behavioral Risk Factor Surveillance System
2.44 * #	Infant Mortality	Number of infant deaths (before age 1) per 1,000 live births.	VDH Division of Health Stats – Birth Certificate Data
2.51 #	Premature Death Ratio	Ratio of years lost before age 75 per 100,000 population for higher density counties to lower density counties.	Virginia death certificate data

Dr. Oliver called for a vote by show of hands on each measure individually. For measure 2.6, the vote was eight ayes and five nays; this motion was approved. For measure 2.19, the vote was

10 ayes and three nays; this motion was approved. For measure 2.24, the vote was nine ayes and four nays; this motion was approved. For measure 2.30, the vote was nine ayes and four nays; this motion was approved. For measure 2.27, the vote was 13 ayes and 0 nays; this motion was approved. For measure 2.38, the vote was 13 ayes and 0 nays; this motion was approved. For measure 2.42, the vote was seven ayes and six nays; this motion was approved. For measure 2.44, the vote was 13 ayes and 0 nays; this motion was approved. For measure 2.51, the vote was six ayes and seven nays; this motion failed.

The approved table is as follows:

2.6 #	Mothers who smoke during pregnancy	Percentage of mothers who report smoking during pregnancy (%).	VDH Division of Health Stats – Birth Certificate Data
2.7 * #	Youth Tobacco Use	Percentage of High School Students who self-reported currently using tobacco (used cigarettes, cigars, chewing tobacco, snuff, or pipe tobacco within the 30 days before the survey).	National Survey on Drug Use and Health
2.16 * #	Obesity Subpopulation Measure	Increase the proportion of physician office visits that include counseling or education related to weight and physical activity.	Data Collection to be led by the New Health System
2.19 #	Breastfeeding Initiation	Percent of live births whose birth certificates report that baby is breastfed. <u>US Value:</u> Proportion of infants who are ever breastfed.	VDH Division of Health Stats – Birth Certificate Data CDC National Immunization Survey
2.24 #	NAS (Neonatal Abstinence Syndrome) Births	Number of reported cases with clinical signs of withdrawal per 1,000 Virginia resident live births.	Active case reports submitted by clinicians OR through VDH's inpatient hospitalization database (VHI data)
2.30	Children – On-time Vaccinations	Children receiving on-time vaccinations (% of children aged 24 months receiving 4:3:1:FS:3:1:4 series).	Virginia Immunization Information System
2.31 * #	Vaccinations – HPV Females	Percentage of females aged 13 to 17 years who received ≥ 3 doses of human papillomavirus (HPV) vaccine, either quadrivalent or bivalent.	Data Collection to be led by the New Health System
2.32 * #	Vaccinations – HPV Males	Percentage of males aged 13 to 17 years who received ≥ 3 doses of human papillomavirus (HPV) vaccine, either quadrivalent or bivalent.	Data Collection to be led by the New Health System

2.37 * #	Teen Pregnancy Rate	Rate of pregnancies per 1,000 females aged 15-19 years.	VDH Division of Health Stats – Birth Certificate Data
2.38 * #	Third Grade Reading Level	3rd graders scoring “proficient” or “advanced” on reading assessment (%).	Fourth grade reading level is available through KIDS COUNT data center
2.40 * #	Children receiving dental sealants	Children receiving dental sealants on permanent first molar teeth (% , 6–9 years).	Data Collection to be led by the New Health System
2.42 #	Frequent Mental Distress	Percentage of adults who reported their mental health was not good 14 or more days in the past 30 days.	Behavioral Risk Factor Surveillance System
2.44 * #	Infant Mortality	Number of infant deaths (before age 1) per 1,000 live births.	VDH Division of Health Stats – Birth Certificate Data

Indicator 2.A

After a brief break, Mr. Eckstein made a motion to approve this indicator with Mr. Knox seconding the motion. Dr. Oliver called for a vote by show of hands on the motion. The vote was 10 ayes and 3 abstentions. The motion passed.

Indicator 2.A.1

Mr. Knox made a motion to approve this indicator with Mr. Randazzo seconding the motion. During discussion by the panel members, an amendment was proposed to replace the word “target” with the words “those milestones” between the words “milestones achieving” and “90% of the time.” The proposed amendment was agreed to. Dr. Oliver called for a vote by show of hands on the amended motion. The vote was 10 ayes and three nays. The motion was approved.

Indicator 2.B

Mr. Eckstein made a motion to approve this indicator by replacing the words “achieving upper quartile performance in all metrics by 2021” with the words “exceed the year over year improvement in socio economic peer counties” with Mr. Knox seconding the motion. The indicator now reads: “Year over year improvement in defined measures of health exceed the year over year improvement in socio economic peer counties.” Dr. Oliver called for roll-call vote on the motion. The vote was eight ayes (Mr. Barden, Mr. Cassell, Mr. Eckstein, Mr. Hunnicutt, Mr. Knox, Ms. Milder, Dr. Oliver, and Mr. Randazzo) and five nays (Mr. Beatty, Dr. Combs, Mr. Dougan, Ms. Krutak, and Dr. Seligman). The motion was approved.

Indicator 2.C

Mr. Knox made a motion to approve this indicator with Mr. Eckstein seconding the motion. During discussion by the panel members, Mr. Dougan proposed an amendment to replace the existing wording in its entirety with the following: “The total amount of annual charity care will

be reported by the new health system with an explanation of any variation from previous years.” The proposed amendment was agreed to. Dr. Oliver called for a vote by show of hands on the amended motion. The vote was 13 ayes and 0 nays. The motion was approved.

Indicator 2.D

Mr. Knox made a motion to approve this indicator with Mr. Eckstein seconding the motion. During discussion by the panel members, Dr. Seligman made a motion to table the pending motion with Mr. Hunnicutt seconding the motion. After further discussion by the panel members, Dr. Seligman withdrew his motion to table the pending motion. Mr. Eckstein made a motion to amend the wording of the indicator by replacing the existing wording in its entirety with the following: “The new health system providers will present measures of disparity and equity and their measurement technique to the Commissioner.” This motion was seconded by Mr. Barden and the amended motion was agreed to. Dr. Oliver called for a vote by show of hands on the amended motion. The vote was 13 ayes and 0 nays. The motion was approved.

Dr. Oliver closed the discussion on the draft measures and performances for this meeting.

Public Comment

Dr. Oliver opened the public comment period. One individual at the Glen Allen location signed up to speak during the public comment period.

Anthony Keck, MSHA, addressed the TAP. He said that the TAP should consider limiting the number of metrics that Ballad will held accountable for, so that improvement efforts can be focused and concentrated in a few areas. He also urged the TAP to consider the approach that Tennessee had taken. While Mr. Keck said that Tennessee had included far too many metrics, it had allowed for a ramp-up period prior to the metrics taking full effect.

Dr. Oliver closed the public comment period.

Adjourn

The meeting adjourned at approximately 5:00 p.m.

December 5, 2017 – 8:00 a.m.
Office of Emergency Medical Services, Class Room A & B
1041 Technology Park Drive
Glen Allen, Virginia

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

Members present: Dr. Norm Oliver (Virginia Department of Health “VDH”), Chair; Sean Barden (Mary Washington Healthcare); Don Beatty (Virginia Bureau of Insurance); Bobby Cassell by videoconference (consumer); Dr. Stephen Combs (Wellmont Health System “WHS”);

Todd Dougan (WHS); Tom Eckstein (Arundel Metrics); George Hunnicutt, Jr. (Pepsi Cola Bottling of Norton); Pete Knox (Peter Knox Consulting); Lynn Krutak (Mountain States Health Alliance “MSHA”); Sarah Milder (Arundel Metrics); Andy Randazzo (Anthem); and Dr. Morris Seligman (MSHA).

Member absent: Dr. Ron Clark (Virginia Commonwealth University Health System).

VDH staff present: Erik Bodin, Director, Office of Licensure and Certification; Joseph Hilbert, Director, Governmental and Regulatory Affairs; and Catherine West, Administrative Assistant.

Others Present: Amanda Lavin, Office of the Attorney General.

Welcome

Dr. Oliver called the meeting to order at 8:00 a.m. He told the Technical Advisory Panel (TAP) that a quorum of members was present.

Dr. Seligman requested that the TAP members be informed of the Commissioner’s timetable for making her decision concerning the metrics that would be used to actively supervise the Cooperative Agreement. Dr. Oliver said that the timetable would be provided at the appropriate time.

Long-Term Measures – Active Supervision of the Cooperative Agreement: Draft Measures and Performance Indicators

Dr. Oliver told the TAP that today’s meeting would continue with the discussion of the draft measures and performance indicators that had not been discussed at the December 4th meeting.

Outcome 3 – Equitable Access to Services Across the Region

Table 1 – Measures, Descriptions, and Sources

Mr. Eckstein made a motion to adopt this table with Mr. Knox seconding the motion. Dr. Oliver called for a vote by show of hands on the motion. The vote was seven ayes and four abstentions (Mr. Beatty and Mr. Hunnicutt were not present for the vote). The motion was approved.

There was a brief discussion in which Dr. Oliver explained to the TAP that the failure of Ballad to achieve the established target for any specific measure or measures would not, in and of itself, be used by VDH as the basis seeking to initiate action adverse to the continuation of the cooperative agreement. Dr. Seligman stated that it would be very helpful to Ballad to have that concept expressed in writing from the Commissioner.

Indicator 3.A

Mr. Knox made a motion to approve this indicator with Mr. Hunnicutt seconding the motion. There was a discussion among the panel about the definition of “southwest Virginia,” with Mr. Knox suggesting that a change could be made to the wording to include the word “rural” in the

indicator. Dr. Oliver called for a vote by show of hands on the motion. The vote was six ayes and seven nays. The motion failed.

Indicator 3.A.1

Mr. Eckstein made a motion to approve this indicator with Mr. Knox seconding the motion. Dr. Oliver called for a roll-call vote on the motion. The vote was six ayes (Mr. Eckstein, Mr. Hunnicutt, Mr. Knox, Ms. Milder, Dr. Oliver, and Mr. Randazzo) and seven nays (Mr. Barden, Mr. Beatty, Mr. Cassell, Dr. Combs, Mr. Dougan, Ms. Krutak, and Dr. Seligman). The motion failed.

Indicator 3.B

Mr. Knox made a motion to approve this indicator with Mr. Hunnicutt seconding the motion. Dr. Oliver called for a vote by show of hands on the motion. The vote was eight ayes and five nays. The motion was approved.

Indicator 3.B.1

Mr. Knox made a motion to approve this indicator with Mr. Eckstein seconding the motion. Dr. Oliver called for a vote by show of hands on the motion. The vote was eight ayes and five nays. The motion was approved.

Indicator 3.B.2

Mr. Hunnicutt made a motion to approve this indicator with Mr. Knox seconding the motion. During discussion by the panel members, Mr. Knox made an amendment to delete the word “all” between the words “improvement in” and “metrics;” add the words “targeted within the” between the words “metrics” and “achieving target;” delete the words “achieving target;” and delete the word “in” between the words “established” and “plan.” The indicator would now read: “Year over year improvement in metrics targeted within the established plan.” During further discussion by the panel members, Mr. Eckstein proposed replacing the existing wording and Mr. Knox’s proposed amendment with the following: “Annual plan establishes metrics and targets for year to year improvement and that they meet 80% of targets established.” This proposed amendment was agreed to. Dr. Oliver called for a vote by show of hands on the amended motion. The vote was nine ayes and four nays. The motion passed.

Indicator 3.C

Mr. Knox made a motion to approve this indicator with Mr. Eckstein seconding the motion. During discussion by the panel members, Mr. Eckstein proposed amending the language by replacing the words “Spending per capita, on a risk adjusted basis, in six major service categories in Southwest Virginia equal to the highest level in any community in the serviced area” with the words “Service delivery in the six major categories is equal among the various regions in Southwest Virginia.” After further discussion by the panel members, Mr. Eckstein withdrew his motion and Dr. Oliver proposed changing the words “Spending per capita, on a risk adjusted basis, in six major service categories in Southwest Virginia equal to the highest level in any community in the serviced area” with the words “Residents of Southwest Virginia have equitable

access to key services in the following areas:” The proposed amendment was agreed to. Dr. Oliver called for a vote by show of hands on the amended motion. The vote was eight ayes, four nays, and 1 abstention. The motion passed.

Indicator 3.D

Mr. Hunnicutt made a motion to approve this indicator with Mr. Knox seconding the motion. Dr. Oliver called for a vote by show of hands on the motion. The vote was five ayes, six nays, and two abstentions. The motion failed.

Indicator 3.E

Mr. Knox made a motion to approve this indicator with Mr. Eckstein seconding the motion. During discussion by the panel members, an amendment was proposed to replace the words “Same day” with the words “The new health system will provide a plan for” at the start of the sentence; delete the word “all” between the words “primary care for” and “residents of;” and delete the words “measured by 3rd available appointment.” The proposed amendment was agreed to. The indicator now reads: “The new health system will provide a plan for same day access to primary care for all residents of Southwest Virginia.” Dr. Oliver called for a vote by show of hands on the amended motion. The vote was nine ayes and four nays. The motion was approved.

Indicator 3.F

Mr. Knox made a motion to approve this indicator with Mr. Eckstein seconding the motion. During discussion by the panel members, an amendment was proposed to add the words “The new health system will provide a plan for” before the word “Specialty” at the start of the sentence; delete the word “all” between the words “less for” and “residents of;” and delete the words “measured by 3rd available appointment.” The proposed amendment was agreed to. The indicator now reads: “The new health system will provide a plan for specialty access to all six major service categories at 5 days or less for all residents of Southwest Virginia.” Dr. Oliver called for a vote by show of hands on the amended motion. The vote was eight ayes and five nays. The motion was approved.

Indicator 4.A

After a brief break, Mr. Knox made a motion to approve this indicator with Mr. Eckstein seconding the motion. Mr. Dougan made a motion to replace all of the existing language in 4.A with the following: “The new health system shall complete a comprehensive physician/physician extender needs assessment and recruitment plan every three years, starting within the first full fiscal year, in each Virginia community served by the new health system.” The proposed amendment was agreed to. Dr. Oliver called for a vote by show of hands on the amended motion. The vote was 10 ayes and three nays. The motion was approved.

Indicator 4.A.1

Mr. Eckstein made a motion to approve this indicator with Mr. Knox seconding the motion. Dr. Oliver called for a vote by show of hands on the motion. The vote was four ayes and nine nays. The motion failed.

Indicator 4.B

Mr. Knox made a motion to approve this indicator with Mr. Eckstein seconding the motion. During discussion by the panel members, an amendment was proposed to add the word “with” between the words “Southwest Virginia” and “year over year;” add the word “improvement” after the words “year over year;” and delete the words “with all gaps closed by 2021” at the end of the sentence. The proposed amendment was agreed to. The indicator now reads: “Progress in closure of clinical staff gaps in Southwest Virginia with year over year improvement.” Dr. Oliver called for a vote by show of hands on the amended motion. The vote was eight ayes and five nays. The motion was approved.

Indicator 4.C

Mr. Knox made a motion to approve this indicator with Mr. Eckstein seconding the motion. During discussion by the panel members, Mr. Dougan proposed amending the language by replacing the words “including six month milestones defined approved by” with the words “and submitted to the.” The proposed amendment was agreed to. The indicator now reads: “Post graduate training plan developed and submitted to the health commissioner within 12 months of signed agreement.” Dr. Oliver called for a vote by show of hands on the amended motion. The vote was eight ayes and five nays. The motion was approved.

Indicator 4.D

Mr. Eckstein made a motion to approve this indicator with the replacement of the word “Six” with the word “Twelve” at the start of the sentence. Ms. Milder seconded the motion. Dr. Oliver called for a vote by show of hands on the motion. The vote was eight ayes and five nays. The motion was approved.

Indicator 6.A

Dr. Oliver asked that Indicator 5 be laid aside and to proceed with Indicator 6. Mr. Knox made a motion to approve Indicator 6.A with Mr. Eckstein seconding the motion. Dr. Oliver called for a vote for show of hands on the motion. The vote was six ayes, six nays, and one abstention. The motion failed.

Indicators 6.A.1 and 6.A.2

Dr. Oliver told the panel that these two indicators failed since they both rely on Indicator 6.A and it failed.

Indicator 6.B

Mr. Knox made a motion to approve this indicator with Mr. Eckstein seconding the motion. Dr. Oliver called for a vote by show of hands on the motion. The vote was two ayes, six nays, and five abstentions. The motion failed.

There was a discussion concerning the extent to which the measures being considered by the TAP do or do not represent an intrusion into the discretion of Ballad management and the fiduciary responsibility of the Ballad Board of Directors. Mr. Hilbert explained to the TAP VDH's need to operationally define active supervision of the cooperative agreement.

Indicator 6.C

Mr. Knox made a motion to approve this indicator with Ms. Milder seconding the motion. During discussion by the panel members, Mr. Eckstein proposed amending the language by deleting the words "Reduction in" at the start of the sentence; adding the words "be reduced on a year by year basis;" and by deleting the words "achieving and maintaining top quartile performance for health systems nationally" at the end of the sentence. The proposed amendment was agreed to. The indicator now reads: "Annual turnover rate be reduced on a year by year basis." Dr. Oliver called for a vote by show of hands on the amended motion. The vote was seven ayes and six nays. The motion was approved.

Indicator 6.D

Mr. Knox made a motion to approve this indicator with Mr. Eckstein seconding the motion. Several adjustments to the language of this indicator were discussed by the panel members. Dr. Oliver called for a vote by show of hands on the motion. The vote was five ayes, seven nays, and one abstention. The motion failed.

Indicator 6.E

Mr. Knox made a motion to approve this indicator with Mr. Eckstein seconding the motion. During discussion by the panel members, Mr. Eckstein proposed amending the language by replacing the word "Improved" with the words "The new health system will alter the board survey to measure board relationships in the first year and thereafter improve" at the start of the sentence and changing the word "an" to the word "its" by the words "measured by" and "annual board survey." The proposed amendment was agreed to. Dr. Oliver called for a vote by show of hands on the amended motion. The vote was six ayes, five nays, and two abstentions. The motion was approved.

Indicator 6.F

Mr. Eckstein made a motion to approve this indicator with Mr. Knox seconding the motion. Dr. Oliver called for a vote by show of hands on the motion. The vote was four ayes, seven nays, and two abstentions. The motion failed.

Indicator 6.G

This indicator failed due to a lack of receiving a motion to approve.

Outcome 7 – Strong Academics and Research Impacting Regional Issues

Indicator 7.A

Mr. Knox made a motion to approve this indicator with Mr. Eckstein seconding the motion. During discussion by the panel members, Mr. Eckstein proposed amending the language by replacing the existing words in their entirety with the words “Within 12 months of the closing date of the merger, the new health system will develop and submit to the Commissioner, for review and approval, a plan for investment in the research enterprise in the Virginia service area.” The proposed amendment was agreed to. Dr. Oliver called for a vote by show of hands on the amended motion. The vote was 12 ayes and one nay. The motion was approved.

Indicator 7.B

Mr. Eckstein made a motion to approve this indicator with Mr. Knox seconding the motion. Several adjustments to the language of this indicator were discussed by the panel members. Dr. Oliver called for a vote by show of hands on the motion. The vote was six ayes and seven nays. The motion failed.

Indicator 7.C

Mr. Knox made a motion to approve this indicator with Mr. Randazzo seconding the motion. Dr. Oliver called for a vote by show of hands on the motion. The vote was three ayes, eight nays, and two abstentions. The motion failed.

Outcome 8 – Monetary Commitment

Indicator 8.A

Mr. Knox made a motion to approve this indicator with Dr. Oliver seconding the motion. During discussion by the panel members, Mr. Eckstein proposed amending the language by replacing the existing words “by community defined and achieved on an annual basis with demonstrated equal allocation to SW Virginia and the specific issues faced by the region” with the words “be defined by need and be shown to be independent of geography.” The proposed amendment was agreed to. The indicator now reads: “Target spending be defined by need and be shown to be independent of geography.” Dr. Oliver called for a vote by show of hands on the amended motion. The vote was 12 ayes (one member was not in the room during the vote) and 0 nays. The motion was approved.

Indicator 8.B

Mr. Knox made a motion to approve this indicator with the replacement of the words “a quarterly” with “an annual” between the words “reported on” and “basis.” Mr. Barden seconded

the motion. Dr. Oliver called for a vote by show of hands on the amended motion. The vote was 11 ayes and two nays. The motion was approved.

Indicator 8.C

Mr. Eckstein made a motion to approve this indicator with Ms. Milder seconding the motion. Dr. Oliver called for a vote by show of hands on the motion. The vote was 13 ayes and 0 nays. The motion was approved.

Outcome 5 – Bench-Mark Operating Performance

Indicator 5.A

After a brief break for the TAP members to pick up their lunches, Mr. Eckstein made a motion to approve this indicator with Mr. Knox seconding the motion. During discussion by the panel members, Mr. Eckstein amended the wording by replacing the word “approved” with the word “reviewed” between the words “complete and” and “by the health commissioner.” Dr. Oliver called for a vote by show of hands on the amended motion. The vote was 10 ayes and three nays. The motion was approved.

Indicator 5.A.1

Mr. Eckstein made a motion to approve this indicator with Mr. Knox seconding the motion. Dr. Oliver called for a vote by show of hands on the motion. The vote was eight ayes and five nays. The motion was approved.

Indicator 5.A.2

Mr. Knox made a motion to approve this indicator with Mr. Eckstein seconding the motion. After discussion by the panel members, Mr. Knox withdrew his motion. The motion failed.

Indicator 5.B

Mr. Knox made a motion to approve this indicator with Mr. Eckstein seconding the motion. During discussion by the panel members, Mr. Dougan proposed amending the language by deleting the existing wording in its entirety and replacing it with the following wording: “Adherence to public reporting schedules and required department reporting. Sustained improvement from baseline on CMS safety domain measures to reduce adverse events and improve overall patient safety.

Pressure ulcer rate

Iatrogenic pneumothorax rate

Central venous catheter-related blood stream infection rate

Central venous catheter-related blood stream infection rate

Postoperative Hip Fracture Rate

PSI 09 Perioperative Hemorrhage or Hematoma Rate

PSI 10 Postoperative Physiologic and Metabolic Derangement Rate

PSI 11 Postoperative Respiratory Failure Rate

PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate

PSI 13 Postoperative Sepsis Rate
PSI 14 Postoperative Wound Dehiscence Rate
PSI 15 Accidental Puncture or Laceration Rate
Central Line-Associated Bloodstream Infection (CLABSI Rate)
Catheter-Associated Urinary Tract Infection (CAUTI Rate)
Surgical Site Infection (SSI) Rate
Methicillin-Resistant Staphylococcus Aureus (MRSA) Rate
Clostridium Difficile Infection (CDI or C-Diff) Rate”

The proposed amendment was agreed to. Dr. Oliver called for a vote by show of hands on the motion. The vote was 13 ayes and 0 nays. The motion was approved.

Indicator 5.C

Mr. Knox made a motion to approve this indicator with Mr. Eckstein seconding the motion. During discussion by the panel members, Mr. Eckstein suggested several adjustments to the language of this indicator but ultimately withdrew his suggestions. Ms. Krutak made a motion to replace all of the words of the existing indicator, including the subsections 5.C.1 through 5.C.17, with the following language “Timely reporting of key financial metrics included in all filings with EMMA for evaluation by the commissioner; maintain compliance with bond covenants via submission of attestation and independent audit criteria; reporting of associated metrics to the Commissioner at least annually in concert with annual agency reviews.” Mr. Dougan seconded the motion and the amended motion was agreed to. Dr. Oliver called for a vote by show of hands on the amended motion. The vote was 12 ayes and one nay. The motion passed.

Indicator 5.D

Mr. Knox made a motion to approve this indicator with Mr. Eckstein seconding the motion. During discussion by the panel members, Mr. Eckstein proposed changing the language of the indicator by replacing the word “with” with the word “and” between the words “annual basis” and “no fewer than;” to add the word “actively” between the words “being spread” and “throughout the system;” and by adding the words “at any one time” to the end of the sentence. The proposed amendment was agreed to. The indicator now reads: “System wide best practices identified on an annual basis with and no fewer than 3 being spread actively throughout the system at any one time.” Dr. Oliver called for a vote by show of hands on the amended motion. The vote was 12 ayes and 0 nays (Ms. Krutak was no longer at the meeting). The motion was approved.

Table 1: Quality Monitoring Measures

Dr. Oliver requested that the panel consider all of the measures contained in this table as a block. Mr. Eckstein made a motion to approve the table as a block with Dr. Combs seconding the motion. Dr. Oliver called for a vote by show of hands on the motion. The vote was 12 ayes and 0 nays (Ms. Krutak was no longer at the meeting). The motion was approved.

Indicator 5.E

Mr. Eckstein made a motion to approve this indicator by replacing the existing language in its entirety with the following language: “Annual plan for improving quality and satisfaction among selected measures with year to year improvement and that they meet 80% of the targets established.” Dr. Combs seconded the motion. Dr. Oliver called for a vote by show of hands on the motion. The vote was 12 ayes and 0 nays (Ms. Krutak was no longer at the meeting). The motion was approved.

Public Comment

There were no comments from any member of the public.

Next Steps

Dr. Oliver told the TAP that the next meeting is scheduled for December 14, 2017 in the same location as today’s meeting. The meeting will start at 8:00 a.m. The TAP will discuss the short-term measures as well as the tabled item from the December 4th meeting.

Dr. Seligman asked if the TAP would be allowed to see the final report of the TAP prior to it being submitted to the Commissioner. Dr. Oliver responded that the TAP would be provided with the final report prior to its submission to the Commissioner.

Mr. Dougan said that many of the items in the short term expectations have already been discussed, and requested that VDH staff edit the list of short term expectations accordingly.

Adjourn

The meeting adjourned at approximately 1:10 p.m.

Technical Advisory Panel Recommendations

Suggested Approach

Measurement Alignment with Conditions: In the order, the Commissioner set forth a robust set of conditions and has subsequently set forth a set of desired outcomes which provide clear expectations for ongoing evaluation of the cognizable benefits of the Cooperative Agreement. These conditions were formulated based on exhaustive engagement with key regional stakeholders and based on recommendations from the Southwest Virginia Health Authority—in concert with the Virginia Plan for Well-Being and the Blueprint for a Healthy Appalachia.

The eight outcome criteria set forth and the conditions the Department and its consultants have attributed to them fulfill the requirements of the regulations for cognizable benefits in population health; access to health services; economic; patient safety; patient satisfaction; and other benefits.

The role of the Technical Advisory Panel is to make recommendations for quantitative measures which substantiate achievement of this ongoing benefit. Where possible, the conditions should be the basis for definition of those measures and new measures outside the expectations set forth in the commitments should not be included.

Measurements Dependent on the Planning Process: The Commissioner has clearly set forth certain plan requirements and associated criteria or milestones in the conditions. Additional plans should not be suggested by the Technical Advisory Panel. The plans set forth by the Commissioner will include associated qualitative and quantitative measures which must be accepted by the Commissioner in the context of those plans. Development of the plans is necessary prior to establishment of such measures, and the Panel should defer to the planning process and the Commissioner's approval process for solidification of plan specific measures. The focus of the Panel should be on fulfillment of the plans required by the Commissioner.

Evaluation Reliance on Active Supervision of Complaint and Reporting Process: The COPA Compliance Officer and the COPA Monitor, as set forth in the active supervision requirements, will provide additional support to the Commissioner for the receipt of any complaints or concerns from various stakeholder groups. They will work to formally record, substantiate and resolve such complaints. As noted in the measures below, validated or unresolved complaints will be visible to the Commissioner for evaluation of ongoing benefit where quantitative measures include the number of valid or unresolved complaints from payers, patients, providers, internal stakeholders, or members of the community.

ATTACHMENT A

Outcome 1: Create value in the marketplace

Conditions: 5-6-7-8-9-10-11-26-29-30-31-42-43-44

C5 Satisfaction of Rate Cap Requirements in Addendum 1

Measures:

1. Achievement of Addendum 1 requirements as verified by VDH (worth at least \$80 million in market value over 10 years);
2. Number of unresolved payer complaints (self-reporting with verification from payers and department and review by department)

C6 Negotiate in good faith

Measures:

1. Number of validated and unresolved complaints from payers (self-reporting with verification from payers and department and review by department)

C7 No network exclusivity

Measures:

1. Number of unresolved complaints from payers (self-reporting with verification from payers and department and review by department)

C8 Regional HIE Participation

Measures:

1. Plan submitted and accepted
2. Amount spent
3. Increasing % of independent physician participation;

C9 Clinical Services Network

Measures:

1. Increasing % of independent provider participants enrolled now to 2021;

C10 Quality, value, shared financial alignment with large payers

Measures:

1. Number of contracts retained or added with payment for value elements;
2. Number of lives covered in at-risk contracts;
3. Amount of at risk revenue increasing to 30% by 2021 (self-reporting with verification from payers and department and review by department)

C11 DMAS value-based payments

Measures:

1. Number of at-risk lives under DMAS/MSO contracts;
2. Amount of at risk \$ with verification from DMAS (self-reporting with verification from payers and department and review by department)

ATTACHMENT A

C26 Common Clinical IT Platform w/in 48 months

Measures:

1. Amount spent;
2. 6 month milestones;
3. Number of common clinical protocols added;
4. Number of patient portal activations;
5. Increasing % of independent physicians participating on common platform by 2021

C29 Open Medical Staffs

Measures:

1. Number of unresolved complaints based on department review of adherence to credentialing policy and medical staff practice

C30 No requirement for exclusive independent physician practice

Measures:

1. Number of unresolved complaints

C31 No prohibitions for independent physicians in health plans or health networks controlled

Measures:

1. Number of unresolved complaints

C42 No most favored nation pricing with health plans

Measures:

1. Number of unresolved complaints (self-reporting with verification from payers and department and review by department)

C43 No exclusive physician contracting except for hospital based providers

Measures:

1. Number of unresolved complaints

C44 DMAS ARTS program participation

Measures:

1. Number of patients served within program annually (DMAS verification)

Other:

1. To support the local economy, use local vendors or suppliers where feasible based on comparable cost and quality to vendors or suppliers outside the market (include summary in annual report)

Outcome 2: Improve health and well-being for a population

Conditions: 14-15-36

C14 Charity Care

Measures:

1. Total amount of annual charity care with explanation of any annual variance from previous years;

ATTACHMENT A

2. Number of valid patient complaints regarding policy compliance

C15 Uninsured/Underinsured discount

Measures:

1. Total amount of annual discount to patients;
2. Number of valid patient complaints regarding policy compliance

C36 Population health plan and spending requirements

Measures:

1. Show improvement over regional baseline for priority population health measures (See Outcome 8)
2. In accordance with overall population health access goals, establish Ballard Health team member health plan goals for improved rates of preventative screenings, engagement with health coaches, participation in health improvement activities
3. In accordance with overall population health access goals, establish goals for increasing engagement with regional businesses for health promotion and wellness activities, screenings, and associated improvement tracking
4. See C36 for additional population health measures related to the \$75 million population health spending requirement

Outcome 3: Equitable Access

Conditions: 1-27-28-41-46

C1 No realignment or termination without cause between approval & effective date

Measures:

1. Number of services realigned or terminations without cause in Virginia facilities during the period (demonstrated compliance with condition)

C27 All hospitals are to remain open for 5 years as clinical and health care institutions (per definition)

Measures:

1. Compliance with sub-requirements of C27

C28 Maintain at least 3 tertiary hospitals

Measures:

1. Number and type of tertiary services offered at 3 tertiary centers

C33 Essential services

Measures:

1. Essential services by county as defined in conditions and demonstrated against current baseline
2. Increasing % of same day or preferred day access to primary care as measured against 3rd next available appointment
3. Increasing % of specialty access for all six major service categories at 5 days or less measured by 3rd next available appointment
4. Maintained or enhanced services for maternal and pre-natal health from current baseline

ATTACHMENT A

5. Enhancement to regional pediatric access as approved in the rural health services and pediatric services plans
6. Improved access to preventative and restorative dental and corrective vision services as agreed upon in the rural health services and pediatrics services plan
7. Maintained or enhanced emergency access, transport, and transfer as agreed upon in the rural health services plan

C41 Adherence to alignment policy

Measures:

1. Number of valid complaints from internal and community stakeholders as evaluated by the department

C46 Treatment of Virginia Medicaid patients

Measures:

1. Ratio of pre-admission screenings to Medicaid patients served;
2. Number of participating plans as % of potential plans;
3. Compliance with pricing requirements;
4. Number of valid Medicaid patient complaints for lack of access

Outcome 4: Adequate Providers & Equitable Services

Conditions: 24-32

C24 Post-graduate training

Measures:

1. Convene collaborative within 45 days of closing according to parameters set forth in condition;
2. Plan submitted and accepted within 12 months;
3. Ongoing achievement of agreed plan milestones;
4. Number of total program participants

C32 Physician/extender needs assessment and recruitment plan

Measures:

1. % recruitments goals achieved by established milestones

Outcome 5: Benchmarks of Operating Performance

Conditions: 12-13-16-17-40-45

C12 Robust quality improvement program

Measures:

1. Adherence to public reporting schedules and required department reporting
2. Sustained improvement from baseline on CMS Safety Domain measures to reduce adverse events and improve overall patient safety
 - a) Pressure Ulcer Rate
 - b) Iatrogenic Pneumothorax Rate
 - c) Central Venous Catheter-Related Blood Stream Infection Rate

ATTACHMENT A

- d) Postoperative Hip Fracture Rate
 - e) PSI 09 Perioperative Hemorrhage or Hematoma Rate
 - f) PSI 10 Postoperative Physiologic and Metabolic Derangement Rate
 - g) PSI 11 Postoperative Respiratory Failure Rate
 - h) PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate
 - i) PSI 13 Postoperative Sepsis Rate
 - j) PSI 14 Postoperative Wound Dehiscence Rate
 - k) PSI 15 Accidental Puncture or Laceration Rate
 - l) Central Line-Associated Bloodstream Infection (CLABSI Rate)
 - m) Catheter-Associated Urinary Tract Infection (CAUTI Rate)
 - n) Surgical Site Infection (SSI) Rate
 - o) Methicillin-Resistant Staphylococcus Aureus (MRSA) Rate
 - p) Clostridium Difficile Infection (CDI or C-Diff) Rate
3. Monitoring and reporting of all CMS quality measures
 4. Monitoring and reporting of all CMS HCACPS Measures for Patient Satisfaction (see attached)
 5. Ratio of rural to urban equity in quality and patient satisfaction

C13 Hospital accreditation

Measures:

1. Achievement of expectations for accreditation set forth by the Department for each hospital

C16 Notice of Material Default

Measures:

1. Finding of compliance or non-compliance by the Department

C17 Notice of material adverse event

Measures:

1. Finding of compliance or non-compliance by the Department

C40 Quarterly Financial Metrics

Measures:

1. Timely reporting of key financial metrics included in all filings with EMMA for evaluation by the commissioner;
2. Maintain compliance with bond covenants via submission of attestation and independent audit criteria;
3. Reporting of associated metrics to the Commissioner at least annually in concert with annual rating agency reviews

C45 Clinical Council

Measures:

1. Evaluation by the Commissioner according to criteria set forth in C45;
2. Reports of Clinical Council activity related to common clinical protocols and criteria for medical staff credentialing and ongoing evaluation of practice
3. Number of system-wide best practices identified and spread across system

ATTACHMENT A

Outcome 6: Strong Vibrant Culture

Conditions: 18-20-21-22-38

C18 Honor prior service of team members

Measures:

1. Number of validated team member complaints regarding prior service commitment

C20 Severance policy

Measures:

1. Policy submitted to the Commissioner and published to Ballad Health team members;
2. Number of team member validated complaints during the five year period as

C21 No terminations except for cause

Measures:

1. Report provided to and accepted by the Commissioner;
2. Number of team member validated complaints

C22 Career development

Measures:

1. Report provided to the Commissioner outlining Ballad Health career development program;
2. Number of participants in career ladder programs or career development activities annually
3. Improve employee satisfaction by year 3 based on regular employee satisfaction surveys

C38 Ballad Health Board Requirements

Measures:

1. Report of demonstrated compliance with Virginia membership requirements annually
2. Conduct regular board self-evaluation and board development plan

Outcome 7: Strong Academics and Research

Conditions: 25

C25 Plan for Virginia research investment

Measures:

1. Convene co-chaired collaborative team within 45 days of closing;
2. Plan submitted and accepted by Commissioner within 12 months in compliance with criteria set forth in the conditions A-E in C25 including spending goals and new program requirements
3. Submission and acceptance of new 3 year plan within 90 days of current plan expiration
4. Research report demonstrating alignment of research activities with priority regional health issues

Outcome 8: Monetary Commitments and Outcomes

Conditions: 3-19-23-33-34-35-36-37

C3 Monetary obligations shall be incremental

Measures:

ATTACHMENT A

1. Baseline data submitted to Commissioner and annual reports demonstrating achievement of spending benchmarks set forth in approved plans

C19 \$70 million spending to eliminate differences in salary/pay rates and employee benefit structures

Measures:

1. Plan submitted to the Commissioner with progress reports and spending updates as implementation occurs

C23 \$85 million spending over 10 fiscal years on Health Research and Graduate Medical Education

Measures:

1. Plan submitted to and approved by the Commissioner;
2. Annual demonstration of incremental amounts spent in accordance with plan;
3. Annual updates and plan compliance reports detailing metrics as defined in 12 month plan.

C33 \$28 million spending over 10 fiscal years on rural health services

Measures:

1. Development and submission of plan approved by Commissioner within six months of closing;
2. Achievement of sub-plan conditions as agreed to by Commissioner, and set forth in annual updates, including those set forth in C33 sub-bullets and additional detailed criteria;
3. Annual demonstration of incremental amounts spent in accordance with plan;
4. **Demonstrated maintenance of essential services as required in order to support the access requirements of the cooperative agreement**

C34 \$85 million spending over 10 fiscal years on behavioral health services

Measures:

1. Development and submission of plan approved by Commissioner within six months of closing;
2. Achievement of sub-plan conditions as agreed to by Commissioner, and set forth in annual updates, including those set forth in C34 additional detailed criteria;
3. Annual demonstration of incremental amounts spent in accordance with plan

C35 \$27 million spending over 10 fiscal years on pediatric health services

Measures:

1. Development and submission of plan approved by Commissioner within six months of closing;
2. Achievement of sub-plan conditions as agreed to by Commissioner, and set forth in annual updates, including those set forth in C35 additional detailed criteria;
3. Annual demonstration of incremental amounts spent in accordance with plan

C36 \$75 million spending over 10 fiscal years on population health improvement

Measures:

1. Development and submission of plan approved by Commissioner within six months of closing;
2. Achievement of sub-plan conditions as agreed to by Commissioner, and set forth in annual updates, including those set forth in C35 additional detailed criteria;
3. Annual demonstration of incremental amounts spent in accordance with plan;
4. Fulfillment of Accountable Care Community requirements set forth;
5. Establishment of department of population health as set forth in conditions;
6. Achievement of the population health index criteria adopted by the Commissioner

ATTACHMENT A

7. Achieve improvement off Virginia baseline for recommended areas of focus consistent with VA Plan for Well-Being and SWVA Blueprint:

- **Youth tobacco use**
- **Adult obesity counseling and education;**
- **children receiving dental sealants**
- **Vaccinations- HPV females**
- **Vaccinations- HPV males**

Alternate areas of focus

- **Third grade reading level**
- **Infant mortality**
- **Vaccinations- Flu vaccine, older adults**
- **Teen pregnancy rate**

8. Select additional monitoring measures for ongoing plan evaluation and confirmation of priority measures.

C37 Reimbursement to Southwest Virginia Health Authority for cost up to \$75,000 annually

Measures:

1. Invoices and receipts demonstrating compliance