

Technical Advisory Panel of the Cooperative Agreement
Agenda
December 4, 2017
Office of Emergency Medical Services, Class Room A & B
1041 Technology Park Drive
Glen Allen, Virginia 23059

Welcome	Dr. Norm Oliver
Draft Minutes – November 14, 2017	Dr. Oliver
Discussion of Short- and Long-Term Measures	Panel Members
Break	
Discussion	Panel Members
Working Lunch – Continued Discussion	Panel Members
Break	
Discussion	Panel Members
Public Comment Period	
Adjourn	

December 5, 2017
Office of Emergency Medical Services, Class Room A & B
1041 Technology Park Drive
Glen Allen, Virginia 23059

Welcome	Dr. Norm Oliver
Discussion of Short- and Long-Term Measures	Panel Members
Break	
Discussion	Panel Members
Public Comment Period	
Working Lunch – Next Steps	Panel Members
Adjourn	

Member participating by videoconference:
Bobby Cassell
Wise County Health Department
134 Roberts Avenue SW
Wise, Virginia 24293

New System Short Term Expectations

Outcome 1: Create Value in the Marketplace

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

- Complete analysis of all current payer contracts and provide historic and baseline performance on cost, quality and experience
- Complete comprehensive five-year plan regarding payer strategies and payer relationships incorporating the shift to a goal of 30% risk based payment by 2021
- Complete the comprehensive plan to finalize the clinically integrated network organization and move toward 80% independent physician participation
- Complete the comprehensive IT and analytics plan including the transition of independent physicians onto the new platform
- Complete the plan to transition purchasing to local and regional suppliers

Outcome 2: Improve health and well being for a population

Conditions: 14-15

- Complete the comprehensive population health plan including specific plan for Southwest Virginia
- Determine and report baseline measures for all population health metrics including a carve out for Southwest Virginia
- Define charity care plan with annual targets including an itemized allocation with specific details for Southwest Virginia
- Define current length of life and quality of life comparisons for the serviced region and clearly link the plan for improvement for Southwest Virginia (if necessary) to the population health plan

Outcome 3: Equitable access to services across the region

Conditions: 1-27-28-41-46

- Complete the short and long term plan for improvement in scope of services in Southwest Virginia
- Compile baseline for all access measures including details for Southwest Virginia and link to plan for improvement
- Complete analysis and baseline data for per capita spending, quality and service for residents of Southwest Virginia compared to other communities in the serviced region and define plan for improvement
- Compile data on primary care and specialty access for residents of Southwest Virginia and define plan of improvement

Outcome 4: Adequate providers to provide equitable services throughout the region

Conditions: 24-32

- Complete the comprehensive clinical staff development plan including needs in Southwest Virginia
- Establish year over year targets for filling the needs in Southwest Virginia
- Complete the post -graduate training plan

Outcome 5: Benchmark operating performance

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

- Provide history of adverse events and provide plan to achieve zero harm
- Provide historic and current financial metrics with projections over the next five-year period
- Complete long-term financial plan to achieve defined five-year targets
- Provide historic and baseline performance on all quality and service metrics with targets for the next five -year period
- Complete comprehensive quality and service plan to achieve defined quality and service targets

Outcome 6: Strong vibrant culture

Conditions: 18-20-21-22-38

- Complete comprehensive human resource plan articulating management of employee target levels and reduction in turnover rates
- Conduct board engagement survey that includes a comparative component and develop plan for improvement
- Complete comprehensive employee development plan for all staff

Outcome 7: Strong academics and research impacting the region

Conditions: 25

- Complete the short and long term research plan indicating alignment with the top regional issues
- Complete the relationship plan with regional partners to accomplish the proposed research agenda

Outcome 8: Monetary commitment

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

- Complete the short and long term monetary spending plan including dollars to be allocated to Southwest Virginia with specific goals defined
- Establish the ongoing tracking mechanism for spending including dollars spent in Southwest Virginia

Conditions related to all outcomes: 2-4-5-39-47-48-49

Note: All plans to include detailed aims, goals, guiding principles, measurement, strategies, tactics and six- month milestones along with project plan. Historic data provided for all plans.

Active Supervision of the Cooperative Agreement: Draft Measures and Performance Indicators

Outcomes	Conditions	Measures	Performance Indicators
<p style="text-align: center;">1 Create value in the market-place</p>	<p>Relevant Conditions 6-7-8-9-10-11-26-29-30-31-42-43-44</p> <p>Integrated delivery system</p> <p>*Payer strategies</p> <p>*Health information network</p> <p>*IT and analytics</p> <p>*Non-employed health plan participation</p>	<p>-Triple aim for all at risk contract populations</p> <p>-Risk revenue as a percentage of overall revenue</p> <p>-Advancement of clinically integrated network</p> <p>-IT plan implementation</p> <p>-Economic impact in region</p>	<ul style="list-style-type: none"> - Satisfaction of rate cap conditions -Comprehensive plan for managing payer relationships with six month milestones complete and approved by the health commissioner on an annual basis <ul style="list-style-type: none"> -Plan to include specific strategies and tactics for payer relationships in Southwest Virginia -Ongoing review of six month milestones -Comprehensive plan for the new infrastructure to support a risk based business model with six month milestones complete and approved by the health commissioner on an annual basis <ul style="list-style-type: none"> -Initial infrastructure plan to be a five year view -Ongoing review of milestones -Total cost of care measured by PMPY for all risk based contracts increasing at half the regional trend for similar populations on an annual basis -Improved year over year quality and satisfaction performance in agreed upon indicators in all risk based agreements -Increasing percentage of overall revenue coming from risk based agreements achieving 30% by 2021 -Comprehensive IT and analytics plan complete within one year of agreement being signed with defined six months milestones. Milestones achieved on a rolling six-month basis. -Increasing percentage of independent physicians participating in the clinically integrated network achieving 80% by 2021 -Increasing percentage of independent physicians on the common IT platform achieving 80% by 2021 -Improved overall health and experience while reducing cost for employee and family population <ul style="list-style-type: none"> -Cost on PMPY minimum of half the regional trend -Quality metrics for employee populations at upper quartile performance -Experience metrics for employee populations at upper quartile -Increasing relationships with employers in the region with new customers added each year -Demonstrated improvement in cost control, quality and experience for employer customers year over year

			<p>-Cost on PMPY minimum of half the regional trend</p> <p>-Quality metrics for employee populations at upper quartile performance</p> <p>-Experience metrics for employee populations at upper quartile performance</p> <p>-Increased spending by new system on ongoing operations with regional suppliers year over year to a minimum of 70% by 2021</p>																								
<p>2 Improve health and well-being for a population</p>	<p>Relevant Conditions 14-15</p> <p>Population health</p> <p>*Charity Care</p>	<p>-Social - determinants of health</p> <p>-Amount of charity care</p> <p>-Length and Quality of life</p>	<p>-Comprehensive plan for improving health of the population with six month milestones complete and approved by the health commissioner within six months after signing date</p> <p>-Ongoing review of six month milestones achieving target 90% of the time</p> <p>-Year over year improvement in defined measures of health achieving upper quartile performance in all metrics by 2021</p> <p>Table 2: Measures, Descriptions, and Sources</p> <table border="1" data-bbox="621 857 1803 1485"> <thead> <tr> <th></th> <th>Measure</th> <th>Description</th> <th>Source</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Smoking #</td> <td>Percentage of adults who are self-reported smokers (smoked at least 100 cigarettes in their lifetime and currently smoke).</td> <td>Behavioral Risk Factor Surveillance System</td> </tr> <tr> <td>2</td> <td>Smoking in higher density counties</td> <td>Percentage of adults higher density counties who are self-reported smokers (smoked at least 100 cigarettes in their lifetime and currently smoke).</td> <td>Behavioral Risk Factor Surveillance System</td> </tr> <tr> <td>3</td> <td>Smoking in lower density counties</td> <td>Percentage of adults in lower density counties who are self-reported smokers (smoked at least 100 cigarettes in their lifetime and currently smoke).</td> <td>Behavioral Risk Factor Surveillance System</td> </tr> <tr> <td>4</td> <td>Smoking among those with less than a high school education</td> <td>Percentage of adults with less than a high school education who are self-reported smokers (smoked at least 100 cigarettes in their lifetime and currently smoke).</td> <td>Behavioral Risk Factor Surveillance System</td> </tr> <tr> <td>5</td> <td>Smoking among those with a high school education or more</td> <td>Percentage of adults with high school education or more who are self-reported smokers (smoked at least 100 cigarettes in their lifetime and currently smoke).</td> <td>Behavioral Risk Factor Surveillance System</td> </tr> </tbody> </table>		Measure	Description	Source	1	Smoking #	Percentage of adults who are self-reported smokers (smoked at least 100 cigarettes in their lifetime and currently smoke).	Behavioral Risk Factor Surveillance System	2	Smoking in higher density counties	Percentage of adults higher density counties who are self-reported smokers (smoked at least 100 cigarettes in their lifetime and currently smoke).	Behavioral Risk Factor Surveillance System	3	Smoking in lower density counties	Percentage of adults in lower density counties who are self-reported smokers (smoked at least 100 cigarettes in their lifetime and currently smoke).	Behavioral Risk Factor Surveillance System	4	Smoking among those with less than a high school education	Percentage of adults with less than a high school education who are self-reported smokers (smoked at least 100 cigarettes in their lifetime and currently smoke).	Behavioral Risk Factor Surveillance System	5	Smoking among those with a high school education or more	Percentage of adults with high school education or more who are self-reported smokers (smoked at least 100 cigarettes in their lifetime and currently smoke).	Behavioral Risk Factor Surveillance System
	Measure	Description	Source																								
1	Smoking #	Percentage of adults who are self-reported smokers (smoked at least 100 cigarettes in their lifetime and currently smoke).	Behavioral Risk Factor Surveillance System																								
2	Smoking in higher density counties	Percentage of adults higher density counties who are self-reported smokers (smoked at least 100 cigarettes in their lifetime and currently smoke).	Behavioral Risk Factor Surveillance System																								
3	Smoking in lower density counties	Percentage of adults in lower density counties who are self-reported smokers (smoked at least 100 cigarettes in their lifetime and currently smoke).	Behavioral Risk Factor Surveillance System																								
4	Smoking among those with less than a high school education	Percentage of adults with less than a high school education who are self-reported smokers (smoked at least 100 cigarettes in their lifetime and currently smoke).	Behavioral Risk Factor Surveillance System																								
5	Smoking among those with a high school education or more	Percentage of adults with high school education or more who are self-reported smokers (smoked at least 100 cigarettes in their lifetime and currently smoke).	Behavioral Risk Factor Surveillance System																								

			6 #	Mothers who smoke during pregnancy	Percentage of mothers who report smoking during pregnancy (%).	VDH Division of Health Stats – Birth Certificate Data
			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
			8	Youth - Ever Tried Cigarette Smoking	Percentage of High School Students who self-reported ever trying cigarette smoking, even one or two puffs.	Virginia Youth Survey
			9 #	Physically Active Adults	Adults who reported participating in physical activity such as running, calisthenics, golf, gardening, or walking for exercise over the past month.	Behavioral Risk Factor Surveillance System
			10 * #	Physically Active Students	Percentage of High School Students who were not physically active 60+ minutes per day for 5 or more days in last 7 days.	Virginia Youth Survey
			11	Adult Obesity	Percentage of adults with a body mass index of 30.0 or higher based on reported height and weight.	Behavioral Risk Factor Surveillance System
			12	Obesity in higher density counties	Percentage of adults in higher density counties with a body mass index of 30.0 or higher based on reported height and weight.	Behavioral Risk Factor Surveillance System
			13	Obesity in lower density counties	Percentage of adults in lower density counties with a body mass index of 30.0 or higher based on reported height and weight.	Behavioral Risk Factor Surveillance System
			14	Obesity among those with less than a high school education	Percentage of adults with less than a high school education with a body mass index of 30.0 or higher based on reported height and weight.	Behavioral Risk Factor Surveillance System
			15	Obesity among those with a high school education or more	Percentage of adults with a high school education or more with a body mass index of 30.0 or higher based on reported height and weight.	Behavioral Risk Factor Surveillance System
			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
			17 #	Overweight and obesity prevalence among VA public school students	Proportion of public school students in grades kindergarten, 2, 4, 6, 8, and one year of high school found to be overweight or obese during the school year.	Coordinated School Health Annual Report

			18 #	Average mPINC Score	Maternity Practices in Infant and Nutrition Care survey score based on seven birth facility policies and practices with higher scores denoting better maternity care practices and policies.	CDC Survey of Maternity Practices in Infant Nutrition and Care (mPINC)
			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
			20 #	Infants breastfed at six (6) months	Percent of infants aged six (6) months whose guardians report at well-child visits they continue to be breastfed.	Data Collection to be led by the New Health System
			21	High School Students - Fruit	Percent of high school students who reported not eating fruit or drinking 100% fruit juice during the past 7 days.	Virginia Youth Survey
			22	High School Students – Vegetables	Percent of high school students who reported not eating vegetables during the past 7 days.	Virginia Youth Survey
			23	High School Students – Soda	Percent of high school students who report drinking one or more sodas per day for the past 7 days.	Virginia Youth Survey
			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)
			25 #	Drug Deaths	All drug overdose deaths of caused by acute poisonings, regardless of intent.	Virginia death certificate data
			26	Drug Overdoses	Non-fatal overdoses of Virginia residents caused by acute poisonings, regardless of intent.	VDH’s inpatient hospitalization database (VHI data); also may have data from ESSENCE on ED visits
			27	Painkiller Prescriptions	Opioid prescriptions for pain to patients in Virginia.	VA PDMP data provided to VDH by Appriss, through agreement with DHP
			28	High School Students – Prescription Drugs	Percent of high school students who report ever taking prescription drugs without a doctor’s prescription (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax, one or more times during their life).	National Survey on Drug Use and Health

			29 #	Adults – Prescription Drugs	Adults who report using prescription drugs not prescribed by the doctor during the past 30 days.	National Survey on Drug Use and Health
			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
			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
			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
			33	Vaccinations – Meningococcal	Percentage of adolescents aged 13 to 17 years who received ≥ 1 dose of meningococcal conjugate vaccine (MenACWY).	Data Collection to be led by the New Health System
			34	Vaccinations - Tdap	Percentage of adolescents aged 13 to 17 years who received ≥ 1 dose of tetanus-diphtheria-acellular pertussis (Tdap) vaccine since age 10 years.	Data Collection to be led by the New Health System
			35 * #	Vaccinations - Flu Vaccine, Older Adults	Percent of adults aged 65 and over who self-reported receiving a flu shot or flu vaccine sprayed in nose in the past 12 months.	Behavioral Risk Factor Surveillance System
			36	Vaccinations – Flu Vaccine, Adults	Percent of adults aged 18 and over who self-reported receiving a flu shot or flu vaccine sprayed in nose in the past 12 months.	Behavioral Risk Factor Surveillance System
			37 * #	Teen Pregnancy Rate	Rate of pregnancies per 1,000 females aged 15-19 years.	VDH Division of Health Stats – Birth Certificate Data
			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
			39	Fluoridated Water	Percent of population on community water systems (CWS) receiving fluoridated water.	CDC, My Water’s Fluoride
			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
			41	Adolescents receiving dental sealants	Adolescents receiving dental sealants on their first and second permanent molars (% , 13–15 years).	Data Collection to be led by the New Health System
			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
			43	Frequent Physical Distress	Percentage of adults who reported their physical health was not good 14 or more days in the past 30 days.	Behavioral Risk Factor Surveillance System

44 * #	Infant Mortality	Number of infant deaths (before age 1) per 1,000 live births.	VDH Division of Health Stats – Birth Certificate Data
45 #	Low Birthweight	Percentage of infants weighing less than 2,500 grams (5 pounds, 8 ounces) at birth.	VDH Division of Health Stats – Birth Certificate Data
46	Child Mortality	Number of deaths per 100,000 children aged 1 to 18 years.	Virginia death certificate data
47	Deaths from Diseases of the Heart	Number of deaths due to diseases of the heart per 100,000 population.	Virginia death certificate data
48	Cancer Deaths	Number of deaths due to all causes of cancer per 100,000 population.	Virginia death certificate data
49	Diabetes Deaths	Number of deaths due to diabetes per 100,000 population.	Virginia death certificate data
50	Suicide Deaths	Number of deaths due to intentional self-harm per 100,000 population.	Virginia death certificate data
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

Note:* represents 10 measures proposed by new system
represent 25 measures proposed by Tennessee

-Targets achieved in defined charity care dollars year over year

-Length of life and quality of life in Southwest Virginia equal to the highest level of any community within the serviced region

-Essential services provided at a scope and scale in Southwest Virginia equal to best practices in any community within the serviced region
-Comprehensive plan complete and approved by the health commissioner on an annual basis

Essential Services For Repurposed Cooperative Agreement Hospitals

- Emergency room stabilization for patients;
- Emergent obstetrical care;
- Outpatient diagnostics needed to support emergency stabilization of patients;

<p>3</p> <p>Equitable access to services across the region</p>	<p>Relevant Conditions 1-27-28-41-46</p> <p>Regional Services</p> <p>*Tertiary hospitals</p> <p>*Mental health services</p> <p>*Specialty services</p>	<p>-Equity of service levels</p> <p>-Essential services</p> <p>-Access to services</p> <p>-Primary care and specialty care access</p>	<ul style="list-style-type: none"> • Rotating clinic or telemedicine access to specialty care consultants as needed in the community; • Helicopter or high acuity transport to tertiary care centers; • Mobile health services for preventive screenings, such as mammography, cardiovascular and other screenings; • Primary care services, including lab services; • Physical therapy rehabilitation services; • Care coordination service; • Access to a behavioral health network of services through a coordinated system of care; and • Community-based education, prevention and disease management services for prioritized programs of emphasis based on goals established in collaboration with the Department. <p>-Comprehensive access plan including all defined measures, spending rates on key services, quality and experience on key services, length and quality of life and primary and specialty care access with six month milestones complete and approved by the health commissioner on an annual basis</p> <p>-Ongoing review of six month milestones</p> <p>Year over year improvement in all metrics achieving target established in plan</p> <p>Table 1: Measures, Descriptions, and Sources</p> <table border="1" data-bbox="621 1122 1803 1320"> <thead> <tr> <th></th> <th>Measure</th> <th>Description</th> <th>Source</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Population within 10 miles of an urgent care center (%)</td> <td>Population within 10 miles of any urgent care center; urgent care centers may be owned by the New Health System or a competitor and may or may not be located in the geographic service area</td> <td>U.S. Census Population Data 2010; Facility Addresses</td> </tr> </tbody> </table>		Measure	Description	Source	1	Population within 10 miles of an urgent care center (%)	Population within 10 miles of any urgent care center; urgent care centers may be owned by the New Health System or a competitor and may or may not be located in the geographic service area	U.S. Census Population Data 2010; Facility Addresses
	Measure	Description	Source								
1	Population within 10 miles of an urgent care center (%)	Population within 10 miles of any urgent care center; urgent care centers may be owned by the New Health System or a competitor and may or may not be located in the geographic service area	U.S. Census Population Data 2010; Facility Addresses								

			2	Population within 10 miles of an urgent care center open nights and weekends (%)	Population within ten (10) miles of any urgent care center open at least three (3) hours after 5pm Monday to Friday and open at least five (5) hours on Saturday and Sunday; urgent care center may be owned by the New Health System or a competitor and may or may not be located in the geographic service area	U.S. Census Population Data 2010; Facility Addresses
			3	Population within 10 miles of an urgent care facility or emergency department (%)	Population within 10 miles of any urgent care center or emergency room; urgent care centers and emergency rooms may be owned by the New Health System or a competitor and may or may not be located in the geographic service area	U.S. Census Population Data 2010; Facility Addresses
			4	Population within 15 miles of an emergency department (%)	Population within 15 miles of any emergency room; emergency rooms may be owned by the New Health System or a competitor and may or may not be located in the geographic service area	U.S. Census Population Data 2010; Facility Addresses
			5	Population within 15 miles of an acute care hospital (%)	Population within 15 miles of any acute care hospital; acute care hospital may be owned by the New Health System or a competitor and may or may not be located in the geographic service area	U.S. Census Population Data 2010; Facility Addresses
			6	Pediatric Readiness of Emergency Department	Average score of New Health System Emergency Departments on the National Pediatric Readiness Project Survey from the National EMSC Data Analysis Resource Center	Self-assessment performed by New Health System
			7	Excessive Emergency Department Wait Times	Percentage of all hospital emergency department visits in which the wait time to see an emergency department clinician exceeds the recommended timeframe.	New Health System Records; CDC National Center for Health Statistics National Hospital Ambulatory Care Survey
			8	Specialist Recruitment and Retention	Percentage of recruitment and retention targets set in the Physician Needs Assessment for specialists and subspecialists to address identified regional shortages	New Health System Records
			9	Personal Care Provider	Percentage of adults who reported having one person they think of as a personal doctor or health care provider	Behavioral Risk Factor Surveillance System
			10	Preventable Hospitalizations – Medicare	Number of discharges for ambulatory care-sensitive conditions per 1,000 Medicare enrollees	Hospital Discharge Data

			11	Preventable Hospitalizations – Adults	Number of discharges for ambulatory care-sensitive conditions per 1,000 adults aged 18 years and older	Hospital Discharge Data
			12	Screening – Breast Cancer	Percentage of women aged 50-74 who reported having a mammogram within the past two years	Behavioral Risk Factor Surveillance System
			13	Screening – Cervical Cancer	Percentage of women aged 21-65 who reported having had a pap test in the past three years	Behavioral Risk Factor Surveillance System
			14	Screening - Colorectal Cancer	Percentage of adults who meet U.S. Preventive Services Task Force recommendations for colorectal cancer screening	Behavioral Risk Factor Surveillance System
			15	Screening – Diabetes	Percentage of diabetes screenings performed by the New Health System for residents aged 40 to 70 who are overweight or obese; Clinicians should offer or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity.	New Health System Records
			16	Screening – Hypertension	Percentage of hypertension screenings performed by the New Health System for residents aged 18 or older	New Health System Records
			17	Asthma ED Visits – Age 0-4	Asthma Emergency Department Visits Per 10,000 (Age 0-4)	Hospital Discharge Data
			18	Asthma ED Visits – Age 5-14	Asthma Emergency Department Visits Per 10,000 (Age 5-14)	Hospital Discharge Data
			19	Prenatal care in the first trimester	Percentage of live births in which the mother received prenatal care in the first trimester	
			20	Follow-Up After Hospitalization for Mental Illness	Percentage of adults and children aged 6 years and older who are hospitalized for treatment of selected mental health disorders and had an outpatient visit, and intensive outpatient encounter or a partial hospitalization with a mental health practitioner within seven (7) days post-discharge	New Health System Records; NCQA <i>The State of Health Care Quality Report</i>
			21	Follow-Up After Hospitalization for Mental Illness	Percentage of adults and children aged 6 years and older who are hospitalized for treatment of selected mental health disorders and had an outpatient visit, and	New Health System Records; NCQA <i>The State of Health Care Quality Report</i>

				intensive outpatient encounter or a partial hospitalization with a mental health practitioner within thirty (30) days post-discharge	
22	Antidepressant Medication Management – Effective Acute Phase Treatment	Percentage of adults aged 18 years and older with a diagnosis of major depression, who were newly treated with antidepressant medication and remained on an antidepressant medication for at least 84 days (12 weeks)			New Health System Records; NCQA <i>The State of Health Care Quality Report</i>
23	Antidepressant Medication Management – Effective Continuation Phase Treatment	Percentage of adults aged 18 years and older with a diagnosis of major depression, who were newly treated with antidepressant medication and remained on an antidepressant medication for at least 180 days (6 months)			New Health System Records; NCQA <i>The State of Health Care Quality Report</i>
24	Engagement of Alcohol or Drug Treatment	Adolescents and adults who initiated treatment and who had two or more additional services with a diagnosis of alcohol or other drug dependence within 30 days of the initiation visit.			New Health System Records; NCQA <i>The State of Health Care Quality Report</i>
25	SBIRT administration - hospital admissions	Percentage of patients admitted to a New Health System hospital who are screened for alcohol and substance abuse, provided a brief intervention, and referred to treatment (SBIRT)			New Health System Records
26	Rate of SBIRT administration - ED visits	Percentage of patients admitted to a New Health System emergency department who are screened for alcohol and substance abuse, provided a brief intervention, and referred to treatment (SBIRT)			New Health System Records
27	Patient Satisfaction and Access Surveys	Successful completion of patient satisfaction and access surveys, according to Section 4.02(c)(iii)			New Health System Records
28	Patient Satisfaction and Access Survey – Response Report	Report documents a satisfactory plan for the New Health System to address deficiencies and opportunities for improvement related to perceived access to care services and documents satisfactory progress towards the plan.			New Health System Records

			<p>-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 region</p> <ul style="list-style-type: none"> *Primary Care *Mental health *Heart and vascular *Muscular skeletal *GI *Cancer <p>-Quality and experience measures in the six major service categories in Southwest Virginia equal to the highest level in any community in serviced region</p> <p>-Same day access to primary care for all residents of Southwest Virginia measured by 3rd available appointment</p> <p>-Specialty access to all six major service categories at 5 days or less for all residents of Southwest Virginia measured by 3rd available appointment</p>
<p>4 Adequate providers to provide equitable services throughout the region</p>	<p>Relevant Conditions 24-32</p> <p>Post graduate training of clinical staff</p> <p>Residency program</p> <p>Recruitment plan</p>	<p>-Ratio of providers by discipline to serve the population by community</p> <p>-Trained and prepared clinical staff</p>	<p>-Comprehensive clinical staff development plan and needs assessment with six month milestones complete and approved by the health commissioner on an annual basis</p> <p>-Plan to include specific strategies and tactics for Southwest Virginia</p> <p>-Progress in closure of clinical staff gaps in Southwest Virginia year over year with all gaps closed by 2021</p> <p>-Post graduate training plan developed including six month milestones defined approved by health commissioner within 12 months of signed agreement</p> <p>-Six month milestones achieved as defined</p>

<p>5</p> <p>Bench-mark operating performance</p>	<p>Relevant Conditions 12-13-16-17-40-45</p> <p>Annual quality metrics</p> <p>Adverse events</p> <p>Operating results</p>	<p>Operating performance against benchmark for quality, finance and adverse events</p>	<p>-Comprehensive operating plan for finance, quality and experience with six month milestones complete and approved by the health commissioner on an annual basis</p> <ul style="list-style-type: none"> -Plan to include specific strategies and tactics for Southwest Virginia -Ongoing review of six month milestones <p>-Targets set for reduction of adverse events. Targets achieved on an annual basis</p> <p>-Upper quartile performance in financial metrics achieved in regional, state and national comparisons</p> <ul style="list-style-type: none"> -Maintained bed occupancy -Operating margin -Ebitda margin -Return on assets -Annual operating margin growth -Annual operating expense growth -Capital spending growth -Total debt to capitalization -Annual debt service coverage -Debt to cash flow -Cash on hand -Accounts receivable -Average age of plant -Hospital adjusted expense per inpatient day -Bad debt as percentage of patient revenue -Ambulatory operating performance -Fully allocated financial performance per physician- primary/specialist <p>-System wide best practices identified on an annual basis with no fewer than 3 being spread throughout the system</p> <p>-Upper quartile performance in all quality and satisfaction measures in regional, state and national comparisons</p> <p>Table 1: Quality Monitoring Measures</p> <table border="1" data-bbox="598 1377 1801 1503"> <thead> <tr> <th data-bbox="598 1377 667 1463"></th> <th data-bbox="667 1377 907 1463">Measure identifier</th> <th data-bbox="907 1377 1396 1463">Technical measure title</th> <th data-bbox="1396 1377 1801 1463">Measure as posted on Hospital Compare</th> </tr> </thead> <tbody> <tr> <td data-bbox="598 1463 667 1503"></td> <td colspan="3" data-bbox="667 1463 1801 1503"><i>General information- Structural measures</i></td> </tr> </tbody> </table>		Measure identifier	Technical measure title	Measure as posted on Hospital Compare		<i>General information- Structural measures</i>		
	Measure identifier	Technical measure title	Measure as posted on Hospital Compare								
	<i>General information- Structural measures</i>										

			1	SM-PART-NURSE	Participation in a systematic database for nursing sensitive care	Nursing Care Registry
			2	ACS-REGISTRY	Participation in a multispecialty surgical registry	Multispecialty Surgical Registry
			3	SM-PART-GEN-SURG	Participation in general surgery registry	General Surgery Registry
			4	OP-12	The Ability for Providers with HIT to Receive Laboratory Data Electronically Directly into their ONC-Certified EHR System as Discrete Searchable Data	Able to receive lab results electronically
			5	OP-17	Tracking Clinical Results between Visits	Able to track patients' lab results, tests, and referrals electronically between visits
			6	OP-25	Safe surgery checklist use (outpatient)	Uses outpatient safe surgery checklist
			7	SM-SS-CHECK	Safe surgery checklist use (inpatient)	Uses inpatient safe surgery checklist
				Survey of patient's experiences- Hospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS)		
			8	H-COMP-1-A-P	Communication with nurses (composite measure)	Patients who reported that their nurses "Always" communicated well
			9	H-COMP-1-U-P	Communication with nurses (composite measure)	Patients who reported that their nurses "Usually" communicated well
			10	H-COMP-1-SN-P	Communication with nurses (composite measure)	Patients who reported that their nurses "Sometimes" or "Never" communicated well
			11	H-COMP-2-A-P	Communication with doctors (composite measure)	Patients who reported that their doctors "Always" communicated well
			12	H-COMP-2-U-P	Communication with doctors (composite measure)	Patients who reported that their doctors "Usually" communicated well
			13	H-COMP-2-SN-P	Communication with doctors (composite measure)	Patients who reported that their doctors "Sometimes" or "Never" communicated well

			14	H-COMP-3-A-P	Responsiveness of hospital staff (composite measure)	Patients who reported that they “Always” received help as soon as they wanted
			15	H-COMP-3-U-P	Responsiveness of hospital staff (composite measure)	Patients who reported that they “Usually” received help as soon as they wanted
			16	H-COMP-3-SN-P	Responsiveness of hospital staff (composite measure)	Patients who reported that they “Sometimes” or “Never” received help as soon as they wanted
			17	H-COMP-4-A-P	Pain management (composite measure)	Patients who reported that their pain was “Always” well controlled
			18	H-COMP-4-U-P	Pain management (composite measure)	Patients who reported that their pain was “Usually” well controlled
			19	H-COMP-4-SN-P	Pain management (composite measure)	Patients who reported that their pain was “Sometimes” or “Never” well controlled
			20	H-COMP-5-A-P	Communication about medicines (composite measure)	Patients who reported that staff “Always” explained about medicines before giving it to them
			21	H-COMP-5-U-P	Communication about medicines (composite measure)	Patients who reported that staff “Usually” explained about medicines before giving it to them
			22	H-COMP-5-SN-P	Communication about medicines (composite measure)	Patients who reported that staff “Sometimes” or “Never” explained about medicines before giving it to them
			23	H-CLEAN-HSP-A-P	Cleanliness of hospital environment (individual measure)	Patients who reported that their room and bathroom were “Always” clean
			24	H-CLEAN-HSP-U-P	Cleanliness of hospital environment (individual measure)	Patients who reported that their room and bathroom were “Usually” clean
			25	H-CLEAN-HSP-SN-P	Cleanliness of hospital environment (individual measure)	Patients who reported that their room and bathroom were “Sometimes” or “Never” clean

			26	H-QUIET-HSP-A-P	Quietness of hospital environment (individual measure)	Patients who reported that the area around their room was “Always” quiet at night
			27	H-QUIET-HSP-U-P	Quietness of hospital environment (individual measure)	Patients who reported that the area around their room was “Usually” quiet at night
			28	H-QUIET-HSP-SN-P	Quietness of hospital environment (individual measure)	Patients who reported that the area around their room was “Sometimes” or “Never” quiet at night
			29	H-COMP-6-Y-P	Discharge information (composite measure)	Patients who reported that YES, they were given information about what to do during their recovery at home
			30	H-COMP-6-N-P	Discharge information (composite measure)	Patients who reported that NO, they were not given information about what to do during their recovery at home
			31	H-COMP-7-SA	Care Transition (composite measure)	Patients who “Strongly Agree” they understood their care when they left the hospital
			32	H-COMP-7-A	Care Transition (composite measure)	Patients who “Agree” they understood their care when they left the hospital
			33	H-COMP-7-D-SD	Care Transition (composite measure)	Patients who “Disagree” or “Strongly Disagree” they understood their care when they left the hospital
			34	H-HSP-RATING-9-10	Overall rating of hospital (global measure)	Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)
			35	H-HSP-RATING-7-8	Overall rating of hospital (global measure)	Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)
			36	H-HSP-RATING-0-6	Overall rating of hospital (global measure)	Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)

			37	H-RECMND-DY	Willingness to recommend the hospital (global measure)	Patients who reported YES, they would definitely recommend the hospital
			38	H-RECMND-PY	Willingness to recommend the hospital (global measure)	Patients who reported YES, they would probably recommend the hospital
			39	H-RECMND-DN	Willingness to recommend the hospital (global measure)	Patients who reported NO, they would probably not or definitely not recommend the hospital
			Timely & effective care- Colonoscopy follow-up			
			41	OP-29	Endoscopy/polyp surveillance: appropriate follow-up interval for normal colonoscopy in average risk patients	Percentage of patients receiving appropriate recommendation for follow-up screening colonoscopy
			42	OP-30	Endoscopy/polyp surveillance: colonoscopy interval for patients with a history of adenomatous polyps - avoidance of inappropriate use	Percentage of patients with history of polyps receiving follow-up colonoscopy in the appropriate timeframe
			Timely & effective care- Heart attack			
			43	OP-3b	Median time to transfer to another facility for acute coronary intervention	Average (median) number of minutes before outpatients with chest pain or possible heart attack who needed specialized care were transferred to another hospital
			44	OP-5	Median time to ECG	Average (median) number of minutes before outpatients with chest pain or possible heart attack got an ECG
			45	OP-2	Fibrinolytic therapy received within 30 minutes of emergency department arrival	Outpatients with chest pain or possible heart attack who got drugs to break up blood clots within 30 minutes of arrival
			46	OP-4	Aspirin at arrival	Outpatients with chest pain or possible heart attack who received aspirin within 24 hours of arrival or before transferring from the emergency department

	<i>Timely & effective care- Emergency department (ED) throughput</i>		
47	EDV	Emergency department volume	Emergency department volume
48	ED-1b	Median time from emergency department arrival to emergency department departure for admitted emergency department patients	Average (median) time patients spent in the emergency department, before they were admitted to the hospital as an inpatient
49	ED-2b	Admit decision time to emergency department departure time for admitted patient	Average (median) time patients spent in the emergency department, after the doctor decided to admit them as an inpatient before leaving the emergency department for their inpatient room
50	OP-18b	Median time from emergency department arrival to emergency department departure for discharged emergency department patients	Average (median) time patients spent in the emergency department before leaving from the visit
51	OP-20	Door to diagnostic evaluation by a qualified medical professional	Average (median) time patients spent in the emergency department before they were seen by a healthcare professional
52	OP-21	Median time to pain medication for long bone fractures	Average (median) time patients who came to the emergency department with broken bones had to wait before getting pain medication

			53	OP-22	Patient left without being seen	Percentage of patients who left the emergency department before being seen
			54	OP-23	Head CT scan results for acute ischemic stroke or hemorrhagic stroke who received head CT scan interpretation within 45 minutes of arrival	Percentage of patients who came to the emergency department with stroke symptoms who received brain scan results within 45 minutes of arrival
			Timely & effective care- Preventive care			
			55	IMM-2	Immunization for influenza	Patients assessed and given influenza vaccination
			56	IMM-3-OP-27-FAC-ADHPCT	Influenza Vaccination Coverage among Healthcare Personnel	Healthcare workers given influenza vaccination
			Timely & effective care- Stroke care			
			57	STK-4	Thrombolytic Therapy	Ischemic stroke patients who got medicine to break up a blood clot within 3 hours after symptoms started
			Timely & effective care- Blood clot prevention & treatment			
			58	VTE-6	Hospital acquired potentially preventable venous thromboembolism	Patients who developed a blood clot while in the hospital who <i>did not</i> get treatment that could have prevented it
			59	VTE-5	Warfarin therapy discharge instructions	Patients with blood clots who were discharged on a blood thinner medicine and received written instructions about that medicine
			Timely & effective care- Pregnancy & delivery care			
			60	PC-01	Elective delivery	Percent of mothers whose deliveries were scheduled too early (1-2 weeks early), when a scheduled delivery was not medically necessary

			Complications- Surgical complications	
61	COMP-HIP-KNEE	Hospital level risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and total knee arthroplasty (TKA)	Rate of complications for hip/knee replacement patients	
62	PSI-90-SAFETY	Complication/patient safety for selected indicators (composite)	Serious complications	
63	PSI-4-SURG-COMP	Death rate among surgical inpatients with serious treatable complications	Deaths among patients with serious treatable complications after surgery	
		Complications- Healthcare-associated infections (HAI)		
		Readmissions & deaths- 30 day rates of readmission		
64	READM-30-COPD	Chronic obstructive pulmonary disease (COPD) 30-day readmission rate	Rate of readmission for chronic obstructive pulmonary disease (COPD) patients	
65	READM-30-AMI	Acute myocardial infarction (AMI) 30-day readmission rate	Rate of readmission for heart attack patients	
66	READM-30-HF	Heart failure (HF) 30-day readmission rate	Rate of readmission for heart failure patients	
67	READM-30-PN	Pneumonia (PN) 30-day readmission rate	Rate of readmission for pneumonia patients	
68	READM-30-STK	Stroke 30-day readmission rate	Rate of readmission for stroke patients	
69	READM-30-CABG	Coronary artery bypass graft (CABG) surgery 30-day readmission rate	Rate of readmission for coronary artery bypass graft (CABG) surgery patients	
70	READM-30-HIP-KNEE	30-day readmission rate following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)	Rate of readmission after hip/knee replacement	
71	READM-30-HOSP-WIDE	30-day hospital-wide all- cause unplanned readmission (HWR)	Rate of readmission after discharge from hospital (hospital-wide)	
		Readmissions & deaths- 30-day death (mortality) rates		
72	MORT-30-COPD	COPD 30-day mortality rate	Death rate for COPD patients	
73	MORT-30-AMI	Acute myocardial infarction (AMI) 30-day mortality rate	Death rate for heart attack patients	
74	MORT-30-HF	Heart failure (HF) 30-day mortality rate	Death rate for heart failure patients	
75	MORT-30-PN	Pneumonia (PN) 30-day mortality rate	Death rate for pneumonia patients	

			76	MORT-30-STK	Stroke 30-day mortality rate	Death rate for stroke patients
			77	MORT-30-CABG	Coronary artery bypass graft (CABG) surgery 30-day mortality rate	Death rate for CABG surgery patients
			<i>Use of medical imaging- Outpatient imaging efficiency</i>			
			78	OP-8	MRI Lumbar Spine for Low Back Pain	Outpatients with low-back pain who had an MRI without trying recommended treatments (such as physical therapy) first. If a number is high, it may mean the facility is doing too many unnecessary MRIs for low-back pain.
			79	OP-9	Mammography Follow-Up Rates	Outpatients who had a follow-up mammogram, ultrasound, or MRI within the 45 days after a screening mammogram
			80	OP-10	Abdomen CT - Use of Contrast Material	Outpatient CT scans of the abdomen that were "combination" (double) scans (if a number is high, it may mean that too many patients have a double scan when a single scan is all they need).
			81	OP-11	Thorax CT - Use of Contrast Material	Outpatient CT scans of the chest that were "combination" (double) scans (if a number is high, it may mean that too many patients have a double scan when a single scan is all they need).

			82	OP-13	Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac Low-Risk Surgery	Outpatients who got cardiac imaging stress tests before low-risk outpatient surgery (if a number is high, it may mean that too many cardiac scans were done prior to low-risk surgeries).
			83	OP-14	Simultaneous Use of Brain Computed Tomography (CT) and Sinus CT	Outpatients with brain CT scans who got a sinus CT scan at the same time (if a number is high, it may mean that too many patients have both a brain and sinus scan, when a single scan is all they need).
6 Strong, vibrant culture	Relevant Conditions 18-20-21-22-38 Employee management Strong medical staff Strong board of directors	-Attrition management -Medical staff make-up -Board of directors survey -Employee development	<p>-Comprehensive human resource plan with six month milestones complete and approved by the health commissioner on an annual basis</p> <ul style="list-style-type: none"> -Plan to include specific strategies and tactics for Southwest Virginia -Ongoing review of six month milestones <p>-Employment level targets achieved using attrition management with no layoffs, reported on a quarterly basis</p> <p>-Reduction in annual turnover rates achieving and maintaining top quartile performance for health systems nationally</p> <p>-Improved employee satisfaction year over year achieving top 10% performance on a comparative basis by 2021</p> <p>-Improved board relationships year over year measured by an annual board survey</p> <p>-Employee development dollars defined in annual budget with targets achieved</p>			

			<p>-Goals defined and achieved for employee development year over year</p>
<p>7 Strong academics and research impacting regional issues</p>	<p>Relevant Conditions 25 Academics and research</p>	<p>Dollars and impact of research</p>	<p>-Comprehensive Research plan with six month milestones complete and approved by health commissioner on an annual basis</p> <p>-Research dollars align with the top five health issues in the region 90% of the time with demonstrated long term impact on the region defined and measured</p> <p>-Achievement of six month milestones on a rolling basis</p>

-Target spending by community defined and achieved on an annual basis with demonstrated equal allocation to SW Virginia and the specific issues faced by the region

-Goals of spending in SW Virginia with specific measures of performance success defined and reported on a quarterly basis

Monetary Commitments and Annual Baseline Spending Levels

MONETARY COMMITMENTS

		Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Total
Expanded Access to HealthCare Services	Behavioral Health Services	\$1,000,000	\$4,000,000	\$10,000,000	\$10,000,000	\$10,000,000	\$10,000,000	\$10,000,000	\$10,000,000	\$10,000,000	\$10,000,000	\$85,000,000
	Children's Services	1,000,000	2,000,000	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	27,000,000
	Rural Health Services	1,000,000	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	28,000,000
Health Research & Graduate Medical Education		3,000,000	5,000,000	7,000,000	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	85,000,000
Population Health Improvement		1,000,000	2,000,000	5,000,000	7,000,000	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	75,000,000
Region-wide Health Information Exchange		1,000,000	1,000,000	750,000	750,000	750,000	750,000	750,000	750,000	750,000	750,000	8,000,000
Totals		\$8,000,000	\$17,000,000	\$28,750,000	\$33,750,000	\$36,750,000	\$36,750,000	\$36,750,000	\$36,750,000	\$36,750,000	\$36,750,000	\$308,000,000

Conditions related to all outcomes: 2-4-5-39-47-48-49

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

All

8 Monetary commitment

Target spreading in defined areas of commitment