



Concurrent Session 1 - Delivery & Quality Track

10:10 a.m. to 11:40 a.m. – Integration Beyond Accountable Care Organizations

This panel is comprised of four Minnesota leaders centrally responsible for moving healthcare from a traditional focus on treating the sick and injured to a focus on keeping the healthy healthy. The panelists will address four key aspects of this growing transformation: (1) Promoting Primary Care and Prevention; (2) Developing New Models for Coordinating and Delivering Care; (3) Use of Information Technology; and (4) Reforming Provider Payments to Promote Outcomes. Specifically, the panelists will discuss recent initiatives that assure a focus on early intervention and prevention, as well as measures that allow people to remain in their own homes for as long as possible. Finally, they will outline efforts to further integrate the medical and county delivered services (like food) that are provided to our Medicaid populations.

Keith Halleland, JD

Keith Halleland is a founder and shareholder of Halleland Habicht PA, where he co-chairs the health law practice and is a founder of the firm's affiliated consulting company, Halleland Health Consulting. Halleland's practice focuses on regulatory compliance, business transactions, and health care policy. He serves as general counsel for the Health Care Compliance Association (HCCA), as well as the Society of Corporate Compliance and Ethics (SCCE).

Halleland formerly served as a judicial clerk to the Honorable Miles W. Lord, chief judge of the United States District Court. He has published numerous articles and is active in the Minnesota State Bar Association, Health Law Section; the American Health Lawyers Association; and the Minnesota Chapter of the Federal Bar Association. He also is active in many community and nonprofit organizations and currently serves on the advisory board for the Health Law Institute at Hamline University Law School and the advisory council of the Humphrey School of Public Affairs, as well as chairing the board of directors of Way to Grow. Halleland is a graduate of the University of Iowa and the Seattle University School of Law.

Frank Fernandez,

Frank Fernández serves as Vice President of Government Programs and President and Chief Executive Officer of Blue Plus for Blue Cross and Blue Shield of Minnesota. His role focuses on leading all local government businesses, including operations, compliance and program management for Medicare, Medicaid and the Federal Employee Program. Frank joined Blue Cross in 2005 as an attorney for government programs and Medicare. He was elected to President and CEO of Blue Plus in 2010. Frank serves on the board of MII Life Inc., co-chairs the Blue Cross Diversity Council and serves as board vice president of CLUES, a nonprofit service organization that serves the Twin Cities Latino population. He holds a bachelor's degree in political science with a concentration in Latin American studies from Arizona State University and a law degree from Hamline University School of Law. He was named one of the "25 on the Rise" by the

Minnesota Hispanic Chamber of Commerce in 2007. He also has been recognized by several organizations, including Los Jovenes de Salud, for his support of Latino youth in the Twin Cities.

John Locastro

John Locastro is the Vice President of Central Region Sales for Sandlot Solutions. He is a graduate of the University of Memphis. Sandlot Solutions is a healthcare information technology company jointly owned by Santa Rosa Consulting, Inc. and North Texas Specialty Physicians (NTSP) that provides a next generation health information exchange (HIE) and data analytics tools and services for streamlining data sharing between providers, hospital systems and health plans in order to improve patient outcomes and reduce the cost of care.

Sandlot Solutions' customizable products and services allow healthcare providers easy access to patient information from a variety of sources and formats community-wide to more effectively enhance care coordination, disease management and quality measurement while preparing for Accountable Care and other payment models.

Jeffrey Tucker

Jeffrey L. Tucker has more than 27 years experience in health care. Jeff joined Northstar as Director of Network Development in 1997, with responsibilities that included development of the group purchasing program, oversight of the malpractice risk management, utilization review and the quality improvement areas. He has chaired committees at the care system level; was an active founding member of a regional healthcare technology consortium; lead the development of a group purchasing program, and sat on the technology advisory committee for a large malpractice carrier.

In 2009-2010, Jeff played an integral role in combining two long-established names in healthcare, creating a new entity to respond to market forces and offer an alternative to the big corporate systems. In April, 2010, he was elected President and CEO of Integrity Health Network, LLC - a merger of Northstar Physicians Network (129 physicians) and Northland Medical Associates (40 physicians).



COMMUNITY HEALTH INITIATIVES

Improving Population Health

Keith J. Halleland, Esq.

**Accountable Communities for Health:
The Next Minnesota Revolution in Health Care**



Agenda

- Healthcare in the U.S.
- The Triple Aim
- Health Reform in Minnesota
- Accountable Communities for Health
 - How an Accountable Community for Health Works
 - Who Benefits?
- Community Health Initiatives – a Coordinated Health Services Organization

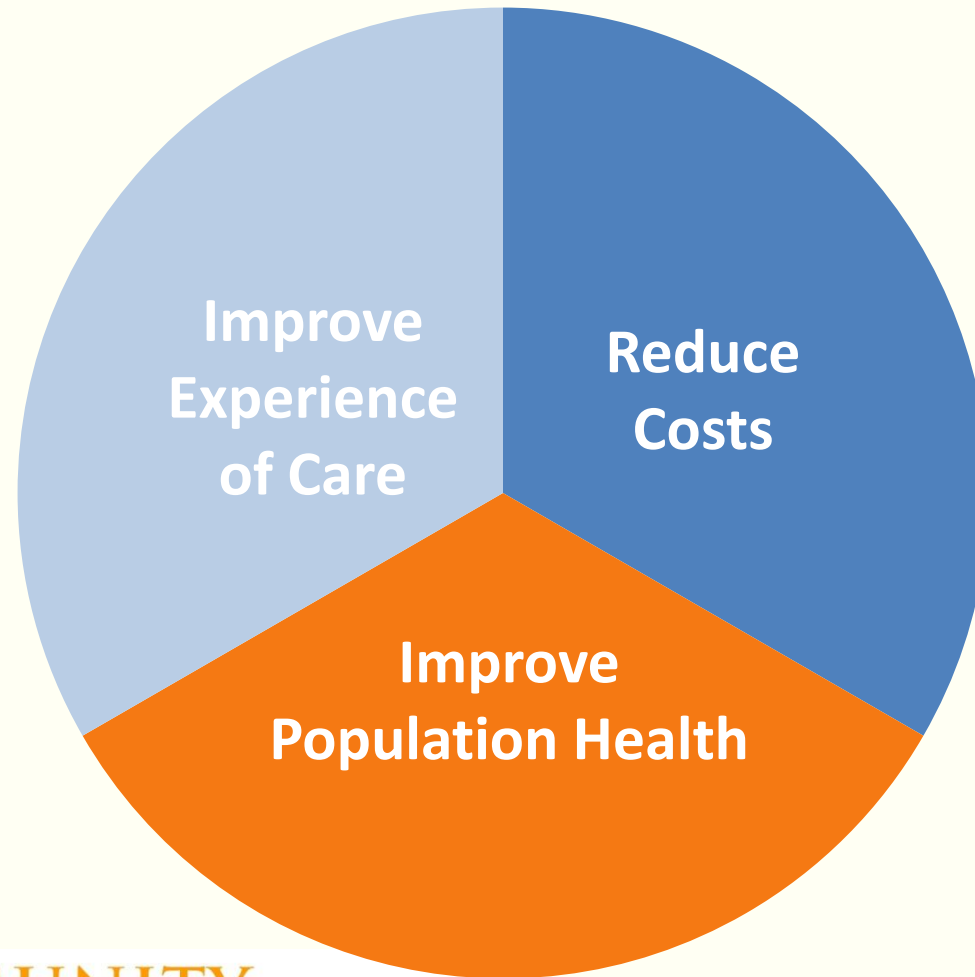


U.S. Health Care System: UNSUSTAINABLE

- **50%:** of Americans don't get the preventive care that science recommends
- **THE MOST:** the U.S. spends more per capita on health care than all other countries in the world
- **\$40 BILLION:** what we spend per year on health care in Minnesota, and that number increases every year
- **FALLING BEHIND:** the U.S. is falling behind several other wealthy nations in life expectancy



Reform Goals: The TRIPLE AIM





Minnesota's Reform Strategies

- 1) **EXPAND ACCESS** – to health care for all Minnesotans
- 2) **LOWER COSTS** – by reforming how we pay for health care and changing the incentives
- 3) **ENCOURAGE PREVENTIVE CARE** – and reward healthy outcomes, not sickness
- 4) **IMPROVE HEALTH OF ALL MINNESOTANS** – and address our state's enormous health disparities

**“Some people
talk about reform.
We do it.”**

-Governor Mark Dayton



Leading the Way

- The Minnesota Department of Health and the Minnesota Department of Human Services are collaborating to create as many as 12 “**Accountable Communities for Health**”
- Grants will fund community advisory teams/partnerships
- Teams identify health goals, develop sustainability plans, and further develop payment model integration

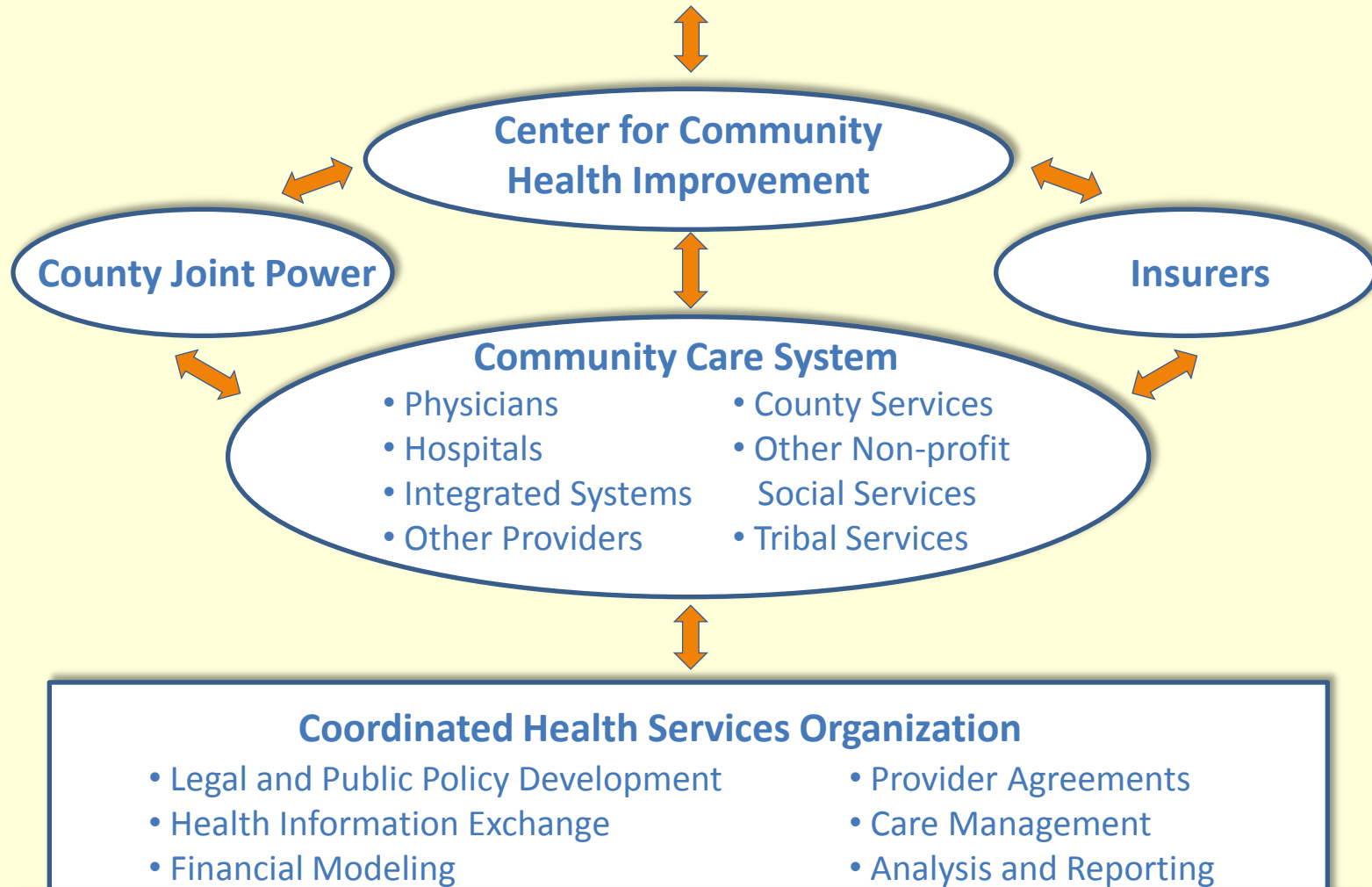
“The ACH model provides for greater collaboration between the public and private sectors, creating the opportunity for change that we need for our health care system.”

-Ted Mondale



An Accountable Community for Health

MN Department of Human Services and MN Department of Health:





An Accountable Community for Health





An Accountable Community for Health

Community Care System

- Physicians
- Hospitals
- Integrated Systems
- County Services
- Other non-profit
- Social Services
- Tribal Services

Coordinated Health Services Organizations

- Legal and Public Policy Development
- Health Information Exchange
- Financial Modeling
- Provider Agreements
- Care Management
- Analysis and Reporting



Accountable Community for Health – Who benefits?

- Patients
- Providers
- Insurers
- Communities

**“The Accountable
Community for Health
model creates a blueprint
for better health care
for the nation.”**

-Tommy Thompson,
former Wisconsin Governor
and U.S. Secretary of Health
and Human Services



Benefits for Patients

- Coordinated care from all providers
- Fewer forms and unnecessary tests
- Easier access to medical records
- Increased satisfaction
- Better health



Benefits for Providers

- Easier access to patients' clinical information and improved communication among patients' care teams
- Easier billing, more streamlined practice and better documentation of care
- Better patient care making the encounters with patients more fruitful and enjoyable, and improved health of patients with complex cases
- Profit from engaging in the savings model



Benefits for Insurers

- Better information and ability to communicate with other stakeholders
- Decreased costs or reduction in the growth in the overall costs through value-based care (whole person risk management) vs. episodic care
- Profit from engaging in the savings model



Benefits for Communities

- Decreased health care costs for local businesses, non-profits, and government organizations
- Reduced health disparities
- Ability for stakeholders to have voice in public health planning
- Improved population health



Community Health Initiatives: A Coordinated Health Services Organization

Community Health Initiatives - the nation's first and only Coordinated Health Services Organization – works with providers, insurers and county organizations to create and manage Accountable Communities for Health.

- 1) Design
- 2) Development
- 3) Activation
- 4) Ongoing Management



1) Design

- Gap and risk analysis
- Legal and public policy



2) Development

- Technology platform for a Health Information Exchange
- Financial modeling
- Organizational development



3) Activation

- Provider Agreements
- Implementation of Health Information Exchange
- Medical policy
- Analysis and reporting
- Care management



4) Ongoing Management

- Reporting
- Care system coordination
- Operational support
- Member support
- Ongoing analysis and evaluation