JCHC Workplan Meeting

May 17, 2023

Meeting Agenda

Legislative Impacts

JCHC Workplan Overview

Medicaid Unwinding Update

JCHC Legislative Impacts

Commission Meeting
May 17, 2023

JCHC Legislative Recommendations

- Members voted to recommend 4 bills and 7 budget amendments related to four 2022 studies
- Two additional bills addressed JCHC recommendations from 2021 studies
  - Nursing facility workforce challenges
  - Health insurance affordability
- Four bills passed and signed by the Governor; four budget amendments in at least one version of budget

Legislation addresses access, affordability, and quality of care

Bill numbers	Summary	JCHC study
HB 2345 (Head) SB 1255 (Dunnavant)	Creates a statewide health information exchange to enable providers to securely access patient medical histories	Provider data sharing (2022)
HB 2190 (Rasoul) SB 1270 (Edwards)	Requires reporting on barriers primary care providers face treating Medicaid patients	ED utilization (2022)
HB 1375 (Greenhalgh) SB 1011 (Edwards)	Eliminates the tobacco surcharge for individual market health insurance plans sold in Virginia	Insurance affordability (2021)
HB 1446 (Orrock) SB 1339 (Barker)	Creates a minimum staffing standard for nursing homes accepting Medicaid residents	Nursing facility workforce (2021)

Budget amendment overview

Budget amendment	In House Budget	In Senate Budget
Increase the Auxiliary Grant rate to $2,500 per month	partial[1]	✓
Increase Auxiliary Grant personal needs allowance	✓	✓
Fund initial costs of Smartchart Network planning		partial[2]
Fund emergency department care management grants		✓[3]

1. The House budget increases the Auxiliary Grant rate to $1,832 per month.
2. Funding in the Senate budget for Smartchart Network will only enable planning, not full implementation.
3. Legislation authorizing emergency department care management grants did not pass the House, but could be authorized in the budget.

JCHC Workplan

Commission Meeting
May 17, 2023

JCHC workplan includes three studies and two additional topics

- Staff Studies
  - Prevention and treatment of obesity and eating disorders
  - Overview of vertically integrated insurance carriers
  - Team-based care approaches in primary care settings
- Other Staff Projects
  - Health care workforce development
  - Prescription drug affordability

Obesity and Eating Disorders

Analyst: Estella Obi-Tabot

Study purpose

- Understand the prevalence of obesity and ED in Virginia and identify prevention, early identification, and treatment strategies
- Assess coverage of these strategies by public and private payers and barriers to care
- Identify ways to improve access to obesity and ED care in Virginia

Study resolution approved by Commission on December 7, 2022.

ED = Eating Disorders

Eating Disorders are a group of mental health conditions

Eating disorders are types of serious mental health conditions characterized by severe disturbances in thoughts and emotions related to eating behavior

Common eating disorders include:

Anorexia nervosa	Bulimia nervosa	Binge eating disorder	Avoidant restrictive food intake disorder (ARFID)

ED treatment is highly individualized

- ED treatment varies by the type of ED and the severity of each case
- Behavioral health therapy is usually the primary form of treatment for all EDs
- Physical health treatments can include:
  - Refeeding therapy
  - Medication therapy
  - Weight restoration treatment

Obesity is a highly prevalent, chronic condition

- Obesity is characterized by excessive fat accumulation or distribution that presents a risk to health and requires life-long care
- A body mass index over 25 is considered overweight, and over 30 is considered obese
- Obesity is associated with other chronic diseases such as hypertension, type 2 diabetes, and certain cancers

Obesity treatment varies based on severity and patient characteristics

- Obesity treatment can generally include:
  - Behavioral modification programs
  - Nutrition counseling
  - Weight loss drugs
  - Bariatric surgery

Obesity is a separate condition from eating disorders

- Obesity is not clinically defined as an eating disorder
- Obesity can be a symptom of a person with an ED such as binge eating disorder
- Incorporating behavioral and physical health approaches can have positive long-term outcomes for those with obesity or an ED

Major study questions

- How has obesity and ED prevalence changed in the last decade, particularly since the coronavirus pandemic?
- What are the evidence-based strategies for prevention, early identification, and treatment for obesity and eating disorders?
- To what extent does Virginia's Medicaid and state-regulated health plans cover the cost of these services?
- What barriers exist for patients and families accessing treatment for ED services in Virginia?

Research methods

- Literature Review of evidence-based practices
- Site Visits to ED treatment centers
- Stakeholder Interviews with key advocates and providers
- Document Review
  - Health insurance policies
  - DOE health and physical activity standards of learning

DOE = Department of Education

Vertically Integrated Carriers and Providers

Analyst: Kyu Kang

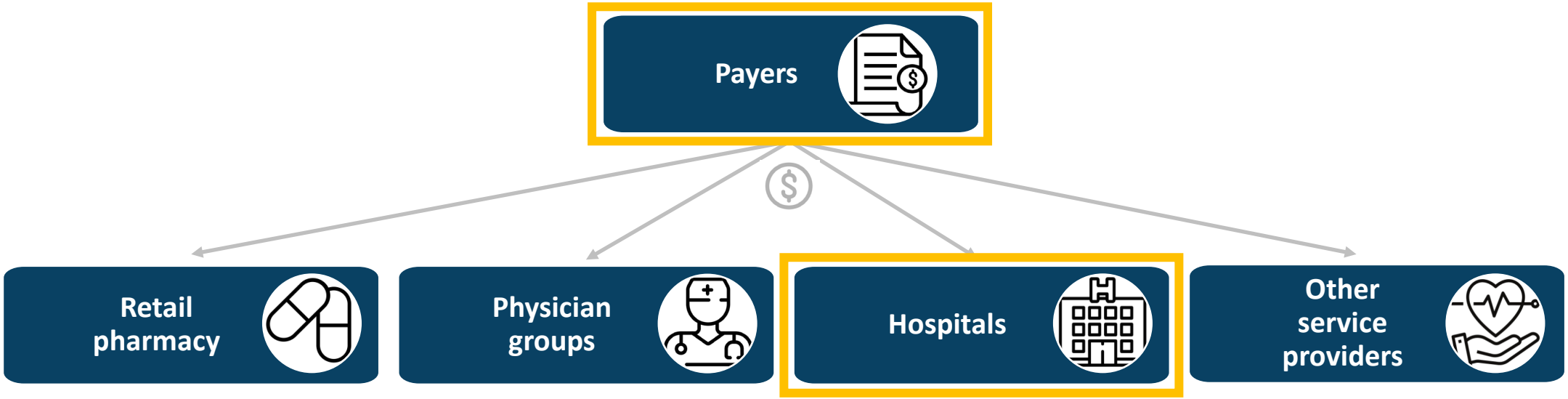
Study purpose

- Evaluate the scope of vertically integrated carriers (VICs) and vertically integrated providers (VIPs) in Virginia and nationally
- Determine, where possible, the impact of vertical integration on:
  - Access to services
  - Health care costs
  - Quality of care

Study resolution approved by Commission on December 7, 2022.

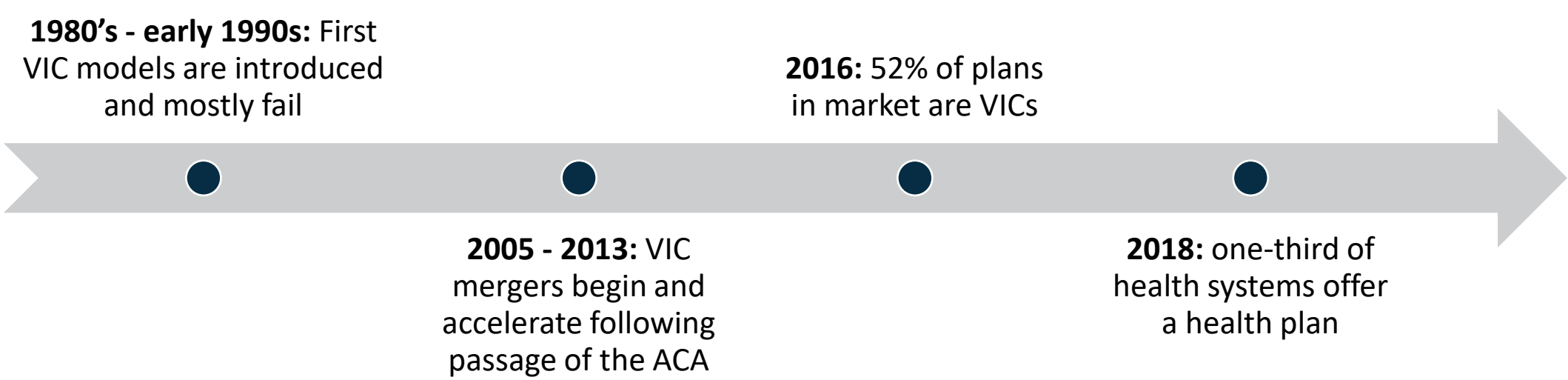
There are many forms of vertical integration in health care

This study focuses specifically on vertical integration between payers and acute care hospitals



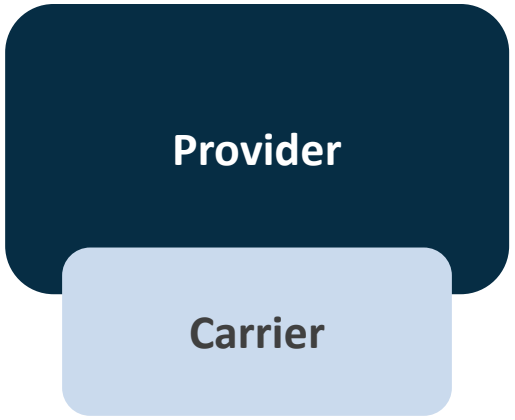
Payers and providers see vertical integration as a tool for value-based care

Following passage of the Affordable Care Act (ACA) in 2010, health care began moving towards value-based payment

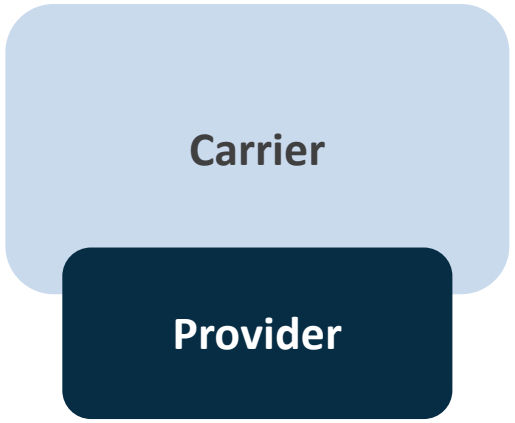


Vertically Integrated Carriers share ownership interests between payers and health systems

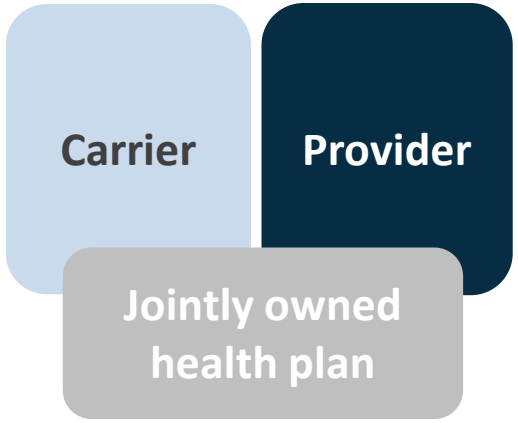
Three dominant vertically integrated carrier (VIC) models:



Health system/providers own **insurance carrier**
Ex. Johns Hopkins HealthCare



Insurance carrier owns **health system/providers**
Ex. Kaiser Foundation Health Plan



Joint ownership between **insurance carrier** and **health system/providers**
Ex. Texas Health Aetna

There are currently four VICs in Virginia

All VICs in Virginia are provider-sponsored health plans:

Health System Owner (Percent ownership)	VIC
Mary Washington Healthcare (90%) **Riverside Health System (10%)**	Mary Washington Health Plan
Centra Health (100%)	Piedmont Community Health Plan
Sentara Healthcare (100%)	Optima Health Virginia Premier

NOTE: Innovation Health was formerly a VIC jointly owned by Aetna (50%) and Inova Health System (50%). In February 2023, Aetna purchased Inova's interest and is now the sole owner.

Major study questions

- **Scope** - What is each Virginia VIC/VIP's market share?
- **Access** - Does vertical integration affect patient access to services?
- **Cost** - Do VICs reimburse affiliated and non-affiliated providers significantly differently for the same services?
- **Quality** - Is there a difference in quality between vertically integrated systems and non-vertically integrated systems?

Research Methods

- Data analysis
  - Hospital and health plan price transparency data
  - VHI health system data
- Review of health system and health plan quality ratings; Bureau of Insurance health plan records
- Interviews with health systems and health plans

VHI = Virginia Health Information

Team-Based Care

Analyst: Jen Piver-Renna

Study purpose

- Review models of team-based care and their effectiveness
- Identify patient populations who most benefit from team-based care
- Assess the extent to which team-based care models are being used in Virginia
- Understand factors affecting the implementation of team-based care

Study resolution approved by Commission on December 7, 2022.

Study will focus on team-based care in primary care settings

- For the purposes of this study, **team-based care** is the provision of health services by at least two health care professionals who work collaboratively with patients and their caregivers to accomplish shared goals
- Team-based care is used in many health care settings; study will focus on primary care, specifically for patients with chronic conditions

Multiple team-based primary care models can improve chronic conditions

Chronic Care Model	Collaborative Care Model	Physician-Pharmacist Collaborative Model	Patient-Centered Medical Home
• High quality chronic disease care through clinical management and intensive follow-up	• Integrates mental health services • Embedded behavioral health care managers and consulting psychiatrists	• Intensive medication management for chronic conditions • Pharmacists are integrated into practice	• Comprehensive services including prevention, acute care, and chronic disease management

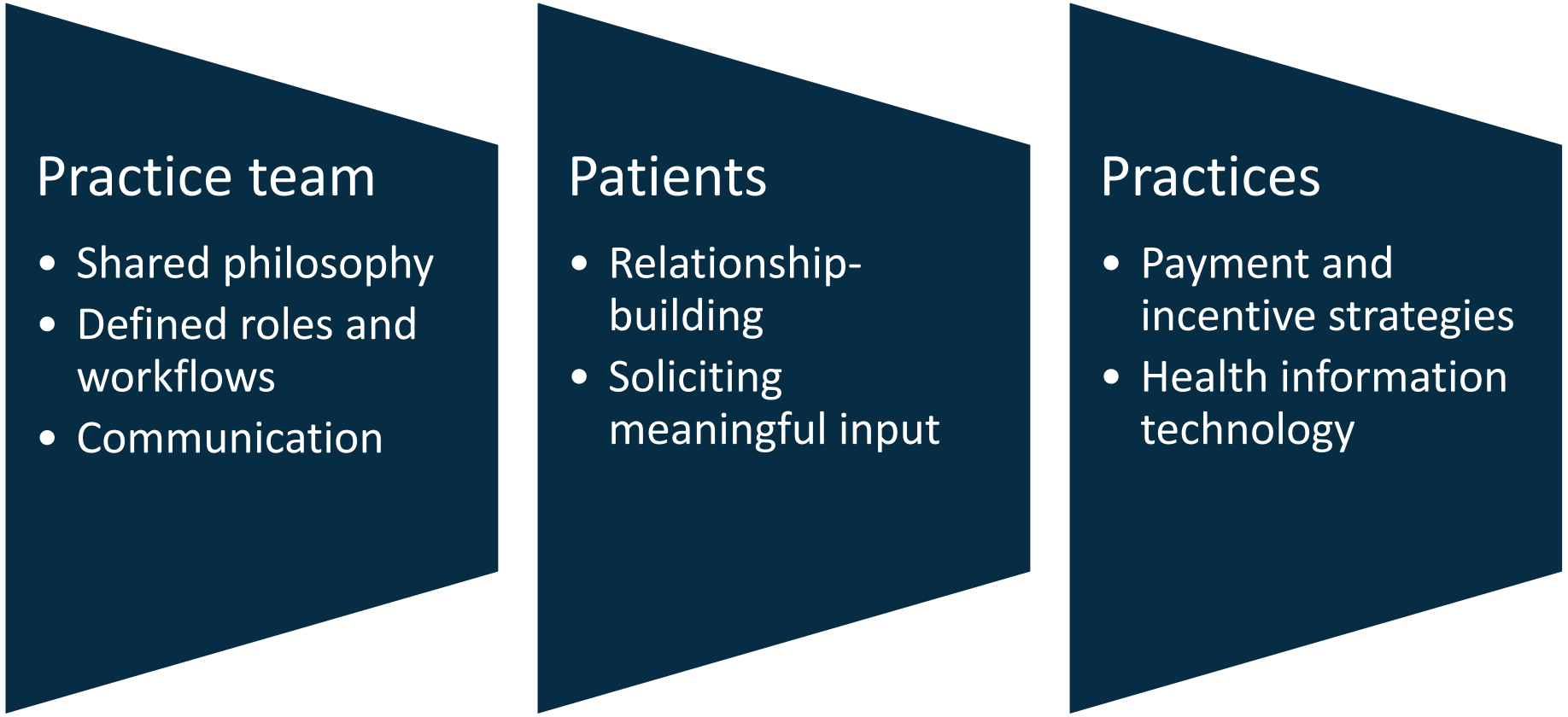
Team-based care aims to improve patients' physical and mental health

- The goals of team-based care are to:
  - Improve physical health (e.g., reduce blood sugar, reduce blood pressure)
  - Improve mental health (e.g., reduce depression symptoms)
  - Increase treatment adherence
  - Improve adherence to clinical guidelines
  - Reduce acute health care utilization

Patients are central to health care team success

- Successful models of patient-centered team-based care focus on:
  - Developing quality practitioner-patient relationships
  - Sharing decision-making
  - Coordinating care
  - Supporting self-management

Implementing team-based care requires changes at multiple levels



Major study questions

- What models of team-based primary care are being implemented in Virginia?
- What strategies do health care professionals in Virginia use to engage patients?
- What factors facilitate or limit implementation of patient-centered team-based primary care in Virginia?
- What policies could incentivize or promote effective team-based care models?

Research methods

- Literature review
- Health care professional survey
  - Characteristics of practices implementing team-based care
  - Patient engagement strategies
  - Barriers and facilitators to implementation
- Practice visits and clinician interviews
- Analysis of claims data

Health Care Workforce Development

Commission Meeting
May 17, 2023

Purpose of review

- Health care workforce challenges were a consistent theme in recent JCHC studies
- Members requested an ongoing review of significant health care workforce development initiatives in Virginia
- Goal is to provide continuing focus rather than a one-time study

Goals for first year of health care workforce review

- Engage with stakeholders and develop a catalogue of programs by focus area
- Identify salient state health care workforce development efforts and recommend next steps for the JCHC

Prescription Drug Affordability

Commission Meeting
May 17, 2023

Purpose of the briefing

- Members requested information on two topics
  - Impact of federal changes in the Inflation Reduction Act (IRA) on prescription drug affordability in Virginia
  - Implications of the *Rutledge v. PCMA* Supreme Court ruling on state regulation of ERISA plans
- Staff will put these issues in the context of prescription drug spending and state policies related to affordability

Topics to be addressed

- Prescription drug spending trends
- Potential impact of IRA provisions on spending
- State-level approaches to prescription drug affordability
- Impact of federal court rulings on state policy levers

Upcoming 2023 JCHC Meetings

- August 23rd – 2pm
- September 20th – 10am
- October 18th – 10am
  - Executive Subcommittee at 9am
- November 13th – 10am
- December 6th – 10am

NOTE: Dates and times are subject to change.

Joint Commission on Health Care

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