COPA Index Advisory Group

Index Recommendations

Chairman: Gary Mayes

Members

Rep. David Hawk, Rep. Matthew Hill, Mayor Johnny Lynch, Ms. Susan Reid, Mr. George Brewer, Mr. Brant Kelch, Dr. Teresa Kidd, Dr. David Kirschke, Ms. Minnie Miller, Ms. Erika Phillips, Ms. Chantelle Roberson, Esq., Mr. Perry Stuckey, Ms. Jan Tillman, Mr. Thomas J. Wennogle, Dr. Brenda White Wright

May 31, 2016

ACKNOWLEDGEMENT

The Advisory Group would like to compliment and give a sincere thank you to those listed below. Our Advisory Group meetings were well prepared and ran smoothly largely due to each one's contribution. Without their hard work the Advisory Group meetings would not have been successfully conducted.

Jeff Ockerman, Director Health Planning, Tennessee Department of Health

Allison Thigpen, Health System Improvement Coordinator, Tennessee Department of Health

Bill Christian, Associate Director, Communications and Media Relations, Tennessee Department of Health

Rachel Dean, Quality Improvement and Compliance Director, Sullivan County Regional Health Department

Phil Belcher, Manager, U.S. Benefits, Eastman Chemical Company

Kristie Hammonds, Senior Vice President of Operations, Frontier Health

Randall Jessee, Ph.D., Senior Vice President of Specialty Services, Frontier Health

31 May 2016

Commissioner John J. Dreyzehner
Tennessee Department of Health
710 James Robertson Parkway
Nashville, TN 37243

Dear Commissioner Dreyzehner:

I will begin by saying, on behalf of the COPA Index Advisory Group (Advisory Group) we have enjoyed the effort and task completing the Index. The Advisory Group was honored to be selected for such an important task regarding our healthcare system. Not many issues are more meaningful than good health and our healthcare. As our Advisory Group met with citizens regarding the COPA it was evident the public was engaged on this topic.

I believe our Advisory Group methodically listened to public input crafting the Index. Our charge was to deliver a recommendation based on public input through a transparent process and to neither oppose or endorse the proposed merger. The accompanying pages are our recommended Index for your consideration.

Again, it was our honor to serve and please feel free to contact me or anyone on the Advisory Group should you need additional information.

Respectfully,

Gary Mayes

Chairman

Overview:

The COPA Index Advisory Group (Advisory Group) held four public listening sessions. Two sessions were held in the rural areas of the defined Geographic Service Area, Rogersville and Elizabethton for general input. Two sessions were held at Northeast State Community College for internal and external stakeholders. The Advisory Group actively listened and took copious notes. All meetings were recorded and transcriptions remain on the Tennessee Department of Health website. The meetings began timely and all were most professional which is indicative for this area. Presenters were thoughtful in their input to the Advisory Group and most came with prepared notes. All meetings were in compliance with Tennessee's Sunshine Law. The public also had opportunities to submit input various ways other than public meetings: website, mailed comments, fax, email, and anonymous input at the public meetings. All public input was recorded and received by the Advisory Group. Attendees registered by signing their name and during the meeting everyone was reminded if they want to address the Advisory Group to please sign in.

Process:

According to the Advisory Group's guidance (attachment 1) the Tennessee Department of Health wanted big picture concepts categorized by the following: population health, economics, access to care, and other issues. The Advisory Group added two subcategories to access to care; closure of facilities statements and key services for wait times. After the public input sessions the additions were needed to help clarify the Index.

After the public sessions were concluded each member of Advisory Group presented themes from the meeting. The themes were broad topics but were very inclusive. Themes were then categorized by the guidance document instructions. The Advisory Group used Nominal Group Technique process to rank the importance of each topic (attachment 2). Additional clarification and reduction of redundancy were completed to help with definition. Rationale statements for most items help with the intent for the indices chosen by the Advisory Group. Desire trends are what the Group and public wanted to be realized in order to demonstrate benefits of the proposed merger.

Access to Care Category

Rank	Access to Care Topics	Votes	Rationale	Desired Trend
1	Rural access to primary, urgent care, and emergency care services	19	No decrease for the rural population in healthcare services.	Pop served segmented rural/urban
2	The networks should be open to any quality practitioner who agrees to fair market reimbursement	15	Equal access to all qualified providers.	--
3	Recruitment and retention of specialists and subspecialists to address identified regional shortages	14	Currently, there are not enough specialists / subspecialists in the GSA.	--
4	Increase in residential treatment for substance abuse	9	Data and input show a need for expansion for this region.	--
5	Increase in specialty mental health services for youth, including inpatient services	8	Data and input show a need for increased inpatient mental health.	Increased inpatient beds meeting demand
6	Closure of Facilities	8	Concerns were expressed about closing facilities inpatient/outpatient in rural areas.	No closures
7	Preserve and improve geographic access to services	6	Transportation cannot increase due to limited access to care facilities or key services.	--
8	Wait times for key services	2	Patient/customer wait times need monitoring to reveal access to care issues.	Acceptable wait times
9	Decrease in inappropriate utilization of ER	1	Improve primary prevention and patient education to help limit high cost utilization.	Lower utilization
10	Expanded spiritual care services	1	Expansion of the services for patients and family.	
11	Include pharmacy as integral part of medical team	1	This measure would help with health outcomes and lower costs.	--

Rank	Closure of Facilities Statements	Votes	Rationale	Desired Trend
1	Repurposing and/or closure of facilities do not impede access to essential health care services.	21	The COPA application states repurposing of facilities may occur. The Advisory Group received input the public does not want to lose their access to local services.	--
2	The combined system should have a plan that preserves proper access to care with excellent quality and the best value.	15		
3	Maintain or improve the percent of rural population that has access to emergency rooms.	11	This statement is meant to address that ER access is important for the rural areas in the GSA.	
4	Maintain or increase the percent of urban population AND percent of rural population that has access to urgent care on nights and weekend for urban and rural.	9	Improve access to providers in urban and rural areas.	
5	Maintain or improve the percent of rural and urban population that has access to outpatient mental health services.	6	This is an important measure due to documented need and cost associated due to lack of services.	
6	Maintain or decrease the numbers of days until the first available appointment for primary care physicians and specialists.	5	This is a measure for access to care issues that could arise.	
7	Maintain or decrease the wait time in minutes for treatment in hospital emergency rooms.	5	The need for this measure is to make sure adequate service is timely and available.	
8	Allow non-contracted physicians to collectively advocate for access to care on behalf of their patients, regardless of ability to pay.	5	This measure is meant to help understand the services available for indigent care.	
9	Ratio of population to primary care providers for both rural and urban area.	4	A baseline needs to be established and segmented by rural and urban population; this will help understand accessibility of providers to the population.	
10	Percent of population in the geographic service area that self-reports a delay in obtaining healthcare.	3	Customer surveys need to be conducted that will allow tracking customer delays obtaining access to care.	

Rank	Key Services for Wait Times	Votes	Rationale	Desired Trend
1	Mental Health and Substance Use Services, including Behavioral Health Outpatient and Residential Treatment	15	All of these measures are indicators of accessibility and were concerns expressed during public input. Benchmarks need to be established and subsequent monitoring. This will help assure the population in the GSA has timely accessible care.	
2	Emergency Department	15		
3	Oncology Therapy and Treatment	11		
4	Specialists and Subspecialists	11		
5	Pediatric Care	10		
6	Outpatient Imaging Services (X-ray, MRI, CT)	8		
7	Diagnostics	5		
8	Outpatient Care	4		
9	Obstetric Services	4		
10	Operating suites for inpatient and outpatient surgeries.	1		

Population Health Category

Rank	Topic	Votes	Rationale	Desired Trend
1	Wellness Efforts (to include prevention, physical activity, lifestyle changes, age-appropriate screenings, and nutrition)	15	Based on health data the GSA population primary prevention efforts should be increased.	Improve healthy lifestyles
2	Reduce Obesity in all Populations	15	Obesity rates too high in all age groups.	Lower rates
3	Substance Abuse, including Prescription Drug Abuse	13	Abuse rates are too high.	Lower rates
4	Prevention and Control of Diabetes	10	Diabetes prevalence is too high for GSA.	Lower rates
5	Drug-Addicted Infants (a.k.a Neonatal Abstinence Syndrome)	9	N.A.S. is too high for GSA.	Lower rate
6	In-Hospital Infection Rates	7	Infection rates are indicative to quality of care.	Exceed benchmarks for infection rates
7	Mental Health Prevention and Education	7	A common need expressed during public input.	Improved emotional health
8	Tobacco Use	7	Approximately 26% of the Northeast Tennessee population use tobacco compared to a much lower rate nationally.	Lower rate
9	Incidence of Heart Disease	4	Heart attacks are a leading cause of mortality.	Lower rate
10	Age-Appropriate Immunizations	4	GSA immunizations rate need improvement.	Higher rate of compliance
11	Sociocultural Issues	3	Need for effective programs to promote safe and healthy lifestyles – increase community collaborations.	Programs started

12	Teen Pregnancy Prevention	2	Rates too high for GSA.	Lower rate
13	Elder Abuse	1	Rates too high.	Lower rate
14	Child Fatality	1	Years loss of life too high for GSA	Improve rate
15	Senior Citizen Fall Prevention Program	0	Falls are one of the leading issues for the elderly in GSA.	Lower rate
16	Child Abuse	0	Rate is too high in GSA.	Lower rate

Economic Category

Rank	Topic	Votes	Rationale	Desired Trend
1	The cost of outpatient and inpatient care obtained through the merged entity should be contained as measured by an up-to-date benchmark for a comparable market area as established by the state.	18	Cost is one of the prominent issues expressed during public input.	Lower cost
2	The COPA would result in the New Health System employing and/or contracting exclusively no more than 30% of physicians within the geographic service area with exclusions for subspecialties where there are less than two in that subspecialty.	16	Allow a mechanism for private providers to utilize hospital resources and be competitive.	--
3	We request that the State reevaluate the Certificate of Need (CON) process for the geographic service area (GSA) in Northeast Tennessee to encourage competition.	16	This measure is intended to limit scope of monopoly and to encourage innovation.	Increase patient choice
4	The merged entity will use its consolidated purchasing power to attract and retain a quality workforce that is compensated at fair market value.	12	A way to increase the healthcare workforce, in part through higher wages particularly for nursing staff, and to decrease the cost attributed to retraining. In addition, a qualified workforce leads to quality healthcare.	Fewer vacancies; Less reliance on locums; Higher retention rates
5	Hold accountable for the labor, non-labor, and clinical cost savings stated in the application.	10	--	Lower cost
6	Percentage of cost savings will be used for retraining and education, specifically for displaced employees.	6	Develop and/or fund retraining workforce.	

7	The New Health System will maintain fiscal health as indicated by a Bond Rating benchmark set by State.	5	Measure fiscal health of the new system.	--
8	Charity Care	4	Funding for community collaborations.	Program outcomes
9	Economic Growth	4	Healthcare cost and quality are positive indicators for economic development.	--

Other Category

Rank	Topic	Votes	Rationale	Desired Trend
1	A Health Information Exchange (HIE) that is accessible and affordable to all providers to include independent entities and practitioners and which is used by providers affiliated with the merged entity who will share data through the HIE as permitted by law.	12	Independent providers should be able to access and afford access to health information. Ultimate goals are greater transparency and improved patient care regardless of provider.	HIE that is regionally used
2	Reconstitute Advisory Group prior to publication of annual report to allow for public input and to promote transparency.	9	This is a good process to make sure the new system is transparent and meeting public needs.	An Advisory Group hears input.
3	Independent satisfaction surveys are completed with all primary stakeholders to include employees, patients, physician, and payers on an annual basis, the results of which are included in the annual report.	9	Validating process for reporting accuracy and determining any unanticipated outcomes.	--
4	Key quality metrics to include medical errors, currently being used show an improvement in healthcare outcomes and are made easily available to the public.	9	Hospital system transparency is important for the patients and providers to make informed decision regarding their healthcare.	--
5	Maintain strong local control and governance; COPA is not transferable to any entity.	8	As stated	--

6	A non-physician representative from a regional, rural community hospital board is represented on the New Health System Board.	8	A diverse representation from providers is important to the region.	--
7	Of the four independent physicians on the corporate board, two will be elected by the independent doctor community.	8	Sufficient independent providers are involved in the decision making process.	--
8	The New Health System shall share real time electronic data for public health syndromic surveillance.	7	This is an important public health measure regarding disease outbreaks and will help in emergency response.	--
9	Independent verification of index measures.	7	Validation process for data accuracy.	--
10	Independent physicians are represented on the system clinical council at an appropriate level.	5	There needs to be sufficient representation from the independent medical community who are involved in the decision making process regarding quality of care issues.	
11	Partnership and research with local providers and organizations to address local healthcare needs.	4	The application (COPA) and the Advisory Group saw this as a regional approach toward improving health outcomes.	--
12	Support research and collaboration with universities as described in the application.	3	The application (COPA) and the Advisory Group saw this as a regional approach toward improving health outcomes.	--
13	Promote innovation to improve healthcare quality and cost-effectiveness.	2	The Advisory Group did not want cost savings to occur at the expense of new health technologies or healthcare innovations.	--

Attachment # 1

Guidance for the COPA Index Advisory Group

1. TDH wants guidance on big picture concepts.
2. TDH is concerned with outcomes, not process.
3. The health systems have their chance to speak to TDH through the application process; now is an opportunity for the community to have a say.
4. The COPA Index Advisory Group represents community concerns; the goal is to have a clear and well-defined Index that can be easily understood by the hospital systems, industry stakeholders, and the general public.
5. For the identified measures, the Advisory Group may provide a qualitative description of the measure that includes, to the extent appropriate, the following information:
    1) Measure
    2) Direction of desired change
    3) Priority subpopulations (e.g., age, geographic area, race/ethnicity, etc.)
    4) If appropriate, a comparison population. For example, state average.
    5) Other detail as appropriate
6. Rank the measures using a five-item scale, with (1) indicating highest priority items and (5) indicating lower priority items.
7. It would be helpful for Advisory Group members to reflect on the public comments from the listening sessions prior to working meetings. Based on your notes, transcripts and video, and personal experience, what are the top themes that emerged?
8. It will help to prepare your themes in writing before our next meeting. Don't worry if time will not allow you to do so. During our next meeting we begin categorizing themes by these groups:

1) Population Health

2) Economics

3) Access to Care

4) Other Issues

9. Once the task of categorizing is complete we'll begin the process of ranking by using a variation of nominal group technique. Our committee is diverse therefore all members need to share inputs and ideas. This will produce an index that will provide a robust oversight for the Commissioner to consider.

Examples:

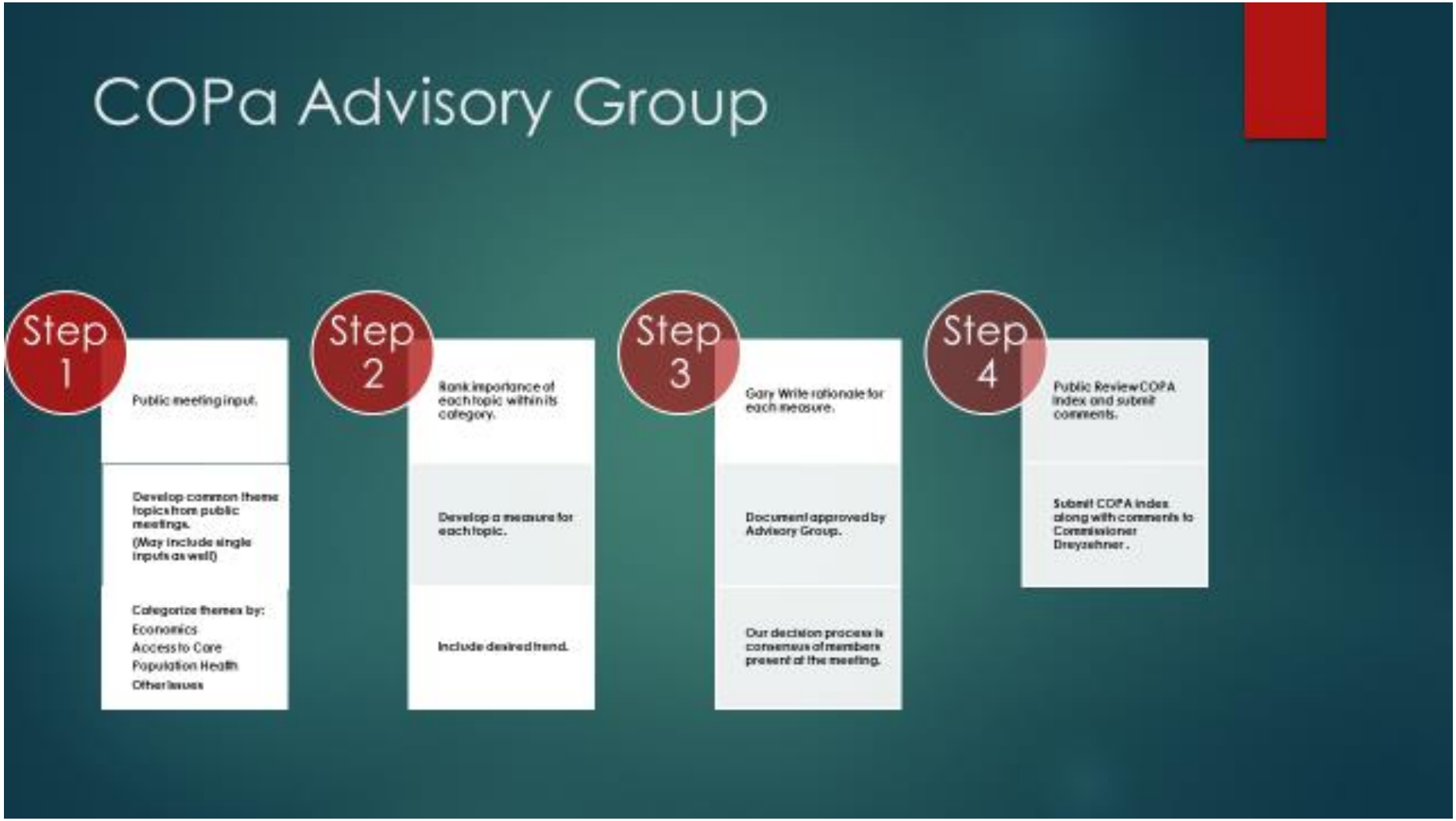
The examples provided below are arbitrary and do not represent recommendations from TDH.

<u>Diabetes</u>

- Reduce the incidence (new cases) of diabetes in children across the region.
    - Priority level: (2)
    - This measure is important because... We recommend targeting children because…

<u>Smoking</u>

- Reduce teen nicotine use in high utilization counties.
    - Priority level: (4)
    - This measure is priority level 4 because… We limited this measure to high utilization counties because… This outcome is achievable in the short term because…


COPa Advisory Group
Step 1
Public meeting input.
Develop common theme topics from public meetings.
(May include single inputs as well)
Categorize themes by:
Economics
Access to Care
Population Health
Other Issues
Step 2
Rank importance of each topic within its category.
Develop a measure for each topic.
Include desired trend.
Step 3
Gary Write rationale for each measure.
Document approved by Advisory Group.
Our decision process is consensus of members present at the meeting.
Step 4
Public Review COPA index and submit comments.
Submit COPA index along with comments to Commissioner Dreyzehner.