



# VIEW*S* & VISIONS

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## Moving Toward Value-Based Health Care Together

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Joshua L. Austin is the program manager of strategic initiatives at the West Virginia University Health Sciences Center. He is a graduate of West Virginia University (MA/BA in political science and BS in journalism) and a graduate of the University of Glasgow in Scotland (MSc in international politics), which he attended as a Rotary Ambassadorial Scholar.

Austin previously coordinated the Centers for Medicare & Medicaid Services's State Innovation Model grant for the State of West Virginia and assisted the West Virginia Health Care Authority in developing a state health plan. Currently, he is working with providers, insurers and a charitable foundation to sustain the West Virginia Partnership for Health Innovation.

In September 2017, Austin was awarded a Jonas Salk Fellowship from the Jewish Healthcare Foundation to learn how to build a case for action, shape winning strategies and advocate effectively for value-based health care. He is also a member of the West Virginia Children's Health Insurance Program Board, which oversees the program in the state.

"Nobody knew health care could be so complicated," President Donald Trump remarked last February at a White House press conference. Irony and understatement aside, the president was right. Health care today is complicated – too complicated. Worse still, the system is inefficient.

Americans pay more for health care than most other developed countries – with worse outcomes. In no other industry except health care would such poor performance and bad return on investment be acceptable to customers or clients. Fortunately, West Virginia's health care providers and insurers, in collaboration with state government, are focusing on achieving value-based health care in hopes of changing this status quo.

Value-based health care is a wonkish phrase, yet it essentially means better quality health care delivered more cost-effectively to achieve improved population health. Ideally, all three of these pieces must exist to achieve value-based health care. However, West Virginia providers



are challenged to address one – and rarely, two – of these pieces in any initiative. This is not solely the fault of providers. The state has terrible population health statistics, rural geography and a disproportionate share of governmental insurers, particularly Medicare and Medicaid, which reimburse less than commercial insurers.

When West Virginia's value-based health care initiatives do occur, though, they usually happen in silos. Insurers compete for business, of course, just as hospitals, physician practices and other providers fight for patient volume. Natural inclination is to keep secret any innovation that more efficiently delivers or pays for health care. Thus, innovation that happens in one organization usually is not shared with another in the state. Everyone loses under that approach, including providers, insurers, consumers and government.

Spotting this problem, a small group of dedicated health care experts quietly created an independent, non-profit entity to open lines of communication and share the best ideas and practices for value-based health care. This organization was named the West Virginia Partnership for Health Innovation (WVPHI).

With generous startup funding from the Claude Worthington Benedum Foundation, the WVPHI is ready for its unveiling and to support value-based health care initiatives in the state. The mission of the WVPHI is to align and leverage scarce resources, share best practices and avoid duplication in health care.





*The West Virginia University Health Sciences Center campus located in Charleston, West Virginia*

WVPHI seeks to help providers, insurers and state government agencies with existing value-based health care initiatives or ideas by providing technical assistance, policy expertise and facilitation services. Besides providing those services for free to entities that partner with it, WVPHI operates a mini-grant program. WVPHI's mini-grant program aids governmental, non-profit and academic entities with up to \$5,000 to leverage extramural assistance or equipment related to value-based initiatives.

Secondly, WVPHI plans to co-host, with the West Virginia Department of Health and Human Resources, a statewide summit focusing on health information technology. Department Cabinet Secretary Bill Crouch, in these pages and elsewhere, has highlighted the role technology and data must play in solving our state's most pressing health care problems. The summit will showcase technology and data as assets, not obstacles, in improving the state's health care system.

Finally, keeping with the technology theme, WVPHI is committed to expanding the impact of Project Extension for Community Healthcare Outcomes (ECHO) clinics in the state. Project ECHO extends specialty care to under-served areas by utilizing web conferencing in a "grand rounds" fashion, with primary care providers interacting on challenging cases with specialists and peers. The model magnifies knowledge of a single provider because he or she participates along with dozens of peers and at least one specialist in the field. As a bonus, ECHO clinics offer continuing medical education credits to providers, due to their didactic components.

For the last two years, ECHO clinics have been vital to helping rural West Virginia primary care providers serve patients with hepatitis C and chronic pain, among other conditions. WVPHI will assist in provider education and outreach by creating a virtual one-stop-shop for information about Project ECHO in the state; it will also convene regular meetings of clinic organizers to share best practices and lessons learned. This work will be done

in collaboration with key ECHO clinic partners, such as the West Virginia Clinical and Translational Science Institute, Cabin Creek Health Systems and others.

The WVPHI's board of directors is passionate yet practical about value-based health care. It knows transitioning to such a system requires teamwork among and between providers and insurers, as well as a long-term timeline. But what WVPHI requires most is you – the person who knows how truly complicated health care is – joining it in this mission. ▽