Creating Innovative Solutions for People with Complex Conditions

Lynda M. Zeller
June 5, 2019
Open Minds Strategy & Innovation Institute
Today’s Discussion

National Environment
Policy Changes, Industry Trends, Future Care Delivery

Payer Preference
Value Based Models, Incentivizing Practice Change

Providers
Data Analytics for Meaningful Strategy

Provider Opportunity
Disruptive Business Models
National Environment

Policy Changes
Industry Trends
Future Care Delivery
National Environment: Policy, Trends, Behavioral Health (BH) Care Delivery

Policy

- **Integration**: Problem solving - gaps in service, complex populations
- **Managed Care & Value-Based Purchasing**: Incent change for high-cost or high-risk

Trends

- **Social Determinant**: Impact on physical health (PH) and BH
- **Barrier Removal**: Secure info sharing
- **Structure**: Carve-in, provider risk share, increasing community provider managed care for complex populations

Care Delivery

- **Workforce**: Demand vs. supply
- **Integration**: Data driven, strategically target problems (for mutual benefit)
- **Health Information Exchange (HIE)**: Cross provider “use” driven
- **Analytics**: What do you have? what is missing? Who has it? What mutual problem can be solved if we both share? How much disruption in practice can I tolerate? What disruption in others’ practice do I need? What are the legal boundaries to harnessing and using data?
Harnessing Data to Inform Policy & Strategy

Viewpoint: Michigan
Informing Policy & Delivery System Strategy

*Michigan’s Journey*

**Provider Information Sharing**

**Data Sharing for System Learning & Action**
- Value Based Purchasing (VBP)
- Incentivizing Practice Change
- Purposeful Disruption

**Michigan Non-Profit Tech & Data Advancements** (view from Michigan Health Endowment Fund)
MiHIN is Michigan’s **state-designated entity** to continuously improve healthcare quality, efficiency, and patient safety by promoting secure, electronic exchange of health information. MiHIN represents a growing network of public and private organizations working to overcome data sharing barriers, reduce costs, and ultimately advance the health of Michigan’s population.
Statewide Health Information Exchange Creates Efficiency

BEFORE
Duplication of effort, waste and expense

NOW
Connect once to access shared services
Example Today: Admission, Discharge, Transfer Notifications

Keeping care team members informed on a patient’s major health events

1. When Tricia goes to the hospital an ADT Notification is sent to a TDSO and then to MiHIN
2. MiHIN checks ACRS and identifies Tricia’s Care Team
3. MiHIN retrieves contact and delivery preferences for Tricia’s Care Team from the Health Directory
4. ADT Notifications are sent to the Care Team based on electronic addresses and preferences

MiHIN Statewide Shared Services

ACRS® = Active Care Relationship Service®
The Electronic Consent Management Service (eCMS) allows patients to update their consent preferences electronically. eCMS also builds a statewide solution for managing consent preferences to ensure the appropriate consent is in place before specially protected information is routed to its destination.

Electronic Consent Management Service Value

- Use of consumer portal to update consent preferences electronically
  - Ease of access allows for greater patient autonomy
  - Ability to save consent preferences in real time
  - Ability to store multiple consent forms in one location
- Provides a practical solution to sharing specially protected information
  - Create provider and state based functionality to manage consent preferences
  - Inclusion of privacy tags to ensure consent is checked for SPI
  - Increase in care coordination by sending previously withheld info
- Removes the burden of paper-based consent processes such as duplication and disorganization

FY19 Milestones:

- Refine the desktop consumer portal, where healthcare consumers can search for and add providers to standard consent forms in real-time
- Create a mobile application that will have the same capabilities as the desktop application
- Build provider and statewide eCMS infrastructure where providers can ensure adequate consent is on file before routing specially protected information
- Secure a pilot participant to test the solution in real world environment

State Uniform Consent Form [https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_58005-343686--,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_58005-343686--,00.html)
Michigan Department of Health and Human Services (MDHHS) Tool for Problem Solving

- **Original Goal:** Improve Care Coordination for Medicaid beneficiaries
- **Access to Data:** – common need across several MDHHS initiatives
  - Single solution to address needs across initiatives
  - MDHHS decision to leverage existing tools rather than purchasing new ones
  - Developed for and owned by Michigan Department of Health and Human Services
What is CareConnect 360?

• Statewide Care Management Web Portal

• Comprehensive view of individuals and populations across programs making it possible to:
  • effectively assess and analyze program data
  • make better and faster decisions
  • manage and measure programs
  • reduce costs
  • improve outcomes

• Facilitates sharing of critical cross-system information
  • Behavioral health
  • Physical health
  • Assistance and support services

• Backbone is Michigan’s Enterprise Data Warehouse
Enterprise Data Warehouse – DHHS Data Sets

✓ Health Data
  • Breast and Cervical Cancer
  • Community Mental Health
  • Community Mental Health
  • Children’s Special Health Care Services
  • Early & Periodic Screening, Diagnostic, and Treatment (EPSDT)
  • Health Risk Assessments
  • Home Help Payments, Assessments
  • Lead Screening
  • Long Term Care
    • Home Care
    • Nursing Home
    • OASIS
  • Maternal & Infant Health Program (MIHP)
  • Michigan Care Improvement Registry (MCIR)
  • Medicaid Beneficiary Eligibility
  • Medicaid Fee-for-Service
  • Medicaid Managed Care
    • Payments
    • Encounters
  • Medicaid Provider
    • Eligibility
    • License
    • Network
    • DEA/CLIA
  • Medicaid MI Choice Minimum Data Set
  • Medicare

✓ Health Data (cont’d)
  • MICChild
  • Pharmacy (Claims, NDC, MAC, CMS rebate)
  • Substance Use Disorder
  • Third Party Liability
  • Vital Records - Death/Birth/Paternity
  • Waivers
    • Habilitation Support
    • Children’s
    • Serious Emotional Disturbance
    • Autism
    • ICO (Dual Eligibles)
    • Health Home
  • Women Infants and Children

✓ Human Services Data
  • Public Assistance Payment History
  • Public Assistance Eligibility & History
  • Child Development and Care & Payment History
  • Electronic Benefit Transfer
  • Child & Family Services
  • Services Provider
  • Foster Care & Adoption
  • Child & Adult Protective Services
  • Adoption Subsidy
  • Child Support
Enterprise Data Warehouse – Non-DHHS Data Sets

• **Department of Corrections**
  • Prisoner, Probationer, Parolee demographics

• **State Police**
  • Personal Protection Orders

• **State Court Administrative Office**
  (Circuit, District, Probate, Criminal, Juvenile, Civil & Traffic Courts)
  • Demographics
  • Cases
  • Offenses
  • Sentencing
  • Financial

• **Department of Licensing and Regulatory Affairs**
  • Worker’s Compensation
  • Unemployment
  • Quarterly Wages
  • MI State Housing Authority Clients
  • Professional License

• **Department of Natural Resources**
  • Hunting License
  • Campground Reservations

• **Secretary of State**
  • Driver’s License

• **Department of Treasury**
  • New Hire
  • MI & Federal Individual Tax
  • MI & Federal Business Tax

• **Federal**
  • SSI and RSDI Claims & Payments
  • Census
  • Federal Case Registry (Child Support)
  • U.S. Customs
  • Financial Institution Data Match
  • Social Security Demographics
CareConnect360 - Current Users

- Medicaid Health Plans (PH Medicaid) – 154 users
- PIHPs (BH Carve Out Medicaid) and CMHs – 301 users
- SUD Provider Organizations – 8 users
- ICOs (Integrated Care Organizations) – 94 users
- FQHCs (Federal Qualified Health Centers) – 26 users
- Local Health Departments – 17 users
- MDHHS (includes state Foster Care workers and Health Liaison Officers, Juvenile Justice workers, Medicaid) – 243 users
- Private Agency Foster Care Workers – 92 users
- Coordination of Care and services for Medicaid beneficiaries across plans
- Identification of high risk/high cost individuals
CareConnect360 - Current Functions

Individual perspective – Beneficiary Lookup Tool

- Client Summary
- ADT Messages
- Client Profile
- Claims
- Notify
- Interactive Care Plan

Population perspective

- Quick Analysis
- List Analysis
- Population Analysis
### Demographic Information and Client Summary Tab - CC 360

- **Care Coordination**
  - **Medicaid ID:** XXXX
  - **Name:** XXXX
  - **Address:** XXXX
  - **Contact No.:** (XXX)-XXX-XXXX
  - **Race:** XXXX
  - **Medicaid Health Plan:** Harbor Health
  - **Assigned PIHP:** Detroit Wayne Mental Hlth Authority
  - **Primary Care Provider:** HERNDON KATRICE J (1407969827)
  - **Last MD/DO Claim:** MEHTA MANISHA (XX/XX/XXXX)
  - **Last Care Mgmt Visit:** LINCOLN BEHAVIORAL SERVICES MAIN OFFICE (XX/XX/XXXX)
  - **Last Dental Visit:** None
  - **Home Help Case Worker:** None

### ADT Messages

- **ED Visits - Most Recent 3**
  - **Visit Date** | **Facility**
    - XX/XX/XXXX | 1619289988 - DMC DETROIT RECEIVING HOSPITAL
    - XX/XX/XXXX | 1134144801 - HENRY FORD HOSPITAL

### Client Profile

- **Pharmacy - Top 3**
  - **Generic Drug Name** | **Number Of Fills** | **Most Recent Fill**
    - Budesonide/Formoterol Fumarate | 9 | XX/XX/XXXX
    - Diltiazem HCL | 8 | XX/XX/XXXX
    - Doxazosin Mesylate | 8 | XX/XX/XXXX

### Claims

- **Chronic Conditions - Top 3**
  - **Conditions** | **Current Count**
    - CHRONIC OBSTRUCTIVE PULMONARY DISEASE | 63
    - SLEEP WAKE | 51
    - ESSENTIAL HYPERTENSION | 50

- **I/P Admissions - Most Recent 3**
  - **Admit Date** | **Facility Name**
    - XX/XX/XXXX | 1740230119 - OAKWOOD HOSPITAL MEDICAL CENTER
    - XX/XX/XXXX | 1043502940 - PRIME HEALTHCARE SERVICES-GARDEN CITY
Client Profile Tab – CC360

Care Coordination

Medicaid ID: XXXX  Name: XXXX  Birth Date: XXXX (XX)  Show More Info

Client Summary  ADT Messages  Client Profile  Claims  Notify  Interactive Care Plan

Client Profile

- Adult Foster Care: No
- PIHP OP/Community Based Service: Yes
- Psychiatric IP Service: No
- Enrolled in Health Home: No
- Youth Foster Care: No
- PIHP Service (last 6 months): Yes
- Current or Past CMHSP: No
- Healthy Michigan Plan: No
- Well Child History: No
- Hospice: No
- PACE: No
- Healthy Behaviors - Wellness Services: No

PIHP OP/Community Based Service Details

<table>
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<tr>
<th>PIHP ID</th>
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<th>CMHSP ID</th>
<th>CMHSP</th>
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<th>Procedure</th>
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<th>Place Of Se</th>
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</tbody>
</table>

Home Help: No
PIHP Supports Coordinator/Care Management: Yes
PIHP Treatment Episode: Yes
Health Risk Assessment Survey: Yes
Home Health: Yes
PIHP Service (last 12 months): Yes
Dental Claims: No
Flint Waiver Population: No
MI Choice: No
Nursing Facility: No
Healthy Behaviors - Preventive Services (last 12 months): No
### Client Summary Details - Pharmacy

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<th>Brand Name</th>
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## ADT Messages Tab-CC 360

### Medicaid ID: XXXX
### Name: XXXX
### Birth Date: XXXX (XX)

#### Care Coordination

**Client Summary**
- ADT Messages
- Client Profile
- Claims
- Notify
- Interactive Care Plan

### ADT Messages

Drag a column header and drop it here to group by that column.

**Event Type** | **Event Date** | **Hospital System** | **Hospital Name** | **Admission Date** | **Patient Class** | **Admission Type**
--- | --- | --- | --- | --- | --- | ---
A02: Transfer | XX/XX/XXXX | Garden City | Garden City Hospital | XX/XX/XXXXX | Inpatient | Emergency
A06: Change OP to IP | XX/XX/XXXX | Garden City | Garden City Hospital | XX/XX/XXXXX | Inpatient | Emergency
A04: Register a Patient | XX/XX/XXXX | Garden City | Garden City Hospital | XX/XX/XXXXX | Outpatient | Emergency
A04: Register a Patient | XX/XX/XXXX | Detroit Medical Center | DMC Detroit Receiving Hospital | XX/XX/XXXXX | Outpatient | Routine
A04: Register a Patient | XX/XX/XXXX | Detroit Medical Center | DMC Detroit Receiving Hospital | XX/XX/XXXXX | Outpatient | Routine
A02: Discharge | XX/XX/XXXX | Detroit Medical Center | DMC Harper University Hospital/OMC Hutzel Women's Hospital | XX/XX/XXXXX | Outpatient | Routine
A03: Discharge | XX/XX/XXXX | Detroit Medical Center | DMC Harper University Hospital/OMC Hutzel Women's Hospital | XX/XX/XXXXX | Outpatient | Routine

---

**Page size:** 20

15 items in 1 pages
List Analysis Result - Emergency Department High Utilizers- CC 360

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<th>Beneficiary Name</th>
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<th>Six Month Count</th>
<th>Age</th>
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Harnessing & Analyzing Data

Building Meaningful Strategy – Informed by Analytics
Preparing & Promoting Service Delivery Disruption
Complex Population – MDHHS Housing and Health Care Initiative

- Identify homeless Medicaid population with high ED utilization and inpatient costs and pilot a housing intervention and supportive services
- Determine if the homeless population was a more expensive population
- Understand the homeless populations utilization of other safety net programs (SNAP, TANF, etc.)
- Use real time healthcare data to inform prioritization of housing resources
- Share data across housing and healthcare sectors to reduce service redundancy and improve care coordination
- Improve the local homeless response system so those needing housing can get assistance
- Build the capacity of housing providers
Data Harnessing:

Michigan’s HMIS permitted use within an integration environment:

• Record matching—using client identifiers. Then, de-identified. Reflected analysis aggregate only
• Specific PH conditions sharing permitted for eligibility for housing services.
  • Medicaid—Homeless data match—potential housing eligible?
    • First/Last name released for outreach
    • Client release of information obtained for housing provider
• Carefully constructed permitted use: Integrated data shows a person reaches a certain level of acuity, without disclosing specifics about their conditions.
• Result: Protected confidentiality and use of health information as a driver in the housing services eligibility process. High medical acuity persons prioritized for housing services. Gain for both housing and behavioral health providers.
Housing Management Information System (HMIS) & Medicaid
Homeless Management Info System & Medicaid Claims
Aggregate Results October 1, 2017 – September 30, 2018

Inpatient Utilization – Inpatient Stays per 1000 member months
• Homeless - combined Medicaid and fee for service – 29.08
• State total - combined Medicaid and fee for service – 8.17

Treat and Release ED Visits
• Homeless - combined Medicaid and fee for service – 297.24
• State total - combined Medicaid and fee for service – 70.8

All Cause Readmission
• Homeless - combined Medicaid and fee for service – 25.75
• State total - combined Medicaid and fee for service – 17.43

Prevention Quality Indicator
• Homeless - combined Medicaid and fee for service – 321.31
• State total - combined Medicaid and fee for service – 123.11
Utilization measures show a significant increase in utilization for the HMIS population in the Inpatient and Emergency Department setting. With average cost of $22,000 per inpatient visit and $1,233 per ED visit, even a 30 per cent reduction in utilization would save $138,000 and $84,000 per 1000 members respectively.

Behavioral Health Provider Opportunity! Payer partnership Value Based Purchasing? Housing policy priority for BH clients? Much more!
Complex Population- Data Informed Targeting: Opioid Health Homes

Michigan Opioid Health Home Program:

- Michigan’s OHH Website
- Approved OHH State Plan Amendment (MI-18-5000)
- OHH Handbook
- Map of OHH Provider Sites
- MSA Policy Bulletin 18-27
- Overview PPT of OHH
- Brochure
Performance Measure:
(follow up after hospitalization for mental illness)

MDHHS current cross-system quality incentive (both PH and MH carve out).

Future provider Value Based Purchasing negotiation opportunity?

Future provider(s) practice(s) disruption advisable or advantageous?
Brief History: Michigan Health Information Network Shared Services

2010 - Federal Office of National Coordinator establishes State Health Information Exchange Cooperative Agreement Program

Michigan forms Health Information Technology Commission, which establishes Michigan Health Information Network Shared Services (MiHIN)

2010

MiHIN enters production in early 2012 with first immunization use case

2011

Active Care Relationship Service and Admission, Discharge, Transfer Notifications go live in production

2012

97% of admissions statewide sent through MiHIN

2013

Common Key Service introduced for patient matching

2014

MiHIN establishes Use Case Factory® process

More than 100 million messages routed through statewide network

2015

Over one billion messages routed through statewide health information network

2016

149 trusted data sharing organizations connected to MiHIN

2017

2018
2018 Performance, for PCMH-designated practices compared to non-PCMH designated PGIP practices

Discussion opportunity: How can BH providers help primary care practices perform better where incentives exist?
2018 Performance, for PCMH-designated practices compared to non-PCMH designated PGIP practices

**Discussion opportunity:**
How can BH providers help primary care practices perform better where incentives exist?

- **18.2%**
  Lower rate of emergency department visits

- **26.2%**
  Lower rate of primary care-sensitive emergency department visits
Individual Non-Profit Projects
Supported by Michigan Health Endowment Fund

• 46 total grants | 29 completed as of 4/30/19
• Amount invested: $12,835,798
• Categories of Technology/Data Work:
  • Client Education and Behavior Change Communication
  • Provider Training and Education
  • Telemedicine
  • Resource Coordination
  • Data Interchange, Interoperability and Accessibility
  • Provider-to-Provider Communication
  • Sensors and Point-of-Care Diagnostics
  • Data Collection and Reporting
Technology and Data Innovation Examples – Health Fund Grantees

PACE Southeast MI – Remote Care Management Platform Program

• Telehealth approach to remotely monitoring patient health
• Screening process being replicated at PACEs statewide
• Improved coordination or care, less burden on caregivers

University of Michigan – Home-Based Transitional Telecare for Older Veterans

• Telehealth-enabled tablets send information directly to clinicians
• Investigates how wearable sensors can support post-discharge care
• Evaluated standard consumer wearables vs. more sensitive devices for the target population
Personal learning…

Data Strategy and Analytic Projects
• Start small. Use what I have. Seek little things from others for big impact.
• Think big. Persons with complex conditions, shared across systems
• Target strategically. Where small change could make notable gain.

Value-Based Purchasing and Practice Change Incentives
• Learn where practice incentives and VBP exist (hospitals and primary care, commercial and public). Problem solve for mutual success.
• Stay open to disrupting my practice process and my interface with others
• There is plenty of opportunity to harness and analyze data for good regardless of structure (carve in, carve out, fee for service, primary care).

Thank you! Lynda Zeller, Lynda@mihealthfund.org