

Technical Advisory Panel of the Cooperative Agreement  
Agenda  
December 14, 2017 – 8:00 a.m.  
Office of Emergency Medical Services, Class Room A & B  
1041 Technology Park Drive  
Glen Allen, Virginia 23059

Welcome Dr. Norm Oliver

Draft Minutes – December 4 and 5, 2017 Dr. Oliver

Tabled Long-Term Measure Panel Members

Short-Term Measures Panel Members

Break

Continued Discussion Panel Members

Public Comment Period

Working Lunch – Next Steps Panel Members

Adjourn

Members participating by videoconference:

Bobby Cassell

George Hunnicutt, Jr.

Wise County Health Department

134 Roberts Avenue SW

Wise, Virginia 24293

## Active Supervision of the Cooperative Agreement: Draft Measures and Performance Indicators

Outcomes	Conditions	Measures	Performance Indicators
<p>1 Create value in the market-place</p>	<p>Relevant Conditions 6-7-8-9-10-11-26-29-30-31-42-43-44</p> <p>Integrated delivery system</p> <p>*Payer strategies</p> <p>*Health information network</p> <p>*IT and analytics</p> <p>*Non-employed health plan participation</p>	<p>-Triple aim for all at risk contract populations</p> <p>-Risk revenue as a percentage of overall revenue</p> <p>-Advancement of clinically integrated network</p> <p>-IT plan implementation</p> <p>-Economic impact in region</p>	<p>1.A - Satisfaction of rate cap conditions</p> <p>1.B <del>Comprehensive plan for managing payer relationships with six month milestones complete and approved by the health commissioner on an annual basis</del>  <u>Number of validated and unresolved complaints from payers (self-reporting with verification from payers and department and review by department)</u>  <u>Number of contracts retained or added with payment for value elements;</u>  <u>Number of lives covered in at-risk contracts;</u>  <u>Amount of at risk revenue increasing to 30% by 2021 (self-reporting with verification from payers and department and review by department)</u></p> <p><del>1.B.1 Plan to include specific strategies and tactics for payer relationships in Southwest Virginia</del>  1.B.2 - <del>Ongoing review of six month milestones</del><u>Review of milestones at months 6, 12, and 18, and then annually thereafter.</u></p> <p>1.C - Comprehensive plan for the new infrastructure to support a risk based business model with six month milestones <del>complete and</del> approved by the health commissioner on an annual basis</p> <p>1.C.1 - Initial infrastructure plan to be a five year view  1.C.2 - <del>Ongoing</del> review of milestones <u>at months 6, 12, and 18, and then annually thereafter</u></p> <p><del>1.D Total cost of care measured by PMPY per member per year for all risk based contracts increasing at half at one quarter to one half the multi-state the regional trend for similar payer populations on an annual basis calculated on a rolling three year average</del>  <u>1.D – the rate of increase of the total cost of care measured by per member per year for all risk based contracts is below the regional trend for similar payer populations on an annual basis calculated on a rolling three year average</u></p> <p>1.E - Improved year over year quality and satisfaction performance in agreed upon indicators in all risk based agreements</p> <p>1.F - <del>Increasing percentage of overall revenue coming from risk based agreements achieving 30% by 2021</del></p> <p>1.G <del>Board level</del> <u>Comprehensive IT and analytics plan complete within one year of agreement being signed with defined six months milestones. Milestones achieved on a rolling six-month basis.</u></p>

		<p>1.H - Increasing percentage of independent physicians participating in the clinically integrated network <del>achieving 80% by 2021 on a year over year for five years.</del></p> <p>1.I - Increasing percentage of independent physicians on the common IT platform <del>achieving 80% by 2021 increasing year over year for five years.</del></p> <p>1.J - Improved overall health and experience while reducing cost for employee and family population</p> <p>1.J.1 <del>-- Year over year improvement on Cost on PMPY per member per year minimum of half the regional trend</del></p> <p>1.J.2 <del>-- year over year improvement in</del> Quality metrics for employee populations <del>at upper quartile performance</del></p> <p>1.J.3 <del>--Year over year improvement in</del> Experience metrics for employee populations <del>at upper quartile</del></p> <p>1.K - Increasing relationships with employers in the region with <u>existing health outreach programs with employers, adding new employer</u> customers <del>added</del> each year</p> <p>1.L - Demonstrated improvement in <u>outcomes where the services are being provided to employer customers cost control, quality and experience for employer customers year over year</u></p> <p><del>—1.L.1— Cost on PMPY minimum of half the regional trend</del></p> <p><del>—1.L.2— Quality metrics for employee populations at upper quartile performance</del></p> <p><del>—1.L.3— Experience metrics for employee populations at upper quartile performance</del></p> <p>1.M - Increased spending <u>year over year</u> by new system on ongoing operations with regional suppliers <del>year over year to a minimum of 70% at or below market value for products and services by 2021</del></p>
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<p>2 Improve health and well-being for a population</p>	<p>Relevant Conditions 14-15</p> <p>Population health</p> <p>*Charity Care</p>	<p>-Social - determinants of health</p> <p>-Amount of charity care</p> <p>-Length and Quality of life</p>	<p><b>2.A - Comprehensive plan for improving health of the population with six month milestones complete and approved by the health commissioner within six months after signing date</b></p> <p><b>2.A.1 - Ongoing review of six month milestones achieving <u>target those milestones</u> 90% of the time</b></p> <p><b>2.B - Year over year improvement in defined measures of health <u>exceed the year over year improvement in socio economic peer counties achieving upper quartile performance in all metrics by 2021</u></b></p> <p><b>Table 2: Measures, Descriptions, and Sources</b></p> <table border="1"> <thead> <tr> <th></th> <th>Measure</th> <th>Description</th> <th>Source</th> </tr> </thead> <tbody> <tr> <td>2.1</td> <td>Smoking #</td> <td>Percentage of adults who are self-reported smokers (smoked at least 100 cigarettes in their lifetime and currently smoke).</td> <td>Behavioral Risk Factor Surveillance System</td> </tr> <tr> <td>2.2</td> <td>Smoking in higher density counties</td> <td>Percentage of adults higher density counties who are self-reported smokers (smoked at least 100 cigarettes in their lifetime and currently smoke).</td> <td>Behavioral Risk Factor Surveillance System</td> </tr> <tr> <td>2.3</td> <td>Smoking in lower density counties</td> <td>Percentage of adults in lower density counties who are self-reported smokers (smoked at least 100 cigarettes in their lifetime and currently smoke).</td> <td>Behavioral Risk Factor Surveillance System</td> </tr> <tr> <td>2.4</td> <td>Smoking among those with less than a high school education</td> <td>Percentage of adults with less than a high school education who are self-reported smokers (smoked at least 100 cigarettes in their lifetime and currently smoke).</td> <td>Behavioral Risk Factor Surveillance System</td> </tr> <tr> <td>2.5</td> <td>Smoking among those with a high school education or more</td> <td>Percentage of adults with high school education or more who are self-reported smokers (smoked at least 100 cigarettes in their lifetime and currently smoke).</td> <td>Behavioral Risk Factor Surveillance System</td> </tr> <tr> <td>2.6</td> <td>Mothers who smoke #</td> <td>Percentage of mothers who report smoking during pregnancy (%)</td> <td>VDH Division of Health Stats – Birth Certificate Data</td> </tr> <tr> <td>2.7</td> <td>Youth Tobacco Use</td> <td>Percentage of High School Students who self-reported currently using tobacco (used cigarettes, cigars, chewing tobacco, snuff, or pipe tobacco within the 30 days before the survey).</td> <td>National Survey on Drug Use and Health</td> </tr> <tr> <td>* #</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2.8</td> <td>Youth – Ever Tried Cigarette Smoking</td> <td>Percentage of High School Students who self-reported ever trying cigarette smoking, even one or two puffs.</td> <td>Virginia Youth Survey</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Measure	Description	Source	2.1	Smoking #	Percentage of adults who are self-reported smokers (smoked at least 100 cigarettes in their lifetime and currently smoke).	Behavioral Risk Factor Surveillance System	2.2	Smoking in higher density counties	Percentage of adults higher density counties who are self-reported smokers (smoked at least 100 cigarettes in their lifetime and currently smoke).	Behavioral Risk Factor Surveillance System	2.3	Smoking in lower density counties	Percentage of adults in lower density counties who are self-reported smokers (smoked at least 100 cigarettes in their lifetime and currently smoke).	Behavioral Risk Factor Surveillance System	2.4	Smoking among those with less than a high school education	Percentage of adults with less than a high school education who are self-reported smokers (smoked at least 100 cigarettes in their lifetime and currently smoke).	Behavioral Risk Factor Surveillance System	2.5	Smoking among those with a high school education or more	Percentage of adults with high school education or more who are self-reported smokers (smoked at least 100 cigarettes in their lifetime and currently smoke).	Behavioral Risk Factor Surveillance System	2.6	Mothers who smoke #	Percentage of mothers who report smoking during pregnancy (%)	VDH Division of Health Stats – Birth Certificate Data	2.7	Youth Tobacco Use	Percentage of High School Students who self-reported currently using tobacco (used cigarettes, cigars, chewing tobacco, snuff, or pipe tobacco within the 30 days before the survey).	National Survey on Drug Use and Health	* #				2.8	Youth – Ever Tried Cigarette Smoking	Percentage of High School Students who self-reported ever trying cigarette smoking, even one or two puffs.	Virginia Youth Survey				
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			2-9 #	Physically Active Adults	Adults who reported participating in physical activity such as running, calisthenics, golf, gardening, or walking for exercise over the past month.	Behavioral Risk Factor Surveillance System
			2-10 ± #	Physically Active Students	Percentage of High School Students who were not physically active 60+ minutes per day for 5 or more days in last 7 days.	Virginia Youth Survey
			2-11	Adult Obesity	Percentage of adults with a body mass index of 30.0 or higher based on reported height and weight.	Behavioral Risk Factor Surveillance System
			2-12	Obesity in higher density counties	Percentage of adults in higher density counties with a body mass index of 30.0 or higher based on reported height and weight.	Behavioral Risk Factor Surveillance System
			2-13	Obesity in lower density counties	Percentage of adults in lower density counties with a body mass index of 30.0 or higher based on reported height and weight.	Behavioral Risk Factor Surveillance System
			2-14	Obesity among those with less than a high school education	Percentage of adults with less than a high school education with a body mass index of 30.0 or higher based on reported height and weight.	Behavioral Risk Factor Surveillance System
			2-15	Obesity among those with a high school education or more	Percentage of adults with a high school education or more with a body mass index of 30.0 or higher based on reported height and weight.	Behavioral Risk Factor Surveillance System
			2-16 * #	Obesity Subpopulation Measure	Increase the proportion of physician office visits that include counseling or education related to weight and physical activity.	Data Collection to be led by the New Health System
			2-17 #	Overweight and obesity prevalence among VA public school students	Proportion of public school students in grades kindergarten, 2, 4, 6, 8, and one year of high school found to be overweight or obese during the school year.	Coordinated School Health Annual Report
			2-18 #	Average mPINC Score	Maternity Practices in Infant and Nutrition Care survey score based on seven birth facility policies and practices with higher scores denoting better maternity care practices and policies.	CDC Survey of Maternity Practices in Infant Nutrition and Care (mPINC)
			2-19 #	Breastfeeding Initiation	Percent of live births whose birth certificates report that baby is breastfed.  <u>US Value:</u> Proportion of infants who are ever breastfed.	VDH Division of Health Stats – Birth Certificate Data  CDC National Immunization Survey

			2-20 #	Infants breastfed at six (6) months	Percent of infants aged six (6) months whose guardians report at well-child visits they continue to be breastfed.	Data Collection to be led by the New Health System
			2-21	High School Students – Fruit	Percent of high school students who reported not eating fruit or drinking 100% fruit juice during the past 7 days.	Virginia Youth Survey
			2-22	High School Students – Vegetables	Percent of high school students who reported not eating vegetables during the past 7 days.	Virginia Youth Survey
			2-23	High School Students – Soda	Percent of high school students who report drinking one or more sodas per day for the past 7 days.	Virginia Youth Survey
			2-24 #	NAS (Neonatal Abstinence Syndrome) Births	Number of reported cases with clinical signs of withdrawal per 1,000 Virginia resident live births.	Active case reports submitted by clinicians OR through VDH’s inpatient hospitalization database (VHI data)
			2-25 #	Drug Deaths	All drug overdose deaths of <del>caused by acute poisonings, regardless of intent.</del>	Virginia death certificate data
			2-26	Drug Overdoses	Non-fatal overdoses of Virginia residents caused by acute poisonings, regardless of intent.	VDH’s inpatient hospitalization database (VHI data); also may have data from ESSENCE on ED visits
			2-27	Painkiller Prescriptions	Opioid prescriptions for pain to patients in Virginia.	VA PDMP data provided to VDH by Appriss, through agreement with DHP
			2-28	High School Students – Prescription Drugs	Percent of high school students who report ever taking prescription drugs without a doctor’s prescription (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax, one or more times during their life).	National Survey on Drug Use and Health
			2-29 #	Adults – Prescription Drugs	Adults who report using prescription drugs not prescribed by the doctor during the past 30 days.	National Survey on Drug Use and Health
			2-30 #	Children – On-time Vaccinations	Children receiving on-time vaccinations (% of children aged 24 months receiving 4:3:1:FS:3:1:4 series).	Virginia Immunization Information System
			2-31 * #	Vaccinations – HPV Females	Percentage of females aged 13 to 17 years who received ≥3 doses of human papillomavirus (HPV) vaccine, either quadrivalent or bivalent.	Data Collection to be led by the New Health System

			2.32 * #	Vaccinations – HPV Males	Percentage of males aged 13 to 17 years who received ≥3 doses of human papillomavirus (HPV) vaccine, either quadrivalent or bivalent.	Data Collection to be led by the New Health System
			2.33	<del>Vaccinations – Meningococcal</del>	<del>Percentage of adolescents aged 13 to 17 years who received ≥1 dose of meningococcal conjugate vaccine (MenACWY).</del>	<del>Data Collection to be led by the New Health System</del>
			2.34	<del>Vaccinations – Tdap</del>	<del>Percentage of adolescents aged 13 to 17 years who received ≥1 dose of tetanus-diphtheria-acellular pertussis (Tdap) vaccine since age 10 years.</del>	<del>Data Collection to be led by the New Health System</del>
			2.35 * #	<del>Vaccinations – Flu Vaccine, Older Adults</del>	<del>Percent of adults aged 65 and over who self-reported receiving a flu shot or flu vaccine sprayed in nose in the past 12 months.</del>	<del>Behavioral Risk Factor Surveillance System</del>
			2.36	<del>Vaccinations – Flu Vaccine, Adults</del>	<del>Percent of adults aged 18 and over who self-reported receiving a flu shot or flu vaccine sprayed in nose in the past 12 months.</del>	<del>Behavioral Risk Factor Surveillance System</del>
			2.37 * #	Teen Pregnancy Rate	Rate of pregnancies per 1,000 females aged 15-19 years.	VDH Division of Health Stats – Birth Certificate Data
			2.38 * #	Third Grade Reading Level	3rd graders scoring “proficient” or “advanced” on reading assessment (%).	Fourth grade reading level is available through KIDS COUNT data center
			2.39	<del>Fluoridated Water</del>	<del>Percent of population on community water systems (CWS) receiving fluoridated water.</del>	<del>CDC, My Water’s Fluoride</del>
			2.40 * #	Children receiving dental sealants	Children receiving dental sealants on permanent first molar teeth (%; 6–9 years).	Data Collection to be led by the New Health System
			2.41	<del>Adolescents receiving dental sealants</del>	<del>Adolescents receiving dental sealants on their first and second permanent molars (%; 13–15 years).</del>	<del>Data Collection to be led by the New Health System</del>
			2.42 #	Frequent Mental Distress	Percentage of adults who reported their mental health was not good 14 or more days in the past 30 days.	Behavioral Risk Factor Surveillance System
			2.43	<del>Frequent Physical Distress</del>	<del>Percentage of adults who reported their physical health was not good 14 or more days in the past 30 days.</del>	<del>Behavioral Risk Factor Surveillance System</del>
			2.44 * #	Infant Mortality	Number of infant deaths (before age 1) per 1,000 live births.	VDH Division of Health Stats – Birth Certificate Data
			2.45 #	<del>Low Birthweight</del>	<del>Percentage of infants weighing less than 2,500 grams (5 pounds, 8 ounces) at birth.</del>	<del>VDH Division of Health Stats – Birth Certificate Data</del>
			2.46	<del>Child Mortality</del>	<del>Number of deaths per 100,000 children aged 1 to 18 years.</del>	<del>Virginia death certificate data</del>
			2.47	<del>Deaths from Diseases of the Heart</del>	<del>Number of deaths due to diseases of the heart per 100,000 population.</del>	<del>Virginia death certificate data</del>

2.48	Cancer-Deaths	Number of deaths due to all causes of cancer per 100,000 population.	Virginia death certificate data
2.49	Diabetes-Deaths	Number of deaths due to diabetes per 100,000 population.	Virginia death certificate data
2.50	Suicide-Deaths	Number of deaths due to intentional self-harm per 100,000 population.	Virginia death certificate data
2.51 #	Premature Death Ratio	Ratio of years lost before age 75 per 100,000 population for higher density counties to lower density counties.	Virginia death certificate data

Note: \* represents 10 measures proposed by new system  
# represent 25 measures proposed by Tennessee

~~2.C - Targets achieved in defined charity care dollars year over year~~ The total amount of annual charity care will be reported by the new system with an explanation of any variation from previous years.

~~2.D - Length of life and quality of life in Southwest Virginia equal to the highest level of any community within the serviced region~~ the new health system providers will present measures of disparity and equity and their measurement technique to the Commissioner.



<p>3</p> <p>Equitable access to services across the region</p>	<p>Relevant Conditions 1-27-28-41-46</p> <p>Regional Services</p> <p>*Tertiary hospitals</p> <p>*Mental health services</p> <p>*Specialty services</p>	<p>-Equity of service levels</p> <p>-Essential services</p> <p>-Access to services</p> <p>-Primary care and specialty care access</p>	<p><del>3.A Essential services provided at a scope and scale in Southwest Virginia equal to best practices in any community within the serviced region</del></p> <p><del>3.A.1 Comprehensive plan complete and approved by the health commissioner on an annual basis</del></p> <p><b><u>Essential Services For Repurposed Cooperative Agreement Hospitals</u></b></p> <ul style="list-style-type: none"> <li><del>● Emergency room stabilization for patients;</del></li> <li><del>● Emergent obstetrical care;</del></li> <li><del>● Outpatient diagnostics needed to support emergency stabilization of patients;</del></li> <li><del>● Rotating clinic or telemedicine access to specialty care consultants as needed in the community;</del></li> <li><del>● Helicopter or high acuity transport to tertiary care centers;</del></li> <li><del>● Mobile health services for preventive screenings, such as mammography, cardiovascular and other screenings;</del></li> <li><del>● Primary care services, including lab services;</del></li> <li><del>● Physical therapy rehabilitation services;</del></li> <li><del>● Care coordination service;</del></li> <li><del>● Access to a behavioral health network of services through a coordinated system of care; and</del></li> <li><del>● Community based education, prevention and disease management services for prioritized programs of emphasis based on goals established in collaboration with the Department.</del></li> </ul> <p>3.B - Comprehensive access plan including all defined measures, spending rates on key services, quality and experience on key services, length and quality of life and primary and specialty care access with six month milestones complete and approved by the health commissioner on an annual basis</p> <p>3.B.1 - Ongoing review of six month milestones</p> <p><del>3.B.2 Year over year improvement in all metrics achieving target established in plan</del></p>
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3.B.2 Annual plan establishes metrics and targets for year to year improvement and that they meet 80% of targets established

**Table 1: Measures, Descriptions, and Sources**

	<b>Measure</b>	<b>Description</b>	<b>Source</b>
3.1	Population within 10 miles of an urgent care center (%)	Population within 10 miles of any urgent care center; urgent care centers may be owned by the New Health System or a competitor and may or may not be located in the geographic service area	U.S. Census Population Data 2010; Facility Addresses
3.2	Population within 10 miles of an urgent care center open nights and weekends (%)	Population within ten (10) miles of any urgent care center open at least three (3) hours after 5pm Monday to Friday and open at least five (5) hours on Saturday and Sunday; urgent care center may be owned by the New Health System or a competitor and may or may not be located in the geographic service area	U.S. Census Population Data 2010; Facility Addresses
3.3	Population within 10 miles of an urgent care facility or emergency department (%)	Population within 10 miles of any urgent care center or emergency room; urgent care centers and emergency rooms may be owned by the New Health System or a competitor and may or may not be located in the geographic service area	U.S. Census Population Data 2010; Facility Addresses
3.4	Population within 15 miles of an emergency department (%)	Population within 15 miles of any emergency room; emergency rooms may be owned by the New Health System or a competitor and may or may not be located in the geographic service area	U.S. Census Population Data 2010; Facility Addresses
3.5	Population within 15 miles of an acute care hospital (%)	Population within 15 miles of any acute care hospital; acute care hospital may be owned by the New Health System or a competitor and may or may not be located in the geographic service area	U.S. Census Population Data 2010; Facility Addresses
3.6	Pediatric Readiness of Emergency Department	Average score of New Health System Emergency Departments on the National Pediatric Readiness Project Survey from the National EMSC Data Analysis Resource Center	Self-assessment performed by New Health System
3.7	Excessive Emergency	Percentage of all hospital emergency department visits in which the wait time to	New Health System Records; CDC National Center for Health

				Department Wait Times	see an emergency department clinician exceeds the recommended timeframe.	Statistics National Hospital Ambulatory Care Survey
			3.8	Specialist Recruitment and Retention	Percentage of recruitment and retention targets set in the Physician Needs Assessment for specialists and subspecialists to address identified regional shortages	New Health System Records
			3.9	Personal Care Provider	Percentage of adults who reported having one person they think of as a personal doctor or health care provider	Behavioral Risk Factor Surveillance System
			3.10	Preventable Hospitalizations – Medicare	Number of discharges for ambulatory care-sensitive conditions per 1,000 Medicare enrollees	Hospital Discharge Data
			3.11	Preventable Hospitalizations – Adults	Number of discharges for ambulatory care-sensitive conditions per 1,000 adults aged 18 years and older	Hospital Discharge Data
			3.12	Screening – Breast Cancer	Percentage of women aged 50-74 who reported having a mammogram within the past two years	Behavioral Risk Factor Surveillance System
			3.13	Screening – Cervical Cancer	Percentage of women aged 21-65 who reported having had a pap test in the past three years	Behavioral Risk Factor Surveillance System
			3.14	Screening - Colorectal Cancer	Percentage of adults who meet U.S. Preventive Services Task Force recommendations for colorectal cancer screening	Behavioral Risk Factor Surveillance System
			3.15	Screening – Diabetes	Percentage of diabetes screenings performed by the New Health System for residents aged 40 to 70 who are overweight or obese; Clinicians should offer or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity.	New Health System Records
			3.16	Screening – Hypertension	Percentage of hypertension screenings performed by the New Health System for residents aged 18 or older	New Health System Records
			3.17	Asthma ED Visits – Age 0-4	Asthma Emergency Department Visits Per 10,000 (Age 0-4)	Hospital Discharge Data
			3.18	Asthma ED Visits – Age 5-14	Asthma Emergency Department Visits Per 10,000 (Age 5-14)	Hospital Discharge Data
			3.19	Prenatal care in the first trimester	Percentage of live births in which the mother received prenatal care in the first trimester	

			3.20	Follow-Up After Hospitalization for Mental Illness	Percentage of adults and children aged 6 years and older who are hospitalized for treatment of selected mental health disorders and had an outpatient visit, and intensive outpatient encounter or a partial hospitalization with a mental health practitioner within seven (7) days post-discharge	New Health System Records; NCQA <i>The State of Health Care Quality Report</i>
			3.21	Follow-Up After Hospitalization for Mental Illness	Percentage of adults and children aged 6 years and older who are hospitalized for treatment of selected mental health disorders and had an outpatient visit, and intensive outpatient encounter or a partial hospitalization with a mental health practitioner within thirty (30) days post-discharge	New Health System Records; NCQA <i>The State of Health Care Quality Report</i>
			3.22	Antidepressant Medication Management – Effective Acute Phase Treatment	Percentage of adults aged 18 years and older with a diagnosis of major depression, who were newly treated with antidepressant medication and remained on an antidepressant medication for at least 84 days (12 weeks)	New Health System Records; NCQA <i>The State of Health Care Quality Report</i>
			3.23	Antidepressant Medication Management – Effective Continuation Phase Treatment	Percentage of adults aged 18 years and older with a diagnosis of major depression, who were newly treated with antidepressant medication and remained on an antidepressant medication for at least 180 days (6 months)	New Health System Records; NCQA <i>The State of Health Care Quality Report</i>
			3.24	Engagement of Alcohol or Drug Treatment	Adolescents and adults who initiated treatment and who had two or more additional services with a diagnosis of alcohol or other drug dependence within 30 days of the initiation visit.	New Health System Records; NCQA <i>The State of Health Care Quality Report</i>
			3.25	SBIRT administration - hospital admissions	Percentage of patients admitted to a New Health System hospital who are screened for alcohol and substance abuse, provided a brief intervention, and referred to treatment (SBIRT)	New Health System Records
			3.26	Rate of SBIRT administration - ED visits	Percentage of patients admitted to a New Health System emergency department who are screened for alcohol and substance abuse, provided a brief intervention, and referred to treatment (SBIRT)	New Health System Records

3.27	Patient Satisfaction and Access Surveys	Successful completion of patient satisfaction and access surveys, according to Section 4.02(c)(iii)	New Health System Records
3.28	Patient Satisfaction and Access Survey – Response Report	Report documents a satisfactory plan for the New Health System to address deficiencies and opportunities for improvement related to perceived access to care services and documents satisfactory progress towards the plan.	New Health System Records

~~3.C – Spending per capita, on a risk-adjusted basis, in six major service categories in Southwest Virginia equal to the highest level in any community in the serviced region~~

~~3.C - Residents of Southwest Virginia have equitable access to key services in the following areas:~~

- \*Primary Care
- \*Mental health
- \*Heart and vascular
- \*Muscular skeletal
- \*GI
- \*Cancer

~~3.D – Quality and experience measures in the six major service categories in Southwest Virginia equal to the highest level in any community in serviced region~~

~~3.E – The new health system will provide a plan for Same-day access to primary care for all residents of Southwest Virginia measured by 3<sup>rd</sup>-available appointment~~

~~3.F –The new health system will provide a plan for Sspecialty access to all six major service categories at 5 days or less for all residents of Southwest Virginia measured by 3<sup>rd</sup>-available appointment~~

<p>4 Adequate providers to provide equitable services throughout the region</p>	<p>Relevant Conditions 24-32</p> <p>Post graduate training of clinical staff</p> <p>Residency program</p> <p>Recruitment plan</p>	<p>-Ratio of providers by discipline to serve the population by community</p> <p>-Trained and prepared clinical staff</p>	<p><del>4.A – Comprehensive clinical staff development plan and needs assessment with six month milestones complete and approved by the health commissioner on an annual basis</del><u>The new health system shall complete a comprehensive physician/physician extender needs assessment and recruitment plan every three years, starting within the first full fiscal year, in each Virginia community served by the new health system.</u></p> <p><del>4.A.1 Plan to include specific strategies and tactics for Southwest Virginia</del></p> <p><del>4.B - Progress in closure of clinical staff gaps in Southwest Virginia with year over year improvement with all gaps closed by 2021</del></p> <p><del>4.C - Post graduate training plan developed including six month milestones defined and approved submitted to by the</del> health commissioner within 12 months of signed agreement</p> <p><del>4.D -- Six Twelve-month milestones achieved as defined</del></p>
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<p>5</p> <p>Bench-mark operating performance</p>	<p>Relevant Conditions 12-13-16-17-40-45</p> <p>Annual quality metrics</p> <p>Adverse events</p> <p>Operating results</p>	<p>Operating performance against benchmark for quality, finance and adverse events</p>	<p><b>5.A - Comprehensive operating plan for finance, quality and experience with six month milestones complete and <del>approved</del><u>reviewed</u> by the health commissioner on an annual basis</b></p> <p><b>5.A.1 - Plan to include specific strategies and tactics for Southwest Virginia</b></p> <p><del>5.A.2 - Ongoing review of six month milestones</del></p> <p><del>5.B - Targets set for reduction of adverse events. Targets achieved on an annual basis</del><u>Adherence to public reporting schedules and required department reporting. Sustained improvement from baseline on CMS safety domain measures to reduce adverse events and improve overall patient safety.</u></p> <p><u>Pressure ulcer rate</u></p> <p><u>Iatrogenic pneumothorax rate</u></p> <p><u>Central venous catheter-related blood stream infection rate</u></p> <p><u>Central venous catheter-related blood stream infection rate</u></p> <p><u>Postoperative Hip Fracture Rate</u></p> <p><u>PSI 09 Perioperative Hemorrhage or Hematoma Rate</u></p> <p><u>PSI 10 Postoperative Physiologic and Metabolic Derangement Rate</u></p> <p><u>PSI 11 Postoperative Respiratory Failure Rate</u></p> <p><u>PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate</u></p> <p><u>PSI 13 Postoperative Sepsis Rate</u></p> <p><u>PSI 14 Postoperative Wound Dehiscence Rate</u></p> <p><u>PSI 15 Accidental Puncture or Laceration Rate</u></p> <p><u>Central Line-Associated Bloodstream Infection (CLABSI Rate)</u></p> <p><u>Catheter-Associated Urinary Tract Infection (CAUTI Rate)</u></p> <p><u>Surgical Site Infection (SSI) Rate</u></p> <p><u>Methicillin-Resistant Staphylococcus Aureus (MRSA) Rate</u></p> <p><u>Clostridium Difficile Infection (CDI or C-Diff) Rate</u></p> <p><del>5.C - Upper quartile performance in financial metrics achieved in regional, state and national comparisons</del></p> <p><u>5.C - Timely reporting of key financial metrics included in all filings with EMMA for evaluation by the commissioner; maintain compliance with bond covenants via submission of attestation and independent audit criteria; reporting of associated metrics to the Commissioner at least annually in concert with annual agency reviews.</u></p> <p><del>5.C.1 - Maintained bed occupancy</del></p> <p><del>5.C.2 - Operating margin</del></p> <p><del>5.C.3 - Ebitda margin</del></p> <p><del>5.C.4 - Return on assets</del></p>
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- ~~5.C.5 Annual operating margin growth~~
- ~~5.C.6 Annual operating expense growth~~
- ~~5.C.7 Capital spending growth~~
- ~~5.C.8 Total debt to capitalization~~
- ~~5.C.9 Annual debt service coverage~~
- ~~5.C.10 Debt to cash flow~~
- ~~5.C.11 Cash on hand~~
- ~~5.C.12 Accounts receivable~~
- ~~5.C.13 Average age of plant~~
- ~~5.C.14 Hospital adjusted expense per inpatient day~~
- ~~5.C.15 Bad debt as percentage of patient revenue~~
- ~~5.C.16 Ambulatory operating performance~~
- ~~5.C.17 Fully allocated financial performance per physician primary/specialist~~

5.D - System wide best practices identified on an annual basis with and no fewer than 3 being spread actively throughout the system at any one time

5.E - ~~Upper quartile performance in all quality and satisfaction measures in regional, state and national comparisons~~ Annual plan for improving quality and satisfaction among selected measures with year to year improvement and that they meet 80% of the targets established

**Table 1: Quality Monitoring Measures**

	Measure identifier	Technical measure title	Measure as posted on Hospital Compare
<i>General information- Structural measures</i>			
5.1	SM-PART-NURSE	Participation in a systematic database for nursing sensitive care	Nursing Care Registry
5.2	ACS-REGISTRY	Participation in a multispecialty surgical registry	Multispecialty Surgical Registry
5.3	SM-PART-GEN-SURG	Participation in general surgery registry	General Surgery Registry
5.4	OP-12	The Ability for Providers with HIT to Receive Laboratory Data Electronically Directly into their ONC-Certified EHR System as Discrete Searchable Data	Able to receive lab results electronically
5.5	OP-17	Tracking Clinical Results between Visits	Able to track patients' lab results, tests, and referrals electronically between visits



			5.6	OP-25	Safe surgery checklist use (outpatient)	Uses outpatient safe surgery checklist
			5.7	SM-SS-CHECK	Safe surgery checklist use (inpatient)	Uses inpatient safe surgery checklist
			<b><i>Survey of patient's experiences- Hospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS)</i></b>			
			5.8	H-COMP-1-A-P	Communication with nurses (composite measure)	Patients who reported that their nurses "Always" communicated well
			5.9	H-COMP-1-U-P	Communication with nurses (composite measure)	Patients who reported that their nurses "Usually" communicated well
			5.10	H-COMP-1-SN-P	Communication with nurses (composite measure)	Patients who reported that their nurses "Sometimes" or "Never" communicated well
			5.11	H-COMP-2-A-P	Communication with doctors (composite measure)	Patients who reported that their doctors "Always" communicated well
			5.12	H-COMP-2-U-P	Communication with doctors (composite measure)	Patients who reported that their doctors "Usually" communicated well
			5.13	H-COMP-2-SN-P	Communication with doctors (composite measure)	Patients who reported that their doctors "Sometimes" or "Never" communicated well
			5.14	H-COMP-3-A-P	Responsiveness of hospital staff (composite measure)	Patients who reported that they "Always" received help as soon as they wanted
			5.15	H-COMP-3-U-P	Responsiveness of hospital staff (composite measure)	Patients who reported that they "Usually" received help as soon as they wanted
			5.16	H-COMP-3-SN-P	Responsiveness of hospital staff (composite measure)	Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted
			5.17	H-COMP-4-A-P	Pain management (composite measure)	Patients who reported that their pain was "Always" well controlled
			5.18	H-COMP-4-U-P	Pain management (composite measure)	Patients who reported that their pain was "Usually" well controlled

			5.19	H-COMP-4-SN-P	Pain management (composite measure)	Patients who reported that their pain was “Sometimes” or “Never” well controlled
			5.20	H-COMP-5-A-P	Communication about medicines (composite measure)	Patients who reported that staff “Always” explained about medicines before giving it to them
			5.21	H-COMP-5-U-P	Communication about medicines (composite measure)	Patients who reported that staff “Usually” explained about medicines before giving it to them
			5.22	H-COMP-5-SN-P	Communication about medicines (composite measure)	Patients who reported that staff “Sometimes” or “Never” explained about medicines before giving it to them
			5.23	H-CLEAN-HSP-A-P	Cleanliness of hospital environment (individual measure)	Patients who reported that their room and bathroom were “Always” clean
			5.24	H-CLEAN-HSP-U-P	Cleanliness of hospital environment (individual measure)	Patients who reported that their room and bathroom were “Usually” clean
			5.25	H-CLEAN-HSP-SN-P	Cleanliness of hospital environment (individual measure)	Patients who reported that their room and bathroom were “Sometimes” or “Never” clean
			5.26	H-QUIET-HSP-A-P	Quietness of hospital environment (individual measure)	Patients who reported that the area around their room was “Always” quiet at night
			5.27	H-QUIET-HSP-U-P	Quietness of hospital environment (individual measure)	Patients who reported that the area around their room was “Usually” quiet at night
			5.28	H-QUIET-HSP-SN-P	Quietness of hospital environment (individual measure)	Patients who reported that the area around their room was “Sometimes” or “Never” quiet at night
			5.29	H-COMP-6-Y-P	Discharge information (composite measure)	Patients who reported that YES, they were given information about what to do during their recovery at home

			5.30	H-COMP-6-N-P	Discharge information (composite measure)	Patients who reported that NO, they were not given information about what to do during their recovery at home	
			5.31	H-COMP-7-SA	Care Transition (composite measure)	Patients who “Strongly Agree” they understood their care when they left the hospital	
			5.32	H-COMP-7-A	Care Transition (composite measure)	Patients who “Agree” they understood their care when they left the hospital	
			5.33	H-COMP-7-D-SD	Care Transition (composite measure)	Patients who “Disagree” or “Strongly Disagree” they understood their care when they left the hospital	
			5.34	H-HSP-RATING-9-10	Overall rating of hospital (global measure)	Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	
			5.35	H-HSP-RATING-7-8	Overall rating of hospital (global measure)	Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	
			5.36	H-HSP-RATING-0-6	Overall rating of hospital (global measure)	Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	
			5.37	H-RECMND-DY	Willingness to recommend the hospital (global measure)	Patients who reported YES, they would definitely recommend the hospital	
			5.38	H-RECMND-PY	Willingness to recommend the hospital (global measure)	Patients who reported YES, they would probably recommend the hospital	
			5.39	H-RECMND-DN	Willingness to recommend the hospital (global measure)	Patients who reported NO, they would probably not or definitely not recommend the hospital	
			<b><i>Timely &amp; effective care- Colonoscopy follow-up</i></b>				
			5.41	OP-29	Endoscopy/polyp surveillance: appropriate follow-up interval for normal colonoscopy in average risk patients	Percentage of patients receiving appropriate recommendation for follow-up screening colonoscopy	

			5.42	OP-30	Endoscopy/polyp surveillance: colonoscopy interval for patients with a history of adenomatous polyps - avoidance of inappropriate use	Percentage of patients with history of polyps receiving follow-up colonoscopy in the appropriate timeframe
			<b>Timely &amp; effective care- Heart attack</b>			
			5.43	OP-3b	Median time to transfer to another facility for acute coronary intervention	Average (median) number of minutes before outpatients with chest pain or possible heart attack who needed specialized care were transferred to another hospital
			5.44	OP-5	Median time to ECG	Average (median) number of minutes before outpatients with chest pain or possible heart attack got an ECG
			5.45	OP-2	Fibrinolytic therapy received within 30 minutes of emergency department arrival	Outpatients with chest pain or possible heart attack who got drugs to break up blood clots within 30 minutes of arrival
			5.46	OP-4	Aspirin at arrival	Outpatients with chest pain or possible heart attack who received aspirin within 24 hours of arrival or before transferring from the emergency department
			<b>Timely &amp; effective care- Emergency department (ED) throughput</b>			
			5.47	EDV	Emergency department volume	Emergency department volume
			5.48	ED-1b	Median time from emergency department arrival to emergency department departure for admitted emergency department patients	Average (median) time patients spent in the emergency department, before they were admitted to the hospital as an inpatient
			5.49	ED-2b	Admit decision time to emergency department departure time for admitted patient	Average (median) time patients spent in the emergency department, after the doctor decided to admit them as an inpatient before leaving the

				emergency department for their inpatient room
5.50	OP-18b	Median time from emergency department arrival to emergency department departure for discharged emergency department patients		Average (median) time patients spent in the emergency department before leaving from the visit
5.51	OP-20	Door to diagnostic evaluation by a qualified medical professional		Average (median) time patients spent in the emergency department before they were seen by a healthcare professional
5.52	OP-21	Median time to pain medication for long bone fractures		Average (median) time patients who came to the emergency department with broken bones had to wait before getting pain medication
5.53	OP-22	Patient left without being seen		Percentage of patients who left the emergency department before being seen
5.54	OP-23	Head CT scan results for acute ischemic stroke or hemorrhagic stroke who received head CT scan interpretation within 45 minutes of arrival		Percentage of patients who came to the emergency department with stroke symptoms who received brain scan results within 45 minutes of arrival
<b><i>Timely &amp; effective care- Preventive care</i></b>				
5.55	IMM-2	Immunization for influenza		Patients assessed and given influenza vaccination
5.56	IMM-3-OP-27-FAC-ADHPCT	Influenza Vaccination Coverage among Healthcare Personnel		Healthcare workers given influenza vaccination
<b><i>Timely &amp; effective care- Stroke care</i></b>				
5.57	STK-4	Thrombolytic Therapy		Ischemic stroke patients who got medicine to break up a blood clot within 3 hours after symptoms started
<b><i>Timely &amp; effective care- Blood clot prevention &amp; treatment</i></b>				

			5.58	VTE-6	Hospital acquired potentially preventable venous thromboembolism	Patients who developed a blood clot while in the hospital who <i>did not</i> get treatment that could have prevented it
			5.59	VTE-5	Warfarin therapy discharge instructions	Patients with blood clots who were discharged on a blood thinner medicine and received written instructions about that medicine
			<b><i>Timely &amp; effective care- Pregnancy &amp; delivery care</i></b>			
			5.60	PC-01	Elective delivery	Percent of mothers whose deliveries were scheduled too early (1-2 weeks early), when a scheduled delivery was not medically necessary
			<b><i>Complications- Surgical complications</i></b>			
			5.61	COMP-HIP-KNEE	Hospital level risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and total knee arthroplasty (TKA)	Rate of complications for hip/knee replacement patients
			5.62	PSI-90-SAFETY	Complication/patient safety for selected indicators (composite)	Serious complications
			5.63	PSI-4-SURG-COMP	Death rate among surgical inpatients with serious treatable complications	Deaths among patients with serious treatable complications after surgery
			<b><i>Complications- Healthcare-associated infections (HAI)</i></b>			
			<b><i>Readmissions &amp; deaths- 30 day rates of readmission</i></b>			
			5.64	READM-30-COPD	Chronic obstructive pulmonary disease (COPD) 30-day readmission rate	Rate of readmission for chronic obstructive pulmonary disease (COPD) patients
			5.65	READM-30-AMI	Acute myocardial infarction (AMI) 30-day readmission rate	Rate of readmission for heart attack patients
			5.66	READM-30-HF	Heart failure (HF) 30-day readmission rate	Rate of readmission for heart failure patients
			5.67	READM-30-PN	Pneumonia (PN) 30-day readmission rate	Rate of readmission for pneumonia patients
			5.68	READM-30-STK	Stroke 30-day readmission rate	Rate of readmission for stroke patients

			5.69	READM-30-CABG	Coronary artery bypass graft (CABG) surgery 30-day readmission rate	Rate of readmission for coronary artery bypass graft (CABG) surgery patients
			5.70	READM-30-HIP-KNEE	30-day readmission rate following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)	Rate of readmission after hip/knee replacement
			5.71	READM-30-HOSP-WIDE	30-day hospital-wide all- cause unplanned readmission (HWR)	Rate of readmission after discharge from hospital (hospital-wide)
			<b>Readmissions &amp; deaths- 30-day death (mortality) rates</b>			
			5.72	MORT-30-COPD	COPD 30-day mortality rate	Death rate for COPD patients
			5.73	MORT-30-AMI	Acute myocardial infarction (AMI) 30-day mortality rate	Death rate for heart attack patients
			5.74	MORT-30-HF	Heart failure (HF) 30-day mortality rate	Death rate for heart failure patients
			5.75	MORT-30-PN	Pneumonia (PN) 30-day mortality rate	Death rate for pneumonia patients
			5.76	MORT-30-STK	Stroke 30-day mortality rate	Death rate for stroke patients
			5.77	MORT-30-CABG	Coronary artery bypass graft (CABG) surgery 30-day mortality rate	Death rate for CABG surgery patients
			<b>Use of medical imaging- Outpatient imaging efficiency</b>			
			5.78	OP-8	MRI Lumbar Spine for Low Back Pain	Outpatients with low-back pain who had an MRI without trying recommended treatments (such as physical therapy) first.  If a number is high, it may mean the facility is doing too many unnecessary MRIs for low-back pain.
			5.79	OP-9	Mammography Follow-Up Rates	Outpatients who had a follow-up mammogram, ultrasound, or MRI within the 45 days after a screening mammogram

			5.80	OP-10	Abdomen CT - Use of Contrast Material	Outpatient CT scans of the abdomen that were “combination” (double) scans (if a number is high, it may mean that too many patients have a double scan when a single scan is all they need).
			5.81	OP-11	Thorax CT - Use of Contrast Material	Outpatient CT scans of the chest that were “combination” (double) scans (if a number is high, it may mean that too many patients have a double scan when a single scan is all they need).
			5.82	OP-13	Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac Low-Risk Surgery	Outpatients who got cardiac imaging stress tests before low-risk outpatient surgery  (if a number is high, it may mean that too many cardiac scans were done prior to low-risk surgeries).
			5.83	OP-14	Simultaneous Use of Brain Computed Tomography (CT) and Sinus CT	Outpatients with brain CT scans who got a sinus CT scan at the same time  (if a number is high, it may mean that too many patients have both a brain and sinus scan, when a single scan is all they need).



<p>6 Strong, vibrant culture</p>	<p>Relevant Conditions 18-20-21-22-38</p> <p>Employee management</p> <p>Strong medical staff</p> <p>Strong board of directors</p>	<p>-Attrition management</p> <p>-Medical staff make-up</p> <p>-Board of directors survey</p> <p>-Employee development</p>	<p><del>6.A – Comprehensive human resource plan with six month milestones complete and approved by the health commissioner on an annual basis</del></p> <p><del>–6.A.1– Plan to include specific strategies and tactics for Southwest Virginia</del></p> <p><del>–6.A.2– Ongoing review of six month milestones</del></p> <p><del>6.B.– Employment level targets achieved using attrition management with no layoffs, reported on a quarterly basis</del></p> <p>6.C - <u>Reduction in a</u>Annual turnover rate <u>be reduced on a year by year basis</u> achieving and <u>maintaining top quartile performance for health systems nationally</u></p> <p><del>6.D – Improved employee satisfaction year over year achieving top 10% performance on a comparative basis by 2021</del></p> <p>6.E – <u>The new health system will alter the board survey to measure board relationships in the first year and thereafter improve</u> <del>Improved</del> board relationships year over year measured by <u>an its</u> annual board survey</p> <p><del>6.F – Employee development dollars defined in annual budget with targets achieved</del></p> <p><del>6.G – Goals defined and achieved for employee development year over year</del></p>
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<p>7 Strong academics and research impacting regional issues</p>	<p>Relevant Conditions 25  Academics and research</p>	<p>Dollars and impact of research</p>	<p><del>7.A - Comprehensive Research plan with six month milestones complete and approved by health commissioner on an annual basis</del> <u>Within 12 months of the closing date of the merger, the new health system will develop and submit to the Commissioner, for review and approval, a plan for investment in the research enterprise in the Virginia service area.</u></p> <p><del>7.B - Research dollars align with the top five health issues in the region 90% of the time with demonstrated long term impact on the region defined and measured</del></p> <p><del>7.C - Achievement of six month milestones on a rolling basis</del></p>
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Relevant  
Conditions  
3-19-23-33-34-  
35-36-37

All

8  
Monetary  
commitment

Target  
spreading in  
defined areas of  
commitment

**8.A - Target spending be defined by need and be shown to be independent of geography by community defined and achieved on an annual basis with demonstrated equal allocation to SW Virginia and the specific issues faced by the region**

**8.B - Goals of spending in SW Virginia with specific measures of performance success defined and reported on a quarterly an annual basis**

**8.C - Monetary Commitments and Annual Baseline Spending Levels**

**MONETARY COMMITMENTS**

		Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Total
Expanded Access to HealthCare Services	Behavioral Health Services	\$1,000,000	\$4,000,000	\$10,000,000	\$10,000,000	\$10,000,000	\$10,000,000	\$10,000,000	\$10,000,000	\$10,000,000	\$10,000,000	\$85,000,000
	Children's Services	1,000,000	2,000,000	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	27,000,000
	Rural Health Services	1,000,000	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	28,000,000
Health Research & Graduate Medical Education		3,000,000	5,000,000	7,000,000	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	85,000,000
Population Health Improvement		1,000,000	2,000,000	5,000,000	7,000,000	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	75,000,000
Region-wide Health Information Exchange		1,000,000	1,000,000	750,000	750,000	750,000	750,000	750,000	750,000	750,000	750,000	8,000,000
<b>Totals</b>		<b>\$8,000,000</b>	<b>\$17,000,000</b>	<b>\$28,750,000</b>	<b>\$33,750,000</b>	<b>\$36,750,000</b>	<b>\$36,750,000</b>	<b>\$36,750,000</b>	<b>\$36,750,000</b>	<b>\$36,750,000</b>	<b>\$36,750,000</b>	<b>\$308,000,000</b>

Conditions related to all outcomes: 2-4-5-39-47-48-49

New System Short Term Expectations Milestones to Ensure Success of Plan Development to be Achieved Within 12 Months of Closing of Merger

For the following plans required by conditions:

- Rural Health Services Plan (condition 33)
- Behavioral Health Services Plan (condition 34)
- Children's Health Services Plan (condition 35)
- Population Health Plan (condition 36)

-Submission of a detailed plan outline to VDH Office of Licensure and Certification staff within 2 months of closing for review and comment

-Submission of initial draft plan to VDH Office of Licensure and Certification staff within 4 months of closing for review and comment

-Submission of final draft plan to VDH Office of Licensure and Certification staff Commissioner within 6 months of closing

For the following plans required by conditions:

- Plan to Develop and Provide Access to Patient Electronic Health Information (condition 8)
- Post-Graduate Training Plan (condition 24)
- Plan for Investment in the Research Enterprise (condition 25)

-Submission of a detailed plan outline to VDH Office of Licensure and Certification staff within 4 months of closing for review and comment

-Submission of initial draft plan to VDH Office of Licensure and Certification staff within 8 months of closing for review and comment

-Submission of final draft plan to VDH Office of Licensure and Certification staff Commissioner within 12 months of closing

Outcome 1: Create Value in the Marketplace

Conditions: 6-7-8-9-10-11-26-29-30-31-42-43-44

-Complete analysis of all current payer contracts and provide Compile historic and and submit to VDH Office of Licensure and Certification staff VDH baseline performance data on cost, quality and experience for all current risk-based or value-based payer contracts

Comprehensive Plan for New Infrastructure to Support a Risk-Based Business Model (see Performance Indicator 1C)

-Submit detailed plan outline to VDH Office of Licensure and Certification staff within 4 months of closing for review and comment

-Submit initial draft plan to VDH Office of Licensure and Certification staff within 8 months of closing for review and comment

-Submit final draft plan to VDH Office of Licensure and Certification staff/Commissioner within 12 months of closing

Compile and submit to VDH Office of Licensure and Certification staff VDH baseline data on cost, quality and experience for employee and family population

Compile and submit to VDH Office of Licensure and Certification staff VDH baseline data on existing health outreach programs for employers

Compile and submit to VDH Office of Licensure and Certification staff VDH baseline data on spending with regional suppliers

~~-Complete comprehensive five-year plan regarding payer strategies and payer relationships incorporating the shift to a goal of 30% risk based payment by 2021~~

~~-Complete the comprehensive plan to finalize the clinically integrated network organization and move toward 80% independent physician participation~~

~~-Complete the comprehensive IT and analytics plan including the transition of independent physicians onto the new platform~~

~~-Complete the plan to transition purchasing to local and regional suppliers~~

Outcome 2: Improve health and well being for a population

Conditions: 14-15

~~- Complete the comprehensive population health plan including specific plan for Southwest Virginia~~

~~-Determine and report baseline measures~~Compile and submit to VDH Office of Licensure and Certification staff VDH baseline data for all population health metrics including a carve out for Southwest Virginia and for socioeconomic peer counties

~~-Define charity care plan with annual targets including an itemized allocation with specific details for Southwest Virginia~~

~~-Define current length of life and quality of life comparisons for the serviced region and clearly link the plan for improvement for Southwest Virginia (if necessary) to the population health plan~~

### Outcome 3: Equitable access to services across the region

Conditions: 1-27-28-41-46

~~-Complete the short and long term plan for improvement in scope of services in Southwest Virginia~~

~~-Compile and submit to VDH Office of Licensure and Certification staff VDH baseline data for all access measures to be included in comprehensive access plan (see Performance Indicator 3B) including details for Southwest Virginia and link to plan for improvement~~

~~-Submit detailed plan outline to VDH Office of Licensure and Certification staff within 2 months of closing for review and comment~~

~~-Submit initial draft plan to VDH Office of Licensure and Certification staff within 4 months of closing for review and comment~~

~~-Submit final draft plan to VDH Office of Licensure and Certification staff Commissioner within 6 months of closing~~

~~-Complete Compile analysis and and submit to VDH Office of Licensure and Certification staff VDH baseline data for per capita spending, quality and service delivery for residents of in Southwest Virginia for the following service categories:~~

~~Primary Care~~

~~Mental Health~~

~~Heart and Vascular~~

~~Muscular Skeletal~~

~~GI~~

~~Cancer~~

~~compared to other communities in the serviced region and define plan for improvement~~

~~-Compile data on primary care and specialty access for residents of Southwest Virginia and define plan of improvement~~

Outcome 4: Adequate providers to provide equitable services throughout the region

Conditions: 24-32

~~-Compile and submit to VDH Office of Licensure and Certification staff VDH baseline data concerning health care providers in Southwest Virginia~~  
~~Complete the comprehensive clinical staff development plan including needs in Southwest Virginia~~

~~-Establish year over year targets for filling the needs in Southwest Virginia~~

~~-Complete the post-graduate training plan~~

Outcome 5: Benchmark operating performance

Conditions: 12-13-16-17-40-45

~~-Provide history of adverse events and provide plan to achieve zero harm~~

~~-Provide historic and current financial metrics with projections over the next five-year period~~  
~~Compile and submit to VDH Office of Licensure and Certification staff VDH baseline data on financial metrics~~

~~-Complete long-term financial plan to achieve defined five-year targets~~

~~-Provide historic and baseline performance~~  
~~Compile and submit to VDH Office of Licensure and Certification staff VDH baseline data on all-quality and service metrics with targets for the next five-year period~~

~~-Complete comprehensive quality and service plan to achieve defined quality and service targets~~

Outcome 6: Strong vibrant culture

Conditions: 18-20-21-22-38

~~-Complete comprehensive human resource plan articulating management of employee target levels and reduction in turnover rates~~

~~-Conduct board engagement survey that includes a comparative component and develop plan for improvement~~  
~~Compile and submit to VDH Office of Licensure and Certification staff VDH baseline data on Board engagement~~

Compile and submit to VDH Office of Licensure and Certification staff VDH baseline data on employee turnover

~~-Complete comprehensive employee development plan for all staff~~

Outcome 7: Strong academics and research impacting the region

Conditions: 25

~~-Compile and submit to VDH Office of Licensure and Certification staff baseline data on investment in the research enterprise in the Virginia service area Complete the short and long term research plan indicating alignment with the top regional issues~~

~~-Complete the relationship plan with regional partners to accomplish the proposed research agenda~~

Outcome 8: Monetary commitment

Conditions: 3-19-23-33-34-35-36-37

~~-Complete and submit to VDH Office of Licensure and Certification staff the short and long term monetary spending plan including dollars to be allocated to Southwest Virginia with specific goals defined~~

~~-Establish the ongoing tracking mechanism for spending including dollars spent in Southwest Virginia and submit to VDH Office of Licensure and Certification staff~~

~~Conditions related to all outcomes: 2-4-5-39-47-48-49~~

~~Note: All plans to include detailed aims, goals, guiding principles, measurement, strategies, tactics and six-month milestones along with project plan. Historic data provided for all plans.~~