



# RESILIENT LOUISIANA COMMISSION

CO-CHAIR DON PIERSON

CO-CHAIR TERRIE STERLING

## Healthcare and Human Services Task Force

May 19, 2020

Meeting called to order at 3:00 PM CDT

### Task Force Members Present

- Veneeth Iyengar (Co-Chair)
- Randy Morris (Co-Chair)
- Terrie Sterling (ex-officio)
- Todd Stevens
- Dr. Lester Wayne Johnson
- Scott Wester
- Warner Thomas
- Greg Feirn
- Teddy Price
- Demetrious Porche
- Lisa Bruhl
- Clay Countryman
- Renee McCuller
- Edgardo Tenreriro
- Richard Vath

### Guests

Robbert Vorhoff

LED Secretary Don Pierson, RLC Co-Chair

## **I. Welcome and Call to Order**

The meeting was called to order by Veneeth Iyengar at 3:00 p.m. A roll call indicated that a quorum was present to conduct official business of the task force.

## **II. Task Force Discussion**

Mr. Iyengar led the discussion of the task force members to discuss the tasks presented on behalf of Governor John Bel Edwards. The Governor has challenged the task force with addressing the needs of the state's workforce by addressing immediate and emergent concerns.

The task force meeting was opened by Mr. Robbert Vorhoff, the Managing Director and Global Head of General Atlantic's Healthcare sector, who discussed value-based care and innovation in virtual care, value-based care, and in the Medicare and Medicaid sectors.

Mr. Vorhoff discussed the existing barriers in innovation in these sectors, as well as potential solutions.

The task force discussed building resiliency in Louisiana's healthcare systems, the integration of public and private care, innovation, and workforce related concerns. Workforce concerns include the continued training of nursing students and allied health professionals.

## **III. Healthcare Accessibility Background**

A primary focus of the taskforce is increasing healthcare accessibility to promote an equitable health landscape that creates resiliency in Louisiana. In reference to the coronavirus pandemic, this can be achieved through increasing the accessibility of testing and care.

The pandemic, due to the nature of the virus and its relationship to vulnerable populations, has highlighted existing gaps in our healthcare network. A primary concern of the task force, along with Mr. Vorhoff, is the vulnerability of primary care physicians.

The task force noted a downward trend in primary care providers, meaning less medical students are specializing in primary care as time goes on, thus, many providers fall in higher age groups. It is noted that they are seeing an influx of patients who carry the risk of spreading the virus. This creates a barrier to providing quality primary care, especially for underserved populations.

#### **IV. Value-based Care**

Value-based healthcare is a delivery model in which providers are paid based on patient health outcomes. This system makes care providers accountable for outcomes—both quality and cost. Operating models are established with cost saving in mind; this can present a challenge for innovation investment, but when done well this system can create a superior patient experience.

Value-based care systems are focused and designed to benefit low income and uninsured members of the population. It provides an opportunity for access to better care.

#### **V. Medicaid and Medicare**

Medicaid and Medicare systems cater to low income individuals who would otherwise not have access to care. Socio-economic disparities create a population of individuals with limited access to care and resources, which in turn creates a population of sicker, poorer patients.

Due to the minimal economic appeal, innovation in this sector is nearly nonexistent.

Louisiana has some of the worst healthcare disparities in the United States, which has proven evident during the coronavirus pandemic.

The task force recommends crafting a solution to the lack of innovation in this sector in order to improve public health outcomes.

#### **VI. Telehealth**

Telehealth enables off-site and contactless access to healthcare providers; with the expansion, improvement and widespread implementation of telehealth systems, Louisiana can address disparity and the lack of innovation in the aforementioned sectors.

The implementation of telehealth can reduce operating costs, and address the safety concerns of the vulnerable primary care providers.

The task force noted that innovation is grounded in opportunity and necessity, which is present in the current public health crisis. Providers are likely to opt in due to a decrease in operating costs, the challenge lies in the effort for patient opt in. Recommendations include creating stability in the telehealth infrastructure to appeal to both investors and consumers.

### **VII. Innovation**

Healthcare providers are tasked with selecting the most efficient payment model to provide quality care to their communities. The task force notes the lack of innovation in the Medicaid program and in value-based care, stating that until incentives, payment, and delivery systems are aligned we are unlikely to see new deliverables.

In terms of collaboration, both public and private healthcare sectors have been weekend by COVID-19. To build resiliency and ensure access to care, the task force recommends an integration of both systems to promote partnership and increase bandwidth.