

THE GOVERNOR

Title 4—Administration

PART I. GOVERNOR'S OFFICE

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[EXECUTIVE ORDER NO. 2007-05]

Chronic Care Management, Reimbursement and Cost Reduction Commission

May 21, 2007

Whereas, chronic diseases are the biggest threat to the health of Pennsylvania's residents, and seventy-five percent (75%) of the cost of health care can be traced to twenty-five percent (25%) of patients who have chronic diseases; and

Whereas, Pennsylvania has some of the highest rates of any state for potentially avoidable hospitalizations because those with chronic diseases have not received the needed episodic evidence based care in the community resulting in \$1.7 billion in potentially avoidable hospital charges for Pennsylvanians with chronic disease in 2005; and

Whereas, there is a need to examine and change the covered benefits and methods of providing payments for chronic care in order for individuals to maintain a positive health status; and

Whereas, a nationally recognized Chronic Care Model is in use by the Veteran's Administration, federally qualified health centers and other locations in Pennsylvania and evaluations have demonstrated that the use of all of the components of this Chronic Care Model results in healthier patients, more satisfied providers and cost savings; and

Whereas, the components of this Chronic Care Model can be applied to a variety of chronic diseases in various health care settings.

Now, Therefore, I, Edward G. Rendell, Governor of the Commonwealth of Pennsylvania, by the virtue of the authority vested in me by the Constitution of the Commonwealth of Pennsylvania and other laws of the Commonwealth, do hereby establish the Governor's Chronic Care Management, Reimbursement and Cost Reduction Commission (hereafter referred to as the "Commission") and order and direct as follows:



Governor

Fiscal Note: 2009-15. (1) General Fund; (2) Implementing Year 2009-10 is \$10,000; (3) 1st Succeeding Year 2010-11 is \$10,000; 2nd Succeeding Year 2011-12 is \$10,000; 3rd Succeeding Year 2012-13 is \$10,000; 4th Succeeding Year 2013-14 is \$10,000; 5th Succeeding Year 2014-15 is \$10,000; (4) 2008-09 Program—\$2,171,000; 2007-08 Program—\$2,200,000; 2006-07 Program—\$0; (7) Prescription for Pennsylvania—Chronic Care Management; (8) recommends adoption.

Annex A
TITLE 4. ADMINISTRATION
PART I. GOVERNOR'S OFFICE
CHAPTER 6. ADDITIONAL COUNCILS AND COMMITTEES
Subchapter FF. CHRONIC CARE MANAGEMENT,
REIMBURSEMENT AND COST REDUCTION COMMISSION

Sec.	
6.401.	Purpose.
6.402.	Powers and duties.
6.403.	Compositon.
6.404.	Term and composition.
6.405.	Relationship with other agencies.
6.406.	Effective date.
6.407.	Termination date.

§ 6.401. **Purpose.** The purpose of the Chronic Care Management, Reimbursement and Cost Reduction Commission is to design the informational, technological and reimbursement infrastructure needed to implement and support widespread dissemination, adaptation and implementation of the components for chronic care in relevant health care sites throughout this Commonwealth, which result in quality outcomes and cost effective treatments for patients with chronic diseases.

§ 6.402. **Powers and duties.** The Chronic Care Management, Reimbursement and Cost Reduction Commission (Commission) shall have the following powers and duties:

(1) Determine how to align and integrate these proven components for chronic care into the current health care system and into currently existing chronic care models throughout this Commonwealth. The components for chronic care include, but are not limited to, the following:

(i) Providing patients with chronic conditions support and information so they can effectively manage their health.

(ii) Ensuring that treatment decisions by health care providers are based on evidence based medicine.

(iii) Ensuring that patients get the care they need by clarifying roles and tasks of health care providers and ensuring that all who take care of patients have centralized, up-to-date information about the patient and that follow-up care is provided as a standard procedure.

(iv) Tracking clinical information of individual patients and a population of patients to help guide the course of treatment, anticipate problems and track problems.

(v) Engaging the entire organization in the chronic care improvement effort.

(vi) Forming powerful alliances and partnerships with State, local, business, religious and other organizations to support or expand care for those with chronic disease.

(2) Establish regional community learning collaboratives to educate providers, health care teams and consumers on the components for chronic care, evidence based treatment of chronic disease.

(3) Identify and assess current efforts surrounding the implementation and maintenance of chronic care models across this Commonwealth and in each regional community learning collaborative, and develop guidelines to be used in the review of patient data by the Commission and those regional community learning collaboratives that maintain the level of confidentiality required by State and Federal law.

(4) Identify processes that assess positive and negative factors influencing the implementation of the components for chronic care to ensure the establishment of standards of care that comply with established practice guidelines.

(5) Assess and potentially incorporate existing efforts dealing with chronic care being performed by Commonwealth agencies.

(6) Develop a Statewide chronic care information system, including rules for secure information sharing, which permits the exchange of information among the regional community learning collaboratives and the Department of Health.

(7) Develop the infrastructure to make registries of patients with chronic conditions that include clinical data provided by the insurance company available for use by their primary care physicians.

(8) Use outreach efforts to educate consumer groups and the provider community to engage individuals to take necessary steps to prevent chronic diseases and to better self-manage their chronic conditions with the support of a health care team.

(9) Design and adopt the use of programs that utilize the proper personnel to support individuals in their efforts to self manage and live with chronic conditions, including use of community health worker programs.

(10) Gather data that can be used by the Commission to construct robust measures of provider performance using a common set of chronic care measures.

(11) Create evaluation processes and outcome measures to monitor implementation of the components for chronic care in different clinical settings.

(12) Work with insurers and providers to examine current reimbursement systems and propose and develop new reimbursement models which will encourage, support and reward a provider team approach that uses all of the components for chronic care.

(13) Oversee and assist workgroups consisting of representative stakeholders and State agency staff to advise the Commission on how best to meet its mission and goals.

(14) Support widespread dissemination, adaptation and implementation of components for chronic care into practices and other chronic care models starting with patients with diabetes through collaboration with the Pennsylvania Diabetes Action Partnership, and identify strategic partners to include in cooperative efforts incorporating their work towards including other chronic conditions, such as, but not limited to, depression, asthma, chronic congestive heart disease, lung disease, and the like within this model.

(15) Develop and ratify a strategic plan for the Commission that includes a blue print for evaluation within 90 days of the first meeting of the Commission. After ratification, the Commission shall submit the strategic plan to the Governor, the President Pro Tempore of the Senate and the Speaker of the House of Representatives.

§ 6.403. Composition. The Chronic Care Management, Reimbursement and Cost Reduction Commission (Commission) shall consist of the following members:

(1) Five members of the Governor's Cabinet, or a respective designee, who shall serve *ex officio* and one of whom shall act as co-chairperson, as selected by the Governor, with the member selected under paragraph (2).

(2) Individuals from each of the following categories appointed by the Governor, one who shall act as co-chairperson as selected by the Governor:

(i) A health insurer medical director.

(ii) A health insurance actuary.

(iii) A registered nurse, certified nurse practitioner, clinical nurse specialist, physician assistant and pharmacist that is currently practicing within this Commonwealth.

(iv) Four primary care physicians who are members of the Pennsylvania Medical Society.

(v) A specialty care physician in active practice.

(vi) An individual with a background in chronic care from an academic medical center.

- (vii) A representative from a Pennsylvanian health care foundation.
 - (viii) A provider of home health care.
 - (ix) A health services researcher with expertise in chronic care.
 - (x) An individual with a background in information technology and systems.
 - (xi) A representative from an organization that represents individuals with chronic conditions.
 - (xii) A consumer with a chronic condition or multiple chronic conditions.
 - (xiii) A consumer with a chronic condition or multiple chronic conditions who is 65 years of age or older.
 - (xiv) Two individuals representing hospitals who are members of the Hospital and Health System Association of Pennsylvania.
 - (xv) Any other individual who can assist the Commission with the purposes outlined in this subchapter.
- (3) The Executive Director of the Pennsylvania Employees Benefit Trust Fund or the Executive Director's designee, who shall serve *ex officio*.

§ 6.404. **Term and composition.** The members chosen under § 6.403(2) (relating to composition) shall each serve for a term of 3 years and continue to serve until their successor is appointed. Members shall serve without compensation except for payment of necessary and actual expenses incurred in attending meetings and in performing their duties and responsibilities as Chronic Care Management, Reimbursement and Cost Reduction Commission members.

§ 6.405. **Relationship with other agencies.** The Governor's Office of Health Care Reform, the Department of Health and the Department of Public Welfare shall provide staff or data support, or both, to the Chronic Care Management, Reimbursement and Cost Reduction Commission (Commission). All Commonwealth agencies under the Governor's jurisdiction shall cooperate with, provide assistance to, and follow the direction of the Commission with respect to its purpose, powers and duties, as set forth in this subchapter.

§ 6.406. **Effective date.** This subchapter takes effect immediately.

§ 6.407. **Termination date.** This subchapter shall remain in effect unless revised or rescinded by the Governor.

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