

North Carolina's State Transformation Collaborative: Building Partnerships for Better Health Summary of Stakeholder Feedback and Overview of Next Steps March 2023

The North Carolina Department of Health and Human Services (NC DHHS) Division of Health Benefits, the Health Care Payment Learning & Action Network (LAN), the Centers for Medicare & Medicaid Services (CMS), and the Duke-Margolis Center for Health Policy (Duke-Margolis) formally launched the North Carolina State Transformation Collaborative (NC STC) on February 2, 2023. The NC STC, which is a public-private partnership designed to advance value-based and person-centered care through multi-stakeholder alignment, supports CMS's goals of improving population health nationally and NC DHHS's efforts to advance health care transformation and whole-person health for all North Carolinians. This collaborative effort is timely given the potential expansion of Medicaid coverage in North Carolina; the NC STC can develop multi-stakeholder approaches to value-based care for a newly insured population, who over time, could move from Medicaid coverage to employer-sponsored coverage or individual Health Insurance Marketplace coverage.

Based on feedback from stakeholders engaged in the NC STC to date, Duke-Margolis, in partnership with the NC DHHS Division of Health Benefits and the LAN, will establish technical working groups and build a path forward to advance the NC STC goals across key priority areas: aligning quality measurement, strengthening coordinated and accountable primary care, enhancing health equity data, and improving data exchange. Below you will find a summary of recommendations received from stakeholders on proposed priorities for the NC STC, and a set of action areas and next steps for this work. For a recording of the NC STC launch event and list of featured speakers, please visit the [event page](#).

Key Recommendations for North Carolina's State Transformation Collaborative

To launch the NC STC, Duke-Margolis collected stakeholder feedback and recommendations from a wide range of stakeholder groups across three phases. Phase 1 focused on gathering initial feedback on the goals, vision, and strategies for the NC STC, phase 2 focused on identifying potential actions to achieve the goals identified in phase 1, and phase 3 focused on prioritizing short-term actions (i.e., actions for the next 6-12 months) and soliciting other key considerations. Please see the Appendix for an overview of stakeholders engaged in the NC STC to date.

Recommendations on the Goals, Vision, Strategies, and Potential Actions for the NC STC: Prior to the formal launch of the NC STC in February 2023, Duke-Margolis conducted stakeholder interviews and convenings to identify the goals, vision and strategies for the NC STC. These shared goals, vision, and strategies are summarized in Figure 1 below. With additional research on existing federal and state initiatives, Duke-Margolis also identified potential short-term and longer-term actions for the NC STC. These potential short-term and longer-term actions are summarized in the NC STC launch overview memo, which can be accessed using [this link](#).

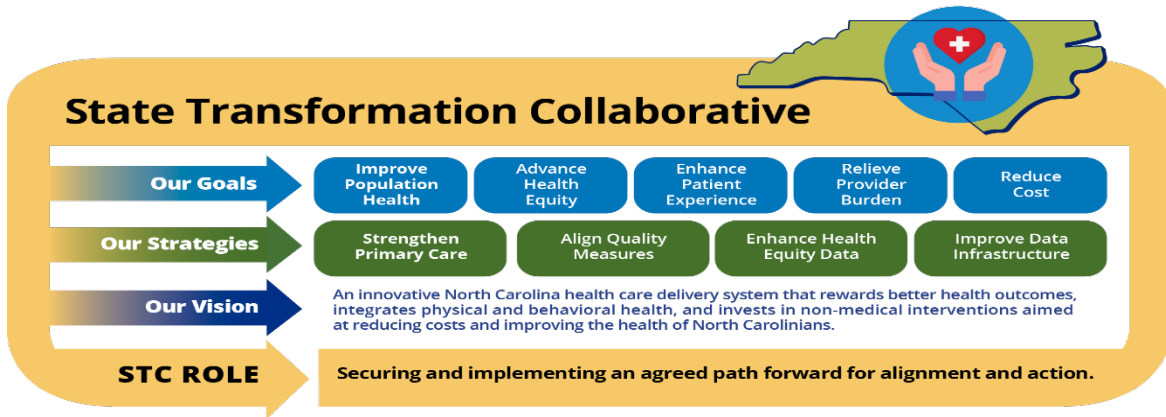


Figure 1. North Carolina STC Summary Framework

Priorities for Short-Term Action and Other Stakeholder Considerations for the NC STC: During the NC STC launch, federal leaders, state leaders, and event attendees across the state of North Carolina shared their reflections on the goals, vision, strategies and potential actions identified prior to the launch. Through a post-NC STC launch survey, event attendees provided feedback on which short-term actions to prioritize and highlighted other considerations for the NC STC. These additional considerations collected from survey participants focused on building trust, strengthening infrastructure, and relieving provider burden—key elements which will ultimately lead toward longer-term transformation for more equitable, whole-person care.

Recommended Priorities for Short-Term Action: Based on stakeholder feedback on the [framework of proposed strategies](#), below are key priorities recommended for short-term action through the NC STC (see Table 1). These stakeholder-informed priorities, which are also reflected as important strategies in the NC STC summary framework, include:

- Aligning quality measurement
- Strengthening coordinated and accountable primary care
- Enhancing health equity data, and
- Improving data infrastructure and real-time data exchange

Table 1: Key Priorities & Potential Action Areas Based on Stakeholder Feedback

Key Priorities	Potential Action Areas
Align Quality Measurement	<ul style="list-style-type: none"> • Establish a core set of quality measures focused on clinical conditions with persistent disparities • Seek alignment across lines of business on this core set of quality measures • Prepare for transition to digital quality measures (dQMs)
Strengthen Coordinated and	<ul style="list-style-type: none"> • Reduce provider administrative burden by aligning on key components of value-based payment models

Accountable Primary Care	<ul style="list-style-type: none"> • Support transitions to value-based care by developing upfront investments for the financial, administrative, and technical tools to support high-quality, coordinated primary care • Engage diverse provider types across NC STC efforts • Incorporate team-based models of care
Enhance Health Equity Data	<ul style="list-style-type: none"> • Ensure the right set of measures are being collected to address social needs and advance health equity • Standardize health equity and identity data collection in collaboration with community health workers • Incorporate social drivers of health data into risk stratification
Improve Data Infrastructure and Real-Time Data Exchange	<ul style="list-style-type: none"> • Identify strategies to facilitate data sharing between health care provider systems and payers and ensure such data are applied to VBP contracts (e.g., leverage data tools such as Epic’s Payer Platform which facilitates data sharing between payers and providers) • Ensure providers have access to key data elements, which includes real-time data on health care events that patients have had anywhere in the last 6-12 months and real-time data on prescriptions written for patients during the year • Support the health information exchange (HIE) to remove duplicated efforts and enable clinicians to use more real-time data • Improve connectivity between HIE and electronic health record (EHR) systems

Other Stakeholder Considerations for the NC STC: In addition to the key priorities highlighted above, stakeholders who attended the NC STC launch shared other considerations that can support the NC STC’s efforts of advancing the health of all North Carolinians. Key considerations include adopting a shared vision and building trust, actively engaging patients and community partners, and addressing the current behavioral health crisis.

- **Adopting a Shared Vision & Building Trust:** Adopting a shared vision and building trust is critical to advancing multi-stakeholder alignment as demonstrated by previous multi-stakeholder efforts, such as North Carolina’s COVID-19 pandemic response. The NC STC will work toward a shared vision of an innovative health care system designed to reward better health outcomes for all. To achieve this vision, stakeholders at the NC STC launch recommended identifying strategies and opportunities to build trust across various stakeholder groups including providers, payers, health systems, and communities being served.
- **Engaging Patients and Community Organizations:** Patient and community voices are key to achieving whole-person care and advancing health equity. Stakeholders at the NC STC launch recommended engaging patients and community organizations. However, instead of passive engagement, stakeholders emphasized the importance of ensuring patient and

community voices have a seat at the table (through trusted community leaders and partners) and inform decisions made to advance NC STC goals.

- **Addressing the Behavioral Health Crisis:** Multi-stakeholder investments and collaboration can help address the ongoing behavioral health crisis in North Carolina. Examples of these opportunities include supporting the integration of behavioral and physical health care, addressing the behavioral health workforce needs, and streamlining VBP approaches for behavioral health.

Overview of Next Steps for the North Carolina State Transformation Collaborative

As a new initiative, the NC STC will build on lessons learned from previous multipayer and multi-stakeholder efforts by promoting directional alignment across key payment model design elements, supporting regional and local leadership, and translating lessons learned to advance alignment nationwide. To advance the NC STC goals, Duke-Margolis, in partnership with NC DHHS and the LAN, will conduct the following activities over the next 6-12 months:

- Convene technical working groups to advance the NC STC goals across key priorities: aligning quality measurement, strengthening coordinated and accountable primary care, enhancing health equity data, and improving data exchange;
- Seek consensus on an aligned set of provider-level, disparities-sensitive primary care performance measures for key population groups to enable adoption across lines of business;
- Identify a set of best practices to support the collection of health equity data; and
- Identify a path forward to support data exchange and the infrastructure needed to support longer-term goals for health care transformation in North Carolina.

The first working group, which Duke-Margolis anticipates will convene starting April 2023, will focus on quality measurement and health equity data. Once the quality measurement and health equity data working group identifies key measures and focus areas, Duke-Margolis plans to convene a technical data working group to identify strategies and opportunities to support data infrastructure and improve real-time data exchange. Through these efforts, these multi-stakeholder groups can set a bold vision for measuring and tracking progress on multipayer alignment and disparities reduction in the state.

To stay informed, sign up for the NC STC newsletter linked [here](#). For broader STC updates that touch on the multi-state initiative, sign up for the [LAN's quarterly newsletter](#). Later this year, Duke-Margolis, in partnership with the LAN and the NC DHHS Division of Health Benefits, will host a "big tent" event to share progress to date (details will be shared via the NC STC newsletter). Please reach out to [Rebecca Whitaker](#) or [Brianna Van Stekelenburg](#) at Duke-Margolis with any questions or additional feedback. We would appreciate any additional feedback you may have.

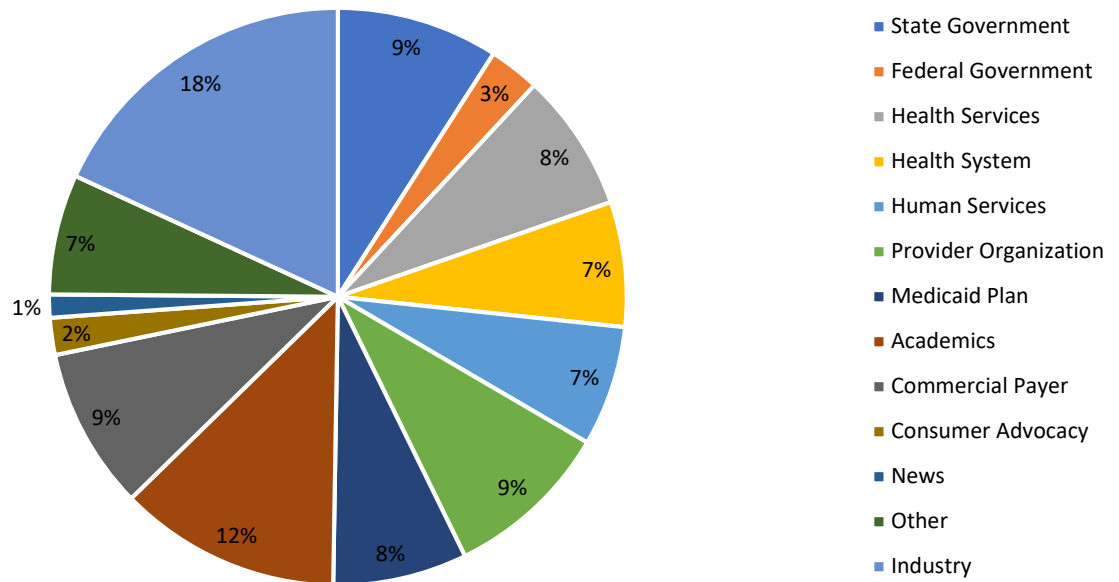
Appendix: Stakeholders Engaged in the NC STC to Date

The table and figure below show the distribution of stakeholders engaged in the NC STC to date. These stakeholders are not mutually exclusive, and most of them represent independent and health system providers, Medicare health plans, Medicaid health plans, commercial plans, consumer groups, and clinically integrated networks. These stakeholders have provided their input on the NC STC goals, vision, strategies and priority actions through interviews, convenings (including the NC STC launch event), and the post-NC STC launch survey.

Table 2: Stakeholders Engaged in the NC STC to Date

Stakeholders Engaged in the NC STC to Date	N
Stakeholders who participated in key informant interviews prior to the NC STC launch	30
Stakeholders who attended the NC STC launch	357
Stakeholders who filled out the meeting survey	44

Figure 1: Stakeholders Engaged in the NC STC to Date



N.B. Stakeholders engaged in the NC STC to date include stakeholders that have been interviewed, stakeholders that attended the NC STC Launch, and stakeholders who filled out the post-NC STC launch survey. “Health System” includes leaders from health systems; “Health Services” denotes providers in a range of independent, non-independent, and home-based health services; “Provider Organization” refer to advocacy and affiliate groups that support providers; “Other” includes philanthropic groups, national non-profits, and other collaboratives.