

Robert Zavoski, MD, MPH

Medical Director





Health Purchasing Problems

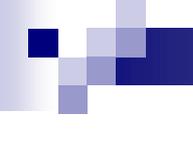
- Loss of confidence in:
 - health care
 - managed care
 - Modest measured performance
 - Uncertain cost-effectiveness
- Limited partnership with providers
 - Inequity
 - 50% of Medicare vs. sizable MCO profits

Health Purchasing Challenges – From the State's Point of View:

- Over emphasis and reliance on procedures; tertiary over primary care
- Recognition that service delivery problems (inefficiencies, duplications, gaps) are local and variable
- Structural reforms must provide local accountability for value
- Substantial cost leading to marginal outcomes

Health Practice Challenges – the Provider's Perspective

- Diminishing reimbursement in the face of escalating costs
- Aging work force
- Multi-payer coordination is a challenge
- Cannot do anything about the multitude of commercial payers
- But we can simplify the strategy of the state's large public payer

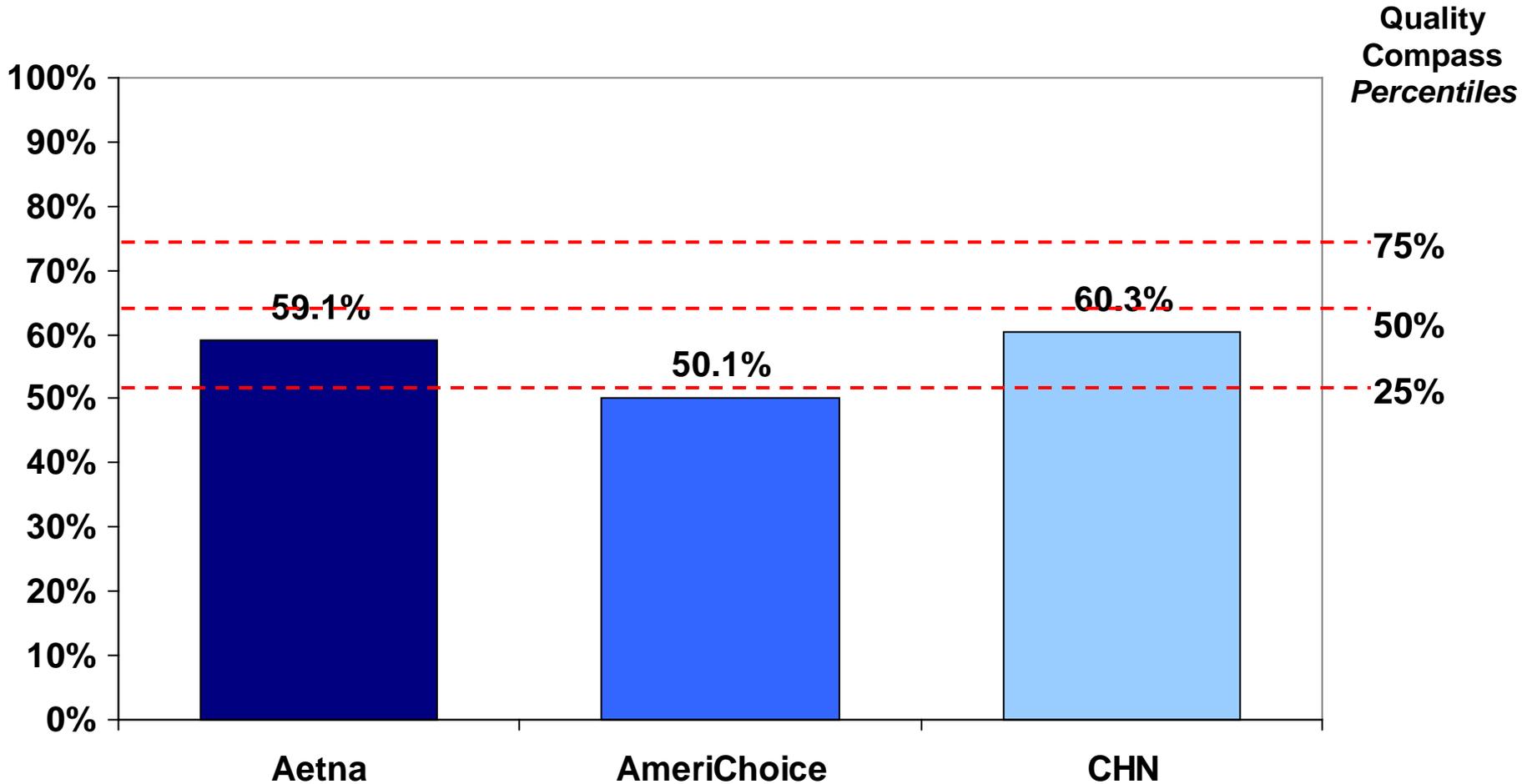


Health Practice Challenges – the Department's Perspective

- One in five Connecticut citizens, one in four children, 40% of pregnant women receives services from a DSS program
- Medicaid and other DSS health programs represent 20% of the State's budget

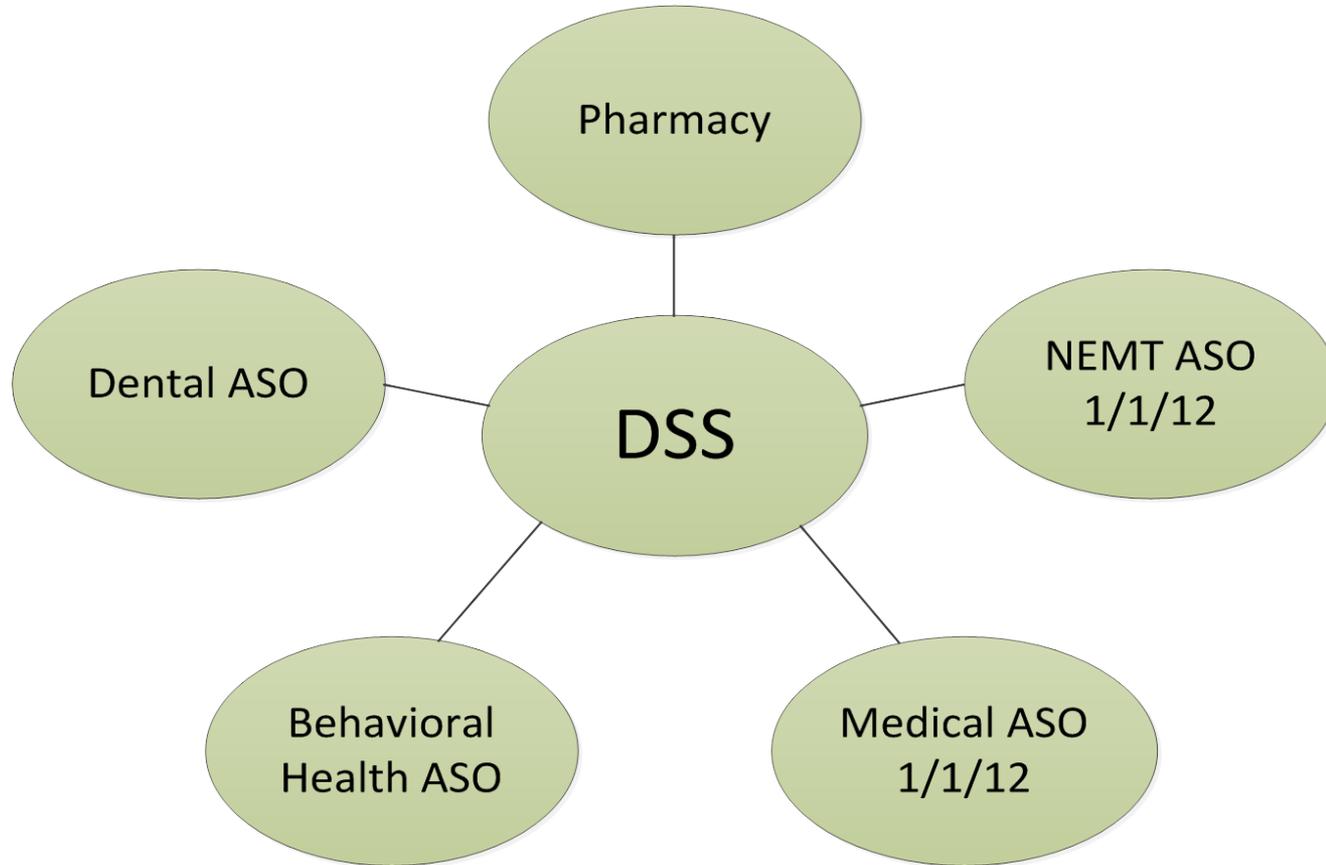
What are we buying?

Frequency of Ongoing Prenatal Care 2009 Measurement Year



Women who had 81% or more of expected prenatal visits, adjusted for the month of pregnancy at time of enrollment

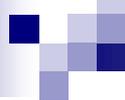
Health Purchasing Model



Primary Care
Provider

Person Centered
Medical Home

Integrated Care Organization
/Health Home



Agenda

- Person-centered Care
- Stakeholder Input Process
- Standards for Participation
- Glide Path Overview
- Performance Measurement
- Reimbursement Model
 - Hybrid Reimbursement Model
 - Participation and Performance Payments
- Appendix A: PCMH Measures



PCMH: Program Rationale

- “Triple-Aim”:
 - Enhance the care experience of individuals,
 - Enhance the health outcomes of individuals and populations, and
 - Control the cost of care
- Measure and reward performance across a range of *domains* for both:
 - Meeting targets, and
 - Ongoing improvement

Person-centered Care

- Medical home has been around for 40 years beginning as a physical location and evolving to a model of care delivery
- Joint Principles by the AAFP, AAP, ACP and AOA in 2007
- Typically known as the *patient*-centered medical home
- Patient-centered implies an emphasis on the:
 - individual's medical condition as a patient and medical care
 - Medical services needed but *not* the whole person
- *Person*-centered more accurately reflects DSS aims

Person-centered Care (cont)

- *Person*-centered encompasses every facet of the individual: physical, mental and emotional
 - This respects the needs and desires of the individual in their own right; not as a “subject” in the health care system
- The person...or child and family...as partners in the health care system To lead to the best outcomes and enhance the quality and safety of health care

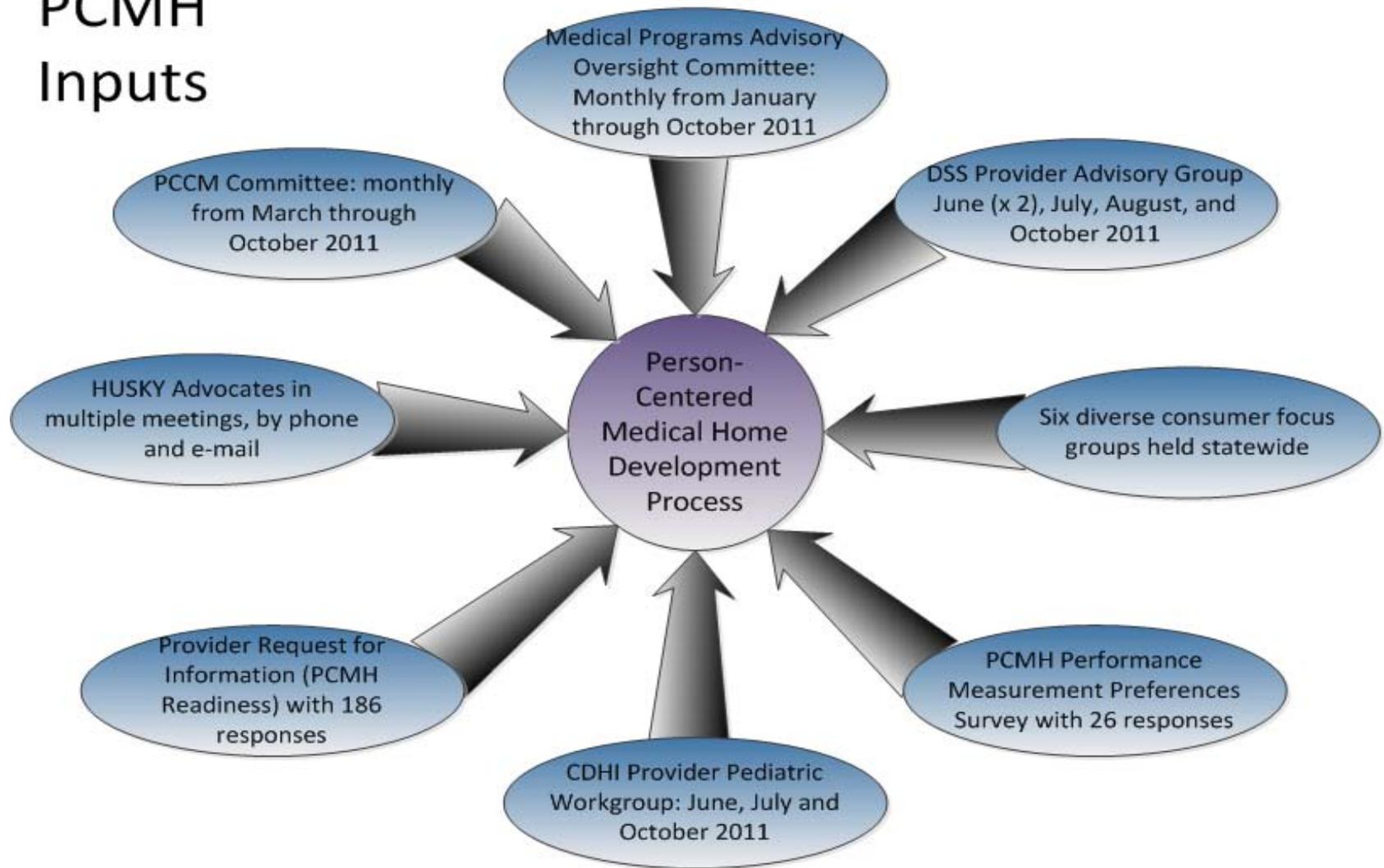
Person-centered (cont)

- DSS's practice of person-centered care is guided by principles of:
 - Respect and dignity
 - Information, communication, education
 - Coordination and integration of care
 - Participation and collaboration
 - Physical and emotional support
 - Involvement of informal caregivers and family

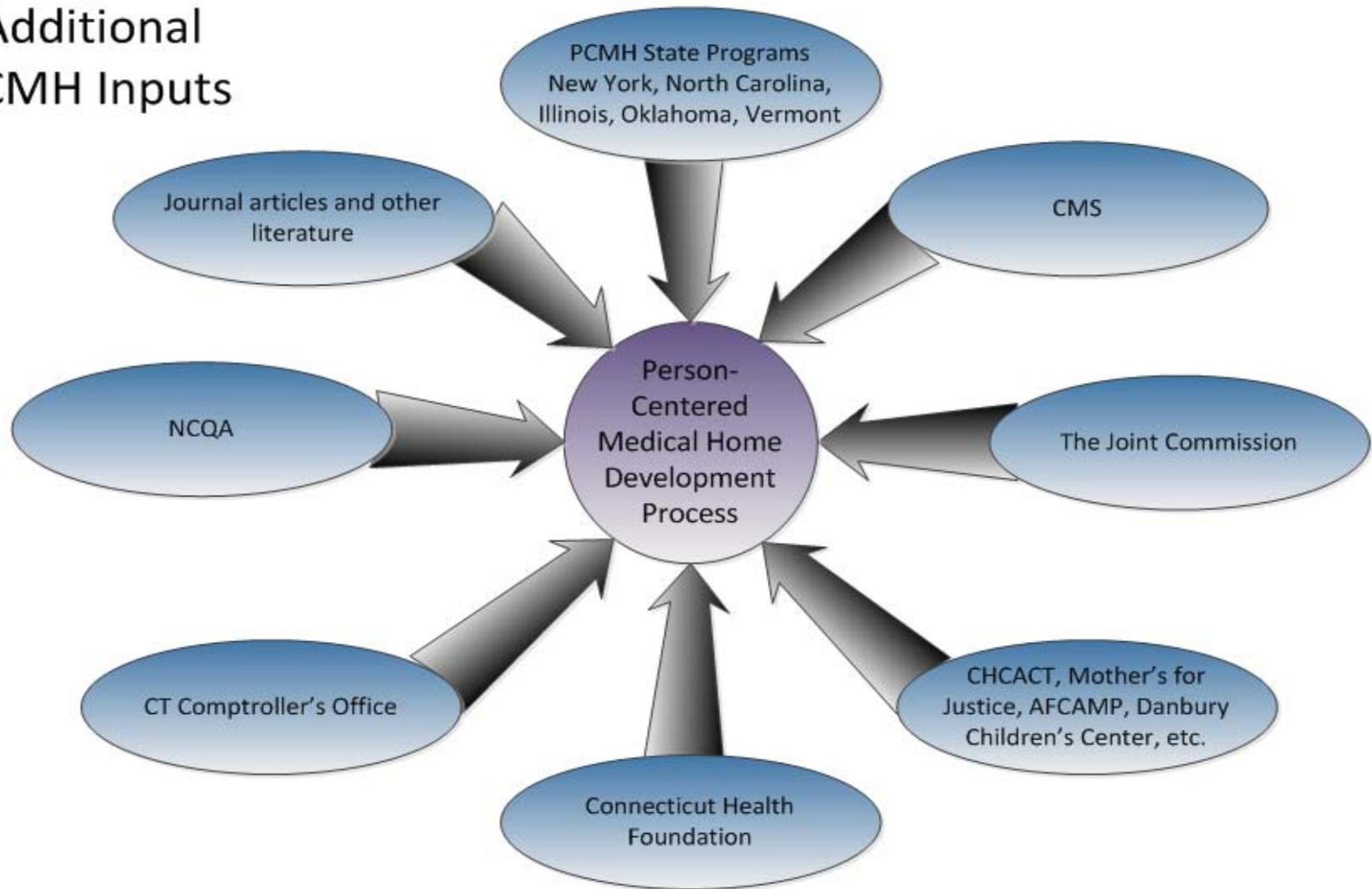
Person-centered Care (cont)

- For a consumer, PCMH will offer the opportunity to:
 - “Vote with their feet” to obtain care
 - Receive educational support with a focus on self-care and personal empowerment
 - Benefit from the ability of providers to share documentation in an EHR
 - Benefit from outreach for prevention
 - Receive additional care coordination
 - Get better quality and outcomes

PCMH Inputs



Additional PCMH Inputs



PCMH Standards for Participation

- National Committee for Quality Assurance (NCQA) Recognition required:
 - Level 2 or 3
 - 2008 or 2011 (with 2011 going forward)
- Additional DSS PCMH participation requirements (in process):
 - Federal EPSDT requirements
 - Smoking cessation incentive program (iQUIT)
 - Efforts to decrease racial and ethnic disparities among consumers
 - Consumer protections (PCMH and ASO)

Consumer Protections

- DSS is committed to ensuring consumer safety and protections related to access, choice, discrimination, education and information among other issues
 - In the HUSKY Health program
 - In the PCMH program
 - Consumer rights or protections will be reviewed with stakeholders and Consumer Access Committee in November
 - Could include rights such as:
 - Right to opt out of care management
 - Right to obtain help in accessing supports and services
 - Right to privacy under HIPAA
 - Right to limit exchange of personal health information



Proposed PCMH Glide Path Approach

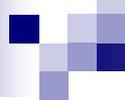
- Support less well resourced practices or those who are just beginning the PCMH transformation process
- Support over time
- Support actual PCMH development processes
- Medical ASO support for:
 - DSS Glide Path requirements
 - NCQA application process and related requirements
- And data analysis/quality on an ongoing basis

Proposed PCMH Glide Path Approach (cont)

- All Glide Path practice sites must:
 - Submit a gap analysis to achieve PCMH recognition
 - Develop a detailed work plan based on gap analysis
 - Comply with requirements (consistent with Meaningful Use and NCQA process) to meet timeframes:
 - PCMH Phase 1 Glide Path – no more than 6 mos.
 - PCMH Phase 2 Glide Path – no more than 6 mos.
 - PCMH Phase 3 Glide Path – no more than 6 mos.
 - Opportunity for 6 month extension total
 - Total Glide Path timeframe not to exceed 24 months

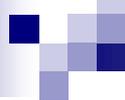
Glide Path Financial Support

- Glide Path practices will receive:
 - A portion of fee differential that be paid to fully qualified PCMH practices or clinics
 - Increment will cease if a practice fails to advance to the next phase
 - Supplemental start-up payments
 - For 5 FTE equivalents or fewer
 - \$13-\$25K over Glide Path Phases w/in first 18 months of participation based on practice size
 - Funding must be returned if a practice doesn't ultimately qualify within 24 months of starting
 - Support from the medical ASO and UCONN BMI



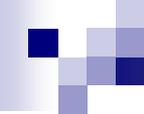
General Performance Measurement: Proposal Rationale

- Proposed criteria for the selection of measures:
 - Relevance to consumers, improved experience and improved health
 - Relevance to PCMH and improved quality
 - Basis in evidence
 - Minimize or manage the burden on providers and the State to collect data
 - Actionable for improvement



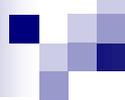
General Performance Measurement: Proposal Elements

- Year 1 to start:
 - Claims-based measures
 - EHR Documentation to demonstrate phone/e-mail, care coordination, disease education
 - PCMH CAHPS to look at consumer experience
- Year 2: Performance payments based on both claims-based and EHR measures and outcomes (plus consumer experience)



General Performance Measurement Proposal Elements

- Year 3: Review all measures with gradual movement toward increased EHR submission (plus PCMH CAHPS)
- Outcome/EHR measures will be established going forward with the benefit of:
 - Data to inform priorities
 - Experience of PCMH practices who have actual EHR experience
 - Even more consumer, provider and advocate input



General Performance

Measurement: Proposal Elements

- Measures selected through a thorough and lengthy process with stakeholder input
- Additional reporting measures tracked by:
 - ASO on behalf of DSS
 - PCMH EHRs over time

Hybrid Reimbursement Components

Component	Timing of Payment	Type/Basis for Reimbursement
1. Glide Path Start-up Payments*	Prospective to assist with initial investment	Lump-sum payments
2. Participation Payments	Concurrent to assist with on-going PCMH costs	FFS Add-on (% Increase for Independent Practice & Fixed Fee Add for FQHC & Hospital OP)
3. Performance Incentive and Improvement Payments	Retrospective for certain quality and outcome targets	PMPM payments

* Available only to independent practices with 5 FTE equivalents or less

Participation Payment

- Fee-for-Service % increase for selected Primary Care Service Codes for all individuals seen by PCPs within PCMH Independent Practices
 - Evaluation and Management codes including sick and well visits
- Add-on amount varies by:
 - Certification - Glide Path, Level 2, and Level 3
 - Setting - Adult, Pediatric, Hospital Clinic, FQHC
- Fee-for-Service fixed fee add-on for all individuals seen by PCPs within PCMH FQHCs and Hospital Clinics

See Reimbursement Summary exhibit for more detail on reimbursement

NCQA Level 3 Participation Fee Differential and Performance Payments for Independent Practices

Provider Type	Payment Type	NCQA Level 3
Adult	% increase	24%
Pediatric	% increase	24%
All	Performance Incentive PMPM	.60
All	Performance Improvement PMPM	.68

NCQA Level 3 Participation Fee Differential and Performance Payments for FQHCs & Hospital Clinics

Provider Type	Payment Type	NCQA Level 3
FQHC & Hospital OP	Fixed add on	\$9.07
All	Performance Incentive PMPM	.60
All	Performance Improvement PMPM	.68

Performance Payments

- Payment will be calculated (and risk-adjusted) separately:
 - For each measure to bring focus to improvement
 - For each providers' performance
- Paid in the aggregate to the practice or clinic
- PMPM Performance payments will be risk-adjusted



PCMH Performance Payment Measures*

* Measurement specifications to be defined going forward

Adult Incentive Measures

Measure	Measurement Criteria
PCMH Year 1	
Diabetics HbA1c	Adults age 20-75 with a diagnosis of diabetes who received 2 HbA1c tests at least three months apart during the measurement period.
Diabetes: LDL-C	Adults with a diagnosis of diabetes whose provider measured their LDL-C during the measurement period.
Diabetic Retinal Eye Exam	Adults age 20-75 with a diagnosis of diabetes who received an eye exam with an eye care professional during measurement year or, in the year prior to the measurement year.
Chronic Illness/Disease Management	Adults age 20-75 with a diagnosis of CVD who were treated with a statin drug and received at least two LDL-C test during the measurement period.

Adult Incentive Measures

Measure	Measurement Criteria
Re-admissions following an Inpatient Hospitalization	Adults age 20-75 with inpatient admissions with a claim for post-admission follow-up within 7 days and within 14 days of the admission during the measurement period.
High Utilizers of ED Services	Adults age 20 -75 who utilized the Emergency Department three or more times in a six month period during the measurement year.
Medication Management for Asthmatics	Adults over age 20 who were identified as having persistent asthma and were appropriately prescribed medication for a prescription that was filled during the measurement period.
Medication Management for Behavioral Health Issues	Adults who screened positive for behavioral health symptoms who received medication (and/or) medication management services during the measurement period.
Consumer Experience	The aggregate score for the PCMH Consumer Assessment of Healthcare Providers and System (CAHPS) data set for a 12 month period relative to all other participating PCMH providers.

Pediatric Incentive Measures

Measures	Measurement Criteria
PCMH Year 1	
Childhood and Adolescent Well Care: Well Care visits	Well care visit during the measurement period consistent with the EPSDT schedule consistent with the AAP schedule including newborn visits at 3-5 days and by 1 mo; visits at 2, 4, 6, 9, 12, 15, 18, 24 and 30 months; annual visits thereafter between 3 and 20 years thereafter.
Dental screening <3	Successful connection of children age 3 or under to dental services OR the provision of preventive dental services in the PCMH OR any child with a dental claim during the measurement period.
Adolescent Behavioral Screening	Adolescents age 13-18 who were screened for behavioral health concerns and risky behaviors.
Dental Exam for Young Children	Successful connection of children under age 3 to dental services including any child with a dental claim during the measurement period.
Emergency Department Use by Children with Asthma	Children with asthma who utilize the Emergency Department during the measurement period.

Pediatric Incentive Measures

Measures	Measurement Criteria
High Utilizers of Emergency Department Services	Children from birth to 20 years of age who utilized the Emergency Department three or more times in a six month period during the measurement year.
Developmental Screening	The delivery of a developmental screening with a formal tool at 9, 18, 24 and 30 month well child visits.
Patient/Caregiver Experience	The aggregate score for the PCMH Consumer Assessment of Healthcare Providers and System (CAHPS) data set for a 12 month period relative to all other participating pediatric PCMH providers.



Person-Centered Medical Homes

A Rebirth of Primary Care

- Questions?

Robert Zavoski, MD, MPH

Medical Director

Robert.zavoski@ct.gov