Care Delivery and Payment System Reform Committee

Health Policy Commission

Committee Meeting

April 23, 2013

Agenda

- Approval of minutes from January 30, 2013 meeting
- Summary of listening sessions on the registration of provider organizations
- Presentation on patient-centered medical homes
- Discussion of CDPSR implementation timeline for 2013
- Schedule of next Committee meeting

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What are our statutory requirements?

Section 11 of chapter 6D requires the Health Policy Commission to "develop and administer a registration program for provider organizations."

- Requires a 2-year, renewable registration term
- Prohibits contracting with insurers unless registered
  - Section 12 provides "no provider or provider organization may negotiate network contracts with any carrier or third-party administrator except for a provider or provider organizations which are registered"

What does the HPC process look like?

Goals of Provider Organization Registration

- Gather baseline information for the first time on provider organizations and contracting entities
- Map the provider delivery system, including clinical affiliations, capacity, and market share
- Monitor changes in the health care marketplace
- Support regulatory functions to improve delivery system efficiency, such as health resource planning, determinations of need, cost and market impact reviews, and evaluation of health care cost trends

Who must register?

- Any provider[1] or provider organization[2] that is a risk-bearing provider organization (as defined by DOI), and
- Any provider or provider organization
  - with a patient panel greater than 15,000 and
  - which represents providers who collectively receive $25,000,000 or more in annual net patient service revenue from carriers or third-party administrators

What information must they provide?

- Organizational charts showing the ownership, governance and operational structure of the provider organization, including any clinical affiliations, parent entities, corporate affiliates, and community advisory boards
- Number of affiliated health care professional full-time equivalents and the number of professionals affiliated with or employed by the organization;
- Name and address of licensed facilities
- Such other information as the commission considers appropriate.

1 "Provider" is any person, corporation, partnership, governmental unit, state institution or any other entity qualified under the laws of the commonwealth to perform or provide health care services

2 "Provider organization" is any corporation, partnership, business trust, association or organized group of persons, which is in the business of health care delivery or management, whether incorporated or not that represents 1 or more health care providers in contracting with carriers for the payments of heath care services; provided, that "provider organization" shall include, but not be limited to, physician organizations, physician-hospital organizations, independent practice associations, provider networks, accountable care organizations and any other organization that contracts with carriers for payment for health care services

What other information is collected by government agencies?

Information CHIA will be collecting:

1. Organizational charts
2. Number of affiliated health care professional full-time equivalents
3. Name and address of licensed facilities
4. Comprehensive financial statement
5. Information on stop-loss insurance and any non-fee-for-service payment arrangements
6. Information on clinical quality, care coordination and patient referral practices
7. Information regarding expenditures and funding sources for payroll, teaching, research, advertising, taxes or payments-in-lieu-of-taxes and other non-clinical functions
8. Information regarding charitable care and community benefit programs
9. For risk-bearing provider organizations, a certificate from the division of insurance under chapter 176U; and
10. Such other information as CHIA considers appropriate

How do we plan to develop our regulations?

Principles

- Coordinate with other agencies/entities
  - Center for Health Information and Analysis
  - Division of Insurance
  - Executive Office of Health and Human Services
  - Department of Public Health
  - MassHealth
  - Boards of registration for health care providers
- Avoid duplication and promote administrative simplification
- Support DOI's Risk-bearing Provider Organization certification process
- Seek feedback from providers

Work to date

- Joint DOI-HPC Listening Sessions
  - March 15
  - March 25
  - April 1
- Feedback Received
  - Different types of provider organizational structures, relationships with affiliated physicians
  - Nature of information ordinarily developed in the course of business, or reported to other agencies or health plans

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What is the definition of a PCMH?

Chapter 224 of the Acts of 2012

"Patient-centered medical home", a model of health care delivery designed to provide a patient with a single point of coordination for all their health care, including primary, specialty, post-acute and chronic care, which is (i) patient-centered; (ii) comprehensive, integrated and continuous; and (iii) delivered by a team of health care professionals to manage a patient's care, reduce fragmentation and improve patient outcomes.

Statutory Responsibilities

The HPC is charged, in consultation with MassHealth, with developing and implementing standards of certification for patient-centered medical homes in the Commonwealth. The purpose of the certification process is to establish best practices and to encourage the adoption of innovative care delivery models that improve primary care, enhance care coordination, and reduce cost growth.

Certification Process
By January 1, 2014, the HPC, in consultation with stakeholders and in consideration of existing national standards, will develop standards for voluntary certification of patient-centered medical homes in Massachusetts. To support this program the HPC must also develop:

- A model payment system for payers to adopt that supports patient-centered care;
- A directory of key existing referral systems and resources that can assist patients in obtaining housing, food, transportation, child care, elder services, long-term care services, peer services and other community-based services;
- A training program for providers to learn the best practices of the patient-centered medical home model (by 07/01/14).

Statutory Responsibilities

The certification standards must be based, at a minimum, on the following criteria:

1. Enhancing access to routine care, urgent care and clinical advice though means such as implementing shared appointments, open scheduling and after-hours care;

2. Enabling utilization of a range of qualified health care professionals, including dedicated care coordinators, which may include, but not be limited to, nurse practitioners, physician assistants and social workers, in a manner that enables providers to practice to the fullest extent of their license;

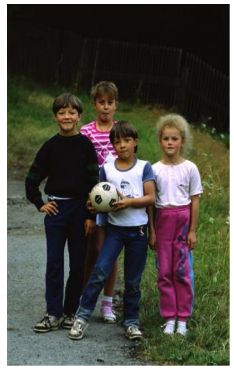
3. Encouraging shared decision-making for preference-sensitive conditions such as chronic back pain, early stage of breast and prostate cancers, hip osteoarthritis, and cataracts; provided that shared decision-making shall be conducted on, but not be limited to, long-term care and supports and palliative care; and

4. Ensuring that patient-centered medical homes develop and maintain appropriate comprehensive care plans for their patients with complex or chronic conditions, including an assessment of health risks and chronic conditions.

What is the concept of a Medical Home?

It starts with patients

From all backgrounds and diverse cultures



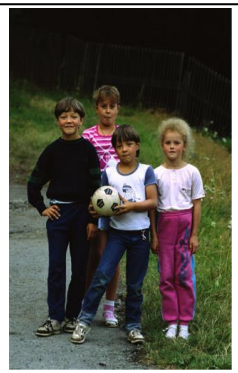
From birth through the lifespan

In diverse kinds of families including multiple ethnicities

Including children and adults with special health care needs and chronic conditions

Roof and floor

PROTECT



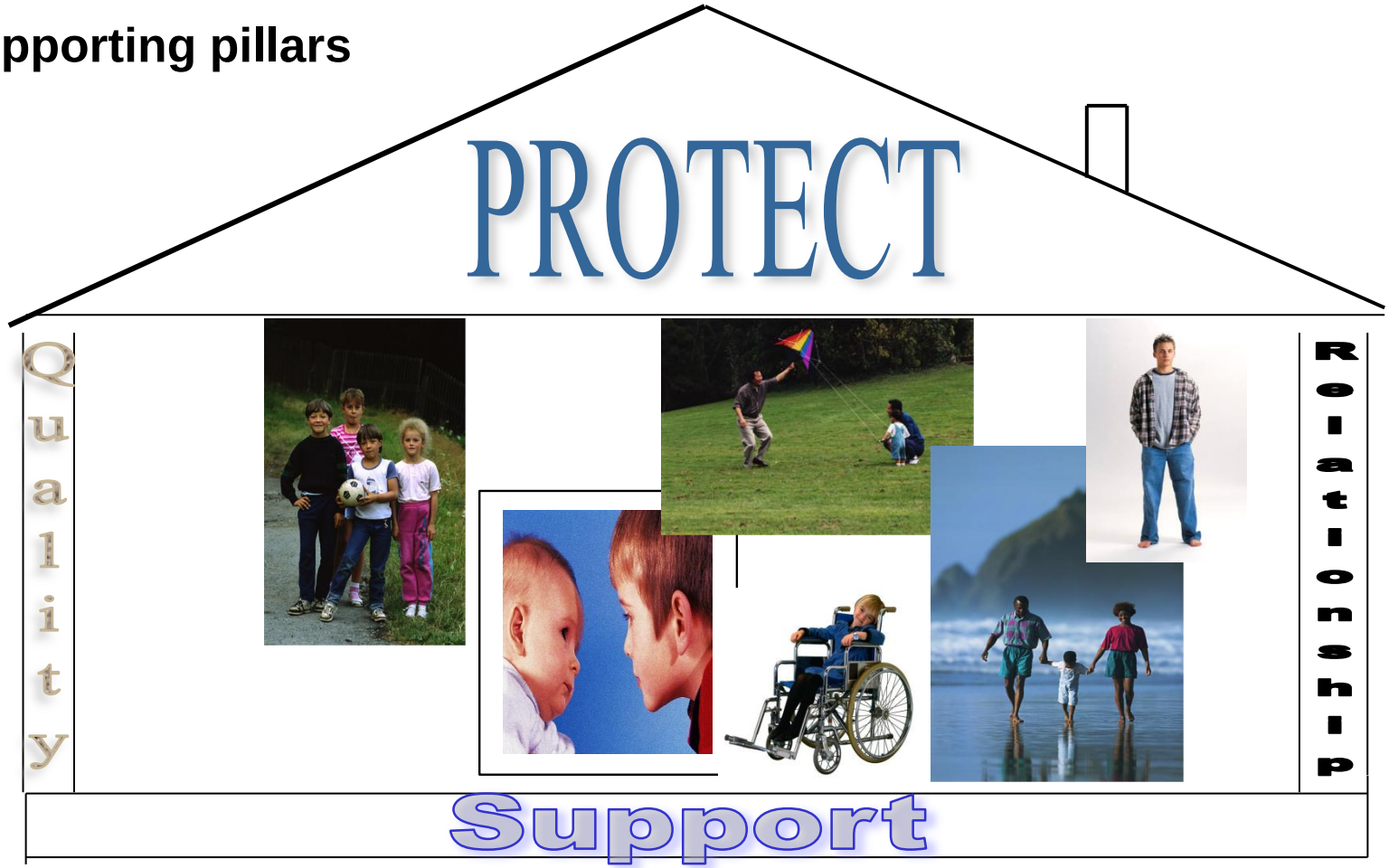



Support

Protect: Immunizations, contraception, advice, health promotion, community safety, public health measures, population health

Support patients and their families - empower, reinforce. Maintain health (physical, mental, oral), treat illness, manage chronic conditions; Develop mutual trusting relationship

Supporting pillars



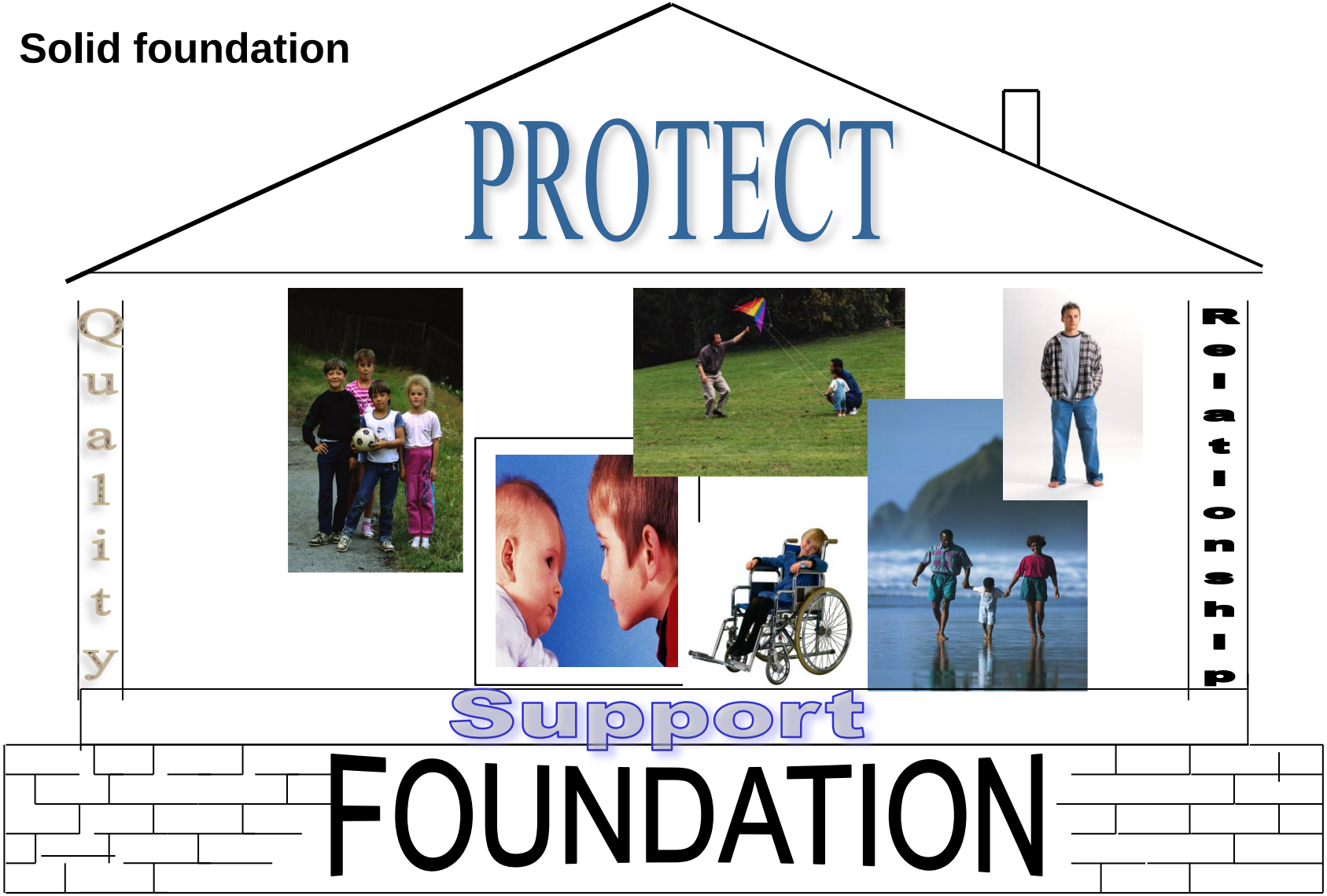
Quality: Well care; care of chronic conditions; safety measures, error reduction; teaching and learning, innovation, measurable outcomes, continuous improvement;

Metrics: HEDIS, P4P, NCQA, CHIPRA

Relationship: Long term relationships; TRUST, communication; continuity of care; respect

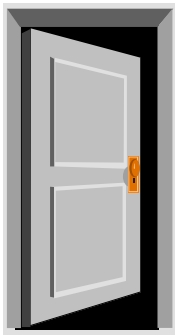
Metrics: MHQP patient experience, Press-Ganey, Insurance surveys

Solid foundation



Foundation: Stable practice infrastructure including pcp, clinical and non-clinical staff, Health IT, communication vehicles, care coordinators, coding support; care plans

The Finishing Touches



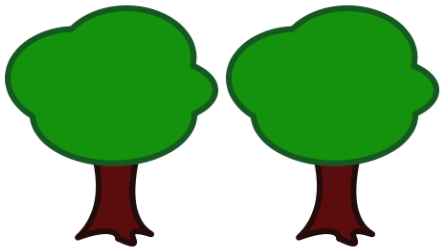
An “open door”

- Welcoming new families
- Excellent access

Relationship starts/continues at or beyond the door

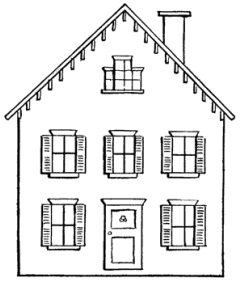
Window representing transparency

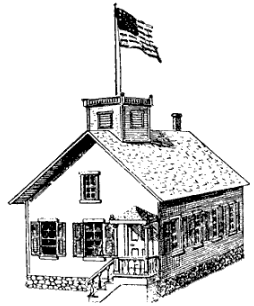
Working with hospitals, pharmacies, SNF’s, community, schools and workplaces using case managers where appropriate



A nurturing environment for staff, promoting ongoing education and enrichment and a culture of respect

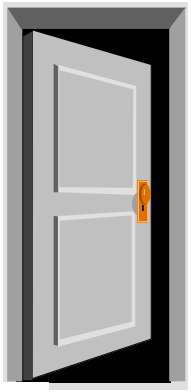
The Medical Home

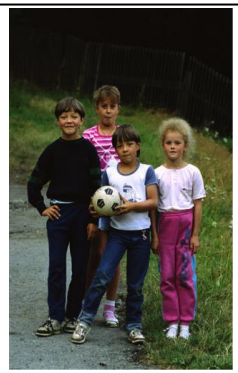


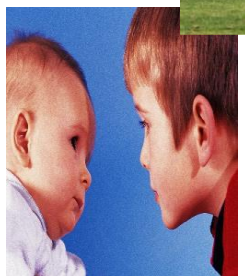


PROTECT

Quality



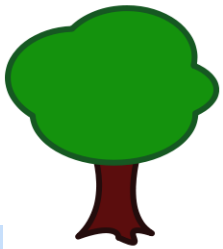


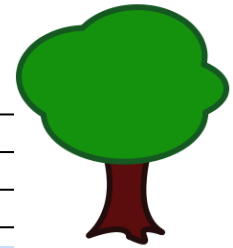


Relationship

Support

FOUNDATION





Documented benefits to PCMHs

Factor	Benefit	Documented evidence
Clinician burnout		▪ 10% of PCMH staff reported high emotional exhaustion at 12 months compared with 30% of controls, despite similar rates at baseline
Total cost		▪ 29 percent fewer emergency visits and 6 percent fewer hospitalizations ▪ Estimated total savings of $10.30 per patient per month
Patient experience		▪ Improved access, coordination, goal-setting
Quality		▪ Improved HEDIS results

SOURCE: Reid RJ, Coleman K, et al. The Group Health Medical Home At Year Two: Cost Savings, Higher Patient Satisfaction, And Less Burnout For Providers. Health Affairs.

PCMH National Accreditation or Certification Organizations

Organization	Accreditation program	Start year
National Committee for Quality Assurance (NCQA)	▪ Patient Centered Medical Home Recognition Program	▪ 2011
Joint Commission (JC)	▪ Patent Centered Medical Home Certification	▪ 2011
Accreditation Association for Ambulatory Health Care (AAAHC)	▪ Medical Home Accreditation, ▪ On-site Certification	▪ 2011 ▪ 2013
URAC	▪ Patient Centered Health Care Home Practice Achievement Program	▪ 2011

Case Study: National Committee for Quality Assurance (NCQA)

Background information

- NCQA developed a set of six standards and a 3-tiered recognition process to assess the extent to which health care organizations are functioning as medical home
- Obtaining recognition via the NCQA PCMH program requires completing an application and providing adequate documentation to show evidence that specific processes and policies are in place
- Recognition is offered at three levels:
  - Level 1 – basic
  - Level 2 – intermediate
  - Level 3 – advanced Coordinate with other agencies/entities

Goals

- Increase patient-centeredness
- Institute processes that improve quality and eliminate waste
- Increase the emphasis on patient feedback
- Enhance the use of clinical performance measurements
- Integrate care for physical health, mental/behavioral health, and substance abuse
- Enhance coordination of care
- Apply standards in both pediatric and adult care settings

Recognition requirements

1. Enhance Access and Continuity
2. Identify and Manage Patient Populations
3. Plan and Manage Care
4. Provide Self-Care Support and Community Resources
5. Track and Coordinate Care
6. Measure and Improve Performance

NCQA examples in Massachusetts

Dorchester House Multi-Service Center

Brockton Neighborhood Health Center

Valley Medical Group

Atrius Health

MyCHART at RiverBend

STURDY MEMORIAL HOSPITAL

BOSTON HEALTH CARE *for the* HOMELESS PROGRAM

Case Study: Joint Commission (JC)

Background information

- The Joint Commission launched in July 2011 a Primary Care Medical Home (PCMH) Certification Option for its accredited Ambulatory Care customers.
- A similar certification option for primary care practices included within the scope of a hospital's accreditation certificate is available as of February 2013
- Joint Commission PCMH Certification Option assesses five operational characteristics and 52 additional requirements

Certification model

Ambulatory Care Accreditation
(~ 900 applicable standards pertaining to medical settings, including 123 applicable to PCMH)

+

PCMH Certification Option
(52 additional requirements**)**

Operational characteristics

1. Patient-centered care
2. Comprehensive care
3. Coordinated care
4. Superb access to care
5. Systems-based approach to quality and safety

JC examples in Massachusetts

State lessons learned

Common approaches

1. **Use of a process established by a national organization**: NCQA, JC, AAAHC, URAC
2. **Modification of a process established by a national organization**, such as mandating optional NCQA elements
3. **Creation of a process administered by the state** in response to perceived limitations or burden of national standards or preferred customization to focus on state priorities for medical home

Current landscape

- More than 25 states have implemented a variety of payment policy changes and other reforms in Medicaid and the Children's Health Insurance Program since 2006
- Some states are adapting PCMH initiatives to serve their most costly populations—patients with chronic conditions. In 2012, several state Medicaid agencies began deploying "shared teams" to help practices—particularly small ones—provide a range of services to patients with complex conditions
- Many states are asking practices to link payments with meeting standards of care, like those set by the NCQA
- Some states that have launched multi-payer initiatives are using a shared-savings approach, under which a practice that spends less than its projected costs keeps a portion of the savings

Common issues

1. Tailoring the definition of "PCMH" to reflect state needs, priorities, and circumstances
2. Using payment policy to foster collaboration among providers and reward more capable and better-performing medical homes
3. Helping practices improve performance and provide support for care coordination
4. Balancing the desire for improved performance with the cost of the improvements
5. Addressing antitrust concerns that arise when multiple payers come together to create a medical home program

SOURCE: Reid RJ, Coleman K, et al. The Group Health Medical Home At Year Two: Cost Savings, Higher Patient Satisfaction, And Less Burnout For Providers. Health Affairs.
Takach M. About Half of the States Are Implementing Patient-Centered Medical Homes for Their Medicaid Populations. Health Affairs.

PCMH Initiatives in Massachusetts

- Massachusetts Patient-Centered Medical Home Initiative (EOHHS)
- The Safety Net Medical Home Initiative (EOHHS & Mass League)
- Children's Health Insurance Program Reauthroization Act (CHIPRA) Massachusetts Medical Home Initiative
- Consortium to Advance Medical Homes for Medicaid & CHIP Participants (NASHP)
- AETNA Foundation Grant to Study PCMH (MGH)
- Patient-Centered Outcomes Research Institute Pilot Projects Program (Brigham & Women's)

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CDPSR 2013 Implementation Timeline

First quarter (Jan – Mar)

- ✓ Hold listening session in conjunction with DOI on the registration of provider organizations

Second quarter (Apr – Jun)

- Propose regulations to administer a provider organization registration program
- Begin development of a certification program for PCMHs

Third quarter (Jul – Sep)

- Adopt final regulations for the administration of a provider organization registration program
- Propose regulations on a certification program for PCMHs beginning January 1, 2014
- Begin development of a certification program for ACOs
- Begin development of a model payment system for a PCMHs

Fourth quarter (Oct – Dec)

- Adopt final regulations on a certification program for PCMHs beginning January 1, 2014
- Administer the provider organization registration program
- Begin development of an innovative grant program funded by the Health Care Payment Reform Fund
- Propose regulations for a certification program for ACOs

Contact information

For more information about the Health Policy Commission:

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