

Transforming Primary Care Through Payment Reform

Lisa Dulsky Watkins, MD
October 30, 2014



Aligning Payers and Practices to Transform Primary Care:

A Report from the Multi-State Collaborative

by Lisa Dulsky Watkins, MD

Agenda

1. The Milbank Memorial Fund
2. The Multi-State Collaborative (MC)
3. Shared guiding principles of multi-payer transformation
4. Essential components of the programs
5. Lessons learned in the early years
6. Implications for future policy



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The Milbank Memorial Fund

Endowed operating foundation that works to improve the health of populations by connecting leaders and decision makers with the best available evidence and experience

Engages in non-partisan analysis of significant issues in health policy



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The Multistate Collaborative (MC)

Since 2009, the Fund has provided support to state leaders committed to transforming primary care.

The MC member states had been working independently and sought to share their experiences and outcomes.

In 2010, the group took the name “Multi-State Collaborative.”



The Multistate Collaborative (MC)

The evidence on the value of high quality primary care is strong and the projects underway in the states are starting to generate positive results.

This report documents the efforts of these collaboratives as they work towards payment and health system reform.



CMS Innovation Center Demonstrations

1. Multi-payer Advanced Primary Care Practice (MAPCP) Demonstration

- CMS participation in ongoing and unique state-led multi-payer reform initiatives
- Started in 8 states July 2011, termination December 2014 (2) or December 2016 (6)
- Authority: Section 402 of the Social Security Amendments of 1967 as amended

CMS Innovation Center Demonstrations

2. *Comprehensive Primary Care Initiative (CPCI)*

- Multi-payer initiative fostering collaboration between public (Medicare and State Medicaid) and private payers by offering bonus payments to primary care doctors/practices for better care coordination
- Started in August 2012, termination December 2016
- Pre-set consistent structure and milestones
- Authority: Section 3021 of the Affordable Care Act



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Four Shared Guiding Principles

1. Multiple insurers (ideally all insurers) must pay for services the same way. This is the only way to stabilize and ultimately bring down health care costs and make it manageable for practices.



Four Shared Guiding Principles

2. Both primary care and related supporting services are essential building blocks of delivery system transformation. One cannot thrive without the other.



Four Shared Guiding Principles

3. High-quality primary care is more likely to occur in a consistently supported and formally recognized Patient Centered Medical Home (PCMH) setting.



Four Shared Guiding Principles

4. The multi-payer model alone is not enough to create and sustain primary care transformation. The programs must establish nontraditional working relationships.

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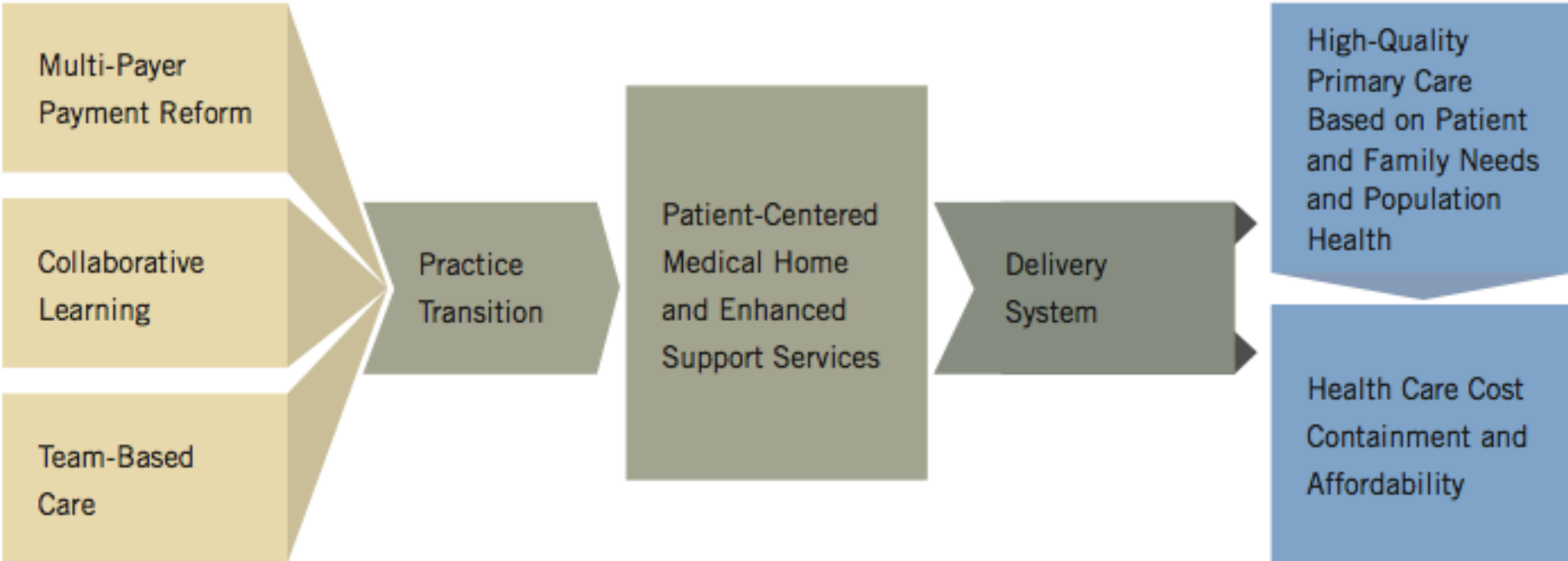
WITHIN practices
through
**TEAM-BASED
CARE**

↘

BETWEEN practices
through
**COLLABORATIVE
LEARNING**



Multi-Payer Primary Care Practice Transformation Logic Model



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Essential Components

1. Innovative payment reforms designed to support primary care

Vermont's Community Health Team (CHT) Funding

Each participating payer contributes to multidisciplinary CHTs (mandated in State statute).

Payments made to a local coordinating entity.

Access to the staff and services are free to all patients, regardless of insurance status.



Essential Components

2. Multiple payer participation (public and private)

Colorado's 3-year PCMH pilot (now CPCI)

Payment mechanisms included fee-for-service, care management fees (per member per month) and pay-for-performance

7 Health Plans voluntarily participated

20K patients covered by payers

100K patients received services

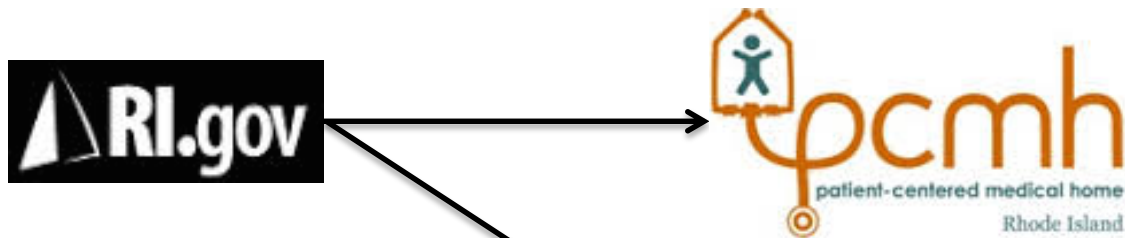


Essential Components

3. State government convening role

Rhode Island's Central Leadership

Under the direction of the Office of the Health Insurance Commissioner and RI Department of Health, effective collaborations have led to successful innovative program implementation since 2008.



Essential Components

State government convening role

Montana on the Horizon

States are learning from one another, as in Montana's 2010 designation of the Commissioner of Securities and Exchange as the convener of the state's developing PCMH initiative.



Essential Components

4. Consistent standards for PCMH identification/recognition

There are uniform standards that practices must meet and maintain in order to receive enhanced payments. Most programs use the National Committee for Quality Assurance (NCQA) standards, which have gotten more rigorous with each version.

MI, MN, and OR have designed (and updated) their own standards.



Essential Components

5. New staffing models for team-based primary care

Maine's Community Health Teams (CHTs):

Each team supervised by an LCSW CHT leader.

Team staffing a combination of RN and LCSW
Central Scheduling & administrative support.

Trainees are team members – MSW interns,
pharmacy and medical residents, and students.



Essential Components

6. Technical assistance to practice sites

Almost all states use Practice Facilitation

Provides a range of organizational development, project management, and quality improvement methods to build the internal capacity of a practice.*

Creates synergy, with increased capacity leading to improvement and vice versa.

Essential Components

7. Common measurement of performance – at regular and frequent intervals, transparent and trustworthy

The CMS Innovation Center's Comprehensive Primary Care Initiative (CPCI) has provided a uniformly applied set of metrics by which a practice's transformation can be assessed. The experience of the more varied MAPCP programs clearly influenced their development.



Essential Components

Common measurement of performance

CPCI Year 1 Practice Milestones

Practices had to demonstrate achievement of Year 1 milestones.

1. Complete an annual budget or forecast
2. Provide care management for high risk patients
3. Provide 24/7 patient access guided by the medical record
4. Assess and improve patient experience of care
5. Use data to guide improvement at the provider/care team level
6. Demonstrate active engagement and care coordination across the medical neighborhood
7. Improve patient shared decision-making capacity
8. Participate in the market-based learning community
9. Attest to the requirements for Stage 1 of Meaningful Use for the EHR Incentive Program

Year 2 Milestones maintain these focus areas but increase the scope/complexity

Essential Components

Common measurement of performance

CPCI Clinical Quality Measures

NQF #	CMS#**	Clinical Quality Measure Title	MU Stage 1	MU Stage 2
0018	165v	Controlling High Blood Pressure	YES	YES
0028	138v	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	YES	YES
0031	125v	Breast Cancer Screening (no longer NQF endorsed)	YES	YES
0034	130v	Colorectal Cancer Screening	YES	YES
0041	147v	Preventive Care and Screening: Influenza Immunization	YES	YES
0059	122v	Diabetes: Hemoglobin A1c Poor Control	YES	YES
0061	N/A	Diabetes: Blood Pressure Management	YES	NO
0064	163v	Diabetes: Low Density Lipoprotein (LDL) Management	YES	YES
0075	182v	Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control	YES	YES
0083	144v	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	YES	YES
0024*	155v	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	YES	YES
0036*	126v	Use of Appropriate Medications for Asthma	YES	YES

Essential Components

8. Collaborative learning – philosophy and infrastructure

Michigan's Primary Care Transformation

Serves > 1 million patients and has made shared learning a priority.

Dozens of ongoing and topical learning opportunities scheduled every month for multi-disciplinary staff and patients statewide.

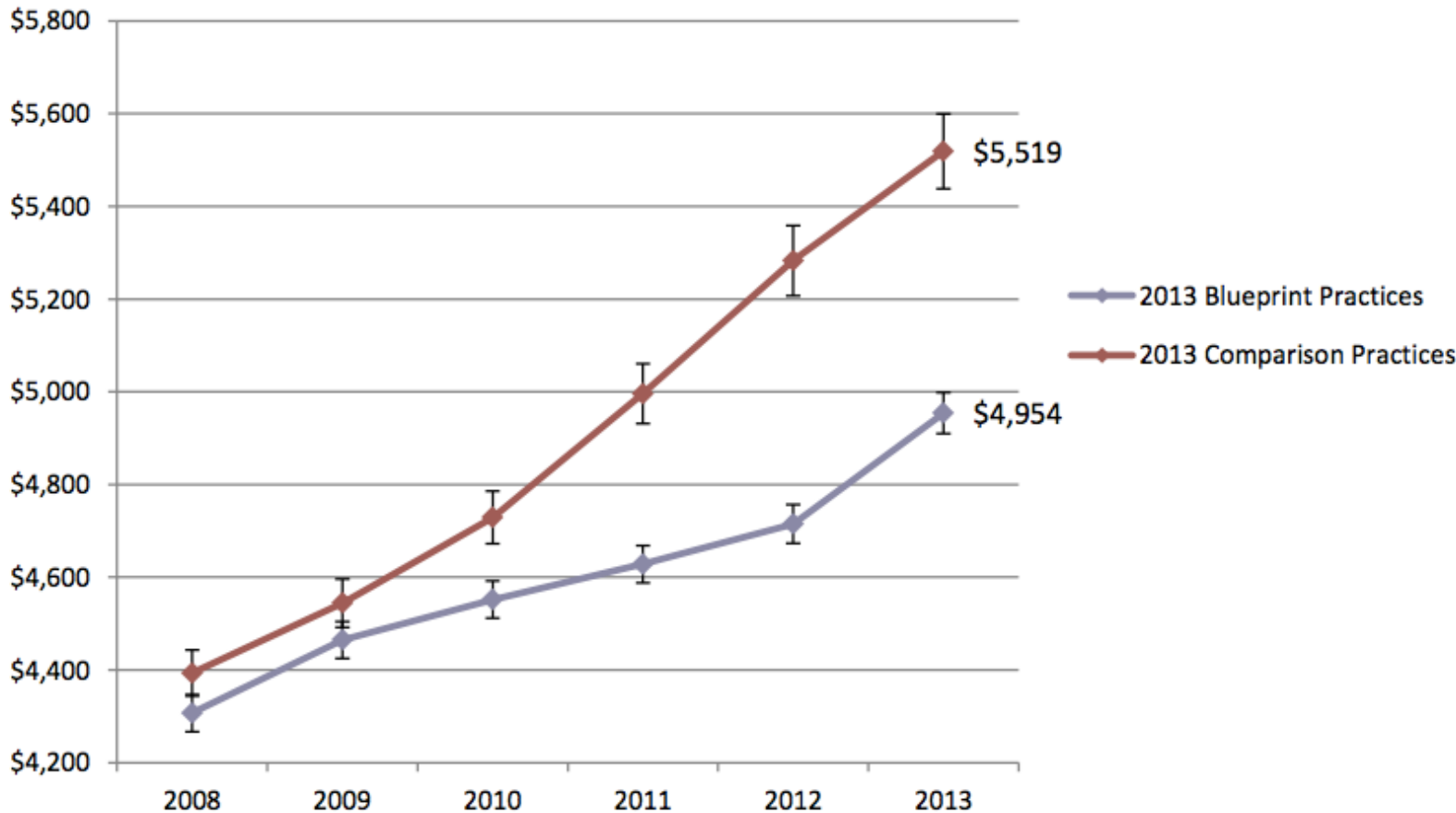


Outcomes Related to Essential Components

Innovative payment reforms designed to support primary care

VT Outcomes (5 years)

Figure 4. Total expenditures per capita - commercially insured ages 18-64



Outcomes Related to Essential Components

Multiple (public and private) payer participation

Colorado Pilot Outcomes (2012):

18% decrease in acute-IP admissions/1000, compared to 18% increase in control group

15% decrease in total ER visits/1000, compared to 4% increase in control group

Total cost of Care Reduction: 14.5%

Overall Return on Investment (ROI) estimates ranged between 250% and 450%

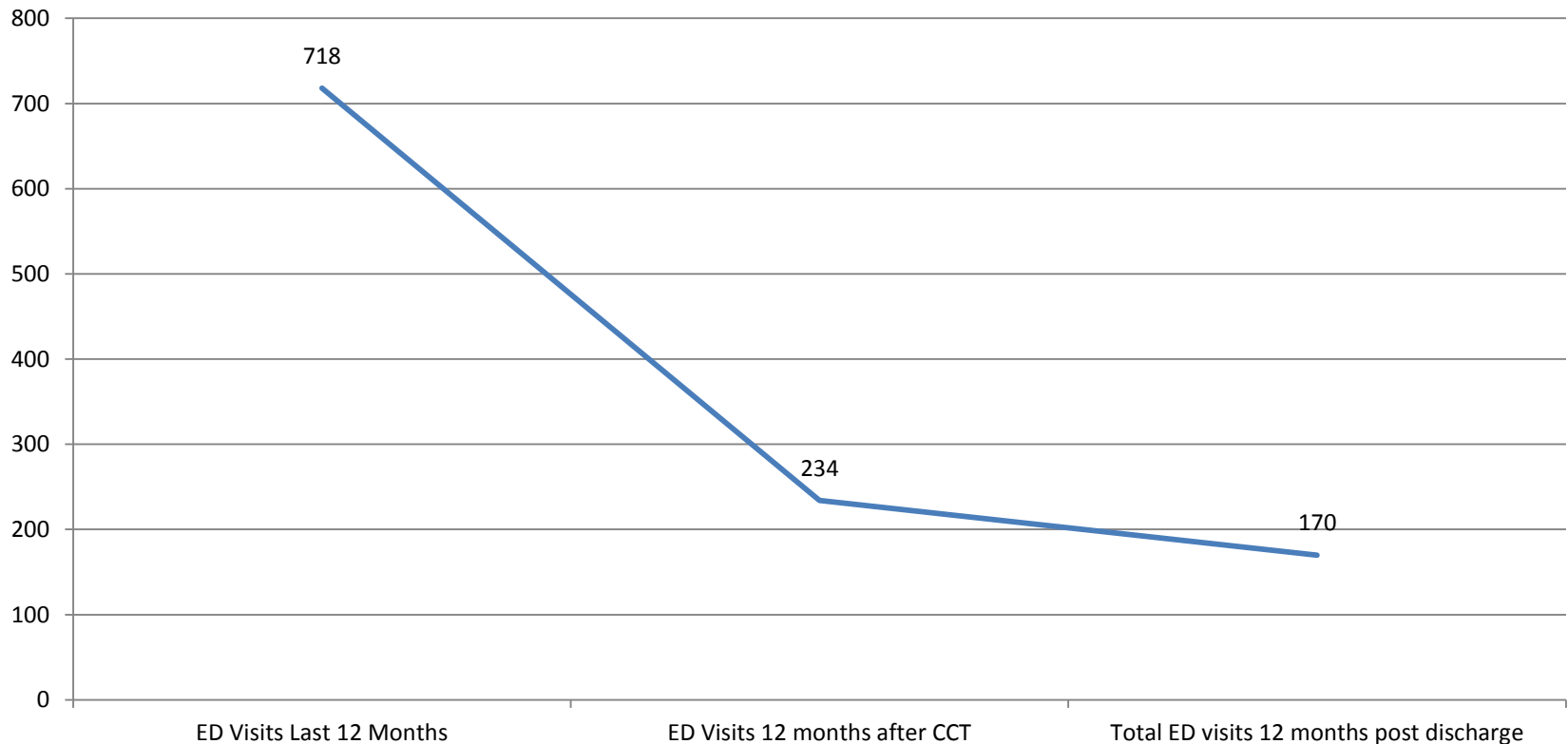


Outcomes Related to Essential Components

New staffing models for team-based primary care

Maine 2013-14 CHT Outcomes

ED Change N=123



Outcomes Related to Essential Components

We can do this together - we can make care better...one patient at a time.

Practice Learning Credits Available for Summit Participation!

Four (4) Practice Learning Credits are available for Summit participation for practice teams (a physician, care manager and one other team member) who complete one of the following:

- Attend in-person (each team member must register for the Ann Arbor or Grand Rapids 8:30 to noon in-person sessions, and initial the "sign in/sign out" sheet separately).
- Register for the October 9th, 8:30 to noon live webinar link, watch the live webinar as a team, and submit minutes of SUBSEQUENT meaningful team discussion regarding the Summit (e.g., the "take-away" key points that your practice can use) to mipctdemo@michigan.gov by October 30th, 2014. The subject line should say: "**Summit Practice Team Minutes**" and include the practice's name and PO affiliation.
- View the recorded webinar (to be posted by October 15th on the mipctdemo.com website under the "Summit" tab) as a team and submit minutes of SUBSEQUENT meaningful team discussion regarding the Summit (e.g., the "take-away" key points that your practice can use) to mipctdemo@michigan.gov by October 30th, 2014. The subject line should say: "**Summit Practice Team Minutes**" and include the practice's name and PO affiliation.
- Send part of the team to an in-person Summit session, and have the others view by webinar

and submit minutes of A SUBSEQUENT meaningful team discussion regarding the

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Important Dates:

MIPCT CARE MANAGER TRAININGS:

- 10/13 MIPCT CCM COURSE - OCTOBER TRAINING BEGINS (10/13-16, 2014)
- 11/10 MIPCT CCM COURSE - NOVEMBER TRAINING BEGINS (11/10-13, 2014)
- 12/8 MIPCT CCM COURSE - DECEMBER TRAINING BEGINS (12/8-11, 2014)

WEBINARS:

- 10/9 MIPCT WEBINAR: REGIONAL ANNUAL SUMMIT MORNING SESSION (8:30 AM-NOON)
- 10/21 BCBSM WELLNESS AND CARE MANAGEMENT WEBINAR (1-2PM)

MIPCT EVENTS:


- 9/30 RECAP BCBSM PDCM BILLING ROADSHOW (1-3PM)
- 10/1 MIPCT REGIONAL ANNUAL SUMMIT - GAYLORD CARE MANAGER AFTERNOON EDUCATION SESSION & LIVE BRIEFING SESSION WITH MIPCT LEADERSHIP ON MIPCT EVALUATION TO DATE AND 2015 SUSTAINABILITY/CONTINUITY. (11:30 AM TO 4:30 PM)
- 10/7 MIPCT REGIONAL ANNUAL SUMMIT - ANN ARBOR (8:00 AM TO 4:30 PM)
- 10/9 MIPCT REGIONAL ANNUAL SUMMIT - GRAND RAPIDS (8:00 AM TO 4:30 PM)
- 10/13 RECAP PDCM BILLING ROADSHOW (9-11AM)
- 10/30 ALL PAYER BILLING COLLABORATIVE IN PERSON TRAINING (8:00 AM TO NOON). LOCATION TBD.

DUE DATES:

- 10/30 "SUMMIT PRACTICE TEAM MINUTES" DUE FOR OFFSITE SUMMIT ATTENDEES WISHING TO EARN PRACTICE LEARNING CREDITS

Collaborative learning in Michigan

MiPCT
October 2014
newsletter with learning
opportunities
(webinars, regional
meetings, "roadshows")



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Lessons Learned

1. The logic of a multi-payer effort to support primary care transformation is irrefutable.
2. State leadership at the highest level possible is necessary for the success of multi-payer primary care transformation.
3. A multi-payer approach is key to engaging both clinicians and payers.

Lessons Learned

- 4. Reliable data and measurement, essential to success, remain a challenge.
- 4. Transparent sharing of experience and information leads to effective learning.
- 4. These collaboratives are improving outcomes for populations in significant and sustainable ways, with varying levels of success.

Lessons Learned

7. The business case for primary care transformation must be clear and able to persuade policymakers, purchasers, and patients.
8. The findings of this report have implications for future payment reforms.



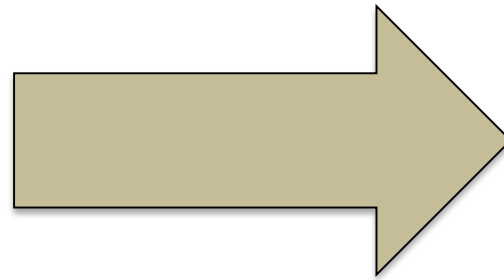
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Looking Ahead

The findings of this report have implications for future payment reforms.



The Future Landscape - ACOs in Vermont

OneCare Vermont

Includes hospitals, primary care and specialist practices, home health, designated mental health agencies, and other providers

Participating in the Medicare SSP as of January 1, 2013

Participating in VT's Commercial and Medicaid SSPs as of January 1, 2014

Community Health Accountable Care (CHAC)

Includes Vermont's Federally Qualified Health Centers (FQHCs)

Five FQHCs participating in the Medicare SSP as of January 1, 2014

Eight FQHCs participating in VT's Commercial and Medicaid SSPs as of January 1, 2014

Accountable Care Coalition of the Green Mountains (ACCGM)

Includes a number of independent primary care and specialist practices

Participating in the Medicare SSP as of July 1, 2012

Participating in VT's Commercial SSP as "Vermont Collaborative Physicians" as of January 1, 2014

The Future Landscape

ACOs in Vermont – A New Collaboration



Resources

Aligning Payers and Practices to Transform Primary Care: A Report From the Multi-State Collaborative

www.milbank.org/publications/milbank-reports

Milbank Memorial Fund

www.milbank.org

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