PRIMARY CARE REFORM COLLABORATIVE

SEPTEMBER 18, 2023

VIRTUAL MEETING- HOUSEKEEPING

- Public- please send your name, email contact, and organization affiliation (if applicable) to dionna.reddy@delaware.gov or write in the meeting chat box.
- Please keep your computer/phone on mute unless you are making a comment, and if you are not on visual, please identify yourself as well.
- This meeting will be recorded for minutes.

AGENDA

- I. Call to Order
- II. July 17, 2023, Meeting Minutes Approval
- III. Health Management Associates presentation (CQI Overview and Goals)
- IV. Office of Value-Based Health Care Delivery Update
- V. All-Payer Health Equity Approaches and Development (AHEAD) Model
- VI. PCRC Strategic Planning Workgroup Update
- VII. Public Comment
- VIII. Next Meeting

CALL TO ORDER

- Dr. Nancy Fan, Chair
- Senator Brian Townsend, Chair Senate Health & Social Services Committee
- Representative Melissa Minor-Brown, Chair Health & Social Services Committee
- Ted Mermigos, Division of Medicaid and Medical Assistance
- Dr. James Gill, Medical Society of Delaware
- Dr. Rose Kakoza, Delaware Healthcare Association
- Kevin O'Hara, Highmark Delaware
- Steven Costantino (proxy for DHSS Secretary)
- Commissioner Trinidad Navarro, Department of Insurance
- Faith Rentz, State Benefits Office/DHR
- Deborah Bednar, Aetna
- Maggie Norris-Bent, Westside Family Healthcare
- Vacant, Delaware Nurses Association representative

MINUTES APPROVAL

- Review and approve draft July 17th Meeting Minutes

HEALTH MANAGEMENT ASSOCIATES PRESENTATION

- Delaware Primary Care Value Based Payment Model: CQI Overview and Goals

Delaware Primary Care Value Based Payment Model: CQI Overview and Goals

September 18, 2023

Health Management Associates

Agenda

- Introduction
- CQI Background
- Implementations and Considerations
- State Examples
- Discussion

HEALTH MANAGEMENT ASSOCIATES

HMA Team Introduction

Gaurav Nagrath, ScD, MBA
Managing Principal

Kyle Edrington
Managing Director

Alessandra Campbell, MPH
Consultant

Daniel Nemet, ASA, MAAA
Consulting Actuary

Ainsley Ramsey, MS
Actuarial Consultant

Andrew Rudebusch
Senior Actuarial Consultant

Joanna Powers, MPH
Research Associate

Berkley Powell
Research Associate

What is CQI?

CQI Background and Benefits

Continual Quality Investment (CQI)

State of Delaware, DHCC, PCRC, and OVBHCD focus on triple aim of healthcare:

- Improving quality of care, improving health outcomes, and reducing costs.

Senate Bill 120 promotes primary care by setting two metrics:

- By 2025 60% of Delawareans attributed to VBP models
- Primary care must be at least 10% of total cost of care in 2024 and 11.5% in 2025.

CQI as A Part of the PCP Payment Model

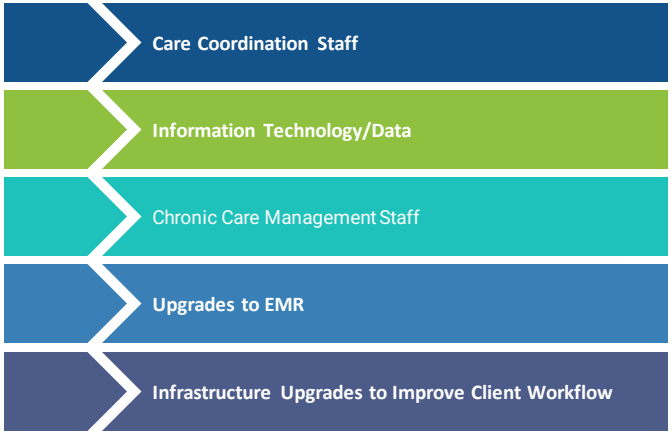
Continual Quality Investment (CQI)

- CQI directs primary care into value-based care by giving providers options to invest in these potential categories.
- Options give providers opportunities to maximize impact of the CQI.
- The CQI will be paid to practices as a prospective PMPM.

Implementation and Considerations

CQI in Delaware: Implementation Considerations

Workgroup Responses for CQI Implementation:



Implementation Considerations:

- A mechanism for reporting the CQI spent needs to be developed.
- CQI PMPM will vary by provider size in the beginning of the program.
- As the program continues other metrics could be introduced to tier the CQI PMPM.

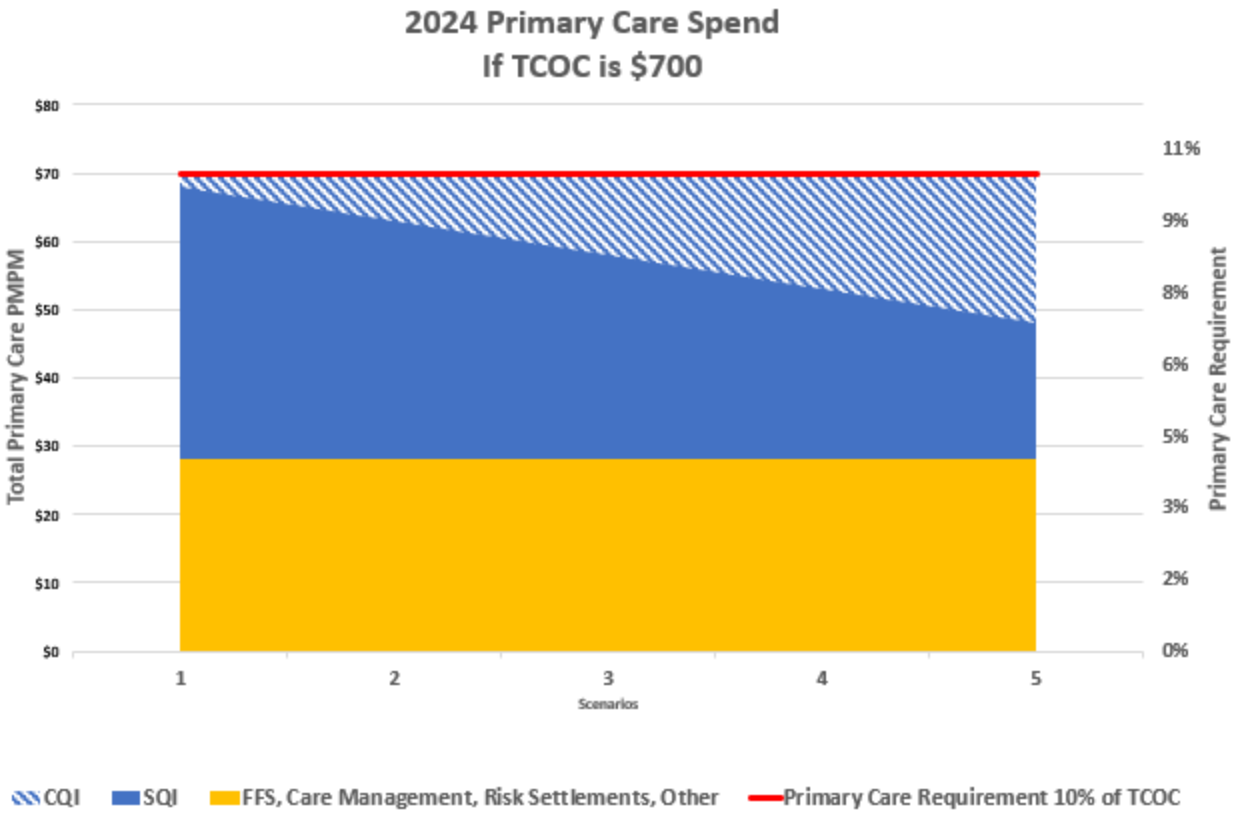
Potential CQI Programs

	Small Practice	Large Practice
Practice Health Assessments	Tracking and enforcing screening completion.	Practice identifies resources for patients and families.
Technology Investment	Data exchange of best practices or claims data. Could be maintained by a 3rd party	Telehealth integration and portal upgrades
Staffing	Retention incentives: financial compensation, improved working conditions, additional support	Hiring additional staff: non-medical personnel, nurse practitioners, community workers
Advanced Care Management	Practice identifies resources for patients and families.	Practice identifies resources for patients and families.
Infrastructure Improvements	Purchase additional common equipment and tools to improve client flow efficiency.	Telehealth integration and portal upgrades
Integrating SDOH Measures	Tracking and enforcing screening completion.	Including Z codes in claims data

- Providers have different needs due to size
- Recommended CQI PMPM payments are tiered by practice size.
  - Small defined as having < 5 providers.

2024 Primary Care Scenarios

- In addition to the size of the practice, the range of CQI will also depend on practice needs and contracting dynamics.
- CQI can be used by practices to achieve the 10% minimum requirement
- 2025 has 11.5% minimum threshold for primary care spend of TCOC.
  - CQI could decrease as SQI payments are increased and investment opportunities are fulfilled.



State Comparisons

Maryland

Maryland Primary Care Program (MPCP) modified to fit into the framework of TCOC model. Advanced primary care goals are to help the state manage health of high-risk individuals, reduce unnecessary hospital utilization, and provide preventative care

Payment Redesign

Payment Incentives in the MDPCP

Practices – Track 1/Track 2

Care Management Fee

- $6-$100 Per Beneficiary, Per Month (PBPM)
  - Tiered payments based on acuity/risk tier of patients in practice including $50/$100 to support patients with complex needs, dementia, and behavioral health diagnoses
- Timing: Paid prospectively on a quarterly basis, not subject to repayment

Performance-Based Incentive Payment

- Up to a $2.50/$4.00 PBPM payment opportunity
- Must meet quality and utilization metrics to keep incentive payment
- Timing: Paid prospectively on an annual basis, subject to repayment if benchmarks are not met

Underlying Payment Structure

- Track 1: Standard FFS
- Track 2: Comprehensive Primary Care Payment (CPCP) - Partial pre-payment of historical E&M volume with 10% bonus
- Timing: Track 1: FFS; Track 2: prospective

40 *MSSP ACO practices do not receive the Performance-Based Incentive Payment*
Potential for additional bonuses via AAPM Status under MACRA Law

MARYLAND Department of Health

Source: Improving Quality and Preparing for the Maryland Primary Care Program

MDPCP Strategic Investments to reduce costs and improve outcomes Statewide:

- Access & Continuity
- Care Management
- Comprehensiveness & Coordination
- Beneficiary & Caregiver Experience
- Planned Care for Health Outcomes

HEART Payment

$110 PMPM payment offered and is not tied to performance on quality or utilization measures. Funds are used to enhance care performance specifically addressing SDOH.

Payments can be used for some of the following services:

- Providing trainings: implicit bias or cultural competency
- Implementing social needs assessment screening as part of the EHR, or substance abuse screening
- Data collection efforts on SDOH
- Facilitate housing navigation and support
- Address barriers such as transportation

Mississippi

Mississippi TrueCare is a coordinated care organization committed to changing the trajectory of Mississippi's healthcare system.

Expenditures on quality improvement activities related to health care quality improvement and health care information technology (HIT) are individually identifiable, tracked and reported

Figure 4.2.2.8_A: HCQI Expense Categories

A survey with the functional areas is conducted annually to ensure accuracy and to confirm activities meet the definition of HCQI expenses.

1	2	3	4	5
Improve Health Outcomes	**Prevent Hospital Readmissions**	**Improve Patient Safety & Reduce Medical Errors**	**Implement Wellness & Health Promotion**	**HIT Expenses for Health Care Quality Improvements**
° Case management ° Care coordination ° Chronic disease management ° Quality reporting & documentation ° Accreditation fees directly related to quality of care activities	° Patient-centered education & counseling ° Personalized post discharge counseling ° Quality reporting related to hospital readmission ° Comprehensive discharge planning	° Activities to lower the risk of facility-acquired infections ° Activities to identify & encourage evidence-based medicine ° Prospective prescription drug Utlization Review aimed at identifying potential adverse drug interactions	° Public health education campaigns ° Quality reporting & related documentation ° Coaching or education programs ° Wellness assessments	° Health Information Technology (HIT) expenditures that are attributable to the programs listed here

MS_MSCAN22_4.2.2.8_HCQI Expense Categories_2

Source: True Care Technical Qualification (Blind Evaluation)

Innovative proposed programs are focused on improving health outcomes, equity, access to care, member engagement and collaboration with CBOs.

Programs to Support the Division's Quality-Based Initiatives:

- Value-Based Purchasing
- Patient-Centered Medical Homes
- Social Determinants of Health
- Value-Added Benefits
- Performance Improvement Projects
- Health Literacy
- Telehealth
- Use of Technology
- Mississippi Partnerships

Rhode Island

Neighborhood Health Plan of Rhode Island Quality Improvement (QI) Program ensure that members have access to high quality health care services.

Neighborhood's Continuous Quality Improvement (CQI) approach emphasizes the use of "Plan Do Study Act".

Neighborhood's CQI efforts support the core principles of:

- Leadership Driven
- Costumer Focused
- Employee Empowerment/Involvement
- Result-Based Decision-Making

Quality Improvement Activities:

- HEDIS Measures and CAHPS Survey Results
- Care Management Member Satisfaction Survey
- Provider Satisfaction Survey
- Clinical Practice Guidelines
- Disease Management and Wellness
- Peer Review Activity
- Actions to Address Quality of Care Complaints
- Quality Improvement Projects
- Chronic Care Improvement Programs
- Activities to Improve Patient Safety
- Objectives to Enhance Service to a Culturally Diverse Membership and Members with Complex Health Needs
- Population Health Management Strategy
- Annual Evaluation and Work Plan Development

Source: Neighborhood Health Plan of Rhode Island 2020 Quality Improvement Program Description

Minnesota

Minnesota Accountable Health Model as part of the State Innovation Models (SIM) initiative sponsored by CMS

Five primary drivers, which most activities are organized:

- Expansion of e-health
- Improved data analytics across the state's Medicaid Accountable Care Organizations (ACOs)
- Practice transformation to achieve interdisciplinary, integrated care
- Implementation of Accountable Communities for Health (ACHs)
- Alignment of ACO components across payers related to performance measurements

Programs:

- Practice transformation investments: provided coaching and TA to providers in building capacity in centered care teams
- HIE/HIT: education and technical assistance on privacy and consent management practices
- Expansion of e-health capabilities such as advancements in EHR systems and advancements in other health information technologies

Outcomes:

- Increased Statewide HIE Vendor Capacity
- Advancement in Care Coordination Model Development
- Established and Achieved Clinical Process Goals

Source: Evaluation of the Minnesota Accountable Health Model

Michigan

Blue Cross Blue Shield Quality Improvement Program

- Goal of the CQI program is to organize and finance top of the line services to help optimize member health status improvement, efficiency, accessibility and satisfaction
- Across all BCBS service lines
- Blue Cross embraces the Institute of Healthcare Improvement's Triple Aim framework:
  - Improving the health of the population
  - Improving the patient experience of care including quality and satisfaction
  - Reducing or at least controlling the per capita cost of care

Programs:

- Behavioral Health Surveys
- Tobacco Cession Coaching Program
- Weight management and nutrition information through bcbsm.com
- Virtual well-being program: virtual webinars
- Enterprise-wide provider directory: can be used by members to compare providers, skill sets, and costs.
- Mail reminders for preventative care services or automated telephone reminders

Source: 2022 Blue Cross Blue Shield of Michigan Quality Improvement Program Description

Discussion

Thank you!

Please reach out with questions or concerns.

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Daniel Nemet, ASA, MAAA

dnemet@healthmanagement.com

Resources

1. https://mhcc.maryland.gov/mhcc/pages/apc/apc/documents/FQHC_Webinar_20191209.pdf
2. https://medicaid.ms.gov/wp-content/uploads/2022/08/TrueCare-RFQ-20211210-REDACTED-COPY-03042022.pdf
3. 2022 Blue Cross Blue Shield of Michigan Quality Improvement Program Description (bcbsm.com)
4. htthttps://health.maryland.gov/mdpcp/Documents/MDPCP_HEART_Payment_Playbook.pdfps://www.cms.gov/priorities
5. https://www.nhpri.org/wp-content/uploads/2020/08/2020-Quality-Improvement-Program-Description-Final.pdfinnovation
6. https://www.leg.mn.gov/docs/2018/other/180336.pdfmedia

UPDATE – DEPARTMENT OF INSURANCE OFFICE OF VALUE-BASED HEALTH CARE DELIVERY

Cristine Vogel, MPH, CPHQ
Director, Office of Value-Based Health Care Delivery
Delaware Department of Insurance

ALL-PAYER HEALTH EQUITY APPROACHES AND DEVELOPMENT (AHEAD) MODEL

- Centers for Medicare & Medicaid Services (CMS) announced a new voluntary state total cost of care model – the States Advancing All-Payer Health Equity Approaches and Development ("States Advancing AHEAD" or "AHEAD Model").
- Under AHEAD, participating states will be better equipped to promote health equity, increase access to primary care services, set health care expenditures on a more sustainable trajectory, and lower health care costs for patients.
- CMS will issue awards to up to eight states. States selected to participate in AHEAD will have the opportunity to receive up to $12 million from CMS to support implementation.
- The first Notice of Funding Opportunity (NOFO) application period will be released in late fall 2023. States have 90 calendar days to apply for a cooperative agreement award during this first application period.
- The second NOFO application period is anticipated to open in Spring 2024 with a 60-day application period.

PCRC STRATEGIC PLANNING WORKGROUP UPDATE

- Workgroup met on August 31st
- Members:
  - Dr. Nancy Fan, DHCC
  - David Bentz, DHSS
  - Laura Knorr, Aetna
  - Kevin O'Hara, Highmark
  - Cristine Vogel, Delaware Dept. of Insurance
  - Tyler Blanchard, Aledade
  - Michelle Adams, Westside Family Healthcare

PUBLIC COMMENT

NEXT MEETING

Primary Care Reform Collaborative Meeting

Monday, December 11, 2023

3:00 p.m. – 5:00 p.m.

Anchor Location:

The Chapel

Herman M. Holloway Sr. Health and Social Services Campus

1901 N. DuPont Highway

New Castle, DE 19720