

Preparing for Health Reform: Evolving Payment and Primary Care

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National Pressure

- Medicaid Directors questioning value of enhanced reimbursement
- CMS is asking same question of BPHC
- CMS and Medicaid Directors want:
 - ▣ Alignment with value-based pay, and/or
 - ▣ Movement away from FFS
- Pressure way up in the last year

Pressure from CMS

- RHC/FQHC wrap not part of CCO global budget
- CMS wants wrap growth \leq 3.4%
- New patients counted against growth limit
 - Exceptions:
 - NAP
 - Federally initiated service expansions
 - Change in Scope

Pressure from State



- State knows our clinics well
- Questions our value for enhanced rate
- Pressure to align more with value-based payment reform
- Become part of local solution:
 - ▣ Include enhanced rates in CCO global budget

Coordinated Care Organizations

- Oregon's version of ACOs for Medicaid
 - Key elements:
 - PCMH
 - Local control
 - Coordination
 - Health equity
 - Metrics/performance measures
 - Global budgets (pmpm) & shared savings
 - Value-based pay the burning platform

Stakeholders



- ❑ Our stakeholders wanted something better
 - Patients
 - Payers
 - Providers & support staff
- ❑ Recruitment getting harder

Starting the Conversation with Medicaid



- Our missions are aligned
- Payment reform should make primary care more effective
- Value-based pay makes sense
- Must account for behavioral and socio-economic barriers
- Let's work together on a bridge to value-based pay

Adjusting / Stratifying for Patient Complexity

- Not adjusting could increase disparities
 - Hong et. al., "Relationships Between Patient Panel Characteristics and Primary Care Physician Clinical Performance Rankings," *Journal of the American Medical Association*, 9/8/10.
 - Chien et.al., "Do Physician Organizations Located in Lower Socioeconomic Status Areas Score Lower on P4P Measures?," *Journal of General Internal Medicine*, 12/13/11
- Paying for health homes in the safety net
 - Long A., Phillips K., Hoyer D., "Payment Models to Support Patient-Centered Medical Home Transformation: Addressing Social, Behavioral, and Environmental Factors," *Qualis Health*, 8/11.
- Not adjusting could penalize safety net
 - Tyo et. al., "Methodological Challenges for Measuring Primary Care Delivery to Pediatric Medicaid Beneficiaries Who Use CHCs," *American Journal Of Public Health*, 2/13.

Basic APM Construct

- Convert PPS into a bundled, pmpm rate
- MCO or CCO will pay a pmpm rate comparable to any primary care provider
- State will pay a pmpm wraparound based on prior year's wraparound payments
- PCPCH payments, Pay for Performance or other bonus payments are separate

Removing the Biggest Barrier

- Provider satisfaction and patient outcomes started improving, BUT
 - ▣ Providers were becoming dissatisfied
- Providers still have F2F visit targets
 - ▣ Additional PCMH responsibilities lengthening their day



Metric	Measure/Target
Tobacco Screening	Assessment Compliance: % of patients queried about TU in measurement year or prior year
Depression Screening	a. PHQ done in last 12 months for patients with COPD, CVD, chronic pain or diabetes (18+) b. Screening and follow up plan done in last 12 months. c. PHQ9 done in last 12 months for patients with diabetes (18+)
Diabetes Control	Total Patients w/ Hba1c < 8%
Cervical Cancer Screening	% of women 21-64 years of age who received one or more Pap tests to screen for cervical cancer.
Weight Control: Adults	% of patients 18 and over with BMI calculated and documented tx plan for those under/over weight
Weight Control: Kids	% of patients aged 2-17 who had visit , BMI documented and counseling for nutrition and physical activity in measurement year.
HTN Control	% patients with HTN Controlled – most recent BP less than 150/90
Childhood Immunizations	% compliance for all IZ by age 2
Patient Experience	x% improvement on patient experience, administered 2x per year.
Continuity with Team	% of patient visits with assigned clinician team.
Patients assigned v. seen	% of patients with first patient engagement within 90 days of assignment (as defined by PCPCH)

Barriers

Barriers

Barriers

Activities of Daily Living (ADLs)

Communication

Domestic Violence

Employment

Financial

Food

Health Literacy

Hearing

Housing

Lack of Social Support

Legal

Literacy

Mobility


Transportation

Visually Impaired


The patient has been out of work since 2009 due to a back injury caused by a work accident. Disability insurance has not paid for a sufficient amount of care in the intervening time, leaving the patient with significant medical bills from before they were able to enroll in Medicaid.

Barriers	
Activities of Daily Living (ADLs)	The patient's back injury causes problems moving around and performing normal ADL's. The reduced mobility and social status has lead to a mild depression.
Employment	The patient has been out of work since 2009 due to a back injury caused by a work accident. Disability insurance has not paid for a sufficient amount of care in the intervening time, leaving the patient with significant medical bills from before they were able to enroll in Medicaid.



Category Select

Search: 

△ Title
Accessing community resource/service
Care plan setting activities
Coordinating care clinical followup
Coordinating care dental
Coordinating care information management
Coordinating healthcare appointments for patient or family
Coordinating transitions in care setting
Education provided: group setting
Education provided: one on one
Education provided: written material
Exercise class participant
Home visits, non-billable
Language services
Medicaid eligibility assistance
Panel management outreach
Support group participant
Transportation assistance
Warm hand-off, non-billable
18 categories loaded.

 **Patient Touches**

TOUCH	TIME IN MINUTES	USER	COMMENT
Warm hand-off, non-billable [13]	10	HUEBNER, JULIE PRD	Met with patient and scheduled follow up
Transportation assistance [1]	15	SAETEURN, MEY-PRD	Gave patient a bus pass

 Restore  Close F9

Next Steps with APM

- March 1, 2013 was our “go live”
- Submit data quarterly
- Track financial impact
- Add clinics to pilot
- Add mental health (and eventually dental)



Get Our House in Order

Improve CHCs now!



Non-Visit Based Care

- We're re-imagining how the medical home could be structured
- *What if...*the revenue didn't place a high value on F2F visits?



Thank You

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