THE HEALTH COLLABORATIVE

“What is the impact of payment reform? Primary care transformation in Ohio.”

“Policy Approaches to Balance the Health Care Spending Side of the Health Value Equation.”

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August 23, 2018

The Health Collaborative: What We Bring

Role #1:

Practice Learning and Diffusion

Role #2:

All Payer Claims Data Analytics

- Benchmarking
- Attribution Tracking

Role #3:

Convening

PCMH + Payment Reform

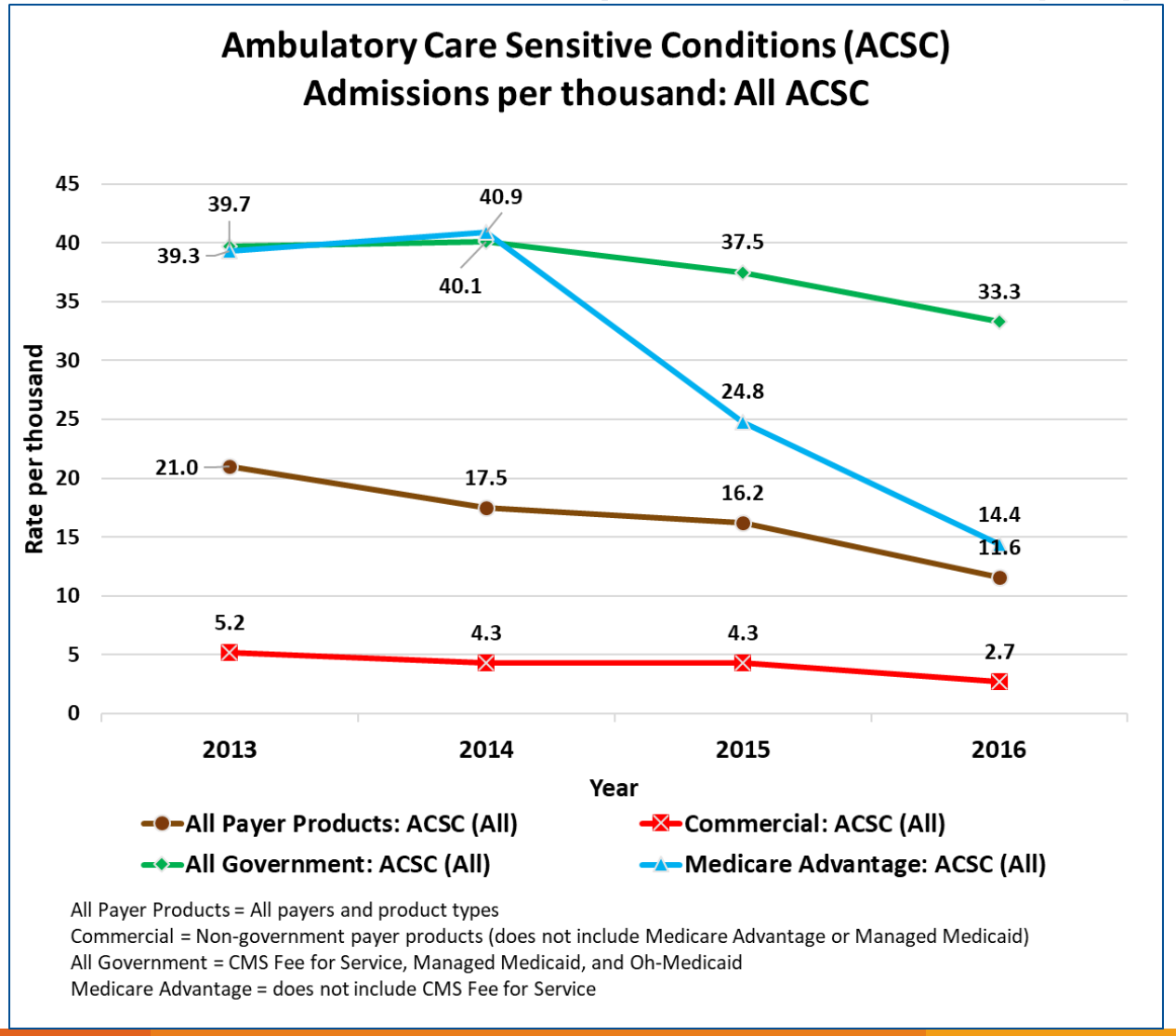
CPC
Comprehensive Primary Care

Greater Cincinnati
1 of only 7
chosen sites nationally

- **75** practices and **350** providers
- **Multi- payer:** 9 health plans + Medicare
- **500,000** estimated commercial, Medicaid and Medicare enrollees

65 miles from
Williamstown, KY to Piqua, OH

CPC Classic: Ambulatory Care Sensitive Condition Admissions per thousand (All)



All Payer Products = All payers and product types
Commercial = Non-government payer products (does not include Medicare Advantage or Managed Medicaid)
All Government = CMS Fee for Service, Managed Medicaid, and Oh-Medicaid
Medicare Advantage = does not include CMS Fee for Service

Different Populations; Different Responses

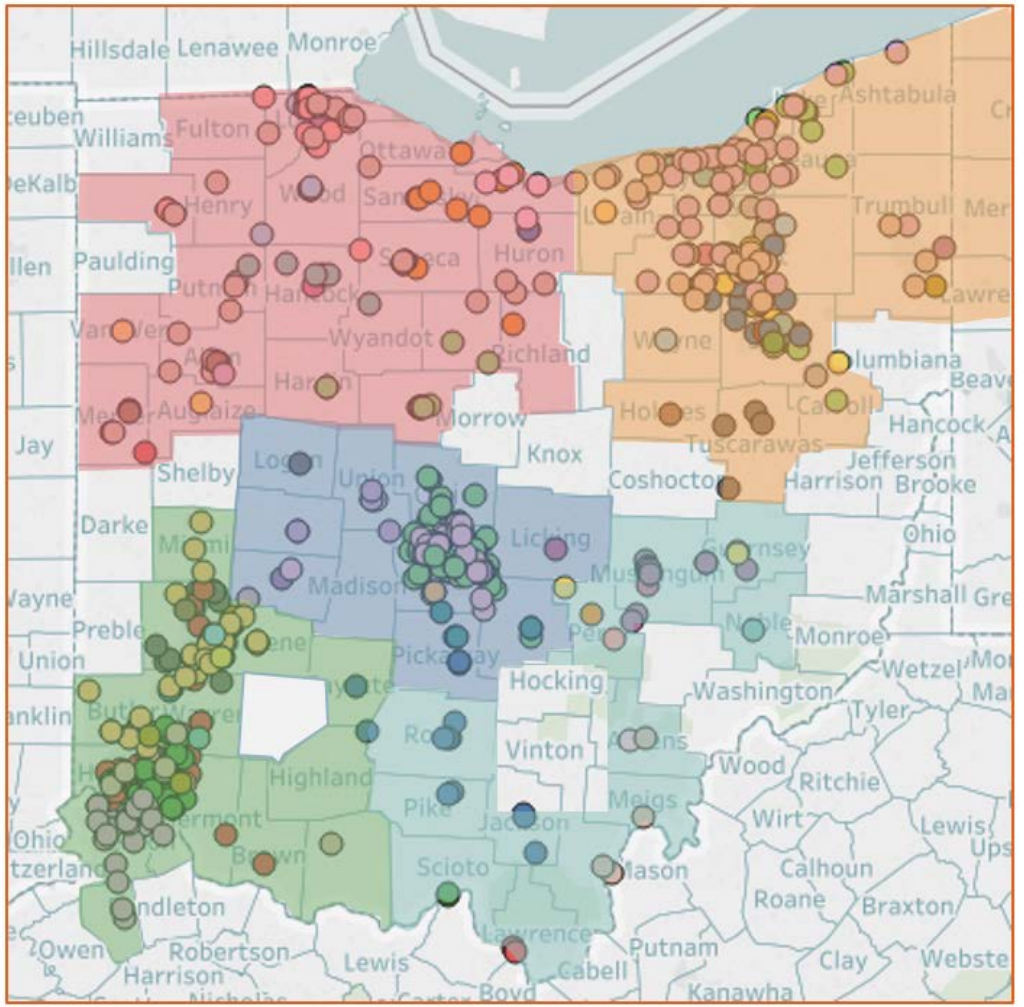
	ACSC			Inpatient Discharges			ED visits			Total Cost		
	2013	2016	Change from 2013 to 2016	2013	2016	Change from 2013 to 2016	2013	2016	Change from 2013 to 2016	2013	2016	Change from 2013 to 2016
Payer Mix	rate per thousand		(%)	rate per thousand		(%)	rate per thousand		(%)	$ per member per year		(%)
All	21.0	11.6	-44.8%	121.5	81.8	-32.7%	306.3	251.3	-18.0%	$5,677	$5,159	-9.1%
Commercial	5.2	2.7	-48.1%	45.4	32.5	-28.4%	180.1	162.4	-9.8%	$4,205	$4,236	0.7%
Medicare Advantage (MA)	39.3	14.4	-63.4%	192.1	90.5	-52.9%	359.3	184.0	-48.8%	$8,345	$5,243	-37.2%
All Government (excludes MA)	39.7	33.3	-16.1%	218.1	205.9	-5.6%	489.9	509.8	4.1%	$7,028	$7,512	6.9%
*Results are not risk-adjusted												

- Employers are looking for a solution too.
- Social determinants of health are just that “social”.
- Primary care with support from the community can screen, refer and coordinate SDOH like any other patient problem.
- The more experienced CPC practices are beginning to show evidence of this. It is an acquired skill.

Comprehensive Primary Care Plus (CPC+)
Scope of Project

CPC+ Ohio-N.Ky

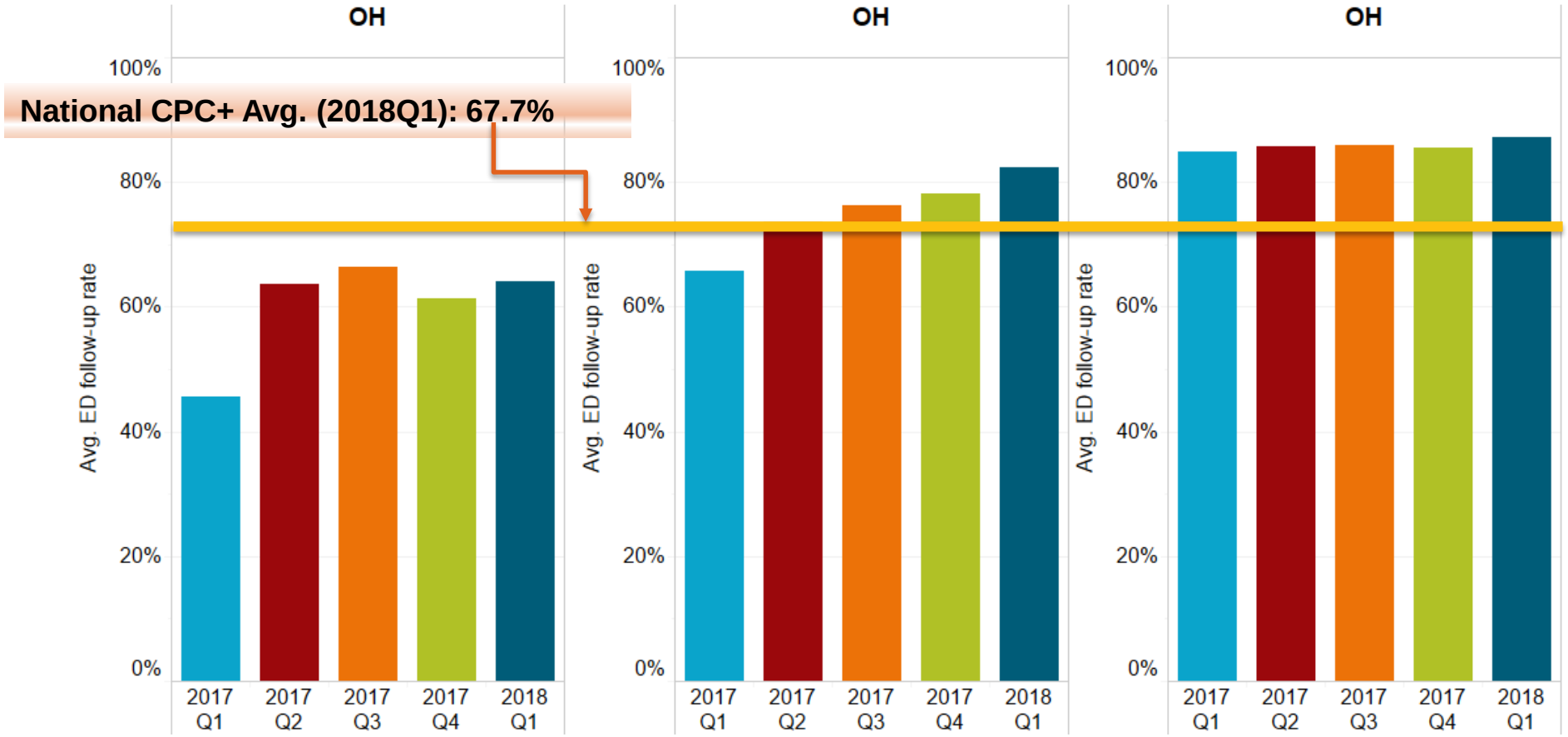
- 5 year advanced primary care medical home model
- ~560 individual “brick and mortar” practices
- ~2600 providers
- 14 Payers
- 2.5 million patients
- Payment Streams
  - Fee-For-Service
  - Care Management Fee (CMF)
  - Performance-Based Incentive Payment



Emergency Department Follow-up within One Week

OH/N. KY (All)

% of ED Discharges with Follow Up Within One Week



SW OH/N. KY

% of ED Discharges with Follow Up Within One Week

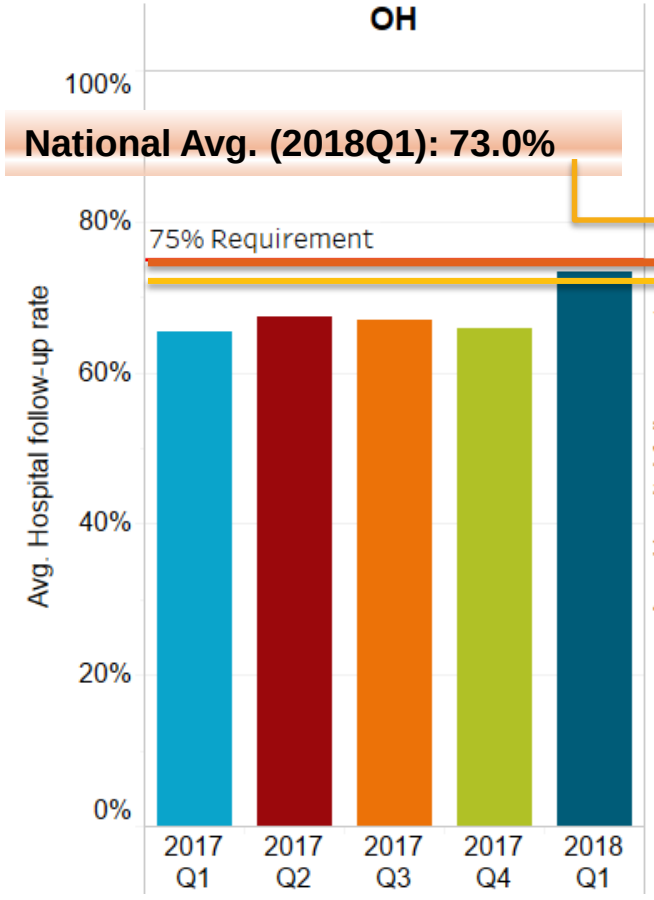
CPC Classic

% of ED Discharges with Follow Up Within One Week

Hospital Follow-up Upon Discharge within 72 Hours

OH/N.KY (All)

Strategy: Targeted Care Management
% of Discharges with Follow-up Within 72 Hours or Two Business Days



SW OH/N.KY

Strategy: Targeted Care Management
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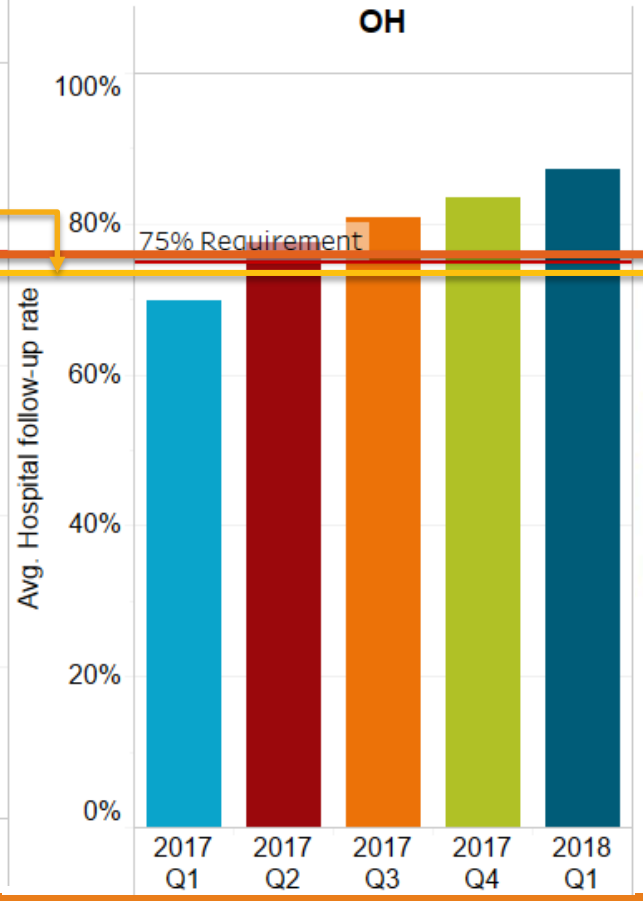

CPC Classic

Strategy: Targeted Care Management
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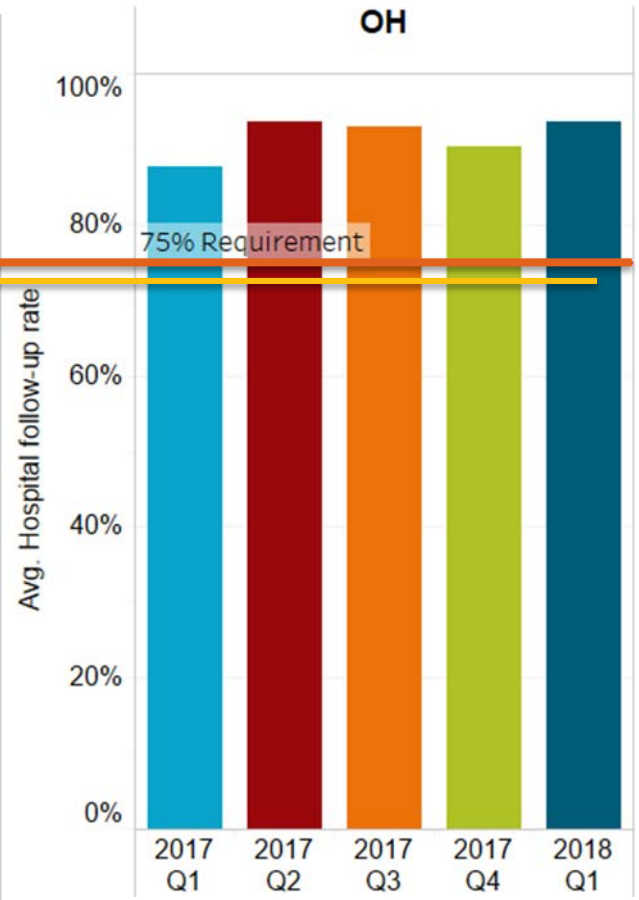


CPC+ Claims Outcomes: 2017 First Year Preliminary Results

Ohio CPC+ Region	Major Payer	Measure	% Change from 2016 to 2017
OH (All)	Commercial	ACSC Composite	-12.2%
	Medicare and MA	ACSC Composite	1.9%
	Commercial	ED Visits	5.4%
	Medicare and MA	ED Visits	2.5%
Southwest OH	Commercial	ACSC Composite	-22.3%
	Medicare and MA	ACSC Composite	-5.3%
	Commercial	ED Visits	-3.6%
	Medicare and MA	ED Visits	4.1%
CPC Classic Practices ONLY	Commercial	ACSC Composite	-36.5%
	Medicare and MA	ACSC Composite	-9.9%
	Commercial	ED Visits	-7.1%
	Medicare and MA	ED Visits	1.4%

ACSC Composite = Ambulatory Care Sensitive Conditions (12 chronic diseases)

Why it is Important?

- What do we want practices do with the data?
- VBP: He who measures value… controls payment
- Business models matter
- A source of truth
- Proof of concept

We can forge a more meaningful partnership, or we can maintain the same adversarial dialogue

Ohio CPC and CPC+: Similarities and Differences

Ohio CPC

~600 Practices

- Data Reports: ODM
- Practice Classification: Medicaid ID (~114)
- Measure Specifications: HEDIS, 28 measures
- Includes Pediatrics and FQHC's

~400 Practices

- Built on PCMH: Team-Based Care
- Practice Transformation is a priority
- Care management fees on top of FFS
- Significant investment in care management fees
- Depend on Critical Mass
- Recognizing the importance of data
- Data provided at patient-level detail
- Recognizing need for a uniform report

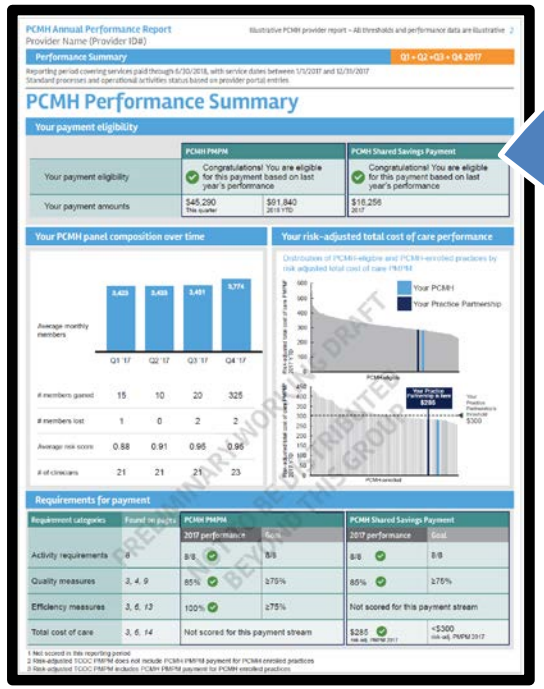
CPC+

~560 Practices

- Data Reports: CMS, ODM, The Health Collaborative
- Practice Classification: Practice Site (brick and mortar)
- Measure Specifications: align with MIPS, 16 measures
- Adults only

Ohio's Price and Quality Transparency Initiative

Primary Care Performance Report



Referral

Specialist Performance Report

Specialist Performance Report for Primary Care

Report

Ohio | Governor's Office of Health Transformation

Policy Implications: Primary Care

- Primary Care as Broker, Interpreter, Consultant
- Coordinated Care is Cost Effective Care
- Primary Care as Gateway (not Gatekeeper)
- Patient Incentives (not penalties)
  - Less out of pocket
  - Greater eligibility
  - Other perks; get creative

Reward those who help resources go farther

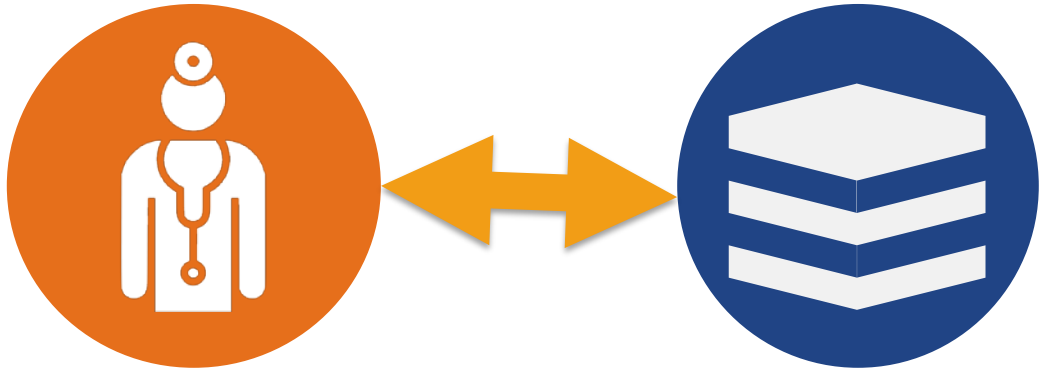
Policy Implications: Support of Primary Care

- Assessment of Social Determinate Risk becomes as routine as Clinical Risk
- Practices' Care Management is integrated with Social Services just like Behavioral Health Services
- CMF Payment is weighted according to SDOH risk scores on a par with BH risk scores

Thank You!
Discussion?

Appendix

Business Model: “Claims Data Co-Op”



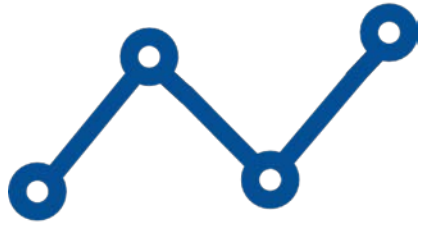
- Co-Op vs. Vendor
- Co-Own the Process
- Co-Ownership of the results
- Data Work Group: “The Table”
- Ownership engages
- It is Self-sustaining

Paradigm Shift

Data Work Group: “The Seat at The Table”

- The **Neutral Space**
- Members must be participants in the CPC+ Claims Data Co-Op
- Working committee to ensure the effective design and implementation of **claims-based measures** and **reports** for practices and payers
- Serves in data governance

Reports That Matter



- Payer Reports: view of individual practices
- Practice Reports: view of individual payers
- Patient level detail for your members/patients
- Comparison to Peers in aggregate
- User Friendly: Tableau visualization tool
- Trend tables: Am I getting better?
- Attribution Tracking Reports

Customer Focus
Business Model 101:They who pay the piper…

- Coaching
- Facilitating
- Ease of Use
- Responsive to need
- Invested in their success
- Keeps us focused and on our toes

*These apply to practices **and payers**; both are customers*

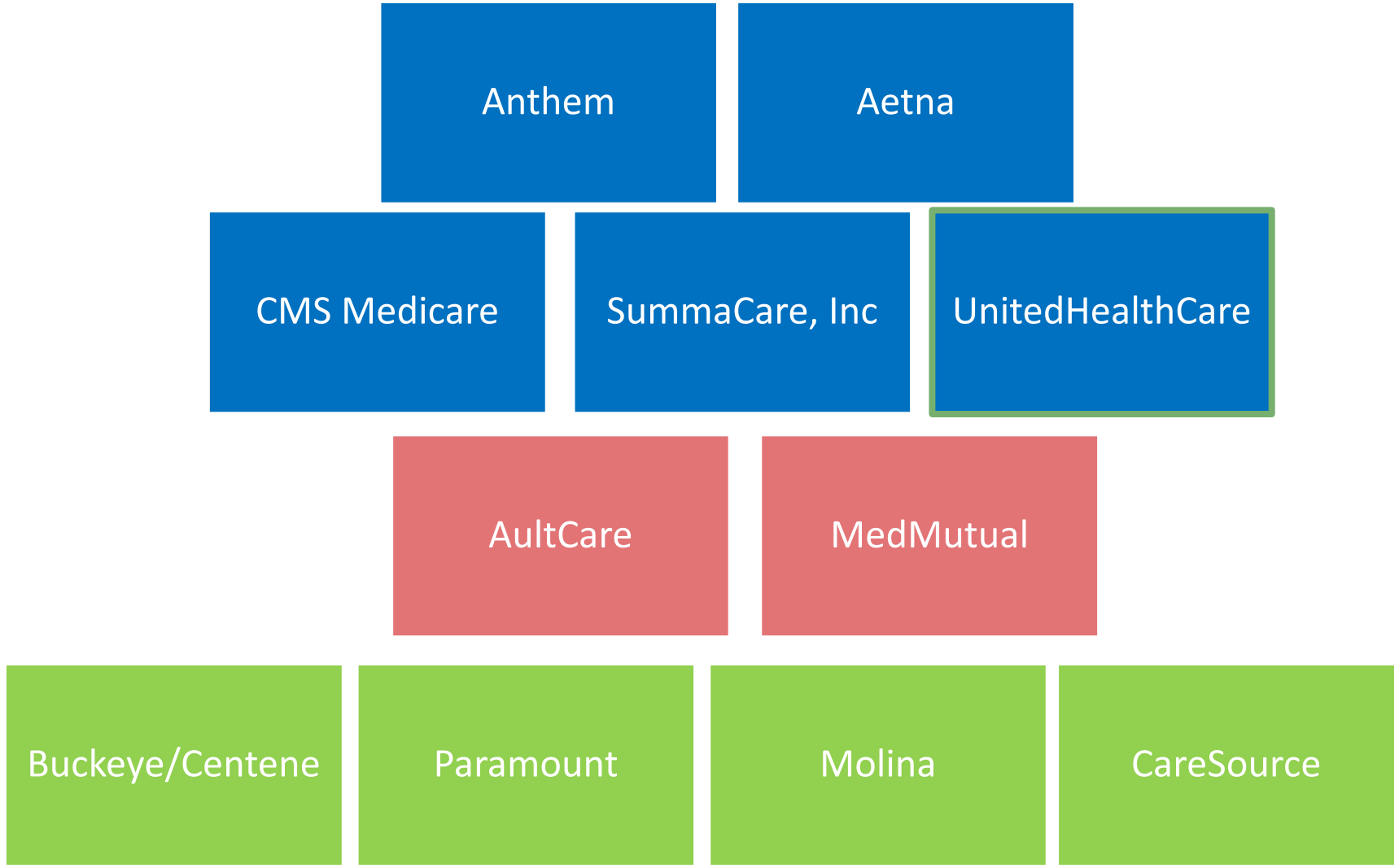
Engage by “Solution”

- One Stop for Comprehensive Performance
- Part Ownership of the Process; “Seat at the Table”
- Benchmarking
- Actionable Data; Translating to Care Manager Work Lists
- Make Integral to Practice Transformation; Just in Time Data
- Hands on Data Coaching
- Avoid Administrative Burden for Data Entry

Measures That Matter:

Cost	ED Cost
	Inpatient Cost
	Pharmacy Cost
	Primary Care Cost
	Specialist Cost
	Total Cost
Quality	Low Back Pain
	PCR
	PQI CHF
	PQI COPD
	PQI Composite
Utilization	ED Visits
	Inpatient Bed Days
	Inpatient Discharges
	Primary Care Visits
	Specialist Visits

Participating Health Plans



New Measures That Matter:

Add by end of 2018

- Mammograms
- Pap Smears
- Live Births <2500gms
- Well Child 1st 15 mos.
- Well Child 2-6 yr
- Adolescent Well-Care
- HbA1c Testing
- Eye Exam Performed

Planned by end of 2019

- BP Control
- BP Control Diabetes
- COPD Exacerbation/Corticosteroid
- Medication management Asthma
- Multiple Antipsychotics in Children
- Statin Therapy for CV Disease
- Follow up after Hospitalization for Mental Illness
- Colonoscopy

Basic Infrastructure; Five *Essential* Elements:

- Neutral, Trusted, Local Convener
- Sustainable Prospective Care Management Payments:
  - **Critical Mass**; Over 50% of the practice population needs to be covered
  - Approach needs to be **multi-payer**; No payer has sufficient volume of patients within most practices to do it alone;
  - ***Incentives*** and rewards have to be ***palpable***
- Claims Data Aggregation Capability: The "Five C's"
  - ***Consistent*****;** standard measures
  - ***Contiguous***; tracked over time
  - ***Comprehensive***; a majority of a practice's patient panel is included
  - ***Credible;*** timely, accurate, and usable; Actionable
  - ***Cost/Quality Balance;*** measuring to manage value
- Physician/Provider/Practice Culture:
  - ***Ownership*** mentality; empowerment vs. employment
  - Integrate into ***work flow***
  - Physician autonomy vs ***team-based care;*** **delegation**.
- Health Information Exchange and Electronic Health Record; Ability to **Effect Change**

“Nesting” it in the Market

- Ohio SIM
- AHC
- Opioid Work
- Synergy with HIE
- APCD foundation

This why Trusted Local Conveners are Critical; Relationship and Environmental Knowledge

Practice Participation in CPC+