Meeting Summary for Care Management Committee Zoom Meeting

May 15, 2024 09:55 AM Eastern Time (US and Canada) ID: 913 5939 6936

Quick recap

The Care Management Committee discussed the refined payment model structure, stakeholder engagement plan, and the need for a more comprehensive strategy to improve health outcomes and equity. Concerns were raised about the potential impact on marginalized communities, language barriers, and the complexity of the hybrid program, with a focus on the need for transparency, informed decision-making, and better patient engagement. The team also reviewed the PCMH and PCMH plus program, ongoing recruitment efforts, and the importance of maintaining and expanding access to care in the face of challenges.

Next steps

Dr. Richards will finalize the design principles for the primary care redesign, ensuring they align with federal and state requirements and accommodate the needs of the disabled population.
Brad will refine the payment model structure based on feedback from the Primary Care Program Advisory Committee and the FQAC subcommittee, incorporating a quality gate performance requirement and a phased approach to shared risk.
Marie will coordinate with the Care Management Committee to ensure DSS supports are implemented to help practices achieve improved primary care goals, focusing on increasing member attribution, providing technical assistance, and developing trainings and materials.
Brad will lead the discussion on refining the shared savings and risk models to ensure they are achievable, equitable, and sustainable for both providers and the health plan.
Sheila will work with the team to enhance real-time data and reporting capabilities for providers, focusing on actionable insights to drive improved clinical and operational performance.
Laura Demeyer provided updates on the PCMH program, including practice growth, provider engagement, and attribution trends, to ensure the program remains effective and equitable for all participants.

Summary

Care Management Team and Payment Model

Brad outlined the future focus of discussions, emphasizing the role of the care management team in providing updates on payment and DSS supports. He reviewed the stakeholder engagement plan, previous discussions on the payment model and DSS supports, and future strategies for DSS supports. Brad presented the refined payment model structure, which includes three capability-based tracks and performance-based payments. Concerns were raised about the potential impact on marginalized communities and the disabled population, prompting Brad to stress the importance of improving care for all communities.

Addressing Language Barriers and Health Equity

Brad, Erika and others discussed the ongoing conversation about language barriers and other obstacles in their work. The discussion then moved to the transformation work and the importance of a systems approach to address the root cause social determinant conditions contributing to poor health outcomes and health disparities. Mark emphasized the need for a more comprehensive reimagining of Medicaid to achieve health equity goals, including long-

term prevention outcomes. Brad concluded by expressing concerns about the current primary care underinvestment and the need for a more comprehensive strategy to improve the health and wellbeing of communities, acknowledging that DSS cannot do this alone.

Payment Model Discussion and Concerns

Sheldon and Brad discussed the presentation slides about payment models for their services. Sheldon expressed support for the first two tracks, which have a fee-for-service base and a flexible funds track for services not typically reimbursed on a fee-for-service basis. Brad clarified the third track as a hybrid model that could either split payments for services between fee-for-service and a pay-per-use model or carve out specific services for the pay-per-use model. However, Sheldon expressed concerns about the payment model risk and the shared risk it posed, particularly for patients who may not fully understand the implications. Brad acknowledged the disagreements regarding payment models and their potential risks and emphasized the need for risk mitigation strategies regardless of the system in place.

Addressing Concerns on Proposed Changes

Brad acknowledged the concerns raised by Sheldon and Ellen regarding the proposed changes, emphasizing the importance of their feedback and input. He clarified that the proposed changes were not recommendations from the Advisory Committee, but rather a starting point for discussion. Brad also stressed that the ultimate decision would rest with the DSS, after considering feedback from various stakeholder groups, including MAPOC. Ellen expressed her concerns about the potential for provider choice to lead to system manipulation and emphasized the need for transparency and informed decision-making.

Addressing Low-Value Care and Engagement

Ellen highlighted concerns about low-value care and the need for better engagement of patients in the Medicaid program. Brad acknowledged Ellen's concerns and assured her that steps are being taken to address issues such as low-value care. He also mentioned the ongoing work to improve patient engagement and the potential role of CHWs in this regard. Larry offered to share more details about the CHW team's efforts to connect members with primary care.

Addressing Hybrid Program Complexities and Measurement Sets

Larry shared early results of an accelerating program that began last year. Ellen expressed concerns about the complexity of the hybrid program, citing providers' confusion about incentives and the potential for shared savings. In response, Brad suggested enhancing the existing program by providing more real-time data and aligning measures across payers. However, Ellen voiced concerns about the adequacy of the measurement sets and the complexity they add. Brad acknowledged these concerns, emphasizing the need to strike a balance between meeting the unique needs of their patient population and aligning with other payers to make it easier for providers. The team agreed that this issue will require further discussion and refinement.

Bifurcated Approach and Medicaid Concerns

Sheldon urged the team to consider a bifurcated approach to their tracks, with the first two parts being less problematic and the third part requiring further exploration. He warned that the work done could become irrelevant if a capitated payment model through Medicaid managed care was implemented. Brad added that they were gathering more information to present to the office of the Governor. Michelle’s expressed concerns about the overcomplication of the system and the potential for smaller groups not meeting their

thresholds due to the actions of larger organizations. Sheldon and Brad assured her that they were considering ways to allow small providers to operate independently or as small providers.

Addressing Shared Savings Distribution Concerns

Brad and Michelle’s discussed the concerns about the fairness of the shared savings distribution within their organization. Michelle’s' main concern was that larger groups did not receive their bonuses because they did not meet the point thresholds, even though smaller groups did. Brad acknowledged that the distribution of savings is outside their scope, but the size of providers and their participation in specific tracks could influence this. Ellen emphasized the importance of considering the context and the potential impact on primary care providers. The committee agreed to further discuss these issues to define how size providers should be considered and whether a threshold of members is necessary to participate in a shared savings arrangement.

PCMH and PCMH Plus Program Update

The team shifted the discussion towards the PCM H and PMH plus program, with Larry confirming his responsibility to provide an update. Laura, who is currently training presented the program's trends, including the number of approved and accredited practices, providers, and recognized sites. She also discussed ongoing recruitment efforts, new additions, and the geographic distribution of PCMH practices. In response to Rep. Dathan's query, Laura clarified that practice terminations were primarily due to consolidation and the need for compliance with NC QA's requirements for a full year of data and standardized measures.

Primary Care Focus and Provider Support

Laura presented and Michelle’s emphasized the importance of primary care and the need to simplify the system without overwhelming providers. She expressed concern about patients being deterred by high costs and urged the team to prioritize patient access and the needs of small providers. The team agreed on the importance of being mindful of the demands placed on providers and the need to maintain and possibly expand access to care in the face of challenges. The next meeting was scheduled for July 10th, 2024.