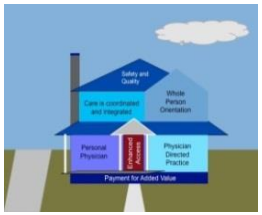
PCMH+ STATUS UPDATE
NOVEMBER 2018
MAPOC MEETING

PCMH+ OVERVIEW

HUSKY Health 2017 and Ongoing

On a foundation of



Person-Centered Medical Homes

ASO-Based Intensive Care Management (ICM)

Pay-for-Performance (PCMH, OB)

Data Analytics/ Risk Stratification

we are building in

Community-based care coordination through expanded care team (health homes, PCMH+)

Supports for social determinants (ICM, transition/tenancy sustaining services, interventions for childhood trauma)

PCMH+

with the desired result of creating

Multi-disciplinary (medical, behavioral health, dental services; social supports) health neighborhoods

Key Messages

Connecticut Medicaid has now completed and evaluated the first year of its **first ever shared savings program**. The Wave 1 Performance Year was from January 1, 2017 through December 31, 2017.

As expected, **we saw considerable "ramp-up"** during the first half of the performance year. This is common among all enhanced care coordination demonstrations.

Considerable freedom and attention was given to Participating Entities (PEs) in order to allow staffing based on suggested parameters, but not specific standards. This allowed each PE to focus on Medicaid member needs rather than simply meeting reporting requirements.

Key implementation results included low member opt-out rate, low rate of member complaints, and successful PE implementation of care coordination activities and establishment of community partnerships.

Key Messages

PCMH+ model design was guided by a number of important values:

1. Protecting the interests of Medicaid members
2. Improving overall health and wellness for Medicaid members
3. Creating high performance primary care practices with integrated support for both physical and behavioral health conditions
4. Building on the platform of the Department's PCMH Program, as well as the strengths and analytic capability of the Medicaid program's medical ASO
5. Enhancing capacity at practices where Medicaid members are seeking care, to improve health outcomes and care experience
6. Encouraging the use of effective care coordination to address the social determinants of health

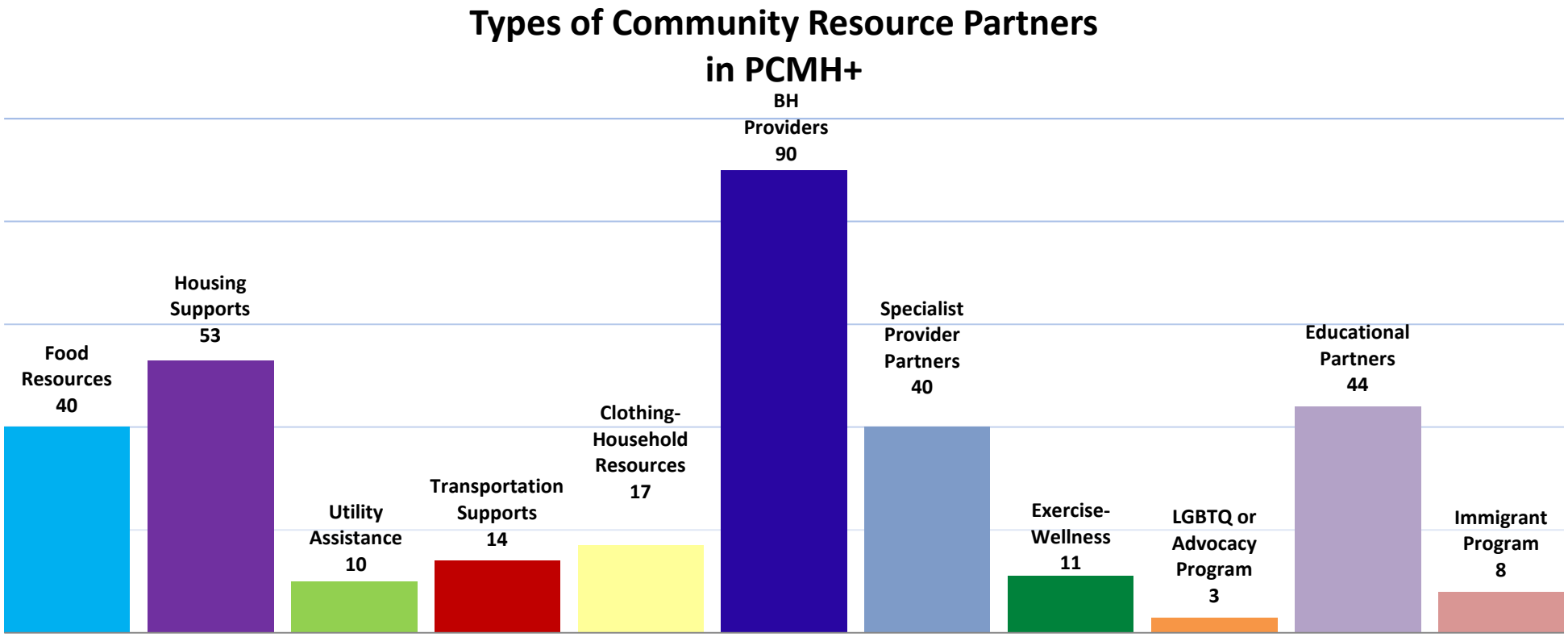
Key Messages

- PCMH+ requires PEs to build on the limited, PCMH care coordination with **enhanced care coordination activities** targeting improved outcomes in:

  - Behavioral health integration
  - Cultural competency, including use of the national Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS) standards
  - Children and youth with special health care needs
  - Disability competency

PCMH+ Resource Partnerships

PEs have formed partnerships with a variety of community organizations designed to target social factors that influence health and to support timely linkage to community resources.



SHARED SAVINGS ARRANGEMENTS

Shared Savings Arrangement Trends

- A review by NEJM of more than 30 studies showed that providers paid through shared savings arrangements **improve** how they deliver **care**.[1]
- State-based **Medicaid** alternative payment arrangements are **increasingly** being incorporated into state Medicaid reimbursement to improve health, control costs and increase accountability.
- CHCS has created an inventory of state activity. **12 states** have active Medicaid ACO-type **programs** (including Connecticut), many of which have not reported results yet. **10 more states** have shared savings programs under discussion.[2]
- Only a few states' shared savings programs have been in existence for multiple consecutive years, but multi-year results show quality and/or savings improve after the first year.

1. https://catalyst.nejm.org/state-evidence-payment-reform-shared-savings/
2. https://www.chcs.org/resource/medicaid-aco-state-update/

Shared Savings Arrangement Examples

Under its SIM grant, **Vermont** had mixed financial results, but quality improved or remained high in all areas, based on a final report by the Green Mountain Care Board.[1]

Minnesota Medicaid Integrated Health Partnerships had increasing savings over time and improved clinical measures. IHPs saved money in different ways; e.g., some focused on care coordination and others on behavioral health.[2]

Some **commercial** payers have seen increases in savings and/or positive results in patient experience and clinical measures over the course of their pilots and demonstrations as reported in NEJM's review.

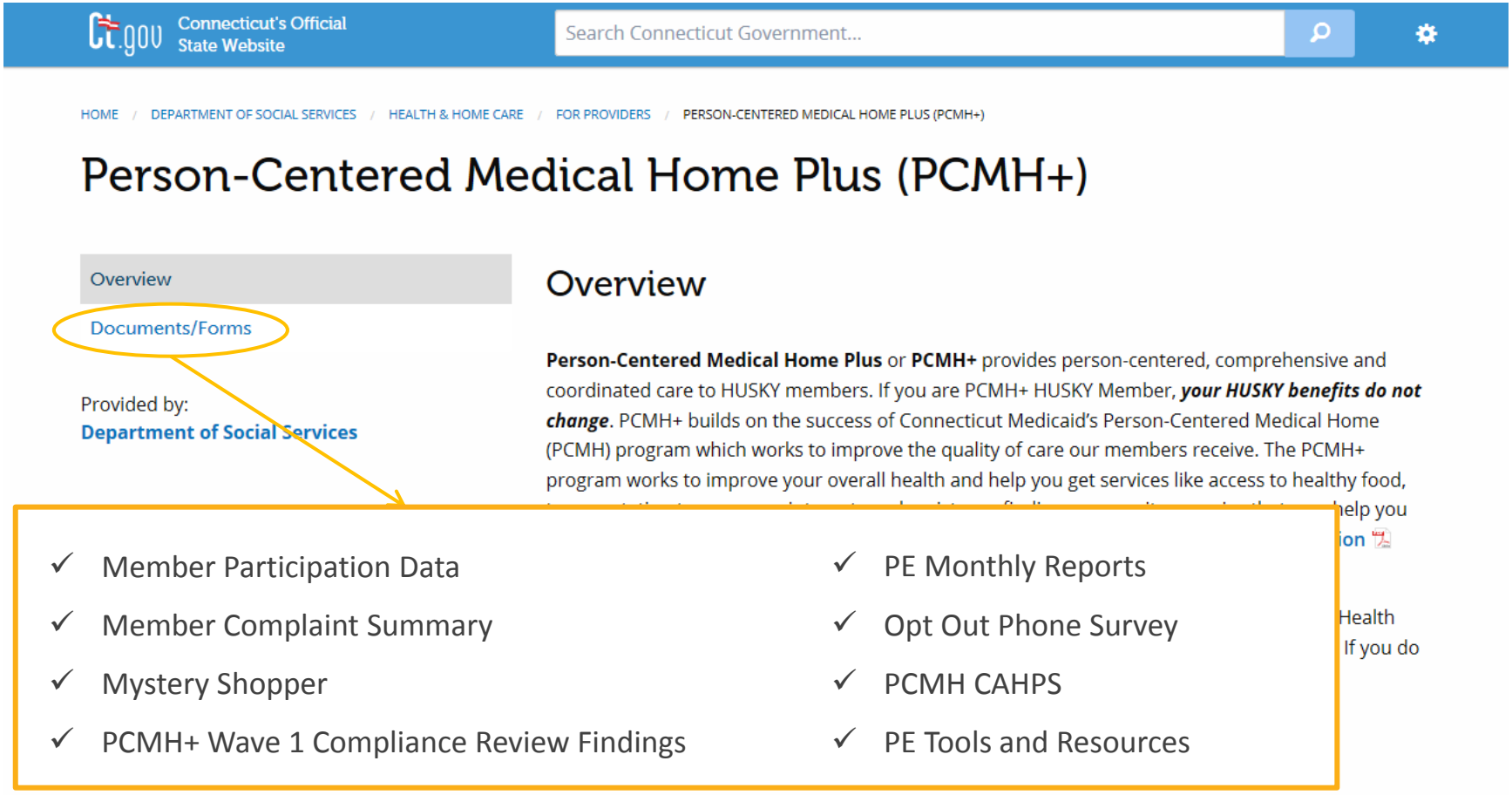
Medicare Shared Savings Program experience shows that 18% of ACOs who started in 2016 earned savings in the first year,[3] but 60% of ACOs earned savings in 2017.[4]

1.https://gmcboard.vermont.gov/sites/gmcb/files/FINAL%20Year%203%20Shared%20Savings%20Program%20Results%2012%2019%202017%20to%20GMCB%20FINAL_DVHA%20update.pdf
2.https://www.chcs.org/evolution-shared-savings-payment-methodologies-medicaid-accountable-care-organizations/
3. https://www.ajmc.com/contributor/travis-broome/2017/10/cms-releases-medicare-shared-savings-program-2016-results
4. https://revcycleintelligence.com/news/more-mssp-acos-saved-money-earned-shared-savings-in-2017

PCMH+ PROGRAM EVALUATION

PCMH+ Website

Since the launch of PCMH+ on January 1, 2017, data has been posted publicly to the DSS website to provide timely, transparent evaluation of the program found here: https://portal.ct.gov/DSS/Health-And-Home-Care/PCMH-Plus/Documents



Wave 1 Results

Member Participation

- PCMH+ assigned members steadily decreased in 2017.
- The majority of that decrease was due to member loss of HUSKY eligibility. Temporary eligibility lapses have been administratively addressed.

Opt-Outs

- PCMH+ opt-outs have been lower than other assignment-based care coordination programs at 1% of initially assigned members.

Mystery Shopper Survey

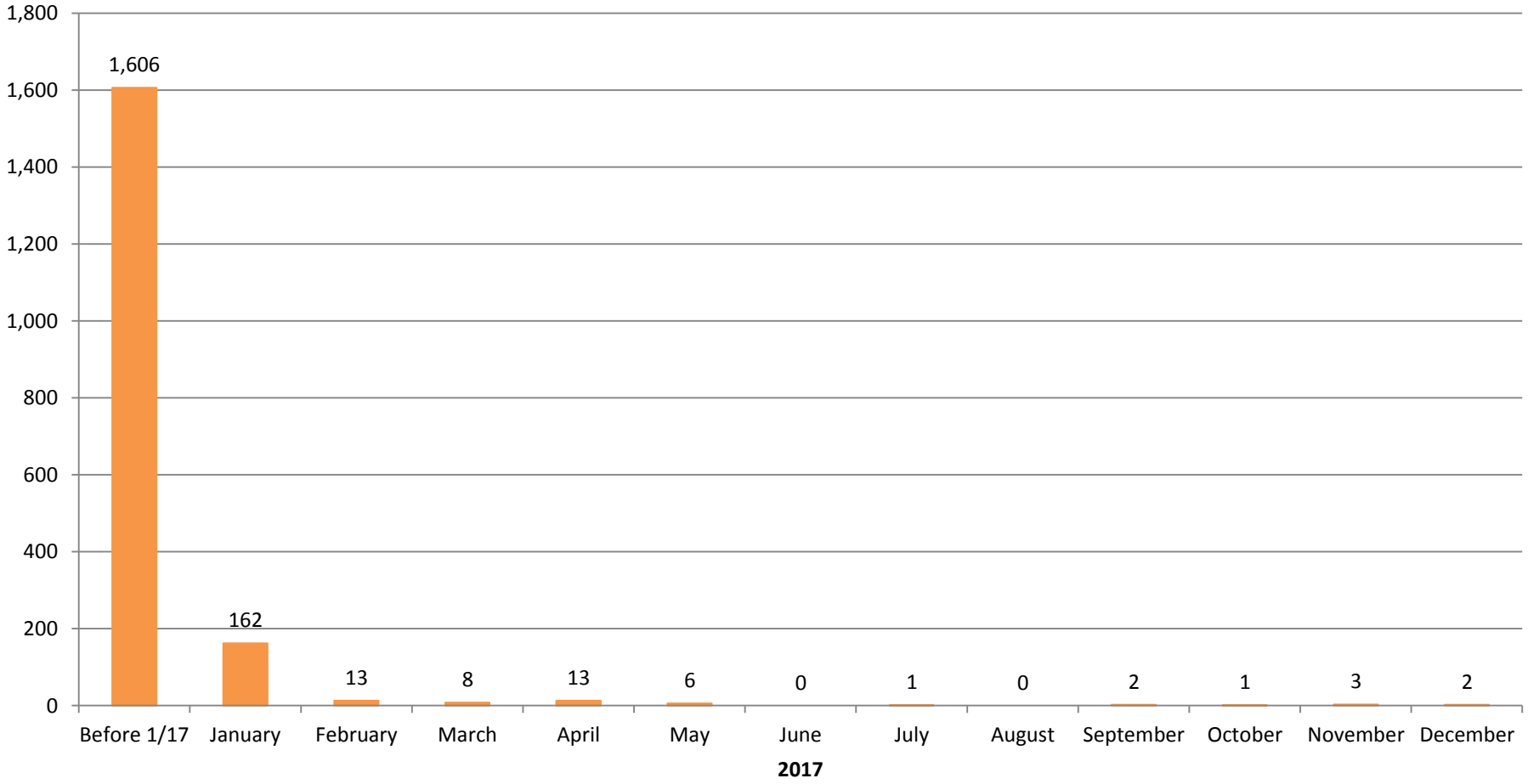
- 78% of PCMH+ practices responded that a doctor in the office was taking new patients, as compared to 85% of PCMH practices.
- 94% of PCMH+ primary care practices offered an appointment after identifying HUSKY insurance, as compared to 83% of PCMH practices.

Complaints

- Member complaints have decreased since the initial launch of PCMH+.
- PCMH+ average member complaints in 2017 were lower than the 2016 average for the same members.

Opt Outs

88% of opt-outs occurred prior to the launch of PCMH+.



Mystery Shopper Results

- Accepting New Patients for Adult Primary Care Provider at Desired Site

Question: Is Dr. X or someone else in the office taking new patients?	PCMH (N=160)		PCMH+ (N=46)	
Yes, Dr. X or another doctor	136	85%	36	78%
No, for any reason	24	15%	10	22%

- Appointment Availability after Identifying HUSKY Insurance

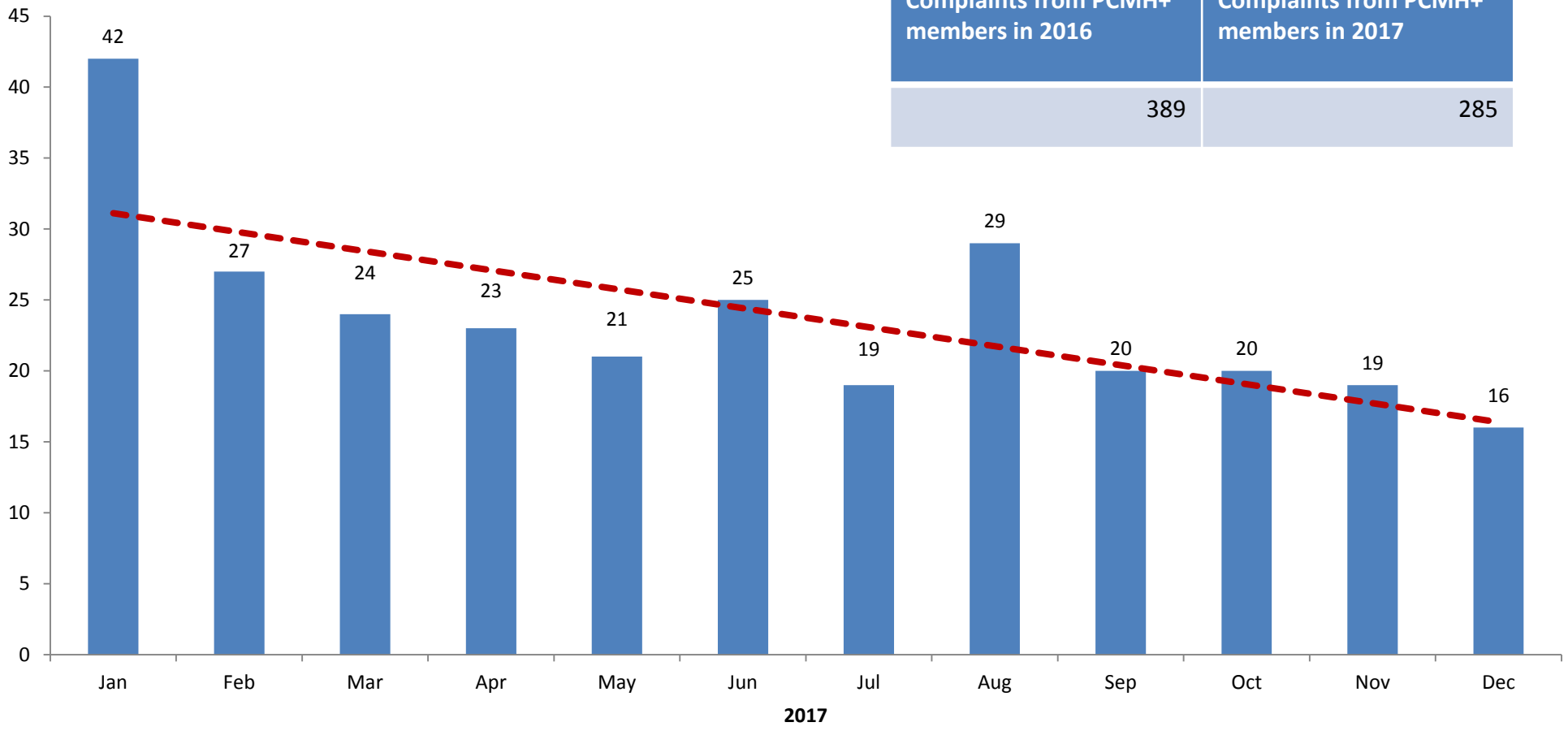
Question: (If Yes) Great, do you take HUSKY insurance?	PCMH (N=136)		PCMH+ (N=36)	
Yes	76	56%	26	72%
Yes, under certain conditions (medical records, age, location, new patient appt.)	36	27%	7	19%
Yes, with referral	1	<1%	1	3%
TOTAL Yes	113	83%	34	94%
TOTAL No	23	17%	2	6%

Full results of the mystery shopper are available on the PCMH+ website

PCMH+ Member Complaints by Month

2017 PCMH+ member complaints are lower than the 2016 historic average for the same population. Complaints have decreased since the launch of PCMH+.

Complaints from PCMH+ members in 2016	Complaints from PCMH+ members in 2017
389	285



2018 CAHPS Results

- 93.0% of respondents in 2018 provided a positive overall rating of 7 or higher on a scale of 1 to 10, an improvement from 92.5% in 2017.
- A vast majority of members were “always” or “usually” able to get access to routine care (90.5%) and access to care they needed right away (90.8%).
- 88.1% reported it was “not at all” or “not very difficult” to make a consulting or mental health appointment in the last 6 months.
- 96.1% of members surveyed reported their provider showed respect for what the respondent had to say.
- 94.8% of members reported their provider listened carefully to them.

2018 CAHPS Results

Category	Survey question	2017	2018
Overall Satisfaction	Overall satisfaction (adult)	92.5	93.0
Access	Access to routine care (adult)	92.7	90.5
	Access to care needed right away (adult)	89.8	90.8
Specialists	Providers being up-to-date on care received from specialist (adult)	89.0	88.8
Contact with Providers	Able to get answers to medical questions the same day during regular office hours (adults)	85.0	86.4
Clerks and Receptionists	Clerks/receptionists were helpful (adult)	89.9	91.7
	Clerks/receptionists were courteous and respectful (adult)	94.4	94.1
Providers	Showing respect for what you had to say (adult)	95.5	96.1
	Listen carefully to you (adult)	94.2	94.8
Specific health goals	Talking about specific goals for your health (adult)	68.0	66.7
	Talking about things that make it hard to take care of your health (adult)	50.0	55.5
Smoking cessation	Advising you to quit smoking or using tobacco	90.4	88.3

Compliance Reviews

- DSS and Mercer conducted desk and onsite compliance reviews in July and August 2017 to assess compliance, quality and effectiveness in achieving the goals of the PCMH+ program
- The onsite review included interviews with key PE staff, member interviews and member file reviews
- The focus of the reviews included:
  - Initial implementation of the PCMH+ program
  - PE operations, including the care coordination staffing model
  - Design and delivery of required care coordination activities
  - Evaluation of community linkages established by the PE

Member Interviews – Selection of Members

Obtaining member feedback is a vital part of a compliance review process

- PEs were asked to select at least two members and/or families or designated representatives
- Interviews were completely voluntary for members
- Interviews were conducted in person or by phone depending upon the wishes of the member and lasted approximately 30 minutes each
- The identity of each member was kept confidential and was not revealed in the PE report
- Members selected needed to meet the following criteria:
  - Assigned to the PE
  - Received at least one PCMH+ care coordination contact
  - Priority was given to members who participated on the PE oversight body

Member Interviews Questions

Members were asked a total of 15 questions spanning across the following themes:

- Familiarity with and access to Care Coordinator/s
- Involvement on the PE's oversight body and if member voice is included in the meetings
- Process to file a complaint
- Provider openness to hearing complaints or disagreement
- Access to specialists
- Linkages to community resources

Members are pleased with the care received from PCMH+ providers and care coordinators

"My provider shows interest in my care"

"I have no difficulty accessing care"

"The program is the best thing ever. I tip my hat to you guys for making this connection"

"I go to tons of doctors. I get tons of care"

"My PE saved my life"

PCMH+ care coordinators address both medical and non-medical needs

"My care coordinator took me to the library to help me look for a job online"

"My care coordinator helped me find a domestic violence shelter when I needed to leave my home"

"My care coordinator is excellent"

"My care coordinator calls to check in"

"My care coordinator encouraged me to stay with my behavioral health care"

PE Oversight Bodies

PEs are required to have a PCMH+ oversight body with the following requirements:

- Include substantial representation by PCMH+ members assigned to the PE
- Meet at least quarterly and provide meaningful feedback to the PE on variety of topics, including quality improvement, member experience, prevention of underservice, implementation of PCMH+, and distribution of shared savings
- Other requirements regarding governing process, bylaws, conflict of interest policies and under-service prevention requirements

Meeting the substantial representation requirement has been challenging for some PEs. Efforts to increase member retention and participation include:

- Assistance with transportation
- Offering onsite child care during meetings
- Providing food during meetings
- Assistance from PE staff to help members navigate agendas and materials

PCMH+ members serve on PE oversight committees

"Whenever an issue is brought up by a member at a meeting, the issue is resolved quickly"

"We are heard. We are listened to"

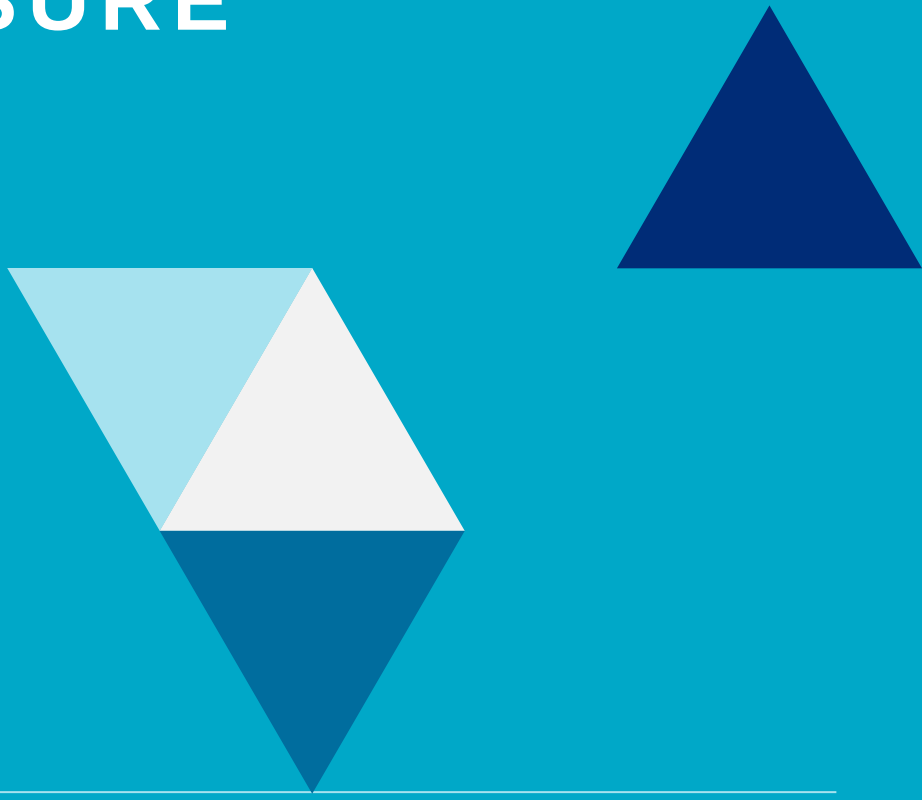
"Participation is important to the community to ensure better service"

Under-Service Strategies

- PCMH+ uses a five-pronged approach to identify indicators of under-service utilization practices.

- In addition to the five-pronged approach, DSS also uses a variety of initiatives to ensure that Medicaid member quality of care and access to medical care is not adversely affected as a result of the PCMH+ program.

2017 QUALITY MEASURE RESULTS



YEAR 1 QUALITY RESULTS
QUALITY MEASURES

	All PE 2016	All PE 2017	CG 2016	CG 2017	PE Change	CG Change
Individual Saving Pool Quality Measures						
Adolescent well-care visits	72.4%	73.7%	76.8%	76.7%	1.9%	-0.2%
Avoidance of antibiotic treatment in adults with acute bronchitis	27.6%	30.8%	27.4%	31.0%	11.6%	13.1%
Developmental screening in the first three years of life	41.7%	47.2%	42.1%	46.5%	13.1%	10.4%
Diabetes HbA1c Screening	88.5%	89.0%	91.3%	91.1%	0.6%	-0.2%
Emergency Department (ED) Usage*	87.2	82.8	69.6	65.4	-5.0%	-6.1%
Medication management for people with asthma	44.3%	47.7%	45.2%	49.1%	7.6%	8.7%
Prenatal Care	74.4%	73.6%	75.1%	74.0%	-1.1%	-1.4%
Postpartum Care	48.7%	47.8%	51.9%	46.7%	-1.8%	-10.1%
Well-child visits in the first 15 months of life	80.5%	81.0%	86.6%	87.2%	0.7%	0.6%
Challenge Pool Quality Measures						
Behavioral health screening 1-17	19.7%	25.5%	21.1%	23.8%	29.5%	12.8%
Metabolic monitoring for children and adolescents on antipsychotics	41.5%	40.8%	42.0%	45.0%	-1.6%	7.0%
Readmissions within 30 days*	15.0%	14.1%	11.2%	10.9%	-6.3%	-2.2%
Post-hospital admission follow-up	40.4%	42.4%	43.4%	43.1%	5.0%	-0.6%

* A lower score indicates more appropriate care.

YEAR 1 QUALITY RESULTS
QUALITY MEASURES SUMMARY

Significant improvement was observed for the following quality measures for PCMH+:

- Behavioral health screening 1-17 (29.5% improvement)
- Developmental screening in the first three years of life (13.1% improvement)
- Avoidance of antibiotic treatment in adults with acute bronchitis (11.6% improvement)
- Medication management for people with asthma (7.6% improvement)

Quality measures that did not improve:

- The Prenatal and Postpartum Care measure only saw improvement for four out of nine participating entities. The other five participating entities scores decreased from the prior year.
- Although eight of nine participating entities saw improvement for Emergency Department Usage, only two participating entities improved more than the comparison group average.

YEAR 1 QUALITY RESULTS
QUALITY MEASURES

	2017 Performance Year Results									
Participating Entity	Adolescent well-care visits	Avoidance of antibiotic treatment in adults with acute bronchitis	Developmental screening in the first three years of life	Diabetes HbA1c Screening	Emergency Department (ED) Usage	Medication management for people with asthma	PCMH CAHPS	Prenatal Care	Postpartum Care	Well-child visits in the first 15 months of life
St. Vincent's AN	77.6%	20.1%	56.4%	88.1%	62.1	52.7%		67.2%	44.0%	87.2%
Northeast Medical Group AN	75.3%	25.9%	26.5%	89.5%	71.8	51.2%		65.6%	42.1%	87.3%
Charter Oak Family Health	70.5%	41.3%	3.4%	86.7%	100.9	41.2%		82.9%	48.7%	66.0%
Community Health Center	72.9%	39.8%	74.1%	91.8%	93.5	47.9%		69.1%	39.3%	73.6%
Cornell Scott- Hill Health	69.6%	28.6%	13.9%	83.9%	91.0	50.6%		74.5%	47.5%	77.0%
Fair Haven Community Health	73.9%	37.1%	32.8%	93.1%	67.5	45.4%		84.8%	64.6%	89.3%
Generations Family Health	64.2%	46.0%	16.1%	89.3%	116.6	43.7%		71.8%	29.6%	77.8%
Optimus Health Care	77.7%	29.3%	16.7%	86.1%	71.8	43.4%		81.6%	63.4%	84.3%
Southwest Community Health	70.7%	25.6%	51.2%	92.5%	80.7	49.8%		86.7%	70.3%	92.9%

YEAR 1 QUALITY RESULTS
QUALITY MEASURES SUMMARY

Participating Entity	Rank	Aggregate Quality Score*
Fair Haven Community Health	1	64.0%
Southwest Community Health	2	63.9%
Northeast Medical Group AN	3	51.4%
St. Vincent's AN	4 (Tie)	50.0%
Charter Oak Family Health	4 (Tie)	50.0%
Community Health Center	6	49.1%
Optimus Health Care	7	45.4%
Generations Family Health	8	31.9%
Cornell Scott-Hill Health	9	28.7%

*Aggregate Quality Scores are not final as the PCMH CAHPS quality measure is still being processed and is not included in the Aggregate Quality Score. Participating Entities' Aggregate Quality Scores may improve by a maximum of 12.0% after PCMH CAHPS results are received.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