P is for Payment
P is for Patients

Opportunities for Medicaid Payment Reform and Measuring Patient Experience

July 25, 2013

Safety Net Advisory Committee (SNAC) Learning Lab

colorado health INSTITUTE

What We'll Cover

- Introductions
- Breaking News: The Accountable Care Collaborative (ACC) Payment Reform Initiative (HB12-1281)
- Revisiting the Patient Experience of Care
- Next Steps and Announcements

Three Takeaways

- HB12-1281 is an opportunity to learn how a global payment model impacts cost and quality of care in Medicaid.
- Payers and providers will be affected differently, but many questions remain.
- Regional enrollee satisfaction data represent a new tool to assess patient experience in the Medicaid ACC.

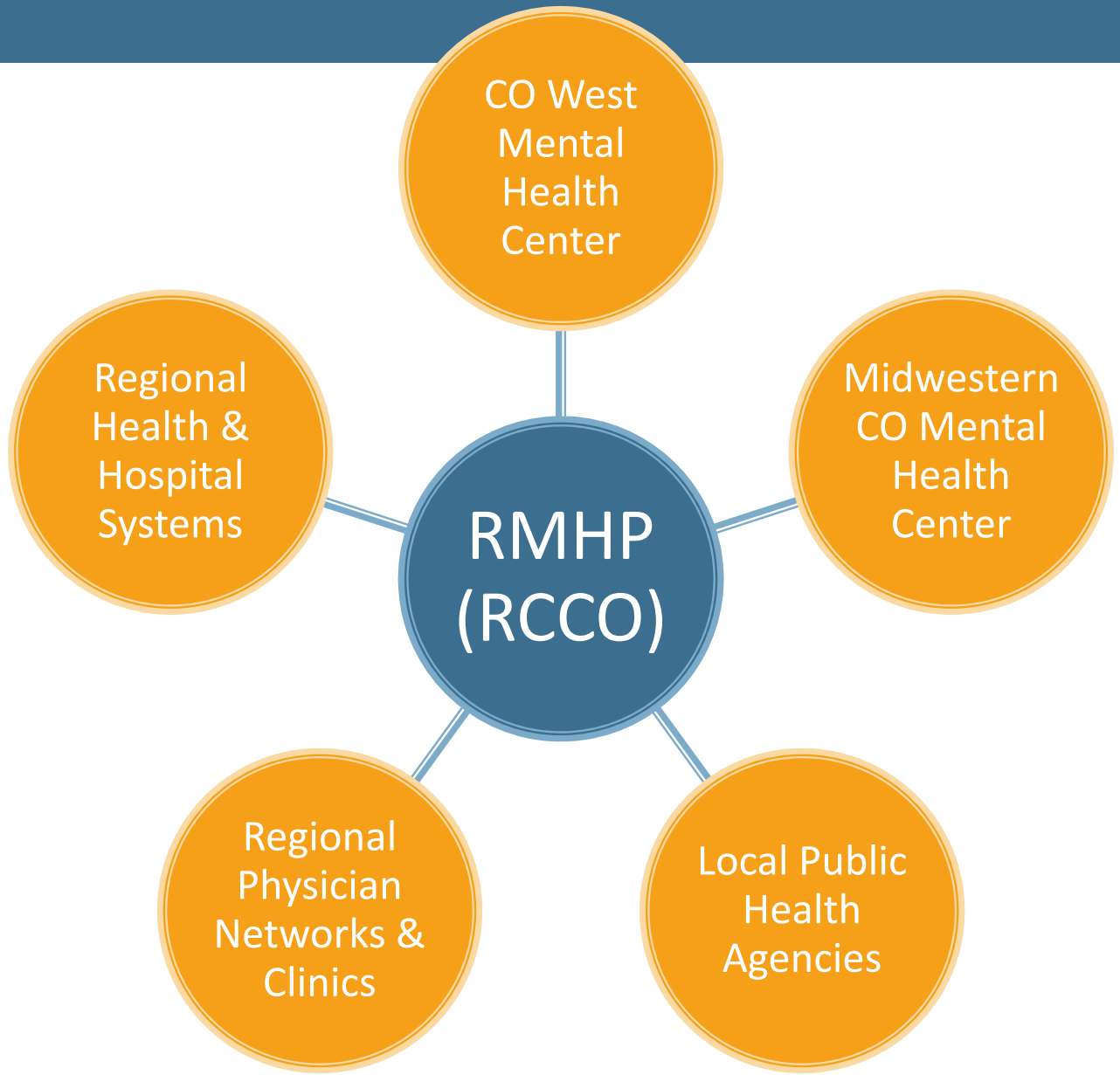
HB12-1281:
What
Who
Where
When
Why
How

What Is 1281?

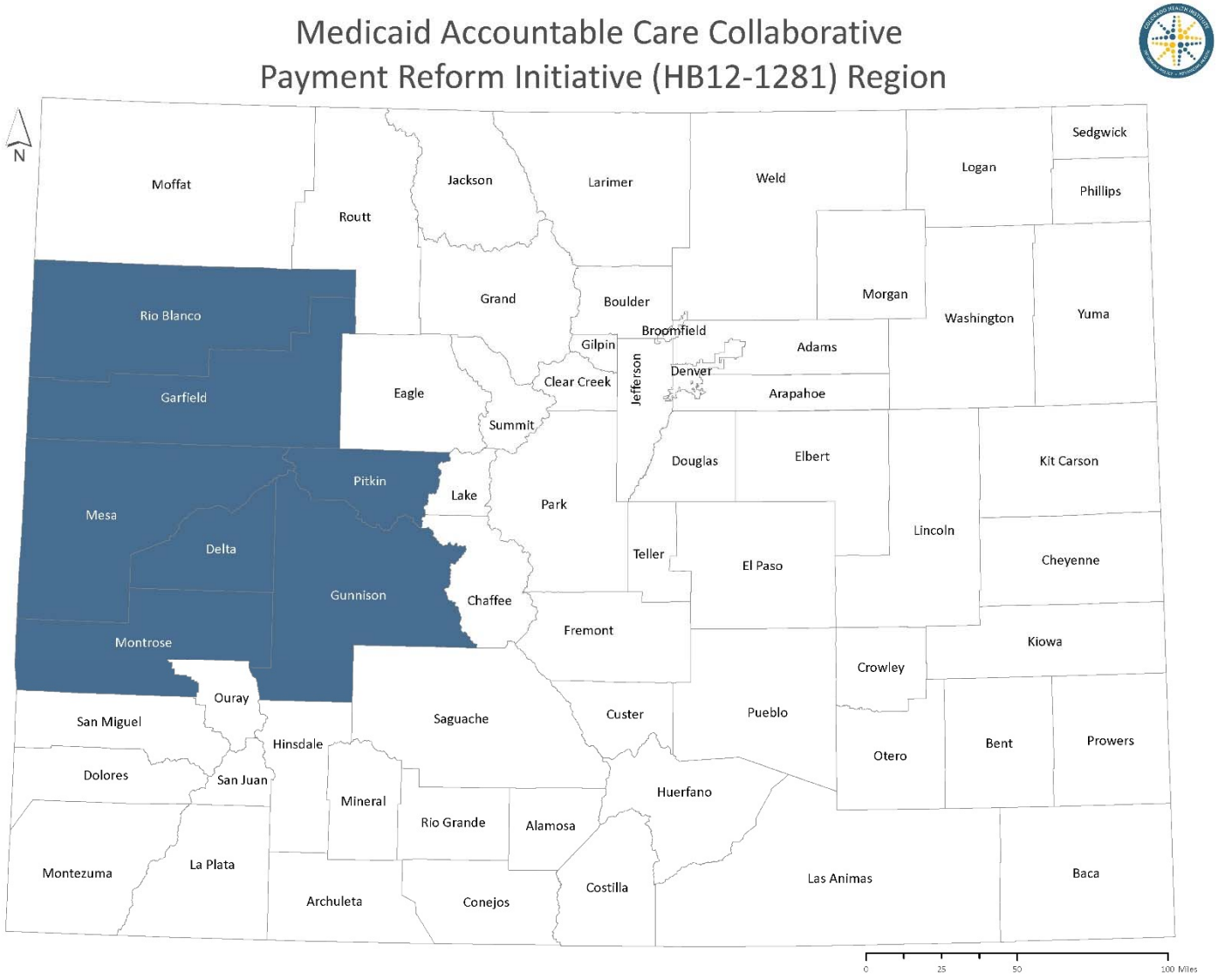
The ACC Payment Reform Initiative:

- Passed with bipartisan support in 2012 (HB12-1281).
- Required creation of a pilot program to test new payment methods in Medicaid.
- Allowed RCCOs to submit proposals.

1281 Pilot Project



Where Will the Pilot Take Place?



When Will It Happen?

- January 1, 2014: Target date for implementation
- Two-year time frame
- Discussions about details are ongoing

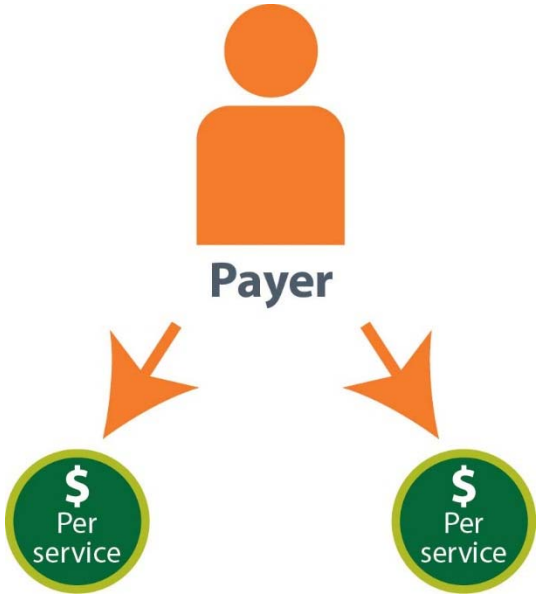
Why Do This?

- Pay for value, not volume
- Support "whole person" care
- Identify community needs
- Evaluate quality of care
- Create accountable communities

How Will It Work?

RMHP will receive comprehensive, global payments from HCPF for certain adult Medicaid enrollees.

Fee-For-Service



Global Payment

How Will It Work?

- **Primary care providers** will get an enhanced risk-adjusted global payment from RMHP if the provider agrees to:
  - Comprehensive primary care model objectives.
  - Accept all Medicaid patients as a RCCO provider.
- **Mental health center providers** will continue to receive full risk capitation from HCPF; participate in community interventions.
- **Hospital** payments will continue under current established RMHP network agreements.
- **Specialists** will receive enhanced payments from RMHP to partner in care management of target population.

Source: Rocky Mountain Health Plans

How Will It Work?

- Cost trend improvements below the projected global budget will be shared among the following partners:
  - 30 percent HCPF
  - 30 percent Primary Care Providers
  - 30 percent Community Mental Health Centers
  - 10 percent RMHP
- If there are cost savings but quality measures are not met, all cost savings go to HCPF.

Source: Rocky Mountain Health Plans

Improving Population Management

Base Population (ACC)	Target Population (1281)
Children, patient populations that can be categorized as non-complex. Will be included in the existing RCCO model.	Adult Medicaid enrollees with complex medical issues, functional limitations, full benefit Medicare/Medicaid enrollees, adults who receive coverage under the low-income Medicaid expansion in 2014
PCP receives $3 PMPM for care management and up to $1 PMPM quarterly incentive payment.	PCP receives a risk-adjusted global budget based on aggregation of claims and clinical data up to 125% of Medicaid + 30% of gain-sharing if metrics are met.
Community mental health centers receive full risk capitation from HCPF under BHO agreement.	Community mental health centers receive full risk capitation from HCPF under BHO agreement + 30% of gain-sharing if metrics are met.

Source: Rocky Mountain Health Plans

Performance Metrics

Base Population (ACC)	Target Population (1281)
Key Performance Indicators: • Hospital readmissions • ED utilization • High-cost imaging • Well-child visits (new)	HEDIS Measures: • NQF 064 – LDL Management Control • NQF 418 – Depression Screening & Follow-up Plan • NQF 421 – BMI Screening & Follow-up Plan PAM – Patient Activation Measure & Screening Targets

Source: Rocky Mountain Health Plans

How is This Different from Fee-For-Service Model?

- Global payment to primary care for target population
- Increased flexibility in program rules and payment methods to support innovative care delivery
- Increased efficiency, reduction in administrative burden
- Public/private partnership

Source: Rocky Mountain Health Plans

How is This Different from RCCO Model?

- Initiates integration at all levels: clinical, financial, operational
- FFS is fully replaced by a global budget for target population
- A significantly expanded set of performance and quality metrics with emphasis on patient activation and healthy behavior.

Source: Rocky Mountain Health Plans

How is This Different from Managed Care?

- Community-based model in which partners are accountable for total Medicaid spending in that community.
- Community data, experience, and outcomes drive all financial function
- Not dependent on high volume of covered lives.

Source: Rocky Mountain Health Plans

What Does This Mean?

For Patients?

- Financing of the program is aligned with patient-centered experience of care.

For Providers?

- Flexibility to meet patients' needs proactively, without the constraints of volume-based payments and coding.

For Behavioral Health?

- Opportunity to participate more broadly in the health care system, to share responsibility for health outcomes and total cost, and to share gains.

For Payers?

- We can operate more efficiently, invest funding where greatest value will be produced, and reinvest gains in the communities we serve.

For Policymakers?

- A roadmap to inform the development of advanced payment reform across the ACC.

Source: Rocky Mountain Health Plans

Discussion

- What do you view as the biggest potential benefits of this pilot program?
- What may be the biggest challenges?
- If there were one thing that you'd like to learn from this program, what would it be?

A New Opportunity to Assess Patient Satisfaction

Patient Experience of Care in the ACC

- Focus has been on implementation, key performance indicators.
- Lack of good patient experience measures.
- Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey is often used.

cahps Surveys and Tools to Advance Patient-Centered Care

How is CAHPS Used?

- Colorado Community Health Network
  - Collects five CAHPS questions from all community health centers.
- HCPF
  - Collects statewide client satisfaction on fee-for-service and managed care Medicaid and Child Health Plan Plus (CHP+) enrollees.

How is the CAHPS Used Currently? (Continued)

- Other states
  - Oregon uses to establish primary care home designation.
- National
  - NCQA includes CAHPS in its Healthcare Effectiveness Data and Information Set (HEDIS).

What is the RCCO CAHPS?

- Partnership between the Colorado Health Institute and HCPF, funded by The Colorado Health Foundation.
- Telephone and mail survey of adult Medicaid enrollees.
- Focus on client satisfaction.
- 1,775 individuals sampled per RCCO.
- Potential comparisons include:
  - RCCO-to-RCCO.
  - ACC to regular fee-for-service.

Topics Covered by the RCCO CAHPS

Having a personal doctor/medical home.	Care coordination.	Communication between provider and patient.
Medication management.	Conversation with a provider about illness prevention and health goals.	Access to blood tests, X-rays or other tests.
Stress and mental/emotional illness.	Rating the care received.	Access to care.
Access to, and rating of, specialist care.	Overall health status.	Health risks (smoking, high blood pressure, high cholesterol).

Your Turn

- Which survey topics are of most importance to you?
- Are you currently using the CAHPS or have you used CAHPS data in the past?
- If so, what did you find most or least useful?
- How would the data be most helpful?

Three Takeaways

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Save the Dates! Upcoming SNAC Labs

Sept. 12, 2013: Access to Care

Oct. 10, 2013: Accountable Care Collaborative

All SNAC Labs are from 12:00 – 1:30 pm

Materials are posted at

http://www.coloradohealthinstitute.org/key-issues/category/safety-net-1

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For Reference: CCHN CAHPS Questions

1. In the last 12 months, how many days did you usually have to wait for an appointment when you **needed care right away?**

a. Same day

b. 1 day

c. 2 to 3 days

d. 4 to 7 days

e. More than 7 days

2. In the last 12 months, how often did this provider explain things in a way that was easy to understand?

a. Never

b. Sometimes

c. Usually

d. Always

CCHN CAHPS Questions (Continued)

3. In the last 12 months, did anyone in this provider's office talk with you about specific goals for your health?

a. Yes

b. No

4. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 12 months, did you see a specialist for a particular health problem?

a. Yes

b. No **If No, skip question 5**

5. In the last 12 months, how often did your provider seem informed and up-to-date about the care you got from specialists?

a. Never

b. Sometimes

c. Usually

d. Always