Ohio | Governor's Office of Health Transformation

Patient-Centered Medical Home
Summary of Ohio Activity

November 2, 2013

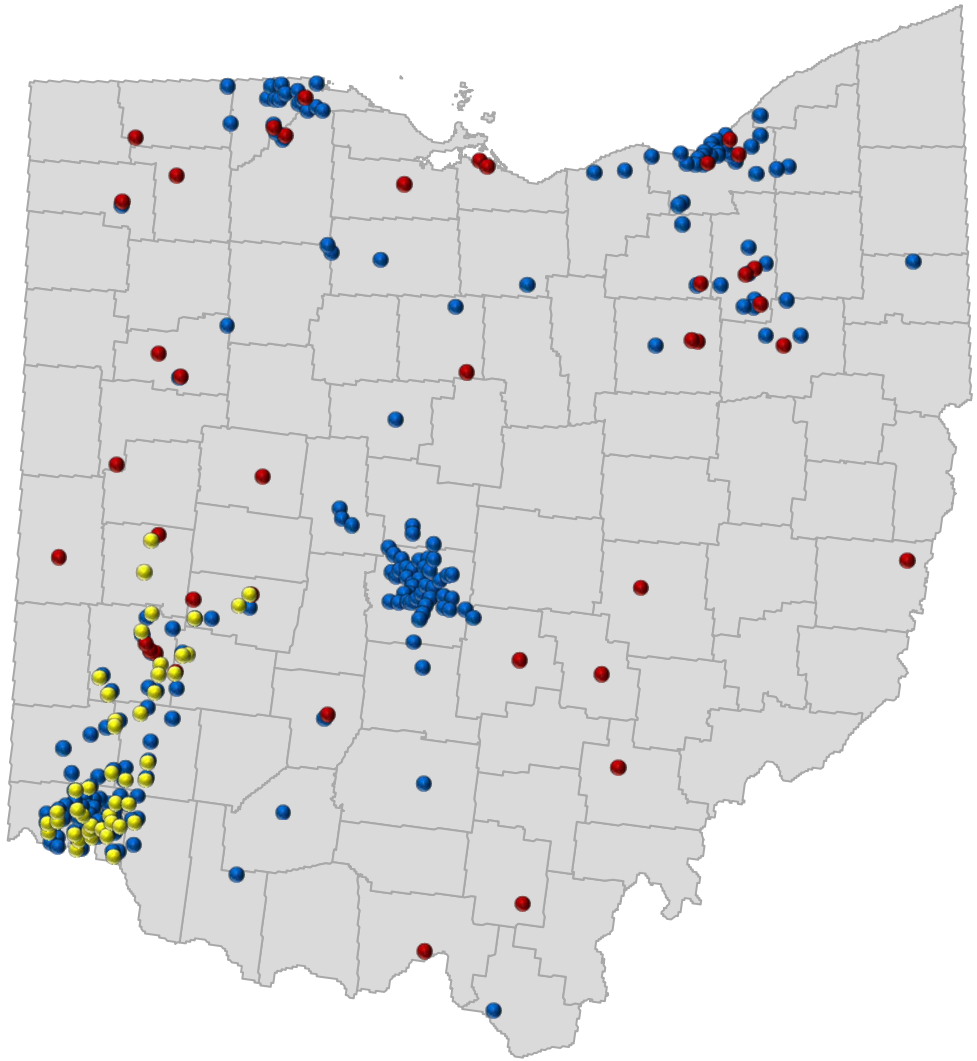
www.HealthTransformation.Ohio.gov

PCMH pilots and planning are underway in Ohio, but some aspects are in early stages of development

	Ohio activity / progress to date:
Care delivery model	▪ ~280 PCMH-recognized practice sites in Ohio ▪ Regional activities promoting care coordination are underway (e.g., Better Health Greater Cleveland, Access HealthColumbus, Cincinnati Collaborative, CPCi) ▪ OPCPCC Patient Engagement Learning Center is working with providers on ways to engage patients in their healthcare
Payment model	▪ CPCi pilot sites in Cincinnati includes payment reforms (e.g., PMPM fee for care coordination, shared savings) and metrics linked to incentive payments ▪ Limited pilots including payment model reforms elsewhere (e.g., OSU Family Practice sites negotiating PMPMs with payers)
Infrastructure	▪ OPCPCC serving as forum for information sharing and HIT Learning Center established to develop and oversee implementation of healthcare technology in Ohio ▪ Organizations like HealthBridge and OHIP develop tools and services to help healthcare organizations adopt technologies (e.g., EHR, HIE, registry, IP admit alerts) ▪ No mandatory infrastructure has been rolled out state-wide
Scale-up and practice performance improvement	▪ Ohio Medicaid quality strategy and Health Homes are beginning to create incentives to promote evidence-based practices ▪ Education pilots to train practicing and student providers on the PCMH model ▪ OPCPCC Metrics Learning Center focused on metrics collection, but no state-wide set of metrics identified yet; CPCi and other pilots require metrics collection as part of participation ▪ Plan to build predictive model for workforce planning that considers PCMH model

Where is PCMH being developed in Ohio?

Map of practice PCMH activity in Ohio



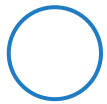
- HP 198 Education Pilot Sites
- PCMH AAAHC & NCQA accredited[1]
- Cincinnati / Dayton CPCi

In addition, PCMH efforts are being developed and piloted by private payers, employers, and primary care group practices (e.g., Ohio State University)

SOURCE: Ohio Department of Health website

Ohio already has various PCMH projects underway

- Major focus of pilots
- Some focus
- Minimal or no focus

	HB 198 Education Pilot Sites	NCQA, AAAHC, Joint Commission	Cincinnati/Dayton CPCi	Private Payer Pilots
	▪ 47 pilot sites target underserved areas ▪ Potential to add 50 pediatric pilots	▪ 291 NCQA-recognized sites ▪ 18 Joint Commission accredited sites ▪ 5 AAAHC-accredited	▪ 61 sites in OH (14 in KY), incl. Tri-Health, Christ Hospital, PriMed, Providence, St. Elizabeth (KY)	▪ Vary in scope by pilot, but tend to focus on larger independent or system-led practices
Care delivery model				
Payment model				
Infrastructure				
Scale-up and practice performance improvement				

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Source: Ohio Patient-Centered Primary Care Collaborative ; as of Oct. 2013.

Case study: Summary of Cincinnati CPCi

Care delivery model

- **Target patients and scope:** Includes all patients of participating private payers; not targeted to subset of chronic or high-cost patients
- **Care delivery model:** Emphasizes care management, access, prevention, patient and caregiver engagement, and care coordination across the medical neighborhood
- **Target sources of value:** Goal of program is "promoting health, improving care, and reducing overall health system costs"

Payment model

- **Technical requirements:** Practice sites must track yearly milestones and meet scale requirements (60% of payments from participating payers)
- **Payment streams:** Risk-adjusted PMPMs for care coordination, plus shared savings starting in year 2[1]
- **Quality measures:** Alignment around set of 21 measures for practices to track
- **Attribution:** Payers develop their own attribution methodology

Infrastructure

- **PCMH infra:** Participating practices required to use / adopt HER
- **Payer infra:** Payers are independently administering payments, running attribution and analytics engine
- **Payer-PCMH infra:** Payers are working with Telligen on RFP for data aggregator to report performance / metrics back to practices
- **PCMH-provider and system infra:** HIE, all-payer claims database, registry are TBD

Scale-up and practice performance improvement

- Initial solicitation preferenced practice sites that had already progressed toward advanced primary care (e.g., NCQA Level 3, EHR meaningful use)
- However, program has encouraged scale up, e.g.,
  - **Practice transformation:** Learning communities and technical assistance provided both by CMS and Cincinnati Health Collaborative
  - **Network contracting:** Contracts between participating payers and providers for additional PMPM and shared savings payments
  - **ASO engagement:** Encouraged to participate in original solicitation and continue to engage through the Cincinnati Health Collaborative

1 Medicaid exempt from Shared Savings

Case study: Cincinnati CPCi (1/3)

Care delivery model	**Target patients and scope**	▪ Includes Medicare patients (program led by CMS), Medicaid FFS and beneficiaries of participating managed care plans, and patients of participating private payers
	Care delivery improvements e.g., ▪ Improved access ▪ Patient engagement ▪ Population management ▪ Team-based care, care coordination	▪ Manage care for patients with high health care needs ▪ Ensure access to care: patient has access to practice and personal health care information 24/7 ▪ Deliver preventive care in appropriate and timely way ▪ Patient and caregiver engaged in shared decision-making ▪ Coordination of care across the medical neighborhood: Integration of community based support of health and wellness, including behavioral health
	Target sources of value	▪ Stated goal is "promoting health, improving care, and reducing overall health system costs" ▪ Focus on chronic care management
Payment Model	**Technical requirements for PCMH**	▪ Practice must be predominantly primary care practitioners serving with at least 150 Medicare FFS beneficiaries and majority of patients and 60%+ payments affiliated with participating payers ▪ Preference for practices recognized for advanced primary care (e.g., NCQA) ▪ Preference for practices with strong use of EHRs and other HIT ▪ Must meet 9 CMS milestones by end of year 1
	Attribution / assignment	▪ Medicaid model (24 months, based on claims and most visits) ▪ CMS lookback model (24 months, based on claims and most use) ▪ Private payers can choose own methodology
	Quality measures and performance evaluation	▪ Practices assessed every six months to ensure access is not being compromised, progress on building capacity and infrastructure ▪ Track quality metrics from claims, EHRs, and patient surveys
	Payment streams/ incentives	▪ Risk-adjusted prospective PMPM for care coordination of Medicare beneficiaries -- $20 average ($8-40 range), drop to $15 in years 3-4; other payers TBD ▪ Shared savings in years 2,3,4 calculated at the market level. Practice share determined by size, acuity, quality metrics. Medicaid exempt from shared savings
	Patient incentives	▪ N/A

SOURCE: CMS CPCi website

Case study: Cincinnati CPCi (2/3)

Infrastructure

PCMH infrastructure	▪ Participating practices required to use EHR ▪ Need infrastructure to expand patient access to 24/7 and staff for new roles and responsibilities (e.g., care coordinators) ▪ Practice selection for CPCi preferenced providers that already had some infrastructure in place
Payer infrastructure	▪ Payments: CMS administering payments for Medicare and Medicaid; private payers to develop separately
Payer / PCMH infrastructure	▪ Participating payers are working with Telligen on RFP for data aggregator for reporting performance / metrics back to practices ▪ Some infrastructure already in place through CMS – all providers submitted budgets through CMS portal, CMS collecting practices' EHR data
PCMH/ Provider infrastructure	▪ Standard HIE, admit / discharge communication and other components TBD by state participants
System infrastructure	▪ Telligen RFP may call for an all-payer claims database ▪ Registry TBD by state participants

SOURCE: CMS CPCi website

Case study: Cincinnati CPCi (3/3)

Scale-up and practice performance improvement

Clinical leadership / support	▪ Highly publicized solicitation process ▪ Aligned with advanced primary care principles of other organizations (e.g., NCQA)
Practice transformation support	▪ Market learning communities and technical assistance provided by CMS and Cincinnati Collaborative (ongoing support subject to contract renewal)
Workforce / human capital	▪ Practice selection for CPCi preferenced providers who already had sufficient workforce in place, however additional workforce needs may arise during budget submission
Legal / regulatory environment	▪ TBD – too early to discuss, but early indications suggest that legislation / regulation requirements may be minimal if modeling statewide PCMH model closely after CPCi pilot
Network / contracting to increase participation	▪ Participating payers enter into contracts for additional payments to participating providers (e.g., non-visit-based payment, in-kind support)
ASO contracting / participation	▪ ASOs / employers were encouraged to participate in original solicitation and continue to be engaged indirectly via Cincinnati Collaborative
Performance transparency	▪ TBD by states ▪ RFP being developed by state and Telligen for data aggregator
Ongoing PCMH support	▪ Local and national support (e.g., market learning communities and technical support) for duration of the CPCi pilots (EOY 2017)
Evidence, pathways, and other research	▪ N/A
Multi-payer collaboration	▪ Brings together Medicare, OH Medicaid, plus nine private payers in Ohio (Aetna, CareSource, Centene, Anthem, HealthSpan, Humana, Medical Mutual, United)

SOURCE: CMS CPCi website

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5-Year Goal for Payment Innovation

Goal

80-90 percent of Ohio's population in some value-based payment model (combination of episodes- and population-based payment) within five years

State's Role

- Shift rapidly to PCMH and episode model in Medicaid fee-for-service
- Require Medicaid MCO partners to participate and implement
- Incorporate into contracts of MCOs for state employee benefit program

	Patient-centered medical homes	Episode-based payments
Year 1	▪ In 2014 focus on Comprehensive Primary Care Initiative (CPCi) ▪ Payers agree to participate in design for elements where standardization and/or alignment is critical ▪ Multi-payer group begins enrollment strategy for one additional market	▪ State leads design of five episodes: asthma (acute exacerbation), perinatal, COPD exacerbation, PCI, and joint replacement ▪ Payers agree to participate in design process, launch reporting on at least 3 of 5 episodes in 2014 and tie to payment within year
Year 3	▪ Model rolled out to all major markets ▪ 50% of patients are enrolled	▪ 20 episodes defined and launched across payers
Year 5	▪ Scale achieved state-wide ▪ 80% of patients are enrolled	▪ 50+ episodes defined and launched across payers