



# MaineCare

## Design Management Committee

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**March 5, 2012**

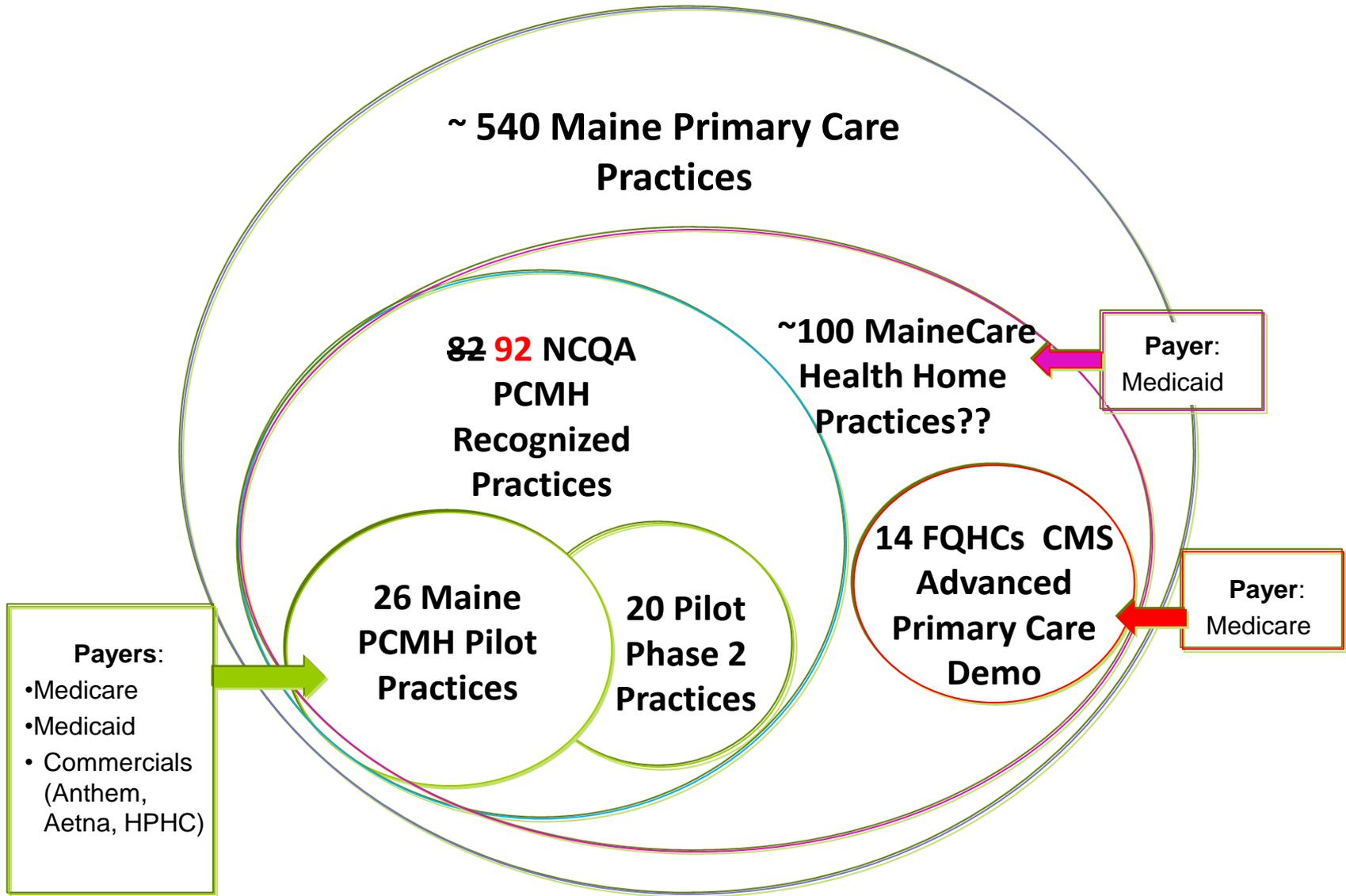
<http://www.maine.gov/dhhs/oms/vbp>

# Agenda

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- Welcome & Introductions
- Health Homes
  - Proposed chronic conditions
  - Proposed state-specific quality metrics
  - Discussion re Stage B approach
  - SAMHSA call
- Next Steps

# Other Medical Homes in Maine



## Chronic conditions include:

- Mental health
- Substance abuse
- Asthma
- Diabetes
- Heart disease
- Overweight (BMI > 25) & Obesity
- Other – to be proposed by state (and approved by CMS)

# Other Proposed Chronic Conditions

State (SPA status)	Additional Specified Chronic Conditions
<b>IA</b>	Hypertension
<b>MO (approved)</b>	Tobacco use for MH, SA Developmental Disability
<b>NY (approved)</b>	COPD HIV/AIDS Chronic renal failure Hypertension MH includes dementia, eating disorders
<b>OR</b>	Hepatitis C HIV/AIDS Chronic kidney disease Cancer
<b>RI (approved)</b>	Developmental Disability Seizure disorders

# Selection of additional chronic conditions for Maine

We determined two goals regarding the selection of additional chronic conditions:

1. Ensuring that there is a substantial enough member population on which Health Homes payments can be made (this is more of a concern for pediatric practices).
2. Targeting members for intensive care coordination who have chronic conditions
  - » That are common in Maine, and
  - » On which MaineCare can have an impact in terms of reducing avoidable costs and improving member health outcomes.

# Additional chronic conditions for Maine: Sources

- High utilizer study of Penobscot, Cumberland & Kennebec counties by Dr. Jeffrey Brenner, Camden Coalition
  - Most prevalent primary and secondary diagnoses for high utilizers of the ED (6+ annual visits) and inpatient services (2+ annual admissions)
  - Broken down by age group
- Multiple Chronic Conditions analysis of common Hwang diagnoses for individuals with diabetes or behavioral health diagnoses
  - » That are common in Maine, and
  - » On which MaineCare can have an impact in terms of reducing avoidable costs and improving member health outcomes.

# Recommendations: Additional chronic conditions for Maine

Condition	Prevalent High Utilizer Inpatient Diagnosis	Prevalent High Utilizer ED Diagnosis	Commonly Occurring Dual Diagnosis
COPD	X	X	
Hypertension			X
Hyperlipidemia			X
Tobacco use	(data not available)		
ID, ABI, Autism?			X
<b>Children only:</b>			
Seizure disorders	X		
Cardiac & circulatory congenital abnormalities	X		

- Do practices and community care teams have the capacity to effectively serve individuals with developmental disabilities and brain injury?
- How should Maine define these conditions:
  - Hwang categories cross-walked to ICD-09
  - AHRQ: Multiple Chronic Conditions Project
  - SMI: Section 17 or Rutgers Antipsychotic Diagnosis Definitions

# SMI Definition

## Rutgers Antipsychotic Diagnosis Definitions

Group	Group Description	ICD-9 Description
1	Schizophrenia and related psychoses	Delusional disorders
2	Bipolar disorders	Bipolar affective disorder, depressed
3	Severe depression	Major depressive disorder, recurrent, severe with psychotic features
4	Obsessive-compulsive disorders	Obsessive-compulsive disorders
5	Autistic disorder	Autistic disorder

# CMS Health Homes – Required Measures

- Core Set – Quality Measures
  - Adult BMI assessment
  - Ambulatory Sensitive Condition admission rate
  - Care transitions record transmitted to PCP (within 24hrs)
  - Follow up after mental health admission
  - All-cause 30-day readmission rate
  - Depression screening & follow up
  - Initiation & engagement of treatment for alcohol/drug dependence
- State-Specific Goals & Measures
  - State must set HH measurable goals (e.g reduce ED visits)
  - Must identify measures to operationalize those goals

# Proposed Maine-Specific Quality Measures

- Multi-payer PCMH Pilot quality metrics (if able to expand UNH web-based clinical measures portal)
- CGCAHPS (if still covered in Maine Quality Forum budget)
- Other claims-based measures:
  - ED admissions
  - Follow-up after any hospitalization
  - Imaging rate/ cost
  - Well child visits (pediatrics)
  - Lead screening (pediatrics)

# Discussion- Behavioral Health Integration

- How may Health Homes address prescription drug abuse?  
Potential for partnership with Prescription Monitoring Plan?  
(SAMHSA question)
- How to ensure the connection to SA providers?

# Maine Health Homes Proposal

## Stage A:

- Health Home = Medical Home primary care practice + CCT
- Payment weighted toward medical home
- Eligible Members:
  - » Two or more chronic conditions
  - » One chronic condition and at risk for another

## Stage B:

- Health Homes = Community Mental Health Center (CMHC) CCT + Medical Home primary care practice
- Payment weighted toward CMHC CCT
- Eligible Members:
  - » Adults with Serious and Persistent Mental Illness
  - » Children with Serious Emotional Disturbance

# Proposed Change to Stage B approach

- Focus on criteria Community Care Team must meet, rather than specify that the CCT must be a Community Mental Health Center

# Other Stage B Discussion Questions from OSA/ OAMHS

- How were members included in development of the planned roll-out?
- How did we decide that the CCT for persons with mental illness would be the mental health center? What were our assumptions?
- How could/would a member move between tracks as relationships are developed with the PCP?
- How does this structure assist primary care practices in developing skills to work with/treat persons with mental illness?
- Will the structure/roll-out as currently envisioned support integration of behavioral health and physical health into one healthcare system?
- Are we treating persons with mental illness differently and creating a separate system?

- Health Homes
  - Conversation with Tribes
  - Scheduling Follow-up SAMHSA consultation
  - April SPA submission
  
- VBP Regional Forums
  - April 2, 9-12, Bangor
  - April 17, 9-12, Lewiston
  - April 19, 9-12, Portland
  - April 25, 1-4, Augusta

# Agendas for Upcoming DMC Meetings



- **Monday, 3/12** (2 Anthony Ave):
  - Core services for which all Accountable Communities will be responsible
  - Performance/ quality measures
- **Friday, 3/16** (2 Anthony Ave):
  - Member attribution
  - Risk-sharing: tiers, calculation
- **Monday 3/26** (TBD)
  - Other as needed