Maine PCMH Pilot – Phase 2 Expansion

&

MaineCare Health Homes Initiative

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June 2012
Maine’s Medical Home Movement

~ 540 Maine Primary Care Practices

92 Nat’l Committee for Quality Assurance (NCQA) PCMH Recognized Practices

26 Maine PCMH Pilot Practices

50 Pilot Phase 2 Practices

~100 MaineCare Health Home Practices??

14 FQHCs CMS Advanced Primary Care (APC) Demo

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Defining Medical Home Model

“A medical home is not a building, house, or hospital, but rather an approach to providing comprehensive primary care. A medical home is defined as primary care that is accessible, continuous, comprehensive, family centered, coordinated, compassionate, and culturally effective.”

- American Academy Pediatrics (1964)
Maine Patient Centered Medical Home (PCMH) Pilot

Key elements:

– Convened by Maine Quality Forum, Maine Quality Counts, Maine Health Management Coalition
– Originally, 3-year multi-payer PCMH pilot (now 5 yrs)
– Collaborative effort of key stakeholders, major payers
– Adopted common mission & vision, guiding principles for Maine PCMH model
– Selected 22 adult / 4 pediatric PCP practices across state
– Supporting practice transformation & shared learning beyond pilot practices
– Committed to engaging consumers/patients at all levels
– Conducting rigorous outcomes evaluation (clinical, cost, patient experience of care)
Maine PCMH Pilot
Practice “Core Expectations”

1. Demonstrated physician leadership
2. Team-based approach
3. Population risk-stratification and management
4. Practice-integrated care management
5. Same-day access
6. Behavioral-physical health integration
7. Inclusion of patients & families
8. Connection to community / local HMP
9. Commitment to waste reduction
10. Patient-centered HIT
Maine PCMH Pilot Payment Model

• Major private payers participating: Anthem, Aetna, HPHC, Medicaid & Medicare (through the Medicare Advanced Primary Care practice (MAPCP) Demonstration)

• Using “standard” 3-component payment:
  ▪ Prospective per member per month (pmpm) care management payment – approx $3 pmpm commercial & Medicaid; $7 pmpm Medicare
  ▪ Ongoing fee for service (FFS) payments
  ▪ Performance payment for meeting quality targets (existing pay for performance programs)
Maine PCMH Pilot-MAPCP Timeline

Jan 2010

2010

2011

2012

2013

2014

Jan 1, 2010

ME PCMH Pilot - Original

Jan 1, 2012

MAPCP Demo – 3yr

Dec 31, 2014

ME PCMH Pilot - Extended

Pilot Expansion
Community Care Teams

• Multi-disciplinary, community-based, practice-integrated care teams
• Build on successful models (NC, VT, NJ)
• Support patients & practices in Pilot sites, helping patients overcome barriers to care, improve outcomes
• Receive pmpm payments from Medicaid, Medicare, commercial payers
• Key element of cost-reduction strategy, targeting high-cost patients to reduce avoidable costs (ED use, admits)
Maine PCMH Pilot Community Care Teams

Community Care Team

Care Mgt
Med Mgt
Coaching
Behav. Health & Sub Abuse

PCMH Practice

High-need Individual

Family

Housing

Transportation

Schools

Environment

Workplace

Food Systems

Shopping

Income

Heat

Faith

Community

Housing

Outpatient Services

Specialists

Hospital Services

Physical Therapy

Literacy

Schools

Community

Quality Counts

Better Health Care Better Health
Current ME PCMH Pilot CCTs

- Androscoggin Home Health
- Coastal Care Team (Blue Hill FP, Community Health Center/Mount Desert Island, Seaport FP)
- Community Health Partners (Newport FP, Dexter FP)
- DFD Russell
- Eastern Maine Homecare
- Kennebec Valley (MaineGeneral)
- Maine Medical Center
- Penobscot Community Health Center
Pilot Phase 2 Expansion

• 50 new adult practices to be selected for participation in multi-payer Pilot
• Will enter Pilot (with payment) Jan 2013
• Expectations:
  – Strong leadership for change
  – NCQA PCMH recognition (Level 1 or higher)
  – Fully implemented Electronic Medical Record (EMR)
  – Commitment to implement Pilot Core Expectations
CMS Health Homes – ACA Section 2703

- CMS will provide 90/10 match for Health Home services to eligible members for eight quarters
- CMS must approve Medicaid “State Plan Amendment”
- Health Homes may serve individuals with:
  - Two or more chronic conditions
  - One chronic condition and who are at risk for another
  - Serious mental illness
    - Adults with serious mental illness (SMI)
    - Children with severe emotional disturbance (SED)
- Dual eligible beneficiaries cannot be excluded from Health Home services
Chronic conditions (per CMS):

- Mental health
- Substance abuse
- Asthma
- Diabetes
- Heart disease
- Overweight (BMI > 25) & Obesity

Maine-specific (pending CMS approval):

- Chronic Obstructive Pulmonary Disease (COPD)
- Hypertension
- Hyperlipidemia
- Tobacco use
- Developmental Disabilities & Autism Spectrum
- Acquired brain injury
- Children only: Cardiac & circulatory congenital abnormalities
- Children only: Seizure disorder
Required Health Home services include:

- Comprehensive care management
- Care coordination and health promotion
- Comprehensive transitional care from inpatient to other settings
- Individual and family support
- Referral to community and social support services
- Use of health information technology (HIT)
- Prevention and treatment of mental illness and substance abuse disorders
- Coordination of and access to preventive services, chronic disease management, and long-term care supports
Maine’s Health Homes Proposal

Medical Homes

Community Care Teams (CCTs)

Health Homes
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 = CCT with behavioral health expertise + Medical Home primary care practice
- Payment weighted toward CCT
- Eligible Members:
  » Adults with Serious Mental Illness
  » Children with Serious Emotional Disturbance
Maine Health Homes Proposal

Stage A: Help Individuals with Chronic Conditions

- Health Homes Beneficiary
- PCMH Practice
- Care Mgt
- Med Mgt
- Coaching
- Behav. Health & Sub Abuse

Community Care Team
Maine Health Homes Proposal

**Stage B:** Help Individuals with SPMI and/or SED
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
Proposed Maine-Specific Goal Areas & Quality Measures

1. Reduce inefficient healthcare spending:
   • ED admissions- overall and non-emergent
   • Non evidence-based imaging use
   • Measure of care fragmentation

2. Improve children’s preventive care:
   • Well child visits
   • Developmental screening
   • *Behavioral health measure, TBD (ADHD or antipsychotic drug use)*

3. Improve chronic disease management:
   • HEDIS measures on diabetes, cardiovascular, COPD

4. Ensure evidence-based prescribing:
   • Appropriate prescribing of Asthma medications
   • Non evidence based antipsychotic prescribing
   • Use of high risk medication in the elderly
   • *Potentially avoidable prescription practices measure TBD*
Process:

- Interested practices apply through joint PCMH Pilot/Health Homes online application
  - [http://www.surveymonkey.com/s/ME_PCMH_Pilot_Phase2_Expansion_Applic](http://www.surveymonkey.com/s/ME_PCMH_Pilot_Phase2_Expansion_Applic)
  - Due by May 4, 2012 (application re-opened on April 20)
- 50 practices will be selected for multi-payer PCMH Pilot Phase 2 expansion
- All other practices meeting basic qualifications will be eligible to become MaineCare Health Home
- CCTs will be selected through separate application process (June-July 2012)
Eligibility – MaineCare Health Homes:

- Pediatric or Adult Primary care practice site with at least one full-time primary care physician or nurse practitioner
- NCQA PCMH recognition (Level 1 or higher) application submitted by time of selection (June 30, 2012)
- Fully implemented EMR
- Commitment to meet Maine PCMH 10 Core Expectations
- Commitment to provide CMS-mandated Health Homes services
- Agreement to identify Maine PCMH Pilot Community Care Team (CCT) to partner in managing high-needs patients
Pilot Expansion & Health Homes Application

Eligibility – Maine PCMH Pilot Expansion:

• Practice meets MaineCare Health Home requirements
• Adult primary care practice site with at least one full-time primary care physician or nurse practitioner
• Practice site does not currently participate in the CMS FQHC Advanced Primary Care (APC) Demonstration
• Minimum patient panel of 1000+ patients enrolled in Pilot health plans (Anthem BCBS, Aetna, Harvard Pilgrim Health Care, MaineCare, and Medicare).
• Completion of Maine PCMH Pilot Phase 2 Expansion “Memorandum of Agreement” (MOA)
• Agreement to contribute modest PMPM toward practice transformation support
PCMH Pilot & Health Homes Stage A Timeline

• April 20 – May 4, 2012 – Online practice application process re-opened
• Friday, May 4, 2012 (5PM) - Deadline for practices to submit online application
• May - June 2012 – Review of practice applications by PCMH Pilot Selection Committee
• June 29, 2012 - Phase 2 practices selected
• July 2, 2012 – Phase 2 Community Care Team (CCT) application posted online
• August 15, 2012 – Deadline for CCTs to submit online application
• September 1, 2012 – Phase 2 CCTs selected
• October 2012: implementation (estimated)
• January 1, 2013 – Implementation of Health Homes Stage A and multi-payer Maine PCMH Pilot expansion
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Payers:
• Medicare
• Medicaid
• Commercials (Anthem, Aetna, HPHC)
• Self-insured employers

Payer: Medicare

Payer: Medicaid

Payers: Medicare

Payer: Medicaid

Payer: Medicare
Patient Centered Medical Home

Recognizing the essential role of primary care in our healthcare system, the Maine Quality Forum (MQF), Quality Counts, and the Maine Health Management Coalition are working together to lead the Maine Patient Centered Medical Home (PCMH) Pilot. Following an initial planning period, the group selected a group of 26 primary care practices in May 2008 to implement the PCMH model as a first step in ultimately achieving the goal of statewide implementation of a patient centered medical home model.

PCMH Learning Session 6: The Medical Home Run

PCMH Learning Session 6 for the Patient Centered Medical Home Pilot was held on Friday, June 3rd. The program focused on reducing avoidable health care costs. The day-long session provided opportunities for the Pilot practice teams to learn more about steps they can take, in collaboration with their “medical neighbors”, to address the important task of working together to reduce avoidable health care costs. One of the speakers, Arnold Milstein, based his talk on his 2008 blog entitled Medical Homes—And Medical ‘Home Runs’. This posting can be found at: http://healthaffairs.org/blog/2008/09/10/medical-homes-and-medical-home-runs. Some of the presentation slides and handouts from this session are now available.
Value-Based Purchasing (VBP) Strategy

All documents and materials on the MaineCare web pages reflect MaineCare’s current thinking and are subject to change. No materials on the web page, distributed and discussed at meetings, or sent in emails or mailings are binding in any way concerning the future procurement process.

- Design Management Committee
- Member Standing Committee
- Quality Counts presentation 11/22/2011 (pdf | ppt)
- Request For Information (RFI)
- Resources page
- Specialized Services/ Stakeholder Advisory Committee
- Tribal Consultation
- Value Based Purchasing Strategy Announcement: Commissioner memo (pdf) Fact Sheet (pdf)

Design Management Committee

- Presentation January 9, 2012 (pdf | ppt)

Member Standing Committee

Future Meetings

February 3, 2012

- Agenda (doc)

Past Meetings

November 18, 2011

- Agenda (doc)
- Presentation (ppt)
- Meeting Notes (doc)
Contact Info / Questions

• Maine PCMH Pilot: www.mainequalitycounts.org
  (See “Major Programs” → “PCMH Pilot”)
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  • CCTs: Helena Peterson: hpeterson@mainequalitycounts.org

• MaineCare Health Homes
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