Integrated Care Workgroup
Meeting #17

October 7th, 2016
# Integrated Care Workgroup Agenda

<table>
<thead>
<tr>
<th>Timing</th>
<th>Topic</th>
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<tr>
<td>10:00 – 10:10</td>
<td>Introductions/Review Agenda</td>
<td>Foster Gesten</td>
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<td>10:10—10:20</td>
<td>APC Score Card</td>
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<td>10:20 – 11:15</td>
<td>New York State of Transformation: Panel Discussion on CMMI RFI</td>
<td>Tom Mahoney, Susan Stuard, Alda Osinaga, &amp; Marcus Friedrich</td>
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<td>11:15 – 11:45</td>
<td>Governance</td>
<td>Marcus Friedrich &amp; Lori Kicinski</td>
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<td>11:45 – 12:15</td>
<td><em>Going Forward</em>: Purchasers, Payers, Patients, and Providers</td>
<td>Laurel Pickering, John Powell, Katie Truby, &amp; Lori Kicinski</td>
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<td>12:15 – 12:40</td>
<td>Working Lunch</td>
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<td>12:40 – 12:55</td>
<td>Practice Transformation Tracking System (PTTS)</td>
<td>Jean Moore</td>
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<td>12:55 – 1:45</td>
<td>Facilitated Discussion on ICWG’s Key Findings</td>
<td>Susan Stuard</td>
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<td>1:45 – 2:00</td>
<td>Wrap Up</td>
<td>Foster Gesten, John Powell, &amp; Susan Stuard</td>
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APC Score Card
Payer Data Source - Capabilities and Limitations

Survey Responses and follow up interviews have identified some key issues impacting the data which would be used in Version 1

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<tr>
<th>Key Decision</th>
<th>Description</th>
<th>Examples</th>
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| Measure Period Construct   | Time period used for generating quality results   | • 12 month rolling period  
                             |                                                                 | • Year to date                                                        |
| Frequency of Data Submission| Interval of results                              | • Quarterly  
                             |                                                                 | • Semi-annually                                                       |
| Audience and Purpose of Report | Intended users and uses of the reports         | • Statewide  
                             |                                                                 | • Focused release (i.e. practices in transformation)                  |
| Payer Engagement           | Payer Participation in Data Submission           | • Statewide  
                             |                                                                 | • Alignment with regional implementation                             |
APC Scorecard Timeline - Updated

- **2016**
  - 2Q: APC Scorecard content and format development
  - 3Q: Payer assessment and preparation for reporting

- **2017**
  - 1Q: Practice definition and attribution exploration work
  - 2Q: Payers deliver first metrics data files

- **2018**
  - 3Q: State begins baseline report production

- **2019**
  - 1Q: Providers baseline Version 1.0 reports

**Notes:**
- Version 1.0 Scorecard implementation and roll out
# Pilot – Data Collection

## APC Scorecard Version 1 - Pilot, Phase 1 Measures

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<td>105/HEDIS</td>
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<td>52/HEDIS</td>
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<td>58/HEDIS</td>
<td>Avoidance of Antibiotic Treatment in adults with acute bronchitis</td>
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- Planned for 4Q 2016
- Leveraging HEDIS 2016 (submitted in June 2016) with practice information attached to member level file
- Goal to determine data issues with practice aggregation across payers
New York State of Transformation: Panel Discussion on CMMI RFI
Transforming Clinical Practice Initiative (TCPI)
NYSPTN = New York State Practice Transformation Network

- CMS’ Transforming Clinical Practices Initiative (TCPI).
- 4 year, $48M program (reduced to $20M to support ~ 4,000 clinicians).
- Partnering with Finger Lakes Health Systems Agency, NYS DOH, UHF and several TA subcontractors.
- Support practices to transition to Value Based Payment.

Update:

- CMS approved Year 2 funding with reduced number of providers to support.
- NYeC to target 3,888 graduated clinicians with 5,188 enrollments. Application indicated 11,200 enrollments.
- CMS indicated that increase in target clinicians and budget can occur if targets are met by end of year, and we have commitments for additional clinicians.
TA Organizations
- Finger Lakes Health System Agency (FLHSA), NYCDOH –Primary Care Information Project (PCIP), Healthcare Association of New York State (HANYS), Mount Sinai Health System (MSHS), New York State Council for Community Behavioral Healthcare (NYSCCBH), EHR Advisory Group, Strategic Interests

Current Enrollments
- Currently (2,365) enrolled, target (3,888) by 12/31/16.
- 950 additional enrollments in progress.

Current Practice Assessments
- Current NYSPTN Assessments complete for Specialists = 383 (21 practices).
- Current NYSPTN Assessments complete for Primary Care = 440 (66 practices).

Unique Elements of TCPI/PTN
- Program enrolls providers beyond primary care; Specialists and Pediatricians
- Includes the Support and Alignment Network (SAN) that is composed of National Specialty Societies that provide curriculum with CME and MOC credit to providers enrolled in the program
DSRIP
DSRIP/OHIP Update

Target: Primary Care practices achieve 2014 PCMH Level 3 certification or meet state-determined criteria for APC (Gate 2) by end of DY3 (March 31, 2018)

- Planning webinar for PPSs to update them on APC model
- Ongoing discussions on Medicaid reimbursement for APC
- PPSs submitted their Primary Care Plans to DOH
  - The Plans have been reviewed by OHIP and OQPS staff, and feedback provided
  - Final Plans will be posted for public comment by November 10th
- Mid-Point Assessment currently underway. On-site reviews of all 25 PPSs are being conducted by the Independent Assessor (IA).
  - Initial recommendations by the IA will be available for public comment on November 17th
  - Public comments due by December 10th
CPC+
CPC+

- Awarded for 14 counties in Capital-North Hudson Region
- January 1, 2017 to December 31, 2021
- Primary care practice application deadline was September 15
  - CMMI is aiming for practice selections within 30-60 days of deadline
- Payers: Medicare FFS, CDPHP, Empire and MVP
- Up to 5000 practice sites nationally across 14 regions
  - Assuming an average of 4 PCPs per practice as with CPC classic, then 20,000 PCPs nationally
  - Approximately 1,400 PCPs for each of 14 regions
- In NY CPC classic, Medicare FFS paid additional $9.5million/year across 300 PCPs
  - If 1,000 PCPs in NY CPC+, Medicare will spend in vicinity of $30million per year in supplemental primary care reimbursement in NY
  - Does not include CMMI spending for program administration, evaluation, transformation support services
APC deliverables: Where are we now?

- RFP for transformation agents (TA): applications received, scored, currently pending CMMI approval
- RFI for payers: released and analyzed, 1:1 meetings conducted
- Critical mass of payers in 3 regions
- Set of criteria for structural milestones: finalized
- Core measure-set: finalized (1.0)
- State-wide practice transformation database: finalized
- Practice enrollment starts Q4 2016
CMMI Request for Information
CMMI Request for Information on SIM

Seeking input on the following concepts:

1. Partnering with states to implement delivery and payment models across multiple payers in a state that could qualify as Advanced Alternative Payment Models (APMs) or Advanced Other Payer APMs under the proposed Quality Payment Program, to create additional opportunities for eligible clinicians in a state to become qualifying APM participants and earn the APM incentive;

2. Implementing financial accountability for health outcomes for an entire state's population;

3. Assessing the impact of specific care interventions across multiple states, and;

4. Facilitating alignment of state and federal payment and service delivery reform efforts, and streamline interaction between the Federal government and states.

Responses due October 28

Link to RFI: https://innovation.cms.gov/Files/x/sim-rfi.pdf
CMS Principles for Medicare Participation in State-Sponsored Models

- Patient-centered
- Accountable for total cost of care
- Transformative
- Broad-based
- Feasible to implement
- Feasible to evaluate

*Based on April 2015 and November 2015 CMS Guidance
Panel Discussion – RFI Questions

- What challenges do states face in achieving all payer alignment, including:
  - Medicaid alignment
  - Medicare participation
  - Consistency with RFI principles (previous slide)

- What does each program see as a priority for alignment going forward?

Based on RFI Section I: Question a. (Rephrased with context for discussion)
Governance Discussion
Governance Structure

Movement from: Development, Gathering Input, Statewide Only  
To: Implementation, Solving Problems, State Steering and Regional Committees
Statewide APC Steering Committee

- Provides strategic direction and guidance to NYS to ensure overarching goals of APC are met.
- Promote participation by payers and providers for APC
- Ensure fidelity and evolve the APC model as needed to ensure fidelity of the APC model
- Provide guidance and recommendations regarding alignment across regions as well as alignment of federal and state initiatives.
- Report to the Health Innovation Council to offer legislative and regulatory recommendations as needed and appropriate.
- Guide/provide recommendations regarding “activation” of regions in terms of practice transformation support.
Regional Oversight and Management Committees (ROMC) will convene to:
- Resolve questions or concerns that arise in the region,
- Communicate with the Statewide Steering Committee on region-specific issues, and
- Ensure smooth implementation of the APC model within regional contexts.

Topics could include:
- Issues between TA entities and practices;
- Issues between payers and providers;
- Patient/consumer feedback;
- Best practices, lessons learned, and challenges;
- Regional linkages between clinical and community resources.
Purchasers and Payers
NEBGH Activity

**Employer Engagement**
- Regional meetings conducted across New York State
- Purchaser Advisory Council
- Benefit consultants
- SIM educational programs
- Joint Health Plan/Purchaser meeting
- Webinars and individualized discussions

**Health Plan Engagement**
- Monthly multi-payer meetings
- Targeted outreach to strategic health plan partners
- Joint Health Plan/Purchaser meeting
- Targeted outreach to health plan account executives
**Employer Engagement**

**What Worked**
- Engaging business coalitions/associations
- Targeted outreach to key employers
- Meeting with consultants to get the employer perspective
- Building relationships with health plan account executives
- NEBGH events/programming as a platform to discuss SIM
- Creating the Purchaser Advisory Council (PAC)
- Developing communication and marketing materials

**What DIDN'T Work**
- Cold calling
- Asking health plans and consultants to invite their clients to regional meetings
- Dense explanation of SIM initiative
- Prematurely bringing employers and health plans together
Health Plan Engagement

What Worked
- Consistent meeting schedule
- Health plan only meetings
- Tailoring the language and structure of the larger health plan meeting to allow for in-depth discussions
- Interaction with a small subset of health plans

What DIDN'T Work
- Ad-hoc meetings
- Prematurely engaging health plans and their clients together
- Underestimating the complexity of “the ask”
- Getting into specifics with competitors present
Going Forward

Education, Advocacy, Leverage, Collaboration

- Purchaser Advisory Council (PAC)
- Health Plan User Groups
- Regional Meetings with Employers and Key Stakeholders
- Communication and Marketing Materials (e.g. Purchaser Guide)
- NEBGH Events and Programming
DFS and DOH Payer Engagement

- State-led payer engagement supplemented multi-payer meetings hosted by NEBGH
- Insights from key engagement approaches helped inform our approach:
  - Request for Information
  - One on One health plan meetings
- Looking ahead
Patient Engagement
Patient Engagement

- Consumers included in statewide and regional governance
- Increasing patient knowledge about healthcare
- Practice-Patient engagement
- Consumer education
- Governance

Goal: Create feedback loops to engage patients as partners in healthcare transformation.

Organizational design/governance at the practice level
Governance

- Consumers included on the Statewide Steering Committee, as well as each ROMC.
- Engage in overall model governance.
- Provide systematic feedback on rollout of APC within regional context from patient perspective.
- Work with ROMC facilitators to ensure diversity of representation.
Provider Engagement
Statewide Provider Engagement Strategies for APC

Goal: To extend the reach of opportunity and awareness deep and wide for primary care physicians to participate in APC

- Creation of a non-branded media-kit for use by ambassadors, transformation agents, other funded programs, and primary care practices
- Accelerating marketing and promotion contracts with several state provider associations to deliver messaging, education and updates on the APC model

Strategies:

- Statewide event hosting for primary care providers
- Interactive webinars on APC participation
- eNews and APC press releases
- Social media and other multi-media strategies
Practice
Transformation
Tracking Database
Practice Transformation Tracking System (PTTS)

Integrated Care Workgroup

October 7, 2016

Jean Moore, DrPH, MSN
Center for Health Workforce Studies
School of Public Health | University at Albany, SUNY

jean.moore@health.ny.gov
Purpose of the PTTS

- Develop a tool to:
  - Support and coordinate practice transformation efforts in the state
  - Reduce likelihood of duplication funding for technical assistance across transformation programs
  - Assist in the targeting of technical assistance
PTTS Data Sources and Preparation

- Compiled and aggregated a number of sources of physician data: PNDS, NPI, Licensure files, proprietary files (SK&A), NCQA, previous practice transformation efforts
- Identification of practice sites: unique combination of geo-location and phone number
- Stakeholder meetings with technical assistance providers: NYeC, NYU Medical Center, Adirondack Health Institute, Finger Lakes HSA, Practice Transformation Council
PTTS Prototype Development

- Web-based interface
- Keyword searches on practice name, address, zip code (practices), name, license number, NPI, specialty (providers)
- SQL database
- Database schema:

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PTTS Features: Access Control

- Several user types: TA agents, Program administrators, System administrators (CEWIT, CHWS)
PTTS Features: Practice Map
PTTS Features: Practice Level Information

Practice Transformation Tracking System

Practice List

Search: Search by practice name, zip
TCP:  DSBB:  APC:  CPC:

Show 10 * entries

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PTTS Features: Practice Level Information
PTTS Features: Provider Level Information
## PTTS Features: Provider Level Information

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# PTTS Features: Provider Level Information

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# PTTS Features: Conflict Report

## Practice Transformation Tracking System

### Potential Conflicts

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**Date Flagged:** 08/08/2016

**Time Flagged:** 3:51:08 PM

**Agent Name:** John Smith

**Agent Email:** ts_agent1@estc.com

**Description:** TCPN added while practice is participating in DSIP.
PTTS Current Status

- Ready to go live with NYeC (TCPI program):
  - Align technical assistance activity status definitions across programs (DSRIP, TCPI, APC)

- Future steps:
  - Back-end sync with TA provider databases
  - Email notification of new potential conflicts
  - Regular feed of NCQA PCMH status data
  - Onboarding additional TA providers (e.g., APC, National Council on Behavioral Health, NYU)
ICWG Key Findings
Workgroup’s lessons learned and insights

- Value of an open, multi-stakeholder process
- Focus on Primary Care
- Defining and evolving APC over time
- The Diversity of primary care providers and populations
- The need for alignment and innovation
- The role of payers and purchasers
- The role of patients and families
Discussion: Workgroup Report

- Difficult to capture the detail of 70+ hours of workgroup discussions
- Questions to consider for feedback:
  - Does the report capture the important features and deliberations of our work together?
  - Are there items missing or not accurate?
  - Are there items that are not clear?
Wrap Up