Getting Ready for the Maryland Primary Care Program

Maryland Academy of Family Physicians
American College of Physicians, Maryland Chapter
October 30, 2017
Agenda

• Introductions
• Overview
• Program Components
• Next Steps
• Questions and Answers

All of the components described in this presentation are subject to federal approval
Overview
## Physician Survey Results

### 2. Which best describes how you feel about the future of the medical profession?

<table>
<thead>
<tr>
<th></th>
<th>MD</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very positive/optimistic</td>
<td>6.7%</td>
<td>6.8%</td>
</tr>
<tr>
<td>Somewhat positive/optimistic</td>
<td>26.3%</td>
<td>30.4%</td>
</tr>
<tr>
<td>Somewhat negative/pessimistic</td>
<td>47.1%</td>
<td>41.4%</td>
</tr>
<tr>
<td>Very negative/pessimistic</td>
<td>19.9%</td>
<td>21.4%</td>
</tr>
</tbody>
</table>

### 14. How familiar are you with the Medicare Accountability and CHIP Reauthorization Act (MACRA)?

<table>
<thead>
<tr>
<th></th>
<th>MD</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very unfamiliar</td>
<td>35.7%</td>
<td>33.4%</td>
</tr>
<tr>
<td>Somewhat unfamiliar</td>
<td>22.1%</td>
<td>22.9%</td>
</tr>
<tr>
<td>Neither familiar nor unfamiliar</td>
<td>24.8%</td>
<td>23.8%</td>
</tr>
<tr>
<td>Somewhat familiar</td>
<td>14.4%</td>
<td>14.0%</td>
</tr>
<tr>
<td>Very familiar</td>
<td>3.0%</td>
<td>5.9%</td>
</tr>
</tbody>
</table>

### 21. Which of the following best describes your current practice?

<table>
<thead>
<tr>
<th></th>
<th>MD</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am overextended and overworked</td>
<td>32.5%</td>
<td>28.2%</td>
</tr>
<tr>
<td>I am at full capacity</td>
<td>46.7%</td>
<td>52.4%</td>
</tr>
<tr>
<td>I have time to see more patients and assume more duties</td>
<td>20.8%</td>
<td>19.4%</td>
</tr>
</tbody>
</table>

Source: The Physicians Foundation and conducted by Merritt Hawkins, 2016
MACRA

Law *intended* to align physician payment with *value*

The **Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)**

**Quality Payment Program**

- Merit-Based Incentive Payment System (MIPS)
- Alternative Payment Models (APMs)

The Quality Payment Program Provides Additional Rewards for Participating in APMs

Potential financial rewards

<table>
<thead>
<tr>
<th>Not in APM</th>
<th>In APM</th>
<th>In Advanced APM (AAPM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MIPS adjustments</td>
<td>MIPS adjustments</td>
<td>+ APM-specific rewards</td>
</tr>
</tbody>
</table>

If you are a Qualifying APM Participant (QP)

5% lump sum bonus

Total Cost of Care Model (2019-2029)

Improving health, enhancing patient experience, and reducing per capita costs.

HSCRC Hospital Model
2014 - 2029

- Reduce unnecessary readmissions/utilization
- Reduce hospital-based infections
- Increase appropriate care outside of hospital

HSCRC Care Redesign Programs
2017 - TBD

- Reduce unnecessary lab tests
- Increase communication between hospital and community providers
- Increase complex care coordination for high and rising risk
- Improve efficiency of care in hospital

Maryland Primary Care Program
2018-2023

- Increase preventive care to lower the Total Cost of Care
- Decrease avoidable hospitalizations
- Decrease unnecessary ED visits
- Increase care coordination
- Increase community supports
Population Health Transformation – Vision under Maryland Primary Care Program

Advanced Primary Care Practice +
Care Transformation Organization +
State And Community Population Health Policy and Programs

Care Management Personnel +
Practice Transformers/Transformation Programs +
Broad Focus on Achievable Goals +
Performance Data

Reduce PAU
Lower TCOC
Improved Health Outcomes
A System of Coordinated Care
Total Cost of Care Model and Primary Care Program

Total Cost of Care Model is the umbrella

Maryland Primary Care Program (MDPCP) is a distinct contract element

- Separate contract element of the Maryland Total Cost of Care Model contract between State and CMMI
- CMS will issue Requests For Applications (RFA) for practices and care transformation organizations (CTOs); CMS selects participants
- Require Participation Agreements for practices and CTOs
# How is MDPCP Different from CPC+?

<table>
<thead>
<tr>
<th></th>
<th>CPC+</th>
<th>MDPCP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integration with other State efforts</td>
<td>Independent model</td>
<td>Component of MD TCOC Model</td>
</tr>
<tr>
<td>Enrollment Limit</td>
<td>Cap of 5,000 practices nationally</td>
<td>No limit – practices must meet program qualifications</td>
</tr>
<tr>
<td>Enrollment Period</td>
<td>One-time application period for 5-year program</td>
<td>Annual application period starting in 2018</td>
</tr>
<tr>
<td>Track 1 v Track 2</td>
<td>Designated upon program entry</td>
<td>Migration to track 2 by end of Year 3</td>
</tr>
<tr>
<td>Supports to transform primary care</td>
<td>Payment redesign</td>
<td>Payment redesign and CTOs</td>
</tr>
<tr>
<td>Payers</td>
<td>61 payers are partnering with CMS including BCBS plans; Commercial payers including Aetna and UHC; FFS Medicaid, Medicaid MCOs such as Amerigroup and Molina; and Medicare Advantage Plans</td>
<td>Medicare FFS, Duals, (Other payers encouraged for future years)</td>
</tr>
</tbody>
</table>
Program Components
1. Access and Continuity

Track One

• Achieve and maintain > 95% empanelment to care teams
• Ensure patients have 24/7 access to a care team practitioner with real-time access to the EHR
• Build a care team responsible for a specific, identifiable panel of patients to optimize continuity

Track Two (all of the above, plus)

• Regularly offer at least one alternative to traditional office visits such as e-visits, phone visits, group visits, home visits, alternate location visits (e.g., senior centers and assisted living centers), and/or expanded hours in early mornings, evenings, and weekends
2. Care Management

Track One

• Risk-stratify all empaneled patients
• Provide targeted, proactive, relationship-based (longitudinal) care management to all patients identified as at increased risk, based on a defined risk stratification process and who are likely to benefit from intensive care management
• Provide episodic care management along with medication reconciliation to a high and increasing percentage of empanelled patients who have an ED visit or hospital admission/discharge/transfer and who are likely to benefit from care management
• Ensure patients with ED visits receive a follow up interaction within one week of discharge.
• Contact at least 75% of patients who were hospitalized in target hospital(s), within 2 business days
2. Care Management

Track Two (Track 1, plus)

• Use a two-step risk stratification process for all empanelled patients:
  ➢ Step 1 - based on defined diagnoses, claims, or another algorithm (i.e., not care team intuition);
  ➢ Step 2 - adds the care team’s perception of risk to adjust the risk-stratification of patients, as needed
• Use a plan of care centered on patient’s actions and support needs in management of chronic conditions for patients receiving longitudinal care management
3. Comprehensiveness and Coordination

Track One

• Systematically identify high-volume and/or high-cost specialists serving the patient population using CMS/other payer’s data
• Identify hospitals and EDs responsible for the majority of patients’ hospitalizations and ED visits, and assess and improve timeliness of notification and information transfer using CMS/other payer’s data
3. Comprehensiveness and Coordination

Track Two (Track 1, plus)

• Enact collaborative care agreements with at least two groups of specialists identified based on analysis of CMS/other payer reports
• Choose and implement at least one option from a menu of options for integrating behavioral health into care
• Systematically assess patients’ psychosocial needs using evidence-based tools
• Conduct an inventory of resources and supports to meet patients’ psychosocial needs
• Characterize important needs of sub-populations of high-risk patients and identify a practice capability to develop that will meet those needs, and can be tracked over time
4. Patient and Caregiver Engagement

Track One
- Convene PFAC at least annually and incorporate recommendations into care, as appropriate
- Assess practice capability + plan for patients’ self-management

Track Two (the above, plus)
- Convene a PFAC in at least two quarters in PY2017 and integrate recommendations into care, as appropriate
- Implement self-management support for 3 or more high risk conditions
5. Planned Care and Population Health

Track One

• Use quarterly feedback reports to assess utilization and quality performance, identify practice strategies to address, and identify individual candidates to receive outreach, care management

Track Two (the above, plus)

• Regular care team meetings to review practice and panel-level data, refine tactics to improve outcomes and achieve practice goals
Quality and Utilization Metrics

Quality

• 2018 – 18 proposed eCQM measures
• Group 1: Outcome Measures – Report both outcome measures
• Group 2: Other Measures – Report at least 7 Other process Measures in areas of:
  • Cancer
  • Diabetes
  • Care Coordination
  • Mental Illness/Behavioral Health
  • Substance Abuse
  • Safety
  • Infectious Disease
  • Cardiovascular Disease

Utilization

• ED Visits
• Hospitalizations
## Payment Incentives for Better Primary Care

### Practices – Track 1

<table>
<thead>
<tr>
<th>Care Management Fee (PBPM)</th>
<th>Performance-Based Incentive Payment (PBPM)</th>
<th>Underlying Payment Structure</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ $20 average payment</td>
<td>➢ $2.50 payment opportunity</td>
<td>➢ Standard FFS</td>
</tr>
<tr>
<td>➢ $6-$50 PBPM</td>
<td>➢ Must meet quality and utilization metrics to keep incentive payment</td>
<td>➢ Timing: Regular Medicare FFS claims payment</td>
</tr>
<tr>
<td>➢ Tiered payments based on acuity/risk tier of patients in practice including $50 to support patients with complex needs</td>
<td>➢ Timing: Paid prospectively on an annual basis</td>
<td></td>
</tr>
<tr>
<td>➢ Timing: Paid prospectively on a quarterly basis</td>
<td></td>
<td></td>
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</tbody>
</table>
# Payment Incentives for Better Primary Care

## Practices – Track 2

<table>
<thead>
<tr>
<th>Care Management Fee (PBPM)</th>
<th>Performance-Based Incentive Payment (PBPM)</th>
<th>Underlying Payment Structure</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ $28 average payment</td>
<td>➢ $4.00 payment opportunity</td>
<td>➢ Reduced FFS on E&amp;M with prospective “Comprehensive Primary Care Payment” (CPCP)</td>
</tr>
<tr>
<td>➢ $9-$100 PBPM</td>
<td>➢ Must meet quality and utilization metrics to keep incentive payment</td>
<td>➢ Timing: CPCP paid prospectively on a quarterly basis</td>
</tr>
<tr>
<td></td>
<td>➢ Timing: Paid prospectively on an annual basis</td>
<td>➢ Medicare FFS claim submitted normally but paid at reduced rate</td>
</tr>
</tbody>
</table>

- Tiered payments based on acuity/risk tier of patients in practice including $100 to support patients with complex needs
- Timing: Paid prospectively on a quarterly basis
Care Transformation Organization - Unique to MDPCP

Designed to assist the practice in meeting care transformation requirements

Services Provided to Practice:
- Care Management Staffing
- Comprehensive Care Coordination
- Data Analytics and Informatics
- Social Services Connection
- Practice Transformation TA

Provision of Services By:
- Care Managers
- Pharmacists
- LCSWs
- Community Health Workers
CRISP HIT Supports and Services

**Data Exchange Support Programs (DESP)**
- This program will provide funds directly to practices who want to connect with CRISP.
  - The payments are fixed amounts, which the practice can use to offset connectivity costs.
  - In return, the practice will provide and maintain data feeds to CRISP.

  **Goal:** Establish 200 ambulatory practice connection
  **Requirement:** CEHRT

  **Funding**
  - Milestone 1 - $3,000
  - Milestone 2a - $4,000
  - Milestone 2a+2b - $7,000
  - Total = up to $10,000

**Services**

- **Maryland Prescription Drug Monitoring Program**
  - Monitor the prescribing and dispensing of drugs that contain controlled dangerous substances

- **Encounter Notification Service (ENS)**
  - Be notified in real time about patient visits to the hospital

- **Query Portal**
  - Search for your patients’ prior hospital and medication records

- **Direct Secure Messaging**
  - Use secure email instead of fax/phone for referrals and other care coordination

- **Supports Services**
  - Milestone 1 – sign-up/agreements
  - Milestone 2 – Either encounter or encounter + clinical data integration
Questions

1. How many CTO service packages should be offered? What services should be included?

2. How often should a practice be able to change their choice of CTO?

3. How should a CTO be evaluated?

4. Additional feedback
Next Steps
## Timeline

<table>
<thead>
<tr>
<th>Activity</th>
<th>Timeframe</th>
</tr>
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<tbody>
<tr>
<td>Submit Model for Approval from HHS</td>
<td>Summer 2017</td>
</tr>
<tr>
<td>Stand up Program Management Office</td>
<td>Fall 2017</td>
</tr>
<tr>
<td>Draft legal agreements and applications for CTOs and practices</td>
<td>Fall 2017</td>
</tr>
<tr>
<td>Release applications</td>
<td>Winter 2018</td>
</tr>
<tr>
<td>Select CTOs and practices</td>
<td>Winter/Spring 2018</td>
</tr>
<tr>
<td>Initiate Program</td>
<td>Summer 2018</td>
</tr>
<tr>
<td>Expand Program</td>
<td>2019 - 2023</td>
</tr>
</tbody>
</table>
Considerations for Participation

Fall 2017
- Assess financial opportunity
- Assess practice capabilities
- Assess organizational priorities
- Review CPC Plus RFA
- Review CPC Plus FAQs
- Attend meetings on MDPCP

Late Fall 2017/Winter 2018
- Review MDPCP RFA
- Assess CTO Option
- Attend meetings on MDPCP

Winter/Spring 2018
- Apply for MDPCP
Thank you!

Updates and More Information:
https://health.maryland.gov//Pages/Maryland-Primary-Care-Program.aspx
Useful Videos on CPC+

- Part 2: (Care management fees) [https://www.youtube.com/watch?v=NBVQyNeKJ8&feature=youtu.be](https://www.youtube.com/watch?v=NBVQyNeKJ8&feature=youtu.be)
- Part 3: (Performance Based Incentive Payment) [https://www.youtube.com/watch?v=qU4hF1d9XjI&feature=youtu.be](https://www.youtube.com/watch?v=qU4hF1d9XjI&feature=youtu.be)
- Part 4: (Hybrid Payment) [https://www.youtube.com/watch?v=xPeyjE8couk&feature=youtu.be](https://www.youtube.com/watch?v=xPeyjE8couk&feature=youtu.be)
MDPCP Driver Diagram
Quality Metrics

Link to proposed measures for 2018