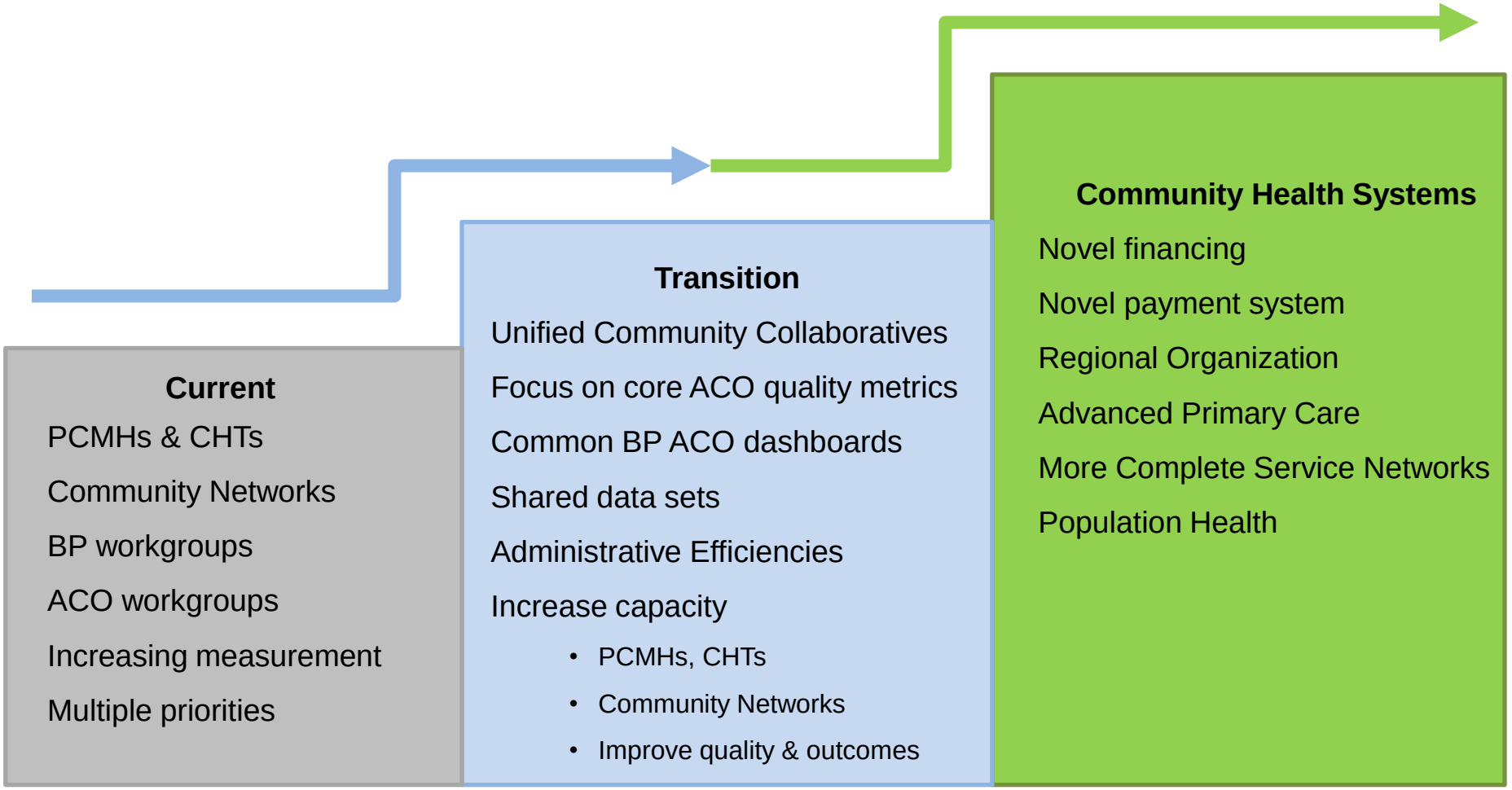
Community Oriented Health Systems

Medicaid & Exchange Advisory Board

January 26, 2015

Transition to Community Health System



Strategies for Community Health Systems

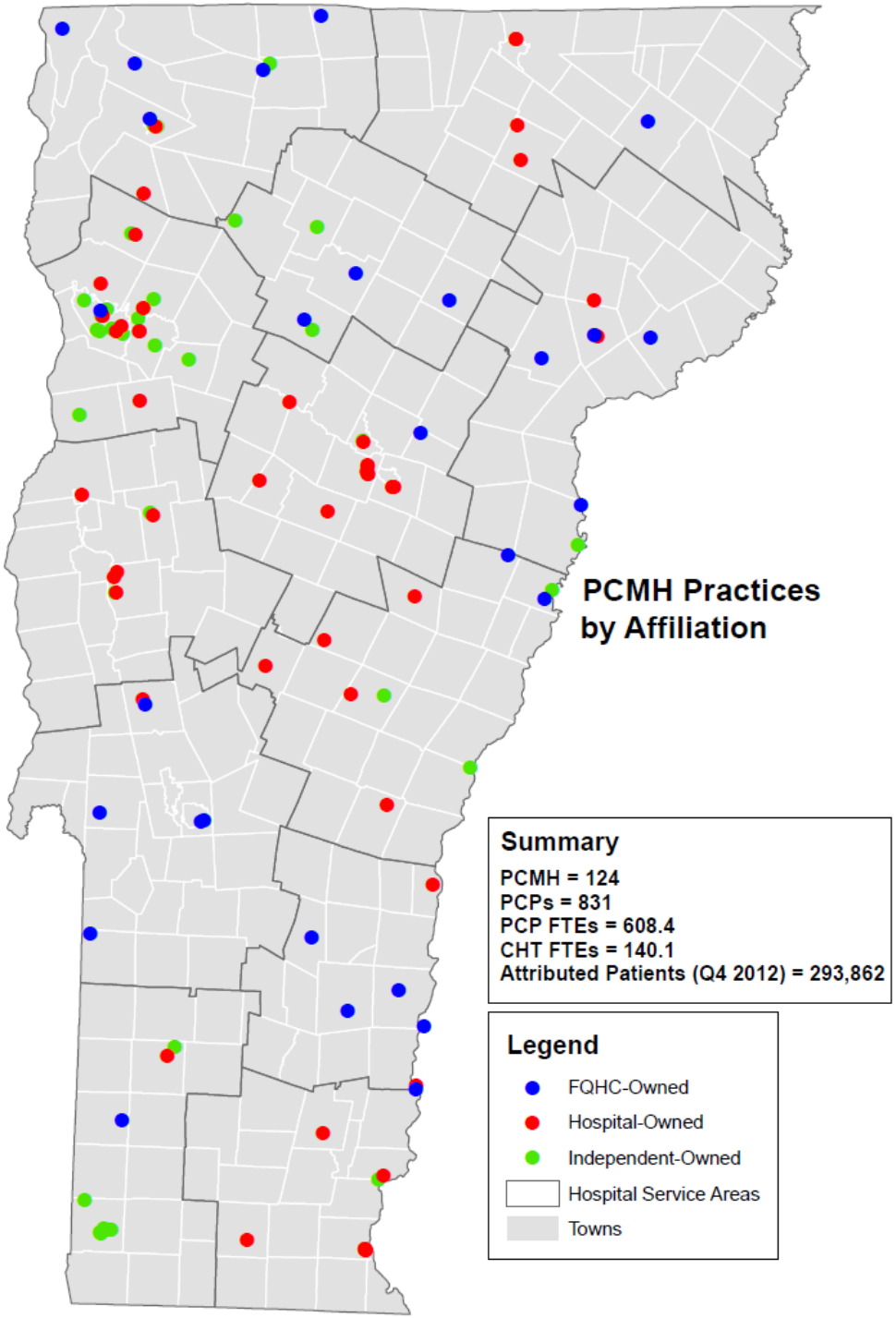
Design Principles

- Services that improve population health thru prevention
- Services organized at a community level
- Integration of medical, social, long term support services
- Enhanced primary care with a central coordinating role
- Coordination and shared interests across providers in each area
- Capitated payment that drives desired outcomes

Strategy for Building Community Health Systems

Action Steps

- Unified Community Collaboratives (quality, coordination)
- Unified Performance Reporting & Data Utility
- Increase support for medical homes and community health teams
- Novel medical home payment model
- Strengthen services using the health home model


PCMH Practices by Affiliation
Summary
PCMH = 124
PCPs = 831
PCP FTEs = 608.4
CHT FTEs = 140.1
Attributed Patients (Q4 2012) = 293,862
Legend
FQHC-Owned
Hospital-Owned
Independent-Owned
Hospital Service Areas
Towns

Unified Community Collaborative (UCC)

Structure & Activity

- Leadership Team (up to 11member team)
  - 1 local clinical lead from each ACO (2 to 3)
  - 1 local representative from VNA, DA, SASH, AAA, Peds
  - Additional ad hoc members chosen locally
- Convening and support from local BP project manager/admin entity
- Develop charter, invite participants, set local priorities & agenda

Unified Community Collaborative (UCC)

Structure & Activity

- Final recommendations rest with leadership team
- Driven by consensus of leadership team and/or vote process as needed
- Solicit structured input of larger group (stakeholders, consumers)
- Larger group meets regularly (e.g. quarterly)
- Convene workgroups to drive planning & implementation
- Workgroups form and meet as needed (e.g. bi-weekly, monthly)

Unified Community Collaborative (UCC)

Structure & Activity

- Use measure results and comparative data to guide planning
- Adopt strategies and plans to meet overall goals & local priorities
- Planning & coordination for service models and quality initiatives
  - guide activities for CHT staff and PCMHs
  - guide coordination of services across settings
  - guide strategies to improve priority measures

Practice Profiles Evaluate Care Delivery

Commercial, Medicaid, & Medicare


VERMONT Blueprint for Health
Smart choices. Powerful tools.

Practice Profile: ABC P

Period: 01/2013 - 12/2013 Practice HSA: ABC Profile Typ

Welcome to the *2014 Blueprint Practice Profile* from the Blueprint for Health, a state-led initiative transforming the way that health care and overall health services are delivered in Vermont. The Blueprint is leading a transition to an environment where all Vermonters have access to a continuum of seamless, effective, and preventive health services.

Blueprint practice profiles are based on data from Vermont's all-payer claims database, the Vermont Healthcare Claims Uniform Reporting and Evaluation System (VHCURES). Data include all covered commercial, Full Medicaid, and Medicare members, attributed to Blueprint practices starting by December 31, 2013.

Practice Profiles for the adult population cover members ages 18 years and older; pediatric profiles cover members between the ages of 1 and 17 years.

Utilization and expenditure rates presented in these profiles have been risk adjusted for demographic and health status differences among the reported populations.

This reporting includes only members with a visit to a primary care physician, as identified in VHCURES claims data, during the current reporting year or the prior year.

Demographics & Health Status

	Practice	H.S.A.	St
Average Members	4,081	84,070	1
Average Age	50.6	50.1	
% Female	55.6	55.5	
% Medicaid	14.5	13.0	
% Medicare	23.7	22.2	
% Maternity	2.1	2.1	
% with Selected Chronic Conditions	50.1	38.8	
Health Status (CRG)			
% Healthy	39.0	43.9	
% Acute or Minor Chronic	18.8	20.5	
% Moderate Chronic	27.9	24.5	
% Significant Chronic	15.4	12.3	
% Cancer or Catastrophic	1.4	1.3	

Table 1: This table provides comparative information on the demographics ... status of your practice, all Blueprint practices in your Hospital Service Area ... state as a whole. Included measures reflect the types of information used to ... adjusted rates: age, gender, maternity status, and health status.

Average Members serves as this table's denominator and adjusts for partial ... enrollment during the year. In addition, special attention has been given to ... Medicaid and Medicare: This includes adjustment for each member's enrollm... Medicaid or Medicare, the member's practices' percentage of membership ... or Medicare, Medicare disability or end-stage renal disease status, and the ... the member required special Medicaid services that are not found in comm... populations (e.g. day treatment, residential treatment, case management, ... services, and transportation).

The Selected Chronic Conditions measure indicates the proportion of memb... through the claims data as having one or more of seven selected chronic co... asthma, chronic obstructive pulmonary disease, congestive heart failure, co... disease, hypertension, diabetes, and depression.

The Health Status measure aggregates 3M™ Clinical Risk Grouper (CRG) cla... the year for the purpose of generating adjusted rates. Aggregated risk class... include: Healthy, Acute (e.g., ear, nose, throat infection) or Minor Chronic ... chronic joint pain), Moderate Chronic (e.g., diabetes), Significant Chronic (... CHF), and Cancer (e.g., breast cancer, colorectal cancer) or Catastrophic (... dystrophy, cystic fibrosis).

Demographics & Health Status | Cost of Care | Utilization | Effective & Preventive Care | Da...


VERMONT Blueprint for Health
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Practice Profile: ABC Primary Care

Period: 01/2013 - 12/2013 Practice HSA: ABC Profile Type: Adults (18+ Years)

Total Expenditures per Capita

Figure 1: Presents annual risk-adjusted rates and 95% confidence intervals with expenditures capped statewide for outlier patients. Expenditures include both plan and member out-of-pocket payments (i.e., copay, coinsurance, and deductible).

Total Expenditures by Major Category

Figure 2: Presents annual risk-adjusted rates for the major components of cost (as shown in Figure 1) with expenditures capped statewide for outlier patients. Some services provided by Medicaid (e.g., case management, transportation) are reported separately as Special Medicaid Services.

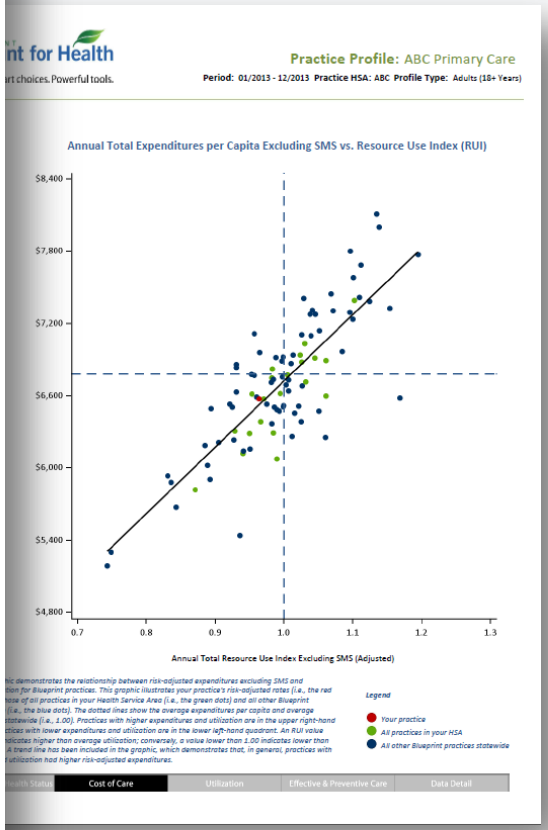
Total Expenditures Excluding SMS

Figure 3: Presents annual risk-adjusted rates and 95% confidence intervals with expenditures excluding Special Medicaid Services capped statewide for outlier patients. Expenditures include both plan and member out-of-pocket payments (i.e., copay, coinsurance, and deductible).

Total Resource Use Index (RUI) Excluding SMS

Figure 4: Presents annual risk-adjusted rates and 95% confidence intervals. Since price per service varies across Vermont, a measure of expenditures based on resource use — Total Resource Use Index (RUI) — is included. RUI reflects an aggregated cost based on utilization and intensity of services across major components of care (e.g., inpatient) and excludes Special Medicaid Services. The practice and HSA are indexed to the statewide average (1.00).

Demographics & Health Status | Cost of Care | Utilization | Effective & Preventive Care | Data Detail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Annual Total Expenditures per Capita Excluding SMS vs. Resource Use Index (RUI)

...ic demonstrates the relationship between risk-adjusted expenditures excluding SMS and ... for Blueprint practices. This graphic illustrates your practice's risk-adjusted rates (i.e., the red ... of all practices in your Health Service Area (i.e., the green dots) and all other Blueprint ... (i.e., the blue dots). The dotted lines show the average expenditures per capita and average ... statewide (i.e., 1.00). Practices with higher expenditures and utilization are in the upper right-hand ... with lower expenditures and utilization are in the lower left-hand quadrant. An RUI value ...dicates higher than average utilization; conversely, a value lower than 1.00 indicates lower than ... A trend line has been included in the graphic, which demonstrates that, in general, practices with ... utilization had higher risk-adjusted expenditures.

Health Status | Cost of Care | Utilization | Effective & Preventive Care | Data Detail

ONPOINT Health Data

Payment Modifications

Need for Modifications

- Current payments have stimulated substantial transformation
- Improved healthcare patterns, linkage to services, local networks
- Reduced expenditures offset investments in PCMHs and CHTs
- Modifications are needed for further advancement
- Proposed modifications will support UCCs & quality improvement

Payment Modifications

Recommendations

1. Increase PCMH payment amounts
2. Shift to a composite measures based payment for PCMHs
3. Increase CHT payments and capacity
4. Adjust insurer portion of CHT costs to reflect market share

Payment Modifications

Performance based medical home payment

- Total = Base + NCQA + Quality + Utilization
- UCC participation, NCQA scoring – *practice control*
- Service area quality & utilization – *interdependencies*
- Stimulates work of UCCs (quality & coordination)

Questions & Discussion