

CONNECTICUT
HEALTHCARE
INNOVATION PLAN

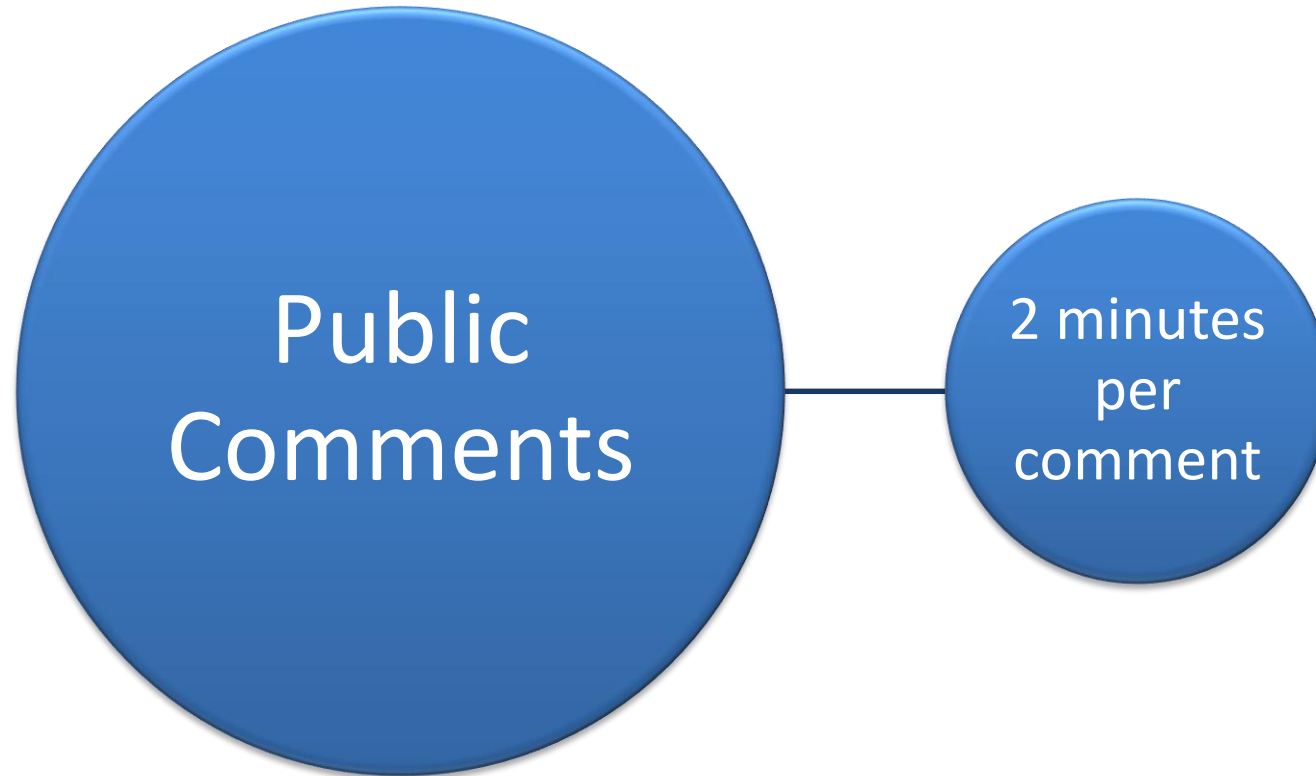


Consumer Advisory Board

March 7, 2017

Meeting Agenda

Item	Allotted Time
1. Call to order	5 min
2. Public Comment	10 min
3. Approve February 14 th Meeting Minutes	5 min
4. SIM Primary Care Payment Reform Presentation	60 min
5. SIM Updates	30 min
6. Update on CAB Communications Plan, Consumer Engagement Activities	10 min
7. Community Catalyst Session Planning	10 min
8. Next Steps and Adjournment	5 min



Acceptance of Meeting Minutes

SIM Primary Care Payment Reform Presentation

Purpose of Today's Presentation

- Introduce Primary Care Payment Reform Models
- Describe how Primary Care Payment Reform can support SIM goals
- Introduce a new Primary Care Payment Reform opportunity, called Comprehensive Primary Care Plus (CPC+)
- Discuss the opportunities and concerns these models present from a consumer perspective

Dr. Neil's Primary Care Practice



What does Dr. Neil want to do?

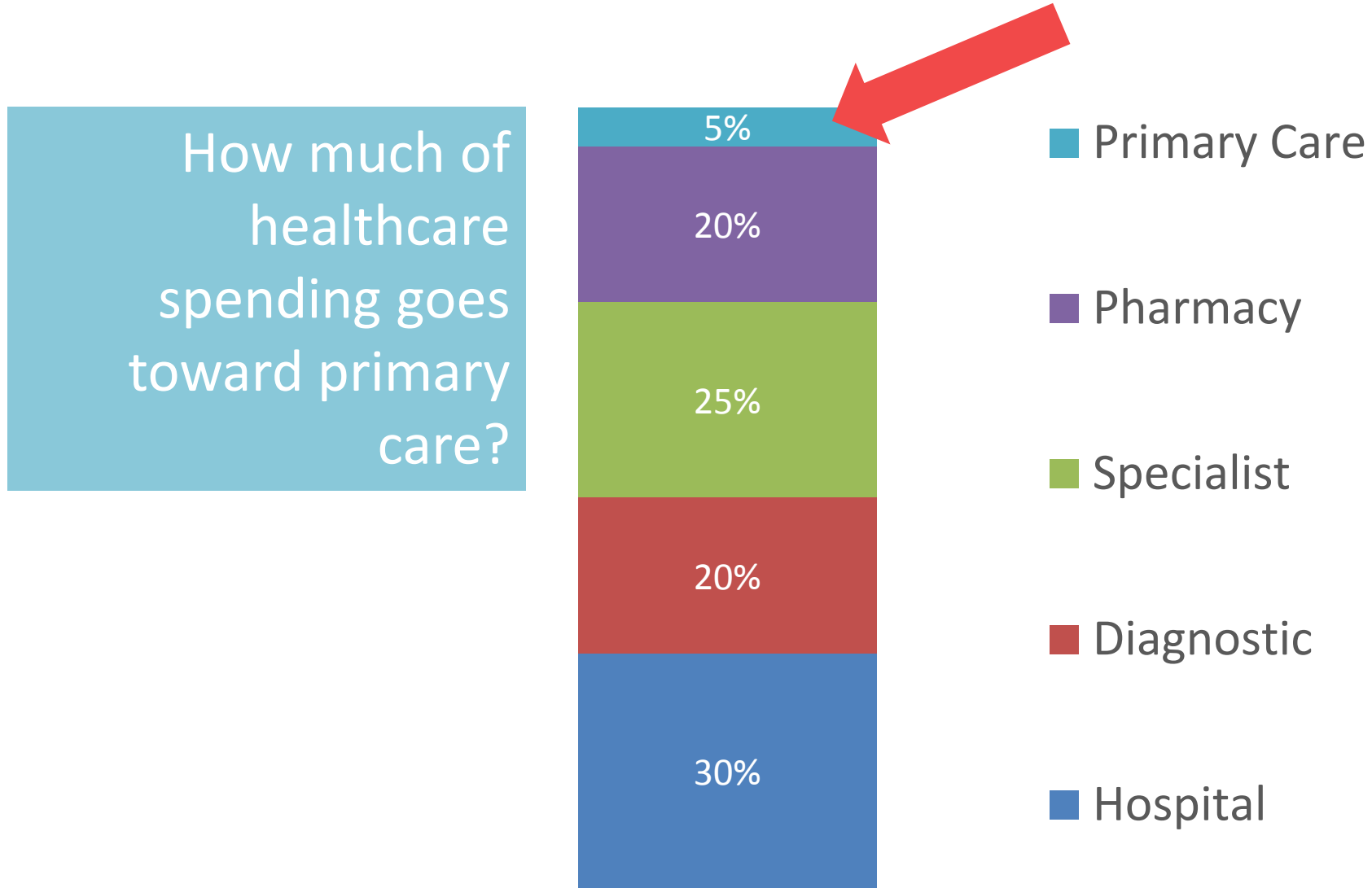
Patient Engagement and Support	Care Team Diversity
Phone contact	Nurse care manager
E-mail/text support	Social Worker
Telemedicine visits	Licensed BH clinician
Home visits	Pharmacists
E-consult	Nutritionist/dietician
Remote monitoring	Care coordinator (community health worker focus on community linkages)
Group visits (illness self-management, prevention, lifestyle enhancement)	Health coach (community health worker)
Tweet/chats/on-line support groups	Patient navigator
Patient/family advisory council	
Communication with child care/school	
Transportation	

Why can't Dr. Neil deliver care in the way she would like?

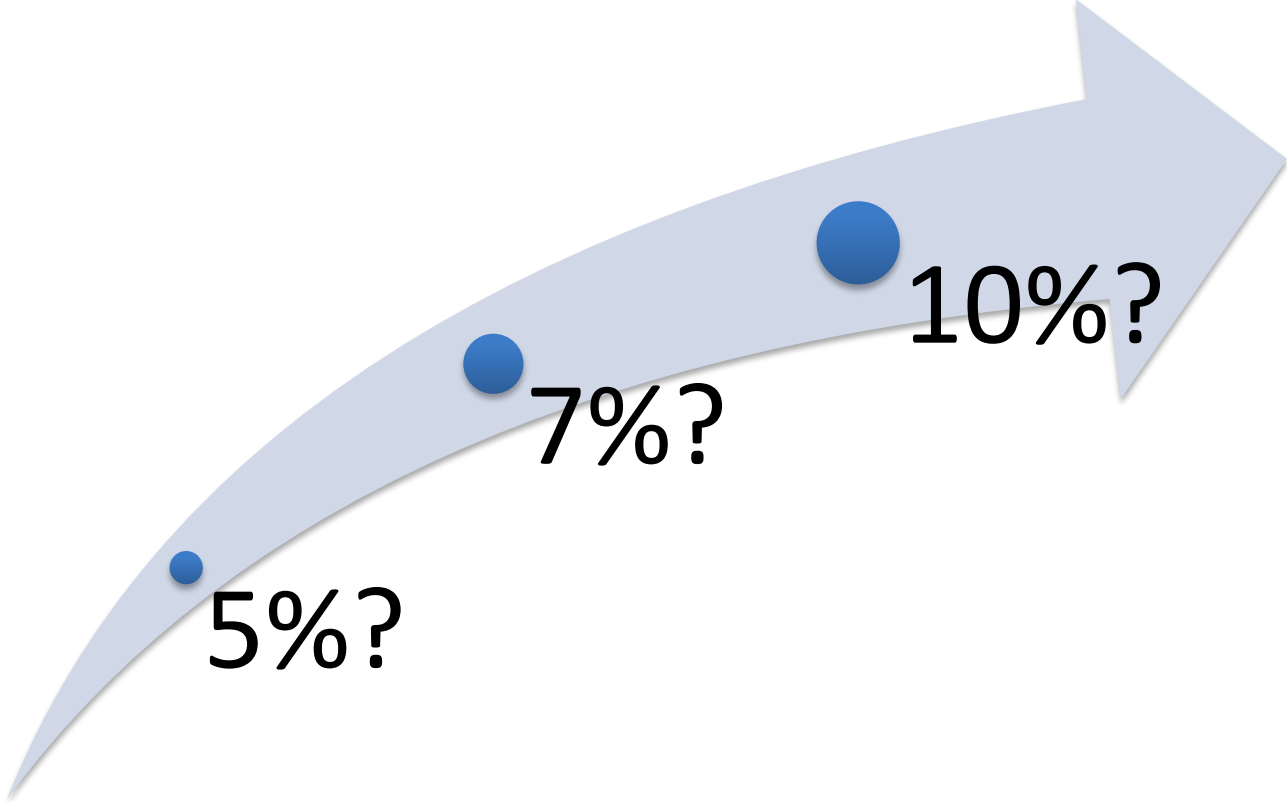
Primary Care Providers are limited in the way they can deliver care due to:

- **Low revenue** compared to other areas of healthcare
- **Low flexibility** on how they can use their revenue for care delivery

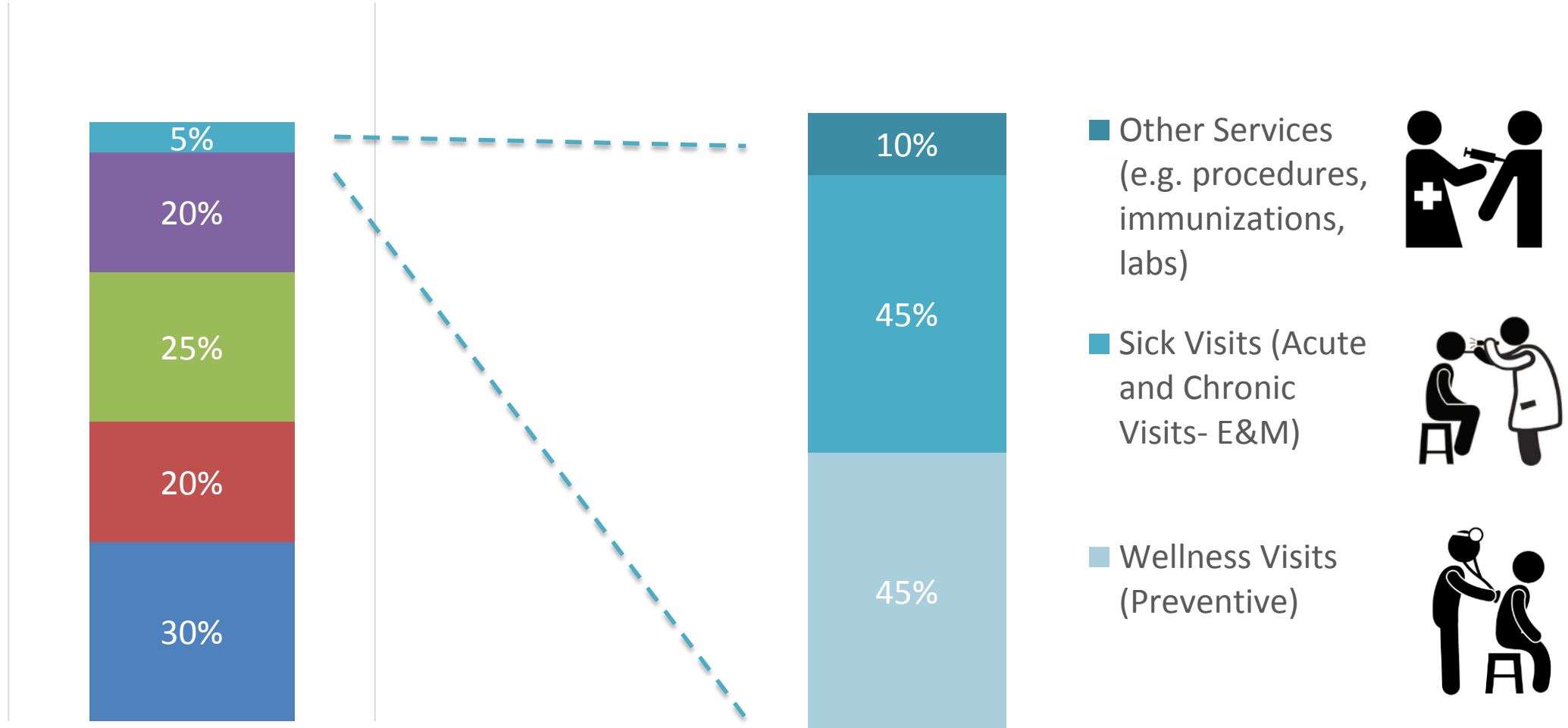
How much revenue comes into Primary Care?



How much should we be paying for primary care?



How do Primary Care Providers typically get paid?



How has Dr. Neil gotten paid for most of her career?



Category 1



Fee for Service -
No Link to Quality
& Value

+ Low Risk

- No Up front payments
- Only 5% Healthcare spending on Primary Care
- No Flexibility

Sources of Revenue



Each Sick Visit



Each Wellness Visit



Each service like
Immunizations

How can revenue
be used?

Revenue can
only be spent on
**visit-based
services**

How does Dr. Neil currently get paid?



Category 2



Fee for Service -
Link to Quality
& Value

- + A little flexibility
- + Low Risk
- + May have up front payments
- No significant increase in Primary Care spending
- Flexibility limited



Sources of Revenue

Each Sick Visit



Each Wellness Visit



Each service like
Immunizations



Bonus Payments for
Quality Care- **received**
at the end of the year

How can revenue
be used?

**Bonus
Payments can
be spent on
non-visit based
activities, but
they are
limited**

How might Dr. Neil get paid?



Category 3

....

APMs Built on
Fee-for-Service
Architecture

+ More flexibility

+ Medium Risk

+ May have up front
payments

- No significant
increase in Primary
Care spending

- Flexibility still limited



Each Sick Visit



Each Wellness Visit



Each service like
Immunizations



Shared Savings
Payments for Quality
& Cost- **Received at
the end of the year**

Sources of Revenue

How can revenue
be used?

Shared Savings
can be used **for
non-visit based
services** like
email, and staff
like **CHWs and
BH specialists**.
However, long
wait to receive
them and not
guaranteed.

How would Dr. Neil like to get paid?



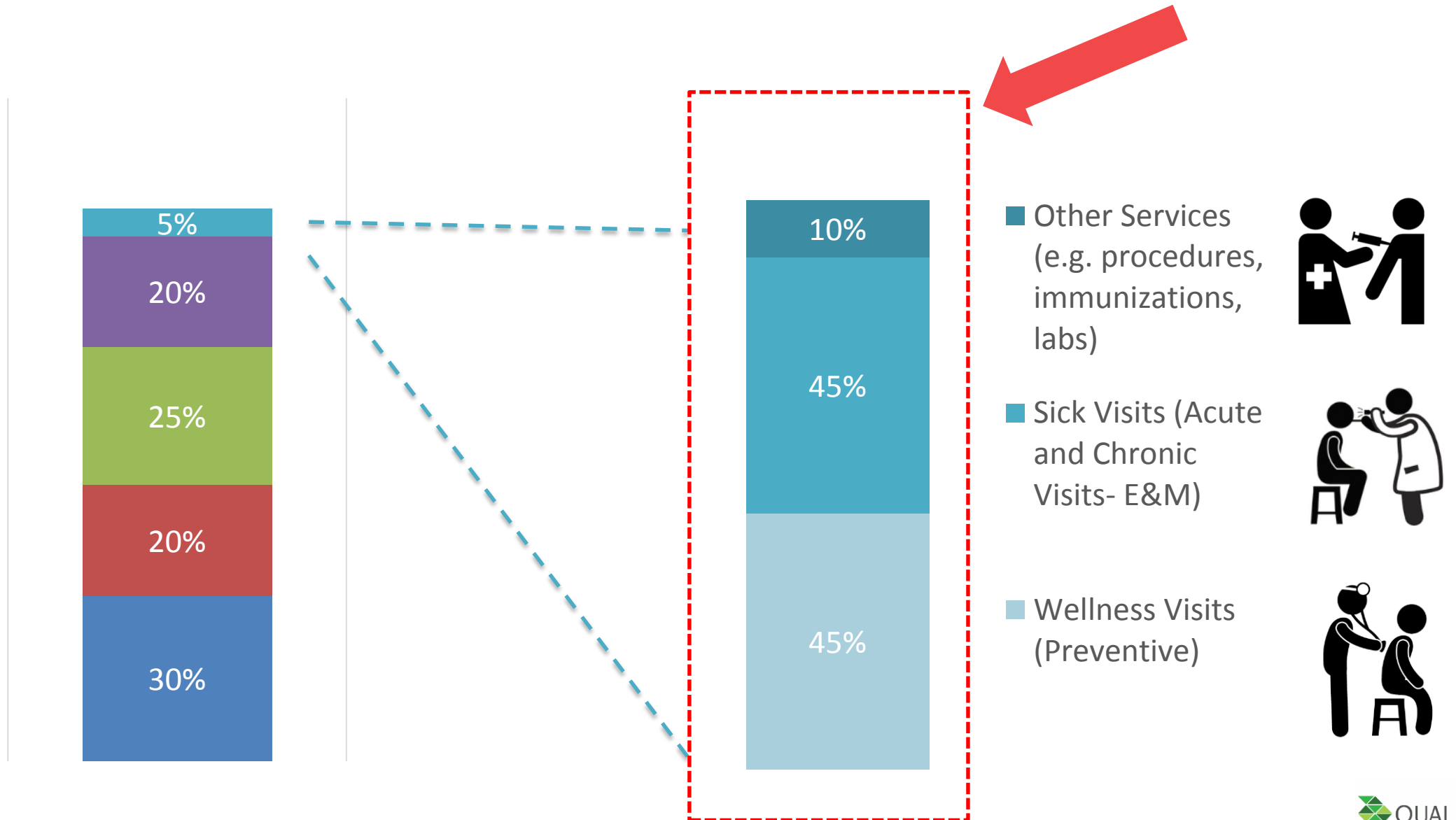
Category 4



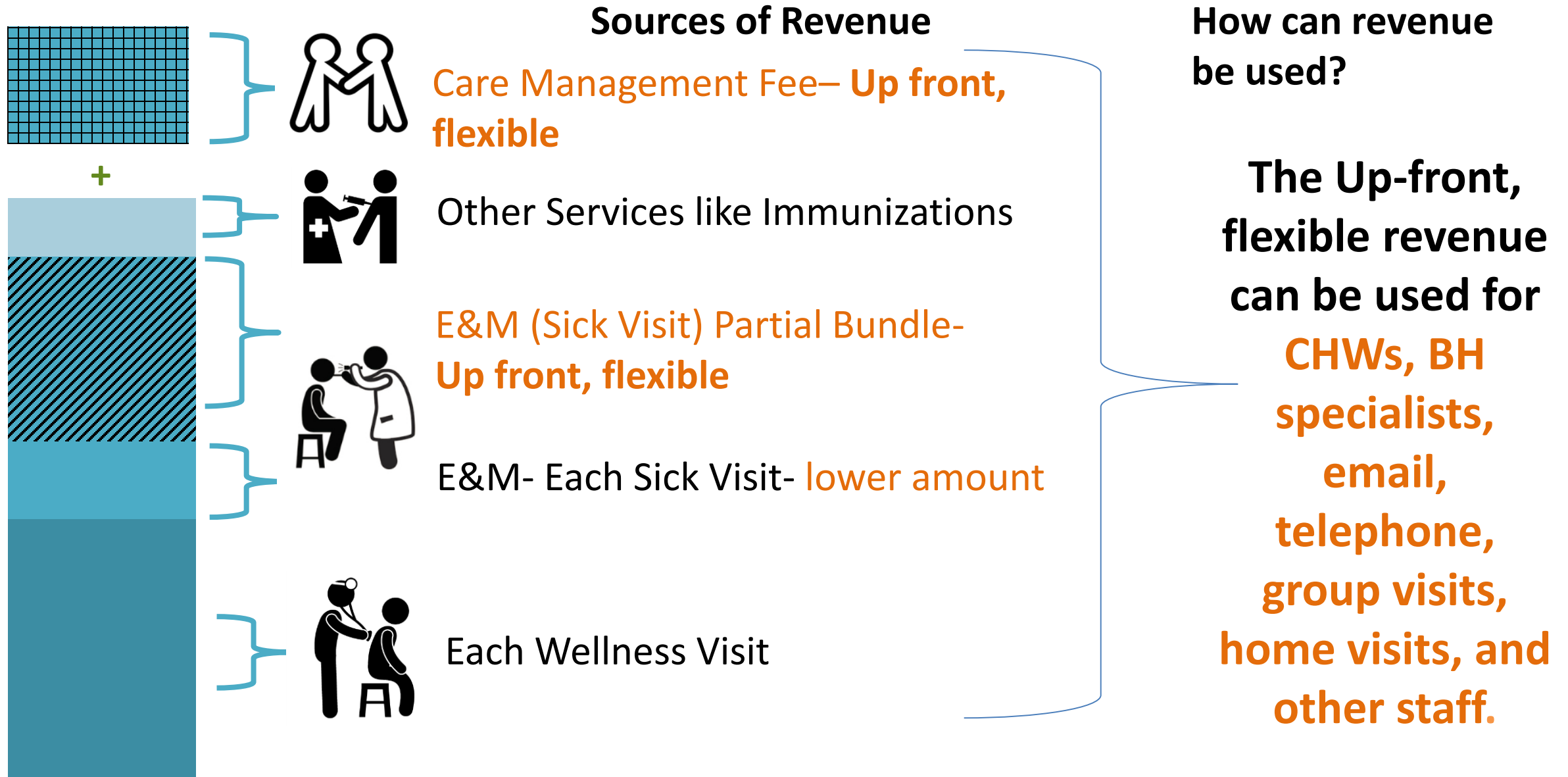
Population-Based
Payment

- +Most flexibility through bundled payments
- +Up front payments- no need to wait for shared savings or bonuses
- +Significant increase in Primary Care spending through care management fees
- More risk

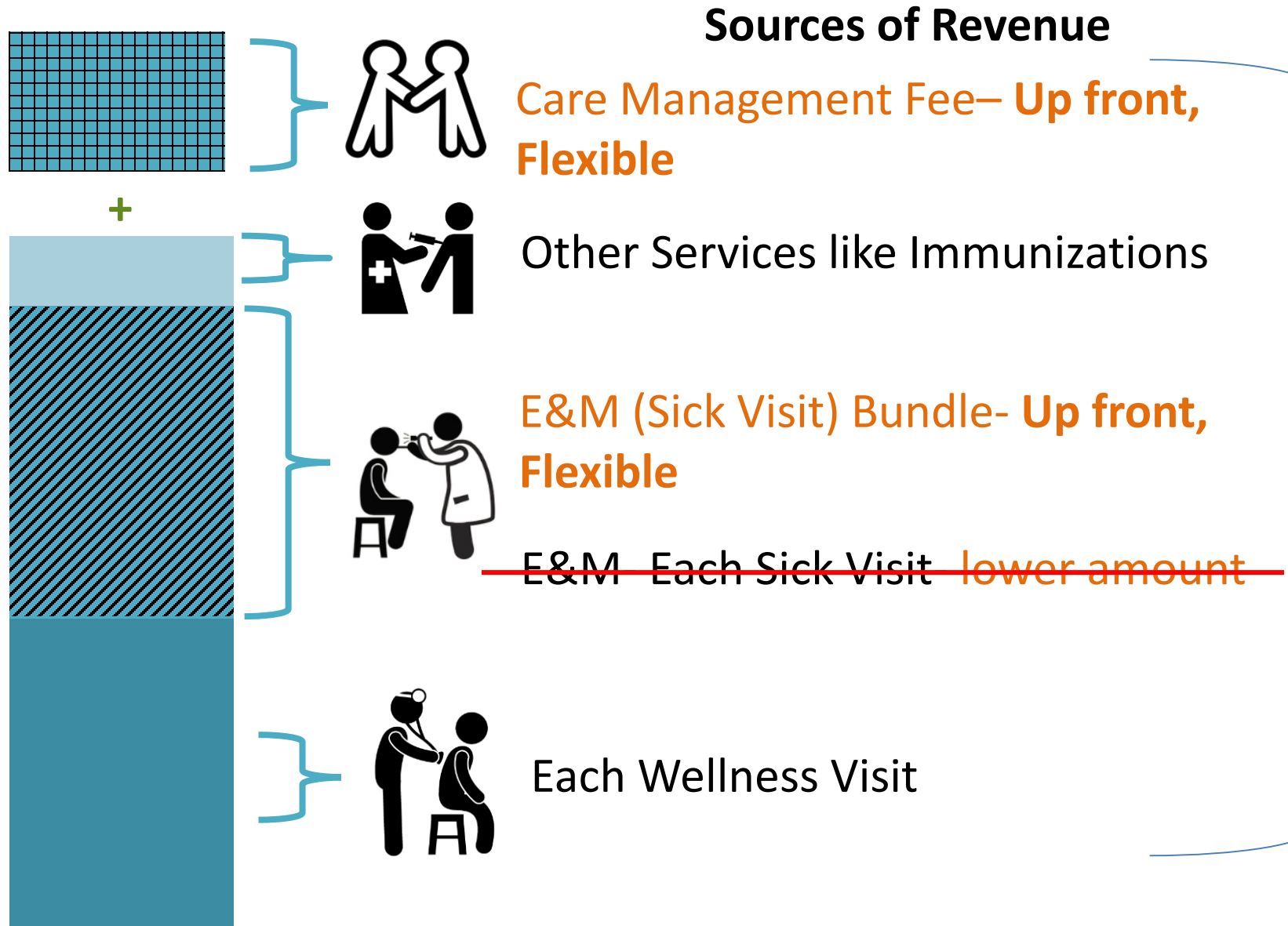
How do Primary Care Providers typically get paid?



Option 1: Partial E&M (Sick Visit) Bundle



Option 2: Full E&M (Sick Visit) Bundle



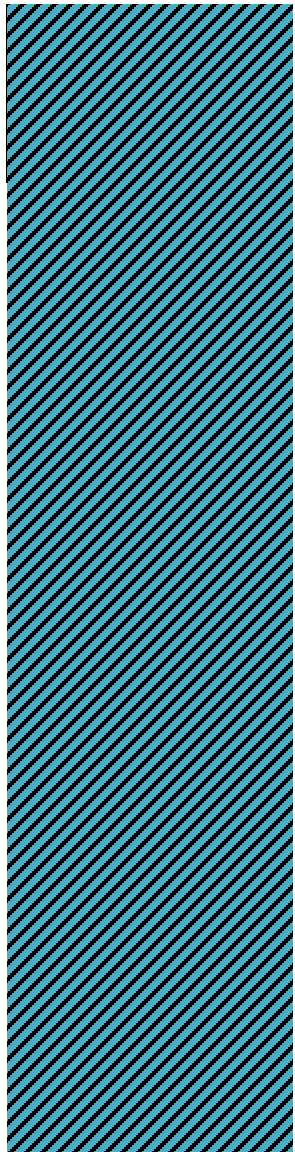
How can revenue be used?

The Up-front, flexible revenue can be used for CHWs, BH specialists, email, telephone, group & home visits, and other staff. There is even more flexibility in this model.

Option 3: Full Primary Care Bundle

Sources of Revenue

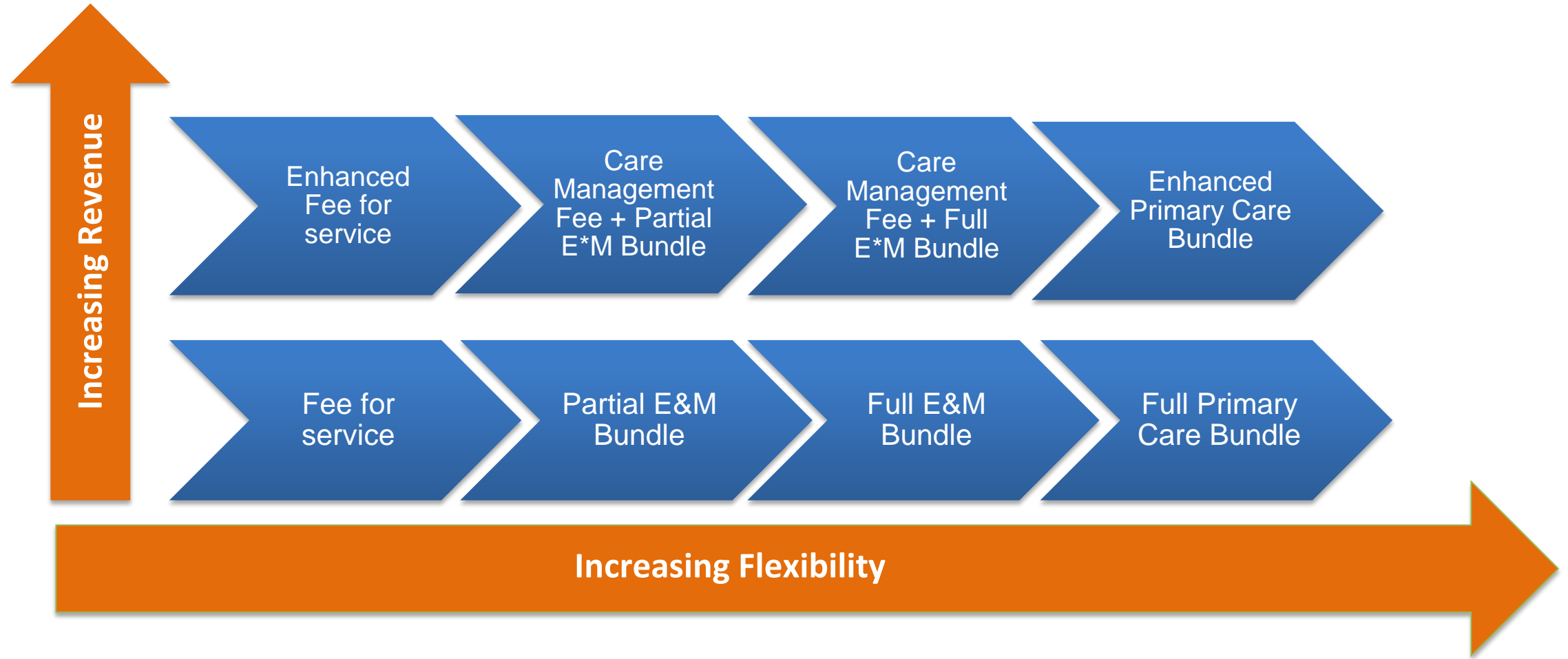
How can revenue be used?



Full Primary Care
Bundled Payment-
Up Front, Most
Flexible

Revenue can be
spent on **any**
services, activities
or staff to support
patients. This is
the most flexible
model.

The Range of Primary Care Payment Reform Models



PCPMs- Why now?

- PCPMs have the potential to lead to **sustainable funding for SIM care delivery reform efforts**
- We are currently researching models and **will be presenting recommendations** on a Primary Care Payment Reform Model for the State to pursue
- There is a **new opportunity** available through CMMI to participate in a PCPM, called **CPC+**

How does Primary Care Payment Reform Support the SIM Goals?

SIM Care Delivery Goals



Enable **Primary Care Practices** to provide patient-centered care



Enable **Provider Networks** to improve care delivery



Promote the use of **Community Health Workers** in Primary Care

SIM Payment Reform Goals

Pay primary care providers more for achieving certain outcomes through Shared Savings

An important first step, but not enough to fully sustain care delivery goals

What have we learned from our research and meetings?

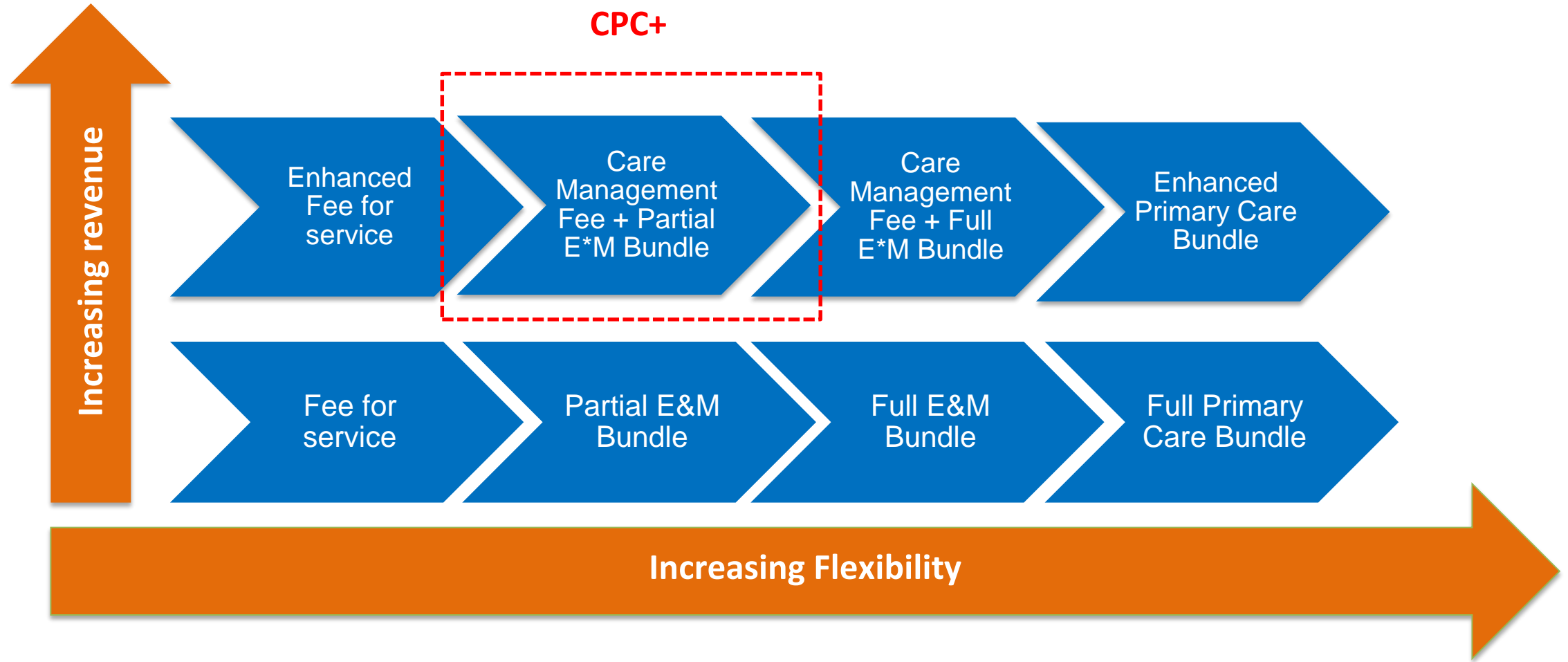
- It is difficult to change care delivery under a Fee for Service model. **More flexibility** is needed in payment models
- Providers need **payment up front**; can't simply wait for shared savings
- Primary care is responsible for coordination, prevention and chronic disease management, but **not enough money is spent on primary care**
- There is **interest among providers and payers** to move toward Primary Care Payment Models that provide increased flexibility and increased revenue, but there is **concern about risk**

“I would love to diversify my care team to include social worker, navigators, etc. This would enable all team members to work at the top of their license. But this care is not reimbursed, under FFS”

New Primary Care Payment Reform Opportunity- CPC+

- CPC+ is a federal opportunity for states or regions of states to participate in a Primary Care Payment Reform model
- CPC+ **includes Medicare participation** (which can often be difficult to get), and encourages **all payers to participate**:
 - Why? Because Primary Care Providers don't want to only provide telephone calls to patients with one type of insurance, or only offer a CHW to a patient with one type of insurance
- Primary Care Payment Models require up-front funding, with the idea that the system will save money over time. **CPC+ could help the state with some of that funding.**
- CPC+ is flexible in its requirements, which could enable us to make **strong recommendations** regarding the model that would **most benefit CT consumers**

Comprehensive Primary Care Plus (CPC+)- Where does it fall?



How does CPC+ work?

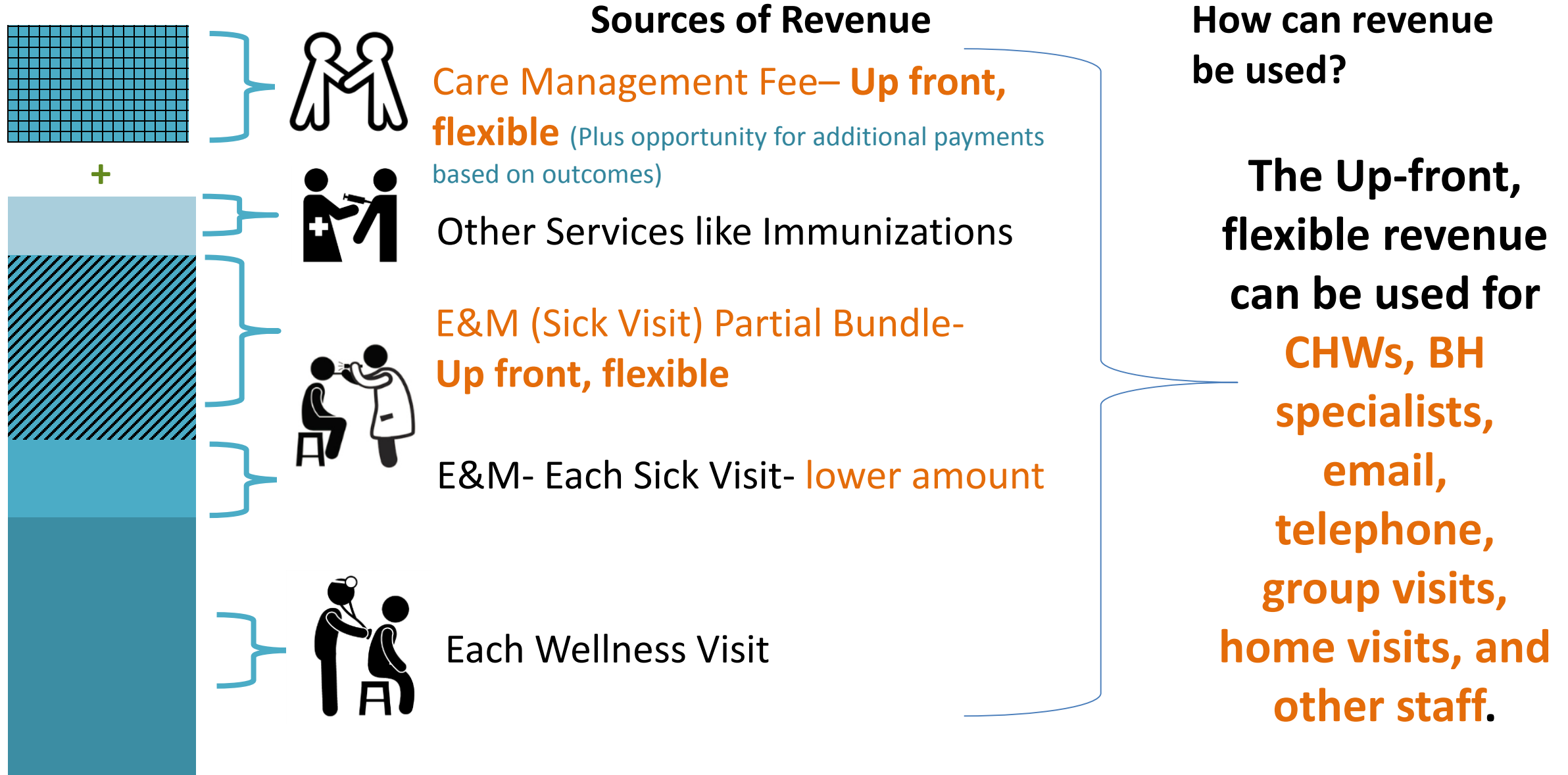


Three Payment Innovations Support CPC+ Practice Transformation



	Care Management Fee (PBPM)	Performance-Based Incentive Payment (PBPM)	Payment Structure Redesign
Objective	<i>Support augmented staffing and training for delivering comprehensive primary care</i>	<i>Reward practice performance on utilization and quality of care</i>	<i>Reduce dependence on visit-based fee-for-service to offer flexibility in care setting</i>
Track 1	\$15 average	\$2.50 opportunity	N/A (Standard FFS)
Track 2	\$28 average; including \$100 to support patients with complex needs	\$4.00 opportunity	Reduced FFS with prospective "Comprehensive Primary Care Payment" (CPCP)

Which Model does CPC+ fit into?



How will these models impact the consumer?

- Fewer contacts that trigger deductible or require a co-payment = **Less consumer out of pocket for new services**
- New options for provider-patient engagement = **more convenience for the patient**
- More patient contact with the primary care team = **better health outcomes**

Discussion and Next Steps

SIM Update



Health
Information
Technology
Advisory Council



Community
Health Worker
Advisory
Committee



Quality Council



Other



Update on CAB
Communications and Plan
and Consumer Engagement
Activities

Consumer Engagement Update

CAB
Communications
Plan

Upcoming
Outreach
Events

CAB
Suggestions
for Future
Outreach
Events

Community Catalyst Session Planning

Next Steps and Adjournment