CALIFORNIA ASSOCIATION of PUBLIC HOSPITALS AND HEALTH SYSTEMS

CALIFORNIA HEALTH CARE SAFETY NET INSTITUTE

MEDI-CAL 2020 WAIVER PROGRAM PROGRESS

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Overview

PRIME and Global Payment Program (GPP)

- Progress and themes
- Early learning

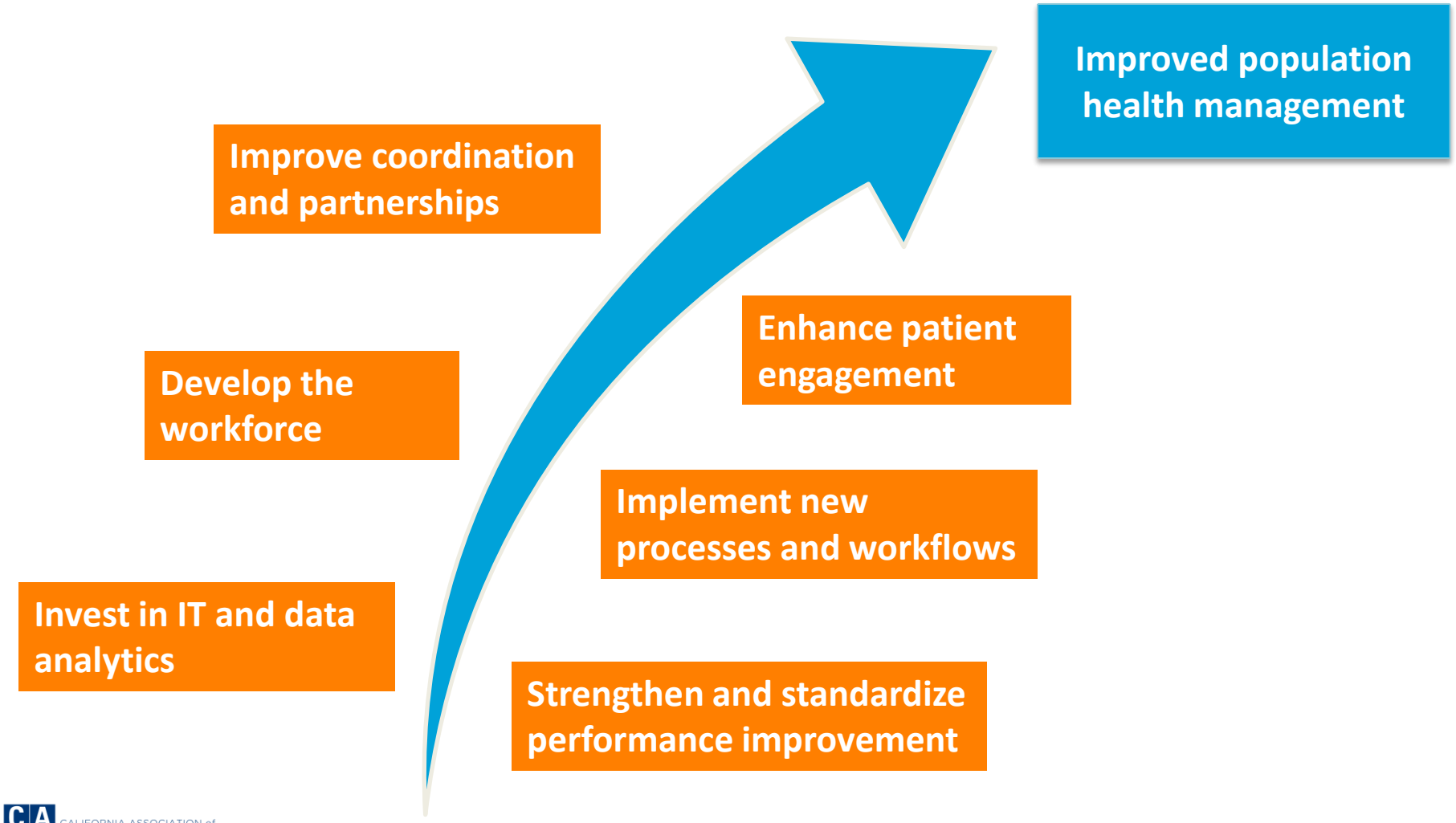
PRIME Background

- Pay-for-performance program worth up to $3.26b in federal funds over 5 years
- Successor to CA's first-in-the-nation DSRIP
- Focus on primary and preventive care
- Year-over-year performance improvement targets
  - 10% gap closure between current performance and 90th percentile
  - Must be above 25th percentile to receive payment
  - Performance above 90th percentile must be maintained

PRIME Structure

- Three domains
  1. Outpatient Delivery System Transformation and Prevention
  2. Targeted High-Risk or High Cost Populations
  3. Resource Utilization Efficiency
- Six Required Projects
  1. Integration of Physical and Behavioral Health
  2. Ambulatory Care Redesign: Primary Care
  3. Ambulatory Care Redesign: Specialty Care
  4. Improved Perinatal Care
  5. Care Transitions: Integration of Post-Acute Care
  6. Complex Care Management for High Risk Medical Populations
- PHS must select 3 additional projects from 12 optional projects

PRIME Emerging themes of member progress



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PRIME Progress

Investing in IT and data analytics

Implementing new infrastructure, such as EHR enhancements, eConsult platforms, development of dashboards, and customized registries to more effectively care for patients.

Examples:

- Kern implemented a new software system that administers patient screenings and surveys electronically.
- Ventura created health maintenance tools and reminders in their EHR to flag for providers when screenings are needed.

Strengthening and standardizing performance improvement

Utilizing quality improvement principles and methods, such as Lean Management or Model for Improvement, to identify areas for metric/project improvement and to test changes.

Example:

- Riverside's Ambulatory Care Redesign team implemented PDSAs (Plan-Do-Study-Act) at 10 of the 13 primary care clinics on SBIRT*, tobacco cessation counseling, diabetes control, hypertension control, REAL* data completeness, and patient experience.

SBIRT = Screening, Brief Intervention, and Referral to Treatment for alcohol and drug use
REAL = Race, Ethnicity and Language

PRIME Progress

Developing the workforce

Engaging employees in change, training staff, and changing staffing models.

Examples:

- UCSF established multidisciplinary behavioral health integration workgroups with representation from primary care, psychiatry, nursing, social work, population health, and IT teams.
- Alameda Health System enhanced team-based care by training medical assistants to order labs and hiring additional clinic nurses and pharmacists.

Implementing new processes and workflows

Implementing new workflows and processes, some of which are tech-enabled, to enhance patient care.

Example:

- San Francisco developed a standard set of REAL categories, created an intake form (now translated into the 5 threshold languages), trained staff and implemented new workflows to collect data.

PRIME Progress

Improving coordination and partnerships

Improving coordination internally and enhancing external partnerships to improve performance and patient care.

Examples:

- Many systems are improving coordination between primary and specialty care through the use of e-consult.
- LA County partnered with the local health information exchange, LANES, to upload complete specialty visit notes in real-time so that they are readily available to partners.

Enhancing patient engagement

Enhancing patient engagement and touches (outreach and in-reach), including new campaigns and non-traditional services (such as telemedicine and phone visits).

Example:

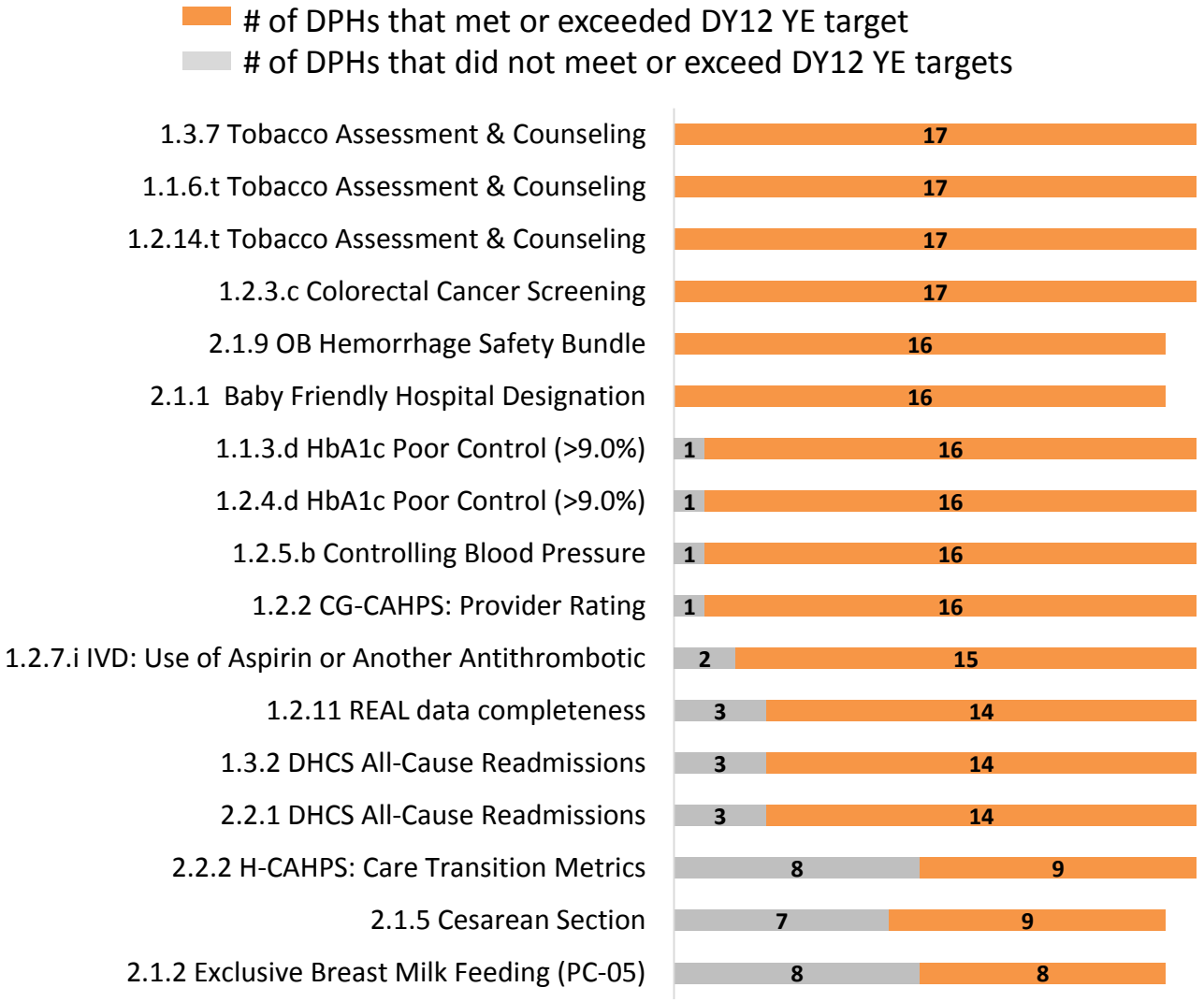
- Santa Clara Valley Medical Center developed a care transitions program with a team of registered nurses who initiate interactions with patients while they are hospitalized and facilitate their transition into ambulatory care.

Contra Costa Health Services and Health Centers

- Participating in Optional Project 1.6: Cancer Screening and Follow-Up
- One individual became a primary care patient in 2016 – her care team saw she was behind on tests and screenings.
- Doctors found early cancer, stage 1, too small to have been detected with self-exam. The patient had surgery before it could grow.
- CCHS hit their DY12 target on breast cancer screening, with 655 more women up-to-date on mammograms than in baseline year

Pay for Performance Metrics in Required Projects

Designated Public Hospitals (DPHs) that Met DY12 Year End (YE) Targets



DY12 YE data has not yet been approved by DHCS.

PRIME APM Requirement

- Alternative Payment Methodologies (APMs) tie payment to value, not volume and encourage patient-centered care provided in the right place at the right time
- Aligned with goals of PRIME – encourages movement towards primary and preventive care

PRIME APM Requirement

- Individual requirement:
  - All public health care systems must have an APM contract with at least one Medi-Cal managed care plan in the service area they operate in by January 2018
- Aggregate requirement
  - 50% of Medi-Cal managed care beneficiaries assigned to any public health care system must receive all or a portion of their care under a contracted APM by January 2018
  - Increases to 55% in 2019 and 60% in 2020

PRIME APM Requirement

- Several members currently have some form of capitation
  - Primary care capitation is most common, some have taken full capitation
- Members are also exploring non-capitated APM models
  - Shared savings and/or shared risk, bundled payments, or episode of care-based payments

PRIME Takeaways

- Already demonstrating an impact, eg
  - Tobacco assessment and counseling (90% to 94%)
  - Colorectal cancer screening (59% to 65%)
- Importance of data (coding, infrastructure, sharing, reporting and analytics capabilities)
- Comprehensiveness and ambitiousness of PRIME
  - Year over year improvement, challenging performing targets
- Looking ahead – Spread, sustainability and continued improvement

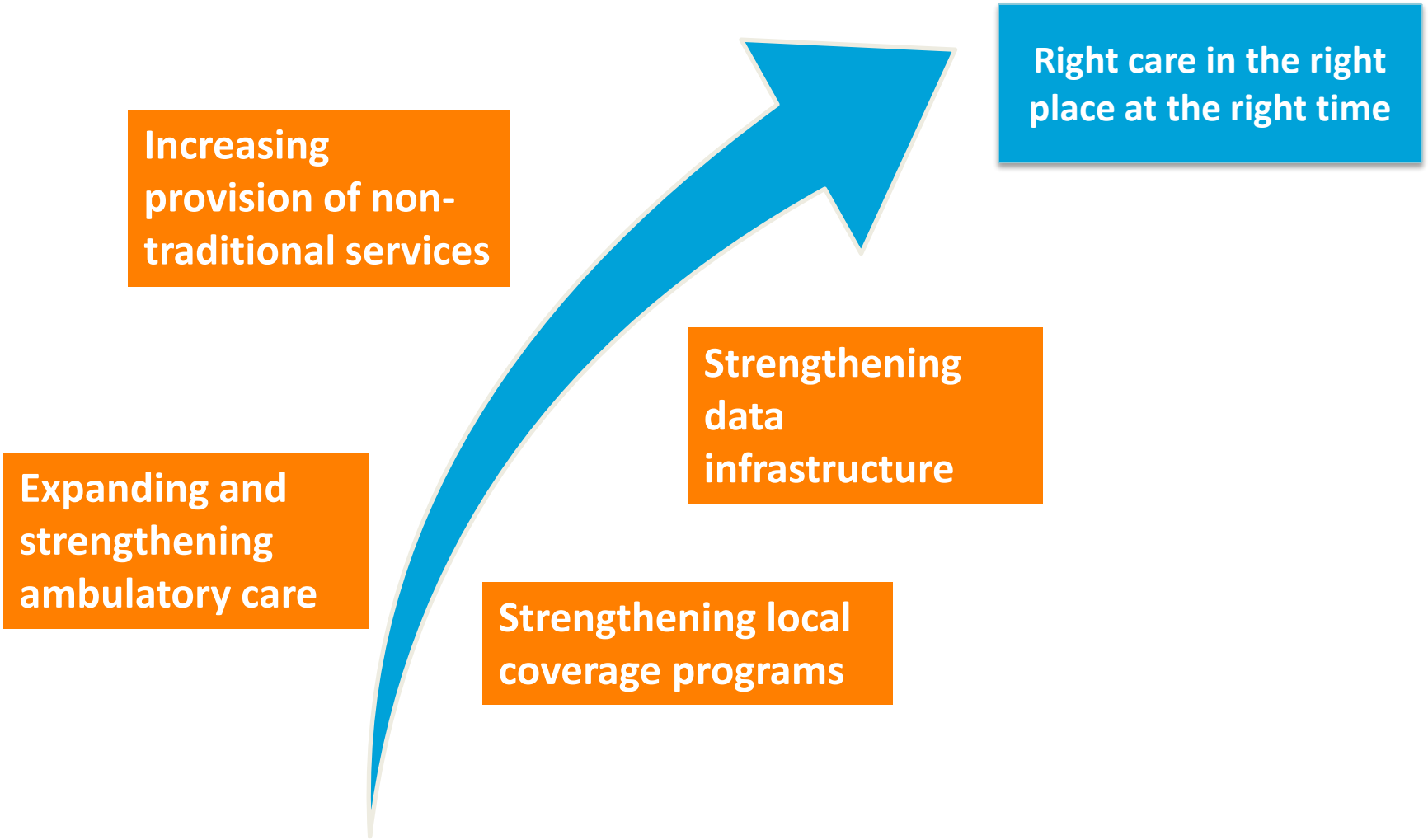
GPP Background

- First-of-its-kind restructuring of existing federal funds for care to the uninsured
  - Federal Medicaid DSH to county hospital systems
  - California's Safety Net Care Pool
- Previous structure incentivized hospital-based care
- GPP creates financial incentives to shift care towards primary and preventive settings
- Supports "non-traditional" services that were previously un-reimbursable

GPP Structure

- Each health system is assigned a **global budget** based on historical provision of services to uninsured, and a **service threshold,** which must be met or exceeded to earn its full global budget
- Health systems earn **points** for each eligible service provided to the uninsured, which go towards meeting their thresholds
  - Over time, emergency and inpatient point values decrease, and relative values of other services increase

GPP Emerging themes of member progress



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GPP Emerging themes of member progress

- Strengthening data infrastructure through new tracking and reporting
  - Able to capture and report on new types of services
  - Improving data capture from partners and contracted services
- Strengthening local coverage programs
  - GPP has helped counties with existing programs for the uninsured bolster or expand their programs (LA Care has grown by 8,000)

GPP Emerging themes of member progress

- Leveraging multiple aspects of waiver to transform care
  - Benefits both the uninsured and insured
  - Increasing provision of non-traditional services
    - Outpatient palliative care, telehealth
  - Expanding and strengthening ambulatory care
    - Expanding access (new sites, evening/weekend hours)
    - Improving team-based care and coordination
    - Outreach (call center, wellness events)
    - Expanding access to behavioral health services

Riverside University Health System

- Partnership with local Catholic Archdiocese for mobile health
- Concerns about behavioral health needs in community
- Provided basic health exams, enrollment assistance, and mental health assessments
- 200 patients over two events – half of whom uninsured
- Events to continue quarterly

Alameda Health System

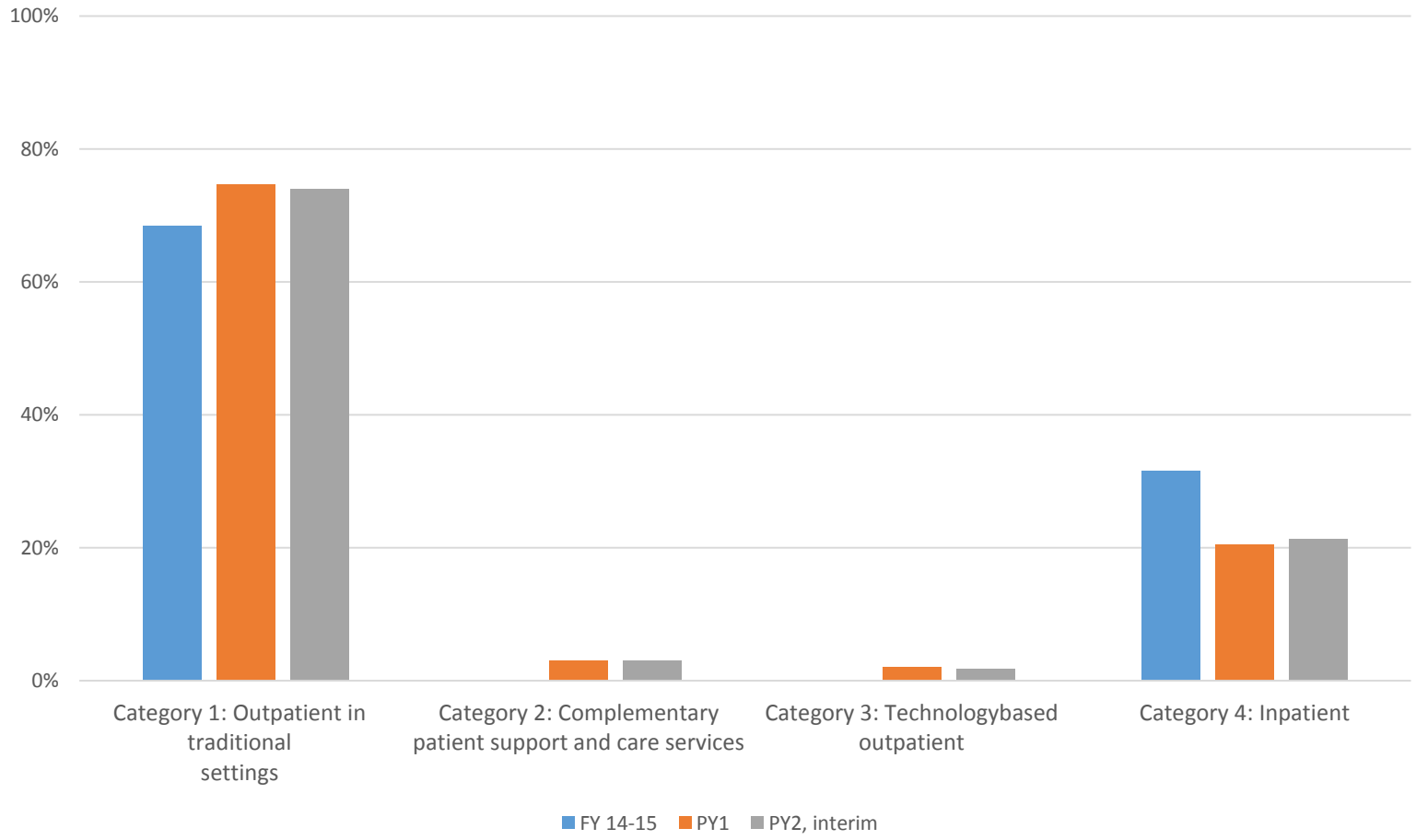
- Human Rights Clinic serves individuals seeking asylum in U.S.
- Patient presented in E.R. with extreme weight loss and severe pain
- Tests for colorectal cancer were negative
- Patient was seen in Human Rights Clinic, opened up about having been tortured

“Patients from cultures where mental health issues aren’t generally talked about often have a hard time discussing them, and the conditions end up manifesting physically." - Dr. Nick Nelson

GPP Emerging themes of member progress

- Program Year 1 Year-End and Program Year 2 Interim data are trending in the right direction compared to baseline

Percent of GPP Threshold Earned, By Category



Data reflects reports shared with SNI as of 8/30/17.
Final PY2 data is not available until 3/31/18

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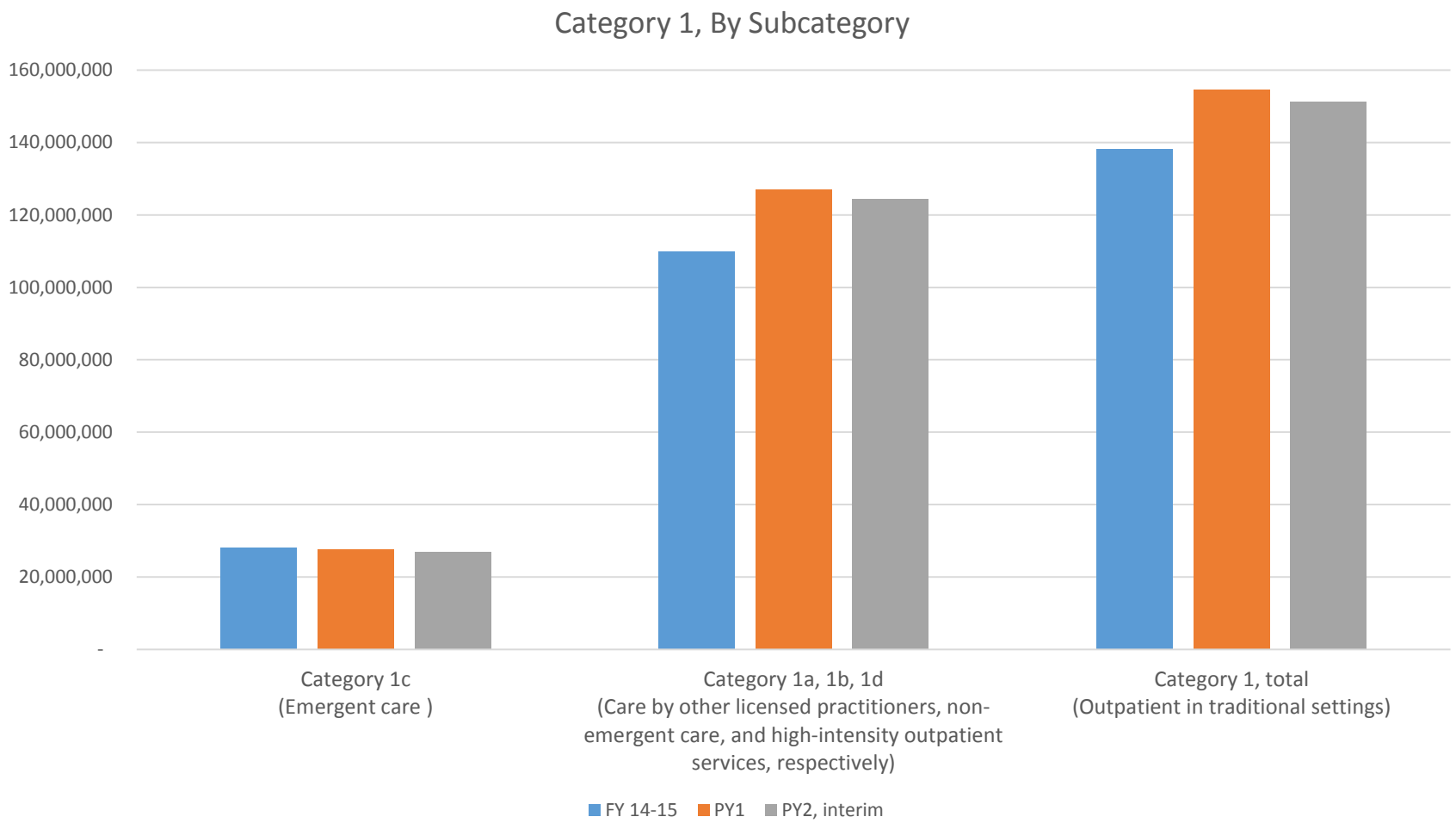
GPP Progress in Category 1 by Subcategory



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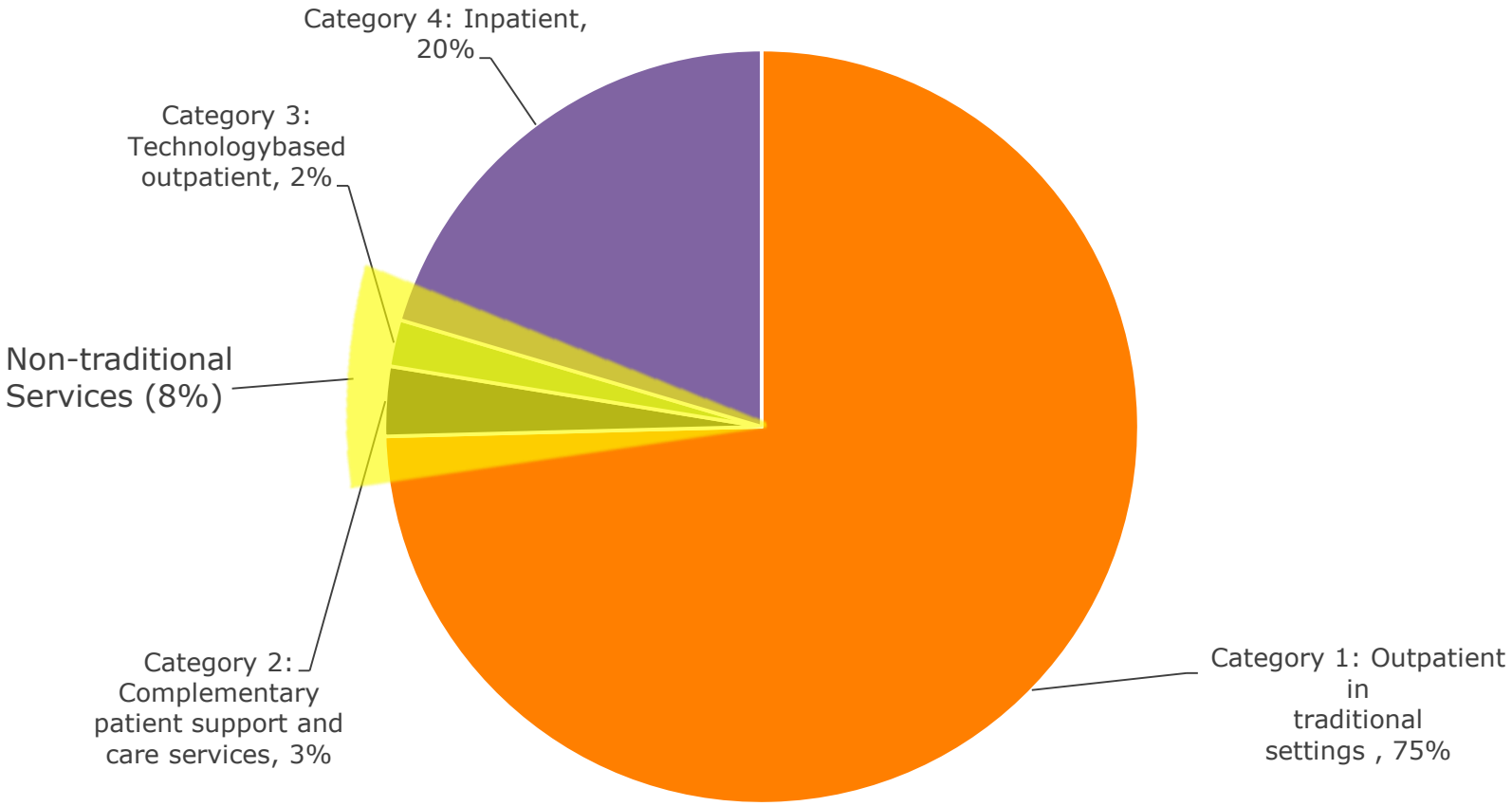
Percent of GPP Threshold Earned, By Category in PY1



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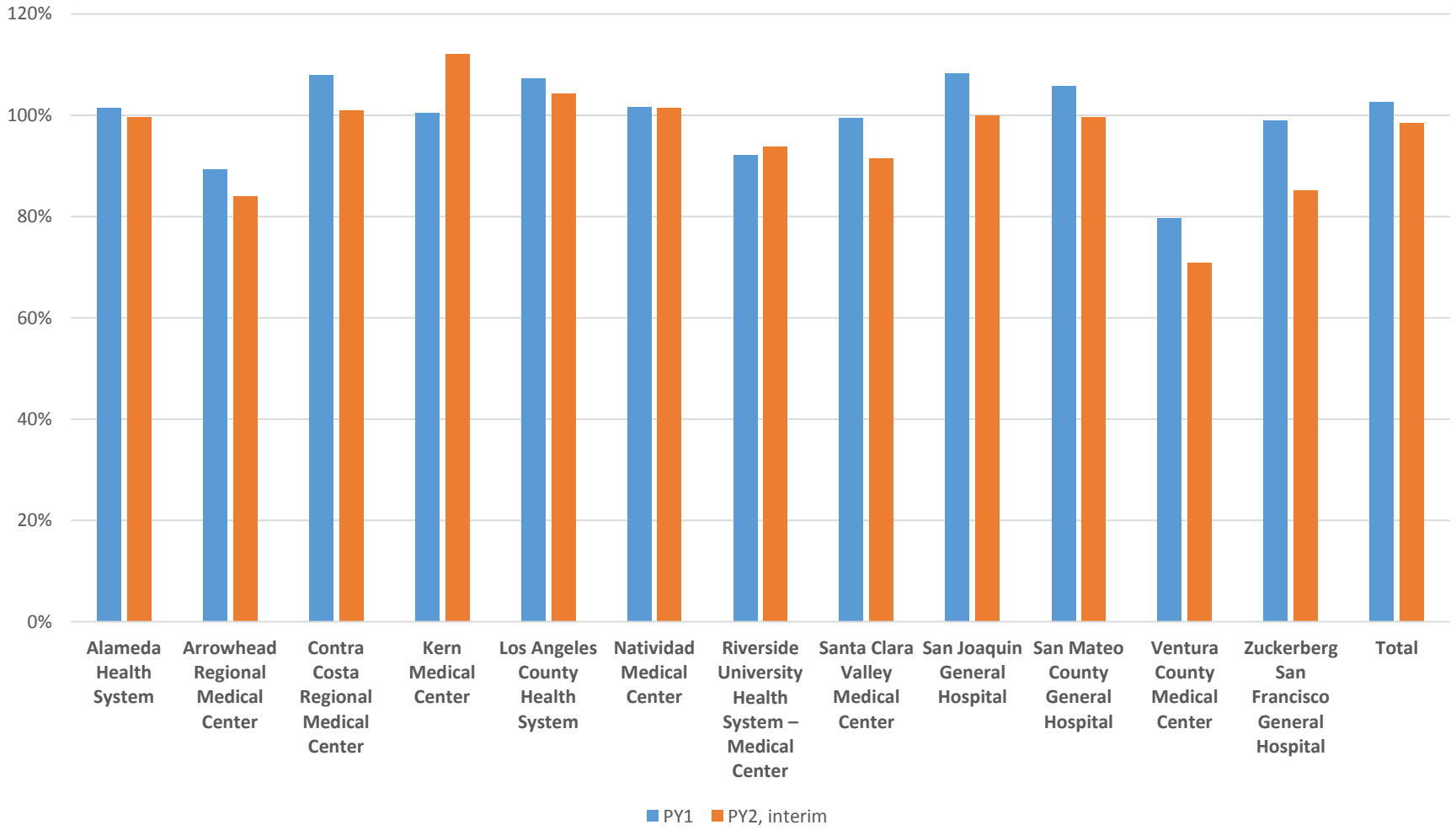

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GPP Takeaways

- Data capture and reporting is a work in progress
  - IT systems, data sharing, insurance status, coding, workflows
- Expansion of outpatient care is taking place

Summary

- Key challenges
  - Data infrastructure and sharing
  - Challenging performance targets
  - Cultural change, structural siloes
- Early successes
- Spread and continued improvement