The Michigan Primary Care Transformation Project

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Agenda

• Background
  ▫ CMS MAPCP demonstration project
  ▫ Michigan – a brief introduction
  ▫ PCMH designation in Michigan

• Michigan Primary Care Transformation model
  ▫ Vision and goals
  ▫ Participants
  ▫ Clinical model
  ▫ Next steps
CMS Multi-Payer Advanced Primary Care Practice (MAPCP) Demonstration

- Original specifications – June 2010
  - CMS will join existing multi-payer state PCMH initiatives
  - Up to 6 States to be selected
  - Max. number of Medicare beneficiaries = 150,000/state
  - Total CMS funding < $10 PMPM
  - Common payment methodology
  - Budget neutral over 3 years of project
  - Payers must include Medicaid
CMS Multi-Payer Advanced Primary Care Practice (MAPCP) Demonstration

- Award notification - November 2010
  - 8 states selected for participation, including Michigan
  - Did not limit Medicare beneficiaries to 150,000/state
  - Some flexibility on common payment methodology
  - May stop a state’s participation if not budget neutral
- Details are being worked out with CMS
  - Biweekly conference calls
  - In-person meeting with all states January 2011
### MAPCP Demo: Participating States

<table>
<thead>
<tr>
<th>State</th>
<th>Practices (Year 3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maine</td>
<td>22 practices</td>
</tr>
<tr>
<td>Michigan</td>
<td>477 practices</td>
</tr>
<tr>
<td>Minnesota</td>
<td>159 practices</td>
</tr>
<tr>
<td>New York</td>
<td>35 practices</td>
</tr>
<tr>
<td>North Carolina</td>
<td>54 practices</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>78 practices</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>13 practices</td>
</tr>
<tr>
<td>Vermont</td>
<td>110 practices</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>948 practices</td>
</tr>
</tbody>
</table>

*Note: Year 3 figures indicate an increase from initial practices.*
Michigan: Some interesting facts

- Total population (July 2009): 9,969,727
- 11th largest state of the United States
- Home to more than 11,000 lakes and over one million registered boats
- Largest State Forest system in the nation
- Longest freshwater shoreline in the world
- Sault Ste. Marie (est. 1668) is the oldest town between the Alleghenies and the Rockies
And...

- Although Michigan is called the "Wolverine State" there are no longer any wolverines in Michigan.
Michigan: Some sobering statistics

- Ranks 45th in heart disease deaths
- Ranks 43rd in percent of obese adults
- Ranks 40th in breast cancer death rate
- Ranks 38th in infant mortality rate
- Ranks 37th in percent of adults who smoke
- Ranks 35th in overall cancer death rate
- Ranks 30th in colorectal cancer death rate
- Ranks 28th in stroke-related deaths
Patient-Centered Medical Home: The Silver Lining?
Michigan PCMH-recognized practices (July 2010)

- BCBSM Physician Group Incentive Plan (PGIP)
  - 505 designated practices
- National Committee for Quality Assurance (NCQA)
  - 7 Level 1 certified practices
  - 18 Level 2/3 certified practices
BCBSM Physician Group Incentive Program (PGIP)

- Program started by Blue Cross Blue Shield of MI in 2004
- Participants
  - 38 Physician Organizations in MI
    - 8,000 physicians, 1.8M beneficiaries
  - $100 million annual state-wide incentive pool
  - Quarterly state-wide meetings
- Collaboration on initiatives designed to improve health care across the state
- Incentives for program participation and performance improvement
PGIP and the Patient Centered Medical Home

- Key focus: Patient Centered Medical Home (PCMH)
  - Largest PCMH project in U.S.
  - Building the state’s primary care foundation
  - Physician organizations take responsibility for PCMH implementation
  - Financial incentives for PCMH implementation, quality, cost
  - Collaboration is rewarded
- Currently in third year of designation process
- 505 PCMH-designated practices in 2010
Physician Group Incentive Program
PCMH Components

• Domains of function
  ▫ Patient-Provider Partnership
  ▫ Patient Registry
  ▫ Performance Reporting
  ▫ Individual Care Management
  ▫ Extended Access
  ▫ Test Tracking & Follow-up
  ▫ Preventive Services
  ▫ Linkage to Community Services
  ▫ Self-Management Support
  ▫ Patient Web Portal
  ▫ Coordination of Care
  ▫ Specialist Referral Tracking Process
The Michigan Primary Care Transformation (MiPCT) Model
The Vision for a Multi-Payer Model

- Use the CMS Multi-Payer Advanced Primary Care Practice demo as a catalyst to redesign MI primary care
  - Multiple payers will fund a common clinical model
  - Allows global primary care transformation efforts
  - Support development of evidence-based care models
- Create a model that can be broadly disseminated
  - Improvements in population health in Michigan
  - Contribute to national models for primary care redesign
- Form a strong foundation for successful ACO models
The Michigan PCMH Landscape – Summer 2010

• As of July 2010, most of Michigan’s PCMH practices were designated through a single payer’s model
• Single payer => Multi payer PCMH challenges
  ▫ Development of representative governance model
  ▫ Ensuring that all participants will have a voice
  ▫ Transition in thinking from “their model” to “our model”
  ▫ Development of a common funding model
• No state mandate to facilitate consensus
• Short time frame for MAPCP application process
Developing a Multi-Payer Model: Strategies to Achieve Payer Consensus

- Initiative developed through the Michigan Department of Community Health
- Work through Michigan Primary Care Consortium
  - Formed by MDCH in 2006 to promote Michigan health
  - Membership includes POs and Payer groups
  - Subcommittees include an all-payer group
- Ensure alignment with existing payer incentives/goals
- Focus on the “big picture” of what is best for population health in Michigan
Michigan Primary Care Transformation (MiPCT) Model

• Basic Premise:
  ▫ Better primary care delivery ➔ better health outcomes
  ▫ Support for transformation will take place through a collaborative network of POs/payers
  ▫ Shared learning will be facilitated by MiPCT administration

• Infrastructure:
  ▫ Built on a foundation of the PGIP PCMH designation process
  ▫ Includes practices achieving NCQA Level 2/3 certification
  ▫ Incorporates principles and features of all payer models
### MiPCT: Current Stakeholders

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payers (public and private)</td>
<td>17</td>
</tr>
<tr>
<td>PO/PHO/IPAs</td>
<td>32 +</td>
</tr>
<tr>
<td>PCMH Designated Practices</td>
<td>477</td>
</tr>
<tr>
<td>Beneficiaries (our patients!)</td>
<td></td>
</tr>
<tr>
<td>Medicare</td>
<td>358,000</td>
</tr>
<tr>
<td>Medicaid (state FFS)</td>
<td>150,000</td>
</tr>
<tr>
<td>Medicaid (managed care)</td>
<td>248,000</td>
</tr>
<tr>
<td>Privately insured</td>
<td>1,153,000</td>
</tr>
<tr>
<td>TOTAL Beneficiaries</td>
<td>1,909,000</td>
</tr>
</tbody>
</table>
2010 PCMH Designated PGIP Practice Units (n=500)

* Sites with identical zip codes appear as one star
Practice Participation Criteria

• Currently PCMH-designated, and maintain PGIP or NCQA designation over the 3-year demonstration
• Part of a participating PO/PHO/IPA
• Agree to work on the four selected focus initiatives:
  o Care Management
  o Self-Management Support
  o Care Coordination
  o Linkage to Community Services
Care Management: Better Outcomes
Self-Management Support: EFFECTIVE interventions

“I was able to get in one last lecture about diet and exercise.”
Care Coordination: Right care, right place

“Off hand, I'd say you're suffering from an arrow through your head, but just to play it safe, I'm ordering a bunch of tests.”
Linkage to Community Services: The “umbrella”

Community Resources & Policies

Health System Organization of Health Care
- Clinical Information Systems
- Decision Support
- Delivery System Design
- Self-Management Support

Informed, Activated Patient
Productive Interactions
Prepared, Proactive Practice Team

Improved Outcomes

E. Wagner, MD Group Health Cooperative Supported by the RWJF
MiPCT - Implementation Challenges

- Large number of clinical practices
  - Varying practice size (solo practice to > 15 providers)
  - Large geographic area, diverse patient populations
  - **Strategy:** Use PO/PHO infrastructure

- Limited (three year) funding period
  - **Strategy:** Successful model => sustainable funding

- Multiple initiatives competing for time and money
  - **Meaningful Use, etc.**
  - **Strategy:** Align initiatives whenever possible
Proposed MiPCT Funding Model

- $3.00 pmpm* Care Management Support
- $1.50 pmpm* Practice Transformation Reward
- $3.00 pmpm Performance Improvement
- $0.26 pmpm Administrative Expenses

$7.76 pmpm Total Payment by Payers**

* Or equivalent
** Medicare will pay additional $2.00 PMPM to cover additional services for the aging population
MiPCT Governance

Steering Committee
- MDCH – 2-3 (appointed)
- PO/PHO/IPA – 6 (4 elected, 2 appointed)
- Payers – 5 (3 elected, 2 appointed)
- Subject matter experts – 3-5 (appointed)

Advisory Committee
- Professional medical associations
- Other participating payers
- Other participating POs/PHOs/IPAs
- Others
Next Steps for Michigan

- Ongoing MiPCT governance
  - Steering committee meets biweekly
  - Subcommittees (clinical, financial, data/evaluation)
  - CMS multi-state biweekly conference calls
- Finalize data needs
- Refine clinical model for MiPCT focus areas
- Develop broad communication/feedback strategy
  - Physician organizations/practices/physicians
  - Patients/communities
  - Payers