MAINE
Patient Centered
Medical Home Pilot

Maine PCMH Pilot: Aligning Medicare, Medicaid, & Commercial Payments to Improve Care

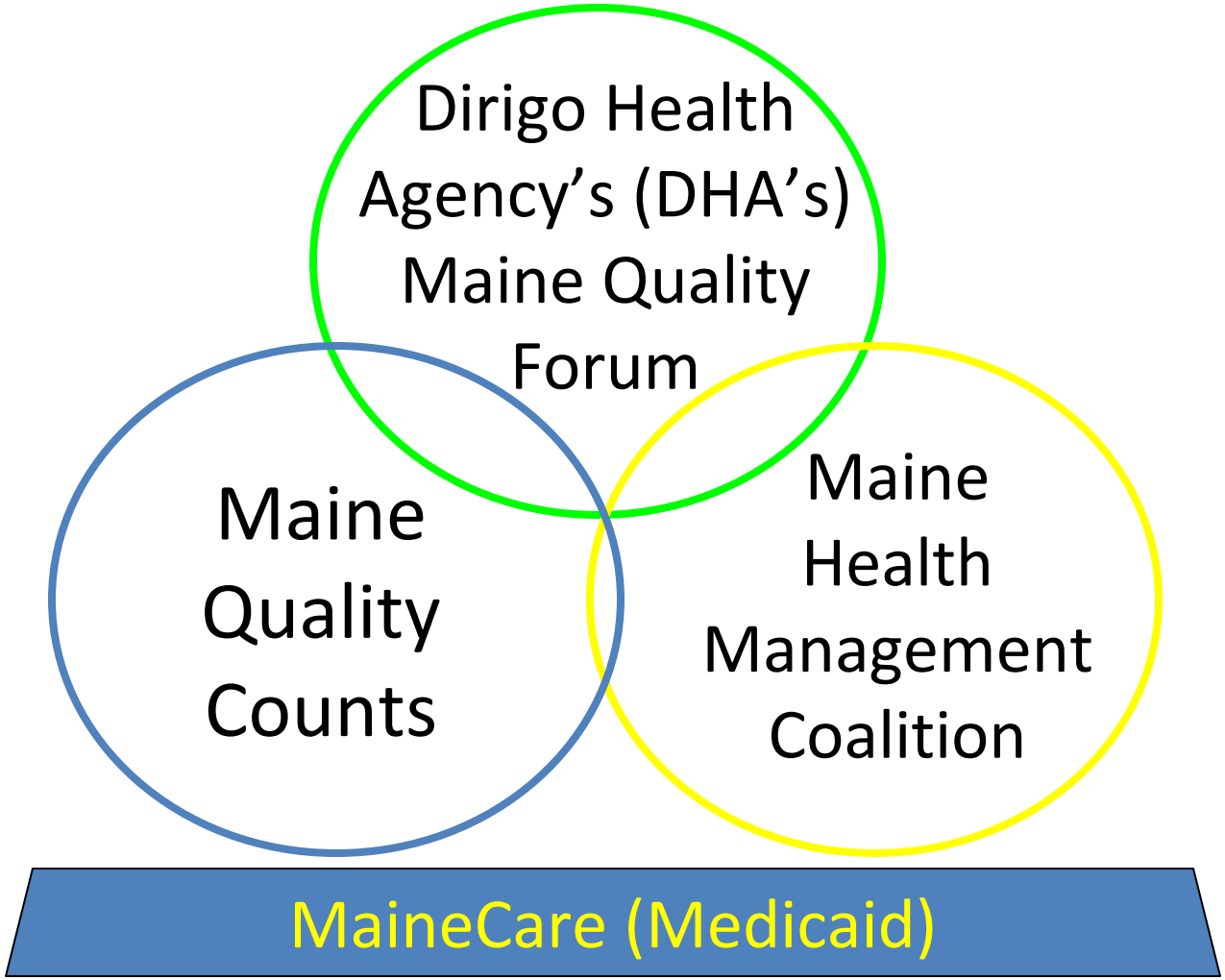
Lisa M. Letourneau MD, MPH

March 2013

Maine Quality Counts
Better Health Care. Better Health.

MAINE
Patient Centered
Medical Home Pilot

Maine PCMH Pilot Leadership



Maine PCMH Pilot

Key elements:

- 3-year multi-payer PCMH pilot
- Collaborative effort of key stakeholders, major payers
- Adopted common mission & vision, guiding principles for Maine PCMH model
- Selected 22 adult / 4 pedi PCP practices across state
- Supporting practice transformation & shared learnings beyond pilot practices
- Committed to engaging consumers/ patients at all levels
- Conducting rigorous outcomes evaluation (clinical, cost, patient experience of care)

Maine PCMH Pilot
"Core Expectations" for Practices

1. Demonstrated physician leadership for improvement
2. Team-based approach
3. Population risk-stratification and management
4. Practice-integrated care management
5. Same-day access to care
6. Behavioral-physical health integration
7. Inclusion of patients & families
8. Connection to community / local HMP
9. Commitment to reducing avoidable spending & waste
10. Integration of health IT

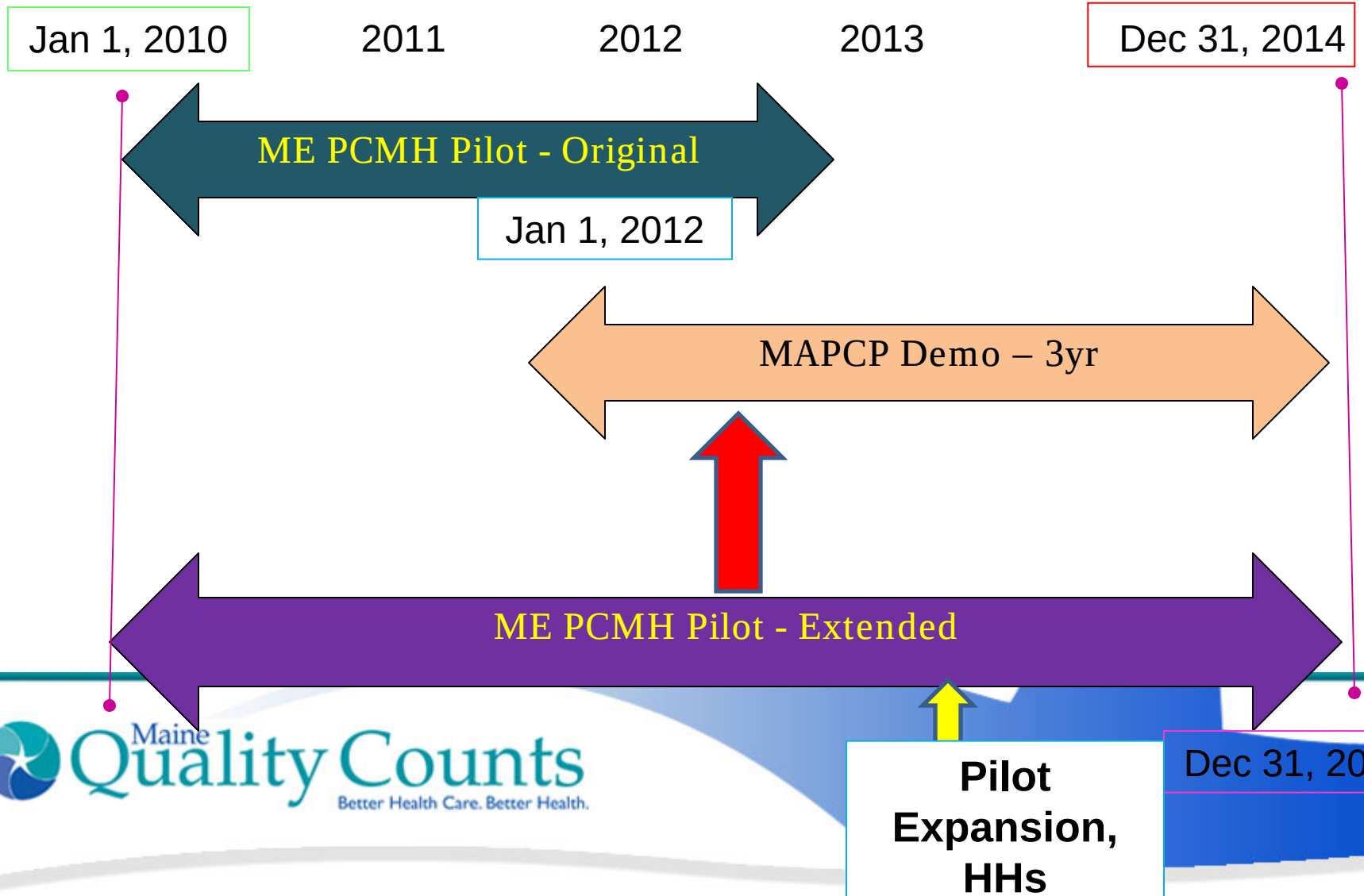
MAINE Patient Centered Medical Home Pilot

Maine Quality Counts
Better Health Care. Better Health.

Maine PCMH Pilot – Payment Model

- Major private payers, Medicaid, & Medicare participating (MAPCP demo)
- PCMH payment model:
  - Prospective (pmpm) care management payment
    - Approx $3pmpm commercial payers (Anthem, Aetna, HPHC)
    - Approx $7pmpm Medicare, Medicaid
  - Ongoing FFS payments
  - Performance payment for meeting quality targets (existing P4P programs)

Maine PCMH Pilot - MAPCP Timeline



Implications of CMS MAPCP Demo

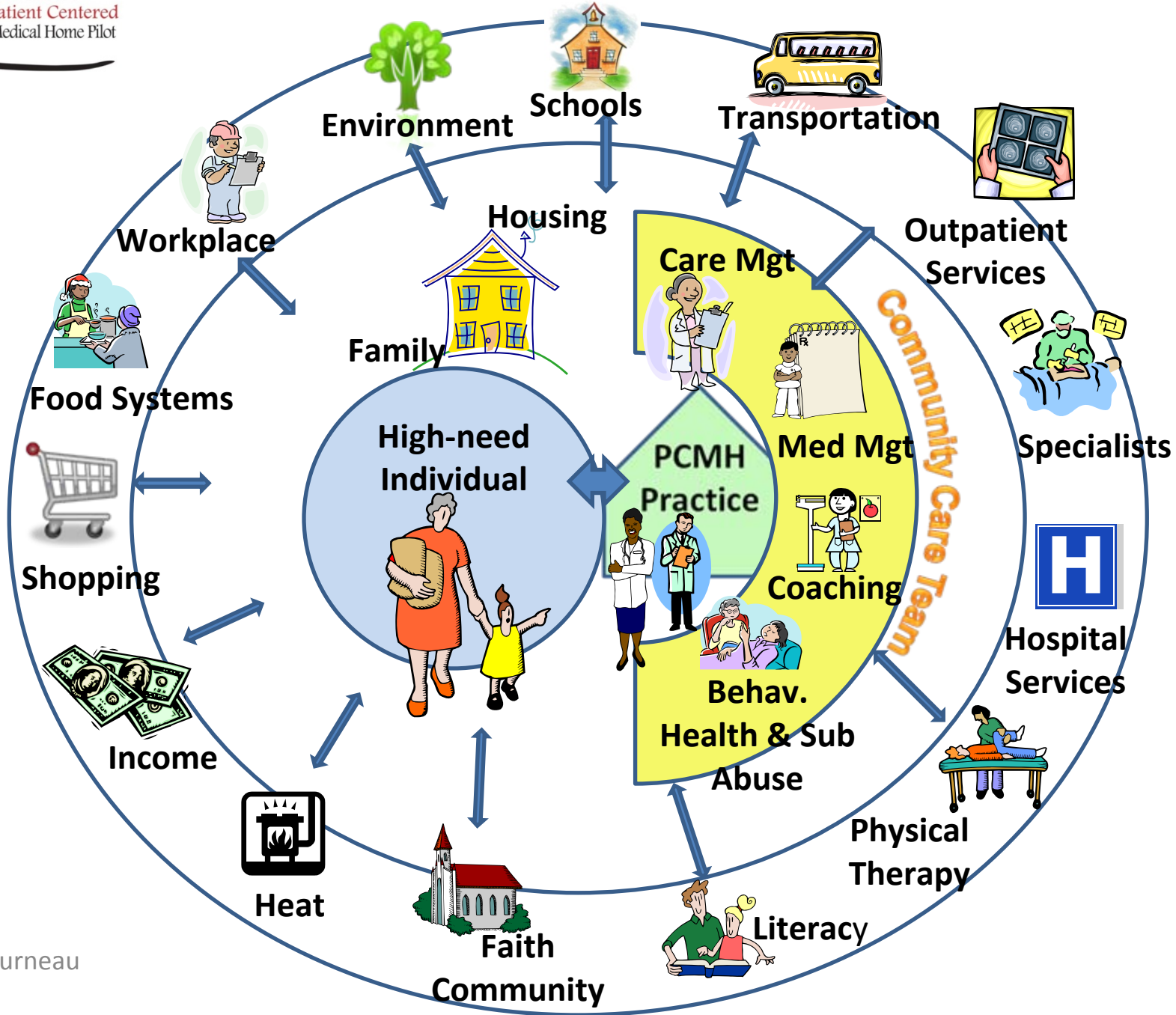
- Medicare joined as payer in Pilot (Jan 2012)
- Stronger focus on reducing waste & avoidable costs – particularly readmissions
- Introduction of Community Care Teams
- Ability to access Medicare data for reporting, identifying pts at risk
- Opportunity for 50 additional practices to join "Phase 2" of Pilot (Jan 2013)

Community Care Teams

- Multi-disciplinary, community-based, practice-integrated care teams
- Build on successful models (NC, VT, NJ)
- Support patients & practices in Pilot sites, help **most high-needs** patients overcome barriers – esp. *social needs* - to care, improve outcomes
- Key element of cost-reduction strategy, targeting high-needs, high-cost patients to reduce avoidable costs (ED use, admits)

Maine PCMH Pilot Community Care Teams

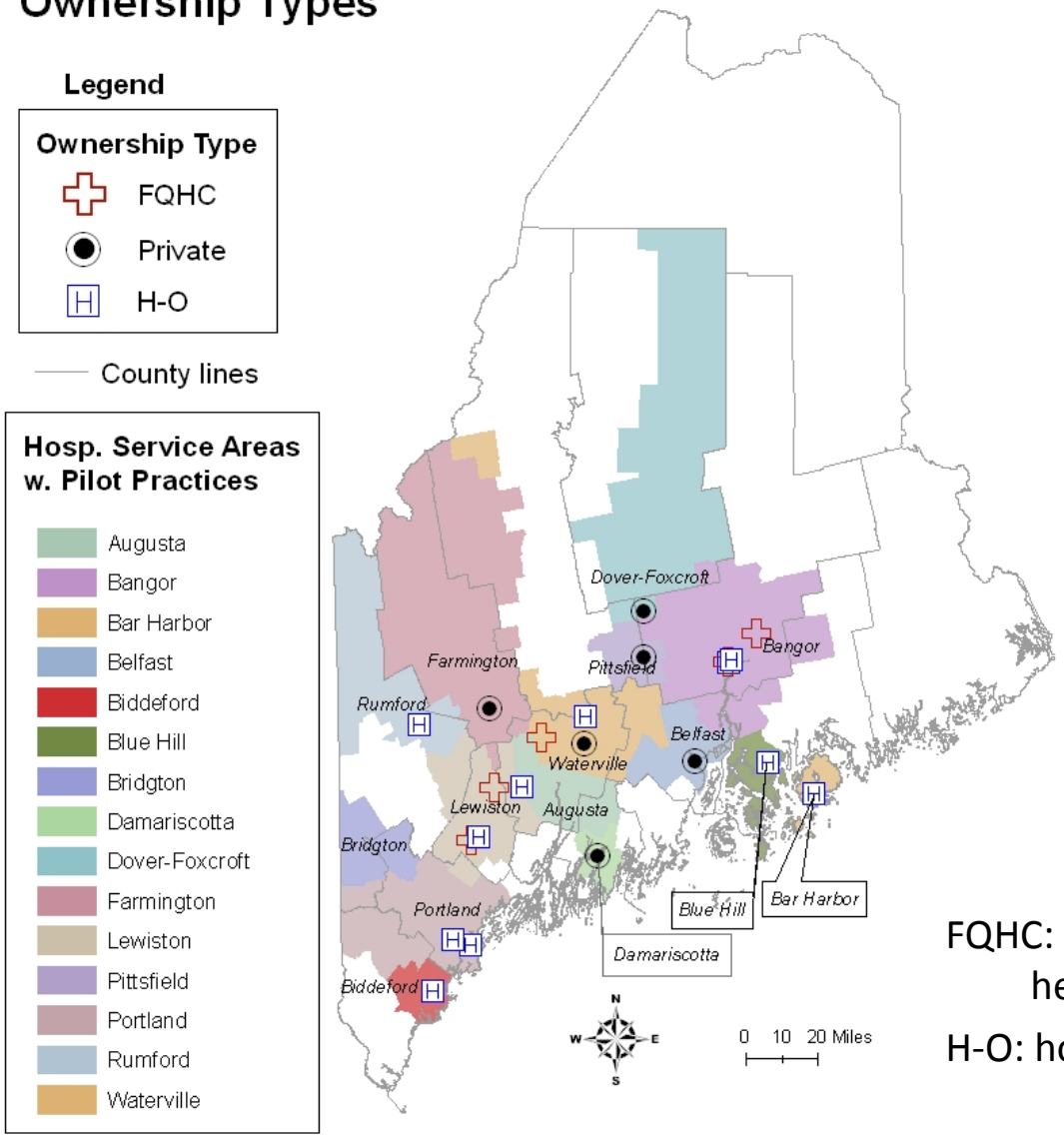
MAINE Patient Centered Medical Home Pilot



Lisa Letourneau

MAINE
Patient Centered
Medical Home Pilot

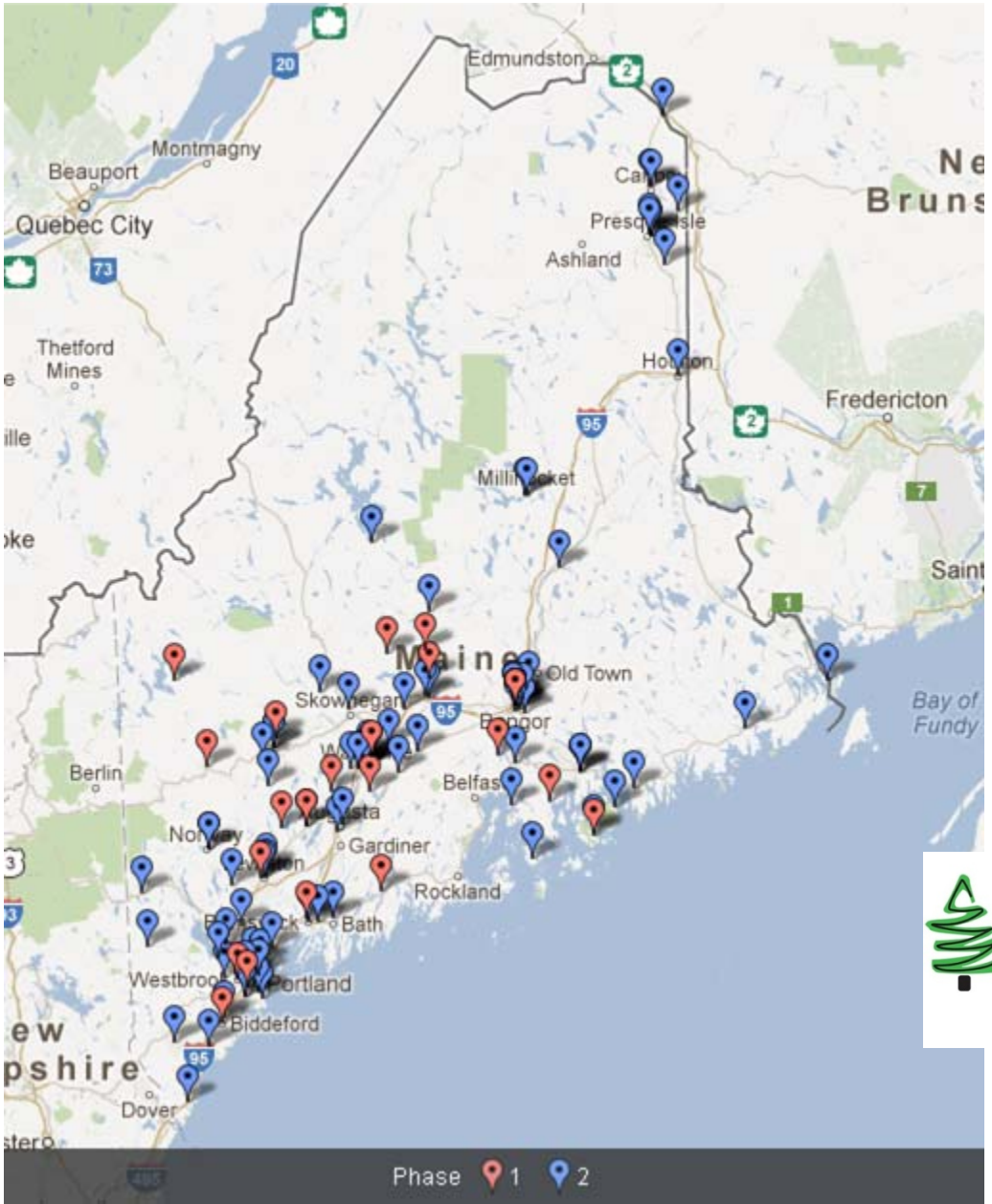
Maine PCMH Pilot Practices
Ownership Types



FQHC: federally qualified health center

H-O: hospital-owned

Maine PCMH Pilot Expansion



MAINE
Patient Centered
Medical Home Pilot

Alignment of Pilot with MaineCare Health Homes Initiative

- Affordable Care Act (ACA) Sect 2703 - opportunity to develop Medicaid “Health Homes” initiative
- MaineCare elected to align HH initiative with current multi-payer Pilot – part of VBP initiative
- Defined MaineCare “Health Home”(HH):

  HH = PCMH practice + CCT
- Provided opportunity to leverage multi-payer PCMH model, practice transformation support infrastructure

CMS Health Homes – ACA Section 2703

Required Health Home services include:

- Comprehensive care management
- Care coordination and health promotion
- Comprehensive transitional care from inpatient to other settings
- Individual and family support
- Referral to community and social support services
- Use of health information technology (HIT)
- Prevention and treatment of mental illness and substance abuse disorders
- Coordination of and access to preventive services, chronic disease management, and long-term care supports

Maine Health Homes Strategy

Stage A:

- Health Home = Medical Home primary care practice + CCT
- Payment weighted toward medical home
- Eligible Members:
  - Two or more chronic conditions
  - One chronic condition and at risk for another

Stage B:

- Health Homes = CCT with behavioral health expertise + Medical Home primary care practice
- Payment weighted toward CCT
- Eligible Members:
  - Adults with Serious Mental Illness
  - Children with Serious Emotional Disturbance

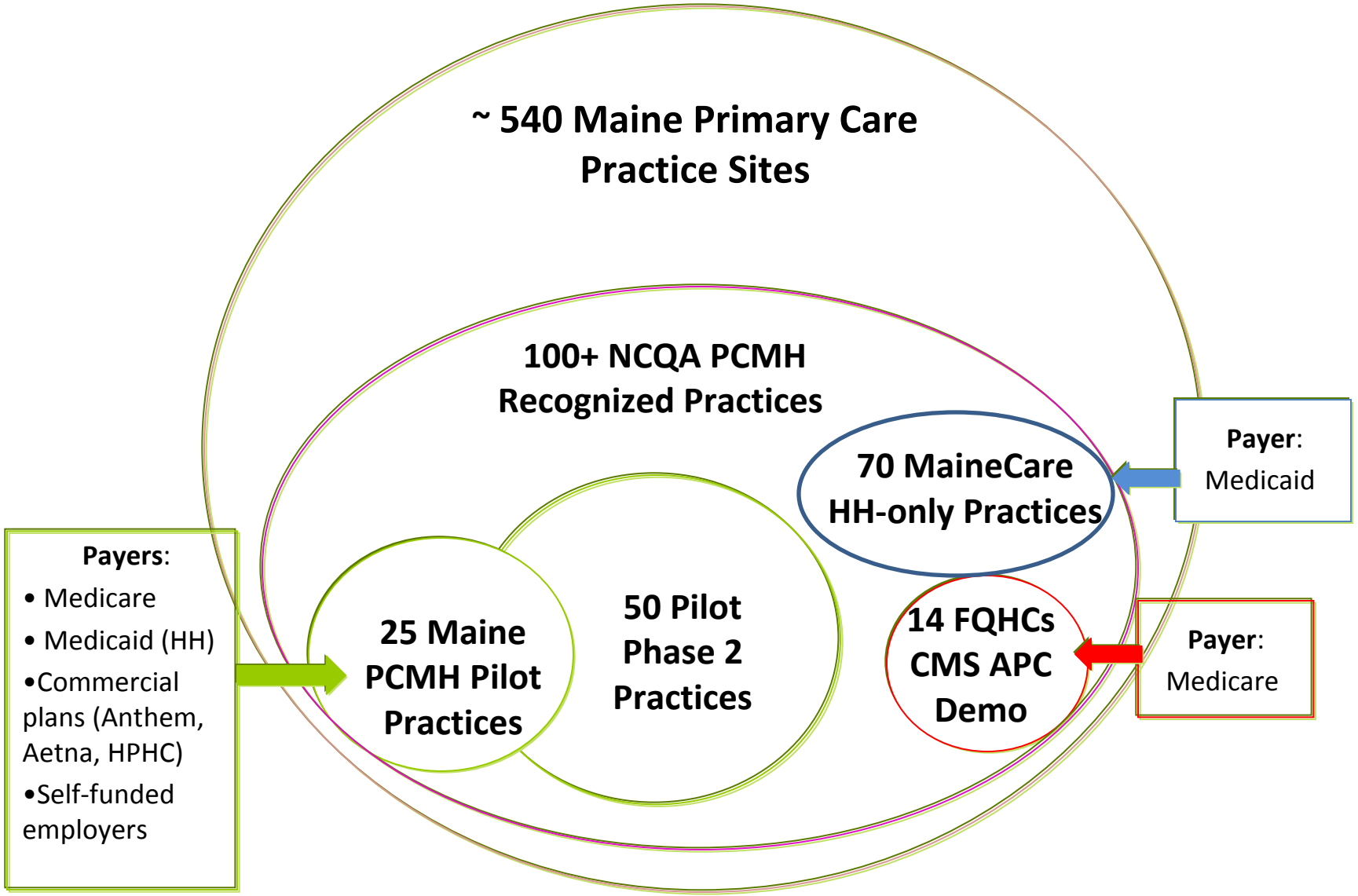
Unique Features of Maine Approach

- Defining “Health Home” as PCMH + CCT
- Adding CCT services to specifically support high-needs, high-cost members (recognizing these mbrs can often outstrip capacity of most primary care practices – even PCMHs!)
- Recognizes differences between “routine”/chronic disease care management & CCT multi-disciplinary team approach for most high-needs mbrs

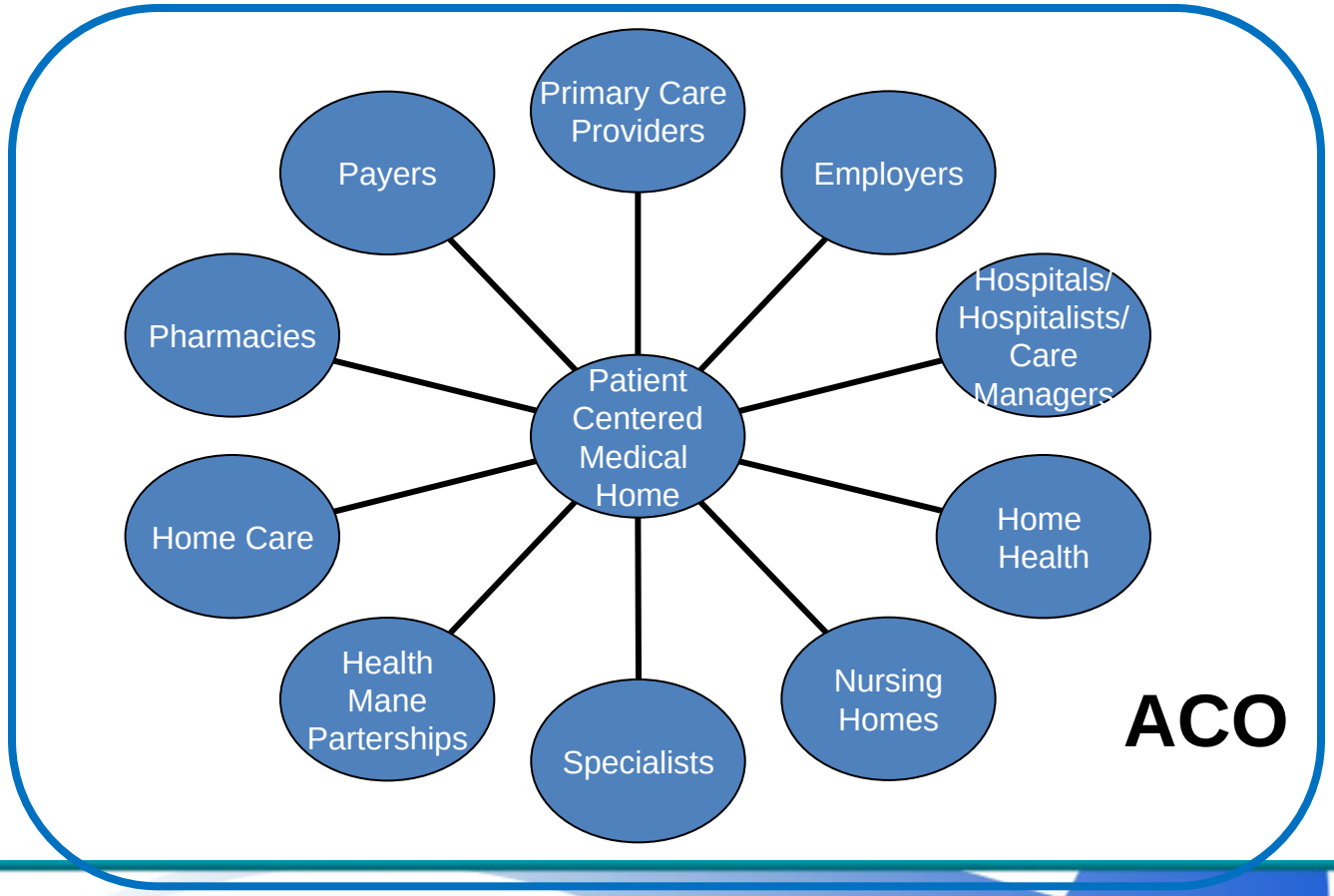
Financing CCTs: Maine Approach

- Linked CCT model, payment to multi-payer PCMH model
- Leveraged public, private payers agreement to provide pmpm payment
- Participation in CMS MAPCP demo brought in Medicare as payer
- Alignment of ACA Health Homes with multi-payer Pilot provided opportunity to leverage federal 90:10 match for CCT services

Maine's Medical Home Movement



PCMH: Hub of Wider Delivery & Payment Reform Models (ACOs!)

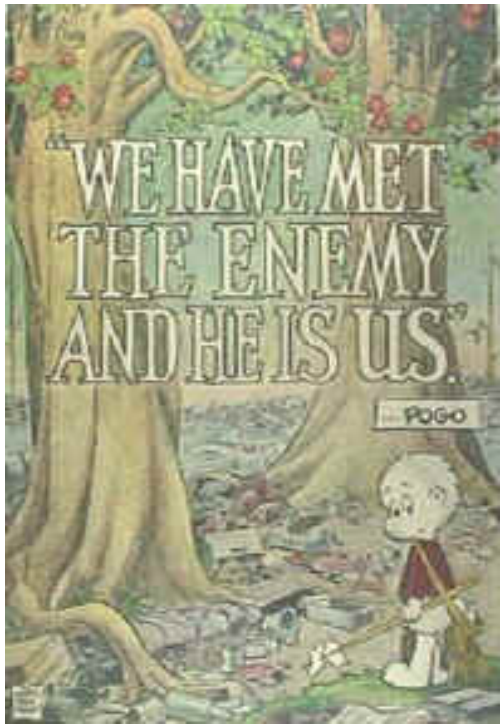


ACOs in Maine – What's Happening?

- Medicare – multiple ACO options
  - Pioneer ACO – EMHS/Beacon
  - Shared Savings prgrms – MH, CMMC, ME Comm ACO
- Medicaid: Value-Based Purchasing strategy
  - MaineCare -"Accountabie Communities" proposals
- Employer-Provider ACO Pilots
  - Maine Health Management Coalition leadership
  - MaineGeneral-SEHC, EMMC, other pilots

Primary Care Payment in ACOs: So What Will Change?

- Despite PCMH, ACO pilots, FFS remains most predominant payment model for providers
- Relying on FFS payments continues to emphasize volume & threatens meaningful practice change
- Little meaningful change yet to focus on/concept of “productivity”



Maine Quality Counts
Better Health Care. Better Health.

*Payment Reform for Primary Care within ACOs, A. Goroll & S. Schoenbaum, *JAMA*, Aug 2012


Maine Quality Counts
Better Health Care. Better Health.
Home
Facebook
Who We Are
Our Work
News and Events
Members / Partners
Join
Contact Us
PATIENTS/CONSUMERS
HEALTHCARE PROVIDERS
CALENDAR
QC News
Register Now to Attend The Care About Your Care Event February 13: A Live Broadcast with Dr. Nancy Snyderman
Maine "Health Care Town Hall Meetings" - March 4th
QC 2013 Headliners Berwick & Gibson
Other News
Medicaid Primary Care Payments Increase Jan 1, 2013 – Action Needed!
MPIN Offering Quality Improvement Coach Training in March
Responding to Patients Abusing Bath Salts- CME-certified educational activity
QC Learning Community
QC webinars, educational sessions, and other programs and resources. See what QC has to offer!
Learn more...

Contact Info / Questions

- Lisa Letourneau MD, MPH
  - LLetourneau@mainequalitycounts.org
  - 207.415.4043
- Maine Quality Counts
  - www.mainequalitycounts.org
- Maine PCMH Pilot
  - www.mainequalitycounts.org

    (See "Programs" → PCMH)