

Minnesota Health Care Financing Task Force

HEALTH CARE DELIVERY DESIGN & SUSTAINABILITY
NOVEMBER 20, 2015



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Agenda

- Welcome, Roll Call, and Meeting Purpose
- Enhancements that Support Integrated Care Delivery
 - Evaluation framework
 - Brief overview of health care homes
 - Comparison of models by domains
 - Key components
- Public Comment
- Next Steps and Wrap Up



Enhancements to Care Delivery: Evaluation Framework (1 of 3)

- **Health disparities** - Does it address health disparities, overtly or implicitly, better than current APMs? Does it mitigate health disparities directly or indirectly?
- **Financial stability** of health care system – Does the model create an incentive to manage costs at the provider level in a sufficient manner? Does it add to costs? How does the model control cost inflation within the care system?
- **Patient attachment** - How is the patient attached to the provider for purpose of service delivery, care coordination, and payment (prospective or otherwise)? How does the model incorporate patient choice of provider?



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Enhancements to Care Delivery: Evaluation Framework (2 of 3)

- **Multi-payer alignment** - Does the model incent alignment or provide an opportunity for alignment across payers? What is the role for the MCOs and commercial payers under the model?
- **Triple aim goals** - Does it include a way to monitor the patient outcomes, cost, and quality of the care delivered? Is there any incentive to deliver towards positive patient outcomes and care quality at a sustainable cost?
- **Innovation** - Are there activities that are already taking place through other existing payment models/activities proposed in the model (e.g. through HCHs, MCO care management)? If so, how does the model differ, enhance, the existing activities? How do we reconcile for these potentially duplicative activities?



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Enhancements to Care Delivery: Evaluation Framework (3 of 3)

- **Social determinants** - Does the model enable a flexible way to integrate/pay for services addressing the social determinants of health (e.g. flexible payment options that enable payment for non-medical services)?
- **Complexity of patients** – Does the model sufficiently account for variation in the complexity of patients across providers?
- **Other considerations** – How is the model operationalized? Who does what within the model (e.g. who oversees and/or makes payments? Who delivers the care coordination services, and what do those services look like?) What infrastructure would need to be in place for the model to be implemented?



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Enhancements to Care Delivery

Overview of Health Care Homes



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Enhancements to Care Delivery

Comparison of models by evaluation domains



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Enhancements to Care Delivery:

Key components (1 of 4)

Health disparities

- Use of community standard risk adjustment models, with continued development of risk adjustment models for predicting cost and measuring quality that reflect complexity and social determinants.
- Ensure that participant's performance, for cost and quality purposes, is based on both performance vs. peer group and/or improvement vs. prior year.
- Ensure payments are flexible enough to allow providers to effectively meet needs of patient population.
- Require partnership and care coordination with broad range of community organizations.
- Encourage or require participation of diverse patients in leadership or advisory teams.



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Enhancements to Care Delivery:

Key components (2 of 4)

Financial stability of health care system

- Prospective, flexible payment for care coordination, non-medical services and infrastructure development that is sufficient to cover costs for patients with complex medical and non-medical needs and tied to TCOC savings/performance.
- Incent right care, right place instead of service volume.

Patient attachment

- Prospective, enrollment based attachment – Patient selects principle care management provider/clinic; if choice isn't made, patient gets attributed to provider via alternate mechanism (e.g. regionally, prior year's history, etc.).



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Enhancements to Care Delivery:

Key components (3 of 4)

Multi-payer alignment

- Require participation across Medicaid and commercial payers in arrangements that meet the proposed standards/recommendation.
- Require providers to have X% of revenue in alternative delivery/payment arrangement across contracts.
- Align payment approaches for care coordination across all payers.

Triple aim goals

- Tie alternate payments to cost measure – either reduction vs. provider's previous year, and/or performance vs peer group. Ensure that measure is risk adjusted.
- Tie alternate payment to quality and patient experience performance vs. peer group and/or improvement vs. prior year.
- Measures should include broader set of population health measures.
- Use system wide utilization measures (such as preventable ED visits, admissions, or readmissions) to assess impact of care coordination.



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Enhancements to Care Delivery:

Key components (4 of 4)

Social determinants

- Flexible prospective payment that can be used for medical or non-medical services, tied to TCOC savings/performance.
- Integration of non-medical services into TCOC calculation.
- Requirement to coordinate care with broad range of non-medical/community providers within care coordination models.

Complexity of patients

- Ensure that measures include risk adjustment methodology that reflects medical and social complexity.
- Ensure that tiering and billing processes do not pose a barrier to reimbursement, and payment sufficient for patients with complex medical and non-medical needs



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Next Meeting

Friday, December 4th, 2015

9:30 am to 11:30 am

Anderson Building, Room 2390

540 Cedar St.

St. Paul, MN



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