

How Quality Networks are Accelerating Momentum in APM Adoption: Leveraging a Triple Win for the Triple Aim

Presented by:

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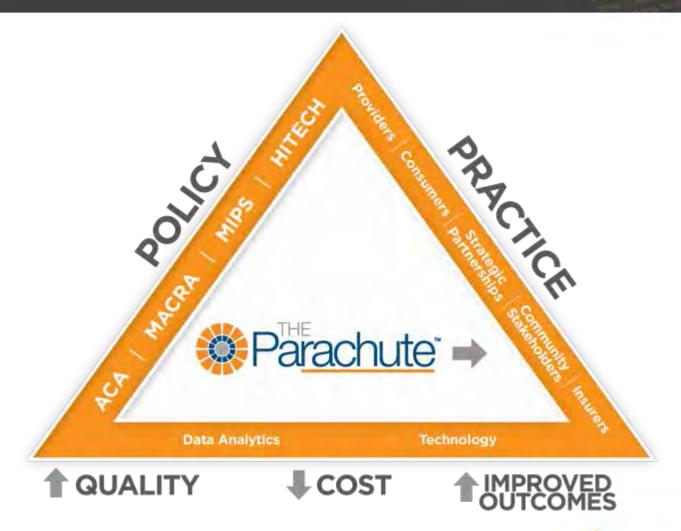
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HEALTH CARE DYNAMICS INTERNATIONAL (OVERVIEW)

- Founded by a family physician and physician assistant
- Over 25 years of providing health care management and technology consulting services to public and private sector organizations
- Dedicated to improving the quality of health for all, especially vulnerable populations
- Cadre of health policy experts, data analysts, statisticians, clinicians, communication and IT specialists, community health workers
- Focus is on health policy and its impact across the health care delivery system

HCDI'S NICHE

Policy to Practice





Implementing 'The Parachute' requires an interdisciplinary approach comprised of a set of methodical steps focused on improving health care outcomes within a targeted community. Our methodology includes the following components:





- TRUSTED COMMUNITY SOURCES AND ORGANIZATIONS
- SUSTAINED PARTNERSHIPS (FINANCIAL INCENTIVES)
- GOVERNMENT ALLIANCES
- HEALTH CARE PROVIDERS



GAP ANALYSIS

COMMUNICATIONS

- MULTI-LAYERED COMMUNICATIONS PLAN
- BRANDING & COLLATERAL DEVELOPMENT
- MEDIA & GROUND CAMPAIGN
- CUSTOMER TOUCHPOINTS
- CULTURALLY AND LINGUISTICALLY APPROPRIATE STANDARDS (CLAS)

CREATE MOMENTUM.

IMPROVED OUTCOMES.



MEASURE

COMMUNITY RELATIONS

ENGAGE FAMILY AND PRIMARY CAREGIVERS EMPLOY COMMUNITY MEMBERS IN KEY STAFF AND MANAGEMENT.

POSITIONS

- COMMUNICATE INTENT/ANNOUNCE
 PRESENCE IN THE COMMUNITY
- ENGAGE PRIMARY CARE PHYSICIANS AND COMMUNITY HEALTH WORKERS





SERVICES TO SOLUTIONS

- Health Care Public Policy
- Social Marketing, Health Promotion, and Community Outreach
- Data Analytics and Informatics
- Technical Writing, Research, and Evaluation
- Organizational Development and Training
- Graphic Design, Web Development, and Integrated Information System Solutions



Transforming Clinical Practice Initiative

The Transforming Clinical Practice Initiative (TCPI) is one of the largest federal investments to facilitate practice transformation for clinicians.

On September 29, 2015, the Centers for Medicare & Medicaid Services (CMS) awarded \$685 million to 29 national and regional collaborative healthcare practice transformation networks (PTNs) and 10 Support and Alignment Networks (SANs) to provide technical assistance support to help prepare more than 140,000 clinicians with innovative tools and support needed to improve quality of care, increase patients' access to information, and spend dollars more wisely.



TCPI HCDI Support and Alignment Network

- Wational Council of Asian Pacific Islander Physicians
- **ü**National Hispanic Medical Association
- **ü**National Medical Association
- Wational Minority Quality Forum

Together, we are the HCDI Support Alignment Network (SAN) committed to ensuring that clinicians- especially those serving vulnerable populations, receive TCPI training.

www.tcpisan.org



HCDI SAN Strategic Partnership Goals:

With our strategic partners, the HCD International SAN is identifying and recruiting 10,000 clinicians over the next four years from medically underserved, rural and urban communities into the TCPI:

- Identify, inform, educate and recruit clinicians into TCPI to receive FREE practice transformation training and business coaching support
- Provide informational national webinars and joint presentations on TCPI and MACRA
- Provide educational modules on quality measures, diabetes management, and culturally and linguistically sensitive delivery of care







Leveraging a TCPI Triple Win Equation:

Implementation of HCDI SAN recruitment strategy:

- 1) Multipronged approach
- 2) Customized approach
- 3) Consistent and strong messaging
- 4) Clinician challenges identified



Physician/Practice Profile





Physician Business Partners/Influencers





Key Stakeholders/Collaborators





Leveraging the TCPI Triple Win Equation:

PTN + Practice Alignment:

- 1) PTN programmatic offerings
- 2) PTN-Practice Connection
- 3) Clinician intake and enrollment into PTN



PTN Clinician Recruitment and Technical Assistance

| Region | PTN Organization /PTN Name | State | Primary Care | Specialty | Rural | Urban | Value Added |
|-----------|--|--|-----------------|-----------|-------|-------|--|
| WESTERN | Arizona Health-e Connection/Pi Institute | AZ | | | | | Targets FOHC and pediatricians who are not participating in an MSSP ACO, federal MUA and/or HPSA, |
| | Children's Hospital of Orange County/Southwest Pediatric | CA | | | | | Targets pediatric practitioners who care for Medicaid beneficiaries. Targets specialty clinicians such as Dermatology, Neurology, Allergy/Pulmonary, Gastroenterology and Infectious Diseases. |
| | Local Initiative Health Authority of Los Angeles County/LAPTN | CA | | • | | | Targets primary care and specialist clinicians in large practices who want to improve care for their patients with diabetes and/or depression. The focus is on clinicians serving underserved and disadvantaged populations. |
| | Pacific Business Group on Health/PTI | CA | | | | | Targets large practices and health plans. Will provide financial support to fund practice coaches to work directly with clinicians in a ToT format. |
| | PeaceHealth Ketchikan Medical Center/ PeaceHealth | AK, OR, WA | | | | • | Targets clinicians who are employed by PHMG. |
| | Pediatric Washington State Department of Health/WA | WA | ٠ | | | | Targets pediatricians, primary care providers, and behavioral specialists who provide care for children on Medicaid. |
| | University of Washington/WWAMI | AK, ID, MT. WA, WY | | | | | Targets clinicians working in healthcare systems and practices affiliated with the UW Medicine, the UW Medicine Accountable Care, Network, and the WWAMI-region Practice and Research Network. |
| | Baptist Health Centers/AL Physician Alliance | AL | | 0 | 19 | | Targets rural FOHC networks, university-based, family medicine residency, metropolitan health departments. |
| SOUTHEAST | Community Care of North Carolina/CCNC | NC, SC | - | | | | Targets independent, small, rural and/or serving the medically underserved primary care practices—both adult and pediatric practices and Behavioral Health Specialty Clinicians. |
| | Health Partners Delmarva/HP Delmarva | DE, DC, MD, PA | • | • | 0 | | Targets primary care and specialty care clinicians along with engagement of health systems who are willing to collaborate in an open setting to develop guidelines around care transitions, complex care management, shared protocols and optimized workflows which will be adopted across the larger community of care. |
| | Quality Impact/COSEHC PTN | AL, GA, FL, LA, MS, NC, SC, TN, VA | | u | • | • | *Provides MDinsight — A sophisticated, interoperable population health management platform: Care Delivery Consulting — Process improvement facilitation enabling improved efficiency, quality, and proactive patient management; and Clinical Quality Improvement — Expert-led guidance tailored to care gaps and opportunities for improvement. |
| | Vanderbilt University Medical Center/Mid-South | AR, MS, TN | 1.6 | 0.7 | 10 | | Targets large, urban, multispecialty practices to small, rural, single specialty, and single provider practices. |
| | VHQC/VHQC | DC, MD, VA, WV | | | | | Targets primary care clinicians: family practice, internal medicine, gynecology, and pediatric. |
| | VHS Valley Health Systems /Tenet/VHS | MI, PA. TX | • | | | | Targets clinicians in El Paso and Brownsville, TX., and pediatric primary and specialty clinicians in Detroit, MI and Philadelphia, PA. |

| Region | PTN Organization /PTN Name | State | Primary Gare | Specialty | Rural | Urban | Value Added |
|------------|---|----------------------------------|-----------------|-----------|-------|-------|---|
| MIDWEST | Iowa Healthcare Collaborative/Compass PTN | GA, IA, KS, ND, NE, OK, SD | • | • | • | • | Commits to meeting primary and specialty care practices where they are with a flexible and proven approach of aligning and equipping clinicians with evidence-based models of that that thoughtfully utilize data to drive quality, safety and measureable outcomes. Opportunities to optimize health outcomes and safety for your patients with the assistance of a designated Quality improvement Advisor who will work onsite with your practice to provide evidence-based quality improvement and patient engagement resources that align with your existing practice processes and quality initiatives. Collaborates with local, regional and national colleagues and practices to accelerate practice innovative care strategies. |
| | The Trustees of Indiana University/Great Lakes | IN, IL, MI | | | | - | Targets providers in Federally Qualified Health Centers, rural health centers, urban health organizations and community pharmacies. |
| | CarePoint New Jersey Medical & Health Associates/CarePoint Health | LN | | | | | Targets primary and specialty care practices. |
| | Community Health Center Association of Connecticut/Connecticut | CT | | | | | Targets primary and specialty clinicians employed at FOHC. |
| | Maine Quality Counts/Northern New England | ME, NH, VT | | | | | Targets primary and specialty care practices. |
| | National Council for Behavioral Health/Care Transitions Network | NY | • | | | | Targets recruitment of psychiatrists, psychiatric nurse practitioners, licensed clinical social workers, primary care physicians, and psychologists. |
| NORTHEAST | New Jersey Innovation Institute/Garden PTN | DE, LA, MD, NJ, PA, PR | | | | | Targets primary care physicians in the granting process via their volume of PCPs and their extension into the community of medical neighborhoods for the specialists. |
| NOR | New York eHealth Collaborative, Finger Lakes Health Systems Agency, NYS Department of Health/NYSPTN | NY | 1. | • | - | | Targets both primary care and specialty care practices. The specialty care practices we are focusing on are: Endocrinology, Cardiology, Behavioral Health, Gastroenterology, General Surgery and Orthopedics. |
| | New York University School of Medicine/Greater NYC | NY | | | | | Targets primary and specialty care practices. |
| | Rhode Island Quality Institute/Rhode Island | CT, MA, RI | | | | Ti. | Targets primary and specialty care practices. |
| | University of Massachusetts Medical School & University of Connecticut/Southern New England PTN | CT, MA | | • | | • | Targets primary care, specialist and behavioral health clinicians. Each participating practice is assigned a Quality Improvement Advisor who tailors technical assistance to the transformation goals of the practice. |
| CENTRAL | Colorado Department of Health Care Policy/CCPT | ĊO | • | • | • | • | Targets primary care providers, pediatricians and specialists. Focuses on the medical neighborhood, sustainable business models and provides Continuing Medical Education Credits (CMEs) for training activities. |
| 30 | National Rural Accountable Care Consortium/ NRACC | Nationwide | • | • | • | • | Provides practices with the tools necessary to establish a billable care coordination program. This includes an IT infrastructure through Lightbeam Health data analytics, a 24-Hour Nurse Advice Hotline and training certification. |
| NATIONWIDE | Vizient/Vizient PTN | Nationwide | • | • | • | • | Targets specialty and primary care clinicians, mainly from academic/university based medical centers. Metrics focus on quality/clinical processes, access to care, clinic utilization, cost savings, outcomes, and patient satisfaction. Partners include Stanson Health/Choosing Wisely® to assist clinicians with clinical decision making, America's Essential Hospitals (AEH) to leverage race, ethnicity, and language (REAL) data to improve health outcomes, and AVIA, an innovative technology firm to help with real-time patient satisfaction tools. |



Starting in 2019*, physicians will choose from or land in one of two paths: MIPS or APMs?



^{*}This decision will have to be made sooner than 2019. The initial performance period for MIPS in MACRA is 2017.



CMS Shifting to Value-Based Payment (VBP)

Medicare Fee-for-Service

30% € Medicare payments are tied to quality or value through alternative payment models where the provider is accountable for quality and total cost of care by the end of 2016, and 50% by the end of 2018

GOAL 2:

Medicare fee-for-service payments are tied to quality or value by the end of 2016, and 90% by the end of 2018

85%



Consumers | Businesses Payers | Providers State Partners









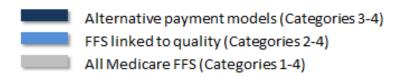
Testing of new models and expansion of existing models will be critical to reaching incentive goals

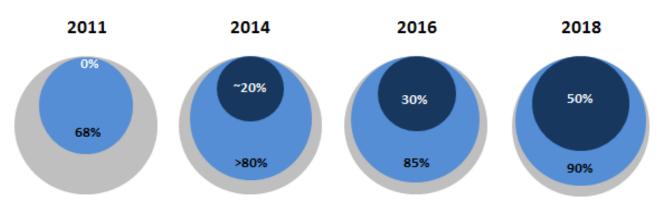
Creation of a Health Care Payment Learning and Action Network to align incentives between public and private sector players



Preparing for the New Payment System

Target percentage of payments in 'FFS linked to quality' and 'alternative payment models' by 2016 and 2018





Message here is by 2018, alternative payment models (APMs, including shared savings, bundled payment, patient-centered medical homes, etc.) in Medicare and Medicaid will dominate the market. TCPI is a focused free government resource to assist physician practices make this transformation.

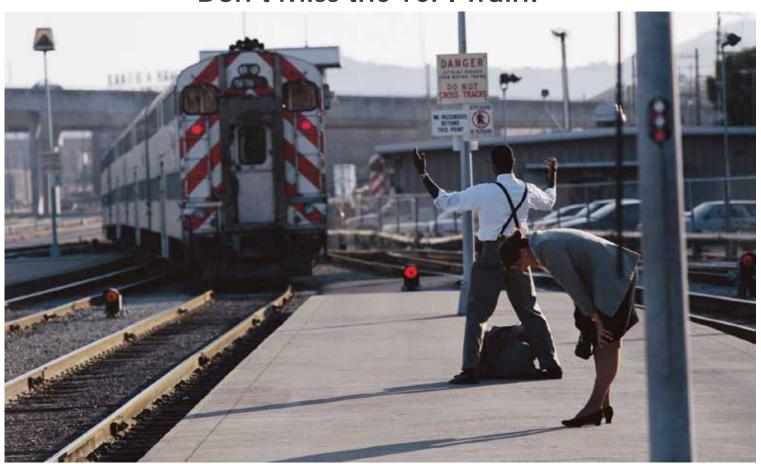


Risk of Non-Participation

- Lost opportunity for 'no cost' technical assistance for practice enhancements
- Risk of decreased reimbursement under the new payment system
- Reactionary posture resulting from delayed preparation for the new payment system
- Patients denied access to new innovations in care coordination, physician support services and strategies to increase access to better care



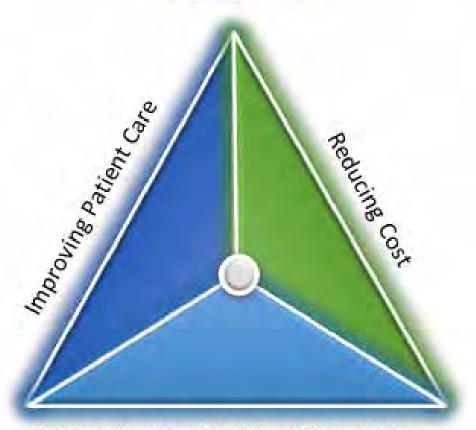
Call to Action: Get on Board Now! Don't Miss the TCPI Train!





Achieving the Triple Aim

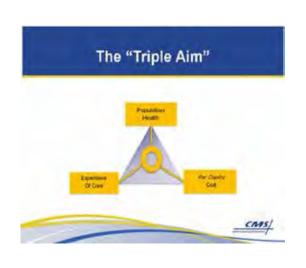
Triple Aim



Improving the Health of Populations



The Triple Win For Triple Aim Equation: TCPI/SAN + PTN + Practice = Triple WIN



- A highly trained and clinical transformed practice providing person centered quality care
- A practice prepared and ready for MIPS or APMs



Thank You!
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www.tcpisan.org