LAYING THE QUALITY FOUNDATIONS FOR A TRANSITION TO A VALUE-BASED PURCHASING ENVIRONMENT IN AN INTEGRATED BEHAVIORAL HEALTH PLAN NETWORK

July 18, 2017
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Manager – Provider Performance
AGENDA

Value-Based Purchasing and Quality Improvement
Leveraging Actionable Data
Workforce Development
Data Boot Camp
Q&A
Ideas on how to drive outcomes in a VBP environment

Primer on the Model for Improvement

Basics of Systems Theory

Importance of Using a Family of Measures
AHCCCS’s Vision for VBP in Arizona

AHCCCS is “committing resources to leverage Arizona’s successful managed care model to address inadequacies of the current health care delivery system such as fragmentation, and to continue to lead efforts to bend the health care cost curve to sustainable levels” (AHCCCS, 2017)

AHCCCS has embraced The Health Care Payment Learning & Action Network (LAN) Alternative Payment Models (APM) Framework (LAN-APM)
Category 1
Fee for Service – No Link to Quality & Value

Payments are based on volume of services and not linked to quality or efficiency.

Category 2
Fee for Service – Link to Quality & Value

At least a portion of payments vary based on the quality or efficiency of health care delivery.

Category 3
APMs Built on Fee-for-Service Architecture

Some payment is linked to the effective management of a segment of the population or an episode of care. Payments still triggered by delivery of services, but opportunities for shared savings or 2-sided risk.

Category 4
Population-Based Payment

Payment is not directly triggered by service delivery so payment is not linked to volume. Clinicians and organizations are paid and responsible for the care of a beneficiary for a long period (e.g., ≥1 year).
Alternative Payment Method (APM)

The Health Care Payment Learning & Action Network (LAN) was created by the CMS Alliance to Modernize Healthcare (CAMH) to drive alignment in payment approaches across the public and private sectors of the U.S. health care system.

LAN created the alternative payment model (APM) Framework to track progress towards payment reform.
Alternative Payment Method (APM)

Financial incentives to increase the volume of services provided (aka “driving encounter value”) are inherent in FFS payment systems, leaving certain types of services systematically undervalued.

By contrast, population based payments offer providers the flexibility to strategically invest delivery system resources in areas with the greatest return, enable providers to treat patients holistically, and encourage care coordination.
LAN recommends that health care systems transition towards shared risk and population based payments. Integrated Health Plans in Arizona are starting to move in this direction, in alignment with Arizona Health Care Cost Containment System (AHCCCS) vision, which in turn follows the CMS vision as seen on the next slide.
Current / Future State
<table>
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<tr>
<th>Category 1</th>
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<td>Fee for Service – No Link to Quality &amp; Value</td>
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<td>APMs Built on Fee-for-Service Architecture</td>
<td>Population-Based Payment</td>
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<tr>
<td><strong>A</strong> Foundational Payments for Infrastructure &amp; Operations</td>
<td><strong>B</strong> Pay for Reporting</td>
<td><strong>C</strong> Rewards for Performance</td>
<td><strong>D</strong> Rewards and Penalties for Performance</td>
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<td>Episode-based payments for procedure-based clinical episodes with shared savings only</td>
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<td>Population-based payments for condition-specific care (e.g., via an ACO, PCMH, or COI)</td>
<td>Partial population-based payments for primary care</td>
<td>Episode-based, population payments for clinical conditions, such as diabetes</td>
<td>Population-based payment for comprehensive pediatric or geriatric care</td>
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<td><strong>2017 - 2018</strong></td>
<td><strong>We were here</strong></td>
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One way to conceptualize VBP is as a mechanism that incentivizes quality improvement.

(Ryan & Damberg, 2013)
DATA → ACTION
“You can’t fatten a cow by weighing it”

Palestinian Proverb
Who’s Harry?

Born from the mists of success, and integrated into the core of our measures; Harry forges forward in an undying quest to bring HEDIS knowledge to Cenpatico’s provider network.

In This Issue

- HEDIS Ranking
- New Measure: Asthma Admission Rate
- New Measure: Use of Opioids
- New Measure: Colorectal Screening
- PHA Spotlight: CODAC
- Coordination of Care
- Harry’s Health Highlights
- HHH Index of Issues

HEDIS News

The last time Cenpatico-IC Quality Improvement presented Agency rankings, it produced a flurry of activity. As a result, we have decided to continue with the Quarterly Agency Rankings over the course of the next year.

ICCAAs will be ranked against each other based on overall performance. As before, agencies below a low number of integrated members will not be included in the inter-agency rankings. Also, measures that are not common to all agencies will be eliminated.

Agencies will be ranked by proximity to MPS for the HEDIS measures beginning in Q1 FY17!

Providing information which demonstrates where each agency stands relative to each other and to the measures promotes value, impacts improvement on HEDIS scores and will positively affect the health and well-being of our members.

Cenpatico IC is working to improve performance on the following measures as quickly as possible:

- Colorectal Cancer Screening
- Breast Cancer Screening
- Flu shots
- 7 Day follow-up after Hospitalization for MH
- Diabetic Eye Exam
- HBcAb testing
- 9 & 23 day Access to BHP
- Post partum Care

Harry’s abbreviated but very important HEDIS Hints:

For the new contract year (07/1/16 – 06/30/17), there have been some changes. The first and possibly most important is that the MPS for 3 utilization measures have changed.

- Inpatient utilization MPS is now 3%/1,000 member months
- Hospital Readmission is now 0.20
- ED utilization is now 11%/1,000 member months

Remember that the measure ‘Follow-up after Hospitalization’ has changed to ‘Follow-up after Hospitalization for Mental Health’.

ICCAAs can check the HEDIS report ‘Provider Panel’ tab to see which members need services. As much as possible, try to get as many services in one physician visit as possible. For example, a member can receive a flu shot, a colorectal cancer screen (TCB), HbA1c test, chlamydia screen and cervical cancer screen in a single appointment.

If you need technical assistance related to any of the performance measures and how to impact them, please contact Tony Buxton (tboxton@cenpatico.com) or Jeann Tengas (jtengas@cenpatico.com)
Tools such as these assume the consumer of the data has the skills to appropriately interpret and understand it.
A survey of “behavioral health quality professionals” (p. 750) revealed that only 30 percent had developed skills relevant to their profession. (McMillen & Raffol, 2016)
So who is Don Berwick?
So who is Don Berwick?

Donald M. Berwick, MD, MPP, FRCP

- Founded an organization called the Institute for Healthcare Improvement (IHI)
- IHI developed:
  - The Triple Aim
  - The Model for Improvement
- Former Administrator of the Centers for Medicare & Medicaid Services (CMS)
Behavioral health quality professionals may be ill prepared to help their...agencies achieve the kinds of quality targets necessary to survive in a transition to a VBP environment (McMillen & Raffol, 2016)
Data Boot Camp
Model for Improvement

- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What change can we make that will result in improvement?

Run or Shewhart Charts
Run and Shewhart Charts, Pareto charts, Frequency Plots, Scatter Plots

Run or Shewhart Charts AND Qualitative Data

Systems Thinking
“Every system is perfectly designed to get the results it gets”
“If we want better outcomes, we must change something in the system. To do this we need to understand our systems”
When we look at the **science of innovation**, it's less about big cognitive leaps...
Engage our own curiosity.

Builds on the ideas of others.
Quality Improvement

Motivates & Inhibits the Individual's & System's Path to Change

Agility & Small Incremental Steps

Builds on the Ideas of Others
Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

Act

Plan

Study

Do

hypothesis
Model for Improvement

- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What change can we make that will result in improvement?

Reduce Per-op harm by 30%

• % Pts with Peri-op harm
• Peri-op Harm Rate
• Unplanned returns OR

Changes That Result in Improvement

DATA

Implementation of Change

Wide-Scale Tests of Change

Follow-up Tests

Very Small Scale Test

Hunches
Theories
Ideas

Reduce Per-op harm by 30%

- % Pts with Peri-op harm
- Peri-op Harm Rate
- Unplanned returns OR

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Model for Improvement

- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What change can we make that will result in improvement?

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Changes That Result in Improvement

- DVT Prophylaxis
- Beta Blocker Prophy
- SSI interventions

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Data

Implementation of Change

- Wide-Scale Tests of Change
- Follow-up Tests
- Very Small Scale Test
- Hunches
- Theories
- Ideas

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Reduce Per-op harm by 30%
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Changes That Result in Improvement

Implementation of Change

Wide-Scale Tests of Change

Follow-up Tests

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Hunches Theories Ideas

Use clippers Instead of Shaving site

--DVT Prophylaxis
--Beta Blocker Prophy
--SSI interventions

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

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Changes That Result in Improvement

Implementation of Change

DATA

Use clippers instead of shaving site

Hunches, Theories, Ideas

Very Small Scale Test

Follow-up Tests

Wide-Scale Tests of Change

Family of Measures –

Improvement projects require more than a single measure.
Family of Measures –

Improvement projects require more than a single measure. You may be able to make one thing look better, but it may cost somewhere else in the system.
Model for Improvement

- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What change can we make that will result in improvement?

Act

Plan

Study

Do
## Outcome Measures

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<thead>
<tr>
<th>Measure Name</th>
<th>Operational Definition</th>
<th>Data Source</th>
<th>Data Collection</th>
<th>Baseline</th>
<th>Goals</th>
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</table>
| Patients on high dose opiates | **Numerator:** Patients at AHW-Tucson prescribed a Morphine Equivalent Daily Dose of 120 mg or more  
**Denominator:** All patients prescribed an opiate for pain management through AHW - Tucson | EHR, CSPMP  | Retroactive medication reconciliation will be complete by 8/15/2016  
EHR report will be run monthly  
Medication Reconciliation will happen within 30 days of new patient intake  
CSPMP will be utilized during every appointment - MA will update EHR with any discrepancies | Baseline data collected January 2015 - September 2015 | **Short term:** Identify all patients taking a MEDD of >120 mg  
**Long Term:** Reduce monthly dose for those patients by 10%-15% over 6 months |
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</thead>
<tbody>
<tr>
<td>1. Urine toxicology</td>
<td>1. Numerator: # Members prescribed an opiate with a urine screen</td>
<td>1. EHR</td>
<td>1. Monthly data review</td>
<td>Unknown</td>
<td>Short Term:</td>
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<td></td>
<td>Denominator: # of Members prescribed an opiate</td>
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<td>1. Quarterly chart review</td>
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<td>1. Alert in the system as a reminder</td>
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<td>2. Checking CSPMP</td>
<td>2. Numerator: # of members prescribed an opiate with evidence in the chart of the CSPMP checked</td>
<td>1. Char Review</td>
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<td>2. 100% of prescribers enter CSPMP check into Medical note</td>
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<td>Denominator: # of members prescribed an opiate</td>
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<td>Long Term:</td>
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<td>1. 100% of all members with prescription opiate have evidence of urine opiate in system</td>
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<td>2. Structured data field for CSPMP check</td>
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Unknown
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</table>
| 1. Patient Satisfaction | 1. **Numerator**: # of members with a satisfaction rating overall of 85% or higher  
                      2. **Denominator**: # of members surveyed | 1. Satisfaction Survey | 1. Quarterly     | 1. Current satisfaction rating is 87%                              | 1. Maintain patient satisfaction of 85% or higher                       |
| 2. Transfer of services | 1. **Numerator**: # of transfers due to dissatisfaction with prescribing practices  
                      2. **Denominator**: # of transfers                                               | 1. Transfer Survey | 2. As needed      | 2. 9% of member transfers were due to prescribing practices             | 1. Keep transfers under 2% for prescribing practices                    |
Improvement Projects Require a Family of Measures

Percent DRG 89 Exceeding LOS Guidelines

- Protocol testing
- Protocol widespread testing
- Protocol implemented
- Protocol spread

Percent

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Improvement Projects Require a Family of Measures

**Percent DRG 89 Exceeding LOS Guidelines**

- Protocol testing
- Protocol widespread testing
- Protocol implemented
- Protocol spread

**% Unplanned Readmissions DRG 89**

- Protocol testing
- Widespread testing
- Protocol implemented
- Protocol spread
Wrap-up & Questions