# NYACP Listening Session

September 30, 2015

## New York State Health Innovation Plan

**Goal**

Delivering the Triple Aim – Better care, smarter spending, healthier people

<table>
<thead>
<tr>
<th>Pillars</th>
<th>Improve access to care for all New Yorkers, without disparity</th>
<th>Integrate care to address patient needs seamlessly</th>
<th>Make the cost and quality of care transparent to empower decision making</th>
<th>Pay for healthcare value, not volume</th>
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<tbody>
<tr>
<td>Enablers</td>
<td>EQUITY</td>
<td>Match and fill gaps in our healthcare workforce to the evolving needs of our communities</td>
<td>Health data, connectivity, analytics, and reporting capabilities to support clinical integration, transparency, new payment models, and continuous innovation</td>
<td>Standard approach to measuring the Plan’s impact on health system transformation and Triple Aim targets, including self-evaluation and independent evaluation</td>
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| Workforce strategy | A | Equity |
| Health information technology | B | Health data, connectivity, analytics, and reporting capabilities to support clinical integration, transparency, new payment models, and continuous innovation |
| Performance measurement & evaluation | C | Standard approach to measuring the Plan’s impact on health system transformation and Triple Aim targets, including self-evaluation and independent evaluation |
| Population health | D | Improved screening and prevention through closer linkages between primary care, public health, and community-based supports |
NY’s State Innovation Model Testing Grant

$100M over 48 months to develop implement and test a new primary care delivery model inclusive of measurement, workforce and population health

1. Institute a statewide program of regionally-based primary care practice transformation activities to help practices across New York deliver ‘advanced primary care’;

2. Support performance improvement and capacity expansion in primary care by expanding New York’s primary care workforce through innovations in professional education and training;

3. Integrate APC with population health through Public Health Consultants funded to work with regional practice transformation and Population Health Improvement Program (PHIP) contractors;

4. Develop a common scorecard, shared quality metrics and enhanced analytics to assure that delivery system and payment models support three-part aim objectives; and

5. Provide state-funded health information technology, including enhanced capacities to exchange clinical data and an all-payer database.

Objectives for the Integrated Care Workgroup

Impact the delivery of healthcare in NYS through innovation in primary care:

- **Create a vision for Advanced Primary Care** (APC) that coordinates care across specialties and care settings, improves experience and quality, and reduces costs.

- **Catalyze multi-payer (including Commercial, Medicaid, and Medicare) investments in primary care practices** to make the structural changes needed to succeed.

- **Align on an innovative but consistent measurement and payment system** with payers and providers that drives improvements in population health, better care, and lower costs.

- **Provide and finance practice transformation technical assistance** using funds from the SIM grant.
Challenges to achieving Integrated Care: by the numbers

- 25% of PCP practices are PCMHs recognized by NCQA.
- 34% of payments are value-based, despite the existence of 76 value based programs among 19 payers.
- EMR adoption amongst NY physicians is 39.6%, lower than the national average of ~48%.


NYS APC design addresses common challenges

**Dimensions**
- Panel coverage
- Expectations
- Improvement strategy
- Improvement mindset

**Most common challenges**
- Sponsoring payer accounts for a minority of provider’s revenue, limiting incentive impact.
- Physicians recruited with limited expectations for behavior and capability change.
- Unbalanced focus on screening and prevention, with limited attention to avoidable costs and near term ROI.
- Over-reliance on structural measures of quality, rather than process or outcomes.
- Practice transformation is seen as an ‘end state’ achieved through filling out forms and check-boxes.

**NYS APC design goals**
- Sponsoring payers comprise majority of provider’s revenue (and patient panel).
- Costs of transformation spread across multiple payers.
- Practices must demonstrate progress prior to receiving alternative payments.
- Clear focus on managing high-risk patients to reduce preventable events and care.
- Data and performance transparency.
- Expectation that savings will cover costs of care management.
- Practice transformation conceived as a process of improvement based on data.
- Physicians and office staff “own their own change” as program creators and office champions.

APC is designed as a program to be adapted by multiple payers, including commercial, Medicaid, and Medicare (1/3)

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<th>Medicaid</th>
<th>Medicare</th>
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**Commercial payers offer various VBP programs for primary care in NY**
- Multiple payers have participated in CPCI and MAPCP in New York
- Successful examples like CDPHP’s Enhanced Primary Care program serve as a model nationwide
- Most payers have programs with performance incentives for primary care physicians, including provisions for sharing claims-based data

**Steps to APC**
- Align primary care strategies with APC, including payment and in-kind support
- Create provider contracts that support transformation while ensuring a clear business case
- Examine possible regulatory incentives

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APC is designed as a program to be adapted by multiple payers, including commercial payers, Medicaid, and Medicare (2/3)

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**Medicaid’s DSRIP programs align with APC**
- DSRIP is focused on primary care coordinating care across specialties and settings
- APC or NCQA are part of integrated delivery systems requirements (Project 2.a.ii), to be completed by 2017
- The VBP roadmap provides for a progression from payment for structural changes and reporting to payment for performance

**Steps to APC**
- Describe NCQA PCMH’s role within APC
- Align DSRIP and APC timelines
- Adjust MCO contracts to incorporate VBP, including APC
APC is designed as a program to be adapted by multiple payers, including commercial payers, Medicaid, and Medicare.

**Payer**
- Commercial
- Medicaid
- Medicare

Medicare’s initiatives have inspired APC plans
- CPCI initiatives have inspired APC core tenets and structure
- APC can support Medicare’s target of 90% of healthcare payments being value-based by 2018

Steps to APC
- Align primary care strategies with APC in NYS, including payment and in-kind support
- Add components of APC to Medicare FFS and MA contracts

APC design: APC tiers envision progressive primary care capabilities matched with greater financial rewards for achievement

**Advanced primary care components**

**Pre-APC**
- Transitional, time-limited status with obligation to reach APC status
- Demonstrate capacity/willingness to "transform"

**APC**
- Potential final destination for some practices without infrastructure to reach premium APC
- Key infrastructure in place for management of complex populations
- Able to succeed on payment systems rewarding performance on the Triple Aim

**Premium APC**
- Practices manage population health integration including behavioral health
- Medical neighborhood and community-facing care coordination
- Accountable for cost and quality

<table>
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<th>No quality measurement</th>
<th>More quality measurement</th>
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<tr>
<td>FFS</td>
<td>P4P</td>
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No financial risk | More financial risk

The APC program will plan to:
- Be consistent with existing standards and measures (e.g. NCQA PCMH, CPCI, etc)
- Drive change over time rather than certification at one point
- Be tied to outcomes and facilitated by innovative payment systems
- Be tailored to the needs and realities of NY
The APC program will allow for advanced / accelerated entrance for practices participating in allied programs

Practices meeting NCQA III, succeeding in value-based payments, or receiving other grant funding (e.g. TCPI, DSRIP) will have a place in APC:

- Meeting similar criteria for other programs will be sufficient proof of meeting matching APC milestones, though proof of any APC-specific milestones will still be necessary to pass gates
- Advanced practices may be eligible for an accelerated program with earlier access to CC / CM payments and stronger outcomes-based payments
- TA support will be prioritized for practices that have not already proven advanced-practice through other methods
APC will be defined by standards and measures, and supported by practice transformation support and innovative payment strategies.

**APC program overview**

**Standards and milestones**
- A set of tools and services that will help practices succeed on APC measures
- Reflect changes in structure, process, capabilities at a practice level
- Basis for milestones and ramp-up payments

**Measures**
- A set of standardized process and outcome measures at a patient level with intrinsic value to patients and payers
- Facilitated by structural changes mandated by standards, but not duplicative
- Basis for outcome-based payments

**Payment and practice transformation support**
- Support for practices to invest in resources to succeed on measures, contingent on meeting milestones
- Multi-payer agreement on payment for a standardized set of measures to reward success on desired outcomes

### Revised APC Core Measures draft with expected data sources

**Prevention**

1. Colorectal Cancer Screening*
2. Chlamydia Screening*
3. Influenza Immunization - all ages*
4. Childhood Immunization (status)*
5. Fluoride Varnish Application

**Chronic Disease (Prevention and Management)**

6. Tobacco Use Screening and Intervention*
7. Controlling High Blood Pressure*
8. Diabetes A1C Poor Control*
9. Appropriate Medication Management for People with Asthma*
10. Weight Assessment and Counseling for nutrition and physical activity for children and adolescents and adults*

*DSRIP Measures

**Behavioral Health/Substance Abuse**

11. Depression screening and management*
12. Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

**Patient Reported**

13. Record Advance Directives for 65 and older
14. CAHPS Access to Care, Getting Care Quickly*

**Appropriate Use**

15. Use of Imaging Studies for Low Back Pain
16. Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
17. Avoidable Hospitalization*
18. Avoidable readmission*
19. Emergency Dept. Utilization*

**Cost of Care**

20. Total Cost of Care

Claims | Claims + EMR | Survey
Building on a strong base of progress in 2015, a continued multi-stakeholder effort is needed in coming years to achieve APC goals.

New York State Advanced Primary Care Proposed Timeline

- **Discussions on straw-person standards, measures, payment principles, and practice transformation support**
- **Next challenge: Build a coalition of payers who agree on principles in support of APC**
- **Healthcare payers begin to offer contracts aligned with APC**

2015
- Q1
- Q2
- Q3
- Q4

2016
- Q1
- Q2
- Q3
- Q4

2017-2020
- Ramp-up to 80% of primary care under APC

- **9/22: Discussion at HIC**
- First primary care practices enter the APC program
- PT RFP released
- PT vendors selected
- Integrated Care Working Group launched

Next challenge:
- Build a coalition of payers who agree on principles in support of APC

Ongoing work:
- Refine the APC model to ensure a win-win-win for patients, payers, and providers, with clear and achievable business cases
- Bring together a critical mass of payers and employers in NYS to support the APC transformation
- Explore options for the State to promote an environment for payment innovation (e.g. MLR adjustments, APC Payer scorecard, multi-payer compact)
- Coordinate timelines and content with programs pushing toward goals consistent with APC (e.g., DSRIP, TCPI, others)
- Ensure that investments in practice transformation technical assistance are used well to help practices achieve progress toward APC

Summary of recommendations
- Implement a statewide multi-payer model for Advanced Primary Care on which virtually all public and private payers are aligned
- Support efforts and mechanisms to transition virtually all NYS primary care practices to APC
- Facilitate a consistent mechanism for measuring success as defined by improved quality and experience and reduced costs
Contact Information:

Hope Plavin – hope.plavin@health.ny.gov
Marietta Angelotti – marietta.angelotti@health.ny.gov

For more information on the New York SIM project, visit https://www.health.ny.gov/technology/innovation_plan_initiative/

For any SIM questions, or to join our SIM Newsletter, email sim@health.ny.gov