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NYACP Listening Session

September 30, 2015

New York State Health Innovation Plan

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

Pillars

1	2	3	4
Improve access to care for all New Yorkers, without disparity	**Integrate care to address patient needs seamlessly**	**Make the cost and quality of care transparent to empower decision making**	**Pay for healthcare value, not volume**
Elimination of financial, geographic, cultural, and operational barriers to access appropriate care in a timely way	Integration of primary care, behavioral health, acute and postacute care; and supportive care for those that require it	Information to enable consumers and providers to make better decisions at enrollment and at the point of care	Rewards for providers who achieve high standards for quality and consumer experience while controlling costs

Enablers

Workforce strategy	A	Matching the capacity and skills of our healthcare workforce to the evolving needs of our communities
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.

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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

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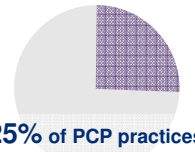
Challenges to achieving Integrated Care: by the numbers



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%

Source: NCQA (latest data 2015), Catalyst Payment reform 2015 (latest data 2013 or latest in 2015), DFS report, CDC/ National Center for Health Statistics report ("Use and Characteristics of EHR Systems Among Office-based Physician Practices: U.S., 2011-2013"); National Ambulatory Medical Care Survey; Song et al NEJM 2014 (BCBS AQC);

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NYS APC design addresses common challenges

Dimensions	Most common challenges	NYS APC design goals
Panel coverage	▪ Sponsoring payer accounts for a **minority of provider's revenue**, limiting incentive impact	▪ Sponsoring payers comprise **majority of provider's revenue** (and patient panel) ▪ **Costs of transformation spread across multiple payers**
Expectations	▪ Physicians recruited with **limited expectations** for behavior and capability change	▪ Practices must **demonstrate progress prior to receiving alternative payments** ▪ Progressive milestones communicated up front **require progress on both processes and efficiency**
Improvement strategy	▪ 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	▪ 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**
Improvement mindset	▪ **Practice transformation is seen as an 'end state'** achieved through filling out forms and check-boxes	▪ **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

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

Payer	Commercial payers offer various VBP programs for primary care in NY	Steps to APC
▪ Commercial ▪ Medicaid ▪ Medicare	▪ 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	▪ 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

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

Payer	Medicaid's DSRIP programs align with APC	Steps to APC
▪ Commercial ▪ Medicaid ▪ Medicare	▪ 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	▪ 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 (3/3)

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

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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

No quality measurement — More quality measurement

FFS | P4P | Care coordination | Episodes of care | Shared savings | Shared risk | Global payments

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

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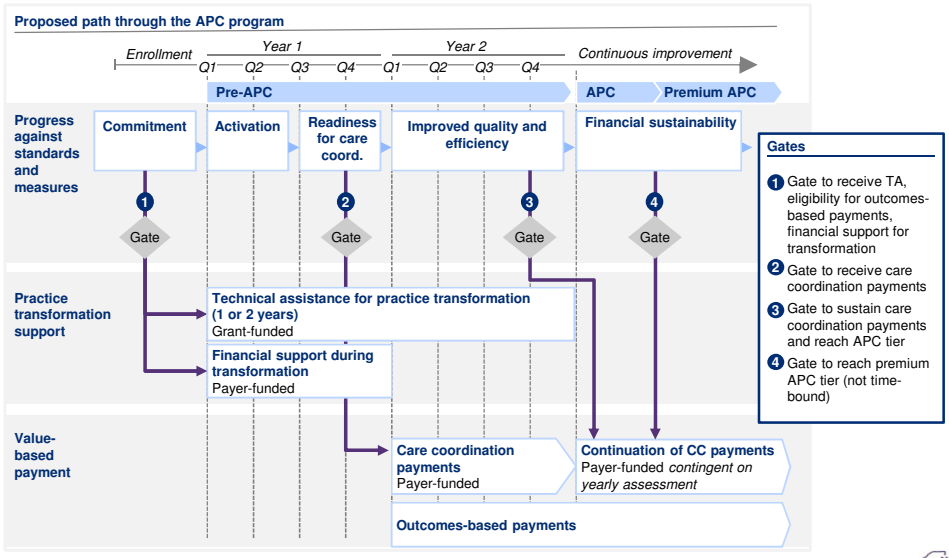
APC design: Practices receive support for transformation– but would need to demonstrate progress to continue

PRELIMINARY



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

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Revised APC Core Measures draft with expected data sources

Claims Claims + EMR Survey

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

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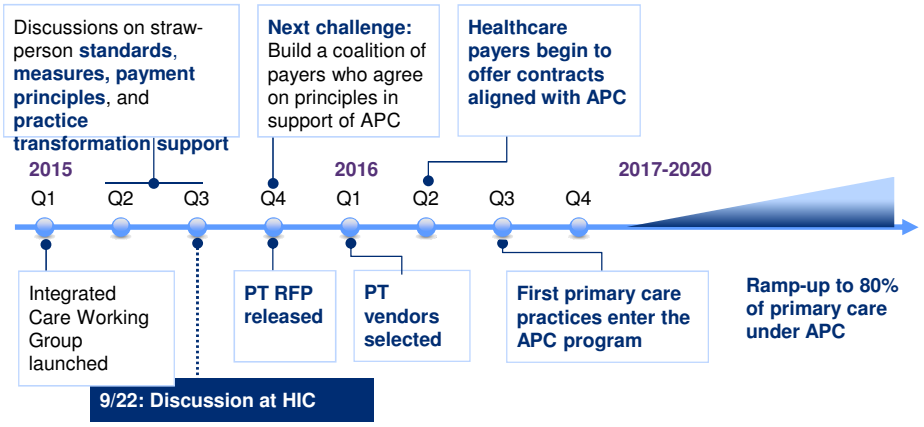
Building on a strong base of progress in 2015, a continued multi-stakeholder effort is needed in coming years to achieve APC goals

New York State Advanced Primary Care Proposed Timeline



Moving toward an implementable APC model with aligned partners

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

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

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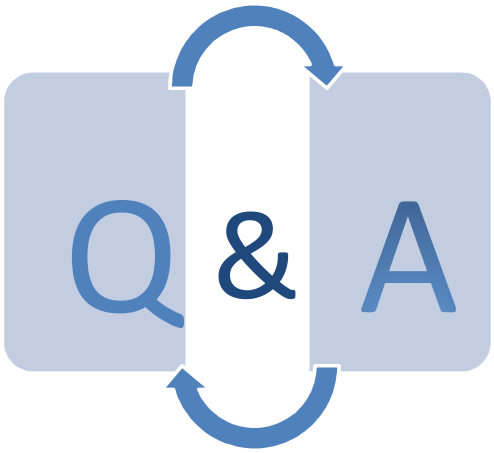
APC…



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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

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