

# Physician Organization Collaborative

Jan. 25, 2018



## Māhie 2020

ADVANCING THE HEALTH OF HAWAII



# Agenda

- Primary Care/Pharmacy Integration Panel Discussion
- 2018 Payment Transformation Program
  - Announcements
  - 2018 Payment Transformation Program Changes
  - PMPM Adjustments
- Other Issues or Concerns

# Primary Care & Pharmacy Integration

## *A Panel Discussion*

### **Presenters:**

*Julianne Aquino, Pharm.D., 5 Minute Pharmacy*

*Dr. Liliane L. Kheng*

*Ashley L. Hori, Rph*

*Lianne Malapit, Pharm.D.*

*Facilitated by: Derek Kuniyoshi, Clinical Pharmacy Manager, HMSA*



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January 25, 2018

# PROGRAM GOAL



**Create deeper relationships between physicians and pharmacists, resulting in better pathways for patient outcomes.**



# IMPROVEMENTS IN MEDICATION ADHERANCE

855 total boxes picked up

429 (50%) for which adherence noted

105 (12%) for which non-adherence noted

321 (38%) for which neither noted

**95%** of patients who participated in the population survey said pill boxes/bubble packs were helpful in adherence.

All but 1 stated that pill boxes/bubble packs were helpful in managing the change in medications

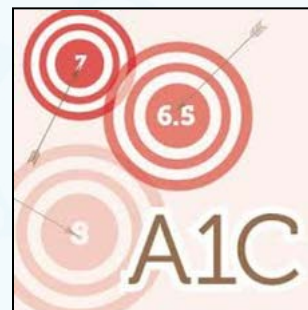
# CLINICAL IMPROVEMENTS



52% (22 of 42) of Diabetic program participants showed a reduction in HbA1c after entering the program. These participants reduced their HbA1c an average of -1.7 points.

*\*60 program participants over a 4 year period.*

# CASE STUDY



**-2.4**

UPON PROGRAM ENROLLMENT		UPON CURRENT VISIT	
Blood Pressure	HbA1c	Blood Pressure	HbA1c
169/113	11.0	172/102	8.6

# CASE STUDY

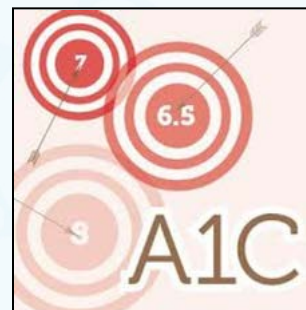


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UPON PROGRAM ENROLLMENT		UPON CURRENT VISIT	
Blood Pressure	HbA1c	Blood Pressure	HbA1c
144/75	6.7	140/75	6.6



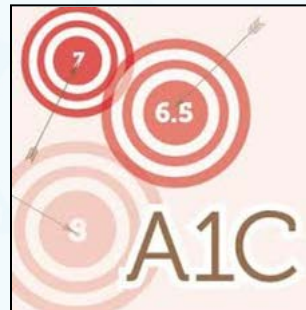
# CASE STUDY



**- 4.5**

UPON PROGRAM ENROLLMENT		UPON CURRENT VISIT	
Blood Pressure	HbA1c	Blood Pressure	HbA1c
116/74	12.5	124/72	8.0

# CASE STUDY



**- 4.6**

UPON PROGRAM ENROLLMENT		UPON CURRENT VISIT	
Blood Pressure	HbA1c	Blood Pressure	HbA1c
114/69	10.5	140/84	6.0

# QUESTIONS?





# 2018 Payment Transformation Program Updates



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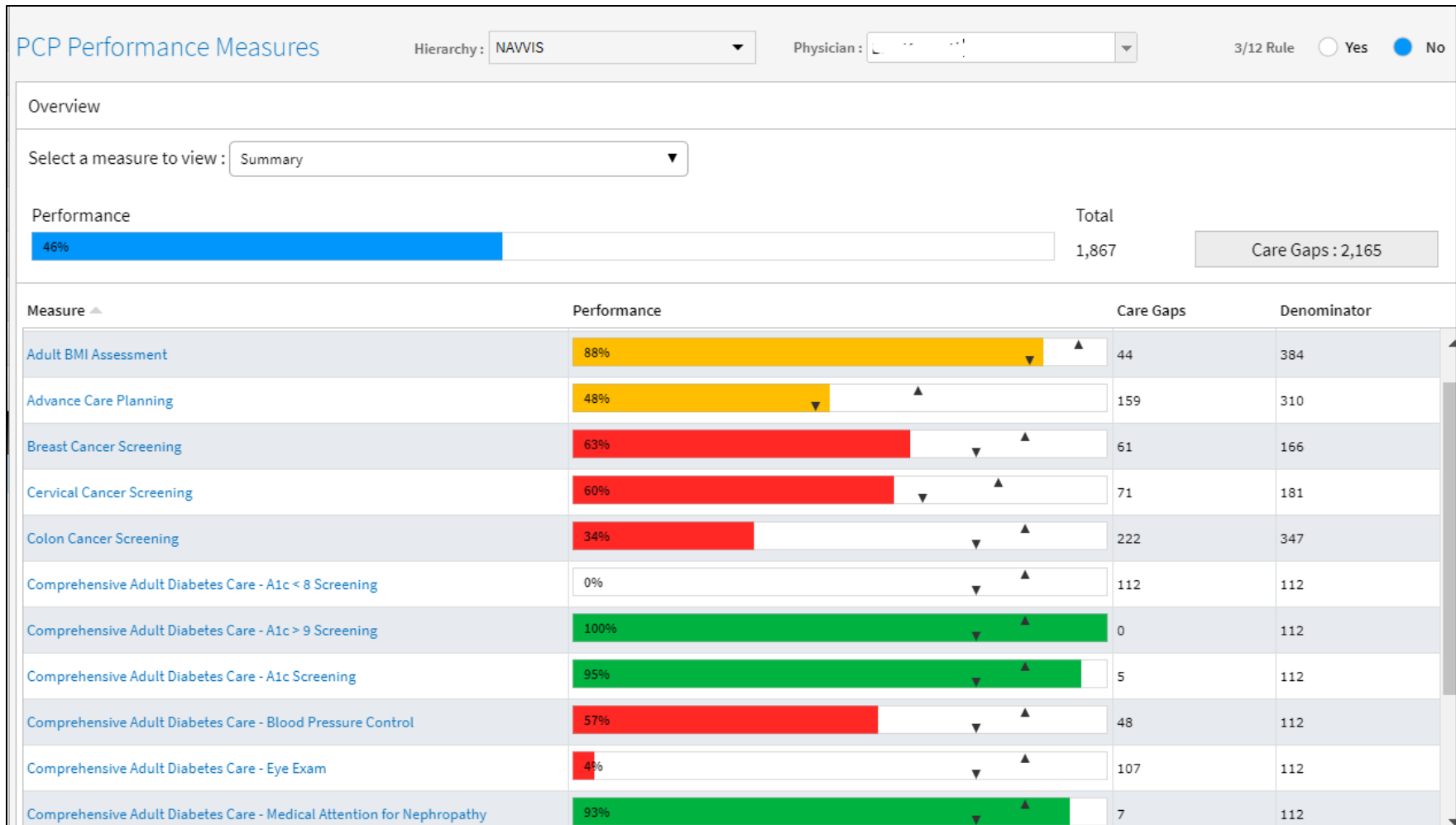
# Population Health Platform

- Coreo offers opportunity to develop statewide platform and integrate clinical information from EMR into quality data dashboard
- Training sessions for POs, PO staff and PCPs to be held February to March 2018
  - 3-part Learning Series – Jan. 31, Feb. 28 and March 21
  - PO Leaders/PO Staff –February
  - PO-sponsored PCP training – February to March
  - Small-group learning lab at HMSA – mid-Feb to March
- PCP access scheduled to begin April 1, 2018



# Sneak Peek!

## PCP View of PT Performance Measures































# Sneak Peek!

## PCP View of Patients in a Measure

[Overview](#) > HMSA PTM Measure Program > Adolescent Well-Care Visits

Select a measure to view: Adolescent Well-Care Visits

Care Gaps
Peer Comparison
Provider Breakdown

Patient Name	DOB	Age	Last Well-Child Visit Date	AWC Code	Contract Name	Compliance	Actions
Bunce, Nahand	5/1/1996	21			Commercial HMO	No	   
Brandagamba, Hamfast	8/10/1996	21			Commercial HMO	No	   
Goodchild, Falco	2/4/1996	21			Commercial HMO	No	   
Fairbairn, Hildigrim	5/2/1996	21			Commercial HMO	No	   
Goold, Ranugad	2/10/1996	21			Commercial HMO	No	   
Diggie, Celendine	7/12/1997	20	1/20/2015	99384	Commercial PPO	No	   
Headstrong, Isembard	2/16/1996	21	4/23/2014	99395	Commercial HMO	No	   

# 2018 Program Changes Recap: PO

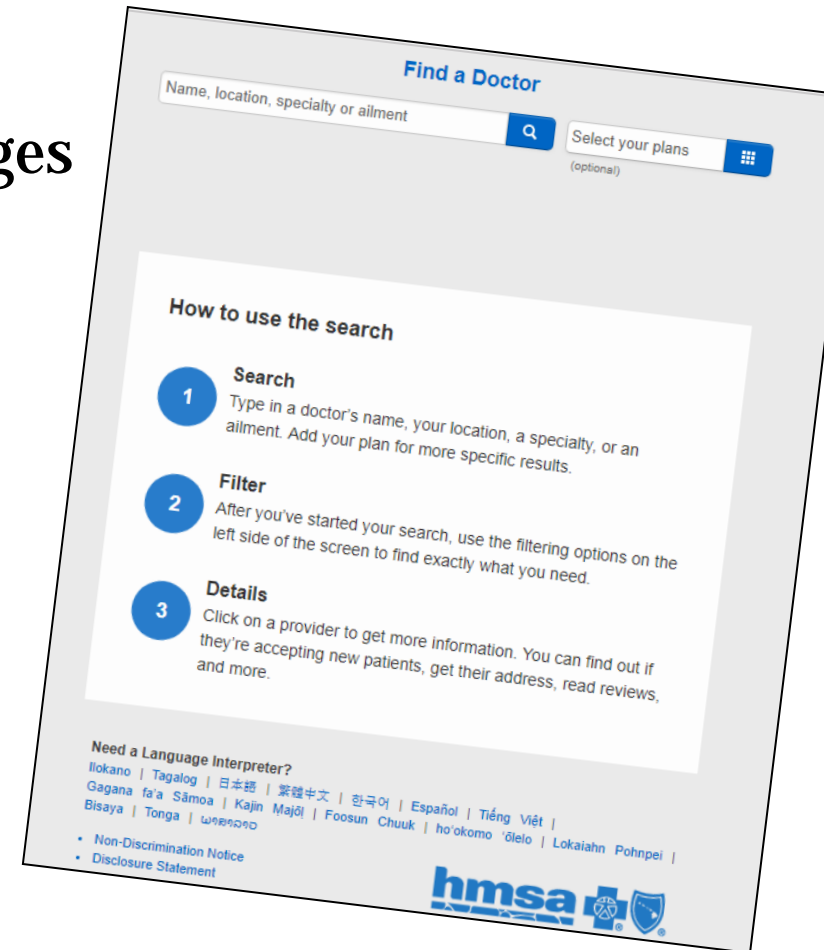
## ■ 5 PO Engagement Measures

- Engagement measures each worth 20 percentage points. Social determinants dropped for 2018
- **Timely Access to PCPs** (HMSA survey of patients) and **Timely Access Across Lines of Business** (contracts)
- Measures Requiring PO Action
  - **Providing 24/7 Coverage for Attributed Members:** One PO attestation per quarter in Cozeva
  - **Participating in HMSA PO Meetings:** Frequency may drop to quarterly in 2018
  - **Facilitating Timely Access for New Patients:** New reporting form that asks more detail about accepting new patients and criteria to help with carefinding. Due on 5<sup>th</sup> of month. *Measure will change.*



# 2018 PO Engagement Measure Change

- Change effective **April 1, 2018**
- On a monthly basis, report changes to accepting/not accepting new patients
- Quarterly validation of data elements for all PO's PCPs:
  - Address of practice locations
  - Contact phone number



# 2018 PO Engagement Measure Change

- PO is required to send:
  - Action plan by April 5, documenting the steps PO will take to meet this measure
  - April 5 report on any changes re accepting new patients (1 point)
  - May 5 report on any changes re accepting new patients (1 point)
  - June 5 quarterly report of accepting/not accepting and demographic data review (3 points)

# 2018 Program Changes Recap: PO

## ■ 6 PO Performance Measures

- **Hospitalization for Potentially Preventable Complications** – Chronic Ambulatory Care Sensitive Conditions – scored on chronic conditions only. Acute conditions data for information only.
- **Avoidable Emergency Department Visits** – Process measure with requirement to analyze, develop plan, implement PDSAs. First due date is April 5.
- 2 PCP-focused measures: **Controlling Blood Pressure** and **Children with Special Health Care Needs** screener
- 2 Annual Survey Measures: **Accountability for PCP Communication** and **Engagement with Ecosystem**.  
Reminder that we measure the number of “Yes” responses as a percentage of PCPs who respond to the survey.

# 2018 Program Changes Recap: PCPs

## ■ Engagement Measures

- 20% still at risk, meaning can result in reduction off the PMPM
- Sharecare (photo and bio) no longer a measure for 2018
- 3 or 4 measures by line of business, so weighting of 6-7% for each measure for commercial and Medicare Advantage, and 5% each for QUEST Integration
  1. Monthly use of Cozeva (and Coreo, beginning in April)
  2. Survey of attributed patients about PCP's panel management
  3. Attestation re use of ecosystem resources
  4. EPSDT completion rate for QUEST Integration (if no pediatric patients, QUEST Integration PCP will get automatic credit)



# 2018 Program Changes Recap: PCPs

## ▪ Performance Measures

- **Sharecare RealAge Test:** back as a measure for 2018, with 5% minimum and 10% target
- **Review of Chronic Conditions:** complete by Sept. 30, 2018
- **Adolescent immunization:** will score based on meningococcal and Tdap by 13<sup>th</sup> birthday; HPV rate will be display only
- **Depression and anxiety screening:** Many more screening tools listed, but for adults must use PHQ-4; or one depression AND one anxiety screening tool.

# Reminders

- **Supplemental data:**

- Encourage PCPs to avoid putting in supplemental data in Q1 in Cozeva because of data transfer

- **Request for Reconsideration**

- Use R4R forms for any Engagement measure appeals

- **Attribution**

- For HMO, QUEST Integration and Medicare Advantage members, PCP must use patient attestation form and fax to HMSA (will be a system application in Coreo)
- For PPO members, attribution should be stabilized. Changes occur only if another PCP adds that patient
- PCPs cannot receive attribution for themselves or immediate family members

# Transition to Value-Based Payment

- Started with historic, three-year FFS equivalent PMPM in 2016-2017 to keep providers as whole as possible while starting on practice transformation
- Adjustments in 2018 respond to provider concerns (facility-based services, general excise tax)
- Gradual transition to **Value-Based PMPM** that reflects quality, panel risk and total cost of care

# Building 2018 PMPM: FFS-Based PMPM

***New!***

Will pay facility-based services FFS; carved out of PMPM

***New!***

Will pay GET allowance for PPO members from Jan 2018 through term of new amendment

**FFS-Based  
PMPM**

Immunizations still paid FFS

*Reminder: 20% Engagement still drives PMPM payment*



# New for 2018

## Facility-based services

- Responds to pediatricians and providers who do hospital-based services and provides incentive to continue that work
- Will recognize and carve out facility-based services from the PMPM during the 3-year period used for original band calculation. PMPM will be reduced.
- PCPs will be paid FFS for facility services (newborn care, circumcision, hospital visits, etc.) when specific Place of Service codes are reported on the claim in block 24B on hard-copy claim, or CLM05 field on electronic claim, beginning with service dates on or after July 1, 2018

# Place of Service Codes for Facility FFS Payment

POS Code	Definition
13	Assisted Living Facility
14	Group Home
16	Temporary Lodging
19	Off Campus – Outpatient Hospital
21	Inpatient Hospital
22	On Campus – Outpatient Hospital
23	Emergency Room – Hospital
24	Ambulatory Surgical Center
25	Birthing Center
26	Military Treatment Facility
31	Skilled Nursing Facility
32	Nursing Facility
33	Custodial Care Facility

# Place of Service Codes for Facility FFS Payment

POS Code	Definition
34	Hospice
41	Ambulance – Land
42	Ambulance – Air or Water
51	Inpatient Psychiatric Facility
52	Psychiatric Facility – Partial Hospitalization
53	Community Mental Health Center
54	Intermediate Care Facility/Individuals with Intellectual Disabilities
55	Residential Substance Abuse Treatment Facility
56	Psychiatric Residential Treatment Center
57	Non-residential Substance Abuse Treatment Facility
60	Mass Immunization Center
61	Comprehensive Inpatient Rehab Facility
62	Comprehensive Outpatient Rehab Facility

# New for 2018

## General excise tax:

- We will increase PMPM for commercial only for eligible **PPO members** by the appropriate GET rate (Oahu vs. Neighbor Island).
- Prorated to cover 21 months (Jan. 1, 2018 through Sept. 30, 2019)
- Does **not** apply to QUEST Integration or Akamai Advantage rates
- PCPs may still collect GET on copayments, deductibles and fee-for-service payments
- Tax factored into standardized base PMPM for July 2018 and going forward

# New for 2018

## **Adjustment of newborn attribution:**

- For babies born on or after July 1, 2018
- Quarterly payments to give attributed PCP credit back to month of baby's first outpatient visit
- Example: If baby born in July has first outpatient visit in August with attributed PCP, but isn't attributed until September, we'll pay one month of PMPM for difference in attribution