

Delivery System and Payment Model Design: Governance & Quality

Medicaid Pathway to an Integrated Health Care System

Mental Health, Substance Abuse Treatment, Developmental Disabilities
Services Work Group Discussion June 2, 2016

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Discussion Topics & Goals

- Background and Reference (Slides 13-18)
- Group Discussion - Organized Delivery System
 - Governance Functions
 - Administrative Functions
- Preliminary Review Quality Framework
- Next Steps

What elements are essential to support reform objectives?

REGIONAL GOVERNANCE

Discussion of Governance

Governance Functions In An Organized Delivery System

Potential Governance Functions	Essential to Achieve Objectives?		Discussion Notes
	Yes	No	
Strategic Oversight and Goal Setting	✓		Local entities should have shared goals, vision and clearly defined roles
Accountability for Management of Partnership Agreements	✓		Partnership agreements need unified, agreed on point of responsibility
Integrated IT Structure and Decision Making			<p>Refers to decisions regarding IT structure (not information sharing) how should decisions be made about infrastructure investments that promote interoperability and easy data transfer when applicable to support:</p> <ul style="list-style-type: none"> • Individual Care Planning (treatment and support) • State Oversight and Reporting (payment) • Quality & Outcomes (operations) <p>Should the State issue standards for providers to follow? Is this a regional governance or provider specific decision? If regional, what happens when a provider does not have the funding to address a local infrastructure decision?</p>
Community Needs Assessment and Asset Building	✓		State should develop standards to bring separate requirements across government together across services, providers and populations.
Monitoring of Quality Data and Community Indicators of Health (Including Consumer Experience of Care)			
Direct Priorities for Local Quality Improvement Efforts			
Monitoring of Service Utilization and Waiting List			
Financial Allocation Decisions Across Providers			
Budget Oversight			
Other?			

Discussion of Administrative Functions

Potential Opportunities for Organized Delivery System Administration			
Potential Governance Functions	Essential to Achieve Objectives?		Discussion Notes
	Yes	No	
Generate Case Rate Claim (If Model Relies on Claim)			
Receive Medicaid Payments (Case Rate or PMPM)			
Pay Participating Providers			
Collect Data From Partners			
Collate and Report Data to State			
Organize Partners and Facilitate Creation of Governance Plan and Local Team Structure			
Single Point of Accountability for State Contract and Deliverables			
Monitor Regional Performance Indicators and Provide Reports to Governance Group			
Monitor Performance of Partners and Provide reports to Governance Group			
Monitor Regional Budget and Provide Report to Governance Group			
Other?			

Aligning Values, Principles and Goals

QUALITY AND OUTCOME FRAMEWORK

Quality & Outcome Framework

- Overall quality and outcome framework is related to, but broader than, quality metrics that may be used to determine incentive payments
- Quality and outcome framework becomes the foundation for program oversight, provider monitoring, provider reporting, corrective action and quality improvement planning
 - *Accountability*: Confirm that contracted services were delivered. Did you get what you paid for?
 - *Appropriateness*: Were the services delivered based on best practice and State standards (e.g., process and clinical, Model of Care, HCBS, Trauma, Recovery, Reliance, etc.)?
 - *Outcomes*: Did the services delivered produce the expected results?

Quality & Outcome Framework (cont'd)

➤ Quality indicators should utilize a broad measures that include structure, process and experience of care measures.

- Beneficiary Experience (examples)
 - Involvement in decision-making
 - Satisfaction regarding care coordination and access
 - Support during care transitions
 - Increased overall satisfaction with services and supports
 - Decreased out-of-pocket costs (e.g., fewer co-pays for ER, other services)
 - Increased early intervention options for children, adults and families
- Access, Structure and Process (examples)
 - Efficiency and timely access
 - Primary Care involvement in comprehensive treatment planning
 - Communication between the medical and specialized systems of care
 - Adherence to State standards and best practice

Quality & Outcome Framework (cont'd)

- Positive Health Outcomes include measures of independence as well as traditional health scores
 - Person and Service Related Outcomes (examples)
 - Decreased emergency room utilization
 - Decreased avoidable hospital admissions / re-admissions
 - Decreased nursing home utilization
 - Health assessment and/or condition specific scores (asthma, diabetes, overall assessment of functioning)
 - Decreased use of residential care for children, youth and adults
 - Stable community living situation
 - Stable employment
 - Attainment of person-centered goals and objectives

Quality & Outcome Framework (cont'd)

- Systemic Outcomes (examples)
 - Decreased Provider Cost-shifting across Payers
 - Due to more service oversight and coordination across all of the individual's medical and specialized needs via a single point of contact, comprehensive care plan, and integrated care team
 - Decreased Overall Costs for Health Care System

Current Quality Frameworks

- Global Commitment to Health Comprehensive Quality Strategy including
 - HEDIS
 - State Specific (Choices for Care, HCBS, MCO Investments)
- DA/SSA Performance Measures & Quality Monitoring
- Blueprint For Health Quality Measures
- IFS Quality Measures
- ACO Quality Measures
- CCBHC Quality Measures

Next Steps: Measures, Reporting and Methodology Alignment

Refine and align current work as needed for Medicaid Pathway Planning

- What measures are common across frameworks?
- Which are relevant for MH/DS/SAT Pathway Planning?
- Are there emerging best practice measures that should be added (e.g., CCBHC)?

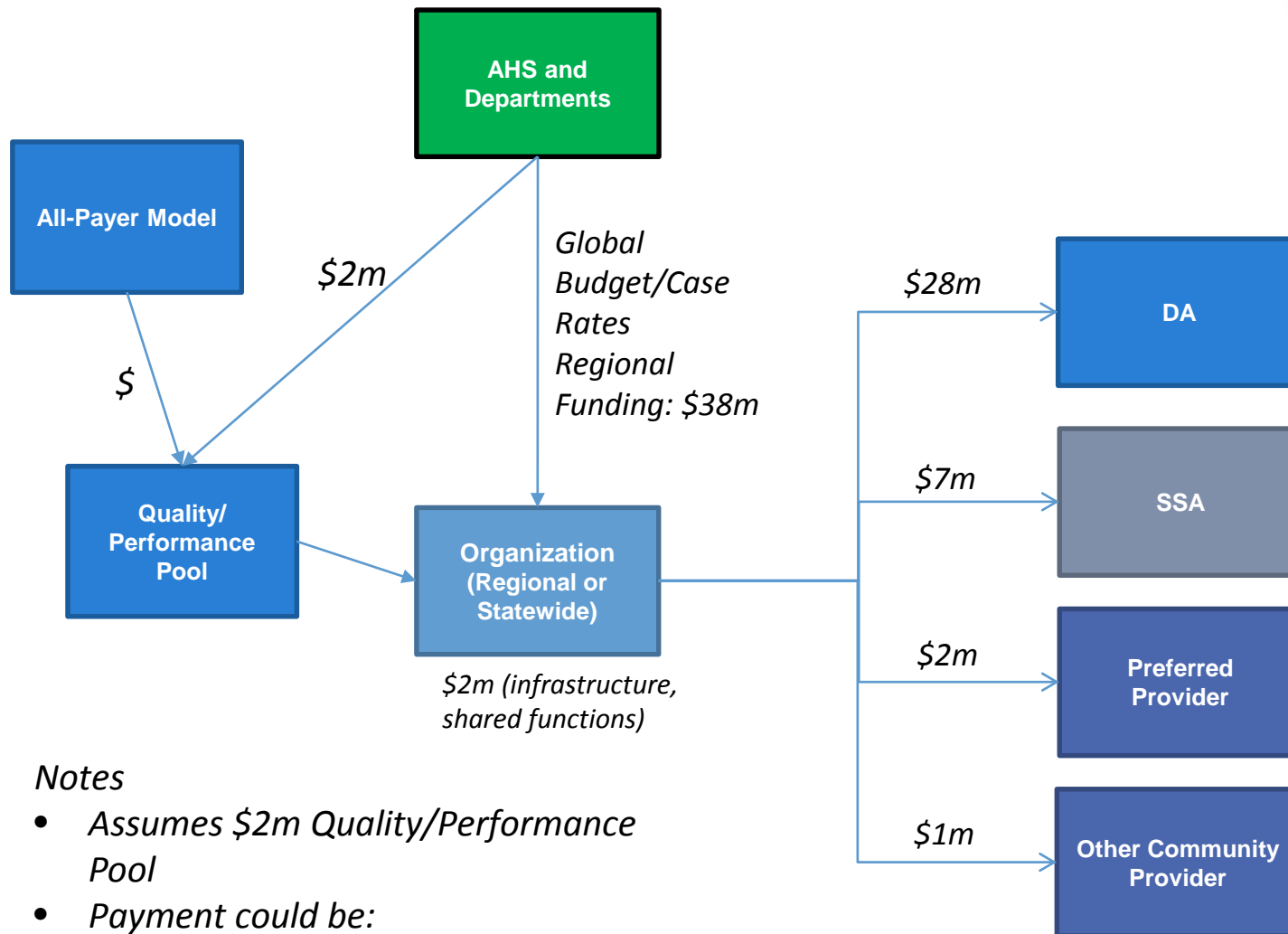
Based on results of alignment, define implementation steps:

- Is methodology for data collection, reporting and storage aligned across AHS programs?
- Review and refine HSE/Specialized Program analysis on common data elements
- Review and refine VHCIP Data Infrastructure Efforts

Delivery System Design Models

BACKGROUND AND REFERENCE

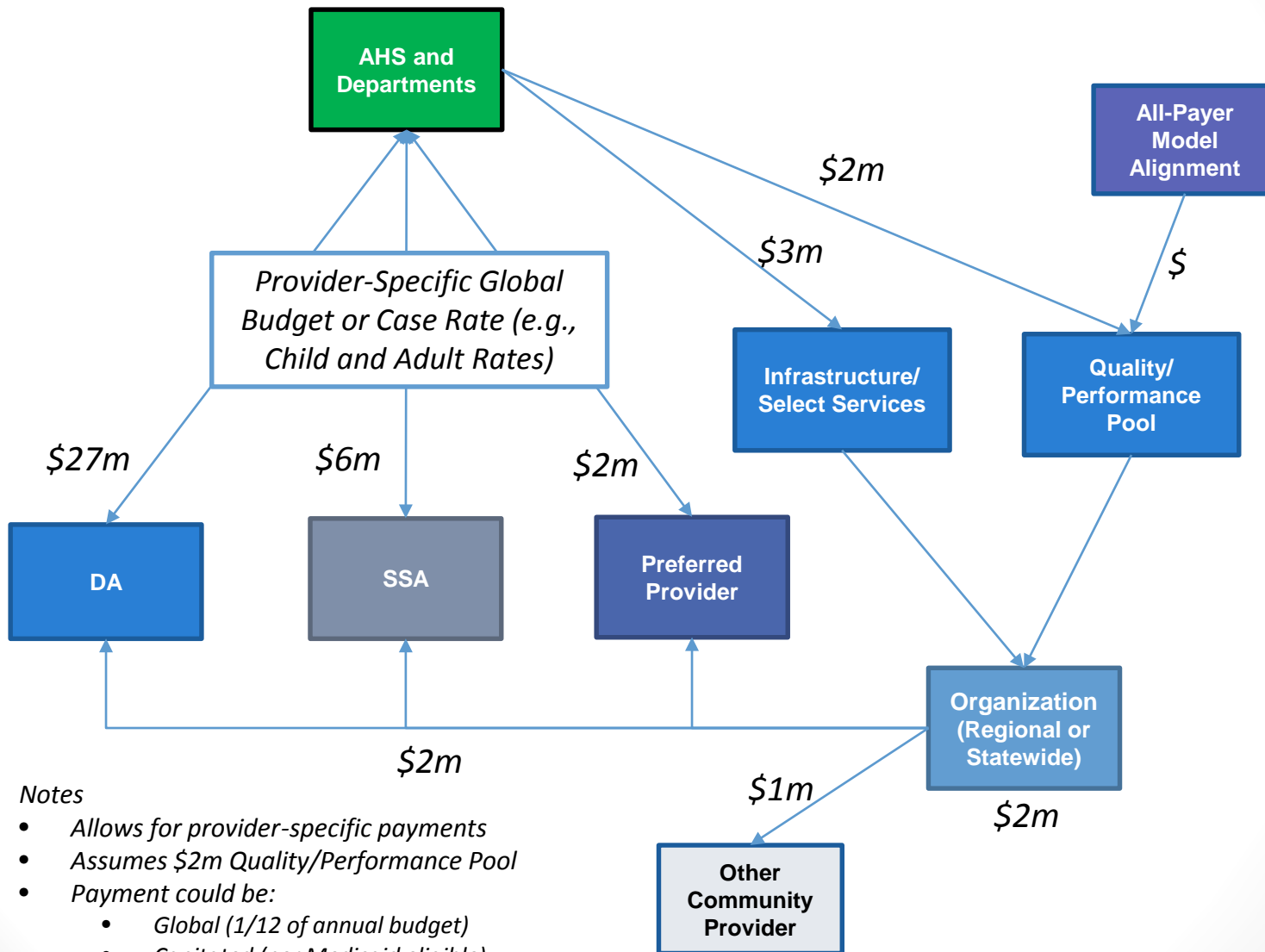
Example for Discussion: Integrated Budget



Notes

- Assumes \$2m Quality/Performance Pool
- Payment could be:
 - Global (1/12 of annual budget)
 - Capitated (per Medicaid eligible)
 - Case Rate (per program participant)

Example for Discussion: Partially Integrated Budget



Notes

- Allows for provider-specific payments
- Assumes \$2m Quality/Performance Pool
- Payment could be:
 - Global (1/12 of annual budget)
 - Capitated (per Medicaid eligible)
 - Case Rate (per program participant)

Reform Goals & Principles

- **Ensure Access to Care for Consumers with Special Health Needs**
 - Access to Care includes availability of high quality services as well as the sustainability of specialized providers
 - Ensure the State's most vulnerable populations have access to comprehensive care
- **Promote Person and/or Family Centered Care**
 - Person and/or Family Centered includes supporting a full continuum of traditional and non-traditional Medicaid services based on individual and/or family treatment needs and choices
 - Service delivery should be coordinated across all systems of care (physical, behavioral and mental health and long term services and supports)
- **Ensure Quality and Promote Positive Health Outcomes**
 - Quality Indicators should utilize a broad measures that include structure, process and experience of care measures
 - Positive Health Outcomes include measures of independence (e.g., employment and living situation) as well as traditional health scores (e.g., assessment of functioning and condition specific indicators)
- **Ensure the Appropriate Allocation of Resources and Manage Costs**
 - Financial responsibility, provider oversight and policy need to be aligned to mitigate the potential for unintended consequences of decisions in one area made in isolation of other factors
- **Create a Structural Framework to Support Integration**
 - Any proposed change should be goal directed and promote meaningful improvement
 - Departmental structures must support accountability and efficiency of operations at both the State and provider level
 - Short and long term goals aligned with current Health Care Reform efforts

Objective of Delivery Model

A delivery system design and governance structure that supports the following:

- Adoption of Vermont's Integrated Model of Care
- Service Delivery Reform, including population-based health and prevention and development of best practices
- Quality Framework
- Payment Reform, including value based purchasing
- Efficient Operations and Oversight
- Medicaid's Pathway for Alignment with the All-Payer Model

Next Steps

- Finalize Draft Delivery System Design (April-June)
- Evaluate Payment Reform Options (May/June)
 - Revisit delivery system design and scope, as needed
- Develop Quality Framework (May/June)
- Evaluate Infrastructure and Funding Requirements (June/July)
- Obtain Stakeholder Feedback (Ongoing)
- Finalize Delivery System and Payment Reform Model (June/July)
- Identify Key Milestones and Implementation Timeline (July)
- Develop Detailed Model Design and Implementation Plan (July)

