

OHPB Health System Transformation Summary Feedback from November Work Group Meetings

December 13, 2011

CCO Criteria: November meeting

Questions:

Patient Engagement and Rights/Responsibilities:

How can OHA assure that CCOs will effectively address patient rights and responsibilities in the context of patient engagement under health system transformation and the Triple Aim?

Delivery System/Provider Network/Coordination of Care:

How should OHA evaluate the CCO's ability to assure that the right providers deliver the right care, at the right time, in the right place.

CCO Criteria: Patient Engagement and Rights and Responsibilities

Key Points for the Oregon Health Policy Board:

- CCOs should determine the best patient engagement approaches and identify population-specific barriers by engaging the community and developing a strategy through a community needs assessment.
- CCOs need to meaningfully engage their Community Advisory Councils in the innovative development, planning, adoption and monitoring of patient engagement and activation approaches.
- CCOs must be prepared to apply a range of strategies when working with diverse members with varying needs within the dually-eligible and other vulnerable populations and to identify the appropriate strategy for a particular population.

CCO Criteria: Patient Engagement and Rights and Responsibilities

Key Points for the Oregon Health Policy Board

CCOs should:

- Consider three levels of patient engagement: 1) individual level, 2) peer level, and 3) small group and community level.
- OHA should provide a clearinghouse of innovations and best practices, including patient engagement and activation tools, for CCOs to choose from and disseminate as appropriate. This includes providing technical assistance and assuming a leadership role in support of a Learning Collaborative among CCOs.

CCO Criteria: Delivery System, Provider Network and Coordination of Care

Key Points for the Oregon Health Policy Board:

CCOs should:

- Identify and describe the specific structure of their delivery system at the outset, including goals the CCO has and how they plan to get there.
- Detail how they will maintain access standards for routine and specialized health care services, particularly for the most vulnerable populations.
- Ensure their provider network is broad and diverse and able to provide services across the continuum of care.
- Identify and describe how under and over utilization of services, complaints and quality management will be monitored.

CCO Criteria: Delivery System, Provider Network and Coordination of Care

Key Points for the Oregon Health Policy Board:

CCOs should:

- Ensure access on a primary care level, where screenings can occur to determine if a higher level of care is needed; ensure providers are working at the top of their license.
- Right time means two things: 1) emphasizing early intervention and prevention, and 2) maintaining flexible hours and other measures.
- Employ the use of telemedicine, especially for those living in rural areas.

Global Budget Methodology: November meeting

Questions:

Program Inclusion:

Based on the OHPB feedback, how would you define what Medicaid programs and funding are included in the initial global budgets?

Savings Assumptions:

What assumptions are we missing or should be adjusted?

Global Budget Methodology: Program Inclusion

Key Points for the Oregon Health Policy Board:

- All groups agreed that CCO global budgets should generally include as many programs as possible, but should avoid compromising local financing or overall service capacity for both Medicaid and non-Medicaid beneficiaries.
- Several workgroup members expressed concern regarding mental health drugs and long term care carve outs. Shared accountability mechanisms are necessary to align incentives in order to promote effective and efficient person-centered care and reduce the incentive to cost shift.
- Accountability metrics are paramount for programs included in CCO global budgets to ensure that the CCO is carrying out the aims of the program.

Global Budget Methodology: Savings Assumptions

Key Points for the Oregon Health Policy Board:

- Robust patient-centered primary care homes are critical. They should incorporate non-traditional health workers and stress patient engagement
- Social determinates of health must be addressed

Outcomes, Quality and Efficiency: November meeting

Questions:

- Should measures be categorized as core, menu, and developmental, as the workgroup has discussed in the past? If so, how should each category be used and what kind of measures should be in which category?
- Should reporting and accountability be phased in over time? If so, how?
- How should OHA approach setting minimum performance expectations and targets for exceptional performance?
- What process of reviewing and updating measures over time would provide reasonable predictability for CCOs?

Outcomes, Quality and Efficiency Work Group

Key Points for the Oregon Health Policy Board:

- Core measures should include transformational items from the outset and should include more as time goes on. Similarly, the core set should focus on outcomes, not processes, to allow for innovation at the CCO level.
- In general, workgroup members favored a phased approach for both reporting and accountability and suggested that staging should be CCO-specific rather than uniform across all CCOs. Most emphasized that the staging approach should incent improvement rather than penalize CCOs prematurely, since CCOs may be coming from different starting points.
- In general, members advocated for CCO choice among developmental (or transformational) measures.

Outcomes, Quality and Efficiency: Minimum performance expectations

Key Points for the Oregon Health Policy Board:

- Achievement of minimum standards should be phased in using a timeline specific to each CCO
- More than one group suggested that performance standards should be developed from the initial rounds of CCO performance data. OHA should communicate clearly to CCOs that performance standards will be developed over time.
- More than one member emphasized the importance of risk adjustment when applying performance standards. Members advised OHA to account for medical co-morbidities as well as demographic and social factors like language, race, ethnicity, mental health status, A & D status, etc.

Outcomes, Quality and Efficiency: Incentives

Key Points for the Oregon Health Policy Board:

- OHA should offer performance rewards first and penalties later
- Transparency and public reporting could provide a strong, non- financial incentive for performance improvement
- Metrics alone, particularly process measures, will not drive innovation; Metrics must be strongly associated with accountability
- OHA should provide technical assistance and perhaps an up-front incentive to help CCOs make progress on developmental measures
- There are three different kinds of accountability:
 - Professional accountability – set the expectation for where we want CCOs to go and let them determine how to get there
 - Financial incentives and disincentives – reward or punish adherence to expectations and outcomes accordingly
 - Regulatory – baseline with enforcements that come later

Outcomes, Quality and Efficiency: Reviewing and updating metrics

Key Points for the Oregon Health Policy Board:

- OHA should ensure ongoing evaluation of the appropriateness and effectiveness of measures being used. The expectation is that measures will evolve over time
- Evaluation process should be system-wide and include representatives of CCOs and other stakeholders, including consumers and community partners
- More frequent, less onerous feedback loops will be important during transformation. OHA shouldn't wait one year to get feedback. There will be a lot of unique growth; OHA will need to know what is working and what is not
- Many also suggested that OHA evaluate the resources required for measurement and for CCOs to achieve improvement
- There should be a rapid cycle improvement process with CCOs fully engaged

Medicare-Medicaid Integration of Care and Services: November meeting

Questions:

Shared Financial Accountability

How should CCOs and the long term care system share financial accountability? In particular, in thinking about the three potential financial models in the handout “CCO/Long Term Care (LTC) Shared Financial Accountability,” what are your reactions?

Critical Elements of Shared Accountability

What are the critical elements for holding CCOs and LTC jointly accountable for ensuring that high quality, person-centered care is delivered to beneficiaries?

Medicare-Medicaid Integration of Care and Services: Shared Financial Accountability

Key Points for the Oregon Health Policy Board:

- Tying financial incentives to metrics, and particularly outcomes, is a promising approach toward ensuring that the CCOs and the LTC system work together to provide high quality, person-centered care.
- Need to balance flexibility and prescriptiveness, by focusing on outcomes but letting the CCOs and the LTC system determine how best to reach them.
- Option 3, the “modified Minnesota model” would be too prescriptive and complicated to implement and should not be pursued further.

Medicare-Medicaid Integration of Care and Services: Critical Elements of Shared Accountability

Key Points for the Oregon Health Policy Board:

- Key elements of accountability include: better communication and data-sharing between CCOs and LTC; alignment of state rules and regulations; and tracking of appropriate performance metrics.
- Many of the elements of CCOs and health system transformation previously discussed are also critical for joint accountability, such as care coordination teams and promoting patient engagement.