

Ohio's Comprehensive Primary Care 2017 Program Year Results

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Agenda

- Ohio CPC 2017 Program Year Outcomes
 - » Overview of Participation
 - » Activity Requirements and Practice Monitoring
 - » Clinical Quality and Efficiency Metric Performance
 - » Total Cost of Care Shared Savings
- Upcoming Webinars
 - » Final Friday Best Practice Sharing
 - » Regular Ohio CPC Monthly Webinars
- Reporting

Ohio CPC 2017 Program Year Outcomes

2017 CPC Program Summary

- 111 individual practices enrolled in the first program year
 - » Pediatric, Adult, and family practices
 - » 57 FQHCs, 35 Hospital practices, and 19 Independent practices
 - » Practices located in all regions of the state
- All attested to meeting all 8 activity requirements
- 836,000 Medicaid members were attributed to CPC practices in 2017
- \$31M was paid out to CPC practices in per-member per-month (PMPM) payments in 2017
 - » Average of \$3.83 per-member per-month
- 100% of practices passed at least 50% of clinical quality metrics
- 95% of practices passed at least 50% of efficiency metrics

Activity Requirements and Practice Monitoring

Review of 2017 Requirements

Must pass
100%

Ohio CPC Activity Requirements

Same-day appointments

- The practice provides same-day access, within 24 hours of initial request, including some weekend hours to a PCMH practitioner or a proximate provider with access to patient records who can diagnose and treat

24/7 access to care

- The practice provides and attests to 24 hour, 7 days a week patient access to a primary care physician, primary care physician assistant or a primary care nurse practitioner with access to the patient's medical record

Risk stratification

- Providers use risk stratification from payers in addition to all available clinical and other relevant information to risk stratify all of their patients, and integrates this risk status into records and care plans

Population health management

- Practices identify patients in need of preventative or chronic services and implements an ongoing multifaceted outreach effort to schedule appointments; practice has planned improvement strategy for health outcomes

Team-based care management

- Practice defines care team members, roles, and qualifications; practice provides various care management strategies in partnership with payers and ODM for patients in specific patient segments; practice creates care plans for all high-risk patients, which includes key necessary elements

Follow up after hospital discharge

- Practice has established relationships with all EDs and hospitals from which they frequently get referrals and consistently obtains patient discharge summaries and conducts appropriate follow-up care

Tests and specialist referrals

- The practice has a documented process for tracking referrals and reports, and demonstrates that it:
- Asks about self-referrals and requests reports from clinicians
 - Tracks lab tests and imaging tests until results are available, flagging and following up on overdue results
 - Tracks referrals until the consultant or specialist's report is available, flagging and following up on overdue reports
 - Tracks fulfillment of pharmacy prescriptions where data is available

Patient experience

- The practice assesses their approach to patient experience and cultural competence at least once annually through quantitative or qualitative means; information collected by the practice covers access, communication, coordination and whole person care and self-management support; the practice uses the collected information to identify and act on improvement opportunities to improve patient experience and reduce disparities. The practice has process in place to honor relationship continuity.

2017 Practice Monitoring

- All 111 practices received desk reviews, conducted by Health Services Advisory Group (HSAG)
 - » 37 received on-site reviews
- Four practices were required to create and execute performance improvement plans (PIPs)
 - » All were successfully carried out and none of the four practices required a PIP in 2018
- 25 practices participated in technical assistance activities

Clinical Quality and Efficiency Metric Performance

2017 Clinical Quality And Efficiency Metrics

| Category | Metric name | Population | Threshold ¹ | State average ² |
|----------------------|--|------------|------------------------|----------------------------|
| Pediatric Health (4) | Well-Child Visits in the First 15 Months of Life | Pediatrics | 11% | 30% |
| | Well-Child visits in the 3rd, 4th, 5th, 6th years of life | Pediatrics | 41% | 61% |
| | Adolescent Well-Care Visit | Pediatrics | 15% | 34% |
| | Weight assessment and counseling for nutrition and physical activity for children/adolescents: BMI assessment for children/adolescents | Pediatrics | 10% | 5% |
| Women's Health (5) | Timeliness of prenatal care | Adults | 56% | 62% |
| | Live Births Weighing Less than 2,500 grams | Adults | < = 11% | 9% |
| | Postpartum care | Adults | 41% | 48% |
| | Breast Cancer Screening | Adults | 52% | 51% |
| | Cervical cancer screening | Adults | 36% | 50% |
| Adult Health (7) | Adult BMI | Adults | 10% | 14% |
| | Controlling high blood pressure | Adults | 10% | ~0% |
| | Med management for people with asthma | Both | 24% | 35% |
| | Statin Therapy for patients with cardiovascular disease | Adults | 28% | 32% |
| | Comprehensive Diabetes Care: HgA1c poor control (>9.0%) | Adults | < = 90% | 99% |
| | Comprehensive Diabetes Care: HbA1c testing | Adults | 75% | 80% |
| | Comprehensive Diabetes Care: eye exam | Adults | 35% | 40% |

1 All metric thresholds are greater than or equal to the value except as noted

2 For informational purposes only; rates are calculated using administrative claims data only and reflect metric performance for CY2015

2017 Clinical Quality and Efficiency Metrics

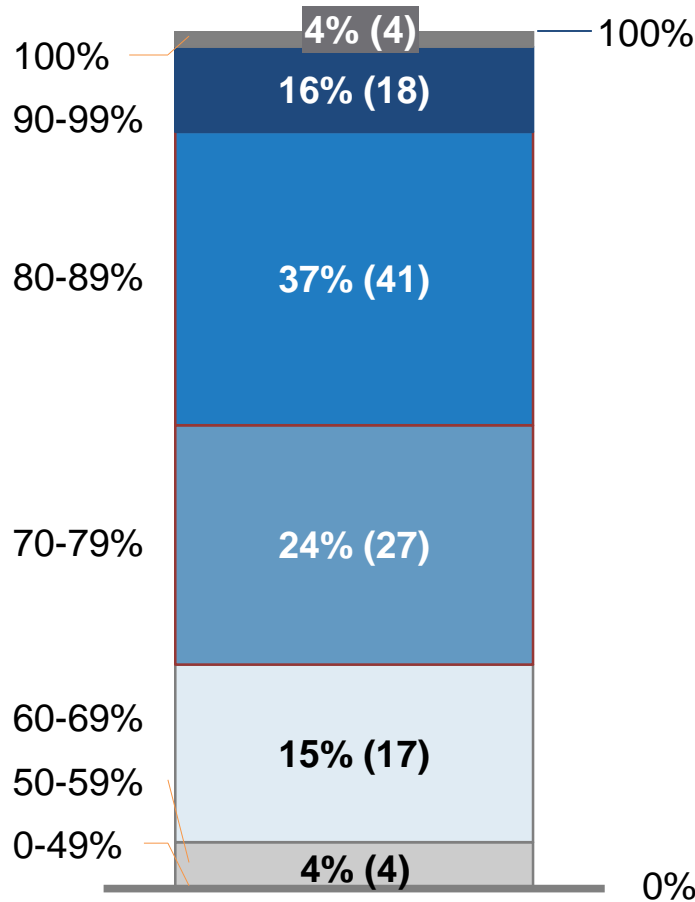
| Category | Metric name | Population | Threshold ¹ | State average ² |
|-----------------------|--|------------|------------------------|----------------------------|
| Behavioral Health (4) | Antidepressant medication management | Adults | 55% | 55% |
| | Follow up after hospitalization for mental illness | Both | 32% | 45% |
| | Preventive care and screening: tobacco use: screening and cessation intervention | Both | 10% | 6% |
| | Initiation and engagement of alcohol and other drug dependence treatment | Adults | 34% | 36% |
| Efficiency metrics | ED Visits / 1,000 Member Months | Both | < = 73 | 88 |
| | IP Admits for Ambulatory Conditions / 1,000 Member Months | Adults | < = 7 | 3.8 |
| | Generic Dispensing Rate | Both | 78% | 81% |
| | Behavioral Health-related IP Admits / 1,000 Member Months | Both | < = 1.2 | 1.4 |

1 All metric thresholds are greater than or equal to the value except as noted

2 For informational purposes only; rates are calculated using administrative claims data only and reflect metric performance for CY2015

100% of practices are passing at least 50% of quality metrics in 2017

Percent of quality metrics passed¹
Percent of 2017 practices, total # practices



- **100% of practices are passing at least 50% of applicable quality metrics**
- **57% of practices are passing at least 80% of quality metrics**

Note: figures reflect performance period from 1/1/2017 - 12/31/2017 with 9 months' run-out for all 111 practices that participated in CPC in 2017, including 19 practices that were added mid-2017.

¹ Percent of metrics passed is calculated based on applicability of each metric to each individual practice.

Total Cost of Care Shared Savings

Summary of Findings

- Ohio Medicaid saw the following average annual risk-adjusted TCOC PMPM cost trends from 2015 to 2017:
 - » All non-CPC Medicaid members: ↑6.5%
 - » All CPC Medicaid members: ↑4.6%
- 34 CPC practices were large enough to be eligible for TCOC
 - » Members of TCOC-eligible CPC practices: ↑4.1%

Total Cost of Care Shared Savings for 2017

In order to be eligible for shared savings, a practice must

- Have 60,000 attributed member months in the performance year
- Meet activity requirements and clinical quality and efficiency metrics

Total cost of care self-improvement payments

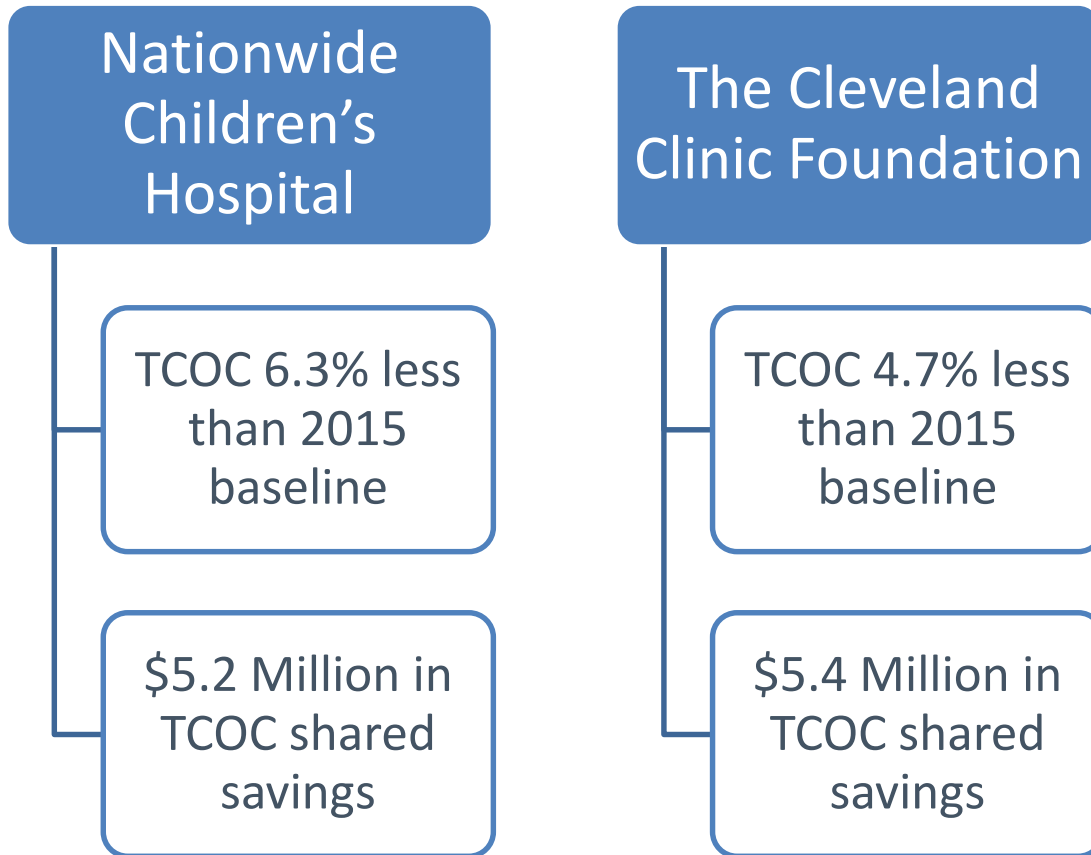
- Compares baseline costs from 2015 to performance year costs in 2017
- CPC+ Track 2 practices eligible for 65% shared savings; other practices 50%

Total cost of care relative to peers

- Lowest risk-adjusted TCOC per member
- Lowest cost 10% of practices
- Total payout capped at \$1M

2017 Total Cost of Care Shared Savings Results

Total Cost of Care Relative to Self



2017 Total Cost of Care Shared Savings Results

Total Cost of Care Relative to Peers

MetroHealth

- TCOC 8.7% less than 2015 baseline
- \$453,000 in TCOC bonus

Adena Pediatric

- TCOC 8.0% less than 2015 baseline
- \$71,000 in TCOC bonus

Holzer Clinic

- TCOC 11.1% less than 2015 baseline
- \$95,000 in TCOC bonus

Upcoming Webinars

Key upcoming dates: Best Practice Sharing Webinars

Last Friday of the Month, 11:30a-12:30p

- February 22
 - » *Topic: Using your attribution & payment file*
- March 29
- April 26
- May 31
- June 28
- August 30
- September 27
- October 25

Tentative topic for March: Integrating other types of professionals into your CPC practice

- ✓ Is your practice utilizing other types of professionals to meet the team-based care delivery activity requirement (i.e. social workers, pharmacists, behavioral or mental health providers)?

We are looking for practices to present on March 29, and for other future dates!

Key upcoming dates: Monthly Webinars

11:30a-12:30p

- **January 17** – Understanding your Ohio CPC Payment & Attribution Files
» *Now posted to the ODM website!*
- **February 14** – Review of 2017 Ohio CPC Outcomes
- **March 14** – Overview of Ohio CPC Activity Requirements
- **April 18** – Understanding your Quarterly Practice Reports
- **May 9** – Understanding your Quarterly Referral Reports
- **June 13** – What to Expect from Practice Monitoring
- **August 8** – Total Cost of Care Shared Savings Methodology Review
- **August 22** – Ohio CPC 2020 Pre-Enrollment Webinar
- **November 14** – Review of 2018 Ohio CPC Outcomes
- **December 19** – Ohio CPC 2020 Introductory Webinar

Reporting

Q1 2019 Attribution & Payment Files

- Your first attribution & payment files are now available in the MITS portal
 - » Delivered on January 29th 2019
- Payments were issued for fee-for-service on January 22nd 2019
 - » You should expect separate payments from each of the managed care plans with which you contract no later than February 22nd 2019

How to access your reports on the MITS portal

CPC Reports are located in the MITS Provider Portal under the Reports section

- Your CPC Practice's MITS Portal Administrator can access your CPC Reports
- Your MITS Portal Administrator can assign their designated Agent the **new** Role of **Reports**. Then any Agent assigned the Reports Role can access your CPC Reports.

For Assistance accessing your reports, identifying your MITS Portal Administrator, or with Agent set up:

- Call Medicaid Providers Services @ 1-800-686-1516 and speak with a representative
- Visit the Ohio Department of Medicaid website Provider tab, and click on the blue box in the right corner, "Access the MITS Portal"



<http://medicaid.ohio.gov/PROVIDERS.aspx>

- Additional information about MITS access is available on the Medicaid website:
<https://medicaid.ohio.gov/Portals/0/Providers/MITS/MITS-Portal-Registration.pdf>

Quarterly Practice and Referral Reports

- Your first set of quarterly practice and referral reports are expected to be delivered in mid-April
 - » These will cover the period from October 1, 2017 – September 30, 2018
 - » Include both a pdf summary and member-level csv file
- Our April Webinar will review these reports in more detail

Ohio's Federal Evaluation for SIM Grant

- As part of our SIM grant, we participate in a federal evaluation process
- Conducted by RTI International, Urban Institute, and the National Academy for State Health Policy (NASHP)
- As part of the evaluation process, they conduct interviews with participants, stakeholders and others who are involved in Ohio CPC and the Episodes of Care models.

As a participant in Ohio CPC, you may receive an email from researchers at one of these entities requesting an interview to discuss your participation in Ohio CPC

Questions?