Maryland Primary Care Program

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Remember the “Why”

- Provide the best quality health for all Marylanders
- Shift from an ever increasing volume demand to rewards for value based care
- Avoid unnecessary emergency department and hospital visits
- Show the nation that Maryland can be the leader in healthcare
- “Know Your Why”: https://www.youtube.com/watch?v=QTXoQuhnin4

“We choose to go to the moon in this decade and do the other things, not because they are easy, but because they are hard, because that goal will serve to organize and measure the best of our energies and skills, because that challenge is one that we are willing to accept, one we are unwilling to postpone, and one which we intend to win.”
- JFK Rice Univ. 1962
US Ranks 39th Healthiest Nation

Healthiest Countries in the World
Bloomberg Global Health Index scores for 169 countries, with the top 10 plus U.S. highlighted

- Iceland: 91.4
- Norway: 89.1
- Sweden: 90.2
- Switzerland: 90.9
- Spain: 92.8
- Italy: 91.6
- Israel: 88.2
- Singapore: 89.3
- Australia: 89.8
- U.S.: 73

Sources: Bloomberg analysis of World Health Organization data, United Nations Population Division and the World Bank
Background & Overview

Per Capita Health Care Spending – US Has No Peer

Relative to the size of its wealth, the U.S. spends a disproportionate amount on health care.

Total health expenditures per capita/GDP per capita, U.S. dollars, PPP adjusted, 2016

The US value was obtained from the 2016 National Health Expenditure data.

Background & Overview

US Life Expectancy Lowest in World Among Peers

Life expectancy at birth in years, 2015

Japan: 83.9
Switzerland: 83
Austria: 82.5
France: 82.4
Sweden: 82.3
Comparable Country Average: 82
Canada: 81.7
Netherlands: 81.6
Austria: 81.5
Belgium: 81.3
United Kingdom: 81
Germany: 80.7
United States: 78.8

Note: Data for Canada are for 2013

Source: Kaiser Family Foundation analysis of data from OECD (2017), Life expectancy at birth (indicator) (Accessed on November 13, 2017). • Get the data • PNG
Why Primary Care?

• International Experience
• US Experience
• Stakeholder Input through TCOC Model development
• Single largest provider category
• Low relative healthcare spend (~5%)
• Low cost venue for care
• Best place to invest to avoid unnecessary hospital and ED visits
• Offset to burnout of PCPs
Requirements: Primary Care Functions

Five advanced primary care functions:

- Planned Care for Health Outcomes
- Access & Continuity
- Care Management
- Beneficiary & Caregiver Experience
- Comprehensiveness & Coordination
2019 Metrics

electronic Clinical Quality Measures (eCQM) include:

• Outcome Measures – Diabetes and Hypertension Control (NQF 0018 & 0059)

• Screening and Initiation of treatment for Substance Abuse (NQF 0004)

Patient Satisfaction

• Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS) – survey of practice patients (NQF 0005)

Utilization

• Emergency department visits and Hospitalizations per 1,000 attributed beneficiaries (HEDIS)
Payment Incentives in the MDPCP

Care Management Fee
- $6-$100 Per Beneficiary, Per Month (PBPM)
  - Tiered payments based on acuity/risk tier of patients in practice including $50/$100 to support patients with complex needs, dementia, and behavioral health diagnoses
- Timing: Paid prospectively on a quarterly basis, not subject to repayment

Performance-Based Incentive Payment
- Up to a $2.50/$4.00 PBPM payment opportunity
- Must meet quality and utilization metrics to keep incentive payment
- Timing: Paid prospectively on an annual basis, subject to repayment if benchmarks are not met

Underlying Payment Structure
- Track 1: Standard FFS
- Track 2: Partial pre-payment of historical E&M volume with 10% bonus
- Timing:
  - Track 1: FFS; Track 2: prospective

MSSP ACO practices do not receive the Performance-Based Incentive Payment
Potential for additional bonuses via AAPM Status under MACRA Law
Supports for Practices

Care Transformation Organization (CTO)
On request – assisting the practice in meeting care transformation requirements

Services Provided to Practice:
- Care Coordination Services
- Support for Care Transitions
- Data Analytics and Informatics
- Standardized Screening
- Assistance with meeting Care Transformation Requirements

Examples of personnel:
- Care Managers
- Pharmacists
- LCSWs
- Community Health Workers
Existing CRISP HIT Services for Practices

Maryland Prescription Drug Monitoring Program
Monitor the prescribing and dispensing of drugs that contain controlled dangerous substances

Encounter Notification Service (ENS)
Be notified in real time about patient visits to the hospital

Query Portal
Search for your patients’ prior hospital and medication records

Direct Secure Messaging
Use secure email instead of fax/phone for referrals and other care coordination
Supports for Practices

Additional MDPCP HIT through CRISP

• Quality Measures Reporting to CMMI
• Hospital and Emergency Department Utilization Data
• Specialists costs and utilization
• Risk Stratification for Medicare beneficiaries
• Social Determinant Screening and Resource Directory
• Care plan and Care Alert sharing
• Others TBD
Supports for Practices

MDPCP Learning System

- Practice Coaches- State and CTOs
- Webinars
- Office Hours
- Online Manuals
- Collaborative Communities
- Newsletter
- Connect Site
- 3 Annual Face-to-Face Meetings
- Quarterly Reporting
MDPCP Status Program Year 1

**Program Year 1**

380 Practices Accepted Statewide

- ~220,000 beneficiaries
- ~1,500 Primary Care Providers
- ~40% employed by hospitals

- All counties represented
- 21 Care Transformation Organizations (min 6/county)
  - 14 of 21 are hospital-based

**Practice Tracks**

- Track 1: 90%
- Track 2: 10%

**Practices Partnered with a CTO**

- Non-CTO: 78%
- CTO-Like Groups: 13%
- CTO: 9%
380 MDPCP Practices
Total Payments Program Year 1

• Total investment for Practices & CTOs in Program Year 1 = $67M
• Average amount to practices = ~$176,000*

*Includes payments to Track 1 & 2 Practices and CTOs
Eligibility & Restrictions

Practice Eligibility

- Meet program integrity standards
- Provide services to a minimum of 125 attributed Medicare FFS beneficiaries
- 2015 edition Certified Electronic Health Record (CEHRT)
- Practice site in Maryland
- All practices must meet care transformation requirements for Track 2 by no later than beginning of Year 4 participation including:
  - Offer alternative care delivery options
  - Accept hybrid payment
Thank you!

Updates and More Information:
https://health.maryland.gov/MDPCP

Questions: email mdh.pcmmodel@Maryland.gov