

Patient Centered Medical Home (PCMH) Initiative

A Michigan Primary Care Transformation (MiPCT) Partnership with the
State Innovation Model



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and more productive lives, no matter their stage in life.*

Highlights

- PCMH Initiative Intent to Participate (ITP) process opened last week
 - Responses are due by June 30th
 - All current MiPCT practices are strongly encouraged to complete the ITP
 - The ITP is very streamlined for current MiPCT practices, it should only take a couple minutes to submit
- Implementation efforts for the January 1, 2017 launch of the PCMH Initiative are well underway
 - Conversations regarding continued commercial payer participation with BCBSM and Priority have been positive
 - Interim payment model for 2017 has taken shape
- MDHHS will not be applying (for Medicaid as a participating payer) in the Comprehensive Primary Care Plus program
 - Your feedback strongly supported the custom option approach
 - Numerous disadvantages for MDHHS CPC+ participation solidified your feedback
- MDHHS is diligently working toward a custom participation option to engagement Medicare in Michigan's PCMH efforts going forward
 - Significant stakeholder engagement opportunities will be coming up in July

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Performance-Driven Payment

	Initiative Year 1	Initiative Year 2	Initiative Year 3
Medicaid	Initial payment model implementation	Payment model alignment (to the greatest extent possible) with custom Medicare approach	Payment model refinement and growth
Medicare	Interim chronic and transitional care management payments	Custom approach payment model implementation	
Commercial	Sustaining current commercial payer participation	Commercial payer participation growth	

Please note that timelines are approximate.

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Performance-Driven Payment

Initiative Year One

- **Medicaid:** Practice Transformation and Care Management PMPM Payments
- **Medicare:** [Chronic Care Management](#) and [Transitional Care Management](#) Payments
- **Commercial:** Payment aligned with the goals of the Initiative, with some anticipated payment structure variation across payers

Initiative Year Two and Beyond

- Aligned (to the extent possible) payment model for both Medicaid and Medicare, commercial payment structure may still vary across payers
- Alignment payment model structural focus:
 - Based on quality measures that are evidence-based, reliable, and valid
 - Reasonable financial accountability for total cost of care
 - More advanced EHR/HIT requirements
 - Demonstration of tangible practice improvement
- The aligned payment model will be developed and finalized with significant stakeholder involvement

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Strategy Component	Key Implementation Steps
Achieving Statewide Scale	<ul style="list-style-type: none"> • SIM year one regions selected and defined, including clarity for the Northern Region • Partnership, practice capability and budgetary analysis process to begin midway through the first implementation year to define expansion approach
Inclusive Accreditation Approach	<ul style="list-style-type: none"> • PCMH Operations Contractor capacity to track and verify PCMH accreditation status across all participating practices in place • Approach recognizing all prominent and/or requested PCMH programs finalized, including NCQA, AAAHC, TJC, URAC, BCBSM/PGIP
Broad Attributed Population	<ul style="list-style-type: none"> • Significant investment in HIE underway to advance attribution methodology
Participation Requirements	<ul style="list-style-type: none"> • Intent to Participate process launched through June 30th to determine potential year one scale and current practice capabilities • Full application, selection process and participation agreement to follow in September
Advanced Care Management	<ul style="list-style-type: none"> • Preliminary agreement regarding changes to care management requirements in place • Formalization of collaboration approach between Medicaid plans and current MiPCT care managers anticipated
Performance-Driven Payment	<ul style="list-style-type: none"> • Preliminary Medicaid payment model design in place for Medicaid health plan feedback and implementation • Additions through the health plan rate development process planned for this summer • Decision-making regarding Medicare engagement complete, custom Medicare option design and proposal development starting now
Consistent Metrics	<ul style="list-style-type: none"> • Adoption of metrics for care quality, coordination and satisfaction well underway
Sustainable Financing	<ul style="list-style-type: none"> • Blending support from the SIM cooperative agreement and PMPM admin fees is budgeted and built into Initiative revenue/expense expectations on an ongoing basis
PCMH Support and Learning	<ul style="list-style-type: none"> • Specialized support for participating providers through PCMH Operations Contractor and sub-contracts made part of their capacity • New agreement with IHI reached for collaborative learning facilitation

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Accreditation Approach

- The PCMH initiative will take an inclusive approach to PCMH accreditation (also called recognition and/or certification) by recognizing existing PCMH accreditation programs rather than developing a unique accreditation requirement or program
 - Accrediting body programs considered acceptable for participation include, but are not limited to, BCBSM/PGIP, NCQA, AAAHC, TJC, URAC
 - Some accrediting programs may have non-mandatory components that the Initiative determines are required for participation
- Practices wishing to participate in the Initiative will be required to possess PCMH accreditation from one of the approved programs

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Eligible Providers

- Provider types eligible to participate in the PCMH Initiative will include:
 - Family Physicians
 - General Practitioners
 - Pediatricians
 - Geriatricians
 - Internal Medicine Physicians
 - Obstetricians
 - Gynecologists
 - Advanced Practice Registered Nurses
 - Physician Assistants
 - Safety Net Providers (e.g. federally qualified health centers, rural health clinics, child and adolescent health centers, local public health departments, and Indian health services)

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Participation Requirements

- The following practice characteristics and capabilities will be required for PCMH participation in the Initiative on January 1, 2017.

(These characteristics and capabilities do not need to be in place to complete the Intent to Participate process, but will be required in the participation agreement prior to participation.)

- PCMH accreditation from an Initiative approved recognizing body
- Implementation of an ONC certified Electronic Health Record (EHR)
- Advanced patient access
 - 24/7 access to clinician decision maker
 - Same-day scheduling availability for at least 30% of appointments
 - Access to a provider other than the Emergency Department for at least 8 non-standard business hours per week
- A relationship with specialty and behavioral health providers in addition to one or more hospitals which accept patient referrals and cooperate with PCMH activities
- Enrollment as a Michigan Medicaid provider in compliance with all provider policies
- Embedded care management / coordination staff meeting standards set by the Initiative
- A patient registry or EHR registry functionality

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Participation Requirements

- The following practice characteristics and capabilities will be required for PCMH participation in the Initiative, but the requirements will be phased in during the first year of participation (i.e. not required on January 1, 2017):
 - Connection to a Health Information Exchange (HIE) Qualified Organization (QO), also known as sub-state HIEs
 - Participation in MiHIN use cases applicable to the Initiative (e.g. HPD, ACRS, ADT, SCD)
 - Stage 1 / modified Stage 2 Meaningful Use achievement

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Consistent Metrics

- PCMH practice transformation performance will be measured on whether or not a PCMH is making progress toward and ultimately meets its identified practice transformation objective(s)
 - Performance will be based upon streamlined self-reporting by participating PCMHs
- A small number of metrics reflecting the process and/or outcome of care coordination will be used to assess PCMH care coordination performance
 - Number/percentage of attributed patient population receiving care coordination services
 - Timely follow-up after discharge
- The Initiative will monitor performance on 19 quality metrics and 4 utilization metrics on a consistent basis during the first year
 - Quality metrics were adopted from the [Physician Payer Quality Collaborative](#) core measure set, which was developed using practice and physician organization feedback

PCMH Support, Learning and Engagement

- All PCMHs participating in the Initiative will complete a standardized self-assessment process on an annual basis to measure PCMH implementation maturity over time and guide support activities
- PCMHs participating in the Initiative will be invited to join peer practices in a set of Initiative-sponsored collaborative learning activities
- The PCMH Initiative will also work to generate multi-stakeholder (payers, provider associations, continuing education providers etc.) collaboration surrounding the types of practice support provided to stimulate alignment
- The PCMH Initiative will be directed by the SIM governance structure in addition to a SIM advisory commission
- The PCMH Initiative will maintain a strong working group and advisory process as a compliment to SIM's overall governance structure to ensure stakeholders are consistently engaged and guidance is acted upon

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