

Care Management PCMH Committee

Person-Centered Medical Home
November 16, 2016



PCMH Program Status

PCMH Program Participants		Sites		Providers	
July 2016	October 2016	July 2016	October 2016	July 2016	October 2016
109	111	384	440	1,393	1,536

71
PCMH
Approved
Practices

Recognized at NCQA
Level 2 or Level 3

30
Glide Path
Practices

Working towards
NCQA recognition

1
Glide Path
Renewal
Practice

Working towards
NCQA renewal
recognition

16
PCMH
Accredited
Practices

Includes FQHCs

This data reflects current information through October 2016

*Note: 6 Practices have sites in both PCMH & Glide Path Programs
1 Practice has sites in both Glide Path & Glide Path Renewal*

PCMH Approved Practices

PCMH Approved Practices

July 2016

69

October 2016

71

Added: 4

Voluntarily Termed: 1

Acquired: 1

274

PCMH Approved Sites

Sites as of July 2016: 234

Added: 46

Voluntarily Termed: 1

Closed: 2

Acquired: 3

981

PCMH Approved Providers

Providers as of July 2016: 851

Added: 173

Voluntarily Termed: 43

PCMH Accredited Program Participants

Federally Qualified Health Centers (FQHCs) and FQHC look-alikes are program participants*

PCMH Accredited Participants

July 2016

15

October 2016

16

Added: 1

118

PCMH Accredited Sites

Sites as of July 2016: 105

Added: 13

389

PCMH Accredited Providers

Providers as of July 2016: 388

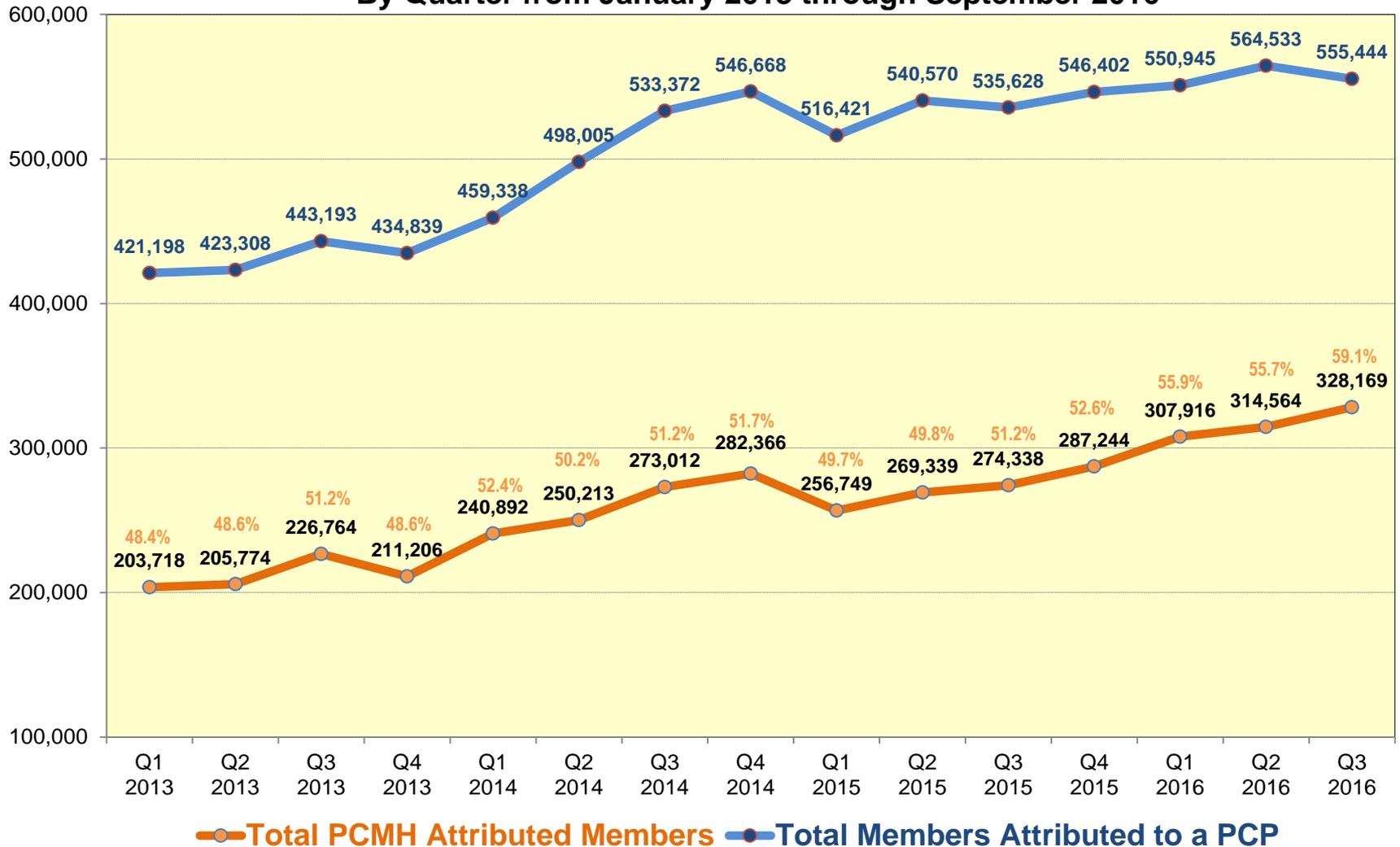
Added: 29

Termed: 28

*Federally Qualified Health Centers (FQHCs) and FQHC look-alikes are PCMH program participants if they are pursuing and/or have obtained the Joint Commission Ambulatory Care accreditation with or without the Primary Care Medical Home certification as well as NCQA recognition at Levels 1, 2, or 3.

PCMH Program Member Attribution

Total PCMH Attributed Members Vs. Total Members Attributed to a PCP
By Quarter from January 2013 through September 2016



PCMH 2016 Program Recruitment

Practices enrolled since
January 2016

15

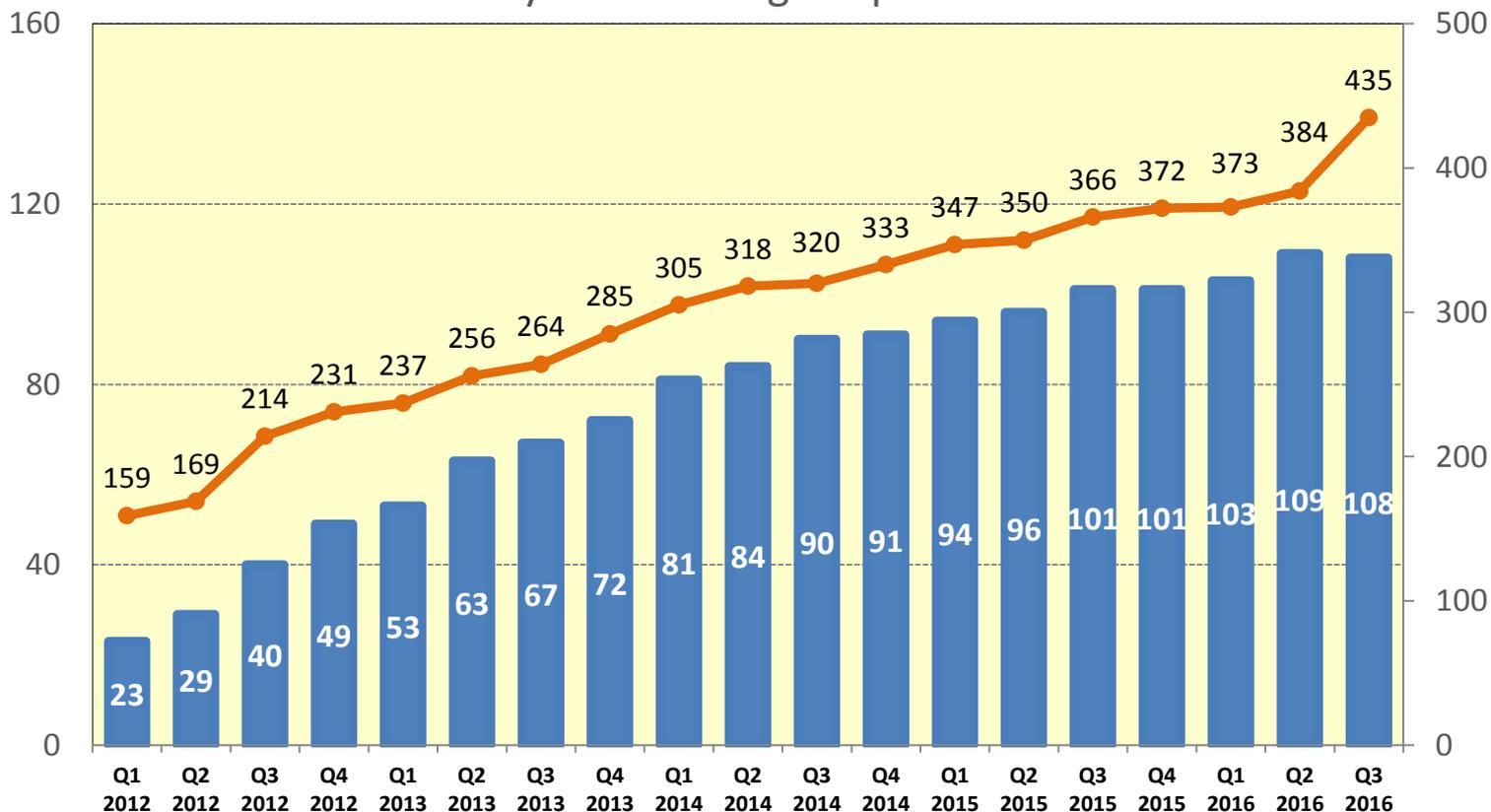
377 Practices contacted since
January 2012

111
Currently Enrolled
Practices

3
Additional 2016
Recruitment
Opportunities

PCMH Program Growth

PCMH Participating Practices & Sites Growth by Quarter
January 2012 through September 2016



■ Total Number of PCMH Unique Participating Practices
 —●— Total Number of Practice Sites



Results Comparison & Overview

PCMH Results Comparison Overview

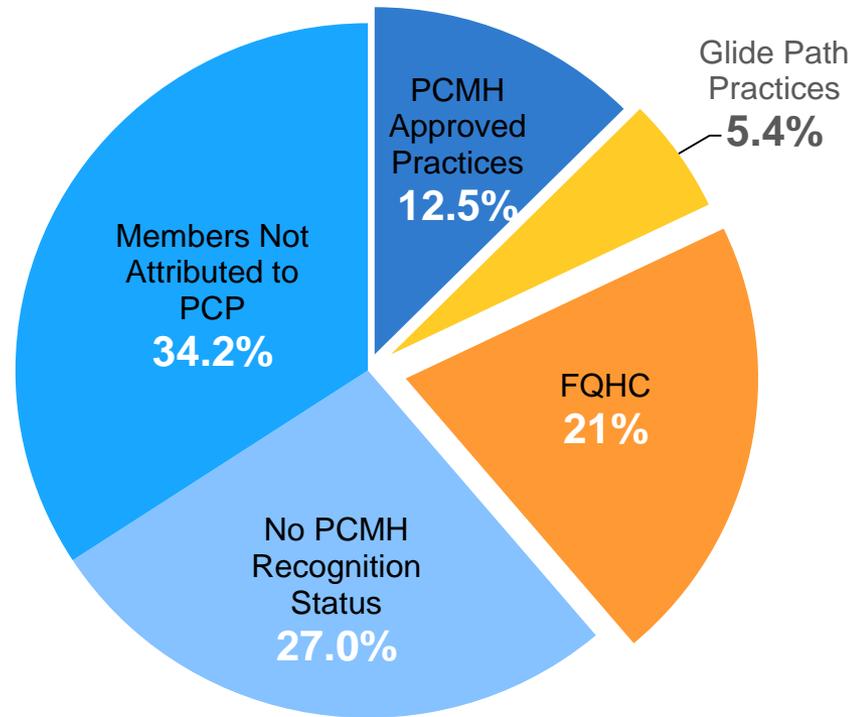
- Calendar Year (CY) 2013 Health Quality Measure results are compared to CY 2014 Health Quality Measure results
- PCMH includes community practices and one hospital clinic which have achieved NCQA PCMH Level 2 or 3 recognition status
- Data sourced from CY 2014 Annual Provider Profile Report and Claims Data Warehouse

Practice setting comparisons:

- Between National Committee Quality Assurance (NCQA) Level 2 and 3 Recognized/DSS PCMH Approved practices and practices without any PCMH recognition status
- Between PCMH Program participating practices (PCMH Accredited practices, PCMH Approved practices and Glide Path community practices) and practices without any PCMH recognition status
 - PCMH Accredited practices include FQHCs and FQHC look-alikes if they are pursuing and/or have obtained the Joint Commission Ambulatory Care accreditation with or without the Primary Care Medical Home certification as well as NCQA recognition at Levels 1, 2, or 3 for the purpose of this presentation will be referred as “FQHC”

Setting classification is assigned based on practice setting status for 6 or more months during the calendar year

HUSKY Health Population Attribution CY 2014



- 65.9% of HUSKY Health Program Members are attributed to a PCP
 - 59% of attributed HUSKY Health Members are attributed to the PCMH Program
- 38.9% of all HUSKY Health Members are attributed to a PCMH Program PCP

PCMH Results Comparison Overview

Selected measures with run-out dates:

Health Quality Measures - Higher Rate Indicates a Better Result	Measure Type
Antidepressant Medication Management - Acute Phase Treatment	HEDIS
Antidepressant Medication Management - Continuation Phase Treatment	HEDIS
Comprehensive Diabetes Care - Eye Exam ¹	HEDIS
Comprehensive Diabetes Care - Hemoglobin A1c (HbA1c) testing ¹	HEDIS
Comprehensive Diabetes Care - Medical Attention for Nephropathy ¹	HEDIS
Well-Child Visits in the First 15 Months of Life - 6 or More Visits ¹	HEDIS
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life ¹	HEDIS
Adolescent Well Care Visits ¹	HEDIS
Health Quality Measures - Lower Rate Indicates a Better Result	
Asthma Patients with One or More Asthma-Related Emergency Room Visits	DSS Custom
Ambulatory Care - ED Visits per 1000 MM	HEDIS
Readmissions within 30 Days- Physical health only	MMDN
Readmissions within 30 Days- Physical health and behavioral health	MMDN

HEDIS Measure Run-out: 5/8/2015; DSS Custom Run-out: 10/25/2015; MMDN Run-out: 6/30/2015

¹ Denotes measure is Hybrid and reported using only administrative claims data.

Dual eligible Medicare/Medicaid and Limited Benefit members are excluded from all metrics

PCMH Practice Setting Results Comparison CY 2013 vs. CY 2014

Health Quality Measures - Higher Rate Indicates a Better Result	CY 2013 Admin Rate	CY 2014 Admin Rate	Difference	% Change
Antidepressant Medication Management - Acute Phase Treatment	67.6%	69.4%	1.8%	2.7%
Antidepressant Medication Management - Continuation Phase Treatment	50.9%	55.2%	4.2%	8.3%
Comprehensive Diabetes Care – Eye Exam ¹	56.9%	54.6%	-2.3%	-4.1%
Comprehensive Diabetes Care - Hemoglobin A1c (HbA1c) Testing ¹	85.1%	87.9%	2.7%	3.2%
Comprehensive Diabetes Care - Medical Attention for Nephropathy ¹	79.6%	77.4%	-2.3%	-2.8%
Well-Child Visits in the First 15 Months of Life - 6 or More Visits ¹	76.5%	80.7%	4.3%	5.6%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life ¹	85.1%	85.9%	0.8%	1.0%
Adolescent Well Care Visits ¹	71.0%	70.9%	0.0%	0.0%
A Lower Rate Indicates a Better Result for the Measures shown below				
Asthma Patients with One or More Asthma-Related Emergency Room Visits	8.0%	7.8%	-0.2%	-2.4%
Ambulatory Care - ED Visits per 1,000 MM	64.80	63.70	-1.10	-1.7%
Readmissions within 30 Days - Physical Health Only	9.05%	9.90%	0.8%	9.3%
Readmissions within 30 Days - Physical Health and Behavioral Health	10.08%	11.03%	1.0%	9.5%

¹ Hybrid measure is reported using only administrative claims data.

8 out of 12 Health Quality Measures improved or stayed the same from CY 2013 to CY 2014 in the PCMH practice setting

FQHC Results Comparison CY 2013 vs. CY 2014

Health Quality Measures - Higher Rate Indicates a Better Result	CY 2013 Admin Rate	CY 2014 Admin Rate	Difference	% Change
Antidepressant Medication Management - Acute Phase Treatment	60.4%	62.5%	2.1%	3.4%
Antidepressant Medication Management - Continuation Phase Treatment	46.2%	47.6%	1.4%	3.1%
Comprehensive Diabetes Care – Eye Exam ¹	48.9%	50.4%	1.6%	3.2%
Comprehensive Diabetes Care - Hemoglobin A1c (HbA1c) Testing ¹	84.2%	87.7%	3.5%	4.1%
Comprehensive Diabetes Care - Medical Attention for Nephropathy ¹	77.7%	79.3%	1.6%	2.1%
Well-Child Visits in the First 15 Months of Life - 6 or More Visits ¹	67.0%	70.1%	3.1%	4.6%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life ¹	81.6%	82.9%	1.3%	1.6%
Adolescent Well Care Visits ¹	64.0%	65.8%	1.8%	2.7%
A Lower Rate Indicates a Better Result for the Measures shown below				
Asthma Patients with One or More Asthma-Related Emergency Room Visits	13.9%	13.6%	-0.3%	-2.4%
Ambulatory Care - ED Visits per 1,000 MM	106.60	99.90	-6.70	-6.3%
Readmissions within 30 Days - Physical Health Only	12.69%	13.31%	0.6%	4.9%
Readmissions within 30 Days - Physical Health and Behavioral Health	14.44%	14.50%	0.1%	0.4%

¹ Hybrid measure is reported using only administrative data.

10 out of 12 Health Quality Measures improved from CY 2013 to CY 2014 in the FQHC practice setting

PCMH Practices* vs. Non-PCMH** CY 2014 Results Comparison

Selected Health Quality Measures	PMCH CY 2014 Admin Rate	Number of Qualifying Members (Denominator)	Non- PCMH CY 2014 Admin Rate	Number of Qualifying Members (Denominator)	Rate Difference
Antidepressant Medication Management - Acute Phase Treatment	69.4%	1,715	66.9%	3,036	2.5%
Antidepressant Medication Management - Continuation Phase Treatment	55.2%	1,715	52.9%	3,036	2.3%
Comprehensive Diabetes Care - Eye Exam ¹	54.6%	3,296	52.5%	8,672	2.1%
Comprehensive Diabetes Care - Hemoglobin A1c (HbA1c) testing ¹	87.9%	3,296	84.3%	8,672	3.6%
Comprehensive Diabetes Care - Medical Attention for Nephropathy ¹	77.4%	3,296	75.7%	8,672	1.7%
Well-Child Visits in the First 15 Months of Life - 6 or More Visits ¹	80.7%	2,612	70.3%	6,954	10.4%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life ¹	85.9%	10,532	82.2%	27,404	3.7%
Adolescent Well Care Visits ¹	70.9%	17,599	69.2%	42,269	1.7%
A Lower Rate Indicates a Better Result for the Measures Shown Below					
Ambulatory Care - ED Visits per 1,000 MM ²	63.67	1,060,693	70.18	2,479,949	-6.51
Asthma Patients with One or More Asthma-Related Emergency Room Visits	7.8%	7,889	12.3%	16,769	-4.5%
Readmissions within 30 Days - Physical Health Only	9.90%	8,720	12.56%	24,251	-2.66%
Readmissions within 30 Days - Physical Health and Behavioral Health	11.03%	10,340	13.22%	27,844	-2.19%

¹ Hybrid measure is reported using only administrative data.

² This measure utilizes member months as the denominator.

*PCMH includes community practices and one hospital clinic which have achieved NCQA PCMH Level 2 or 3 recognition status

** Non-PCMH includes all community practices and hospital clinics which have not achieved NCQA PCMH Level 2 or 3 recognition status (Glide Path and FQHC practices are not included in these metrics)

The PCMH practice setting out-performed the non-PCMH practice setting for all 12 measures

Total PCMH Program Participants* vs. Non-PCMH** CY 2014 Results Comparison

Selected Health Quality Measures	PMCH CY 2014 Admin Rate	Number of Qualifying Members (Denominator)	Non-PCMH CY 2014 Admin Rate	Number of Qualifying Members (Denominator)	Rate Difference
Antidepressant Medication Management - Acute Phase Treatment	64.4%	6,146	66.9%	3,036	-2.5%
Antidepressant Medication Management - Continuation Phase Treatment	49.7%	6,146	52.9%	3,036	-3.2%
Comprehensive Diabetes Care - Eye Exam ¹	52.0%	15,305	52.5%	8,672	-0.5%
Comprehensive Diabetes Care - Hemoglobin A1c (HbA1c) testing ¹	87.5%	15,305	84.3%	8,672	3.2%
Comprehensive Diabetes Care - Medical Attention for Nephropathy ¹	78.9%	15,305	75.7%	8,672	1.7%
Well-Child Visits in the First 15 Months of Life - 6 or More Visits ¹	75.5%	7,023	70.3%	6,954	3.2%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life ¹	83.9%	30,330	82.2%	27,404	1.7%
Adolescent Well Care Visits ¹	68.0%	51,923	69.2%	42,269	-1.2%
A Lower Rate Indicates a Better Result for the Measures Shown Below					
Ambulatory Care - ED Visits per 1,000 MM ²	85.18	3,310,588	70.20	2,479,949	14.98
Asthma Patients with One or More Asthma-Related Emergency Room Visits	11.5%	23,728	12.3%	16,769	-0.8%
Readmissions within 30 Days - Physical Health Only	11.76%	30,007	12.56%	24,251	-0.8%
Readmissions within 30 Days - Physical Health and Behavioral Health	13.02%	36,843	13.22%	27,844	-0.2%

¹ Hybrid measure is reported using only administrative data.

² This measure utilizes member months as the denominator.

*PCMH Program Participants includes PCMH Accredited FQHCs, Glide Path community practices (including one hospital clinic) and PCMH community practices (including one hospital clinic) which have achieved NCQA PCMH Level 2 or 3 recognition status

**Non-PCMH includes all community practices and hospital clinics which have not achieved NCQA PCMH Level 2 or 3 recognition status

The aggregated PCMH Program out-performed the non-PCMH practice setting for 7 out of 12 measures

Post Admission Follow-up Within 7 Days of Inpatient Discharge CY 2013 vs. CY 2014 Results Comparison

Practice Setting	CY 2013 Admin Rate	CY 2014 Admin Rate	Difference	% Change
PCMH Community Practices and one Hospital Clinic	43.78%	44.75%	1.0%	2.2%
Glide Path Community Practices and one Hospital Clinic	36.42%	36.69%	0.3%	0.7%
FQHC	36.97%	37.24%	0.3%	0.7%
Community Practices and Hospital Clinics with No PCMH Recognition Status	39.39%	38.13%	-1.3%	-3.2%
Members Not Attributed to a PCP	22.53%	21.88%	-0.7%	-2.9%

Please Note: The CY 2013 and CY 2014 rates for the Post-Admission Follow-up measure were restated due to a change in the measure programming specifications.

Measure Description: Percentage of adults ages 21-75 with inpatient medical admissions and a claim for post-admission follow-up with a physician, PA, or APRN within 7 days of the inpatient discharge. A medical admission is any admission, including behavioral health, which is not surgical or maternity related

The PCMH practice setting had the highest rate of follow-up in CY 2014 of 44.75%

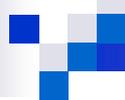
PCMH, Glide Path, and FQHC practice setting rates all improved from CY 2013 to CY 2014

Adult Member Satisfaction with Access to PCP/Specialist CY 2013 vs. CY 2014

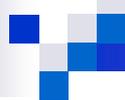
	CY 2013			CY 2014			Variance (Percentage Points)		
	Routine Care	Care Needed Right Away	Specialist	Routine Care	Care Needed Right Away	Specialist	Routine Care	Care Needed Right Away	Specialist
PCMH Approved Practices	92.9%	89.7%	88.4%	94.6%	93.3%	87.0%	1.7	3.6	-1.4
Glide Path Practices	92.0%	91.0%	92.2%	94.7%	96.0%	86.5%	2.7	5.0	-5.7
FQHC	84.7%	84.1%	84.9%	87.7%	93.7%	76.5%	3.0	9.6	-8.4
No PCMH Recognition Status	92.4%	94.2%	87.0%	94.1%	95.4%	82.5%	1.7	1.2	-4.5
Not Attributed	92.7%	89.7%	84.9%	92.7%	93.7%	82.7%	0.0	4.0	-2.2
Total	91.4%	90.7%	87.4%	93.0%	92.5%	84.1%	1.6	1.8	-3.3

Child Member Satisfaction with Access to PCP/Specialist CY 2013 vs. CY 2014

	CY 2013			CY 2014			Variance (Percentage Points)		
	Routine Care	Care Needed Right Away	Specialist	Routine Care	Care Needed Right Away	Specialist	Routine Care	Care Needed Right Away	Specialist
PCMH Approved Practices	97.3%	98.2%	89.8%	92.9%	97.8%	90.0%	-4.4	-0.4	0.2
Glide Path Practices	97.4%	96.0%	88.7%	95.3%	96.4%	88.7%	-2.1	0.4	0.0
FQHC	90.2%	92.9%	84.3%	92.5%	94.0%	80.5%	2.3	1.1	-3.8
No PCMH Recognition Status	95.9%	95.8%	87.6%	96.4%	98.7%	85.0%	0.5	2.9	-2.6
Not Attributed	93.9%	96.4%	78.8%	97.8%	93.9%	80.8%	3.9	-2.5	2.0
Total	95.4%	95.4%	87.7%	96.2%	96.7%	87.2%	0.8	1.3	-0.5

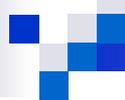


Improving Outcomes with Practice Transformation



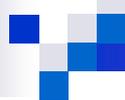
Community Practice Transformation Specialists Assist in Improving Outcomes

- NCQA has documented evidence from multiple sources that PCMH recognized practices improve outcomes
- CPTS expertise, as certified NCQA PCMH content experts, facilitates the implementation of NCQA and DSS PCMH requirements within the practice setting
- The philosophy of the DSS PCMH program is that the level of assistance and support provided by the CPTS contributes to the practice's ability to perform at their highest level of recognition as an NCQA Patient-Centered Medical Home



CPTS Practice Assistance With a PCMH Approved Practice

- Practice had previously achieved NCQA PCMH Level 2 recognition under the NCQA PCMH 2011 Standards
- This practice's Quality Assurance Annual Review (QAAR), completed on 2/20/15, indicated that the practice required assistance with their renewal on specific NCQA PCMH elements
- There were multiple opportunities for improvement and areas which could be strengthened
- The CPTS began working with the practice on their NCQA PCMH renewal in March 2015



CPTS Practice Assistance With a PCMH Approved Practice

- The CPTS assisted the practice with the following NCQA PCMH requirements:
 - Review and revision of practice policies and processes
 - Identifying patients for Care Management
 - Care Plans and Self-Management Support
 - Medication Management
 - Treatment Goals
 - Patient Care Coordination
 - Utilizing the practice's EHR to gather data for Population Management
 - Integrating Behavioral Health
- Practice achieved NCQA PCMH Level 3 recognition under the 2014 Standards in February 2016