PCMH+ STATUS UPDATE
NOVEMBER 2018
MAPOC MEETING
PCMH+ OVERVIEW
On a foundation of Person-Centered Medical Homes + ASO-Based Intensive Care Management (ICM) + Pay-for-Performance (PCMH, OB) + Data Analytics/Risk Stratification, we are building in Community-based care coordination through expanded care team (health homes, PCMH+) + Supports for social determinants (ICM, transition/tenancy sustaining services, interventions for childhood trauma) + PCMH+. With the desired result of creating Multi-disciplinary (medical, behavioral health, dental services; social supports) health neighborhoods.
Connecticut Medicaid has now completed and evaluated the first year of its first ever shared savings program. The Wave 1 Performance Year was from January 1, 2017 through December 31, 2017.

As expected, we saw considerable “ramp-up” during the first half of the performance year. This is common among all enhanced care coordination demonstrations.

Considerable freedom and attention was given to Participating Entities (PEs) in order to allow staffing based on suggested parameters, but not specific standards. This allowed each PE to focus on Medicaid member needs rather than simply meeting reporting requirements.

Key implementation results included low member opt-out rate, low rate of member complaints, and successful PE implementation of care coordination activities and establishment of community partnerships.
PCMH+ model design was guided by a number of important values:

1. Protecting the interests of Medicaid members
2. Improving overall health and wellness for Medicaid members
3. Creating high performance primary care practices with integrated support for both physical and behavioral health conditions
4. Building on the platform of the Department’s PCMH Program, as well as the strengths and analytic capability of the Medicaid program’s medical ASO
5. Enhancing capacity at practices where Medicaid members are seeking care, to improve health outcomes and care experience
6. Encouraging the use of effective care coordination to address the social determinants of health
PCMH+ requires PEs to build on the limited, PCMH care coordination with **enhanced care coordination activities** targeting improved outcomes in:

- Behavioral health integration
- Cultural competency, including use of the national Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS) standards
- Children and youth with special health care needs
- Disability competency
PEs have formed partnerships with a variety of community organizations designed to target social factors that influence health and to support timely linkage to community resources.
SHARED SAVINGS ARRANGEMENTS
A review by NEJM of more than 30 studies showed that providers paid through shared savings arrangements **improve** how they deliver care.¹

State-based **Medicaid** alternative payment arrangements are **increasingly** being incorporated into state Medicaid reimbursement to improve health, control costs and increase accountability.

CHCS has created an inventory of state activity. **12 states** have active Medicaid ACO-type **programs** (including Connecticut), many of which have not reported results yet. **10 more states** have shared savings programs under discussion.²

Only a few states’ shared savings programs have been in existence for multiple consecutive years, but multi-year results show quality and/or savings improve after the first year.

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Under its SIM grant, Vermont had mixed financial results, but quality improved or remained high in all areas, based on a final report by the Green Mountain Care Board.¹

Minnesota Medicaid Integrated Health Partnerships had increasing savings over time and improved clinical measures. IHPs saved money in different ways; e.g., some focused on care coordination and others on behavioral health.²

Some commercial payers have seen increases in savings and/or positive results in patient experience and clinical measures over the course of their pilots and demonstrations as reported in NEJM’s review.

Medicare Shared Savings Program experience shows that 18% of ACOs who started in 2016 earned savings in the first year,³ but 60% of ACOs earned savings in 2017.⁴

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1. https://gmcboard.vermont.gov/sites/gmcb/files/FINAL%20Year%203%20Shared%20Savings%20Program%20Results%202012%202019%202017%2020to%20GMCB%20FINAL_DVHA%20update.pdf
Since the launch of PCMH+ on January 1, 2017, data has been posted publicly to the DSS website to provide timely, transparent evaluation of the program found here: https://portal.ct.gov/DSS/Health-And-Home-Care/PCMH-Plus/Documents

- Member Participation Data
- Member Complaint Summary
- Mystery Shopper
- PCMH+ Wave 1 Compliance Review Findings
- PE Monthly Reports
- Opt Out Phone Survey
- PCMH CAHPS
- PE Tools and Resources
Wave 1 Results

Member Participation

- PCMH+ assigned members steadily decreased in 2017.
- The majority of that decrease was due to member loss of HUSKY eligibility. Temporary eligibility lapses have been administratively addressed.

Opt-Outs

- PCMH+ opt-outs have been lower than other assignment-based care coordination programs at 1% of initially assigned members.

Mystery Shopper Survey

- 78% of PCMH+ practices responded that a doctor in the office was taking new patients, as compared to 85% of PCMH practices.
- 94% of PCMH+ primary care practices offered an appointment after identifying HUSKY insurance, as compared to 83% of PCMH practices.

Complaints

- Member complaints have decreased since the initial launch of PCMH+.
- PCMH+ average member complaints in 2017 were lower than the 2016 average for the same members.
88% of opt-outs occurred prior to the launch of PCMH+.
Mystery Shopper Results

- Accepting New Patients for Adult Primary Care Provider at Desired Site

<table>
<thead>
<tr>
<th>Question: Is Dr. X or someone else in the office taking new patients?</th>
<th>PCMH (N=160)</th>
<th>PCMH+ (N=46)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, Dr. X or another doctor</td>
<td>136</td>
<td>36</td>
</tr>
<tr>
<td>No, for any reason</td>
<td>24</td>
<td>10</td>
</tr>
</tbody>
</table>

- Appointment Availability after Identifying HUSKY Insurance

<table>
<thead>
<tr>
<th>Question: (If Yes) Great, do you take HUSKY insurance?</th>
<th>PCMH (N=136)</th>
<th>PCMH+ (N=36)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>76</td>
<td>26</td>
</tr>
<tr>
<td>Yes, under certain conditions (medical records, age, location, new patient appt.)</td>
<td>36</td>
<td>7</td>
</tr>
<tr>
<td>Yes, with referral</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>TOTAL Yes</td>
<td>113</td>
<td>34</td>
</tr>
<tr>
<td>TOTAL No</td>
<td>23</td>
<td>2</td>
</tr>
</tbody>
</table>

Full results of the mystery shopper are available on the PCMH+ website
2017 PCMH+ member complaints are lower than the 2016 historic average for the same population. Complaints have decreased since the launch of PCMH+.

<table>
<thead>
<tr>
<th>Year</th>
<th>Complaints from PCMH+ members in 2016</th>
<th>Complaints from PCMH+ members in 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>389</td>
<td>285</td>
</tr>
</tbody>
</table>

2017 PCMH+ Member Complaints by Month
93.0% of respondents in 2018 provided a positive overall rating of 7 or higher on a scale of 1 to 10, an improvement from 92.5% in 2017.

A vast majority of members were “always” or “usually” able to get access to routine care (90.5%) and access to care they needed right away (90.8%).

88.1% reported it was “not at all” or “not very difficult” to make a consulting or mental health appointment in the last 6 months.

96.1% of members surveyed reported their provider showed respect for what the respondent had to say.

94.8% of members reported their provider listened carefully to them.
## 2018 CAHPS Results

### Overall Satisfaction
- **Survey question**: Overall satisfaction (adult)
  - **2017**: 92.5
  - **2018**: 93.0

### Access
- **Survey question**: Access to routine care (adult)
  - **2017**: 92.7
  - **2018**: 90.5
- **Survey question**: Access to care needed right away (adult)
  - **2017**: 89.8
  - **2018**: 90.8

### Specialists
- **Survey question**: Providers being up-to-date on care received from specialist (adult)
  - **2017**: 89.0
  - **2018**: 88.8

### Contact with Providers
- **Survey question**: Able to get answers to medical questions the same day during regular office hours (adults)
  - **2017**: 85.0
  - **2018**: 86.4

### Clerks and Receptionists
- **Survey question**: Clerks/receptionists were helpful (adult)
  - **2017**: 89.9
  - **2018**: 91.7
- **Survey question**: Clerks/receptionists were courteous and respectful (adult)
  - **2017**: 94.4
  - **2018**: 94.1

### Providers
- **Survey question**: Showing respect for what you had to say (adult)
  - **2017**: 95.5
  - **2018**: 96.1
- **Survey question**: Listen carefully to you (adult)
  - **2017**: 94.2
  - **2018**: 94.8

### Specific health goals
- **Survey question**: Talking about specific goals for your health (adult)
  - **2017**: 68.0
  - **2018**: 66.7
- **Survey question**: Talking about things that make it hard to take care of your health (adult)
  - **2017**: 50.0
  - **2018**: 55.5

### Smoking cessation
- **Survey question**: Advising you to quit smoking or using tobacco
  - **2017**: 90.4
  - **2018**: 88.3
DSS and Mercer conducted desk and onsite compliance reviews in July and August 2017 to assess compliance, quality and effectiveness in achieving the goals of the PCMH+ program.

The onsite review included interviews with key PE staff, member interviews and member file reviews.

The focus of the reviews included:
- Initial implementation of the PCMH+ program
- PE operations, including the care coordination staffing model
- Design and delivery of required care coordination activities
- Evaluation of community linkages established by the PE
Obtaining member feedback is a vital part of a compliance review process

- PEs were asked to select at least two members and/or families or designated representatives
- Interviews were completely voluntary for members
- Interviews were conducted in person or by phone depending upon the wishes of the member and lasted approximately 30 minutes each
- The identity of each member was kept confidential and was not revealed in the PE report
- Members selected needed to meet the following criteria:
  - Assigned to the PE
  - Received at least one PCMH+ care coordination contact
  - Priority was given to members who participated on the PE oversight body
Members were asked a total of 15 questions spanning across the following themes:

- Familiarity with and access to Care Coordinator/s
- Involvement on the PE’s oversight body and if member voice is included in the meetings
- Process to file a complaint
- Provider openness to hearing complaints or disagreement
- Access to specialists
- Linkages to community resources
Members are pleased with the care received from PCMH+ providers and care coordinators

“My provider shows interest in my care”

“I have no difficulty accessing care”

“The program is the best thing ever. I tip my hat to you guys for making this connection”

“I go to tons of doctors. I get tons of care”

“My PE saved my life”
PCMH+ care coordinators address both medical and non-medical needs

“My care coordinator took me to the library to help me look for a job online”

“My care coordinator helped me find a domestic violence shelter when I needed to leave my home”

“My care coordinator is excellent”

“My care coordinator calls to check in”

“My care coordinator encouraged me to stay with my behavioral health care”
PEs are required to have a PCMH+ oversight body with the following requirements:

- Include substantial representation by PCMH+ members assigned to the PE
- Meet at least quarterly and provide meaningful feedback to the PE on variety of topics, including quality improvement, member experience, prevention of underservice, implementation of PCMH+, and distribution of shared savings
- Other requirements regarding governing process, bylaws, conflict of interest policies and under-service prevention requirements

Meeting the substantial representation requirement has been challenging for some PEs. Efforts to increase member retention and participation include:

- Assistance with transportation
- Offering onsite child care during meetings
- Providing food during meetings
- Assistance from PE staff to help members navigate agendas and materials
PCMH+ members serve on PE oversight committees

“Whenever an issue is brought up by a member at a meeting, the issue is resolved quickly”

“We are heard. We are listened to”

“Participation is important to the community to ensure better service”
PCMH+ uses a five-pronged approach to identify indicators of under-service utilization practices.

In addition to the five-pronged approach, DSS also uses a variety of initiatives to ensure that Medicaid member quality of care and access to medical care is not adversely affected as a result of the PCMH+ program.
2017 QUALITY MEASURE RESULTS
<table>
<thead>
<tr>
<th>Individual Saving Pool Quality Measures</th>
<th>All PE 2016</th>
<th>All PE 2017</th>
<th>CG 2016</th>
<th>CG 2017</th>
<th>PE Change</th>
<th>CG Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescent well-care visits</td>
<td>72.4%</td>
<td>73.7%</td>
<td>76.8%</td>
<td>76.7%</td>
<td>1.9%</td>
<td>-0.2%</td>
</tr>
<tr>
<td>Avoidance of antibiotic treatment in adults with acute bronchitis</td>
<td>27.6%</td>
<td>30.8%</td>
<td>27.4%</td>
<td>31.0%</td>
<td>11.6%</td>
<td>13.1%</td>
</tr>
<tr>
<td>Developmental screening in the first three years of life</td>
<td>41.7%</td>
<td>47.2%</td>
<td>42.1%</td>
<td>46.5%</td>
<td>13.1%</td>
<td>10.4%</td>
</tr>
<tr>
<td>Diabetes HbA1c Screening</td>
<td>88.5%</td>
<td>89.0%</td>
<td>91.3%</td>
<td>91.1%</td>
<td>0.6%</td>
<td>-0.2%</td>
</tr>
<tr>
<td>Emergency Department (ED) Usage*</td>
<td>87.2</td>
<td>82.8</td>
<td>69.6</td>
<td>65.4</td>
<td>-5.0%</td>
<td>-6.1%</td>
</tr>
<tr>
<td>Medication management for people with asthma</td>
<td>44.3%</td>
<td>47.7%</td>
<td>45.2%</td>
<td>49.1%</td>
<td>7.6%</td>
<td>8.7%</td>
</tr>
<tr>
<td>Prenatal Care</td>
<td>74.4%</td>
<td>73.6%</td>
<td>75.1%</td>
<td>74.0%</td>
<td>-1.1%</td>
<td>-1.4%</td>
</tr>
<tr>
<td>Postpartum Care</td>
<td>48.7%</td>
<td>47.8%</td>
<td>51.9%</td>
<td>46.7%</td>
<td>-1.8%</td>
<td>-10.1%</td>
</tr>
<tr>
<td>Well-child visits in the first 15 months of life</td>
<td>80.5%</td>
<td>81.0%</td>
<td>86.6%</td>
<td>87.2%</td>
<td>0.7%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Challenge Pool Quality Measures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioral health screening 1-17</td>
<td>19.7%</td>
<td>25.5%</td>
<td>21.1%</td>
<td>23.8%</td>
<td>29.5%</td>
<td>12.8%</td>
</tr>
<tr>
<td>Metabolic monitoring for children and adolescents on antipsychotics</td>
<td>41.5%</td>
<td>40.8%</td>
<td>42.0%</td>
<td>45.0%</td>
<td>-1.6%</td>
<td>7.0%</td>
</tr>
<tr>
<td>Readmissions within 30 days*</td>
<td>15.0%</td>
<td>14.1%</td>
<td>11.2%</td>
<td>10.9%</td>
<td>-6.3%</td>
<td>-2.2%</td>
</tr>
<tr>
<td>Post-hospital admission follow-up</td>
<td>40.4%</td>
<td>42.4%</td>
<td>43.4%</td>
<td>43.1%</td>
<td>5.0%</td>
<td>-0.6%</td>
</tr>
</tbody>
</table>

* A lower score indicates more appropriate care.
YEAR 1 QUALITY RESULTS
QUALITY MEASURES SUMMARY

Significant improvement was observed for the following quality measures for PCMH+:

- Behavioral health screening 1-17 (29.5% improvement)
- Developmental screening in the first three years of life (13.1% improvement)
- Avoidance of antibiotic treatment in adults with acute bronchitis (11.6% improvement)
- Medication management for people with asthma (7.6% improvement)

Quality measures that did not improve:

- The Prenatal and Postpartum Care measure only saw improvement for four out of nine participating entities. The other five participating entities scores decreased from the prior year.
- Although eight of nine participating entities saw improvement for Emergency Department Usage, only two participating entities improved more than the comparison group average.
## Year 1 Quality Results
### Quality Measures

<table>
<thead>
<tr>
<th>Participating Entity</th>
<th>Adolescent well-care visits</th>
<th>Avoidance of antibiotic treatment in adults with acute bronchitis</th>
<th>Developmental screening in the first three years of life</th>
<th>Diabetes HbA1c Screening</th>
<th>Emergency Department (ED) Usage</th>
<th>Medication management for people with asthma</th>
<th>PCMH CAHPS</th>
<th>Prenatal Care</th>
<th>Postpartum Care</th>
<th>Well-child visits in the first 15 months of life</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Vincent's AN</td>
<td>77.6%</td>
<td>20.1%</td>
<td>56.4%</td>
<td>88.1%</td>
<td>62.1</td>
<td>52.7%</td>
<td>67.2%</td>
<td>44.0%</td>
<td>87.2%</td>
<td></td>
</tr>
<tr>
<td>Northeast Medical Group AN</td>
<td>75.3%</td>
<td>25.9%</td>
<td>26.5%</td>
<td>89.5%</td>
<td>71.8</td>
<td>51.2%</td>
<td>65.6%</td>
<td>42.1%</td>
<td>87.3%</td>
<td></td>
</tr>
<tr>
<td>Charter Oak Family Health</td>
<td>70.5%</td>
<td>41.3%</td>
<td>3.4%</td>
<td>86.7%</td>
<td>100.9</td>
<td>41.2%</td>
<td>82.9%</td>
<td>48.7%</td>
<td>66.0%</td>
<td></td>
</tr>
<tr>
<td>Community Health Center</td>
<td>72.9%</td>
<td>39.8%</td>
<td>74.1%</td>
<td>91.8%</td>
<td>93.5</td>
<td>47.9%</td>
<td>69.1%</td>
<td>39.3%</td>
<td>73.6%</td>
<td></td>
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<tr>
<td>Cornell Scott- Hill Health</td>
<td>69.6%</td>
<td>28.6%</td>
<td>13.9%</td>
<td>83.9%</td>
<td>91.0</td>
<td>50.6%</td>
<td>74.5%</td>
<td>47.5%</td>
<td>77.0%</td>
<td></td>
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<tr>
<td>Fair Haven Community Health</td>
<td>73.9%</td>
<td>37.1%</td>
<td>32.8%</td>
<td>93.1%</td>
<td>67.5</td>
<td>45.4%</td>
<td>84.8%</td>
<td>64.6%</td>
<td>89.3%</td>
<td></td>
</tr>
<tr>
<td>Generations Family Health</td>
<td>64.2%</td>
<td>46.0%</td>
<td>16.1%</td>
<td>89.3%</td>
<td>116.6</td>
<td>43.7%</td>
<td>71.8%</td>
<td>29.6%</td>
<td>77.8%</td>
<td></td>
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<tr>
<td>Optimus Health Care</td>
<td>77.7%</td>
<td>29.3%</td>
<td>16.7%</td>
<td>86.1%</td>
<td>71.8</td>
<td>43.4%</td>
<td>81.6%</td>
<td>63.4%</td>
<td>84.3%</td>
<td></td>
</tr>
<tr>
<td>Southwest Community Health</td>
<td>70.7%</td>
<td>25.6%</td>
<td>51.2%</td>
<td>92.5%</td>
<td>80.7</td>
<td>49.8%</td>
<td>86.7%</td>
<td>70.3%</td>
<td>92.9%</td>
<td></td>
</tr>
</tbody>
</table>
### Year 1 Quality Results

#### Quality Measures Summary

<table>
<thead>
<tr>
<th>Participating Entity</th>
<th>Rank</th>
<th>Aggregate Quality Score*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fair Haven Community Health</td>
<td>1</td>
<td>64.0%</td>
</tr>
<tr>
<td>Southwest Community Health</td>
<td>2</td>
<td>63.9%</td>
</tr>
<tr>
<td>Northeast Medical Group AN</td>
<td>3</td>
<td>51.4%</td>
</tr>
<tr>
<td>St. Vincent's AN</td>
<td>4 (Tie)</td>
<td>50.0%</td>
</tr>
<tr>
<td>Charter Oak Family Health</td>
<td>4 (Tie)</td>
<td>50.0%</td>
</tr>
<tr>
<td>Community Health Center</td>
<td>6</td>
<td>49.1%</td>
</tr>
<tr>
<td>Optimus Health Care</td>
<td>7</td>
<td>45.4%</td>
</tr>
<tr>
<td>Generations Family Health</td>
<td>8</td>
<td>31.9%</td>
</tr>
<tr>
<td>Cornell Scott-Hill Health</td>
<td>9</td>
<td>28.7%</td>
</tr>
</tbody>
</table>

*Aggregate Quality Scores are not final as the PCMH CAHPS quality measure is still being processed and is not included in the Aggregate Quality Score. Participating Entities’ Aggregate Quality Scores may improve by a maximum of 12.0% after PCMH CAHPS results are received.