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GLOBAL PAYMENT PROGRAM AND AMBULATORY CARE REDESIGN

Waiver Integration Team Convening

Giovanna Giuliani

December 7, 2016

Today's goals:

- Discuss the value of the Global Payment Program for individual systems and for the broader CAPH membership
- Learn how other systems are leveraging GPP to transform care delivery
- Discuss connections between GPP and other initiatives

Today's Agenda

9:30-10:00	Coffee and networking
10:00-11:00	Perspectives on GPP
11:00-11:30	Where are we now, and where do we need to go?
11:30-12:30	Round Tables (pick two)
12:30-1:15	Lunch
1:15-1:45	Leveraging GPP to advance system priorities
1:45-2:50	Wrap up
2:50	Adjourn

Odds & Ends

- Materials are on your tables
- Materials posted on SNI Link
- Restrooms
- Wifi

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PERSPECTIVES ON GPP

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Giovanna Giuliani and Sarah Muller

Where are we with GPP?

- ✓ Program Year 1 (2015/2016) interim aggregate data submitted in August 2016
- ✓ Interim data analysis and member interviews took place Oct-Nov 2016
- Systems now preparing for Program Year 1 final aggregate data submission in March, and for reporting at the encounter level for Program Year 2
- Update on federal landscape

Small group activity #1

1) What is the value of the GPP <u>for your own system, as a whole</u>?
   - What are your system's internal GPP goals?
   - How do you view the connection between GPP and other waiver programs, and with enhanced ambulatory care generally at your organization?

2) What is the long term value of the program <u>overall, for systems across the state?</u>
   - What role do you think GPP plays in advancing policy objectives for PHS statewide?
   - What does success look like on a statewide level?

Timing:
Individual:
- 10 mins to answer Questions 1 and 2

Group:
- 15 mins to discuss individual answers and come up with unified team response

Report out:
- 5 mins to report out a-ha's

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Measuring GPP Success

- GPP program goals:
  - Improve health for the remaining uninsured through coordination of care
  - Move away from a cost-based payment methodology to a more "risk-based" payment structure
  - Encourage systems to provide greater primary and preventive services, as well as alternative modalities such as phone visits, group visits, telemedicine, and other electronic consultations
  - Integrate and reform Medicaid DSH and Safety Net Care Pool funding
- How is the success of the GPP being measured?
  - Ability of public health care systems to transform/improve care to the uninsured
  - Maximize available federal funding
  - Expand services or programs available to the uninsured (local discussions)

GPP Evaluations

- Two evaluations
- First evaluation will occur at the mid-point of the program
- Second evaluation is due at the end of program year 4
- Data for the evaluations will include:
  - Interim-year-end summary report and final year-end summary report that will include utilization, encounter data and cost data
  - Data will include services provided internally as well as contracted providers, metal health and substance use providers
  - Public health care system narratives:
    - Assessment on how you system is transforming care
    - Overall benefits/ challenges of this new payment structure

GPP Evaluation – First Evaluation

- Demonstrate that public health care systems are putting a strong foundation in place to improve care to the uninsured
  - Public health system narratives that describe what changes they are making to their systems including:
    - Inclusion of non-traditional services
    - Increased coordination with other areas of the delivery system (e.g. primary care, mental health, substance use)
    - Description of how systems are allocating GPP funds to address the needs of their patients, e.g. improve patient education, expand clinic hours, increase number of nurse advice lines, etc.
  - Compare baseline data with subsequent GPP program years to analyze trends in utilization for each system
    - Types of services provided- e.g. ambulatory care, inpatient, behavioral health
  - Assessment of how resources are being allocated
    - Percent of GPP funding earned by program year
    - Individual system narratives that describe the effects of the GPP on care delivery and cost, including how they are allocating resources more efficiently and improving care

GPP Evaluation – Second Evaluation

- Demonstrate that public health care systems have improved care to the uninsured
  - Assessment across all participating systems, compare baseline service level data with subsequent program years to analyze trends in care provided to the uninsured, measuring changes in utilization and number of patients served
    - Number of patients served and types of services provided
    - Trends in traditional services and non-traditional services
    - Volume and mix of behavioral health services
    - System narratives on care coordination activities and how they are working to improve patient experience
- The GPP is allocating resources wisely and is more effectively tailoring care in appropriate settings
  - Changes in the ratio of inpatient care to outpatient care
  - Percent of federal funding earned
  - Movement toward team based care
- Overall assessment of successes and challenges

Small group activity #2

- At your table:
  - Is there alignment between your system's short-term goals and GPP programmatic long-term goals?
  - If not, what are the implications?

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WHERE ARE WE NOW AND WHERE DO WE NEED TO GO?

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John Minot and Julie Sheu

Major Data Themes

- Meeting threshold:
  - Six of twelve systems met their threshold in 2015/2016 interim data
  - Ten of twelve systems at 90% or above of threshold in interim data
- Data challenges:
  - Baseline and 2015/2016 interim data
- Non-traditional services:
  - Difficulty capturing, more taking place than data shows
- Complexity around identifying and capturing (un)insured status and uninsured services

> *"It is challenging because **the same patient can be both Medi-Cal and uninsured for the same stay** [post stabilization]."*

> *"It's a 'rinse, lather, repeat' sort of process, sort of a never-ending scrub of the data."*

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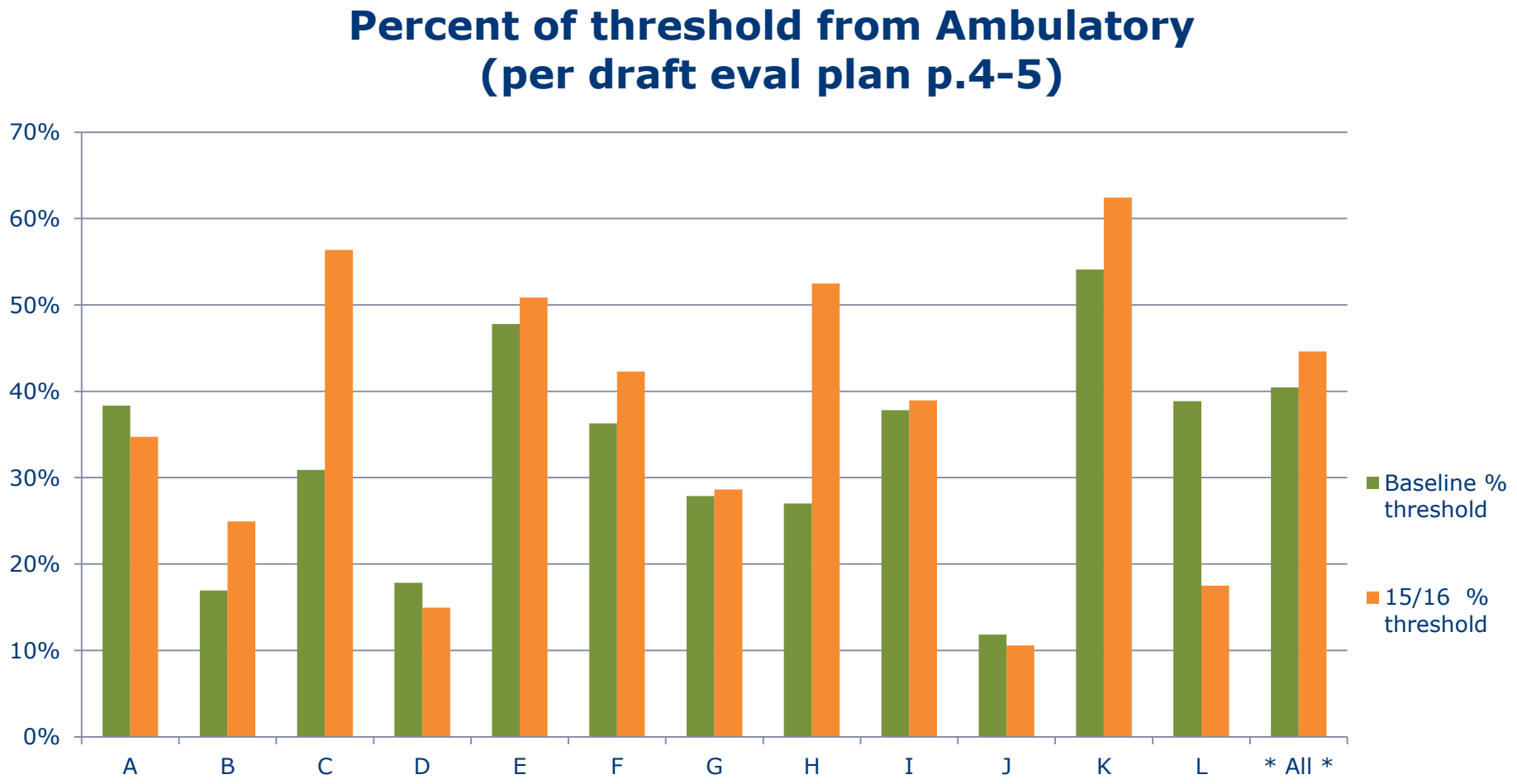
Midpoint evaluation trends



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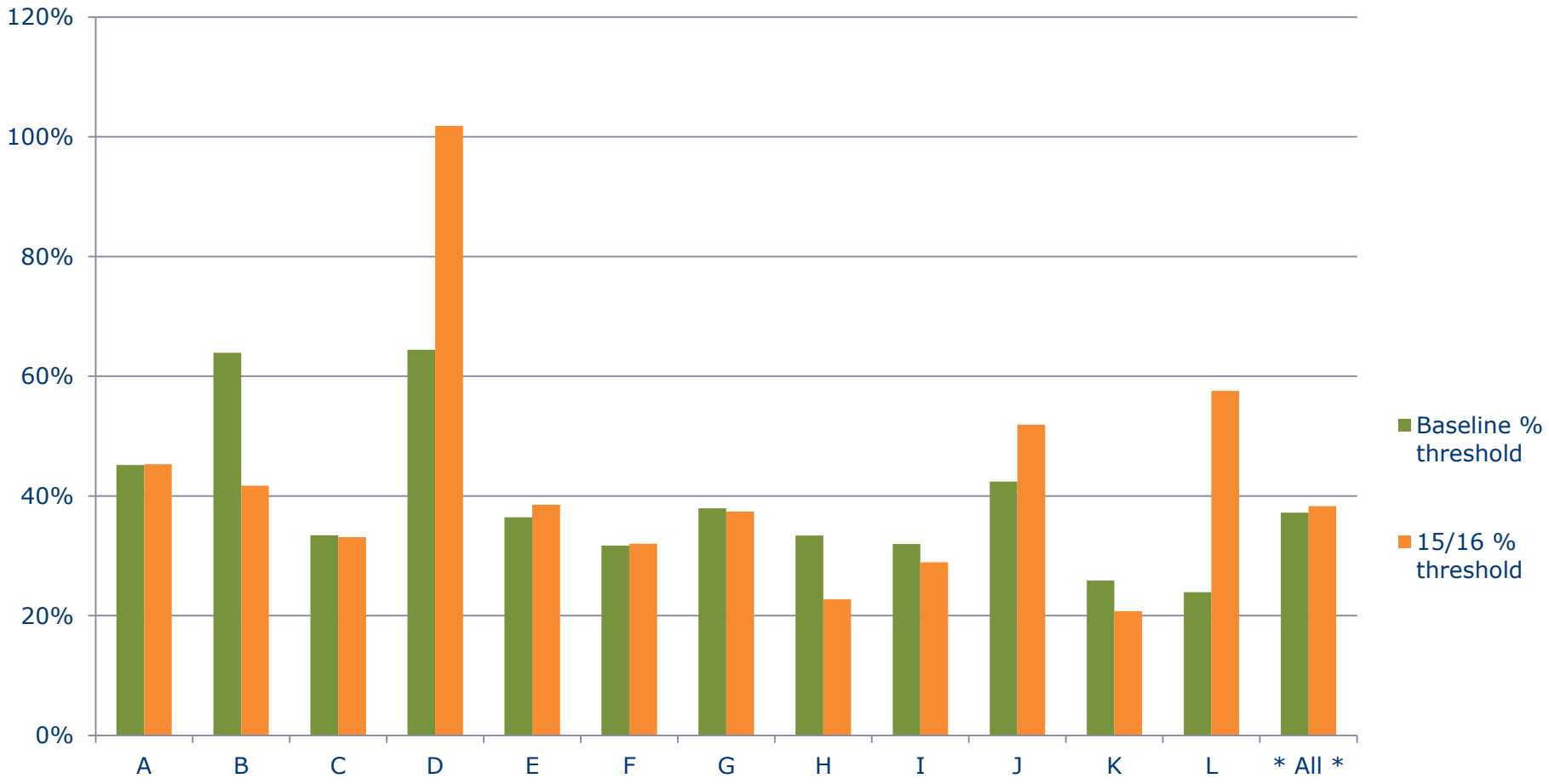
Percent of threshold from Inpatient (per draft eval plan p.5)



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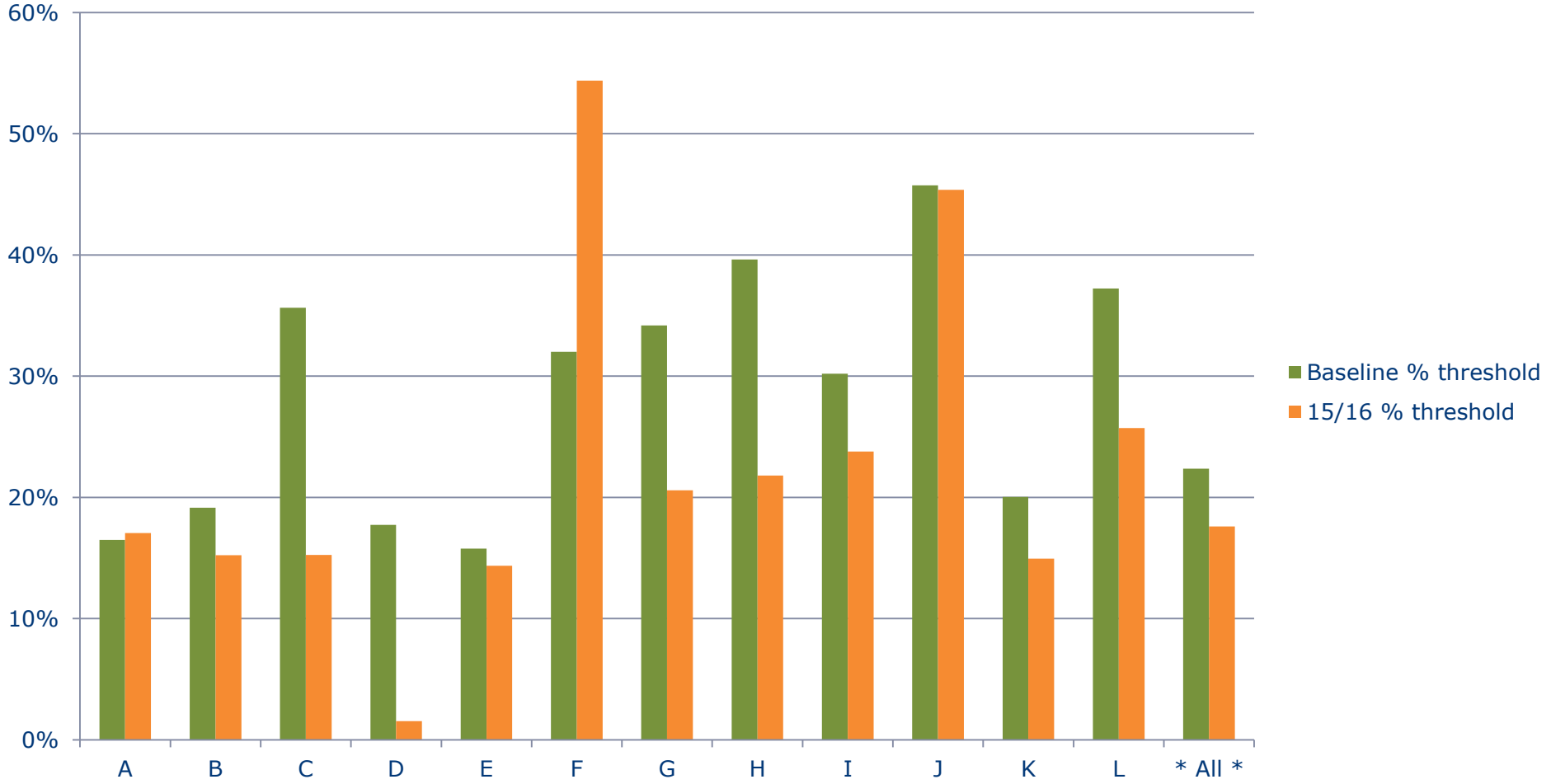
Percent of threshold from Behavioral Health (per draft eval plan p.5)



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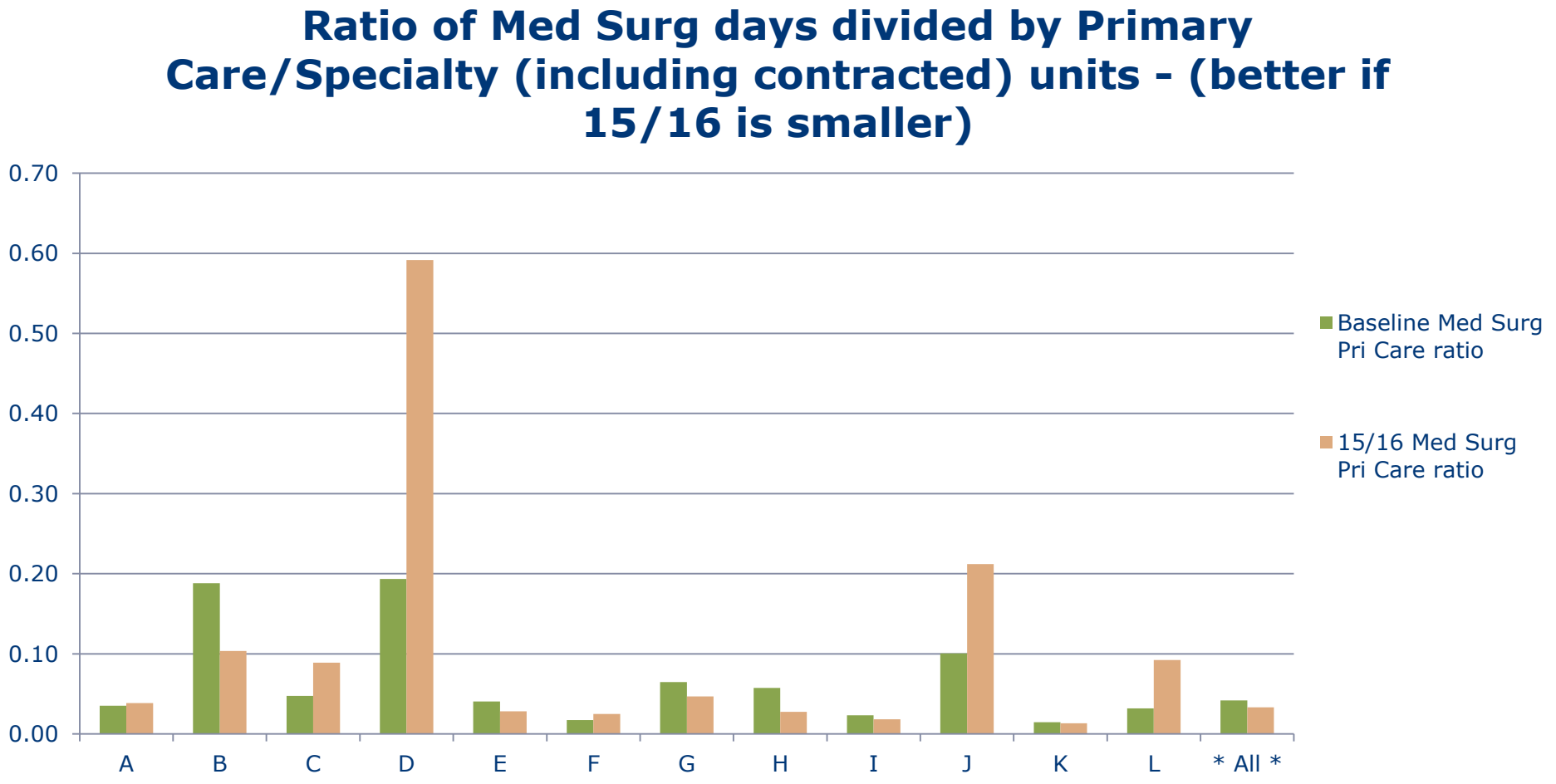
Ratios from final evaluation



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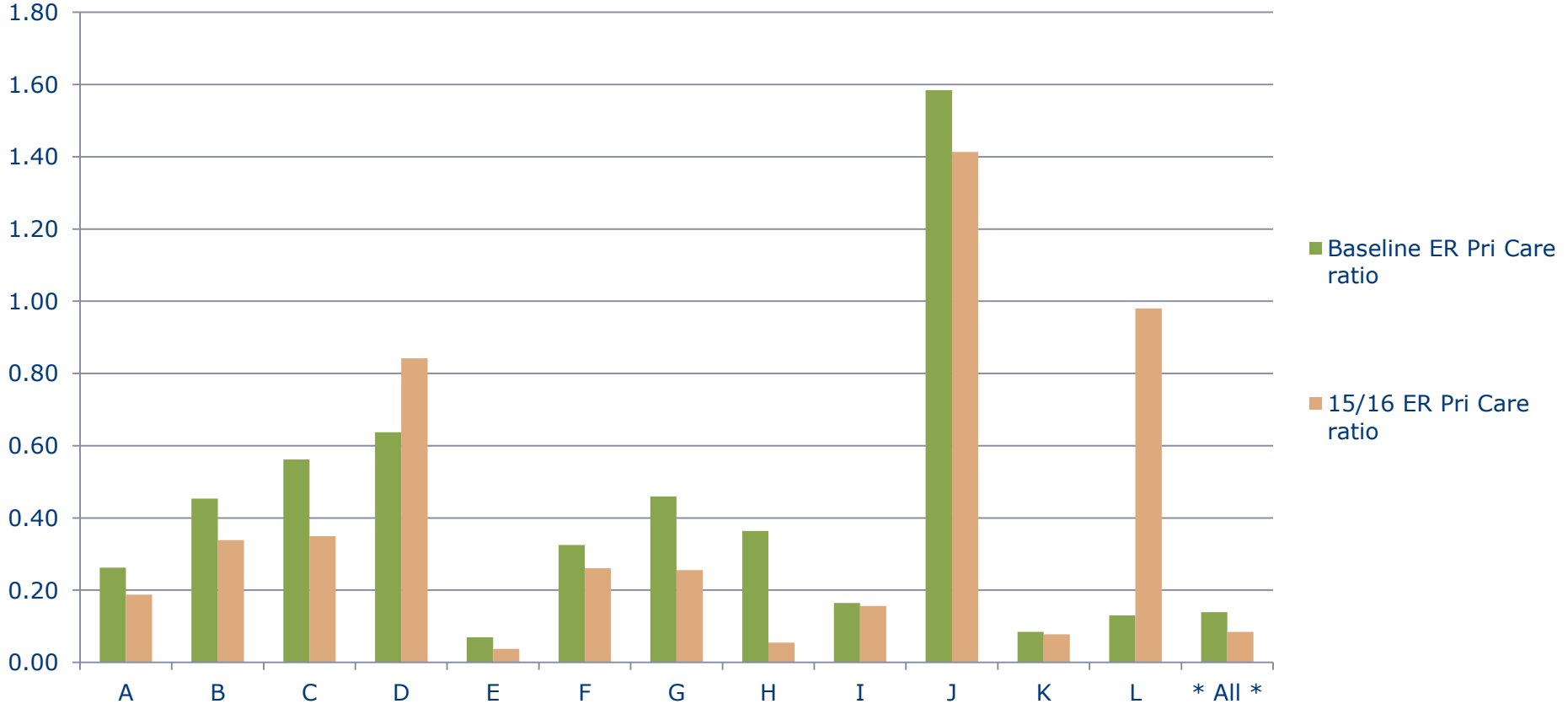
Ratio of ER units divided by Primary Care/Specialty (including contracted) units - (better if 15/16 is smaller)



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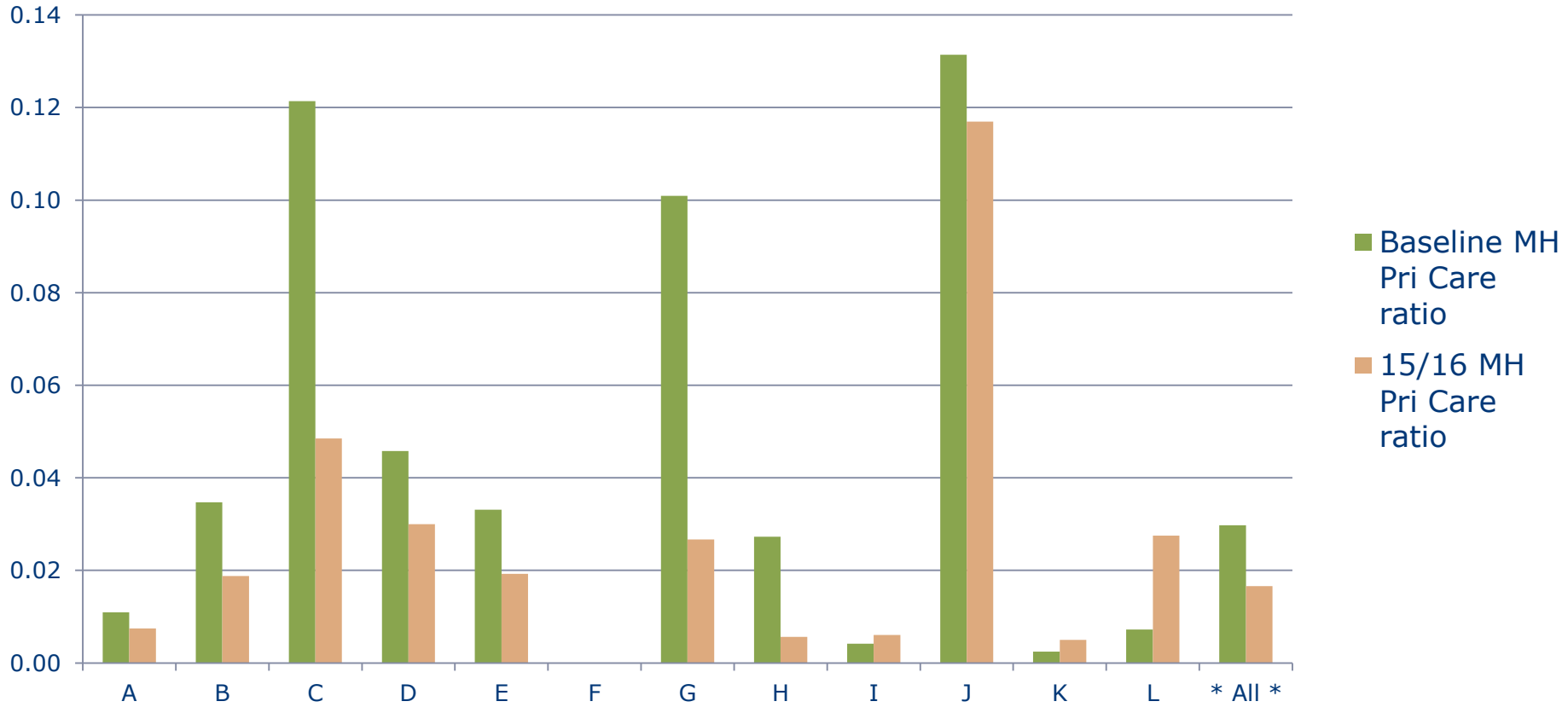
Ratio of Mental Health Acute Inpatient days divided by Primary Care/Specialty (incl. contracted) units - (better if 15/16 is smaller)



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Small group discussion #3

As you look at your system's GPP data from your interim Program Year 1 submission:

- Where do you see actual provision of care shifting (and therefore your GPP points) in order to:
  - Align with your strategic priorities and GPP goals of Right Care/Right Place/Right Time?
  - Support the program overall (statewide)?
- What do you predict your **final** Program Year 1 data will look like, if it was presented in this form?
  - What could you do if it doesn't match your prediction?
- If your data for Program Year 1 is not going to illuminate relevant shifts in provision of care, how could data collection or the evaluation process be improved to capture those changes, quantitatively or qualitatively?

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ROUND TABLE DISCUSSIONS

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Giovanna Giuliani

Round Table Discussions

- Thank you for your feedback via the interviews!
- Choose a topic & join that table
  - Discussion questions
  - Facilitator sticker
- Two 25-minute sessions

Round Table Discussions

Topic	Table Number(s)
Leveraging GPP to introduce non-traditional services	1, 2
Coding and internal reporting of non-traditional services	3, 4
Connection between GPP and other waiver programs	5, 6
Strengthening behavioral health partnerships	7, 8
Stretching to meet/exceed GPP thresholds	9
Strengthening contracted provider partnerships (e.g. community clinics)	10

Timing:

Session 1 = 25 mins

SWITCH!

Session 2 = 25 mins

END

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LUNCH & NETWORKING

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LEVERAGING GPP TO ADVANCE SYSTEM PRIORITIES

Waiver Integration Team Convening

Giovanna Giuliani

Interview findings:

- The GPP **aligns closely with public health care system strategies** in general and with other waiver programs. This can allow economies of scale:
  - One team may handle work for all the waiver programs
  - Coding and data querying work may support more than one waiver program
  - Separate strategy development for GPP may be unnecessary due to this alignment

*"As a system we are looking to move more care into ambulatory settings. Moving onto non-traditional visit types, keeping folks healthy and out of the system as we move from Fee For Service to Fee For Value. That message has come through loud and clear from Board of supervisors, health care reform, and **it's just the right thing to do."***

Interview findings:

- Many systems are responding to changes in the uninsured and to incentives offered by GPP by **strengthening ambulatory care**:
  - Increasing access to primary and specialty care
  - Looking at population health management approaches
  - In some cases, leveraging coverage-like programs

*"We have to have someone there to deliver the care. It is **challenging to recruit and retain**. We can say we are going to take care of all these uninsured people and they're all going to have a primary care doctor, but there aren't enough providers to go around."*

*"By enrolling them in the structured wellness program, that's going to help us guide people away from ER usage, and **get them to the clinic for PCP-level services** before there are any issues."*

*"We will offer some level of coverage for pharmaceuticals through the wellness program … part of the reason people end up in the ER is that they **don't have access to affordable prescriptions**."*

Interview findings:

- **Non-traditional services** are being added or offered to more people as a result of GPP
  - Getting "credit" for non-traditional services already offered was mentioned as being rewarding to clinical staff and administration

*"Alternate touches are **motivating** to the clinics."*

*"It is really **exciting** to have a program that supports a lot of the work I do. My clinical hat is working at a diabetes clinic where we do group medical visits. To **get credit for doing that type of work that we know is effective for patients** who traditionally don't get all their needs met is just awesome."*

*"We were pleased with the point values for non-face to face – 75 points for telephone, other telehealth is **compelling**. Overhead for face to face visits, not only to the health system, but also to the patient, in terms of transportation and all that, is not trivial, so the fact that there are 75 or even 90 points available for those interactions, that's pretty compelling."*

Interview findings:

- **Behavioral health** is an important part of meeting the needs of the uninsured
  - 22% of all GPP points in the interim Program Year 1 data were earned from behavioral health
  - Structural and cultural divide sometimes make collaboration between behavioral health and physical health challenging, but the rewards are worth it

*"We are working with the **behavioral health advisory board, the community, the hospital, because when they go to the ER, it impacts the ER.** It's just a good service that's really needed here by the community."*

Small group activity #4

- Share with your team what you heard at the round tables before lunch. Discuss how you can leverage GPP to advance your system's goals in following areas:
  - **Non-traditional services:**
    - How does GPP's overlap with other programs present challenges and opportunities?
  - **Behavioral health partners:**
    - How can collaboration for GPP lead to enhanced alignment on system-wide goals and programs?
  - **Strengthening ambulatory care:**
    - How can GPP build on or support the work you are already doing to strengthen ambulatory care?

THANK YOU!

Don't forget to complete your evaluation

Enjoy the rest of the conference!

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