



PRIME Stakeholder Webinar

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

APRIL 11, 2016

Agenda

- Welcome and Introductions
- Medi-Cal 2020
- PRIME Goals & Philosophy
- Value-Based Purchasing and System Transformation
- PRIME Application Review Process
- Project Distribution
- Questions and Public Comments

Meet the PRIME Team

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Medi-Cal 2020

- Medi-Cal 2020 is the state's renewed 1115 waiver, approved on December 30, 2015.
- Waiver renewal extends through December 31, 2020. California received approval for four major initiatives:
 - Public Hospital Redesign and Incentives in Medi-Cal (PRIME)
 - Whole Person Care (WPC) Pilots
 - Global Payment Program (GPP)
 - Dental Transformation Initiative (DTI)
- In addition, the waiver establishes a foundation to support the transition to value-based purchasing.

Key Medi-Cal Programs

Whole-Person Care

- Voluntary, county-based initiative.
- Coordination of health, behavioral health, and social services for Medi-Cal beneficiaries who are high utilizers.
- A five-year program. Pilot applications are expected to be due on July 1, 2016.

Health Homes

- Led by Medi-Cal managed care plans in counties scheduled for implementation.
- Supports the development of a network of providers to integrate and coordinate primary, acute, and behavioral health care for high risk Medi-Cal beneficiaries.
- First implementation phase in January 2017.

Coordinated Care Initiative

- Pilot program in seven counties, led by Cal MediConnect plans and Medi-Cal managed care plans.
- Promotes coordinated care for dual-eligibles by combining a beneficiary's Medi-Cal and Medicare benefits into one health plan.
- A three-year pilot with authority through 2017.

PRIME

- Funding for Designated Public Hospitals and District/Municipal Hospitals throughout the state.
- Provides incentives to improve the way care is delivered and to transition to Alternative Payment Models (APMs).
- A five-year program. Five-year plans will be approved by June 3, 2016.

PRIME: Goals and Philosophy

- PRIME builds on the successes of the Delivery System Reform Incentive Payment Program (DSRIP) and drives system-wide improvements further by:
 - Including a broader array of participating hospitals;
 - Requiring more robust participation requirements; and
 - Increasing expectations for performance.
- PRIME Projects are designed to:
 - Establish or improve hospital infrastructure to manage high-cost populations through a range of interventions (e.g., care management, care transitions, behavioral health integration);
 - Expand capacity by enhancing efficiency and reducing unnecessary utilization; and
 - Build capabilities to support the transition to value-based purchasing.

PRIME: Shared Responsibility

Public Hospitals	DHCS
<ul style="list-style-type: none"> Achieve project metrics and improve outcomes in order to earn PRIME funds 	<ul style="list-style-type: none"> Provide timeline and robust review of mid-year and year-end reports; ensure that PRIME funds are distributed as quickly as possible
<ul style="list-style-type: none"> Yearly incremental improvements 	<ul style="list-style-type: none"> Host learning collaboratives to help PRIME participants meet performance goals
<ul style="list-style-type: none"> Possible funding reductions if project metrics are not achieved 	<ul style="list-style-type: none"> Complete a robust project evaluation, with penalties for delay
<ul style="list-style-type: none"> Participate in shift to alternative payment models (APMs)—for DPHs only. 	<ul style="list-style-type: none"> Ensure transparency in terms of process, performance and outcomes

Value-Based Purchasing and APMs

- Medi-Cal 2020 includes a key goal that by 2020, 60% of payments to designated public hospitals by health plans for Medi-Cal managed care beneficiaries who receive their primary care from those systems are to be through APMs.
- APMs are increasingly being used to engage providers as partners in managing patient populations.
- APMs allow providers flexibility to design and implement approaches to improving health outcomes, while managing utilization and cost.
- Examples of APMs include shared-savings arrangements, bundled payments, and global capitation.

Delivery System Transformation

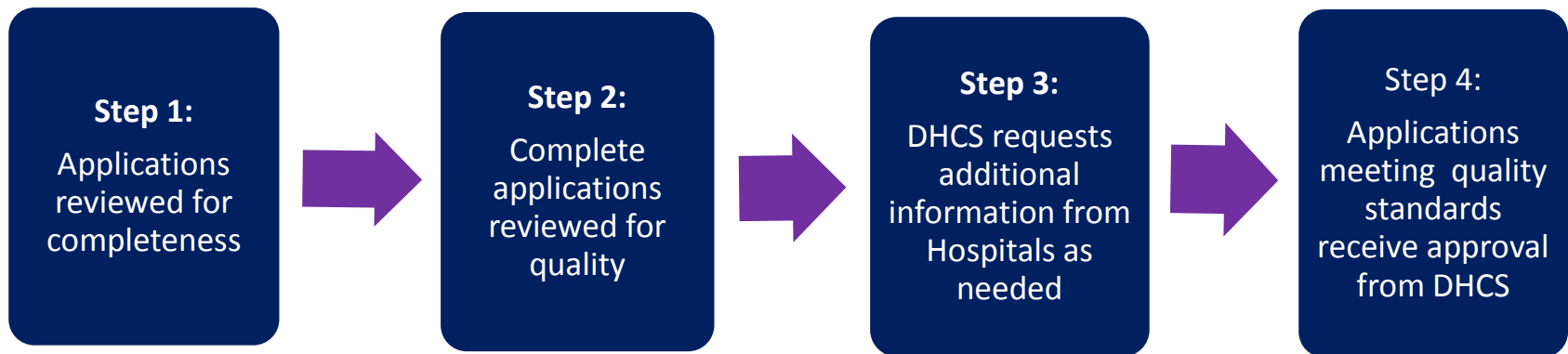
- PRIME is a continuation of the delivery system reform efforts that began with DSRIP in 2010.
- In order for PRIME to be successful in improving the delivery system, hospitals and front-line providers must develop strong partnerships and financial incentives must be passed along.
- These partnerships are critical to ensuring that the the goal of changing the way care is delivered and paid for is achieved.
- Long-term sustainability of Medi-Cal and the transformed delivery system is dependent on this collective shift in practice.

PRIME: Learning Collaboratives

- Throughout the 5-year PRIME program, DHCS will host Learning Collaboratives to support participating PRIME entities as they implement PRIME projects.
- In-person and web-based sessions will be convened throughout the PRIME implementation period.
- Learning Collaboratives will bring together PRIME project leaders to discuss promising practices and lessons learned.
- Topics for discussion and technical assistance will be based on input from participating PRIME entities.

Project Plan Review Process

- DHCS, with support from a team at Harbage Consulting, is conducting a thorough review of all 54 PRIME 5-year plans.
 - Plans that are deemed incomplete will be returned to the hospital for completion.
- DHCS will contact hospitals if questions arise during quality review.
 - Hospitals will have 3 business days to respond to DHCS inquiries.
- DHCS plans to issue final approvals no later than June 3, 2016.



PRIME Project Plans

- 54 PRIME 5-Year Plan Applications received
 - 17 DPHs
 - 37 DMPHs
- Project selections:
 - 18 unique project options—all of which were selected
 - 270 total projects selected over the duration of the demonstration
 - 160 projects selected by DPHs
 - 110 projects selected by DMPHs
 - Project selection ranged from 1 project to 13 projects
 - 4 DPHs selected more than the required 9 projects
 - 31 DMPHs selected between 1-4 projects
 - 4 DMPHs selected between 5-8 projects
 - 2 DMPHs selected between 9-12 projects

Domain 1 Project Distribution

Domain 1 Projects	# PRIME Entities
1.1 Integration of Physical and Behavioral Health	24
1.2 Ambulatory Care Redesign: Primary Care	24
1.3 Ambulatory Care Redesign: Specialty Care	19
1.4 Patient Safety in the Ambulatory Setting	15
1.5 Million Hearts® Initiative	16
1.6 Cancer Screening & Follow-Up	15
1.7 Obesity Prevention & Healthier Foods Initiative	9

*Projects 1.1-1.3 are required for DPHs

Domain 2 Project Distribution

Domain 2 Projects	# PRIME Entities
2.1 Improvements in Perinatal Care	20
2.2 Care Transitions: Integration of Post-Acute Care	30
2.3 Complex Care Management for High-Risk Medical Populations	26
2.4 Integrated Health Home for Foster Children	4
2.5 Transition to Integrated Care: Post Incarceration	5
2.6 Chronic Non-Malignant Pain Management	13
2.7 Comprehensive Advanced Illness Planning & Care	13

*Projects 2.1-2.3 are required for DPHs

Domain 3 Project Distribution

Domain 3 Projects	# PRIME Entities
3.1 Antibiotic Stewardship	14
3.2 Resource Stewardship: High-Cost Imaging	9
3.3 Resource Stewardship: Therapies Involving High-Cost Pharmaceuticals	8
3.4 Resource Stewardship: Blood Products	6

Questions and Comments

Any additional questions can be submitted to
PRIME@dhcs.ca.gov

The next PRIME stakeholder event will be an in-person meeting scheduled for
April 19th from 1 pm – 3 pm in Sacramento.