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

<table>
<thead>
<tr>
<th>Public Hospitals</th>
<th>DHCS</th>
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<tbody>
<tr>
<td>• Achieve project metrics and improve outcomes in order to earn PRIME funds</td>
<td>• Provide timeline and robust review of mid-year and year-end reports; ensure that PRIME funds are distributed as quickly as possible</td>
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<td>• Yearly incremental improvements</td>
<td>• Host learning collaboratives to help PRIME participants meet performance goals</td>
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<td>• Possible funding reductions if project metrics are not achieved</td>
<td>• Complete a robust project evaluation, with penalties for delay</td>
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<td>• Participate in shift to alternative payment models (APMs)—for DPHs only.</td>
<td>• Ensure transparency in terms of process, performance and outcomes</td>
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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 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

<table>
<thead>
<tr>
<th>Domain 1 Projects</th>
<th># PRIME Entities</th>
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</thead>
<tbody>
<tr>
<td>1.1 Integration of Physical and Behavioral Health</td>
<td>24</td>
</tr>
<tr>
<td>1.2 Ambulatory Care Redesign: Primary Care</td>
<td>24</td>
</tr>
<tr>
<td>1.3 Ambulatory Care Redesign: Specialty Care</td>
<td>19</td>
</tr>
<tr>
<td>1.4 Patient Safety in the Ambulatory Setting</td>
<td>15</td>
</tr>
<tr>
<td>1.5 Million Hearts® Initiative</td>
<td>16</td>
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<tr>
<td>1.6 Cancer Screening &amp; Follow-Up</td>
<td>15</td>
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<tr>
<td>1.7 Obesity Prevention &amp; Healthier Foods Initiative</td>
<td>9</td>
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*Projects 1.1-1.3 are required for DPHs*
## Domain 2 Project Distribution

<table>
<thead>
<tr>
<th>Domain 2 Projects</th>
<th># PRIME Entities</th>
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<tbody>
<tr>
<td>2.1 Improvements in Perinatal Care</td>
<td>20</td>
</tr>
<tr>
<td>2.2 Care Transitions: Integration of Post-Acute Care</td>
<td>30</td>
</tr>
<tr>
<td>2.3 Complex Care Management for High-Risk Medical Populations</td>
<td>26</td>
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<tr>
<td>2.4 Integrated Health Home for Foster Children</td>
<td>4</td>
</tr>
<tr>
<td>2.5 Transition to Integrated Care: Post Incarceration</td>
<td>5</td>
</tr>
<tr>
<td>2.6 Chronic Non-Malignant Pain Management</td>
<td>13</td>
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<tr>
<td>2.7 Comprehensive Advanced Illness Planning &amp; Care</td>
<td>13</td>
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*Projects 2.1-2.3 are required for DPHs*
## Domain 3 Project Distribution

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<th>Domain 3 Projects</th>
<th># PRIME Entities</th>
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<tbody>
<tr>
<td>3.1 Antibiotic Stewardship</td>
<td>14</td>
</tr>
<tr>
<td>3.2 Resource Stewardship: High-Cost Imaging</td>
<td>9</td>
</tr>
<tr>
<td>3.3 Resource Stewardship: Therapies Involving High-Cost Pharmaceuticals</td>
<td>8</td>
</tr>
<tr>
<td>3.4 Resource Stewardship: Blood Products</td>
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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.