PRIME Stakeholder Meeting

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

APRIL 19, 2016

Agenda

- Welcome and Introductions

- Medi-Cal 2020

- PRIME Goals & Philosophy

- Value-Based Purchasing and System Transformation

- PRIME Application Review Process

- Project Distribution

- Target Setting Methodology

- PRIME Partners

- 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 (DPHs) and District/Municipal Hospitals (DMPHs) 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 Payments (DSRIP) program 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
• Achieve project metrics and improve outcomes in order to earn PRIME funds	• Provide timely and robust review of mid-year and year-end reports; ensure that PRIME funds are distributed as quickly as possible
• Yearly incremental improvements	• Host learning collaboratives to help PRIME participants meet performance goals
• Possible funding reductions if project metrics are not achieved	• Complete a robust project evaluation, with penalties for delay
• Participate in shift to APMs—for DPHs only.	• 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 frontline 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 upon this collective shift in practice.
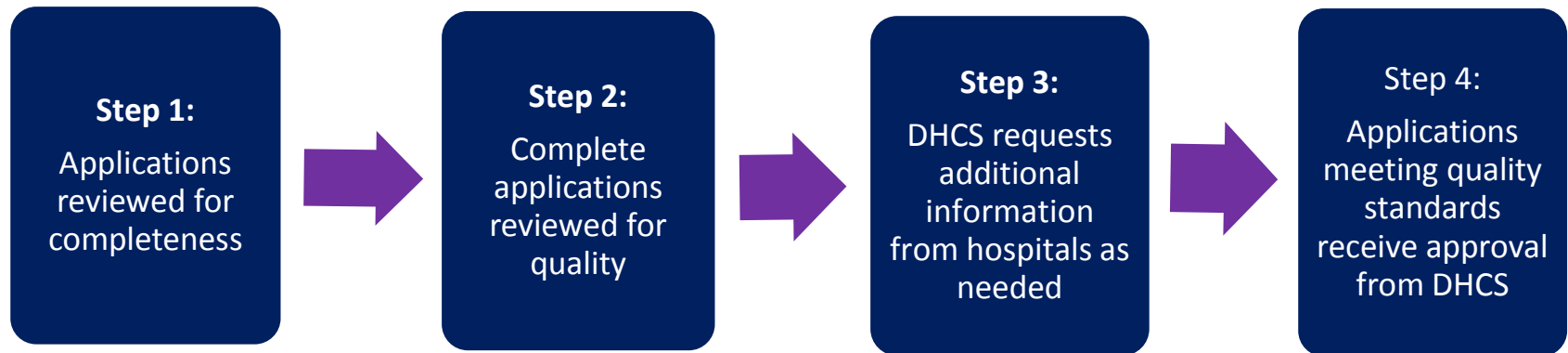
PRIME: Learning Collaboratives

- 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.

Step 1: Applications reviewed for completeness → **Step 2:** Complete applications reviewed for quality → **Step 3:** DHCS requests additional information from hospitals as needed → **Step 4:** Applications meeting quality standards receive approval from DHCS

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 Care	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

Infrastructure Building Metrics

- 36 of the 37 DMPHs have elected to complete infrastructure building metrics.

- DMPH infrastructure building shall support:

  - Activities to integrate services among local entities that serve the target population.

  - Services not otherwise covered or directly reimbursed by Medi-Cal to improve care for the target population.

  - Other strategies to advance the Triple Aim

  - Infrastructure building metrics must be reported mid-year and annually, with reporting of pay for performance metrics beginning no later than one year following the start of the demonstration.

  - These metrics will allow DMPHs to establish the essential infrastructure necessary to drive system transformation by linking to their selected project metric(s)

Questions and Comments

Additional questions can be submitted to
PRIME@dhcs.ca.gov

For more information, please visit:
http://www.dhcs.ca.gov/provgovpart/Pages/PRIME.aspx