Health Care Reform
Progress to Date

Health Care Reform Review Council
September 25, 2008
Health Care Home:
A Component of Health Care Reform in Minnesota

Pat Adams, MPH, BAN, RN
Assistant Commissioner
Minnesota Department of Health

Health Care Reform Review Council
September 25, 2008
Overall Goal of Health Care Homes

- Positively impact health care quality, cost, outcomes and patient experience for targeted populations
2008 Legislation

- Promotes the use of “health care homes” to coordinate care for people with complex or chronic conditions
- Requires the development of standards for certification of health care homes (HCH)
- Establishes standards for evaluating HCH outcomes
- Establishes payment for care coordination
Legislative Criteria for Health Care Home Standards

- Active patient/family participation
- Use of primary care
- “Top of the license” practice
- Ongoing, consistent clinician contact
- Comprehensive care plan using scientifically-based health care
- Incorporate technology to support practice
- Incorporate outcome measures of quality, resource use, costs of care and patient experience
Health Care Home Certification

- A personal clinician or primary care clinic may be certified as a HCH
- For a clinic to be certified, all of its clinicians must meet the criteria
- Certified HCH providers must offer HCH services to all patients with chronic/complex conditions who are interested in participating
Who, What, When?

- For patients with chronic and complex conditions in all State health care programs (July 2009)
- Standards developed and implemented through a collaborative process (July 2009)
- Health Plans include HCHs in their networks (January 2010)
- Care coordination fees address patient care complexities (July 2010)
Assumptions for Development of HCH Models and Standards

- Broad stakeholder participation
- Collaborative processes
- Learn from and build upon local and national experiences with HCH models
- Flexibility
- Opportunity to test different models
- Meaningful measures that focus on desired outcomes vs. process
- Refinement of model(s) over time
Approximate Timelines for HCH Planning Responsibilities

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<thead>
<tr>
<th></th>
<th>8/08</th>
<th>10/08</th>
<th>1/09</th>
<th>3/09</th>
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<td>Outcomes</td>
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<td>Capacity Assessment</td>
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<td>Define Criteria/ Verification Processes</td>
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<td>Rates</td>
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<td>Learning Collaborative</td>
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<td>Data Collection, Evaluation Methods</td>
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Statewide Health Improvement Program:
A Component of Health Care Reform in Minnesota
Initial Legislation and Plan

- Legislation **passed in 2007** called for creation of plan to fund and implement comprehensive statewide health improvement
- Addresses **risk factors** for preventable deaths, decreased quality of life and financial costs from chronic diseases
- Based on **Steps to a HealthierMN**
Description of SHIP

- Program intended to **reduce obesity and tobacco use** in Minnesota
- **$47 million** appropriated for SHIP for fiscal years 2010 and 2011
- Competitive grants to **Community Health Boards and tribal governments** will be rolled out beginning July 1, 2009
- SHIP funding will not supplant other funds
Description of SHIP, Local

**Communities and Tribal Governments** required to:

- Match 10 percent of funding
- Submit community action plans, establish partnerships, and develop community leadership team
- Develop interventions focused on **policy, systems, and environmental changes** for individuals and communities
- Develop interventions for four settings: **worksites, health care, community, and schools**
- Work with MDH to evaluate programs to ensure they meet established performance measures
Description of SHIP, State

- Set outcomes to support obesity and tobacco goals
- Measure current status as a baseline
- Provide content expertise, technical expertise and training
- Conduct a comprehensive biennial statewide evaluation
- Provide biennial reports to the Legislature, including sustainable funding recommendations
Currently, MDH is Planning for Implementation

- Making decisions/gathering information on:
  - Terminology – “competitive” and “10 percent match”
  - Communications – Internal/External
  - Community assessment and reporting system
  - Surveillance system
  - Evaluation – Lessons learned from Steps communities
  - Funding
  - Implementation Toolkit – menu of intervention options
Next Steps

- Work with internal/external partners to develop:
  - Goals, objectives, outcomes
  - Core performance measures, process measures and linked evaluation
  - Implementation toolkit and other web tools for technical assistance
  - Request for Proposals
    - Available March 2009
    - Due May 2009
- Review proposals, select grantees, award funds
- Implement program by July 1, 2009
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Article Four Implementation

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Health Care Reform Review Council
September 25, 2008
Quality and Incentive Payment System

• MDH published an RFP to implement the QIPS
  – Task One: Quality measures identification and documentation
  – Task Two: Development of a quality incentive payment system (QIPS)
  – Task Three: Implementation of Quality Reporting and Payment System
  – Anticipate a $3 million contract over 4 years

• Important Dates
  – July 1, 2009 – MDH must specify quality measures and the quality incentive payment system
  – Jan. 1, 2010 – Providers submit standard quality measures
  – July 1, 2010 – Standard quality measures reported publicly
# Quality and Incentive Payment System

## General Timeline

<table>
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<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>Sept. 2, 2008</td>
<td>RFP published</td>
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<tr>
<td>Sept. 30, 2008</td>
<td>Proposals due</td>
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<tr>
<td>Oct. 10, 2008</td>
<td>Contractor(s) selected</td>
</tr>
<tr>
<td>Oct. 27, 2008</td>
<td>Contractor(s) begin work</td>
</tr>
<tr>
<td>Dec. 5, 2008</td>
<td>Inventory of existing quality measures completed</td>
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<tr>
<td>Dec. 2008 thru Jan. 2009</td>
<td>Contractor holds public meetings with stakeholders to develop recommendations on a set of quality measures for public reporting</td>
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<tr>
<td>Feb. 1, 2009</td>
<td>Inventory of existing quality incentive payment and pay-for-performance systems complete</td>
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# Quality and Incentive Payment System

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<th>General Timeline</th>
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<tr>
<td><strong>Feb. 2009 thru Mar. 2009</strong></td>
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<td><strong>Apr. 2009 thru June 2009</strong></td>
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<td><strong>July 2009</strong></td>
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<td><strong>Jan. 1, 2010</strong></td>
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<td><strong>July 1, 2010</strong></td>
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<td><strong>July 1, 2010</strong></td>
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Provider Peer Grouping

• Collection of encounter data
• Collection of pricing data
• Analytical work for peer grouping providers based on:
  – The quality and outcome data from QIPS
  – The resources used to achieve the outcomes
  – The price of those resources

• Important Dates
  – July 1, 2009 – Health plans & TPAs begin submitting data
  – Jan. 1, 2010 – MDH specifies peer grouping methodology
  – June 1, 2010 – MDH disseminates results of peer grouping to providers
  – Sept. 1, 2010 – MDH publicly publishes the results of peer grouping
### General Timeline

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<tr>
<th>Date</th>
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<tbody>
<tr>
<td>Sept. 29, 2008</td>
<td>RFP published</td>
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<td>Oct. 31, 2008</td>
<td>Proposals due</td>
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<tr>
<td>Nov 14, 2008</td>
<td>Contractor selected</td>
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<tr>
<td>Nov 26, 2008</td>
<td>Contractor begin work</td>
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<tr>
<td>Jan. 2009</td>
<td>Contractor holds public meetings with stakeholders to develop recommendations on specific data elements</td>
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<tr>
<td>Feb. 2009 thru May 2009</td>
<td>MDH adopts administrative rules to collect encounter data</td>
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<tr>
<td>July 1, 2009</td>
<td>Contractor begins working with health plans and TPAs to collect encounter data</td>
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Provider Peer Grouping Analytical Work

• Anticipate an RFP in November for a contractor to:
  – Issue a request for information (RFI) on peer grouping systems
  – Collect and synthesize available research and data on peer grouping systems
  – Participate in public meetings to discuss the results of the RFI and research efforts

• Stakeholders will have an opportunity to respond to the RFI

• Public meetings to discuss peer grouping methodologies will begin in the Summer of 2009
Baskets of Care

- Anticipate an RFP in mid October to facilitate a steering committee and seven work groups
- Steering Committee will:
  - Identify conditions/episodes of care to include in the seven baskets, using:
    - Prevalence, Cost of treatment, Potential for innovations
  - Identify issues related to implementing baskets
  - General oversight of the work groups
- Work groups will:
  - Identify the health care services and/or outcomes to include in each basket
  - Identify/define quality measures for the baskets of care
  - Incorporate patient-directed, decision-making support in baskets
Other Activities

• All activities prioritized by due date of deliverables
• Anticipated starting dates of public meetings/workgroups:
  – Essential Benefit Sets
    • Due Dates:
      October 15, 2009 - Work group submits initial recommendations
      January 15, 2010 – MDH submits a report to the Legislature
    • Work Group Meetings:
      Late Spring 2009
  – Uniform Claim Study
    • Due Dates:
      January 1, 2010 – MDH submits a report to the Legislature
    • Work Group Meetings:
      Late Winter 2009
• The source for all health care reform information is:
  – www.health.state.mn.us/healthreform
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