Division of TennCare

STRATEGIC PLANNING & INNOVATION

Provider Stakeholder Group

December 4, 2019

Agenda

- Delivery system transformation analytics report release
- PCMH and THL Quality Measure Update
- Episodes design changes for 2020
- Plan for next meeting

Delivery System Transformation: Press Release, 10/31/19

TennCare's Delivery System Transformation Shows Savings and Improved Outcomes

Analytics reports confirm Tennessee is changing how health care is delivered across the state.

Nashville – TennCare, Tennessee's Medicaid agency, is seeing positive results from several ambitious changes it has made to how health care is paid for and delivered in Tennessee.

The reports released today from TennCare on its Delivery System Transformation programs provide the most complete picture to date of how the state's innovative programs are resulting in improvements in the care that is being received by TennCare members as well as significant savings for Tennessee taxpayers. The three programs are Tennessee Health Link, Patient-Centered Medical Homes, and Episodes of Care.

TennCare Delivery System Transformation:

Patient Centered Medical Home Analytics Report

PCMH Analytics: Key Findings

Finding 1	Quality has improved across 16 of 18 core quality measures
Finding 2	Total cost of care decreased by 3% in the second year of the program relative to the control group, offsetting $40M of initial program investment in the first year
Finding 3	Office and clinic care increased, as did home and community-based services, while emergency department visits and outpatient services decreased, when PCMH members are compared to the control group
Finding 4	The PCMH program appears to be motivating non-engagers (vs. the control group) to obtain preventive services, and encouraging members to follow-up with primary care providers after an inpatient hospital admission or emergency department visit
Finding 5	Providers report being better able to improve care for their patients

Overview of quality metric performance for PCMH program (Waves 1 and 2)

From CY 2016 – CY 2018

Desirable change > 1% | Not desirable change > 1% | Change ≤ 1% | Definition change

Metric	Submetric	Change per year, in %
Asthma medication management	Medication Compliance 75% (Total)	12%
Comprehensive diabetes care (composite 1)	Eye exam	17%
	BP < 140/90	68%
	Nephropathy	<1%
Comprehensive diabetes care (composite 2)	HbA1c testing	3%
	HbA1c poor control (>9%)	-6%
EPSDT Screening Rate (composite for older kids)	Well-child visits ages 7-11 years	8%
	Adolescent well-care visits ages 12-21 years	5%
Antidepressant medication management	Effective acute phase treatment	0%
	Effective continuation phase treatment	16%

Metric	Submetric	Change per year , in %
EPSDT Screening Rate (composite for younger kids)	Well-child visits first 15 months	7%
	Well-child visits at 18, 24, & 30 months	-21%
	Well-child visits ages 3-6 years	4%
Immunization composite	Immunizations for adolescents – combination 2	N/A
Childhood immunizations	Combination 3	20%
Weight assessment and nutritional counseling for children and adolescents	BMI percentile	26%
	Counseling for nutrition	40%
Adult weight assessment	BMI screening	22%

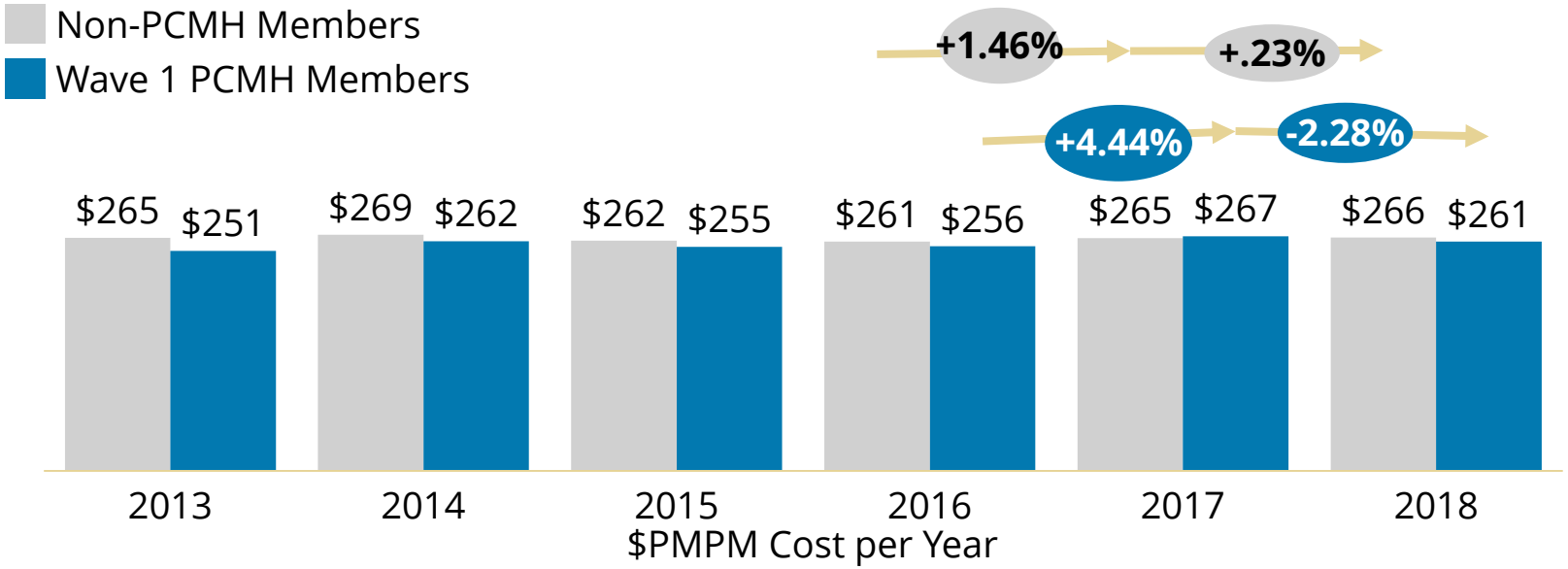
PCMH Wave 1 Risk Adjusted Total Cost of Care per Member per Month, 2013 - 2018

Relative change in total cost between PCMH and non-PCMH 2016 - 2017 3%

Relative change in total cost between PCMH and non-PCMH 2017 - 2018 -3%

Relative change in total cost between PCMH and non-PCMH 2016 - 2018 0%

Legend: Not desirable change > 1% | Desirable change > 1% | Change ≤ 1%

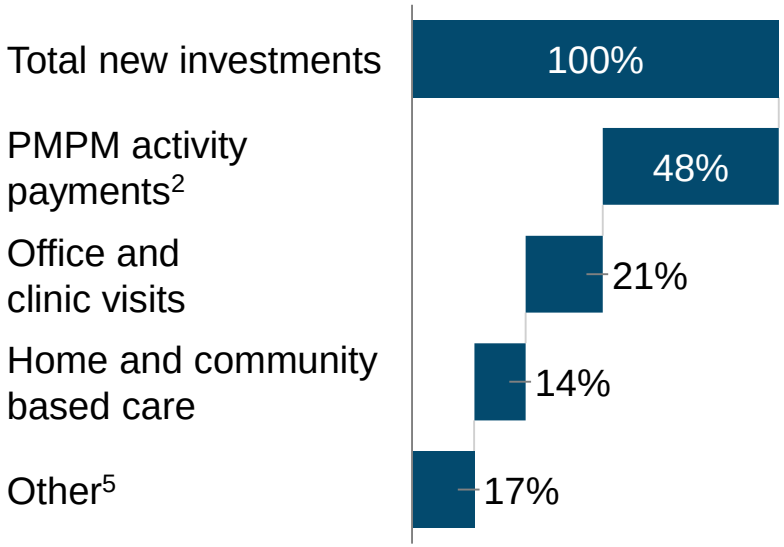


- The PCMH program appears to begin reducing the growth in total cost of care for Wave 1 PCMH members by the second year of the program (i.e. 2017-2018)
- The reduction in cost by the 2nd year of the program is consistent with other programs which tend to take 1-2 years to demonstrate cost savings following increased ongoing investment in preventive and primary care

Overview of services impacting Wave 1 TCOC between 2016 - 2018

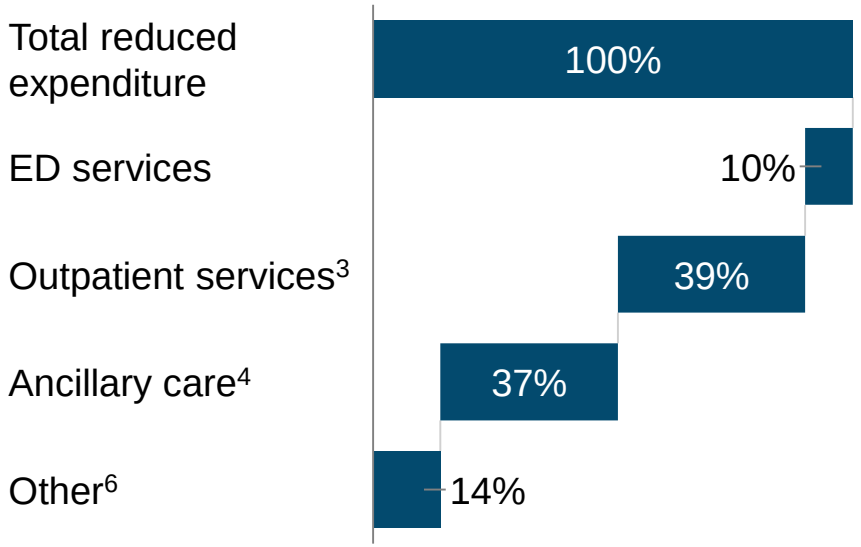
Services increasing in Wave 1 vs control from 2016-18, % of total

Total risk-adjusted TCOC PMPM change vs. control[1] = $8.45



Services decreasing in Wave 1 vs control from 2016-18, % of total

Total risk-adjusted TCOC PMPM change vs. control[1] = ($8.55)

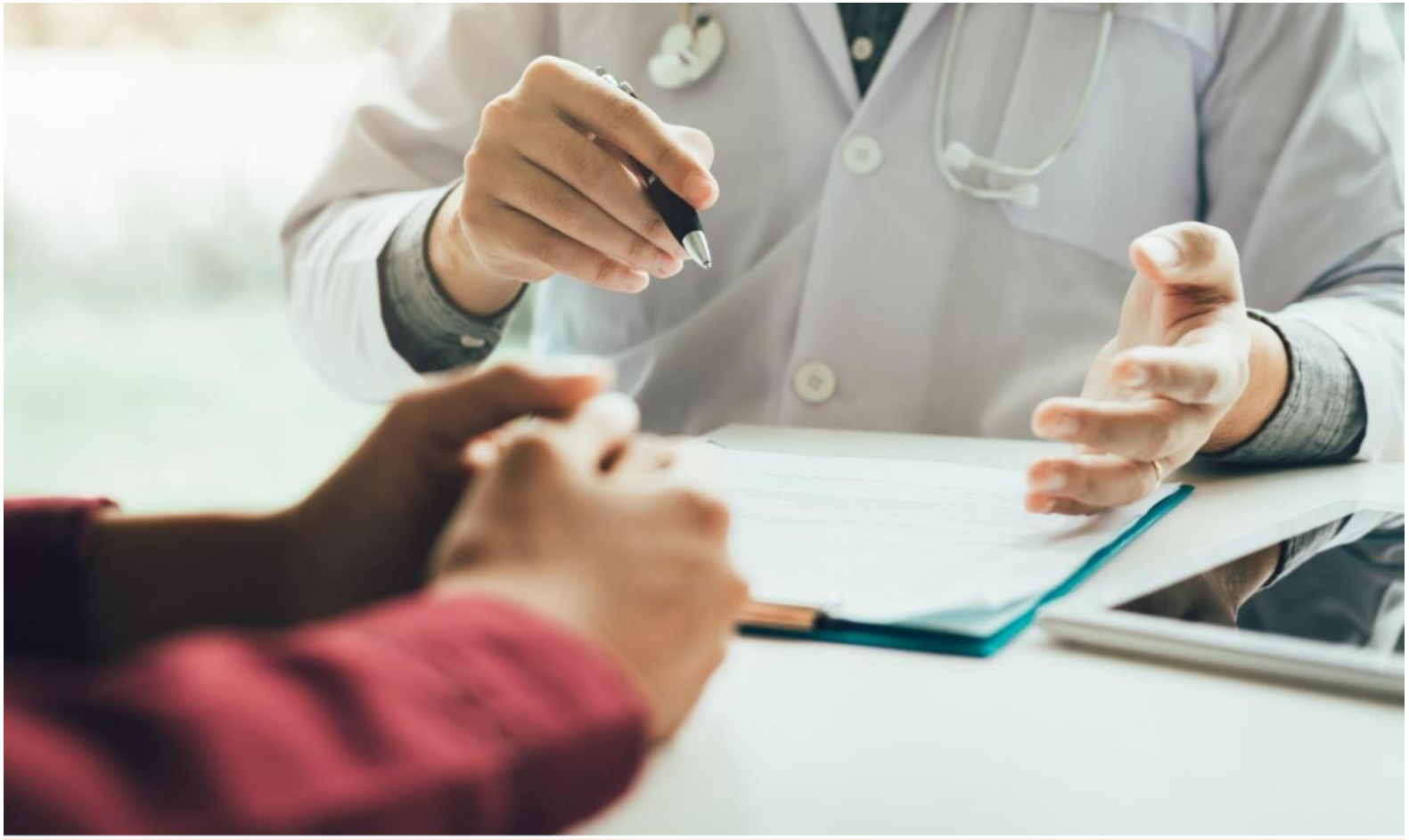


- Between 2016-18, increases in **cost** appear to be driven by the **activity payments** used to invest in additional primary care services, **office and clinic visits** and **home and community based care**
- During the same timeframe, **savings** appear to be driven by a **reduction in outpatient, ED services**, and **ancillary care**

1 Calculated as “2018 test group PMPM” - “2018 control group PMPM” - “2016 test group PMPM” + “2016 control group PMPM”
2 Activity payments are used to fund care coordination activities
3 Procedure accounting for most reduced expenditure is: outpatient clinic visit for assessment and management of a patient (14% impact)
4 Ancillary care include services such as employment, personal care, respite, crisis management, education, home health etc
5 Includes treatment and evaluation at other locations of care, hospital inpatient care, lab/pathology, radiology and DME
6 Includes physical/occupational/speech therapy, pharmaceuticals and institution care

Summary of focus group findings on provider experience

Themes	Highlights
Greater transparency through data	▪ Highlights areas where gaps in care exist ▪ Allows providers to reach out to patients proactively (e.g. following a discharge) ▪ Allows providers to be better able to "treat the whole patient" through transparency over other provider's (e.g. between THL and PCMH providers) activities ▪ Allows provides to target patient information better (e.g. to ED "frequent flyers")
Better care through additional funds	▪ Most additional funds appear to have been invested in **staff** (e.g., care coordinators, referral nurses, other support staff etc.) – this has also been a main motivator for practices to participate ▪ Providers report that this frees up capacity in existing staff to look after patients better ▪ Additional funds seem to also have been used for **services** covered less under Medicaid (e.g., psychotherapy etc.) and **tools** (e.g., patient care tools etc.)
Establishment of practice standards	▪ Program eligibility requirements for providers appear to have had the effect of establishing standards for practices to adhere to and to hold physicians accountable to ▪ Leads e.g. to extension of opening hours, enhanced patient access, etc...
Motivation	▪ Providers report that they are motivated when they see quality scores improve, are able to hire more staff, are able to provide better care and increase primary care recognition ▪ There also appears to be increased opportunities for nursing staff to participate in patient care and increased interaction with MCOs
Challenges / opportunities for improvement	▪ Practices report they have to coordinate varying eligibility requirements across MCOs ▪ There is scope for improving the availability of provider specific reports / claims level data ▪ Relationships with MCOs could be improved particularly around responsiveness to inquiries ▪ Providers suggested that it will be beneficial if the quality data in the CCT is more accurate



TennCare Delivery System Transformation:

Tennessee Health Link Analytics Report

THL Analytics: Key Findings

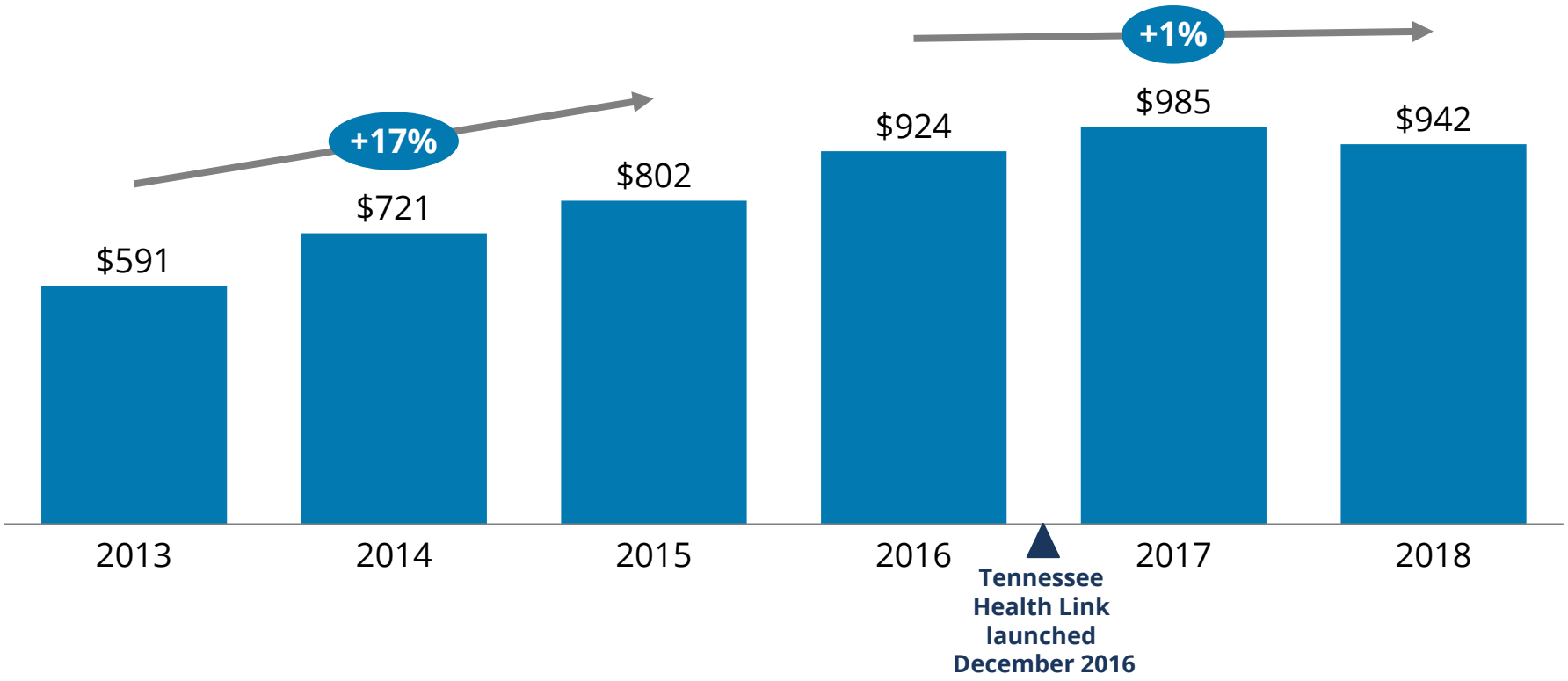
Finding 1	Quality has improved across 16 of 18 core quality measures
Finding 2	Total cost of care for members active In Tennessee Health Link, which was increasing by 17 percent per year in the two years before program launch, only increased by 1 percent per year in the two years following program launch
Finding 3	The rate of both inpatient hospital admissions and emergency department visits declined for active Tennessee Health Link members post-Tennessee Health Link when compared to pre-Tennessee Health Link
Finding 4	The program appears to encourage active Tennessee Health Link members to seek more follow-up visits with a primary care provider following discharge from an inpatient hospital admission, when compared to the control group
Finding 5	Providers report being better able to improve care for their patients

Analytics Methods

- **Method 1:** Comparison of active Health Link members pre and post implementation of Health Link
  - It shows a trend for members who were in Health Link starting in December 2016 and follows them back in time
  - This method may be more relevant to the general audience
  - Graphs show just one bar per year

- **Method 2:** Comparison of active Health Link members vs. attributed not enrolled members
  - This methodology may be more relevant to the general audience and providers interested in seeing how THL engagement impacts members
  - Graphs show two bars per year

Tennessee Health Link Total Cost of Care per Member per Month for Active Members, 2013 – 2018



- Analysis reflects members with consistent engagement in Tennessee Health Link since model launch with longstanding TennCare participation
- Total cost of care was increasing by 17% per year in the 2 years before program launch but increased by only 1% per year in the 2 years following program launch
- The Health Link program invests additional resources in care coordination for members with high behavioral health needs

Total cost of care includes activity payments. Activity payments are payments to providers to support evolution to care delivery model (e.g., care coordination, staffing etc.)

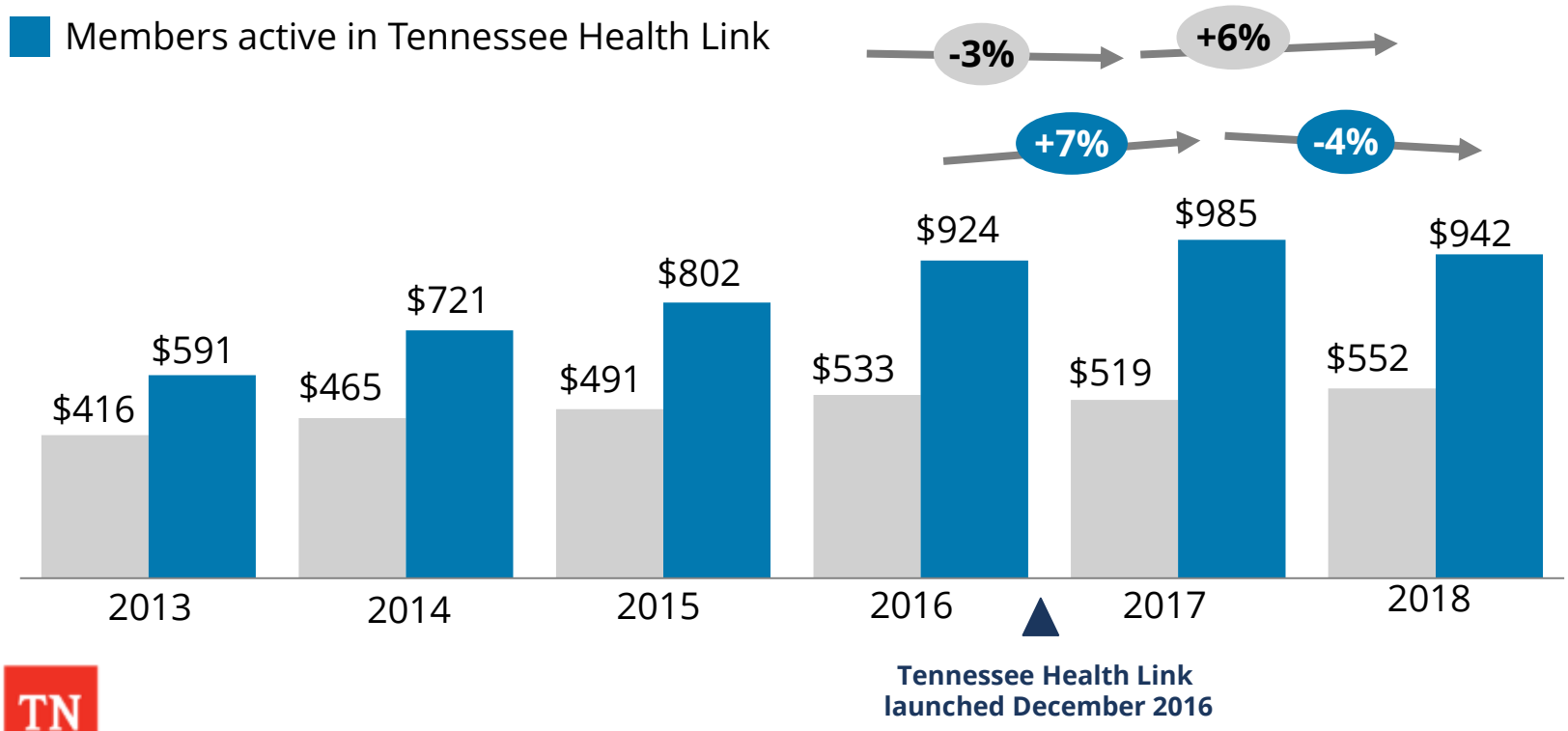
Tennessee Health Link Unadjusted Total Cost of Care per Member per Month, 2013 – 2018

Relative change between attributed and active members 2016 - 2017	**8%**
Relative change between attributed and active members 2017 - 2018	**-8%**
Relative change between attributed and active members 2016 - 2018	**0%**

Legend: Not desirable change > 1% | Desirable change > 1% | Change ≤ 1%

Members attributed not enrolled in Tennessee Health Link

Members active in Tennessee Health Link



Tennessee Health Link Inpatient Hospital Admissions per 1,000 Members, 2013 – 2018

Relative change between attributed and active members 2016 - 2017 -11%

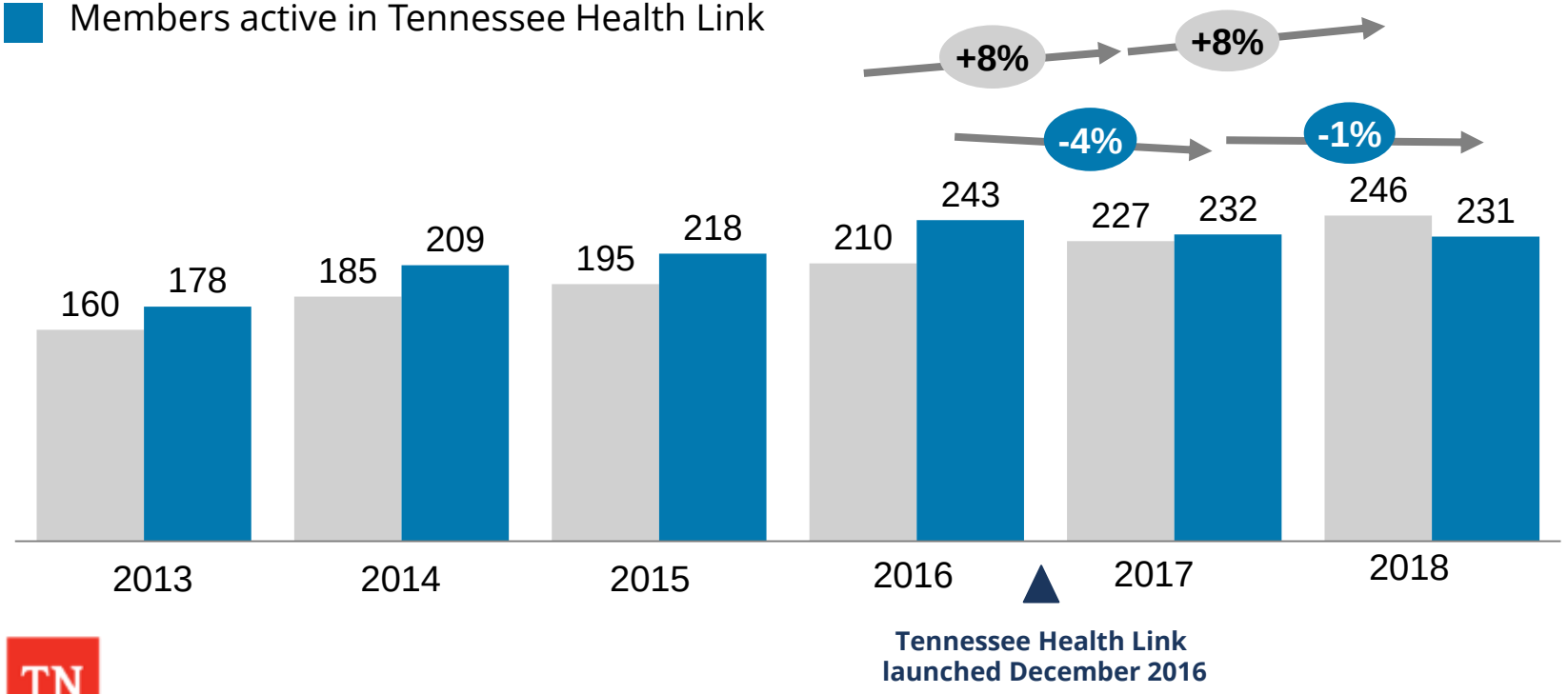
Relative change between attributed and active members 2017 - 2018 -9%

Relative change between attributed and active members 2016 - 2018 -11%

Legend: Not desirable change > 1% | Desirable change > 1% | Change ≤ 1%

Members attributed not enrolled in Tennessee Health Link

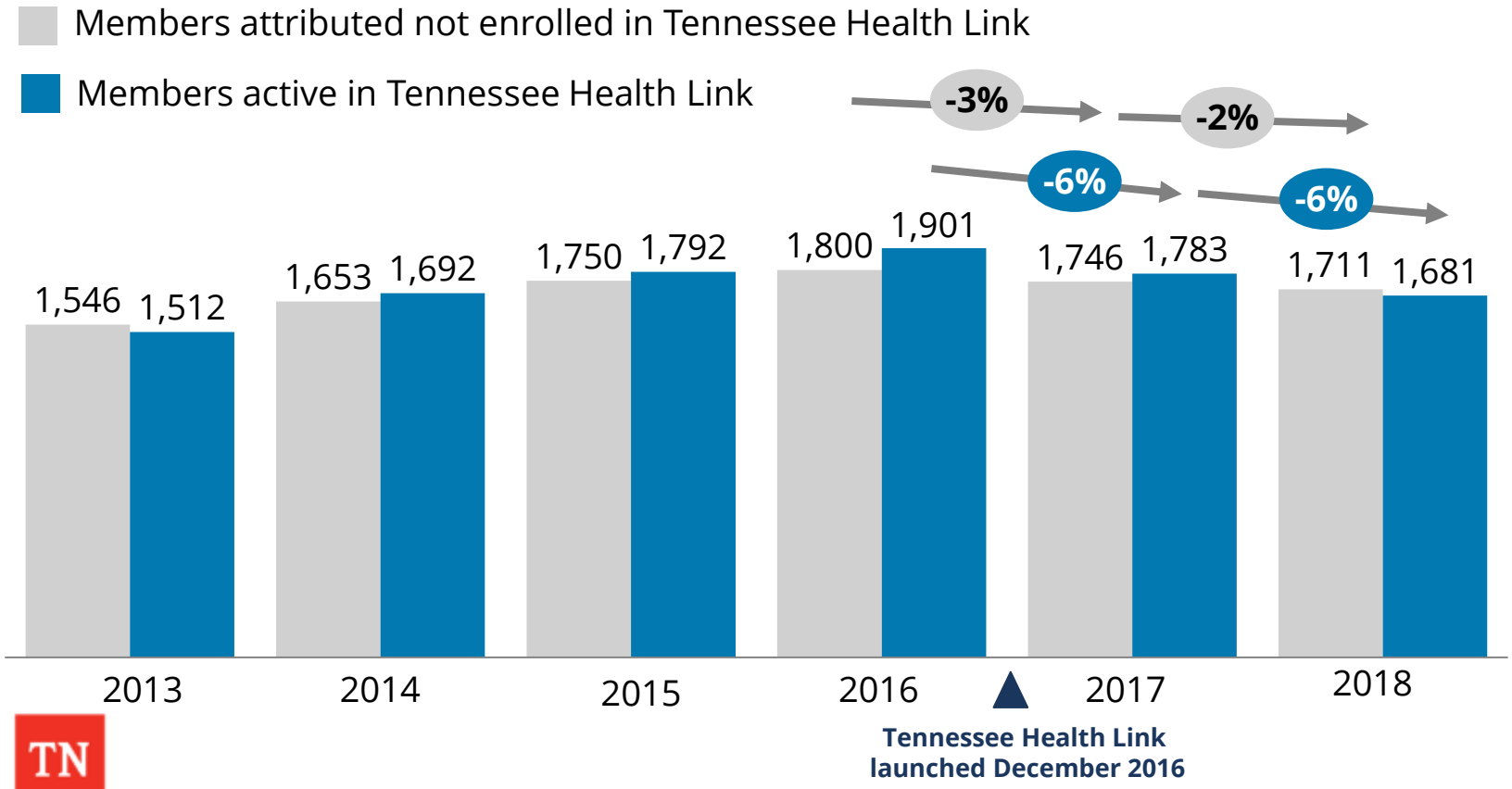
Members active in Tennessee Health Link



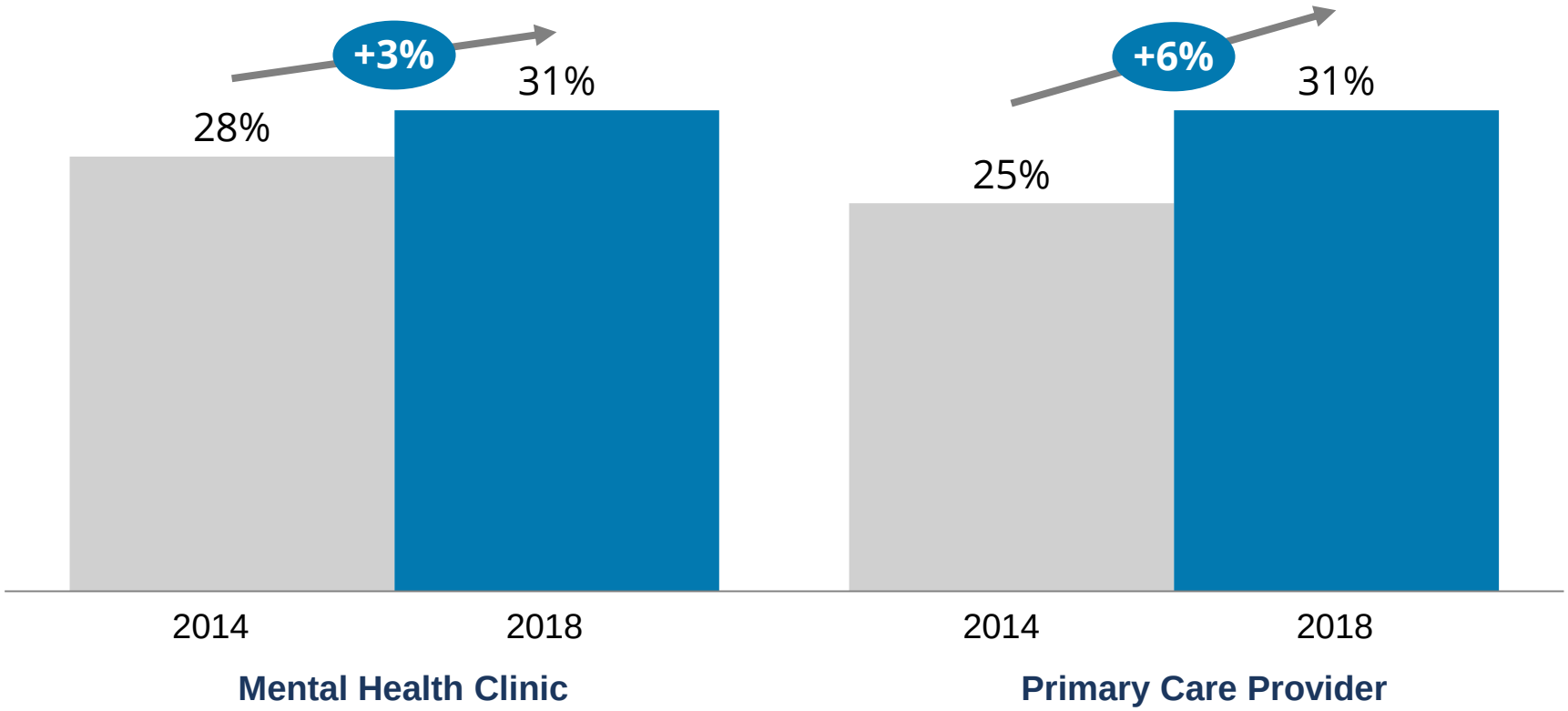
Tennessee Health Link Emergency Department Visits per 1,000 Members, 2013 – 2018

Relative change between attributed and active members 2016 - 2017	**-3%**
Relative change between attributed and active members 2017 - 2018	**-4%**
Relative change between attributed and active members 2016 - 2018	**-3%**

Legend: Not desirable change > 1% | Desirable change > 1% | Change ≤ 1%



Proportion of Members with BH Needs Receiving Outpatient BH Treatment at Mental Health Clinics and Primary Care Providers, 2014 – 2018



- More members with behavioral health needs are receiving outpatient behavioral health outpatient treatment from mental health clinics and primary care providers

TennCare Delivery System Transformation: Episodes of Care Analytics Report

Episodes of Care Analytics Report

Finding 1: Quality has improved or maintained across the majority of episodes

- For both gain-sharing and non-gain sharing metrics, over 80% of the metrics improved or maintained performance from 2017 to 2018

Finding 2: The cost of care decreased

- The majority of episodes have lower than projected spend
- $38.3M in savings for CY 2018

Finding 3: Individual provider groups and hospitals have made a wide variety of changes to improve quality and reduce spend

- A holistic asthma management program led to reductions in inpatient admissions and ED admissions in a major West Tennessee hospital system

Perinatal:
Group B strep screening increased from 88% to 95% (2014 – 2018)

Asthma:
Hospital admissions decreased from 6% to 3% (2014 – 2018)

ODD:
Episodes in which children receive unnecessary BH medications decreased from 23% to 4% (2015 – 2018)

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- Delivery system transformation analytics report release
- **PCMH and THL Quality Measure Update**
- Episodes design changes for 2020
- Plan for next meeting

PCMH/THL Quality Measure Updates for CY2020

- In reviewing for 2020, it was decided the following measures will be removed for program year 2020 due to updated ICD-10 coding guidance (October 2018) that prohibits the use of ICD-10 BMI codes except in cases where the BMI is abnormal (under or overweight):
  - **Adult BMI Assessment (ABA):** 2019 metric for THL and part of composite metric for PCMH Family Practices
  - **Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC):** 2019 part of composite metric for PCMH Family Practices
- The following measures will be removed for program year 2020, which will only impact PCMH Family Practices and all THL Organizations:
  - Adult BMI Assessment (ABA): 2019 metric for THL and part of composite metric for Family Practice PCMH
  - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC): 2019 part of composite metric for Family Practice PCMH
- Based on the analysis of the data and review of metric replacements, the following measure will replace ABA/WCC for PCMH & THL for performance year 2020:
  - **Measure: Controlling High Blood Pressure (CBP)**
  - **Threshold: 25th Percentile (49%)**
- For all other measures not listed above, there will be no change in measure or threshold from CY2019

CY2020 Family PCMH Core Quality Metrics

Metric	Threshold
1. Antidepressant medication management (AMM)- continuation phase	≥ 40%
2. Asthma medication ratio (AMR)	≥ 81%
3. Controlling High Blood Pressure (CBP)	≥ 49%
4. Childhood immunizations (CIS)- Combination 10	≥ 42%
5. Comprehensive diabetes care: BP control < 140/90	≥ 56%
6. Comprehensive diabetes care: Eye exam (retinal) performed	≥ 51%
7. Comprehensive diabetes care: HbA1c poor control (>9.0%)	≤ 47%
8. ESPDT (Composite for older kids) -Well-child visits ages 7-11 years (custom) -Adolescent well-care visits ages 12-21 years (AWC)	 ≥ 55% ≥ 47%
9. EPSDT screening rate (Composite for younger kids) -Well-child visits first 15 months (W15) -Well-child visits at 18, 24, & 30 months (custom) -Well-child visits ages 3-6 years (W34)	 ≥ 61% ≥ 34% ≥ 69%
10. Immunizations for adolescents- Combination 2	≥ 26%

CY2020 THL Core Quality Metrics

Metric	Threshold
1. 7- and 30-day psychiatric hospital / RTF readmission rate	
- 7 day rate	≤5%
- 30 day rate	≤13%
2. Adherence to Antipsychotic medications for individuals with Schizophrenia	>59%
3. Controlling High Blood Pressure (CBP)	≥ 49%
4. Antidepressant medication management: Effective Continuation Phase Treatment	≥40%
5. Comprehensive diabetes care (composite 1): Eye Exam	>51%
6. Diabetes screening for people with Schizophrenia or Bipolar Disorder who are using antipsychotic medications	>82%
7. EPSDT Adolescent well-care visits ages 12-21 years	≥47%
8. EPSDT Well-child visits ages 7-11 years	>55%
9. Follow-up after hospitalization for mental illness: Within 7 days of Discharge	>35%
10. Metabolic Monitoring for Children and Adolescents on Antipsychotics	>=33%

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- Delivery system transformation analytics report release
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- **Episodes design changes for 2020**
- Plan for next meeting

Episode Design Changes in 2020

- 41 Design Changes based on stakeholder feedback:
  - Global exclusions list (e.g. paralysis, coma)
  - Updated overlapping episodes exclusion
  - Gain-sharing metrics for EGD, RI, TJR
  - Episode-specific refinements

- For more information on the design changes, see the **Memo: 2020 Episode Changes** on our webpage:

  https://www.tn.gov/content/dam/tn/tenncare/documents2/2020EpisodesOfCareChanges.pdf

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