Maryland's Multi-Payor Patient Centered Medical Home Program

Medicaid Program Impacts

November 19, 2015

The MARYLAND
HEALTH CARE COMMISSION

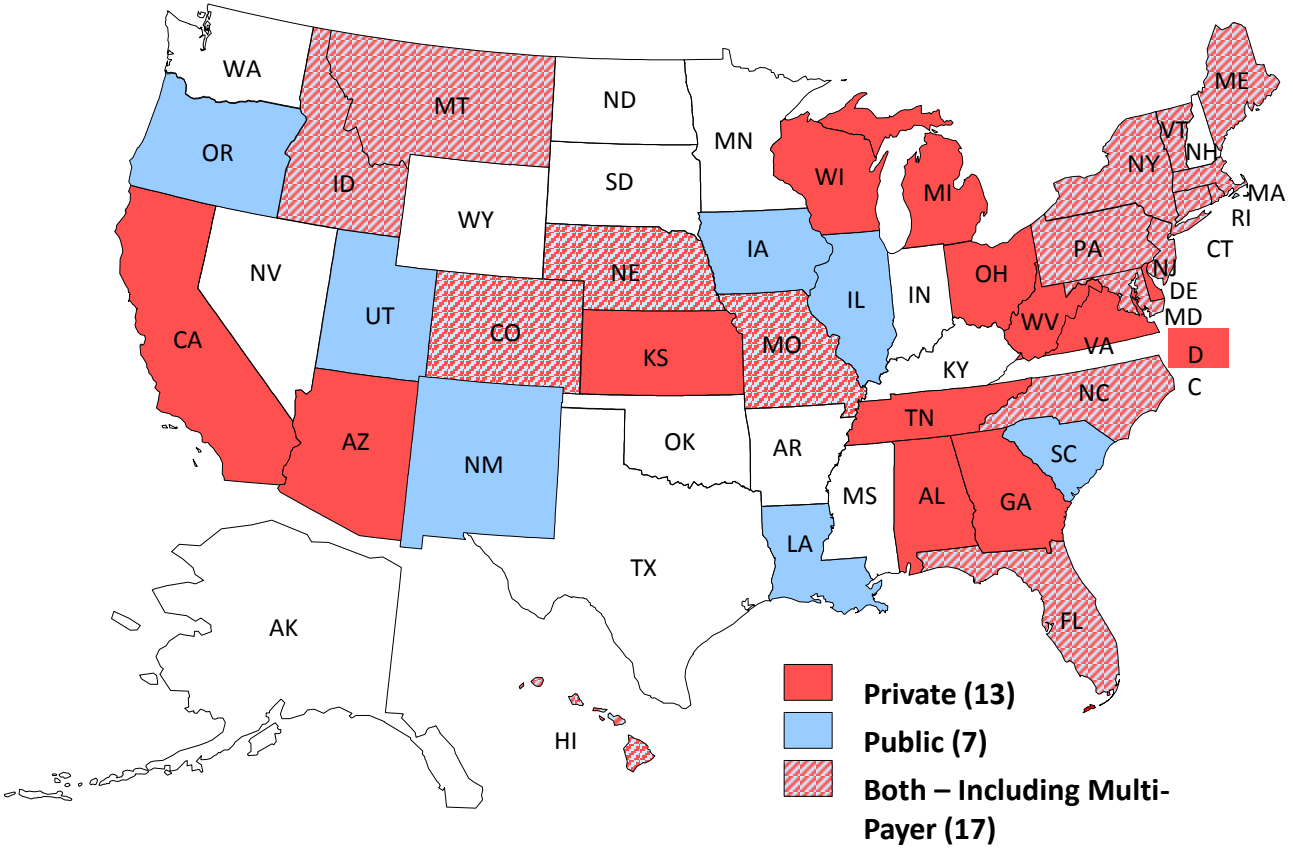
The Essential Role of Primary Care

- Fee-for-service payment systems have typically under-resourced primary care
- Effective primary care is essential to achieving the triple aim
- Around the country, state policy-makers have tackled the issue of how to foster adoption of patient-centered primary care models
- Especially important for vulnerable populations with high rates of chronic disease and with limited access to health resources

Advanced Primary Care

- **Better health outcomes**
- **Better patient experience**
- **Lower costs**
- **Improved physician experience**

States That Have Public and Private Patient-Centered Medical Home (PCMH) Initiatives That Use NCQA Recognition



Source: NCQA March 2014

MMPP Overview

- Maryland law (2010) required the MHCC to develop a three-year pilot Multi-Payor Patient Centered Medical Home (PCMH) Program to improve the health and satisfaction of patients and slow the growth of health care costs while supporting the satisfaction and financial viability of primary care providers and enabled:

  - Exemption for a cost-based incentive payment tied to PCMH; and
  - Authority for carriers to establish single carrier PCMH programs with an incentive-based reward structure (shared savings) and data sharing

- The pilot evaluation period ended June 30, 2014; however, the program continues through 2015, and with Medicaid until June 30, 2016

Participating Practices

- 52 practices from across Maryland that vary in size and ownership; includes two Federally Qualified Health Centers
- Specialties include pediatric, family practice, internal medicine, and geriatric practices
- 339 practitioners, mostly physicians and some certified registered nurse practitioners
- 100,000 attributed commercial patients
- 56,000 Medicaid patients
- For 15 of 52 practices in 2014, Medicaid enrollees were at least 20 percent of their patient mix

Key Program Components

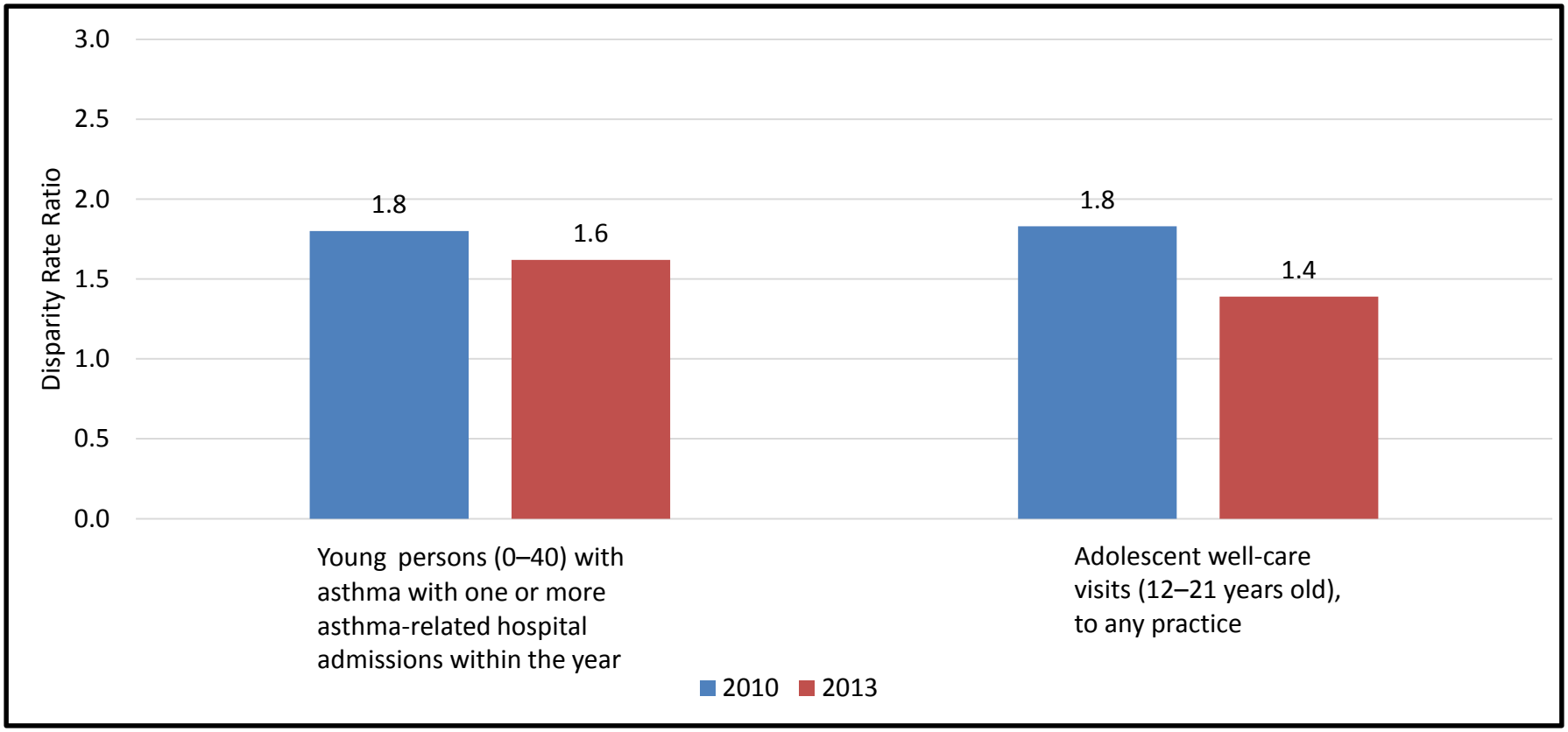
- Innovative payment reforms to support primary care;
- Multiple payor participation;
- State government convening role;
- Standards for PCMH identification;
- New staffing models for team-based primary care;
- Technical assistance to practice sites;
- Common measurement of performance; and
- Collaborative learning

Program Evaluation

- IMPAQ International conducted an evaluation of the MMPP pilot
  - The IMPAQ team includes researchers from IMPAQ International, the Johns Hopkins Bloomberg School of Public Health, Healthcare Resolution Services, and the University of Maryland School of Pharmacy

- IMPAQ developed five issue briefs:
  - Health care disparities;
  - Health care quality, utilization and costs;
  - Patient experience and satisfaction;
  - Practice transformation; and
  - Provider satisfaction

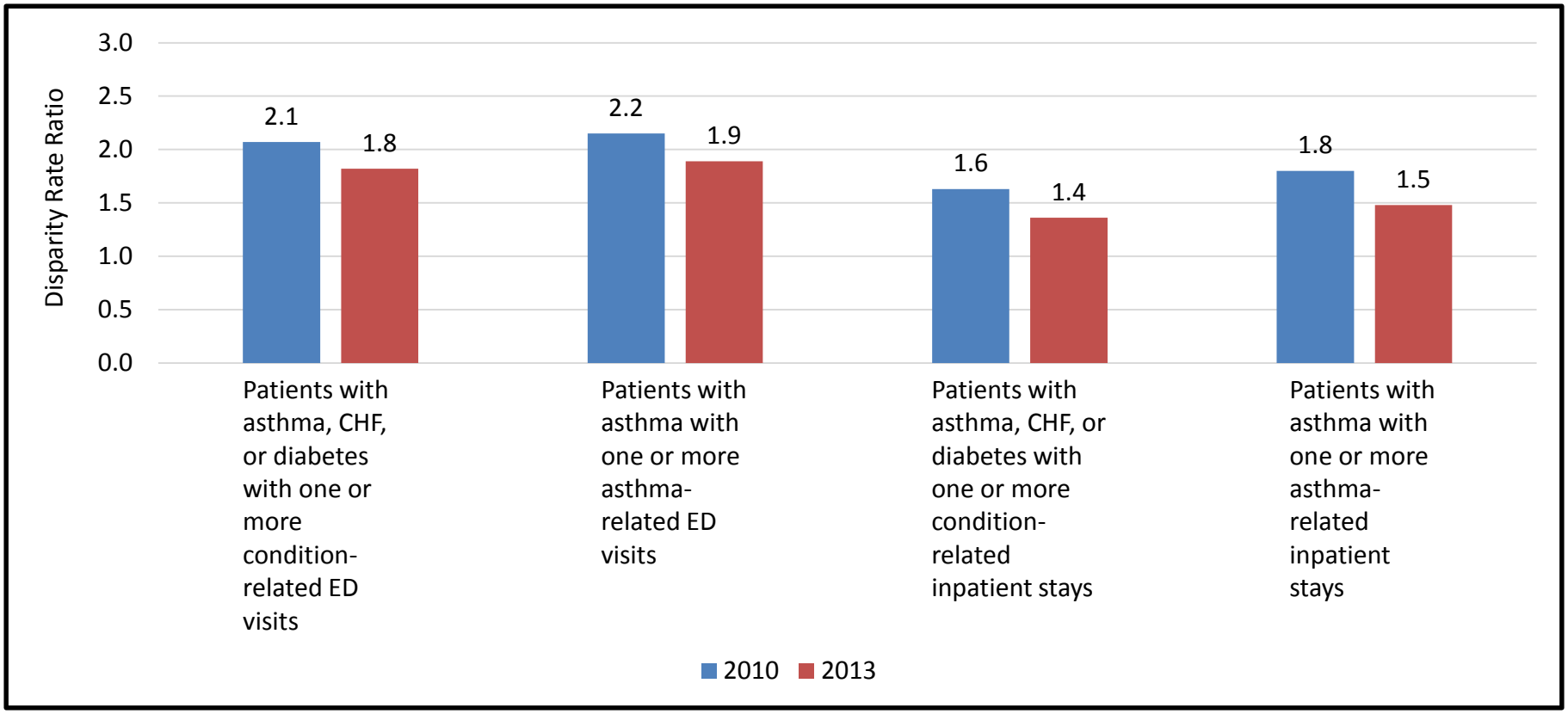
Health Care Racial Disparities In Quality 2010 Versus 2013



Racial disparity was measured using the patient race for Medicaid enrollees: non-white or white. All measures presented have a significant disparity ($p < 0.1$) in the baseline year. This graph displays changes in disparities from the baseline (2010) period to the third year (2013) of the program.

Disparity rate ratio	Interpretation
1.0-1.4	Little or no disparity
1.5-1.9	A disparity exists and should be monitored and may require intervention
2.0-2.4	The disparity requires intervention
2.5-2.9	Major interventions are needed
≥3.0	88

Health Care Racial Disparities In Utilization 2010 Versus 2013



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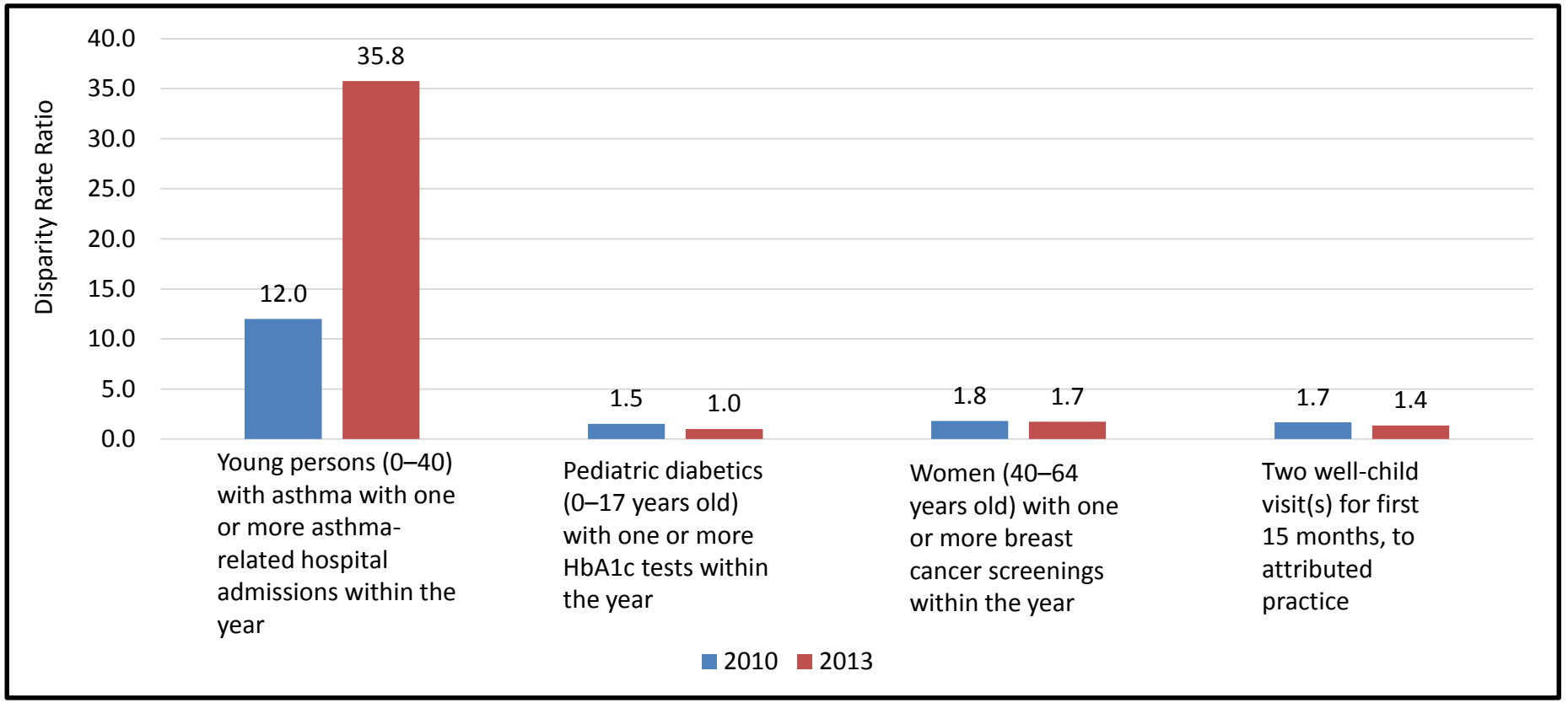
Health Care Payor Disparities In Quality 2010 Versus 2013



Disparity was measured comparing Medicaid to Commercial patients. All measures presented have a significant finding ($p < 0.1$) in the baseline year. This graph displays changes in disparities from the baseline (2010) period to the third year (2013) of the program.

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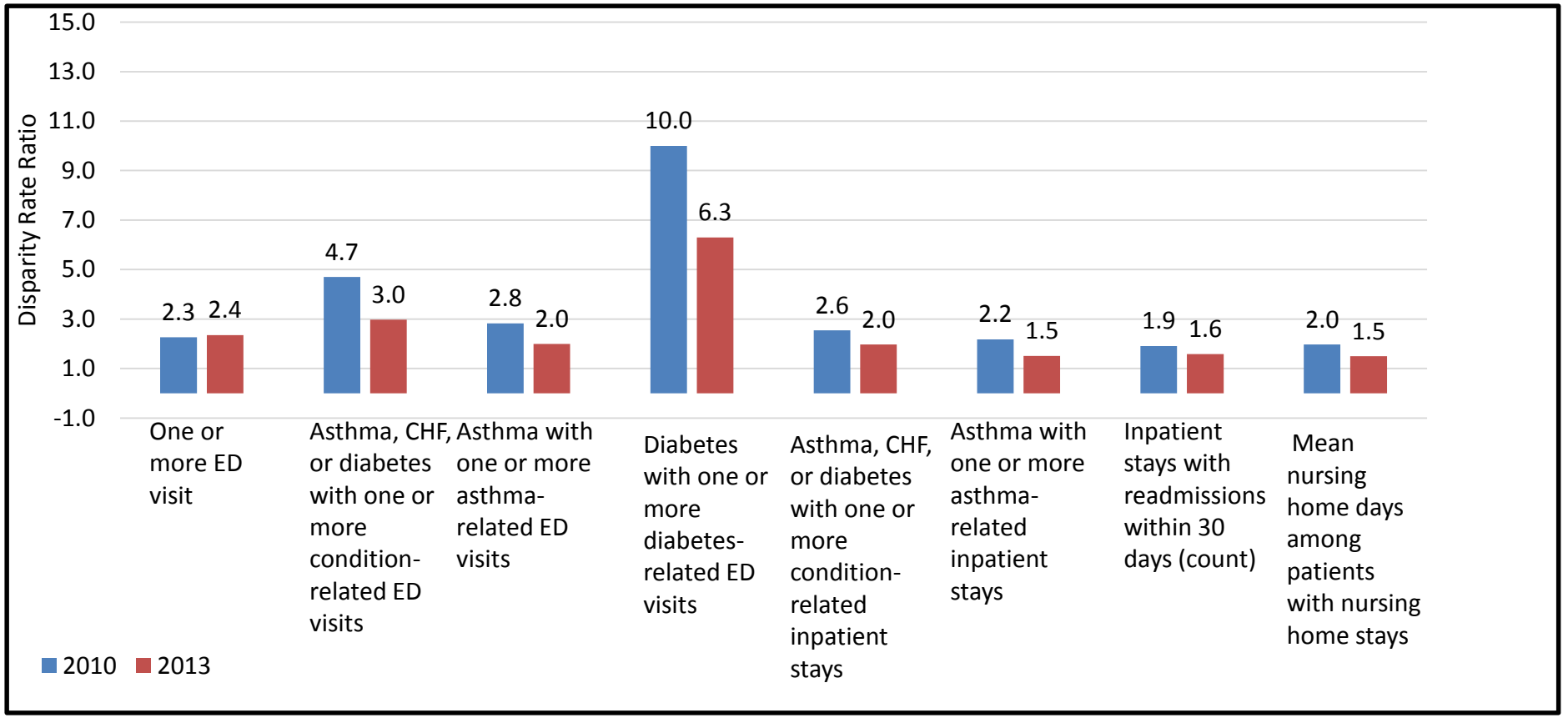

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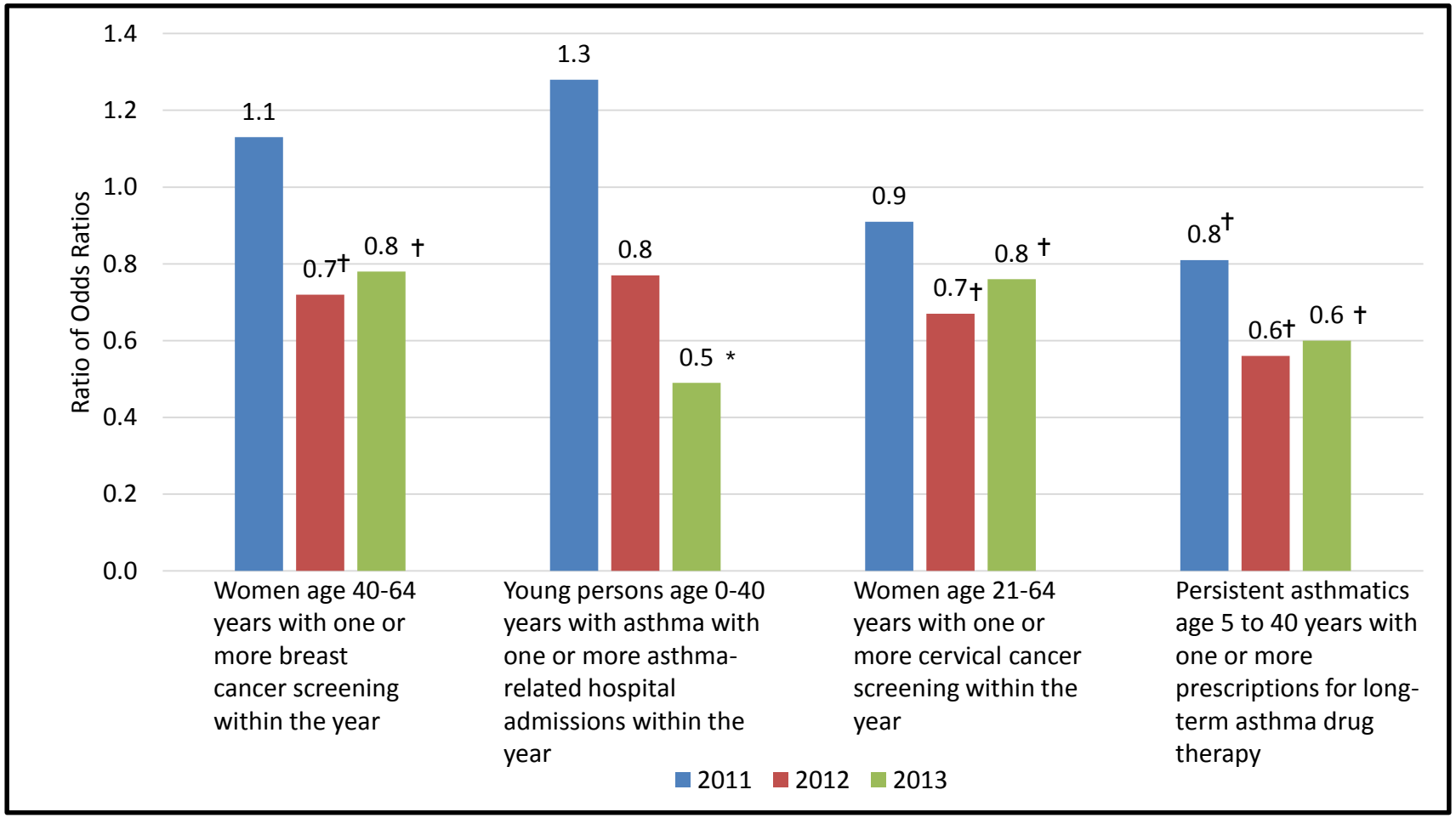
Adjusted Difference-In-Difference Estimates For Selected Quality Measures (vs. 2010)



*p<0.10 †p<0.05

Results are based on the difference-in-difference coefficients, and are adjusted for practice location (proximity to large/small metropolitan area), practice type (solo vs. other), practice use of electronic medical records, proportion of white practitioners in the practice and patient case-mix. The DID approach compares the change in the non-MMPP group to the change in the MMPP group.

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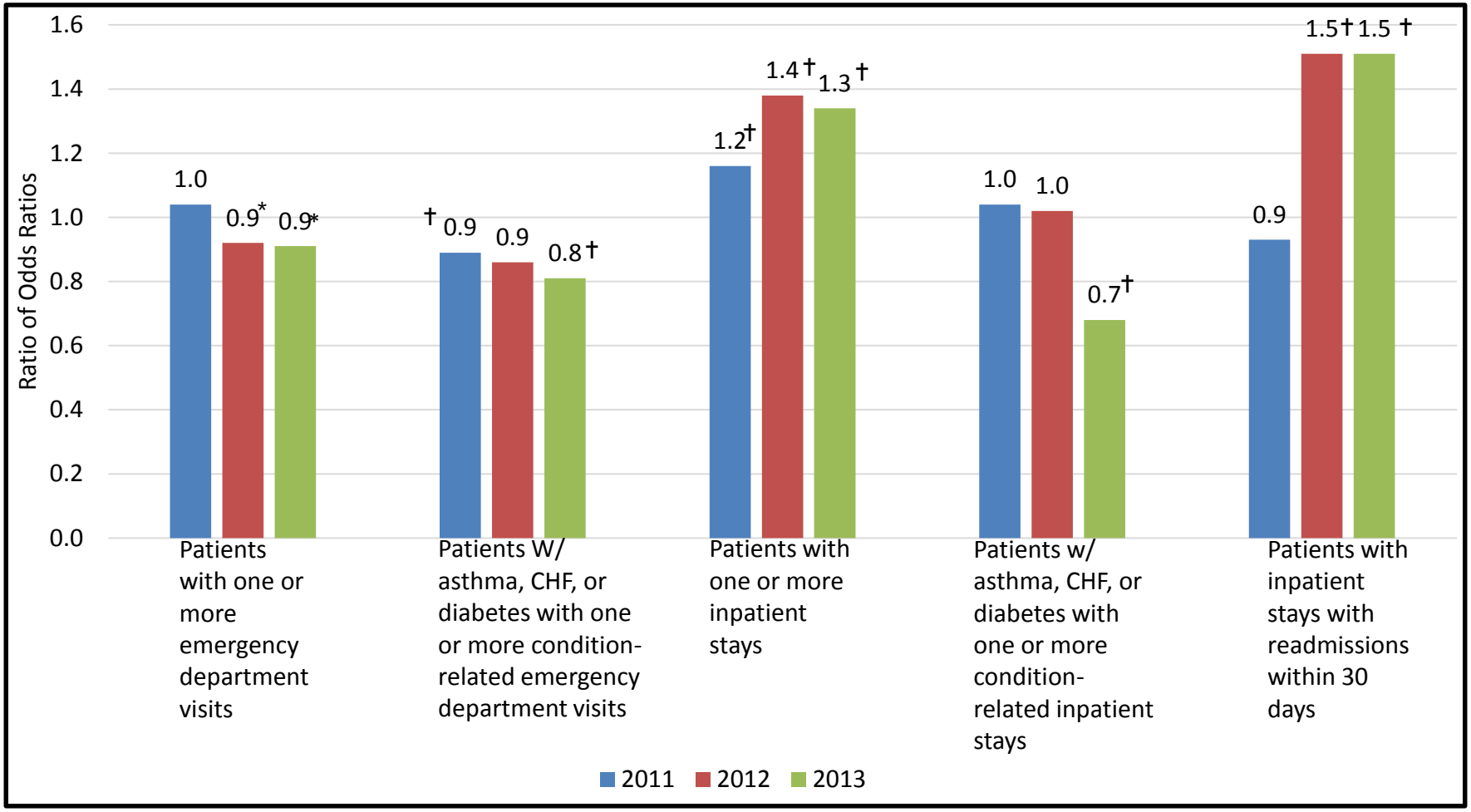

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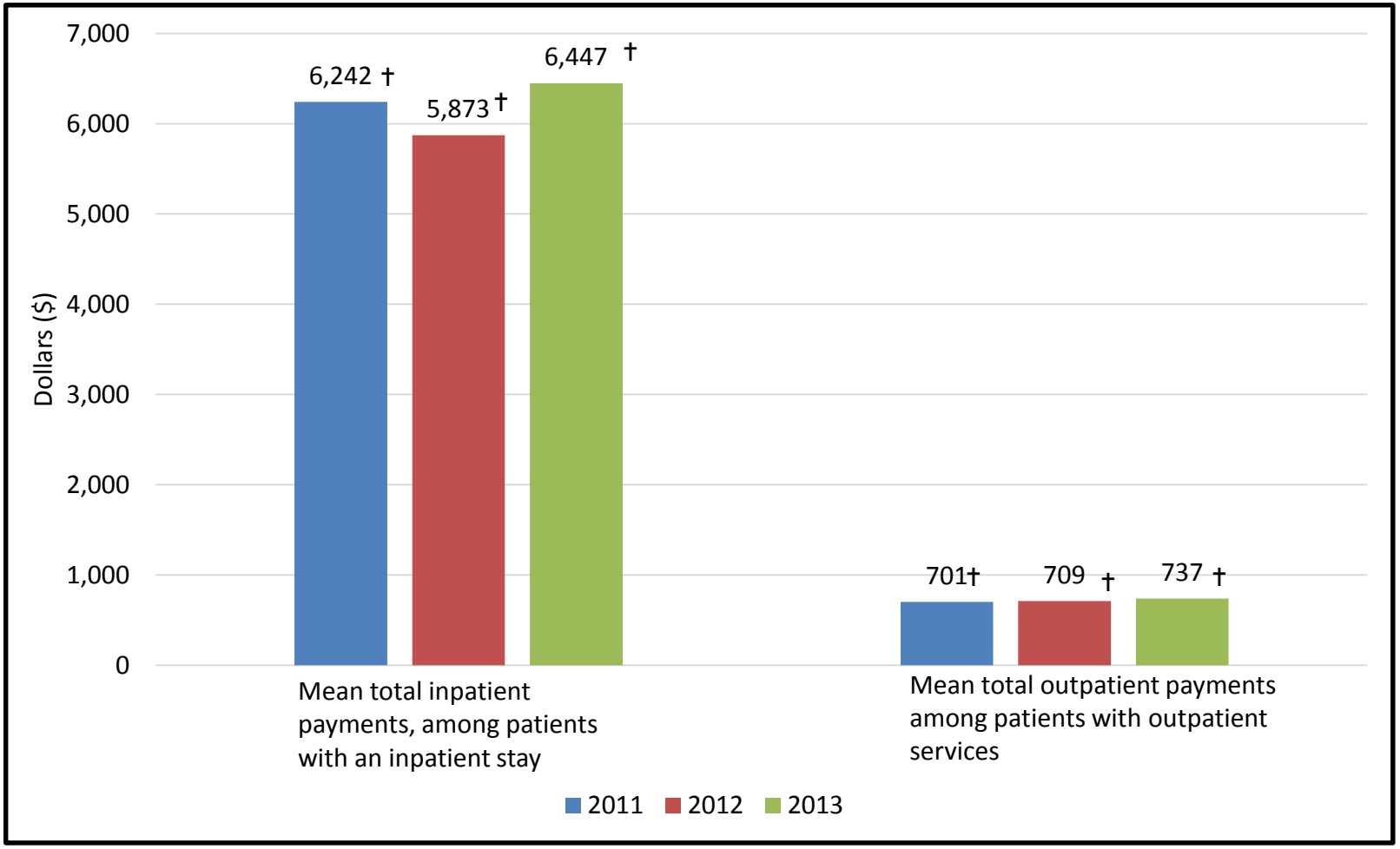
Adjusted Difference-In-Difference Estimates For Selected Cost Measures (vs. 2010)



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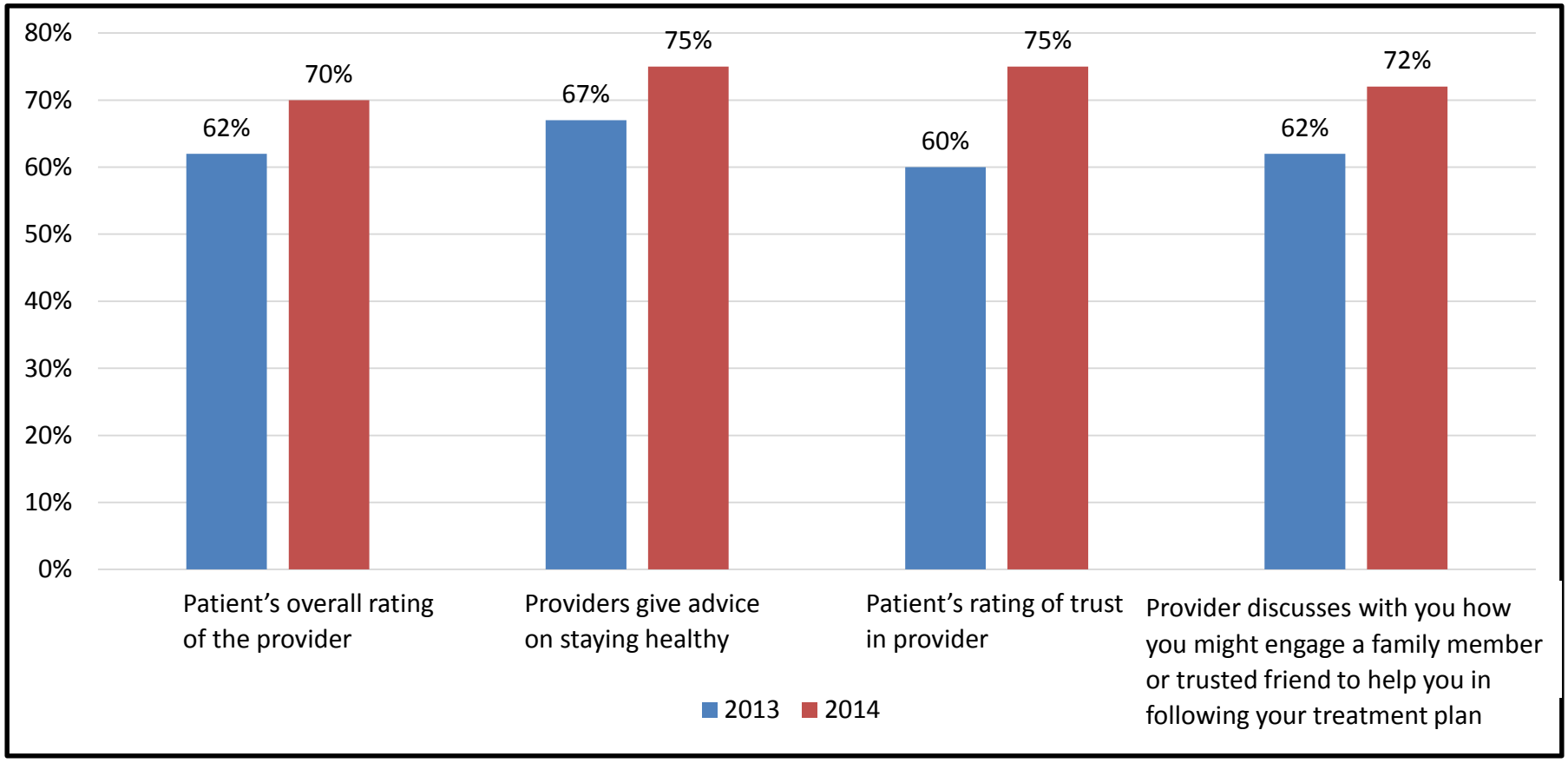
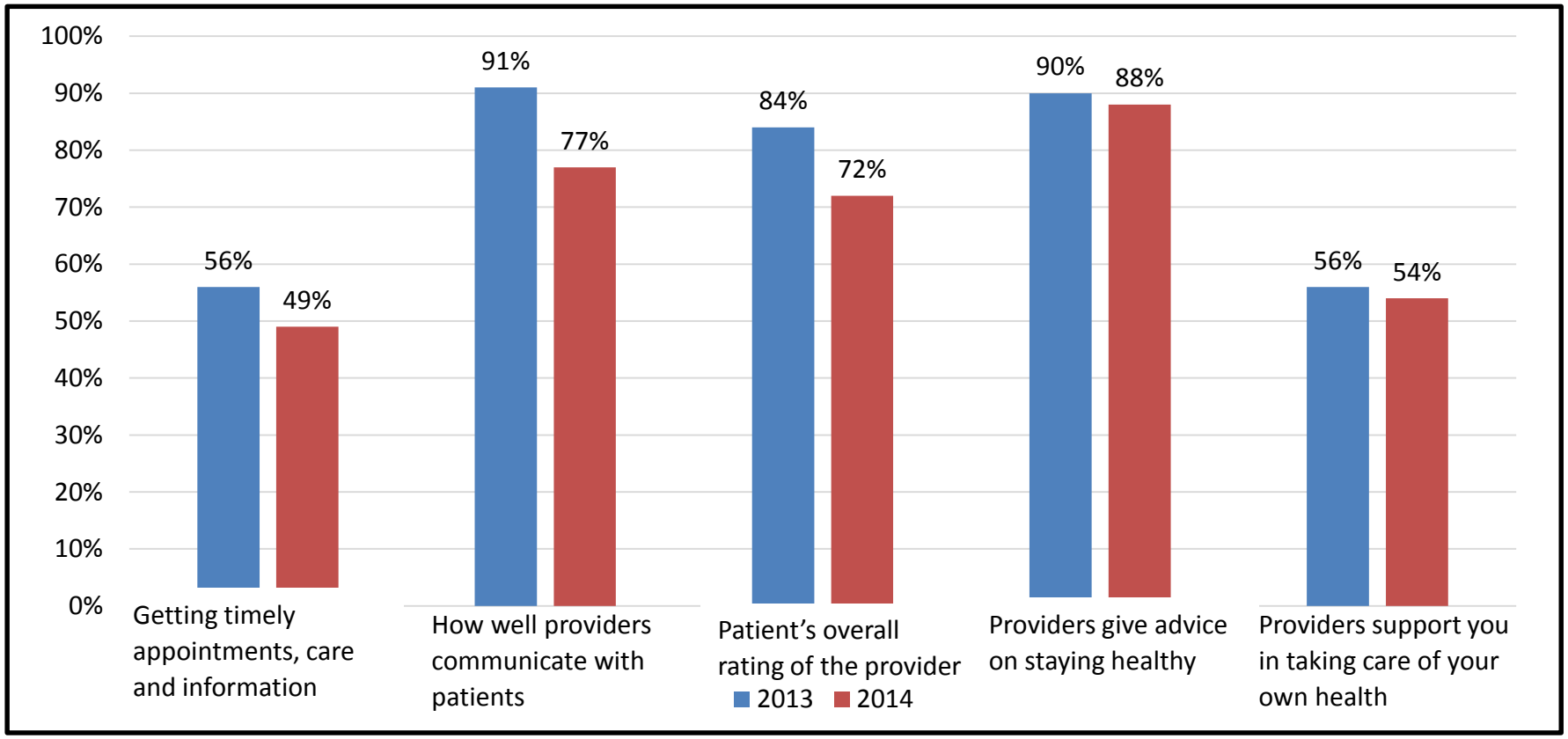
Patient Experience & Satisfaction Survey Responses Indicating Excellent Performance - Adult



For the items and scales from the CAHPS Survey, this report displays the "top box" score, referring to the percentage responding in the most positive response categories, indicating excellent performance.

Patient Experience & Satisfaction Survey Responses Indicating Excellent Performance – Respondents for Children



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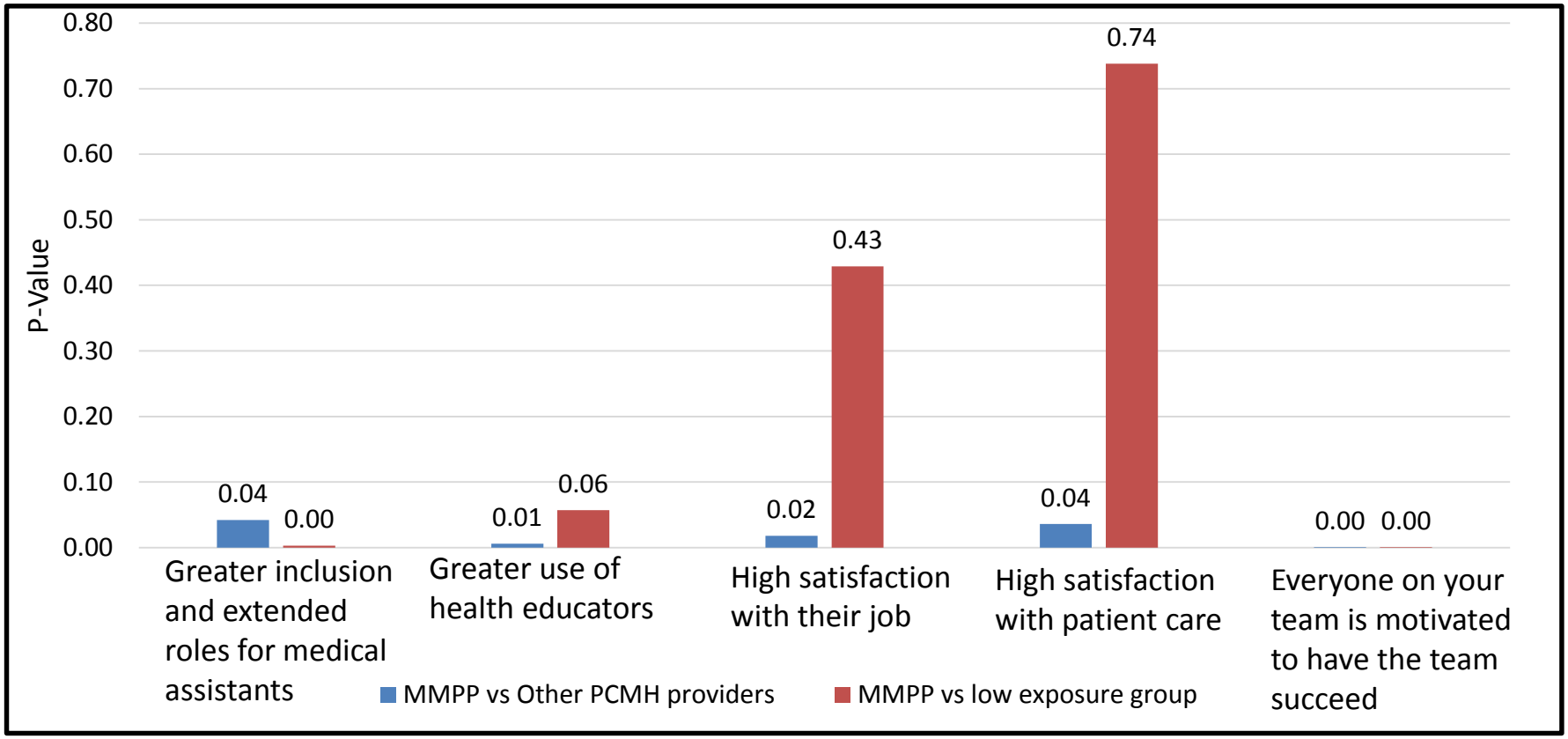
Provider Survey Results, 2014

- Greater inclusion and extended roles for medical assistants in MMPP practices compared to non-participating practices
- Greater use of health educators
- Higher satisfaction with their job than "Other PCMH"
- Higher satisfaction with patient care than "Other PCMH"
- Positive perceptions of several team-functioning measures

Provider Survey Results, 2014



*P values from ordinal logistic regression models that adjust for age (continuous), gender (male/female), race (Caucasian/other), profession in years (<20, >=20), practice type (solo, single specialty, multi-specialty, other), EMR system (no, all electronic, partially electronic), and clustering (robust standard error).

Wrap Up – The Evaluation

- IMPAQ concluded that the program led to improved health care, which may result in improved health outcomes
- Breadth of improvements ranged from breadth of positive findings from high job satisfaction, and satisfaction with the care provided to their patients, to improving relationships between patients and providers
- One of the greatest improvements reported by IMPAQ was in reducing health care disparities; continuing to reduce health care disparities will:
  - Improve health outcomes for the Medicaid population;
  - Reduce expenditures related to medical care and indirect costs; and
  - Align Maryland's health care system with the national Healthy People Initiative

Thank You!

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