



**DRAFT**

# Progress Update on MHCC Grant 21-014: *Advancing Practice Transformation in Ambulatory Practices*

MAY 19, 2022



# Background

- ▶ The MHCC released an announcement for grant applications in May 2021 to identify a Care Transformation Organization (CTO) to engage small primary care and specialty practices (practices) in a practice transformation program (program)
- ▶ Grant objectives include:
  - Prepare practices to deliver efficient, high-quality care while improving health outcomes
  - Lay the foundation for practices to provide team-based, patient-centered care, and for efficient use of health information technology
  - Support Total Cost of Care (TCOC) model goals by readying practices to participate in value-based care (VBC) models



# Overview

- ▶ In June 2021, MedChi CTO was competitively selected to complete transformation activities
- ▶ Grant amount awarded - \$550,000
- ▶ A crucial role of MedChi CTO is providing practice coaching on specific transformation topics and approaches, such as quality improvement and tools to help sequence and manage change essential to succeed in a VBC model



# Milestones

- ▶ The Centers for Medicare & Medicaid Services (CMS) *Transforming Clinical Practice Initiative (TCPI)*\* model serves as the framework for Milestones 1 and 3, the Office of the National Coordinator for Health Information Technology *Workflow Redesign Template* provides the framework for Milestone 2
  - Milestone 1 - Readiness Assessment
  - Milestone 2 – Workflow Redesign
  - Milestone 3 – Training
    - Includes *TCPI Seven Support Change Package Modules (TCPI modules)*

*\*See TCPI Change Package Driver Diagram slide for more information*



# Training

- ▶ Practice training requires up to 12 months to complete
- ▶ Includes virtual or in-person education sessions
- ▶ Based on the *TCPI modules*
  - Provide practices with techniques that can help improve patient health outcomes once implemented

## *TCPI modules:*

- 1** First Things First: Getting Started
- 2** Managing a Population – The Primary Care Perspective
- 3** Reducing Unnecessary Emergency Department Visits
- 4** Making the Business Case for Practice Transformation
- 5** Managing Referrals – Providing a Patient-Centered Referral Experience
- 6** Next Steps in Team-Based Care
- 7** The Medical Neighborhood: What, Why, and How



# Practice Engagement





# Applicants and Participants

- ▶ Approximately 64 practices applied to participate in the program; funding is available for up to 50 practices
  - About 48 percent were specialists and 52 percent were primary care
  - Nearly 18 different specialties applied including cardiology, ophthalmology, and gastroenterology\*
    - Cardiology, ophthalmology, and gastroenterology are among specialties eligible to participate in the Episode Quality Improvement Program (EQIP)
- ▶ Roughly 48 practices were accepted into the program based on combined assessment scores across key drivers
  - Primary drivers are patient and family centered care design; continuous, data-driven quality improvement; and sustainable business operations
  - The percentage of specialists and primary care practices remained the same

*\*See Specialties slide for a chart of practice specialties*



# Practice Locations

Jurisdiction	Primary Care	Specialists	# of Practices
Allegany	2	1	3
Anne Arundel	6	1	7
Baltimore City	0	1	1
Baltimore	3	6	9
Calvert	0	1	1
Carroll	1	0	1
Cecil	2	0	2
Charles	1	1	2
Frederick	0	2	2
Harford	0	2	2
Kent	0	1	1
Montgomery	6	3	9
Prince George's	3	3	6
Queen Anne's	1	0	1
Worcester	2	1	1
<b>Total</b>	<b>25</b>	<b>23</b>	<b>48</b>



# Transformation Activities





# Baseline Assessment

- ▶ Practices completed a baseline readiness assessment (assessment) using the *TCPI Practice Assessment Tool*
  - Measures the extent practices exhibit key transformation attributes defined by a series of milestones aligned with the *TCPI Change Package*
- ▶ The results of the assessment identify practices' positioning on the transformation continuum
  - Areas requiring technical assistance become the focus for work performed by MedChi CTO and supported by specific *TCPI Modules* and the *TCPI Change Package*
- ▶ Based on practices' assessment performance results, practice workplans are developed by MedChi CTO in collaboration with staff



# Transformation Activities

- ▶ Practice workplans detail transformation activities including workflow redesign and training(s) activities
  - Affirmation of the practice workplan is the first step
- ▶ Practice transformation progress is reassessed by MedChi CTO quarterly; scores will be used to:
  - Determine practices' progress through the milestones
  - Evaluate additional technical assistance needed to support transformation efforts
  - Inform any practice workplan revisions



# Workflow Redesign



- ▶ Involves remapping workflows and shifting responsibilities among staff to maximize practice efficiency
- ▶ MedChi CTO will work collaboratively with practice leadership to implement workflows reflective of the unique processes at each practice



# VBC Models

- ▶ Accountable Care Organizations (ACOs)
- ▶ Clinically Integrated Networks
- ▶ TCOC
  - Maryland Primary Care Program (MDPCP)
  - EQIP
- ▶ CareFirst
  - ACOs
  - Episodes of Care (EOC)
  - Capitated Programs
  - Patient Centered Medical Home
  - Specialty Medical Home



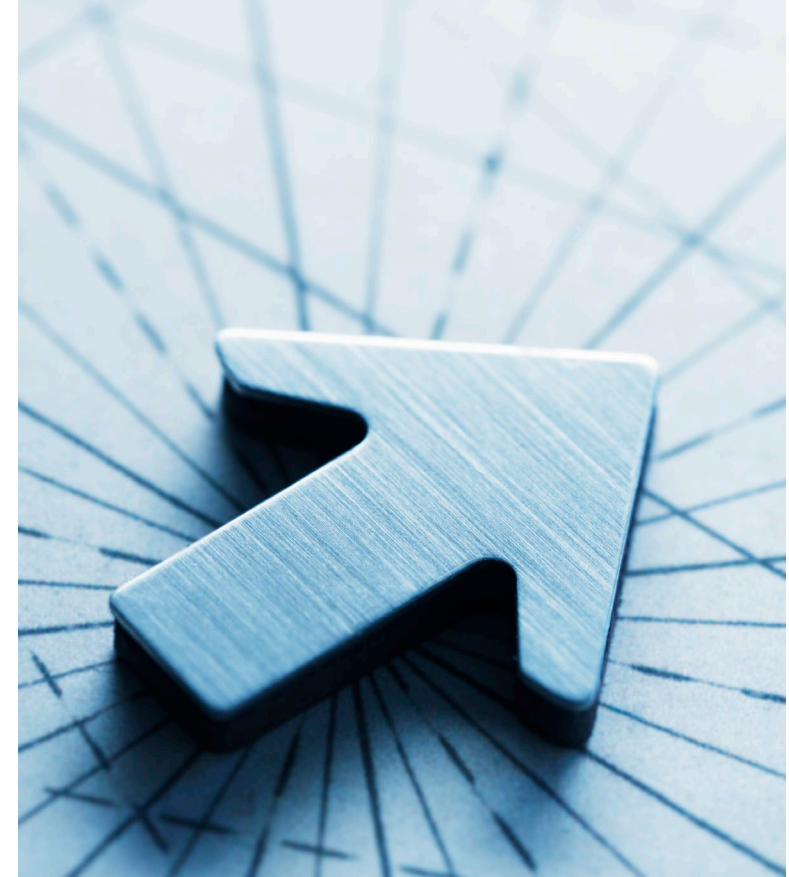
# Additional Grant Funding – Round 2

- ▶ New VBC models including EQIP and CareFirst’s Specialty Medical Home have spurred additional practice interest, especially among small, independent specialists
- ▶ Awarded to MedChi CTO to complete transformation activities for up to 25 practices
  - Allergy
  - Cardiology
  - Dermatology
  - Gastroenterology and General Surgery
  - Ophthalmology
  - Orthopedics and Neurosurgery
  - Urology
- ▶ Grant amount - \$275,000
- ▶ Begins July 1, 2022 / Ends June 30, 2024



# Next Steps – 90-day Outlook

- ▶ Round 1 Activities:
  - Finalize practice workplans (end of May)
  - Review and implement practice workflow redesign activities (May-June)
  - Begin practice training sessions (July)
- ▶ Round 2 Activities:
  - Begin the 90-day practice recruitment period (July)





# MedChi CTO





# Grant Alignment

- ▶ Align with the broad goals of the TCOC Model
- ▶ Prepare practices to participate in VBC models such as the MDPCP and EQIP



# Transformation Focus

## Grant Activities Round 1:

- ▶ Top three training / workflow redesign areas:
  - Data collection, utilization, and analysis
  - Referral management
  - Quality improvement process

## Grant Activities Round 2

- ▶ Focused on key specialties eligible for EQIP



# New Episodes for Program Year 3



- ▶ The Health Services Cost Review Commission (HSCRC) staff selected episodes that most closely fit with additional specialties (allergy, dermatology, ophthalmology, and urology)
  - Identified Prometheus episodes that were closest to the specialty
  - Many of these episodes may be performed by other specialties (e.g., internal medicine)
- ▶ MedChi and HSCRC staff are happy to work with physicians to create additional episodes tailored to the specialty
  - For example, additional emergency department (ED) episodes created by working with ED physicians
  - These episodes will not be limited to Prometheus episodes
    - Development time is extended for non-Prometheus episodes



# Multi-Payer Demonstration with CareFirst

- ▶ The HSCRC and CareFirst aligned episode program definitions so that the EOC program and EQIP can provide parallel incentives to participating physicians
  - Prometheus episode definitions will be utilized in both programs
  - Incentive payment and other policy decisions will remain separate where appropriate
  - Opportunity for rewards across both Medicare and CareFirst increases program outcomes
- ▶ The HSCRC will encourage other payers to start programs similar to EQIP in Maryland



# Health Insurance - Two-Sided Incentive Arrangements and Capitated Payments – Authorization (HB 1148/SB 834)



- ▶ Legislation contains protections for physicians that chose to enter these arrangements and for those that want to remain fee-for-service, including a provision that states that a carrier may not reduce the fee schedule of a physician who remains fee-for-service and does not participate in a two-sided incentive arrangement



# QUESTIONS



# Additional Grant Information





# Round 1 Timeline

Grant Activity	Expected Timeframe
Practice applications	Q3 and Q4 2021
All practice assessments complete	Q1 2022
All workflow redesign complete	Q2 2022
Quarterly training sessions	Q3 2022 through Q2 2023
Program completion	June 30, 2023



# TCPI Module Trainings Assigned to Practices

TCPI Module	# of Practices
#1 - First Things First: Getting Started	48
#2 - Managing a Population – The Primary Care Perspective	48
#3 - Reducing Unnecessary Emergency Department Visits	35
#4 - Making the Business Case for Practice Transformation	48
#5 - Managing Referrals - Providing a Patient-Centered Referral Experience	47
#6 - Next Steps in Team-Based Care	46
#7 - The Medical Neighborhood: What, Why, and How	44



# TCPI Change Package Driver Diagram

<u>Primary Drivers</u>	<u>Secondary Drivers</u>
<b>Patient and Family-Centered Care Design</b>	1.1 Patient & family engagement 1.2 Team-based relationships 1.3 Population management 1.4 Practice as a community partner 1.5 Coordinated care delivery 1.6 Organized, evidence based care 1.7 Enhanced Access
<b>Continuous, Data-Driven Quality Improvement</b>	2.1 Engaged and committed leadership 2.2 Quality improvement strategy supporting a culture of quality and safety 2.3 Transparent measurement and monitoring 2.4 Optimal use of HIT
<b>Sustainable Business Operations</b>	3.1 Strategic use of practice revenue 3.2 Staff vitality and joy in work 3.3 Capability to analyze and document value 3.4 Efficiency of operation

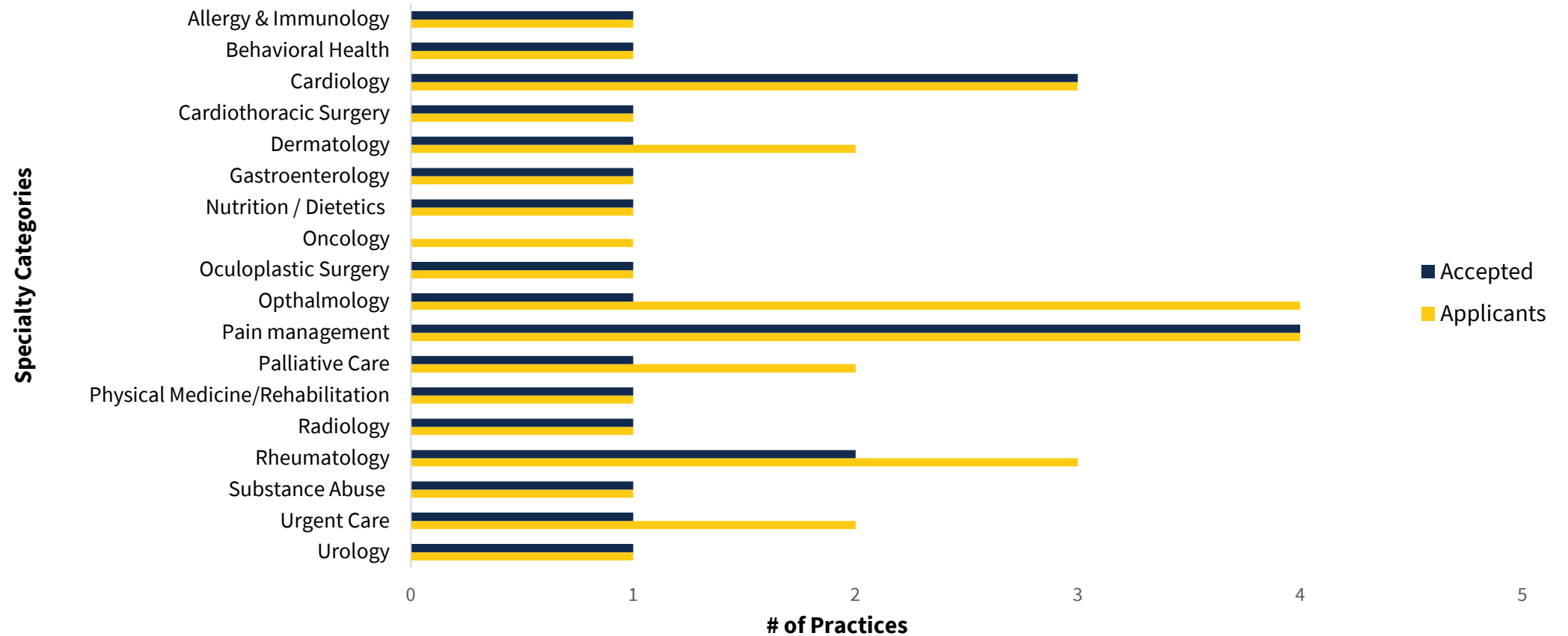


# Additional Practice Information





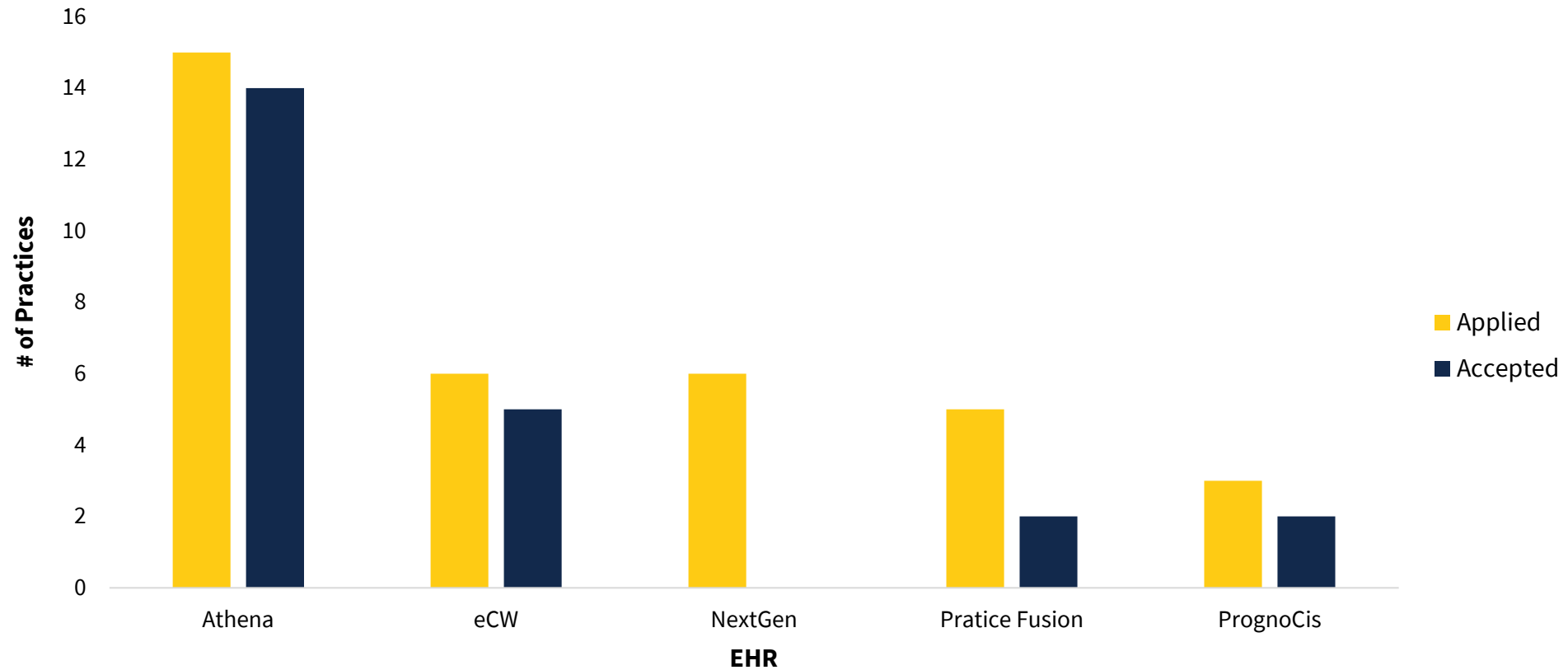
# Specialties





# Electronic Health Records (EHRs)

## Top EHRs





# Telehealth

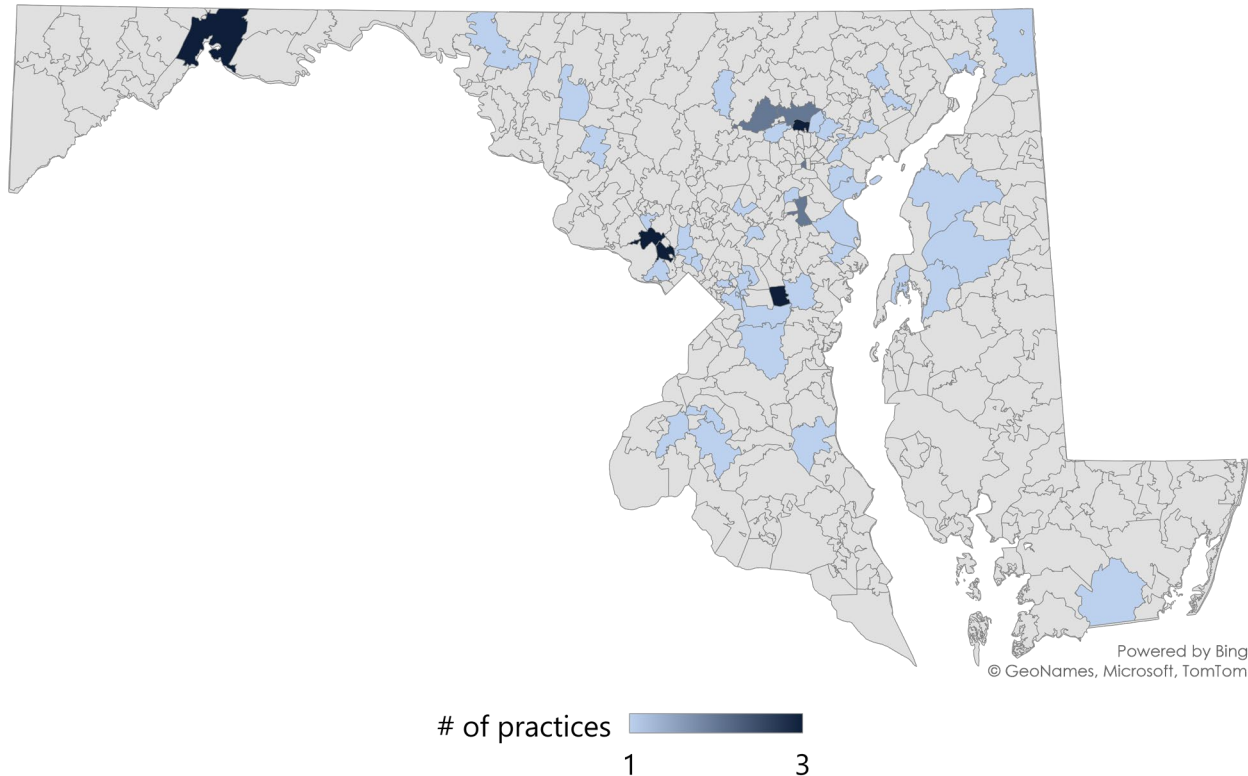
- ▶ Approximately 94 percent of practice applicants offer services through telehealth
- ▶ Roughly 92 percent of participating practices use telehealth as a mode of care delivery





# Applicant Locations

## Practice Locations



Jurisdiction	# of Practices
Allegany	3
Anne Arundel	8
Baltimore City	2
Baltimore	14
Calvert	1
Carroll	1
Cecil	2
Charles	2
Frederick	2
Harford	2
Howard	1
Kent	1
Montgomery	11
Prince George's	9
Queen Anne's	3
Washington	1
Worcester	1
<b>Total</b>	<b>64</b>