North Carolina Department of Health and Human Services (DHHS)
Advanced Medical Home Technical Advisory Group (AMH TAG) Meeting #16 (Conducted Virtually)
December 14, 2021, 4:00 PM ET

Attendees:

AMH TAG Members	Organization
C. Marston Crawford, MD, MBA	Pediatrician Coastal Children's Clinic – New Bern, Coastal Children's
David Rinehart, MD	President-Elect of NC Family Physicians North Carolina Academy of Family Physicians
Cindy Lambert (for Rick Bunio, MD) **Tara Lawson (for Rick Bunio, MD)**	Director of Care Management Cherokee Indian Hospital
Gregory Adams, MD	Member of CCPN Board of Managers Community Care Physician Network (CCPN)
Jennifer Houlihan, MSP, MA	Vice President Value-Based Care & Population Health Atrium Health Wake Forest Baptist
Amy Russell, MD	Medical Director Mission Health Partners
Kristen Dubay, MPP	Director Carolina Medical Home Network
Joy Key, MBA	Director of Provider Services Emtiro Health
Lawrence Greenblatt, MD (for Tara Kinard, RN, MSN, MBA, CCM, CENP)	Professor Medicine Duke University Health System
George Cheely, MD, MBA	Chief Medical Officer AmeriHealth Caritas North Carolina, Inc.
Michael Ogden, MD	Chief Medical Officer Blue Cross and Blue Shield of North Carolina
Michelle Bucknor, MD, MBA	Chief Medical Officer UnitedHealthcare of North Carolina, Inc.
William Lawrence, MD	Chief Medical Officer Carolina Complete Health, Inc.
Jason Foltz, DO	Medical Director, ECU Physicians MCAC Quality Committee Member
Keith McCoy, MD	Deputy CMO for Behavioral Health and I/DD Community Systems, Chief Medical Office for Behavioral Health and I/DD
NC DHHS Staff and Speakers	**Title**
Kelly Crosbie, MSW, LCSW	Chief Quality Officer
Krystal Hilton, MPH	Associate Director of Population Health
Marisa Elena Domino, PhD	Professor, Department of Health Policy and Management UNC Gilling School of Global Public Health

Agenda

- Welcome and Roll Call (all AMH TAG members present with the exception of Rick Bunio, Tara Kinard, and Genie Komives)
  - The Department announced that the state will be partnering with CMS on a multi-payer initiative called the State Transformation Collaborative (STC) through the Health Care Payment Learning and Action Network (HCP LAN) to advance whole person care, health equity, and APMs. North Carolina was chosen as one of four state markets in the country to participate.
  - The STC is not bound to implement any particular CMS model, but will be a process to develop and refine goals for increasing APMs to advance the state's goals, including whole person care, primary and behavioral health integration, and health equity.
- UNC Sheps Evaluation of 1115 Waiver
- Potential Upcoming Topics for AMH TAG
- Wrap-Up and Next Steps

UNC Sheps Evaluation of 1115 Waiver

Key Takeaways

- CMS requires that states conduct an evaluation of all 1115 Waivers. The UNC/Sheps Center was selected as the independent evaluator for North Carolina's 1115 waiver evaluation.
- The waiver evaluation will use a mixed-methods approach to test the evaluation hypotheses, including both a quantitative analysis and qualitative interviews from providers and other stakeholders. The hypotheses were originally approved in January 2020 and will continue to be refined and updated over time.
- The time period of the evaluation is the entire demonstration period, from November 2019-October 2024. The baseline time period is October 2015-October 2019.
- Hypotheses that will be tested about AMH include:
  - **Hypothesis 1.4:** Implementation of Advanced Medical Homes (AMHs) will increase the delivery of care management services and will improve quality of care and health outcomes.
  - **Hypothesis 2.2:** The implementation of Medicaid managed care will increase the number of enrollees receiving care management, overall and during transitions in care.
- Measures examined for AMH-related hypotheses include measures from the AMH Measure Set and additional metrics.

Discussion/Feedback from AMH TAG Members on UNC Sheps Evaluation of 1115 Waiver

- **Question**: The majority of recipients in AMHs will receive their care management via CINs and not from their AMH. Should this be addressed explicitly in the study design?
  Response: This will depend on the data. If the data differentiates patients in AMHs vs. patients in CINs, Sheps will separate those components.
- **Question**: How is provider participation measured in the evaluation?
  Response: Potential metrics include whether a provider has: new Medicaid patients, contracts with Medicaid, contracts with Medicaid and at least one Medicaid patient. Sheps could also use different quantitative cut-offs, such as a certain amount of revenue from Medicaid or a number of unique Medicaid enrollees served.
- **Question**: What is the control group(s) the hypothesis will be measured against?
  Response: Potential control groups include enrollees served pre-July 1, 2021 and comparing outcomes from enrollees cared for in AMHs to enrollees not in AMHs. Sheps has considered

comparing against another state but has not identified a strong comparison. Sheps may use marketplace exchange beneficiaries as another potential control group.

o **Question**: Can you provide examples of health outcomes that will be studied?
Response: Metrics studied include number of enrollees receiving care management and rate of screening for unmet resource needs.

o **Question**: *(In response to discussion of regression discontinuity):* Just above the threshold for care management will be individuals who are receiving lower intensity care management services. The greatest impact is likely from complex care management. This poses a challenge to find the right comparison groups.
Response: Agreed, finding comparison groups for care management is challenging.

o **Question**: What if practices have a history with other kinds of risk based models? Would that experience affect outcomes seen? Additionally, will Sheps be able to differentiate that other payer experience in its evaluation?
Response: These data are unlikely to be included in the administrative dataset that will be used. Sheps may be able to tell from provider interviews and will consider how best to address in the evaluation, where possible.

o **Question**: Will member-reported outcomes be included?
Response: To keep the evaluation at a manageable scale, Sheps is not planning to include member surveys or interviews. If they have capacity, they could set up a separate member/stakeholder panel or do a survey approach to include this member perspective.

o **Question**: Some provider surveys may be completed by the CIN vs. practice level. Is there a way to ensure the survey data accounts for organizations appropriately?
Response: The survey team has carefully decided the definition of a "practice" and will be conducting the survey accordingly, based on which level of the organization makes key decisions.

Potential Upcoming Topics for AMH TAG

Key Takeaways

- Potential topics include the data subcommittee and data standardization, cost data sharing, AMH monitoring and delegation protocols
- All TAG members were asked to send recommended delegates for the AMH TAG Data Subcommittee. Any AMH TAG member who has not sent the Department their recommendations is encouraged to do so as soon as possible.

Wrap-Up and Next Steps

The next AMH TAG meeting will be Tuesday, January 11, 2022, 4:00-5:00 PM.

AMH TAG Members are encouraged to send any additional feedback or suggestions to Kelly Crosbie (Kelly.Crosbie@dhhs.nc.gov) of DHHS.

The meeting adjourned at 5:00 pm.