

**North Carolina Department of Health and Human Services (DHHS)**

Advanced Medical Home Technical Advisory Group (AMH TAG) Meeting #22 (Conducted Virtually)

October 11, 2022, 4:00 PM ET

Attendees:

<b>Name</b>	<b>Organization</b>
<b>David Rinehart, MD</b>	President-Elect of NC Family Physicians North Carolina Academy of Family Physicians
<b>Rick Bunio, MD</b>	Executive Clinical Director, Cherokee Indian Hospital
<b>Anna Boone (for Gregory Adams, MD)</b>	Member of CCPN Board of Managers Community Care Physician Network (CCPN)
<b>Jennifer Houlihan, MSP, MA</b>	Vice President Value-Based Care & Population Health Atrium Health Wake Forest Baptist
<b>Amy Russell, MD</b>	Medical Director Mission Health Partners
<b>Kristen Dubay, MPP</b>	Director Carolina Medical Home Network
<b>Joy Key, MBA</b>	Director of Provider Services Emtiro Health
<b>George Cheely, MD, MBA</b>	Chief Medical Officer AmeriHealth Caritas North Carolina, Inc.
<b>Michael Ogden, MD</b>	Chief Medical Officer Blue Cross and Blue Shield of North Carolina
<b>Atha Gurganus (for Michelle Bucknor, MD, MBA)</b>	Advanced Medical Home Transformation Director UnitedHealthcare of North Carolina, Inc.
<b>William Lawrence, MD</b>	Chief Medical Officer Carolina Complete Health, Inc.
<b>Eugenie Komives, MD</b>	Chief Medical Officer WellCare of North Carolina, Inc.
<b>Jason Foltz, DO</b>	Medical Director, ECU Physicians MCAC Quality Committee Member
<b>Tara Kinard, RN, MSN, MBA, CCM, CENP</b>	Associate Chief Nursing Officer Duke Population Health Management Office

<b>Keith McCoy, MD</b>	Deputy CMO for Behavioral Health and I/DD Community Systems, Chief Medical Office for Behavioral Health and I/DD
<b>NCDHHS Staff and Speakers</b>	<b>Title</b>
Kelly Crosbie, MSW, LCSW	Chief Quality Officer
Lauren Burroughs, MPH	Advanced Medical Homes Program Manager
Chelsea Gailey, MPH, CHES	Quality Measure Evaluator Lead
Sam Thompson, MSW	Associate Director, Program Evaluation, Quality and Population Health

### Agenda

- Welcome and Roll Call
- Advanced Medical Homes Level-Setting
- Review of AMH Measures
- AMH Evaluation Next Steps
- Wrap-Up and Next Steps

### Advanced Medical Homes Level-Setting

- The Department provided information regarding the percentage of Standard Plan beneficiaries at AMH Tier 3 practices by county and region (distinguishing between rural and urban status). The Department shared that Region 4 has the largest share (93.8%) of beneficiaries at an AMH Tier 3 while Region 2 has the lowest (68.7%).
- The Department noted that the overall number of practices with a member assigned has increased since managed care launch but the overall number of AMH Tier 3s has remained constant. Additionally, the number of practices with members from nearly all of the state’s Prepaid Health Plans (PHPs) is increasing. However, the number of practices with no PHP members is increasing as well.
- The Department shared some key statistics related to member enrollment:
  - WellCare has the largest share (83.1%) of beneficiaries at an AMH Tier 3 while United has the lowest (77.3%).
  - Healthy Blue has the highest share (91.4%) of Tier 3 practices with at least one assigned member while AmeriHealth has the lowest (80.3%).
  - The American Indian population has the highest share of members assigned to an AMH Tier 3 practice (87.13%) while the Asian population has the lowest (80.62%)
- Lastly, the Department shared AMH demographics by AMH Tier and practice size. The majority of practices are Tier 3 (1,597 practices, serving on average 1,019 members per practice). The majority of practices are in the 67-94<sup>th</sup> practice size percentile (423 – 2575 members).

### Review of AMH Measures

- The Department provided a description of measures in the AMH measure set, to include endorsement status, clinical significance, national and statewide performance, performance by AMH Tier, provider county and practice size, measure specification changes and health equity considerations. The Department discussed the following measures (**Note**: some measures were excluded from the presentation due to unreliable data):
  - Pediatric Measures
    - Child and Adolescent Well-Care Visits
      - The Department flagged measure specification changes in 2020 for this measure. The Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34) and Adolescent Well-Care Visits (AWC) measures were modified by the measure steward into a combined measure that includes rates for Ages 3 to 11, 12 to 17, 18 to 21, and a total rate.
      - The Medicaid trend for this measure is increasing and at a similar rate compared to national trends.
      - Performance rates did not vary significantly by provider county.
      - AMH Tier 3s had the highest performance rates for the measure (slight increase in rates compared to 2020).
      - The largest practices had the highest performance rates (increase in rates compared to 2020).
    - Childhood Immunization Status (Combination 10)
      - The Medicaid trend for this measure is increasing and at a similar rate to national trends.
      - The Department flagged large disparities in performance for Black, Standard Plan and Tailored Plan-eligible enrollees).
      - Performance rates varied considerably by provider county but not by urban/rural status.
      - AMH Tier 2s and 3s had the highest performance rates for the measure (slight increase in rates compared to 2020).
      - Measure performance did not vary significantly by practice size.
    - Immunization for Adolescents
      - The Medicaid trend for this measure is increasing but below national trends.
      - The Department flagged large disparities in performance for Black, Standard Plan enrollees (20%).
      - Performance rates did not vary significantly by provider county but rates appeared to be lower in rural counties.
      - AMH Tier 3s had the highest performance rates for the measure (slight increase in rates compared to 2020).
      - The largest practices had the highest performance rates (slight increase from 2020).
    - Well-Child Visits in the First 30 Months of Life
      - The Department flagged measure specification changes in 2020 for this measure. The Well-Child Visits in the First 15 Months of Life (W15-CH) measure was modified by the measure steward. It now includes two

rates: (1) six or more well-child visits in the first 15 months and (2) two or more well-child visits from 15 to 30 months.

- The Medicaid trend for this measure is flat for enrollees under 15 months old and decreasing for enrollees between 15-30 months old. Both rates are below national trends.
  - The Department flagged large disparities in performance for Black, Standard Plan and Tailored Plan-eligible enrollees (>10%) (both rates).
  - Performance rates varied considerably by provider county for enrollees under 15 months but not by urban/rural status. For enrollees between 15-30 months old, rates did not vary significantly by provider county.
  - AMH Tier 2s and 3s had the highest performance rates for the measure (but the under 15 month rate declined from 2020).
  - The smallest practices had the highest performance rates for enrollees under 15 months (slight increase from 2020). Rates did not vary by practice size for enrollees between 15-30 months.
- Adult Measures
    - Cervical Cancer Screening
      - The Medicaid trend for this measure is decreasing and below the national trend.
      - Performance rates did not vary significantly by provider county/rural or urban status.
      - Measure performance did not vary significantly by AMH Tier.
      - All but the smallest practices sizes performed similarly.
    - Chlamydia Screening in Women
      - The Medicaid trend for this measure is flat and in line with the national trend.
      - Performance rates varied considerably by provider county but not by urban/rural status.
      - AMH Tier 3s had the highest performance rates for the measure (slight decrease in rates compared to 2020).
      - Measure performance did not vary significantly by practice size.

#### AMH Evaluation Next Steps

- The Department provided an update that the Provider Survey from Year 1 of Managed Care is complete and the results are being analyzed. Next steps include conducting interviews and focus groups with beneficiaries.
- The Department plans to conduct an analysis of volume and types of care management and associated impact on quality and health outcomes.
- Further, the Department is working on 1) validating the following clinical data elements in the Health Information Exchange: HbA1c screening, blood pressure results, and depression screening; and 2) developing an AMH-level Total Cost of Care dashboard. The dashboard will also be available for clinically integrated networks (CINs) and stratify data by a variety of variables (e.g. Medicaid eligibility group).

## Wrap-Up and Next Steps

- The next AMH TAG meeting will be on Tuesday, November 8, 2022 from 4:00-5:00 PM. The agenda for the meeting is forthcoming.
- AMH TAG Members are encouraged to send any additional feedback or suggestions to:
  - [Sam.Thompson@dhhs.nc.gov](mailto:Sam.Thompson@dhhs.nc.gov)
  - [Chelsea.Gailey1@dhhs.nc.gov](mailto:Chelsea.Gailey1@dhhs.nc.gov)
  - [Kelly.Crosbie@dhhs.nc.gov](mailto:Kelly.Crosbie@dhhs.nc.gov)
- The meeting adjourned shortly after 5:00 pm.