

North Carolina Department of Health and Human Services (DHHS)

Advanced Medical Home Technical Advisory Group (AMH TAG) Meeting #21 (Conducted Virtually)
September 13, 2022, 4:00 PM ET

Attendees:

Name	Organization
David Rinehart, MD	President-Elect of NC Family Physicians North Carolina Academy of Family Physicians
Anna Boone (for 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
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.
Jonathan Caldwell for (Eugenie Komives, MD)	WellCare 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
Tara Kinard, RN, MSN, MBA, CCM, CENP	Associate Chief Nursing Officer Duke Population Health Management Office
Lawrence Greenblatt, MD	Medical Director Northern Piedmont Community Care
Trista Pfeifferberger, MS	Vice President of Product Development and Relationships Community Care of North Carolina
Joy Key	Director of Provider Services Emtiro Health

Keith McCoy, MD	Deputy CMO for Behavioral Health and I/DD Community Systems, Chief Medical Office for Behavioral Health and I/DD
NCDHHS Staff and Speakers	Title
Kelly Crosbie, MSW, LCSW	Chief Quality Officer
Elizabeth Kasper, MSPH	Special Policy Advisor - Alternative Payment Models
Lauren Burroughs, MPH	Advanced Medical Homes Program Manager
Rebecca Whitaker, PhD, MSPH	Research Director, North Carolina Health Care Transformation, Duke Margolis Center for Health Policy

Agenda

- Welcome and Roll Call
- Priorities for North Carolina's State Transformation Collaborative
- Discussion
- Wrap-Up and Next Steps

Priorities for North Carolina's State Transformation Collaborative

- The State Transformation Collaborative (STC) is supported by the Health Care Payment Learning and Action Network (HCP/LAN) and the Center for Medicare and Medicaid Innovation (CMMI) – North Carolina was selected as one of four states undertaking multi-stakeholder initiatives. The goal of the North Carolina STC is to accelerate the shift away from fee-for-service to a value-based, person centered approach to health through a focus on multi-payer alignment (i.e., Medicaid, Medicare, Medicare Advantage, and commercial payers and purchasers).
- The STC aligns with North Carolina's Medicaid value-based payment (VBP) strategy by:
 - Ensuring that North Carolina Medicaid “purchases health” and is a good steward of state resources;
 - Establishing ambitious, but achievable, VBP goals;
 - Recognizing market readiness for VBP and align across payers, when feasible;
 - Allowing Prepaid Health Plans (PHPs) and providers flexibility to tailor VBP models to their specific populations and needs;
 - Building on primary care infrastructure;
 - Advancing health equity; and
 - Providing “Whole Person” Care.
- Duke-Margolis is serving as the convener for the North Carolina STC and is conducting the following activities:
 - Interviewing interested stakeholders to identify priority areas for alignment in payment and delivery reforms that would apply across payer and purchaser organizations;
 - Aggregating themes from the interviews to identify potential priorities for the North Carolina STC; and

- In the future, convening multi-stakeholder groups to focus on alignment on a few priority areas identified via the stakeholder interviews.
- To date, Duke has interviewed 10 clinically integrated networks (CINs) and all five PHPs and plans to do additional stakeholder interviews this Fall with providers and non-Medicaid payers. Interviews emphasized CINs and PHPs share similar priorities related to participation in VBP:
 - Top opportunities were 1) focusing on health equity; 2) improving race, ethnicity and language (REL) data; and 3) integrating social drivers of health.
 - Top challenges were 1) valid and reliable attribution;) lack of aligned quality measures; and 3) lack of accurate and timely data.
- Duke identified the following potential action areas and strategies from interview findings:

Action Area	Strategies
<i>Improve Health Equity Data</i>	<ul style="list-style-type: none"> ● Standardize REL data collection and validation methods ● Prioritize collecting patient-reported data at enrollment then linking to clinical data later for updates ● Educate staff on collection and use to build trust with patients ● Hone messaging, reporting and workflow support for addressing disparities and building trust ● Coordinate with Center for Medicare and Medicaid (CMS) efforts on standardized approaches to REL data collection
<i>Further Align Quality Measurement</i>	<ul style="list-style-type: none"> ● Use STC as an opportunity to align measures and reporting requirements across PHP, commercial, and Medicare plans
<i>Identify Key Focus Areas</i>	<ul style="list-style-type: none"> ● To maximize impact, focus on a critical, equity-focused area (i.e. maternity care, diabetes, cardiovascular disease, behavioral health, patient-reported measures, social drivers of health screening, immunizations)
<i>Strengthen Data Pipelines</i>	<ul style="list-style-type: none"> ● Support North Carolina Health Information Exchange (NCHIE) and build infrastructure to help accelerate NCHIE goals ● Build or leverage tools that can be used to crosswalk quality measures across different measurement scales or data elements
<i>Support Learning Collaboratives</i>	<ul style="list-style-type: none"> ● Identify successful programs that stakeholders in NC and other states are implementing to draw on those models and best practices ● Identify areas where there are not entrenched models where stakeholders can innovate together (i.e. behavioral health integration, total cost of care models, pediatric accountable care organizations)

Discussion

Challenges to Participating in VBP

- TAG members cited concerns that many primary care practices, hospitals and health systems are facing workforce shortages and identified a need to attract more providers to primary care, largely suggesting increased primary care payment as a means to incentivize providers to primary care.
- TAG members raised that a major challenge to provider participation in VBP is administrative burden. TAG members suggested that the Department invest more resources into primary care to help support practices' enhanced administrative needs in VBP arrangements.

Suggestions for the Department

- TAG members suggested prioritizing measuring primary care investment and changing the NC Medicaid primary care payment model (e.g., focus on more comprehensive primary care payment that provides flexibility for population health and care management activities). The Department noted there is a minimum percent of spending for primary care for Standard Plans. TAG members emphasized that standardizing per member per month payments, ensuring accurate attribution, reducing claim burden issues, reducing authorization burden issues and continued work on standard NCHIE to reduce quality reporting burden are essential to facilitating provider participation in VBP.
- TAG members recommended that participation in the STC should represent the broad spectrum of provider organizations in North Carolina.
- TAG members suggested the Department look to VBP, primary care investment and data quality improvement best practices in states, such as Michigan, Rhode Island and Arizona.

Wrap-Up and Next Steps

- Several TAG members indicated an interest in participating in smaller group discussions with primary care providers and primary care associations to provide recommendations to the STC.
- Duke-Margolis will convene a multi-stakeholder meeting this Winter (*more details forthcoming*).
- The next AMH TAG meeting will be on Tuesday, October 11, 2022 from 4:00-5:00 PM. The meeting will focus on a review of the first year of the AMH program, to include quality performance, care management data and preliminary evaluation results.
- AMH TAG Members are encouraged to send any additional feedback or suggestions to:
 - elizabeth.kasper@dhhs.nc.gov
 - kelly.crosbie@dhhs.nc.gov
 - rebecca.whitaker@duke.edu
 - brianna.van.stekelenburg@duke.edu
- The meeting adjourned shortly after 5:00 pm.