



Advanced Medical Home (AMH) Technical Advisory Group (TAG)

Meeting #21: Priorities for North Carolina's State Transformation Collaborative

September 13, 2022

Agenda

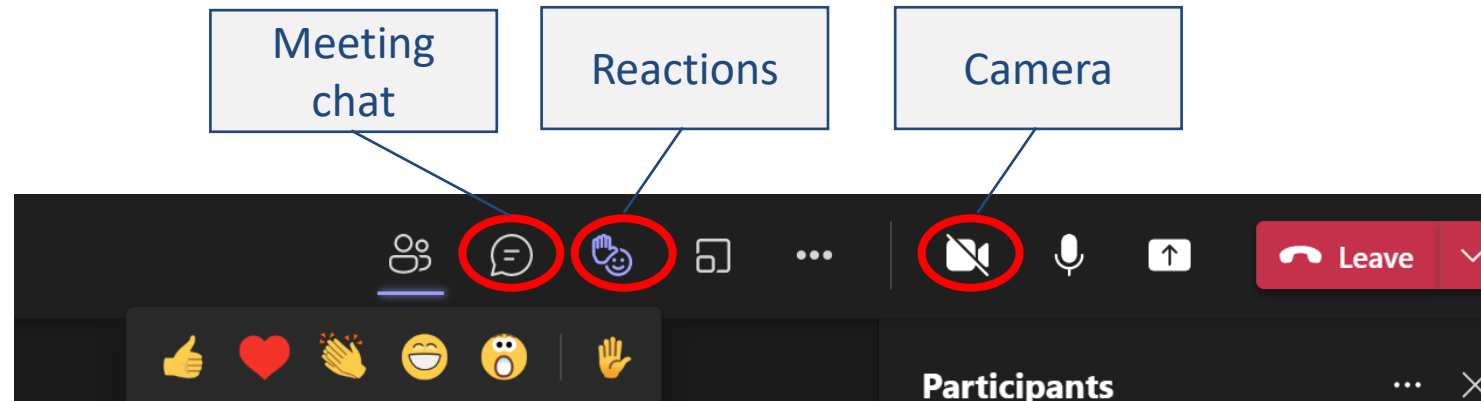
- 1 Welcome and Roll Call (5 minutes)**
- 2 Priorities for North Carolina's State Transformation Collaborative (50 minutes)**
- 3 Wrap-Up and Next Steps (5 minutes)**

AMH TAG Member Welcome and Roll Call

Name	Organization	Stakeholder
C. Marston Crawford, MD, MBA	Pediatrician Coastal Children's Clinic – New Bern, Coastal Children's	Provider (Independent)
David Rinehart, MD	President-Elect of NC Family Physicians North Carolina Academy of Family Physicians	Provider (Independent)
Rick Bunio, MD	Executive Clinical Director, Cherokee Indian Hospital	Provider
Gregory Adams, MD	Member of CCPN Board of Managers Community Care Physician Network (CCPN)	Provider (CIN)
Jennifer Houlihan, MSP, MA	Vice President Value-Based Care & Population Health Atrium Health Wake Forest Baptist	Provider (CIN)
Amy Russell, MD	Medical Director Mission Health Partners	Provider (CIN)
Kristen Dubay, MPP	Director Carolina Medical Home Network	Provider (CIN)
Joy Key, MBA	Director of Provider Services Emtiro Health	Provider (CIN)
Tara Kinard, RN, MSN, MBA, CCM, CENP	Associate Chief Nursing Officer Duke Population Health Management Office	Provider (CIN)
George Cheely, MD, MBA	Chief Medical Officer AmeriHealth Caritas North Carolina, Inc.	Health Plan
Michael Ogden, MD	Chief Medical Officer Blue Cross and Blue Shield of North Carolina	Health Plan
Michelle Bucknor, MD, MBA	Chief Medical Officer UnitedHealthcare of North Carolina, Inc.	Health Plan
Eugenie Komives, MD	Chief Medical Officer WellCare of North Carolina, Inc.	Health Plan
William Lawrence, MD	Chief Medical Officer Carolina Complete Health, Inc.	Health Plan
Jason Foltz, DO	Medical Director, ECU Physicians MCAC Quality Committee Member	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	DHHS

Meeting Engagement

We encourage those who are able to turn on cameras, use reactions in Teams to share opinions on topics discussed, and share questions in the chat.



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State Transformation Collaborative (50 minutes)**
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Vision for the State Transformation Collaborative Aligns with NC Medicaid's Value-Based Payment (VBP) Strategy

- Ensure NC Medicaid “purchases health” and is a good steward of state resources
- Establish ambitious, but achievable, VBP goals
- Recognize market readiness for VBP and align across payers when feasible
- Allow PHPs and providers flexibility to tailor VBP models to their specific populations and needs
- Build on our primary care infrastructure
- Advance health equity
- Provide “Whole Person” Care

How do we align with other payers in ways that:

- Increase APM adoption
- Achieve improved Provider Satisfaction/Access, Patient Reported Outcomes, Smarter Spending, Closing Health Disparities
- Help providers focus on whole-person care (including BH and SDOH)

Priorities for North Carolina's State Transformation Collaborative

Perspectives of Clinically Integrated Networks and Prepaid Health Plans

Rebecca Whitaker, PhD, MSPH

Research Director, North Carolina Health Care Transformation

Multi-stakeholder Alignment Can Help Advance Reform Efforts



Accelerate participation in new payment and delivery models and improve provider performance.



Reduce variability and administrative burden by creating a single set of expectations that helps providers pursue the same goals for all patients, regardless of which payer or program insures them.



Improve health system capabilities, including addressing rising costs and disparities, identifying and tracking data that can improve provider performance, building technical infrastructure, and sharing best practices.

NC's State Transformation Collaborative (STC): One Vehicle for Pursuing Multi-Stakeholder Alignment

CMMI and the HCP/LAN announced they are **partnering with 4 states undertaking multi-stakeholder initiatives.**



- The goal of the STC is to accelerate the shift away from fee-for-service to a **value-based, person centered approach** to health through alignment among Medicaid, Medicare, Medicare Advantage, and commercial payers and purchasers in selected states.
- The STCs will offer supports for reform efforts that:
 - Move payments and other key supports for health care reform toward person-centered, value-based care that emphasizes strong primary care
 - Integrate community perspectives
 - Support new or existing state efforts to improve health equity
 - Help inform further CMS and other stakeholder activities to advance value-based care

The State Transformation Collaborative in NC

In North Carolina, the State Transformation Collaborative will:

Build on and inform North Carolina's Medicaid managed care transformation work

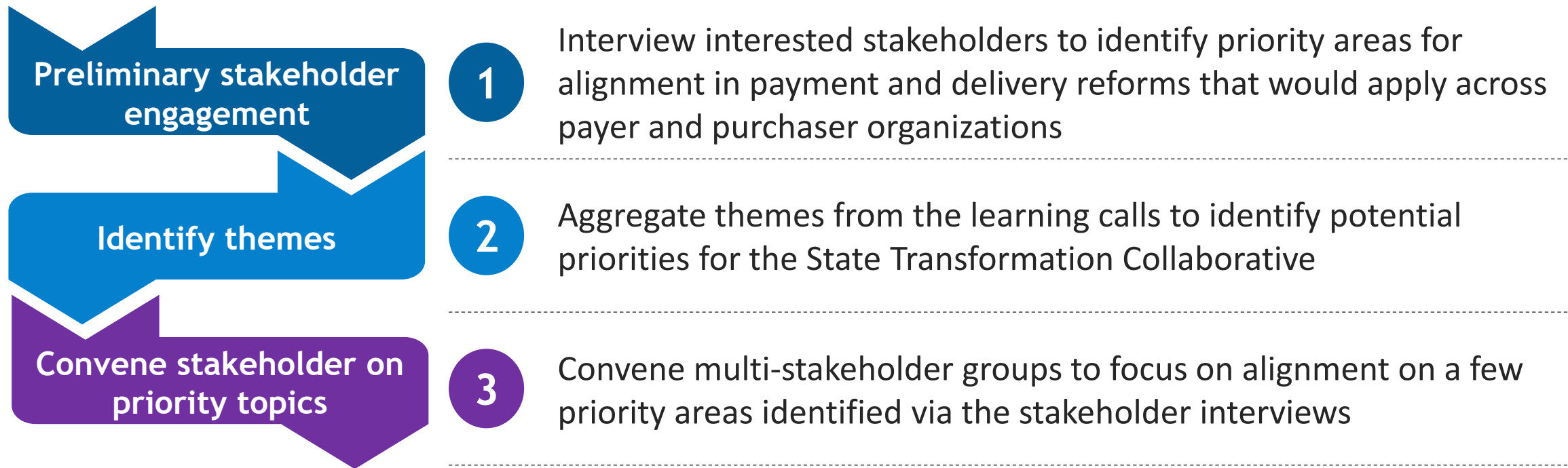
Support many of the transformation efforts that your organizations are involved in already

Advance programs that support high-quality, whole-person care and health equity

Help inform further CMS actions to promote alignment and progress toward these goals

Identifying and Exploring Priority Areas for Action

At the request of the NC Division of Health Benefits, Duke-Margolis is serving as the convener for the State Transformation Collaborative. The image below describes the roadmap for early activities.



Progress to Date

The Duke-Margolis Center for Health Policy conducted interviews with 10 clinically integrated networks (CINs) and 5 prepaid health plans (PHPs) in North Carolina to identify:

- Pain points and potential priority areas for alignment in payment and delivery reforms
- Potential action areas for North Carolina's State Transformation Collaborative initiative

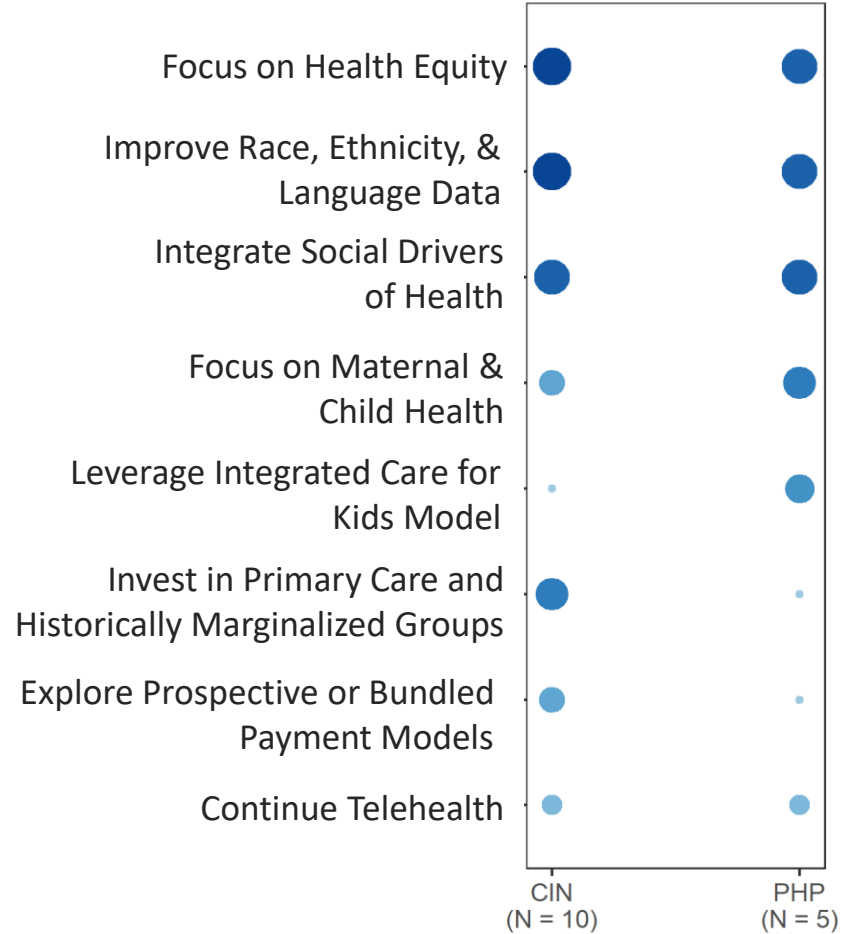
CINs and PHPs Emphasized Similar Focus Areas

Larger circle size and darker color indicates more mentions.

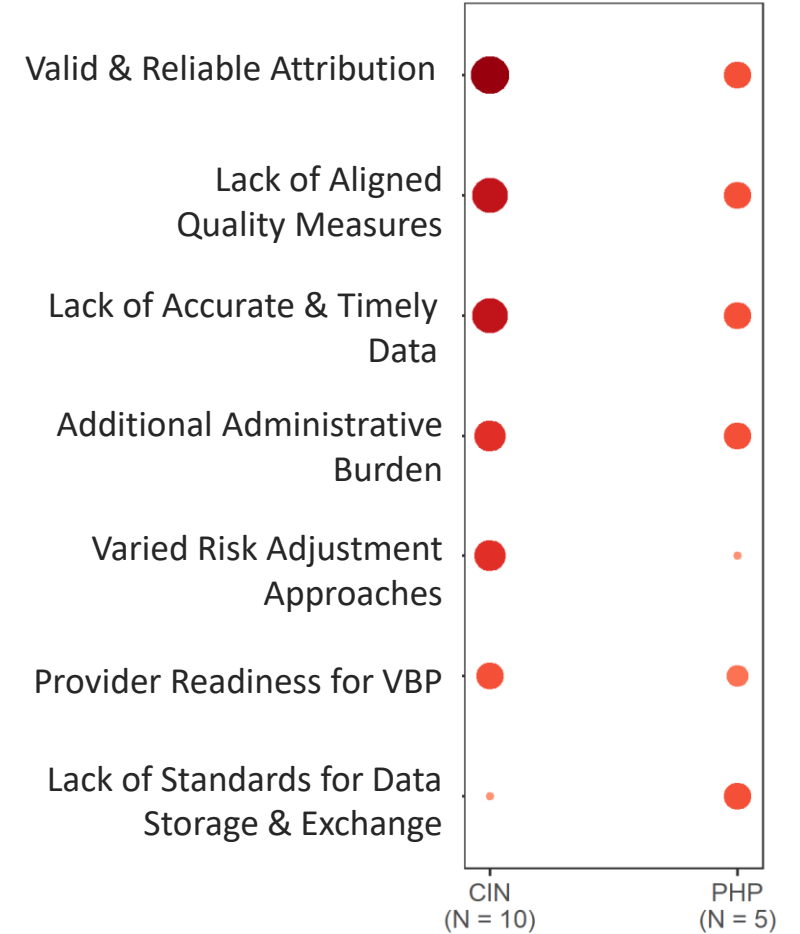
Topics sorted by number of overall mentions.



Opportunities



Challenges



Diving Deeper: CIN Opportunities and Challenges



Opportunities

- Address health equity and disparities
 - Standardize collection and sharing of race, ethnicity, language data
 - Encourage PHP investment in primary care (infrastructure, telehealth, prevention, behavioral health)
 - Lay groundwork for continued integration of social drivers of health
- Establish detailed data and measurement standards with technical support
- Expand Medicaid measure sets across lines of business
- Potential to leverage AMH infrastructure fees (care management, infrastructure, support)



Challenges

- Reliability of attribution
- Different requirements and inconsistencies with PHPs in quality measurement
- Lack of standardized risk adjustment methodology
- Unique needs for rural, independent practices
- NC HIE data not yet sufficient
- Reliable data and analytics to drive performance on value-based contracts
 - Critical data elements to include: cost data/paid claims; provider NPI; pharmacy data (Part D)
- General administrative burden
- Low bandwidth from COVID & Medicaid Transformation

Diving Deeper: PHP Opportunities and Challenges



Opportunities

- Consider deep alignment on:
 - Quality measures
 - Data collection and validation of race, ethnicity, and language data
- Use the STC to draw attention to and help coordinate the different VBP-related programs stakeholders are developing
- Develop resources for small, independent, and rural practices
- Better define what behavioral health integration looks like from a VBP perspective alongside Tailored Plan launch



Challenges

- Preference to retain flexibility for VBP design and clinical programming (not a priority area for alignment)
- Tension between VBP targets and practice readiness
 - Practices earlier in the VBP continuum need adequate support and transition time to move to advanced VBP contracts
- Real-time data needed to support providers with decision making at the point of care, but building the infrastructure is challenging
- Issues with attribution are still being resolved
- COVID, administrative burden, and adapting to changes in Medicaid leave providers with little bandwidth

Potential Action Areas



Improve Health Equity Data

- Standardize race, ethnicity, language (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 CMS efforts on standardized approaches to REL data collection



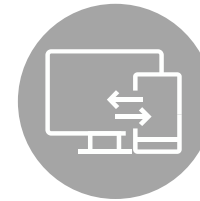
Further Align Quality Measurement

- Use STC as an opportunity to align measures and reporting requirements across PHP, commercial, and Medicare plans



Identify Key Focus Areas

- To maximize impact, focus on a critical, equity-focused area (i.e. maternity care, diabetes, CVD, behavioral health, patient-reported measures, social drivers of health screening, immunizations)



Strengthen Data Pipelines

- Support 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



Support Learning Collaboratives

- 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 ACOs)

QUESTIONS FOR THE MARGOLIS CENTER

Questions for the Group

- Are there additional action areas you would add to the list?
- Where do you think is the most important place to start?
- What other groups should we speak with?
- What other payers need to be at the table?

Next Steps

- Host small-group discussions with primary care providers in collaboration with primary care associations
- This winter, convene a multi-stakeholder group(s) to focus on alignment on a few priority areas identified via the stakeholder interviews

Questions?

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AMH TAG Meeting Cadence

AMH TAG meetings will generally take place the second Tuesday of each month from 4-5 PM.

Upcoming 2022 Meetings

Tuesday, October 11, 2022
4:00-5:00 PM

Tuesday, November 8, 2022
4:00-5:00 PM

Tuesday, December 13, 2022
4:00-5:00 PM

The October AMH TAG meeting will cover AMH Year 1 review, to include quality performance, care management data and preliminary evaluation results.

Potential Upcoming AMH TAG Topics

- Evolving the AMH TAG to advance future population health strategic priorities and planning
- Strategies to advance health equity
- Strategies to address SDOH
- Standardization of monitoring protocols/delegation protocols
- PHP Accreditation timeline and timing of AMH delegation audits

Next Steps

- Please share any questions or further feedback on today's topic with:
 - elizabeth.kasper@dhhs.nc.gov
 - kelly.crosbie@dhhs.nc.gov
 - rebecca.whitaker@duke.edu
 - brianna.van.stekelenburg@duke.edu

Department

- Review feedback from today's discussion and share with Department leadership.
- Prepare for the October 11 TAG meeting.