FLHSA
The community health fulcrum.

Finger Lakes Health Systems Agency

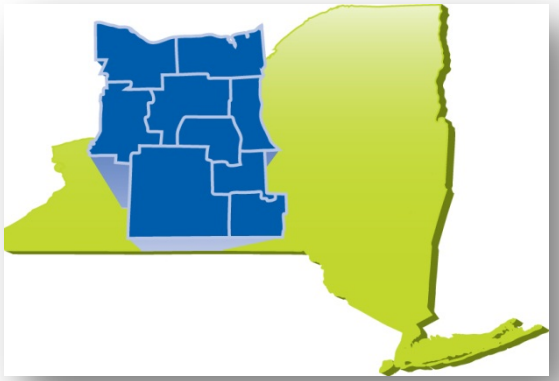
Transforming Primary Care Delivery
A Community Partnership

Thomas Mahoney MD
Associate Executive Director
Finger Lakes Health System Agency
Public Health Grand Rounds
July 19, 2013

FLHSA

- Host *“the community table”* in the nine-county Finger Lakes region
  - Convene and staff task forces and commissions
- A catalyst to drive change
- Provide local input to state regulators
- Maintain extensive and objective community health data
- Help secure funding

FLHSA
The community health fulcrum.



CMMI Innovations Grant

- CMMI Healthcare Innovation Challenge announced November 2011
  - Initiative that “will fund applicants who propose compelling new models of service delivery/payment improvements that hold the promise of delivering the three part aim of better health, better health care, and lower costs through improved quality for Medicare, Medicaid, and CHIP enrollees.”

Requirements of the Grant

- “be focused on innovative approaches to improving health and lowering costs for high risk/high opportunity populations… including those populations with multiple chronic diseases and/or substance abuse issues, poor health status due to socio-economic and environmental factors, multiple medical conditions, high cost individuals, or the frail elderly”
- Ability to implement within 6 months of award
- Develop the workforce necessary for the future
- Develop funding to assure sustainability of model being proposed

Community Commitment

- Rochester Healthcare Innovation Collaborative convened after the ACA passed to evaluate opportunities for our community to take advantage of federal funding opportunities
- Composed of the leadership of providers, payers, business, government, health systems, community agencies, community advocacy groups, faith based organizations, minority coalitions, and patients/families
- After analysis of several prior grant opportunities the group unanimously endorsed pursuit of this grant as a community with a focus on Primary Care
- Charged the FLHSA and design team with submission

Target Population

Focus on the population at risk for 3 target events:

1. Potentially avoidable hospitalizations measured as Prevention Quality Indicators (PQI)

2. Hospital Readmissions

3. Avoidable ED use

Components

1) Support Primary Care Practice transformation to a patient centered, coordinated, and efficient model

2) Integrate community services with Primary Care Practices to address the social and behavioral determinants of health

3) Develop a community wide outcome based payment model for Primary Care

Scope

1. 6 county: Livingston, Monroe, Ontario, Wayne, Seneca, Yates

2. 65 Practices, 325 full time equivalent physicians over 3 years

3. Community training for an expanded workforce of 65 care managers, 6 community health workers, 2 community based coordinators, and 3 practice improvement advisors

4. Retraining of current office staff personnel – approximately 650

Practice Choice

1. 15 practices year 1 with 25 added both year 2 and 3

2. Population at risk
   - Screening using aggregated claims database
     - Highest risk defined predominantly by age and insurance
   - Self reported practice demographics

3. Electronic Medical Record

4. Year one practice size 4-7 physicians
   - Support a full time care manager at 1 CM to 5 MD ratio

Benefits to the Practices

1. Grant funded Care Manager
2. Training for the Care Manager
3. Payment to FTE MDs of up to $20,000 per year for active participation
4. Practice Improvement Advisor to assist with transformation
5. Coordinator to work with the practice on integration with social services
6. Learning collaborative for participants to share challenges and successes

Expectations of the Practices

1. Integrate care management for at-risk patients into the practice
2. Participate in learning collaborative
3. Work with Practice Improvement Advisors on workflow transition to PCMH
4. Qualify for NCQA certification by the end of the grant timeframe
5. Provide reporting on activities and results as required by Medicare
6. Work on improved access

Current Status

- Reviewed initial model and made adjustments based on lessons learned or differences in second cohort of practices
- Recruited, assessed and enrolled 27 practices for participation
- FLHSA assisted with recruitment and practices hired care mangers to start in July 2013 (RN's and SW)
- Submitted Year 2 funding application (March)
- Recruit and hired for new management and support structure
- Revised training structure/content for care mangers
- On-going talks with insurers regarding payment reform – reform is already materializing in our community

Summary

There is a unique opportunity for Primary Care afforded by the CMMI Innovation Challenge award to the collaborative proposal from our community. It will provide an opportunity for the majority of primary care practices in the region to receive support for their transition to a PCMH model of care. It will also create a new model of funding to support this expanded role of primary care and foster the integration of home and community based services with the primary care offices.