

MAP to Action: Payment Session

Breakout Room Summary

February 27, 2023

Theme 1: Payment Reform: Paying for Quality- Measuring impact of payment pilots and building long-term engagement; Support payment for quality outcomes and better care across payer lines of business

Theme 2: Enhancing payment models for integrated care services through embedded behavioral and developmentally-supportive services- the HealthySteps model as an example.

What messages/ideas/information from the presentations resonated with you?

- Focused on clarifying questions about the two models presented. Horizon’s episodes of care started in 2014. Originally had Medicaid population, but now that the state has a Medicaid EOC program, all 5 MCOs use that model for patients covered by Medicaid.

- There is opportunity for HS sustainability. Return on investment is producing near immediate cost savings on physical health side. Will need the Medicaid MCOs to be partners to do the scaling? Enhanced payment is a baby step towards carving these benefits and operationalizing it in a low risk way.
- The 1115 waiver identified the need to begin the mental health carve in process but did not identify a timeline, at least in the draft.

In your own work/industry/sector, are you engaged in a project or pilot that relates to this work? If not, where do you see potential to engage in the projects or priorities we’re discussing today?

- Potential: Co-design research with PhD candidates at Rutgers? We could think about strategies to put together this data. Look at big data and the individual experience through focus groups. Lots of interest and potentially funding for this topic.
- One challenge is there isn’t a lot of REaL data which makes tracking disparities much harder, but need to do this.
- Medicaid EOC model’s requirement for each provider to have a health equity action plan is a good opportunity to compare which plans were more success and why and to share lessons learned, results.
- Strategies that work for one practice may not work for the next;
- Value in convening the providers and payers in the models. Sharing best practices and challenges with the models is still useful. The goal is to understand what they want to do, what they hope to get out of it, and which approach works best. Informal collaboration and part of formal evaluation.
- Important to make sure that the providers, patients, MCOs in the model are aware of the newer initiatives and options that have been implemented through Nurture NJ such as the PRA and Connecting NJ changes.
- Community health workers and other newer team members also provide an avenue to address disparities
 - CHW program is part of Neighbors in Health that supports commercial and

- To what extent are HS models and similar models incorporating doulas and CHWs?
 - Centering Healthcare Institute has a call for doulas, CHWs, and providers for their [new community partner pilot](#)
- Enhanced payment can allow practices to invest in other models as well. It’s a flexible payment model that allows for innovation.
- Centering, Reach Out and Read, just to name a few, provide higher quality of care to patients and families.
- In the Maryland HealthySteps payment model, only Medicaid can bill the enhanced payment. Service delivery does not change, however, as every child can get HS services, even without reimbursement from another payer.
- How might flexible philanthropic funding be used to encourage or expand testing of these types of models that help expand or advance the payment reform and outcomes we’re looking for?
 - Money to support IT systems and infrastructure to support these alternative models, should they be introduced
 - Paying for staff to be in these conversations like the one we’re having today, and to do advocacy work. Money can also go towards lobbying to raise awareness of sustainability and expansion opportunities.

<p>Medicaid lines of business. Not directly linked with episodes of care program right now. Looking at zip code level which areas need more participating providers. CHWs come into play there. That is part of Horizon’s discussions for the future. Identifying successes and using that information to recruit new providers.</p> <ul style="list-style-type: none"> ○ Most of the Medicaid EOC providers have a hospital affiliation. Some large independent practices. 1 or 2 single site. A site needs to have enough volume to make it worth the effort to participate. Medicaid is looking to have smaller providers participate. The EOC has good geographic representation, but looking more specifically at areas we might be missing. ○ Medicaid is hopeful that its 1115 waiver can foster some more innovation re CHWs. 	
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How would we collectively measure success for some of these ideas or projects? What are the near-term impacts? What does success look like a few years down the road?

<ul style="list-style-type: none"> ● Expanding the types of providers that can provide services and breaking down barriers to receiving integrated services. Broaden interdisciplinary approach. ● Having a better understanding of effective strategies for different populations. ● Important to look at outcomes. Look at them based on race and ethnicity. Improve infrastructure around data. ● Informal and ongoing evaluation of success. Measures on quality and cost. It takes some time before you can see the data. Claims are 60 days after birth. EOC Program started in April 2022. We are now starting to look at data. Every quarter we will assess. We meet with providers every month to hear questions and concerns. Qualitative evaluation. Academic style quantitative evaluation later. Looking at impact on providers before and after the model. Any evaluation given the time has been made more difficult because of Covid. Performance metrics won’t be changed during a year. From one year to the next we may look at them. But we would like to maintain consistency. If a measure gets topped out, we may look to change them. From year 1 to year 2 changes will be evolutionary. ● HealthyPeople 2030 goal- Given our providers opportunities for shared savings. Member engagement and experience is important. Providers are reporting that members are more 	<ul style="list-style-type: none"> ● Return on investment- HS seeing a significant change in just 1 year of implementation in New Jersey. ● We need to look at screening, screening rates; the need for accountability for follow-up connections to care. ● Community-centered models – getting resources and having appropriately trained staff to engage family members in a safe, culturally congruent way. It can be hard for people to admit that they are struggling, even in a physician’s office. Consider using CHWs in this space.
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<p>educated and in tune to their health with the information they've been receiving. As it relates to disparities, take a strategic approach that providers in certain areas with large disparities are engaged in our episodes program. Making them aware of it and getting them engaged to see better outcomes in those zip codes. Mitigating barriers to disparities.</p>	
<p>If you or your organization has held back or hesitated in engaging in new projects or pilots, what has held you back (resources, financial impact, connection and support from other organizations and partners, uncertainty about where to start, etc.)?</p>	
<ul style="list-style-type: none"> • Ongoing training (that is part of a consistent training module) and readily available tools for providers on episode of care <ul style="list-style-type: none"> ○ Horizon has an episodes of care team that work with the providers in the commercial program. When you first enter the program, you are given a run down and then participate in monthly meetings. Educational materials available. We continually educate providers. • Having support to be part of a successful alternative payment model 	<ul style="list-style-type: none"> • As someone not in the payment reform space, how can we integrate these conversations into our day-to-day since it does not directly involve payment? <ul style="list-style-type: none"> ○ What is the change you want to see? Start with families and look at the services they receive. How is payment involved? There is often a disconnect. Consider doing the following: site visit with a legislator, following bills that are pending on the legislative side, have a meeting with local payers and state. ○ Research existing policies and understand how they impact families. • For providers, time and resources are challenges. Time restraints and heavy workloads make it difficult for providers to effectively educate patients. However, making a relationship with the patient can create the behavior change you want to see in them. Plus, the financial benefit is on the physician so they should saddle up and get the work done. There is benefit on many fronts. <ul style="list-style-type: none"> ○ Not everything is well-measured as an outcome. Talk to individuals about what they want to see in terms of their plans.