

Commonwealth of Kentucky  
Cabinet for Health and Family Services  
Office of Health Policy (OHP)



**State Innovation Model (SIM) Model Design  
September Stakeholder Meeting Output**

**September 22, 2015**

## September Stakeholder Meeting Breakout Activity

Participants conducted a breakout activity structured around engaging consumers in the value-based care initiatives outlined in Kentucky's draft plan. Participants formed three groups and rotated to discuss this question in the context of each reform component for 15 minutes each.

**Based upon your experience, how can we maximize consumer participation in each of the value-based care initiatives included in the Draft Value-based Health Care Delivery and Payment Methodology Transformation Plan?**

Rotate

### Patient Centered Medical Homes (PCMH)

1. How can we best incent consumers to utilize providers engaged in a PCMH?
2. How can we best incent consumers to actively engage in managing their health if they are engaged in a PCMH?

Rotate

### Accountable Care Organizations (ACO)

1. How can we best incent consumers to utilize providers engaged in an ACO?
2. How can we best incent consumers to actively engage in managing their health if they are engaged in an ACO?

Rotate

### Episodes of Care (EOCs)

1. How can we best incent consumers to utilize providers engaged in EOCs?
2. How can we best incent consumers to actively engage in managing their health if they are engaged in EOCs?

# Patient Centered Medical Homes (PCMH)

## Stakeholder Suggestions to Maximize Consumer Participation in PCMHs

### How can we best incent consumers to utilize providers engaged in a PCMH?

- Educate consumers and employers on what a PCMH is and its value proposition
- Practice understanding of consumer/response to needs
- Provide economic incentives/value, points, etc.
- Improve access at acceptable cost
- Emphasize branding
- Emphasize consumer personalization (how a PCMH helps me)
- Educate on value of primary care first
- Provide assistance with locating providers/PCPs
- Make an insurance requirement to select a PCP upon enrollment
  - Provide information about PCMH PCPs
- Provide economic incentives for Medicaid patients
- Allow for provider selection of not only PCP but other high-performing providers to address specific needs/conditions
- Culture model vs. preventive model
  - How to engage community
- Emphasize value to consumer
  - Relationship with PCP
  - Ease of access to care/care team
  - Financial incentives
  - Long term vs. short term incentives

# Patient Centered Medical Homes (PCMH)

## Stakeholder Suggestions to Maximize Consumer Participation in PCMHs

### How can we best incent consumers to actively engage in managing their health if they are engaged in a PCMH?

- Meaningful assessment tools of consumer needs beyond clinical, e.g. social
- Care coaching pre/post visit; active support
- Suite of YouTube videos/text messages
- Improved patient checkout process and discharge follow-up
- Mass customization of information to individualized care

# Accountable Care Organizations (ACO)

## Stakeholder Suggestions to Maximize Consumer Participation in ACOs

### Rotation #1

- Describe ACO as a single accountable financial structure
  - Administrative simplification to help consumers, especially billing
- Ancillary providers included in ACOs (specialists, ancillary, support services)
  - Complete continuum of care included in network can help combat perceived narrowness of network
- Consumers need to know they're getting value, e.g., transparency
- Enter an ACO system with a provider or organization that they know and trust
- Identify preferred providers in easy, direct way to help direct enrollment
  - Lower co-pays for preferred providers
  - See Medicaid ACOs in Oregon and Arkansas
- Determine how to identify high-performing providers
  - Transparent data for consumers
  - Insurance design to drive toward high performing providers
- Identify the downsides on performance-drive system; how to measure, e.g., relationships driven
  - Rural areas, e.g., how to risk adjust for populations
- Recognize that convenience issues are top of mind for consumers
  - Ease of scheduling appointments
  - Ease of technology

## Accountable Care Organizations (ACO)

### Stakeholder Suggestions to Maximize Consumer Participation in ACOs

#### Rotation #1 (Continued)

- Recognize that a provider's low performance can be due to patient non-compliance
- Do not underestimate impact of relationship with provider
  - Great patient loyalty even if not high-performing
- Recognize that how the health care industry judges provider performance may not be how patients judge provider performance
- Discuss how to keep a patient in an ACO/network once enrolled
  - Lower co-pays
  - Social network
  - Technology/communication
  - Fast scheduling
  - Meeting patient where he/she is; coaching model
  - Provider office checking in to improve compliance
  - Consumer-driven strategies

# Accountable Care Organizations (ACO)

## Stakeholder Suggestions to Maximize Consumer Participation in ACOs

### Rotation #2

- Incentivize consumers to participate in ACO
  - Be more transparent about patient data in system
  - Myhealthnow on KHIE is their own health dashboard
    - Dashboard information for data that is available
    - Engagement both ways between ACO and consumer is important
  - Educate consumers on benefits of ACO/why they would be a partner, not just a consumer
  - Identify specialists available in network, e.g., adequacy of network and capability of network
  - If not adequate, then same disjointed care, cohesive network is point of ACO
- Measure ACO performance
  - Understand population health; large disparity of health populations in KY
  - Conduct risk stratification
  - Emphasize transparency of performance; how to measure
- Consider consumer choice of ACO
  - If employers are choosing then ACO then consumer can't
  - Provide choice of narrow network or higher for larger network
  - Provide consumer education re: value/benefits of ACO
- Include oral health and behavioral health, which are often missing from ACO discussion

# Accountable Care Organizations (ACO)

## Stakeholder Suggestions to Maximize Consumer Participation in ACOs

### Rotation #2 (Continued)

- Consider market factors
  - ACOs are already available, but market is not demanding
  - Marking is moving toward value not FFS
  - Medicare ACOs: 55% live in the market that offer ACOs
  - Commercial ACOs: 75% live in the market that offer ACOs

# Accountable Care Organizations (ACO)

## Stakeholder Suggestions to Maximize Consumer Participation in ACOs

### Rotation #3

- Incentivize consumers to participate in ACO
  - Promote employer contracting with ACOs
  - Provide enhanced benefits if you use in-network provider
  - If Medicaid ACO, consumers need more education on ACO
  - Provide education if providers change
  - Make the ACO a one stop shop, e.g., range of network
  - Provide economic or service incentives
  - Provide premium/co-pay incentives
  - Critical mass of market penetration of ACOs is key
- Measure ACO performance
  - Retrospective or prospective attribution needed
  - Publicize information
    - Performance on select metrics
  - Make information available at point of selection

## Episodes of Care (EOCs)

### Stakeholder Suggestions to Maximize Consumer Participation in EOCs

- Make consumers aware of EOCs and improve health literacy
- Identify which providers are doing EOCs via a directory
- Develop a report card to identify which providers are doing EOCs well
- Describe consumer “perks” of being in an EOC
- Remove financial obstacles preventing people from participating
- Consumer education about what care is needed is critical
- Incentivize follow-up visits
- Incentivize people to go to providers that they know
- Make patient experience and outcomes transparent
- Engage consumers in a needs discussion at beginning of EOC
- Incentivize them for outcomes
- Focus on “prehabilitation”
- Work with patients prior to surgery to help improve patient outcomes
- Gain share with consumer as part of the EOC
- Recognize who might not fit in an episode
- Use a retrospective EOC payment model
- Consider how consumer convenience may trump going to a provider involved in EOC
- Be more transparency on patient encounters
- Emphasize billing simplicity for consumers