

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



**State Innovation Model (SIM) Model Design**  
**June Integrated and Coordinated Care Workgroup**

**June 16, 2015**  
**1 PM – 4 PM**

# Agenda

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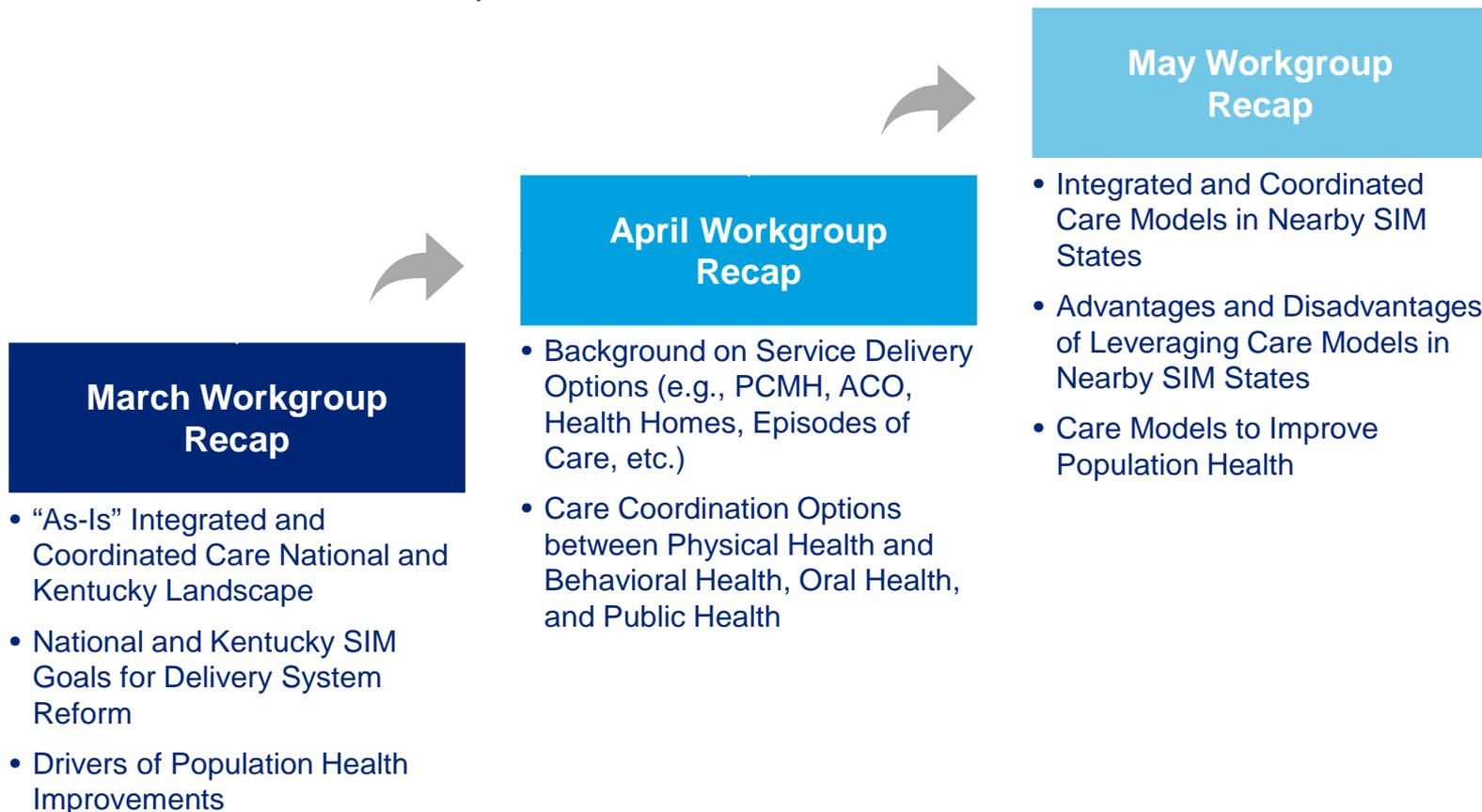
- **Welcome and Introductions** **1:00 PM – 1:10 PM**
  - **Review Integrated and Coordinated Care Guiding Principles** **1:10 PM – 1:30 PM**
  - **Review of Draft Straw Person and Detailed Review of Integrated and Coordinated Care Components** **1:30 PM – 2:15 PM**
    - **Patient Centered Medical Home (PCMH)**
    - **Accountable Care Organization (ACO)**
  - *Break* *2:15 PM – 2:30 PM*
  - **Review of Draft Straw Person and Detailed Review of Integrated and Coordinated Care Components (*continued*)** **2:30 PM – 3:15 PM**
    - **Health Home**
    - **Multi-payer Innovation Support Center**
  - **Effective Models to Engage Small and Individual Practices** **3:15 PM – 3:45 PM**
  - **Outline Next Steps** **3:45 PM – 4:00 PM**
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# **Welcome and Introductions**

**Review Integrated and  
Coordinated Care Guiding  
Principles**

## How We Got Here

Over the course of the past three months, the Integrated and Coordinated Care workgroup has covered a variety of different topics and discussed multiple options as it relates to designing delivery system reforms for the Commonwealth as part of SIM.



*As a result of this work, we were able to compile a set of guiding principles for better integration and coordination in Kentucky that will be used to shape the components of the SIM Model Design.*

# Draft: Integrated & Coordinated Care Guiding Principles

Based on discussions and activities with the Integrated & Coordinated Care workgroup, the following guiding principles have been proposed in developing delivery system reforms as part of SIM.



Encourage team-based approaches to care delivery



Expand care teams to include additional, non-traditional provider types



Establish relationships with non-traditional settings (e.g., schools, community organizations)



Promote care coordination across all transitions in care



Encourage colocation of services and integration of practices



Leverage existing care delivery models in Kentucky



Increase payer consistency and harmonization in benefit design

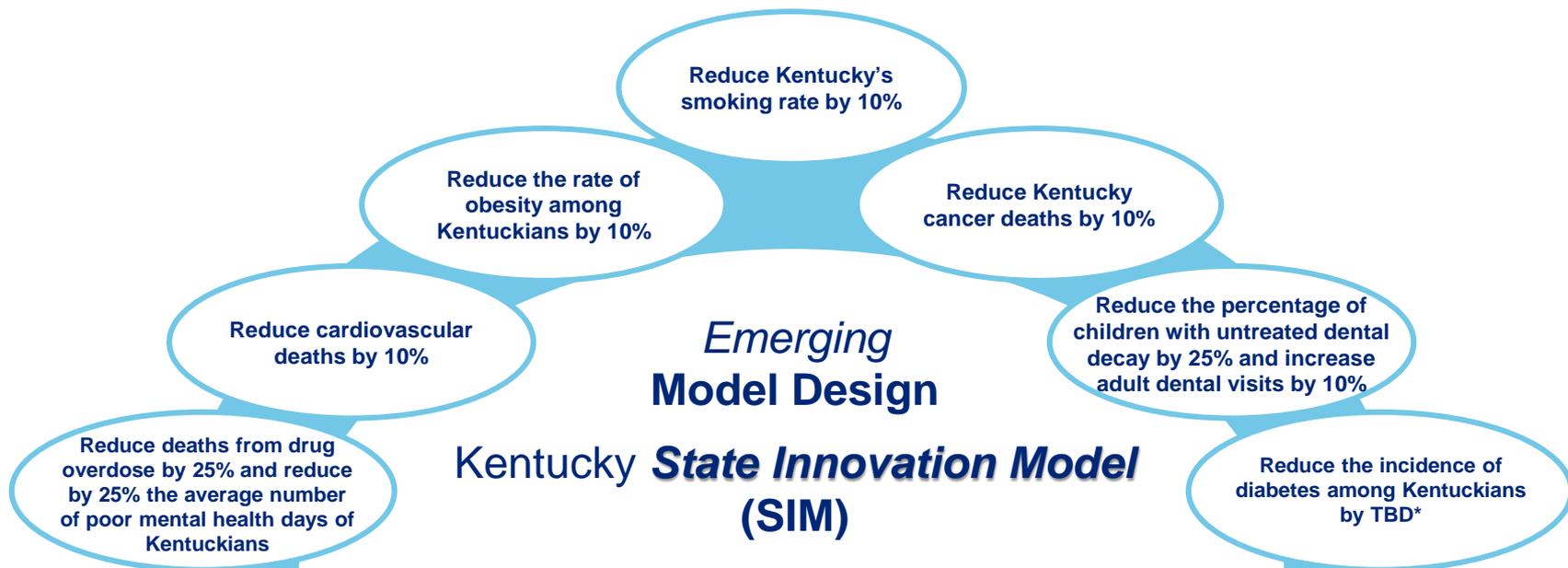


Enhance the consumer's role in care direction and management

**Guiding Principles for Developing Integrated & Coordinated Care Models**

**Review of Draft Straw Person and  
Detailed Review of Integrated and  
Coordinated Care Components**

# At a Glance: KY's Health Care Delivery System Transformation Plan



*Potential Reform Initiatives (based on workgroup input and guiding principles to date)*

**Expanded Patient Centered Medical Homes (PCMH)**

**Expanded Accountable Care Organizations (ACO)**

**Expanded Health Homes**

**Expanded Bundled Payment Initiatives/Episodes of Care**

**A Multi-payer Community Innovation Support Center**

*A program for providers and communities to develop new delivery model & payment reform pilots with multi-payer support*

**Increased Access Strategies**

**Quality Strategies**

**HIT Strategies**

**Other Supporting Strategies**

\*The current goals included with kyhealthnow and therefore the PHIP do not contain a specified reduction goal for diabetes. Over the course of the Model Design process, CHFS will work alongside key stakeholders to develop this target for inclusion in the final PHIP.

## Level-setting: Core and Supporting Elements

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Each component of Kentucky's proposed SIM Model Design contains a set of core design elements developed based on stakeholder input and a set of supporting design elements for future workgroup review and discussion.

### **i** *Core Elements of KY's Model Design*

- The *core design elements* to be reviewed for each component of the proposed SIM Model Design have been identified as “high-priority” items to consider by both the Commonwealth and its stakeholders to date
- These elements should be viewed as “starting points” to design the reforms proposed within SIM and may serve as future criteria to be used in developing these initiatives

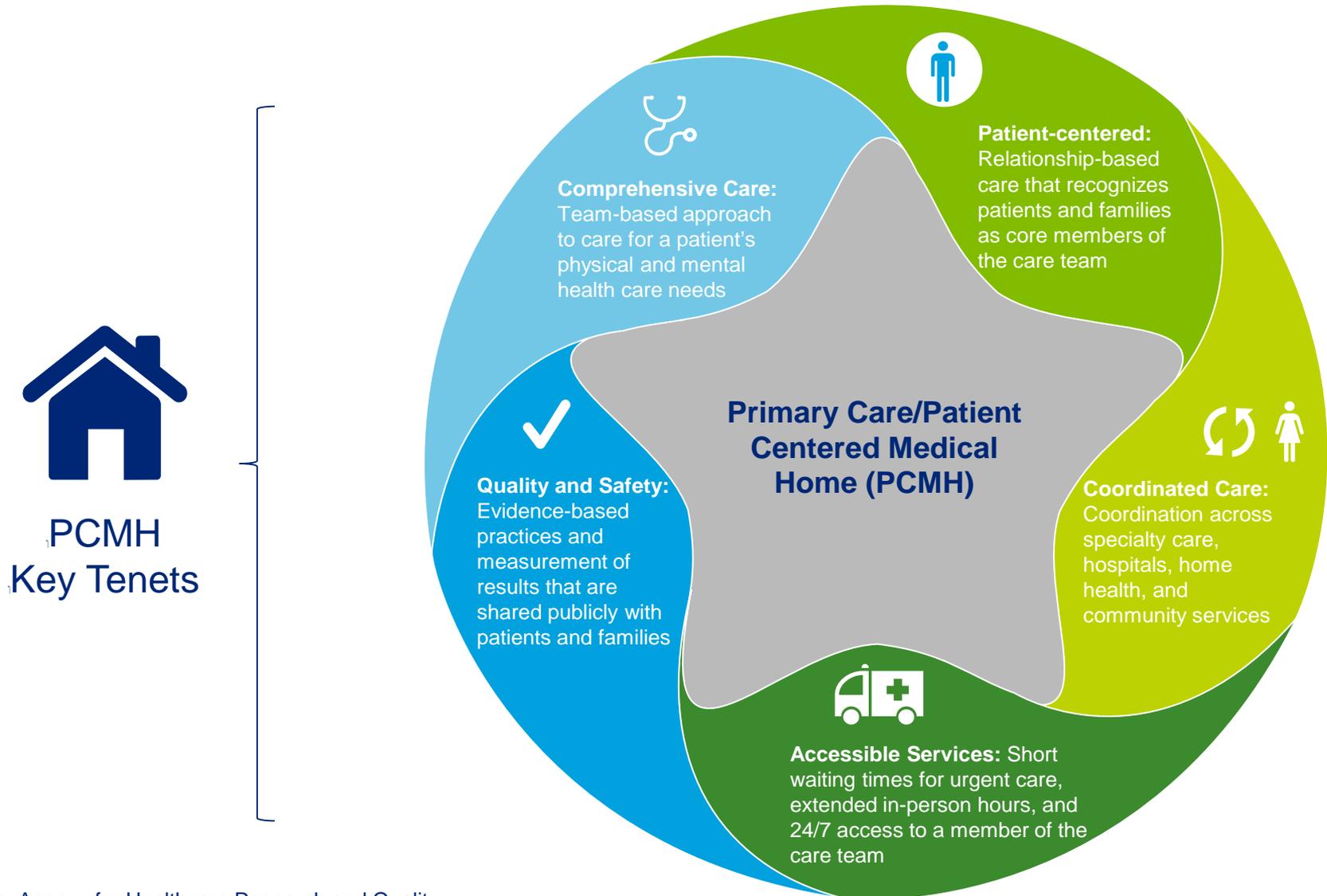
### **?** *Supporting Elements for Consideration*

- The *supporting elements for consideration* to be reviewed for each component of the proposed SIM Model Design have been listed as secondary items. They represent recommendations and/or viewpoints expressed by stakeholders in the workgroups to date
- These supporting elements would benefit from additional stakeholder input, further Commonwealth review and research, and more detailed descriptions prior to being considered as core design elements of the SIM initiatives

*All core design elements and/or supporting elements for consideration within each component of the proposed Model Design will be revisited and discussed in-depth with those stakeholders participating in the upcoming workgroup meetings.*

# Definitions: Patient Centered Medical Home (PCMH)

The PCMH model seeks to transform the method of primary care delivery.



## Expanded PCMHs

Kentucky has proposed four core elements of its vision to expand PCMHs as part of SIM, with several supporting elements listed to help achieve the core elements.

### **Core Elements of KY's Model Design**

- Expand the scope and reach of the care team to include oral health, public health, in-school providers, pharmacists, physical therapists, community health workers (CHW), and community mental health centers (CMHC)
- Expand the reach of PCMHs to coordinate with schools, grocery stores, faith communities, and other community resources
- Develop multi-payer PCMH support by aligning PCMH compensation and measures across all payers
- Encourage employers to promote PCMH primary care for covered employees

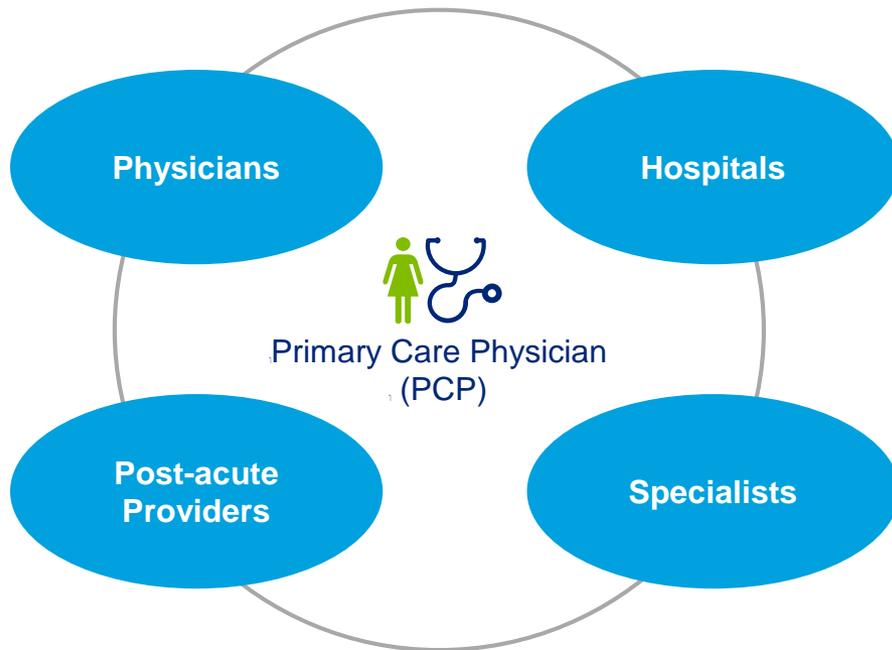
### **Supporting Elements for Consideration**

- Develop quality targets aimed at promoting PHIP goals
- Provide infrastructure and training support to practices wanting to achieve PCMH
- Develop a “quick-win” strategy to generate support
- Increase provider motivation through the use of incentives
- Focus on medication adherence and including pharmacists in care coordination
- Develop reimbursement methods that support colocation
- Create incentives for physicians to conduct initial oral health screenings
- Assign individuals leaving the corrections system to a PCMH

# Definitions: Accountable Care Organization (ACO)

ACOs share financial and medical responsibility for their members in an effort to provide coordinated care, reduce unnecessary services, increase the timeliness of treatment, and improve the overall health outcomes of their patients.

## ACO Model



## Key Elements

### Comprehensive Provider Network

ACOs include physicians, hospitals, and other health care providers. PCPs are a required element of the ACO model

### Quality Measures

The performance of ACOs is typically tied to certain quality measures. Medicare, for example, groups the quality measures into four categories:

- Patient/caregiver experience
- Care coordination/patient safety
- Preventive health
- At-risk population

### Shared Savings

Providers within an ACO network share in the risk/savings that result from meeting or exceeding defined measures

## Expanded ACOs

Kentucky has proposed four core elements of its vision to expand ACOs as part of SIM, with several supporting elements listed to help achieve the core elements.

### **Core Elements of KY's Model Design**

- Expand the scope of ACOs to encourage participation across the full continuum of care and focus on behavioral health, public health, and community resources
- Establish a multi-payer, “open-door” policy whereby payers agree to add their populations to an ACO if the ACO desires
- Establish a harmonized attribution process and approach to measuring performance across all payers
- Assure equal risk-sharing and gain-sharing opportunities among all providers in the ACO

### **Supporting Elements for Consideration**

- Develop quality targets aimed at supporting PHIP goals
- Allow creation of new Medicaid-focused ACOs
- Expand scope of ACOs to more complex populations (e.g., long-term services and supports)
- Expand scope of ACO care team to include oral health, public health, in-school providers, pharmacists, physical therapists, CHWs, and CMHCs
- Increase provider coordination within and outside ACOs
- Encourage colocation of providers
- Create information technology connections between oral and physical health within ACOs

**Break**

# Definitions: Health Home

Health Homes offer coordinated care to individuals with multiple chronic health conditions. Health home providers will integrate and coordinate all primary, acute, behavioral health, and long-term services and supports to treat the “whole-person” across the lifespan.

### Health Home Eligibility

- Have two or more chronic conditions
- Have one chronic condition and are at risk for a second
- Have one serious and persistent mental health condition

### Health Home Services

- Comprehensive care management
- Care coordination
- Health promotion
- Comprehensive transitional care/follow-up
- Patient and family support
- Referral to community and social support services

Health Home Providers	Definition
<b>Designated Provider</b>	May be a physician, clinical/group practice, rural health clinic, community health center, community mental health center, home health agency, pediatrician, OB/GYN, or other provider
<b>Team of Health Professionals</b>	May include physicians, nurse care coordinators, nutritionists, social workers, and behavioral health professionals and can be free-standing, virtual, hospital-based, or a community mental health center
<b>Health Team</b>	Must include medical specialists, nurses, pharmacists, nutritionists, dieticians, social workers, behavioral health providers, chiropractors, and licensed complementary and alternative practitioners

## Expanded Health Homes

Kentucky has proposed three core elements of its vision to expand Health Homes as part of SIM, with two supporting elements listed to help achieve the core elements.

### **Core Elements of KY's Model Design**

- Expand Medicaid health homes statewide after effectiveness is demonstrated in initial pilot
- Encourage other payers to adopt Medicaid Health Home payment and design structure to establish consistency in Health Homes across payers
- Expand Health Homes to include more comorbidities and chronic illnesses

### **Supporting Elements for Consideration**

- Assign individuals leaving the corrections system to a Health Home
- Provide more robust transportation to Health Homes

# A Multi-payer Community Innovation Support Center

Akin to CMS' DSRIP waiver program, Kentucky could consider a multi-payer community innovation support center to potentially fund providers and/or communities who develop specific reforms that differ from the other key elements of the SIM Model Design and meet a set of pre-determined criteria.

Delivery System Reform Incentive Payment (DSRIP)

- DSRIP initiatives are part of broader Section 1115 Waiver programs and provide states with significant funding that can be used to support hospitals and other providers in changing how they provide care to Medicaid beneficiaries
- These waivers are intended to allow for experimental, pilot, or demonstration projects; however, there is no official federal guidance about what qualifies as a DSRIP program
- In general, DSRIP initiatives link funding for eligible providers to their progress toward meeting specific milestones through key elements of delivery system reform
- The details of what these key elements look like vary across states and waivers, but generally include projects focused on the following four areas: infrastructure development, system redesign, clinical outcome improvements, and population-focused improvements

## **i** Core Elements of a KY Multi-payer Community Innovation Support Center



## Supporting Strategies

Kentucky has proposed four core elements of its plan to implement strategies to support the overall vision of the SIM Model Design. These strategies will continue to be developed with each workgroup.

### **Core Elements of KY's Model Design**

- Reduce administrative burdens by standardizing:
  - Provider credentialing
  - Smoking cessation product formularies
  - Smoking cessation reimbursement policies
  - Prior authorization criteria for diabetes-related drugs and products
  - Reporting across payers
- Continue implementation of kyhealthnow initiatives
- Reduce administrative barriers to telehealth and telemedicine
- Develop a consumer engagement and accountability strategy

### **Supporting Elements for Consideration\***

*\*Strategies to support the overall vision of the SIM Model design will continue to be developed with all five workgroups.*

# **Effective Models to Engage Small and Individual Practices**

## Meeting Providers Where They Are

How can the Commonwealth develop effective models that engage and/or include small and individual practices, with a particular emphasis on behavioral health?

Strategies to Engage Providers Across the Size Spectrum

Strategies to Engage All Provider Types

**Next Steps**

# Upcoming Schedule

A monthly workgroup meeting will be essential for discussing key topics, reaching consensus, and driving the development of a successful Model Design. The exact meeting dates, times, and locations for the workgroups will be communicated in advance of each session.

## July 2015

M	T	W	T	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

## August 2015

M	T	W	T	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31				

## September 2015

M	T	W	T	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30		

### Calendar Legend

**Workgroup Meeting**

**Stakeholder Meeting**

## Next Steps

- The July full stakeholder meeting is scheduled for **Wednesday, July 8, 2015** from **1:00 PM – 4:00 PM** at the **Kentucky Historical Society** (100 W. Broadway Street, Frankfort, KY 40601). No advance registration is required.
- Mark your calendars! The next Integrated & Coordinated Care workgroup will be held on **WEDNESDAY, July 22, 2015**. Please note that shift from Tuesday to Wednesday in July due to meeting space constraints. We will return to our regular rhythm in August.

Workgroup	July Date	July Time	July Location
HIT Infrastructure	Tuesday, July 21, 2015	9A M to 12 PM	KY Department for Public Health (DPH), Conference Suite <b>A</b> , 275 E Main St, Frankfort, KY 40601
Payment Reform	Wednesday, July 22, 2015	9 AM to 12 PM	KY Department for Public Health (DPH), Conference Suites <b>B-C</b> , 275 E Main St, Frankfort, KY 40601
Integrated & Coordinated Care	Wednesday, July 22, 2015	1 PM to 4 PM	KY Department for Public Health (DPH), Conference Suites <b>B-C</b> , 275 E Main St, Frankfort, KY 40601
Increased Access	Thursday, July 23, 2015	9 AM to 12 PM	KY Department for Public Health (DPH), Conference Suites <b>B-C</b> , 275 E Main St, Frankfort, KY 40601
Quality Strategy/ Metrics	Thursday, July 23, 2015	1 PM to 4 PM	KY Department for Public Health (DPH), Conference Suites <b>B-C</b> , 275 E Main St, Frankfort, KY 40601

- Please visit the dedicated Kentucky SIM Model Design website: <http://chfs.ky.gov/ohp/sim/simhome>
- Please contact the KY SIM mailbox at [sim@ky.gov](mailto:sim@ky.gov) with any comments or questions

**Thank you!**

**Q&A**