Legislative Commission on Primary Care Workforce Issues

February 22, 2018 2:00-4:00pm at the NH Medical Society Conference Room, Concord

Call in information:

866-939-8416

Participant Code: 1075916

Agenda

2:00 - 2:10	**Introductions & Minutes**
2:10 - 3:00	**Practice Transformation** – Jan Thomas RN, BS, Practice Transformation Project Director, Citizen's Health Initiative
3:00 – 3:15	**Integrated Delivery Network: Workforce Update (Education Initiatives)** – Peter Mason, MD; Nancy Frank (invited)
3:15 – 3:50	**Legislative Update:** HB 1506 – Assistant Physician Bill SB 426 – Expanding the Membership of the LCPCWI SB 590 – Making a Supplemental Payment to the State Loan Repayment Program
3:50 – 4:00	**Updates and Next Steps**

Next meeting: Thursday March 22, 2:00-4:00pm

State of New Hampshire
COMMISSION ON PRIMARY CARE WORKFORCE ISSUES

DATE: February 22, 2018

TIME: 2:00 – 4:00pm

LOCATION: New Hampshire Medical Society

Meeting Minutes

TO: **Members of the Commission and Guests**

FROM: Danielle Weiss

MEETING DATE: February 22, 2018

Members of the Commission:
Laurie Harding – Chair
Alisa Druzba, Administrator, Rural Health and Primary Care Section – Vice-Chair
Stephanie Pagliuca, Director, Bi-State Primary Care Association
Mike Auerbach, New Hampshire Dental Society
Mary Bidgood-Wilson, ARNP, NH Nurse Practitioner Association
Jeanne Ryer, NH Citizens Initiative
Mike Ferrara, Dean, UNH College of Health and Human Services
Bill Gunn, NH Mental Health Coalition
Guests:
Danielle Weiss, Program Manager, Rural Health and Primary Care Section
Paula Smith, SNH AHEC
Nancy Frank, Executive Director, NNH AHEC
Catrina Watson, NH Medical Society
Peter Mason, Geisel School of Medicine, IDN Region 1
Barbara Mahar, New London Hospital
Thomas Wold, Portsmouth Regional Hospital
Jan Thomas, RN, Practice Transformation Project Director, Citizens Health Initiative

Meeting Discussion:

2:00 - 2:10 **Introductions & Minutes**

2:10 - 3:00 **Practice Transformation** – Jan Thomas, RN, Practice Transformation Project Director, Citizen's Health Initiative

Refer to the PowerPoint "Practice Transformation Network (PTN)."

3:00 – 3:15 **Integrated Delivery Network: Workforce Update (Education Initiatives)** – Peter Mason, MD; Nancy Frank (invited)

- 7 IDNs in state, required to do 6 projects and all have to do capacity development
    - Charge of taskforce was to design strategic plan and look at resources around state through subcommittees (4)
    - Charged with training requirements for primary care and other front-line staff

    - Looking at workforce development component
- Large goal is to ensure we have an adequate integrated primary care workforce around the state
    - Integrated with other initiatives to ensure efforts aren't duplicated
    - What the subcommittee is looking at right now:
        - Programs, degrees, certificates available around state and where the gaps are to strategically address them
        - AHEC is talking to IDNs to revise health career catalog to build on behavioral health opportunities
        - Centralized training calendars
    - Sandy Blount's involvement Antioch and UNH is now also involved
    - Planning second meeting in April
        - Invite employers to meeting so there's a crosswalk of what providers are doing and what employers need them to do
        - To talk about current workforce needs and vacancies
        - Siloed way people are trained in mental health, especially with regard to substance use disorders and treatment options for those with co-morbidities

3:15 – 3:50 **Legislative Update: (Jim Potter)**

- HB 1506 – Assistant Physician bill – now named Graduate Physicians
    - Passed 12-7 in House
        - House didn't think of impact so we need to involve those that would be heavily impacted
        - Marsh committed to senators that he would move it out of committee
        - Hoping Jim Potter can exert influence to go to ED&A instead of the floor
            - In HHS because of Jeb Bradley (sponsor)
    - Jim encourages everyone to call/write representatives and reach out to those affected so they can do the same
        - Send out email of commitment by next week with instructions on how to proceed with letters to flood in
    - Leading causes of concern
        - Medicare funding and reimbursement for this provider type
        - If the system isn't buying in and no one's interested in hiring them, they'll be wasted
        - Excessive administrative burden on the Board of Medicine
            - Underestimated fiscal impact
    - Thomas Wold (PRH) to coordinate with Paula Minnehan to distribute information to members
- SB 426 – Expanding the Membership of the LCPCWI
    - Didn't pass
    - Laurie to speak with members about next steps and possibly convening after the Commission expires

3:50 – 4:00 **Updates and Next Steps**

- First teleECHO session held today – Jeanne Ryer
    - Case-based learning format
        - Presents clinical case for discussion on how to better manage care
        - Today was continuity of care for a parent who suffered from perinatal substance use
- NH Physician Leadership module through NHMS
    - Facilitated through Fall Business School through UNH
    - Grant through Physicians Foundation
    - To build a set of skills to help with decision making and other qualities of leadership
    - September launch
    - Logistics
        - ½ day once a month
        - 10 modules, each about 4 hrs
        - Max 20 physicians per year
            - 2 active cohorts going on

Next meeting: Thursday March 22, 2:00-4:00pm

Practice Transformation Update

February 22nd, 2018

Janet Thomas BS, RN

NH Project Director

Northern New England Practice Transformation Network

NNE Practice Transformation Network

Partnership of NH Citizens Health Initiative
Maine Quality Counts
Vermont Program for Quality in Health Care

Funded by CMS, Transforming Clinical Practice Innovation (TCPi)

NH Partners: North Country Health Consortium, H Health Information Organization, QIO, etc.

NNE Practice Transformation Network Goals

Improve health of patients

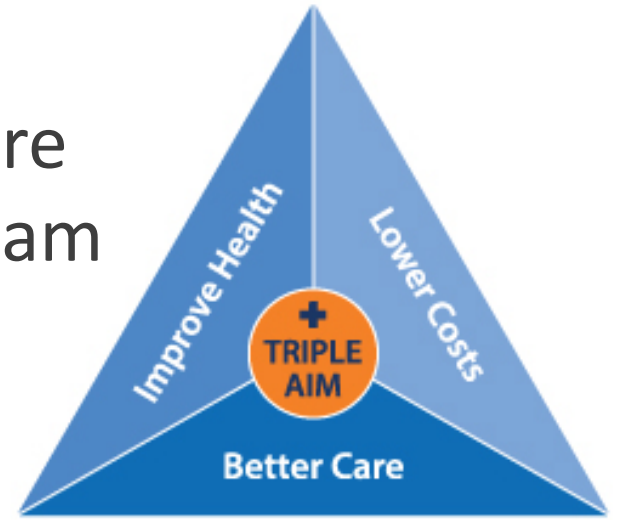
- Build better systems for providing high-quality, patient-centered care

Improve health of clinicians & practice team

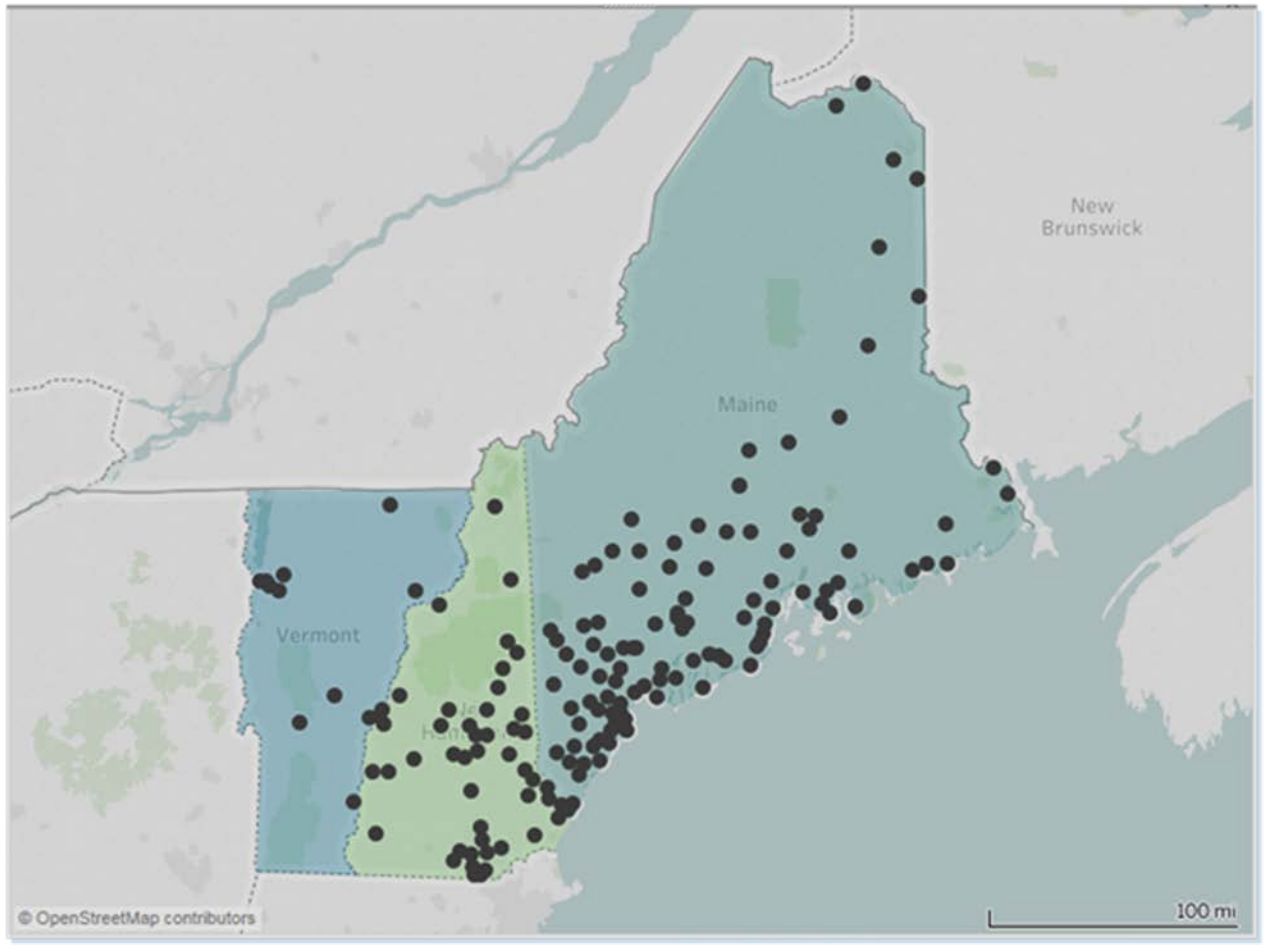
- Get support for building stronger team-based care
- Access resources to strengthen individual and team resilience

Improve health of the practice

- Get help to avoid penalties & succeed in rapidly evolving value-based payment systems



Northern New England Practice Transformation Network



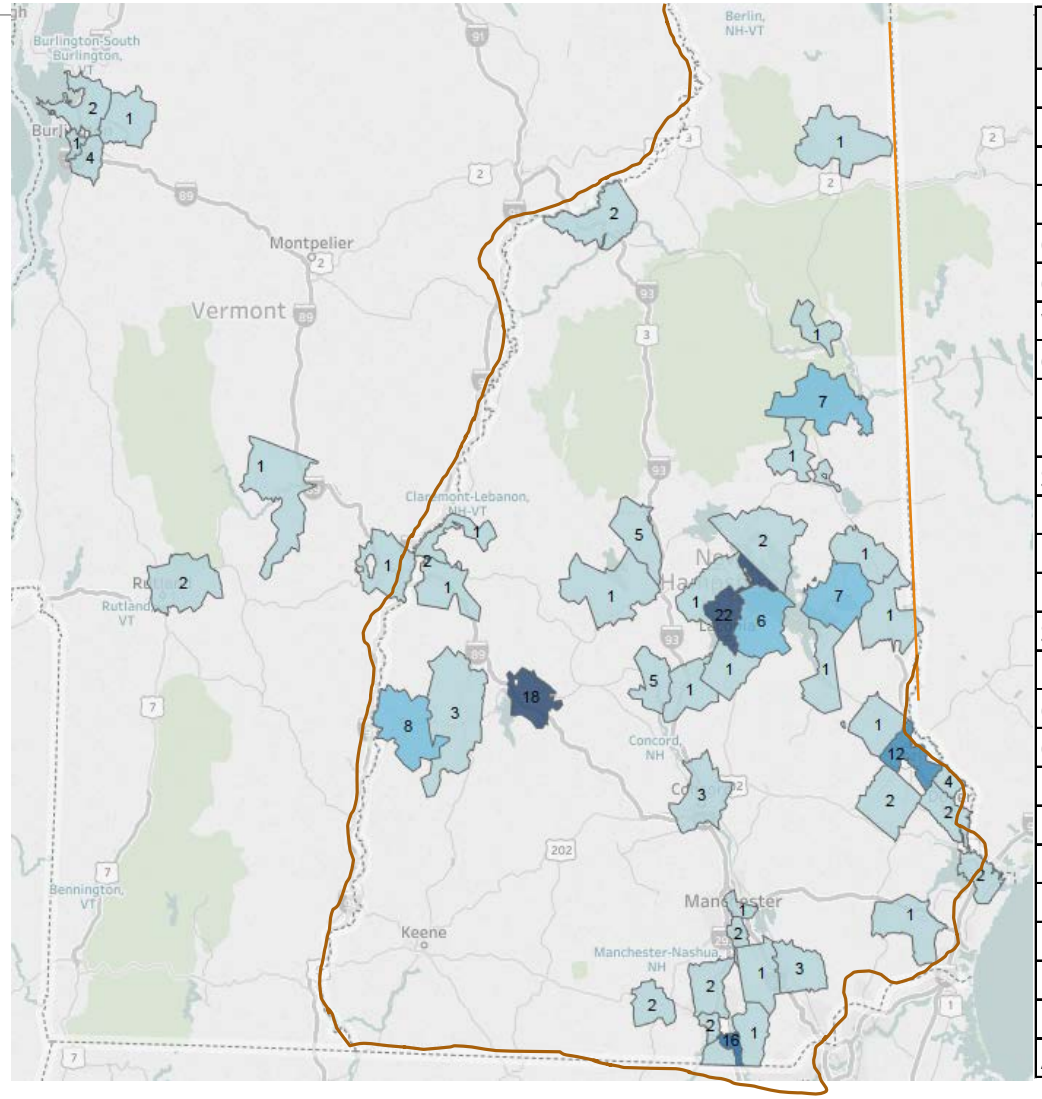
A Tri-State Collaborative Program
Managed by Maine Quality Counts

Transformation Comes In All Sizes

NNE-PTN is located in a very rural area of New England and includes Maine, New Hampshire and Vermont.

We work with 337 (93% small / rural) practices across the three states representing 2,346 providers.

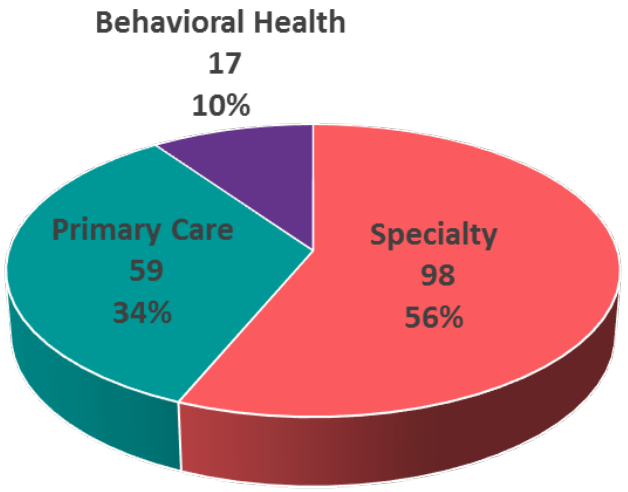
Practice Locations



Practices x City			
Laconia	23	Amherst	1
Nashua	21	Belmont	1
New London	18	Berlin	1
Rochester	12	Bethel	1
Claremont	8	Bristol	1
Conway	7	Burlington	1
Wolfeboro	7	Essex Junction	1
Gilford	6	Exeter	1
Franklin	5	Farmington	1
Plymouth	5	Glen	1
South Burlington	4	Hanover	1
Derry	3	Hudson	1
Manchester	3	Lebanon	1
Newport	3	Londonderry	1
Somersworth	3	Meredith	1
Barrington	2	Moultonboro	1
Colchester	2	Moultonborough	1
Concord	2	Nashua	1
Dover	2	Newport	1
Lebanon	2	Ossipee	1
Littleton	2	Sanbornville	1
Merrimack	2	Somersworth	1
Milford	2	Tamworth	1
Portsmouth	2	Tilton	1
Rutland	2	White River Junction	1
Alton	1	**Grand Total**	**174**

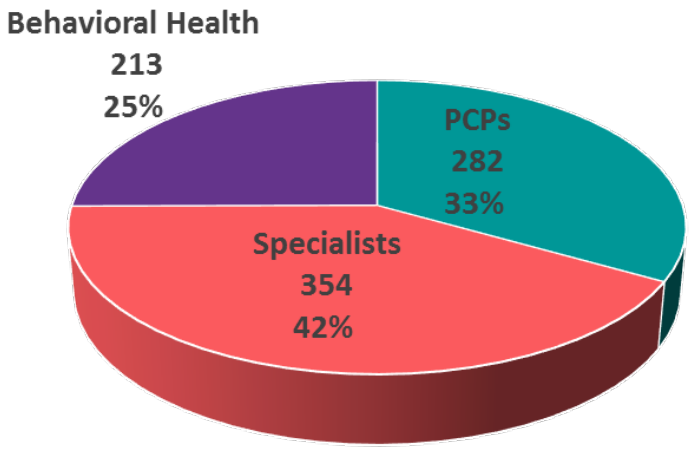
Enrolled Practices and Providers by Specialty

Practices



Overall Specialty	Total Practices	% of Practices
Specialty	98	56%
Primary Care	59	34%
Behavioral Health	17	10%
Total	**174**	**100%**

Providers



Specialty	No. of Providers	% of Total Providers
PCPs	282	33%
Specialists	354	42%
Behavioral Health	213	25%
Total	**849**	**100%**

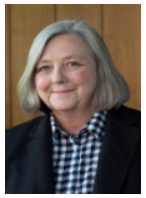
NNE-Practice Transformation Network

Participation benefits

- PQRS & MIPS submission and technical assistance - No Cost
- Clinical and claims-based data reporting and support
- Customized on-site coaching & QI support
- PTN Learning Community (w/CME credits & MOC opportunities)
- Leadership and Inter-Professional training & education
- National framework & assessment tool to help measure progress towards future-state goals
- And more!

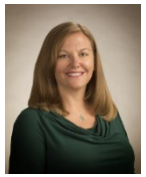
Initiative Staff

Annie Averill, BA

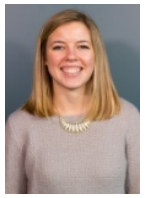


Jeanne Ryer, MSc, EdD

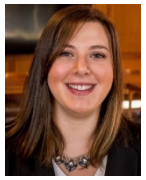
Sally Minkow, BSN



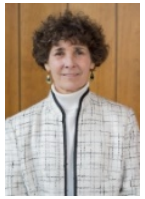
Felicity Bernard, MA, LCMHC



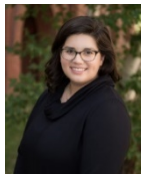
Molly O'Neil, BS



Stephanie Cameron, MPH



Janet Thomas, RN, BS



Kate Cox, MSW

Hwasun Garin, BA

Holly Tutko, MS

Marcy Doyle, MS, MHS, RN, CNL

Matt Humer, MBA

Delitha Watts

CMS 5 phases of Practice Transformation

Set Aims

Use Data to Drive Care

Achieve Progress on Aims

Benchmark Status

Thrive as a Business via Pay for Value Approaches

Practice Assessment Tool

3. Primary PAT 2.0

PRIMARY CARE 2.0			Practice Name:	0			
	Change Concept Ref	Milestone	0	1	2	3	Score
Results related to Aims Only #2 has a direct change concept reference.							
1	None	Practice has met its targets and has sustained improvements in practice-identified metrics for at least one year.	Practice has identified the metrics it will track that are related to TCPI aims and has collected baseline information on these metrics.	Practice is monitoring the metrics related to TCPI aims but is not yet showing improvement in all metrics.	Practice has shown improvement in metrics related to TCPI aims but has not reached its targets or improvement is not yet sustained.	Practice has met at least 75% of its targets and sustained improvements in practice-identified metrics for at least one year.	
2	1.6.5	Practice has reduced unnecessary tests, as defined by the practice.	Practice has not reduced unnecessary tests or does not have baseline data on this measure.	Practice has identified the tests it will focus on for reduction and the corresponding metrics it will monitor and manage.	Practice has established a baseline, is regularly monitoring its identified metrics, but improvement has not yet been demonstrated.	Practice has demonstrated improvement in reducing unnecessary tests.	
3	None	Practice has reduced unnecessary hospitalizations.	Practice has not reduced unnecessary hospitalizations or does not have baseline data on this measure.	Practice has established a baseline but does not yet have a process to reduce unnecessary hospitalizations.	Practice has established a baseline and is piloting a process to reduce unnecessary hospitalizations.	Practice has implemented and documented a tested process and has demonstrated a reduction in unnecessary hospitalizations from its baseline.	
Driver 1.1 Patient and Family Engagement							
4	1.1.3	Practice can demonstrate that it encourages patients and families to collaborate in goal setting, decision making, and self-management.	Practice does not regularly utilize shared decision making or other tools to encourage patient and family involvement in goal setting or decision making.	Practice is training its staff in shared decision making approaches and developing ways to consistently document patient involvement in goal setting, decision making, and self-management.	Practice has developed approaches to encourage and document patient and family involvement in goal setting, decision making and self-management, but the process is not yet routine.	Practice can demonstrate that patients and families are collaborating in goal setting, decision making and self-management (e.g. shared care plans, documentation of self- management goals, compacts, etc.).	
5	1.1.2	Practice has a formal approach to obtaining patient and family feedback and incorporating this into the QI system, as well as the strategic and operational decisions made by the practice.	Practice does not have a formal system for obtaining patient feedback.	Practice has a limited system for obtaining patient and family feedback and does not have a system for acting on the information received.	Practice has a formal system for obtaining patient and family feedback but does not consistently incorporate the information received into the QI and overall management systems of the practice.	Practice has a formal system for obtaining patient and family feedback and can document operational or strategic decisions made in response to this feedback.	
Driver 1.2 Team-based Relationships							
6	1.2.2	Practice sets clear expectations for each team member's functions and responsibilities to optimize efficiency, outcomes, and accountability.	The practice has not established clear roles for each member of the care team or set clear expectations for each team member's functions and responsibilities to optimize efficiency, outcomes, and accou	The practice has identified the work required	tched the work that must be member who will do the work.	The practice has documented each team member's role and accountability lanes and each team member works to the maximum of his skill set and credentials in order to optimize efficiency and outcomes.	

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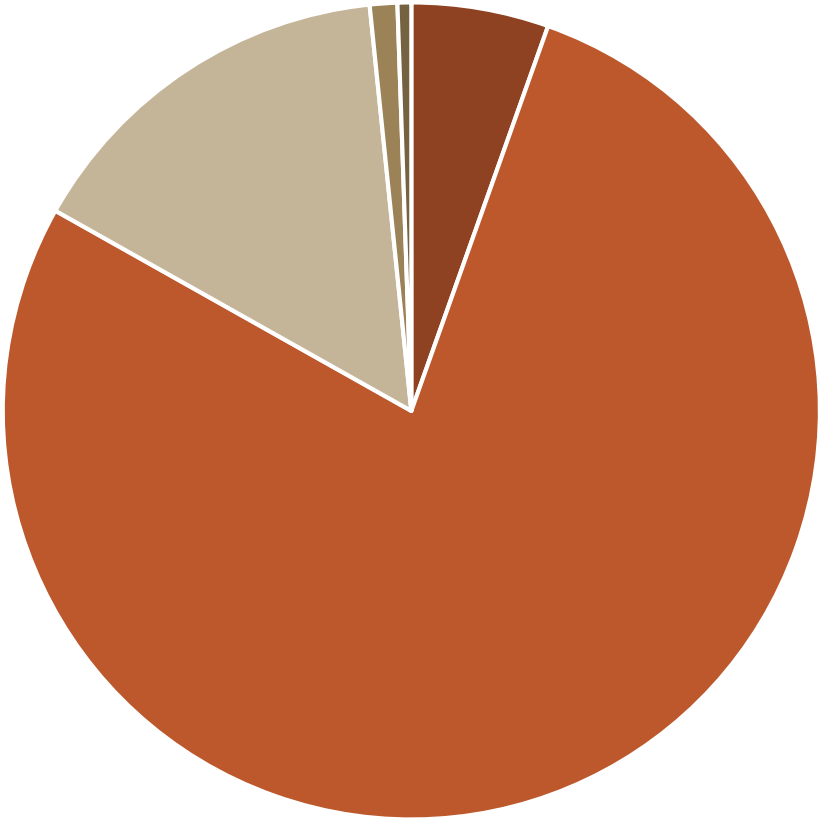
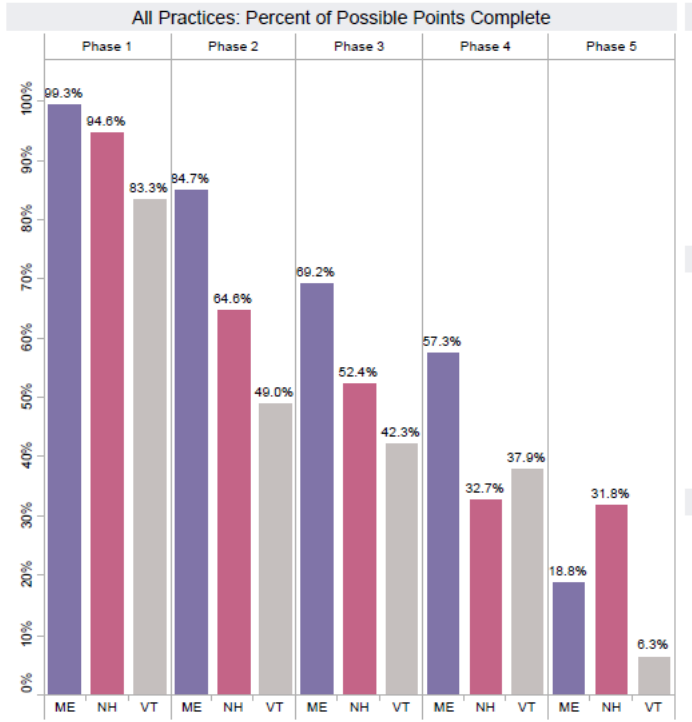
PTN: Progress through Transformation Phases

Moving Toward Value-Based Payment

NH Practice Phase Progression



Practice Progress



95% or 174 NH practices completed Phase 1, 28 practices already in Phase 3!

CMS 5 phases of Practice Transformation

Set Aims

Use Data to Drive Care

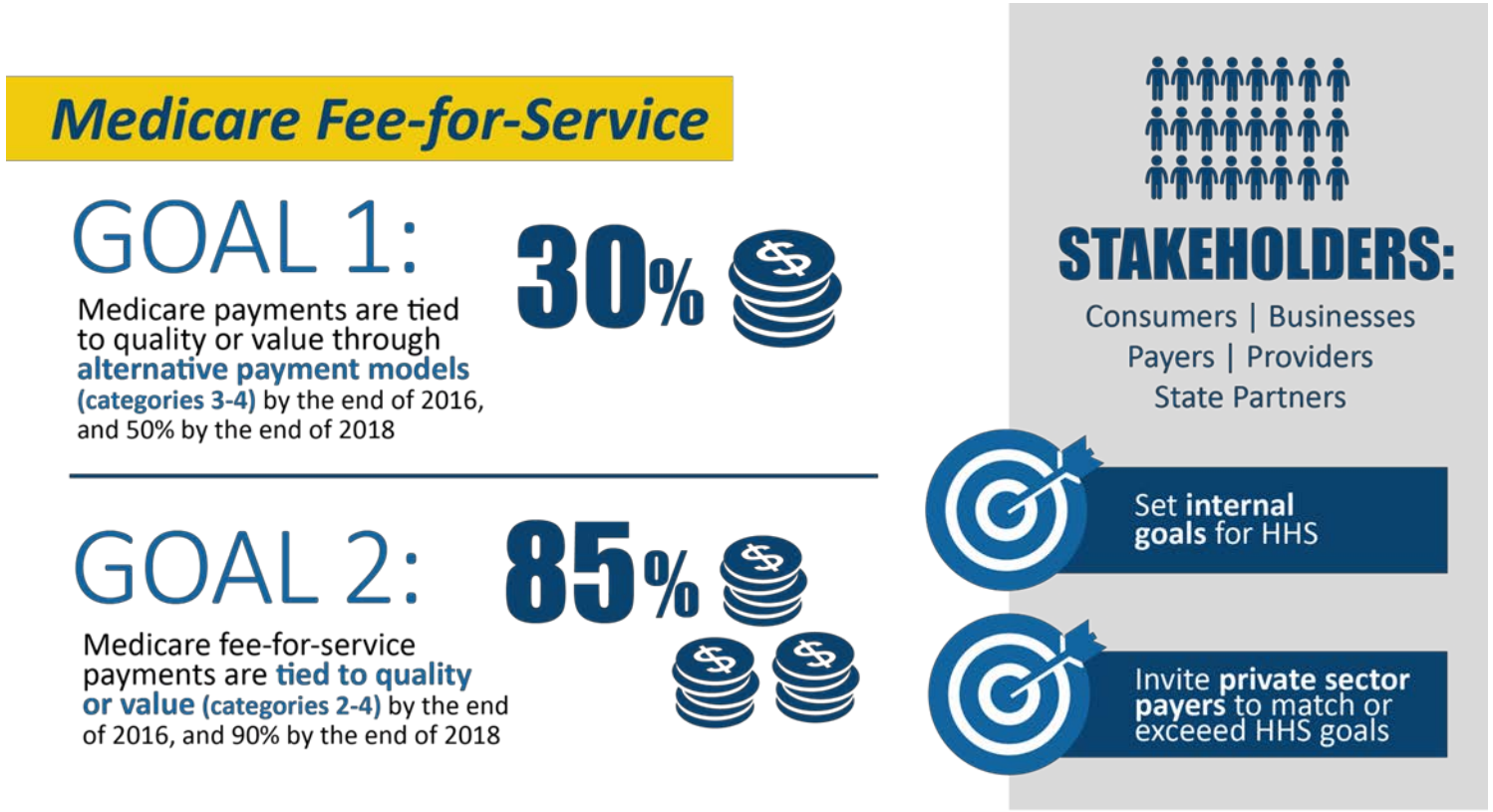
Achieve Progress on Aims

Benchmark Status

Thrive as a Business via Pay for Value Approaches

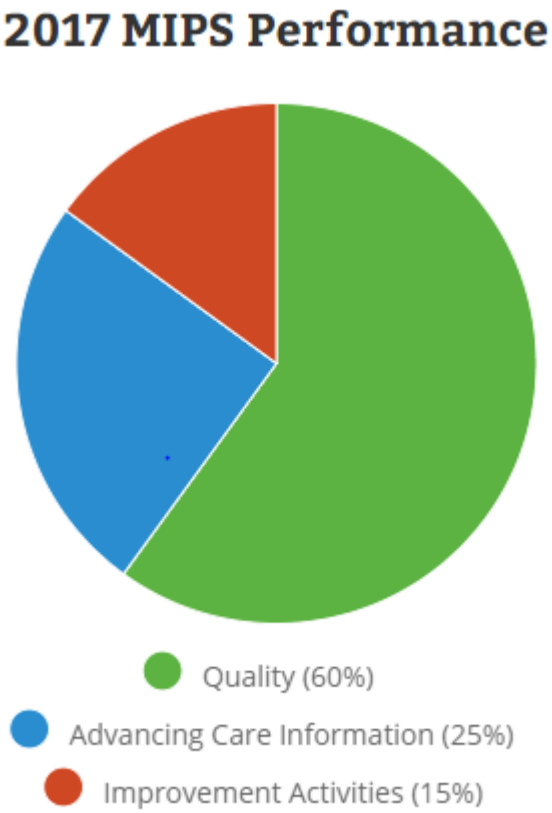
MACRA is Part of a Broader Push Towards Value and Quality

In January 2015, the Department of Health and Human Services announced **new goals** for **value-based payments** and **APMs in Medicare**



Source NRHI SAN

Quality Payment Program



What's the Merit-based Incentive Payment System (MIPS)?

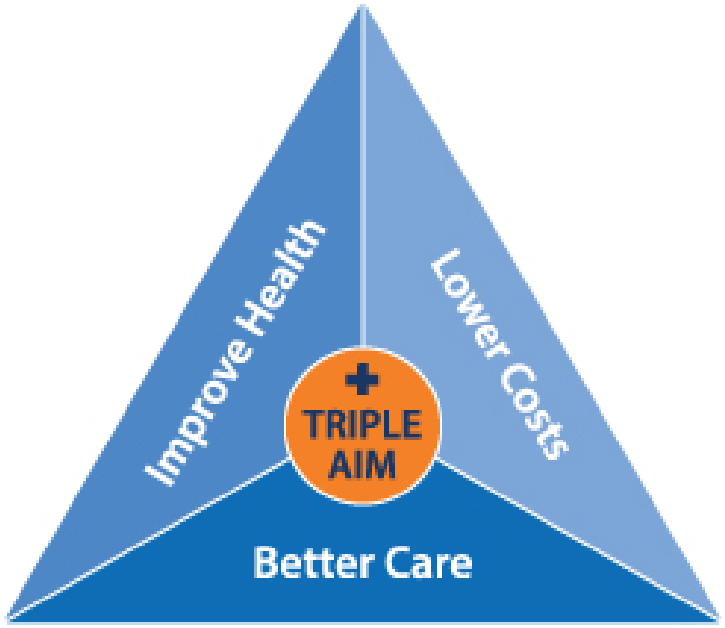
If you decide to participate in MIPS, you will earn a performance-based payment adjustment to your Medicare payment.

How Does MIPS Work?

You earn a payment adjustment based on evidence-based and practice-specific quality data. You show you provided high quality, efficient care supported by technology by sending in information in the following categories.

Quality	Improvement Activities	Advancing Care Information	Cost
Replaces PQRS.	New Category.	Replaces the Medicare EHR Incentive Program also known as Meaningful Use.	Replaces the Value-Based Modifier.

Transforming Clinical Practice Innovation



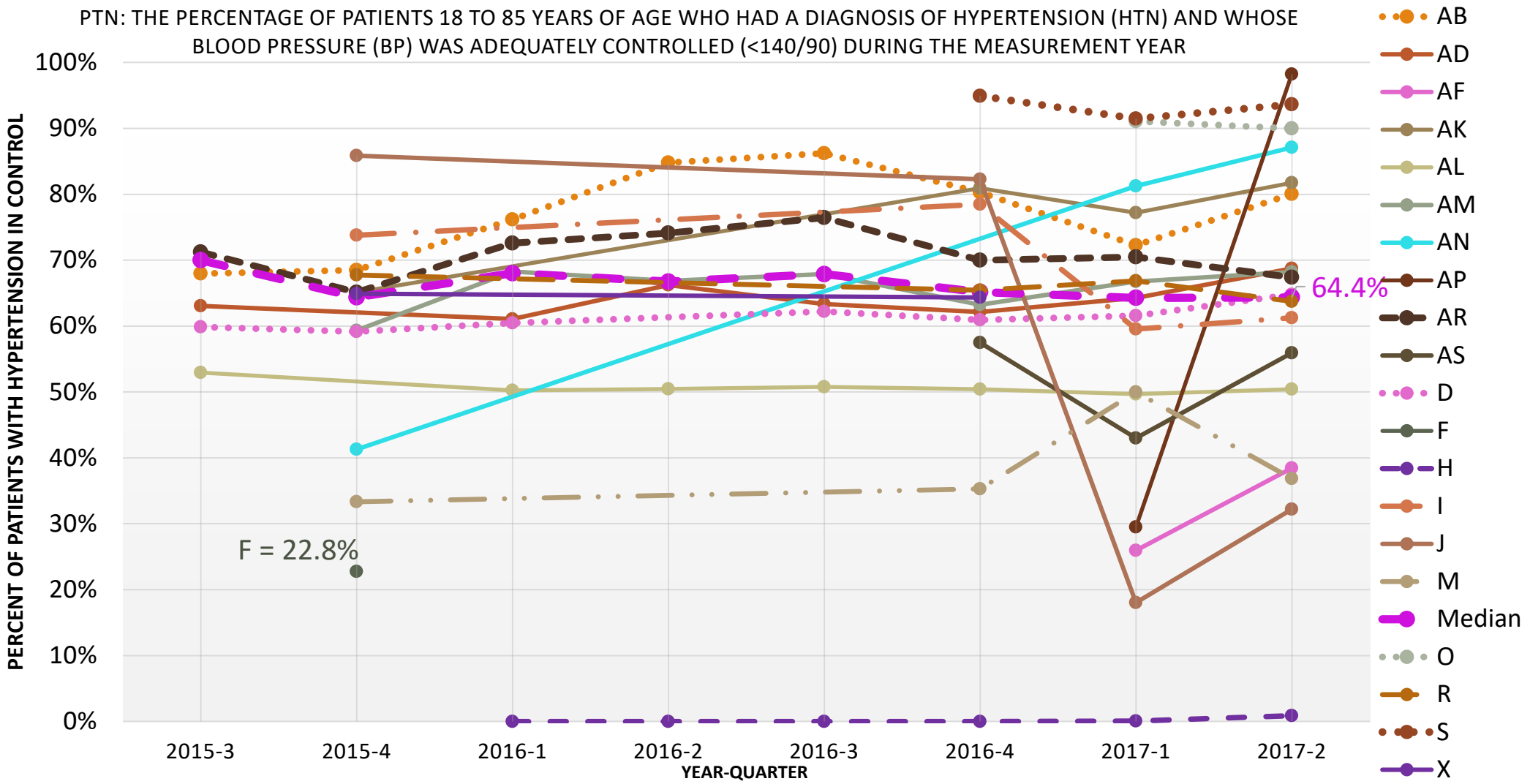
TCPI Goals

- Support > 140,000 clinicians in their practice transformation work
- Improve health outcomes for millions of Medicare, Medicaid and CHIP beneficiaries and other patients
- Reduce unnecessary hospitalizations for 5 million patients
- Generate $1 to $4 billion in savings to the federal government and commercial payers
- Sustain efficient care delivery by reducing unnecessary testing & procedures
- Build the evidence base on practice transformation so that effective solutions can be scaled

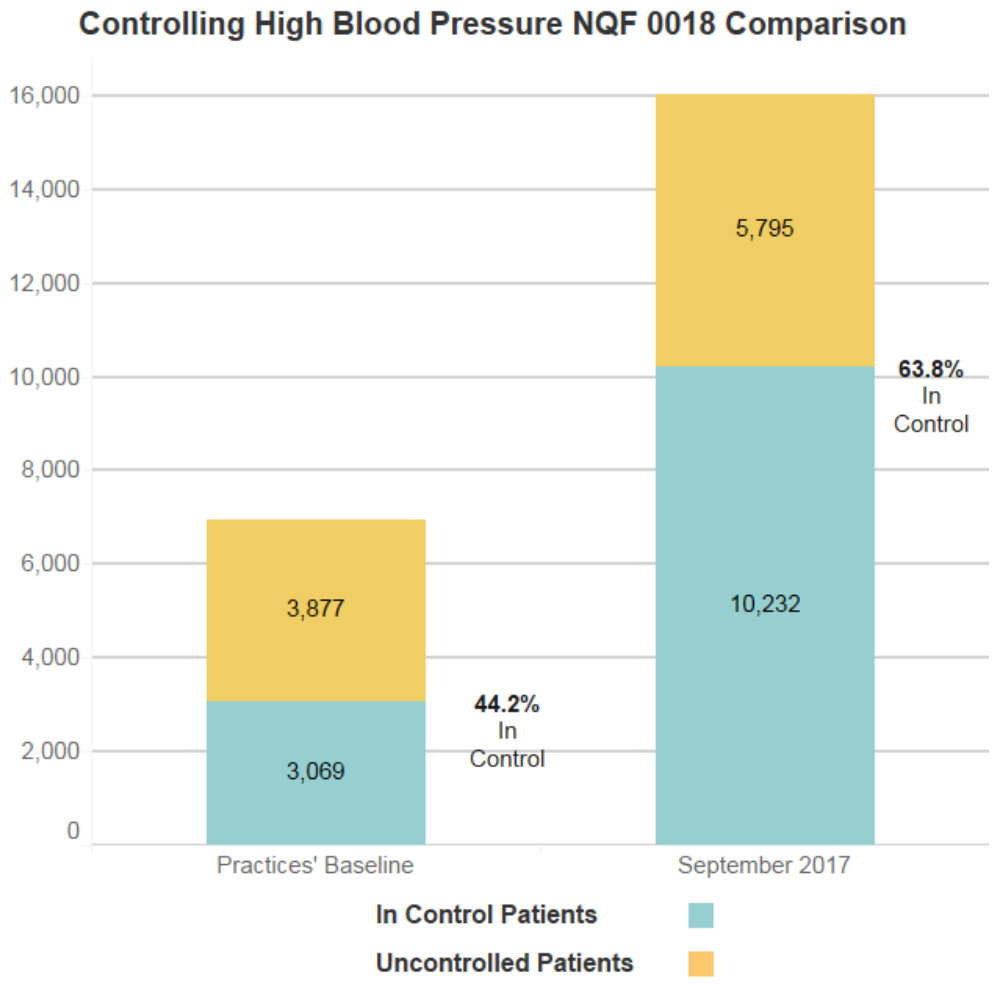
NNE-PTN High Impact Performance Measures

	Process/ Outcome	Condition	Measure Description	Reference (NQF)
Aim #2 Health Outcomes (Includes Follow-up)	O	Hypertension	Controlling High Blood Pressure (BP <140/90)	**0018**
	O	Depression	Depression screening	**0418**
	Unit of Measure		Approach/Description	
Aim #3 Reduce Unnecessary Hospitalizations	Admissions		Inpatient Utilization	
	Readmissions		30-day all-cause	
	Emergency Department		Acute Care and Sensitive Conditions ED Utilization	
Aim #5 Reduce Unnecessary Test and Procedures	Imaging for low back pain		NQF 052	
Aim #4 Cost Savings	Savings		Utilization-driven (Admissions, Readmits, Ed Utilization)	
	Savings		Resulting from Outcomes improvement (lit.)	
	Savings		Limiting unnecessary testing and procedures (Imaging for low back pain)	

Using Clinical Measures to Improve Care Outcomes



NNE-PTN Performance Measure: Hypertension



Size & Scale:

125 clinicians across 33 practices care for 16,027 hypertensive patients out of a total of 90,591 patients. Hypertensive patients must meet two criteria to be considered in-control:

1. Patient diagnosed with hypertension within last year
2. 6 month follow-up and BP is <140/90

Key Interventions to Produce Result:

Key tactics used to spread success story across NNE-PTN (highlighted at TCPi's National Expert Panel Event in June):

1. Saco Medical Group's provider champion created on-demand, online module focused on best practice examples that enabled their success
2. Two part online module, *Steps for Improving Hypertension Care,* focuses on teaching the tools used to achieve success
3. NNE-PTN Practice Facilitators (QIAs) then follow-up/coach sites using the *Million Hearts Campaign Best Practice Guide for Controlling Hypertension*
4. Success of the spread plan is being monitored over time by NNE-PTN through quarterly reporting of Controlling High Blood Pressure (NQF 0018) measure by enrolled practices

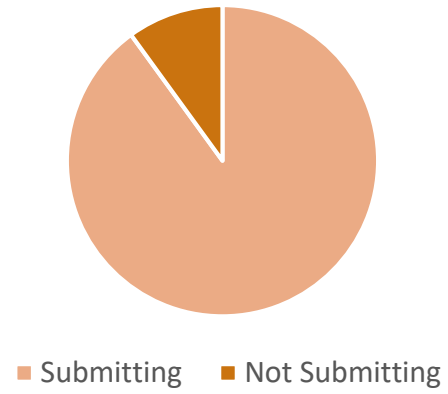
NNE-PTN & NH BHI LC Alignment

NH BHI LEARNING COLLABORATIVE

TIMELINE: OCT 2017 – SEPT 2018

Purpose: The Learning Collaborative focuses on the bidirectional integration between behavioral health and primary care with a focus on depression, anxiety, and substance use disorder.

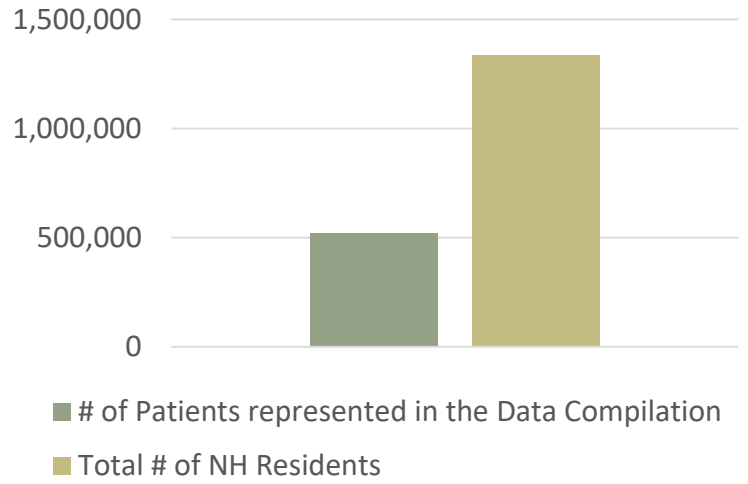
More than 90% of practices are submitting data!



NNE PRACTICE TRANSFORMATION NETWORK

TIMELINE: 2017 – 2018

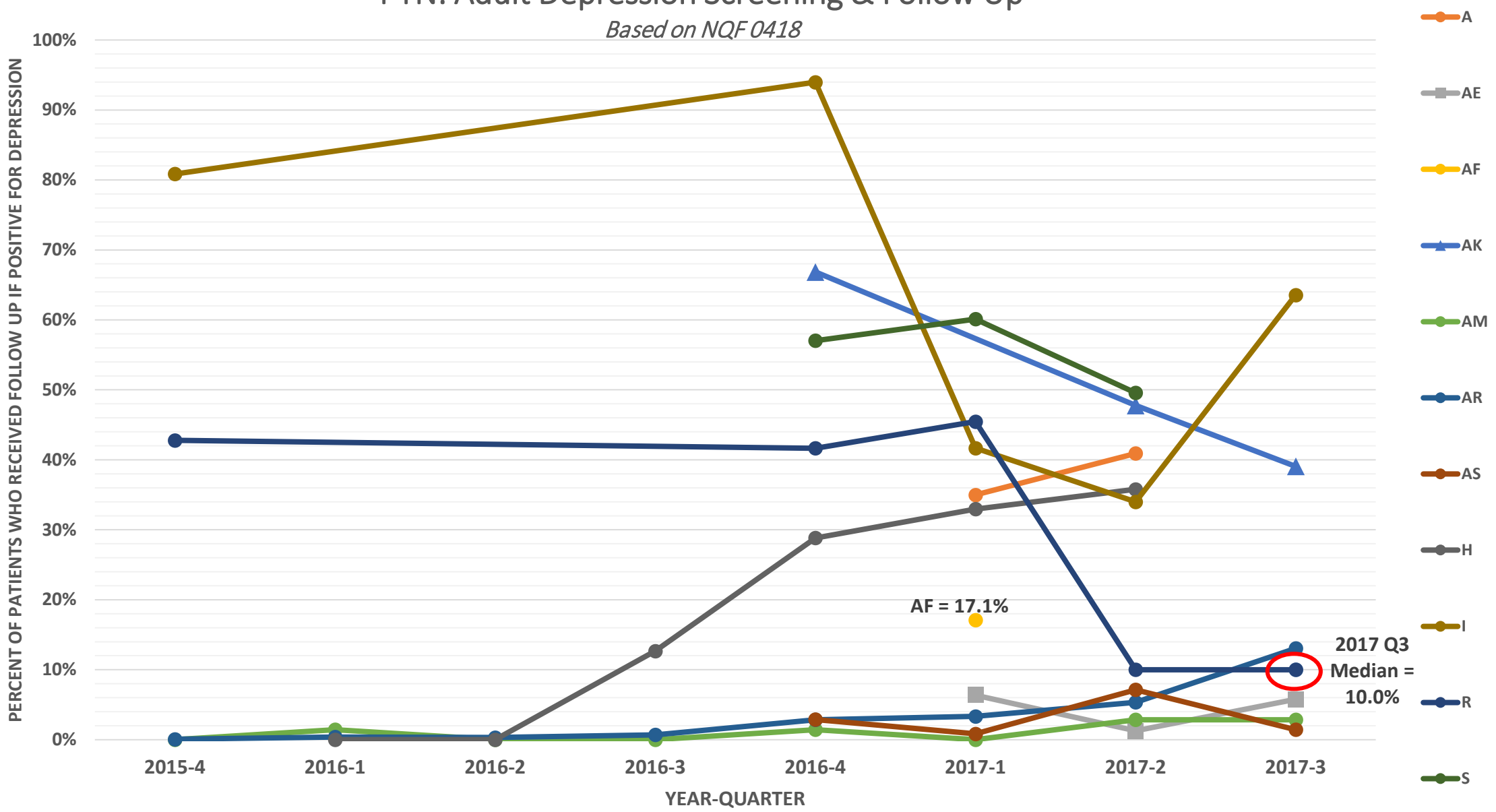
Purpose: To prepare healthcare practices to transition from volume-based payments to value-based payments.



Data submitted by PTN & BHI Practices to the ACLN are reaching more than 521,000 patients!

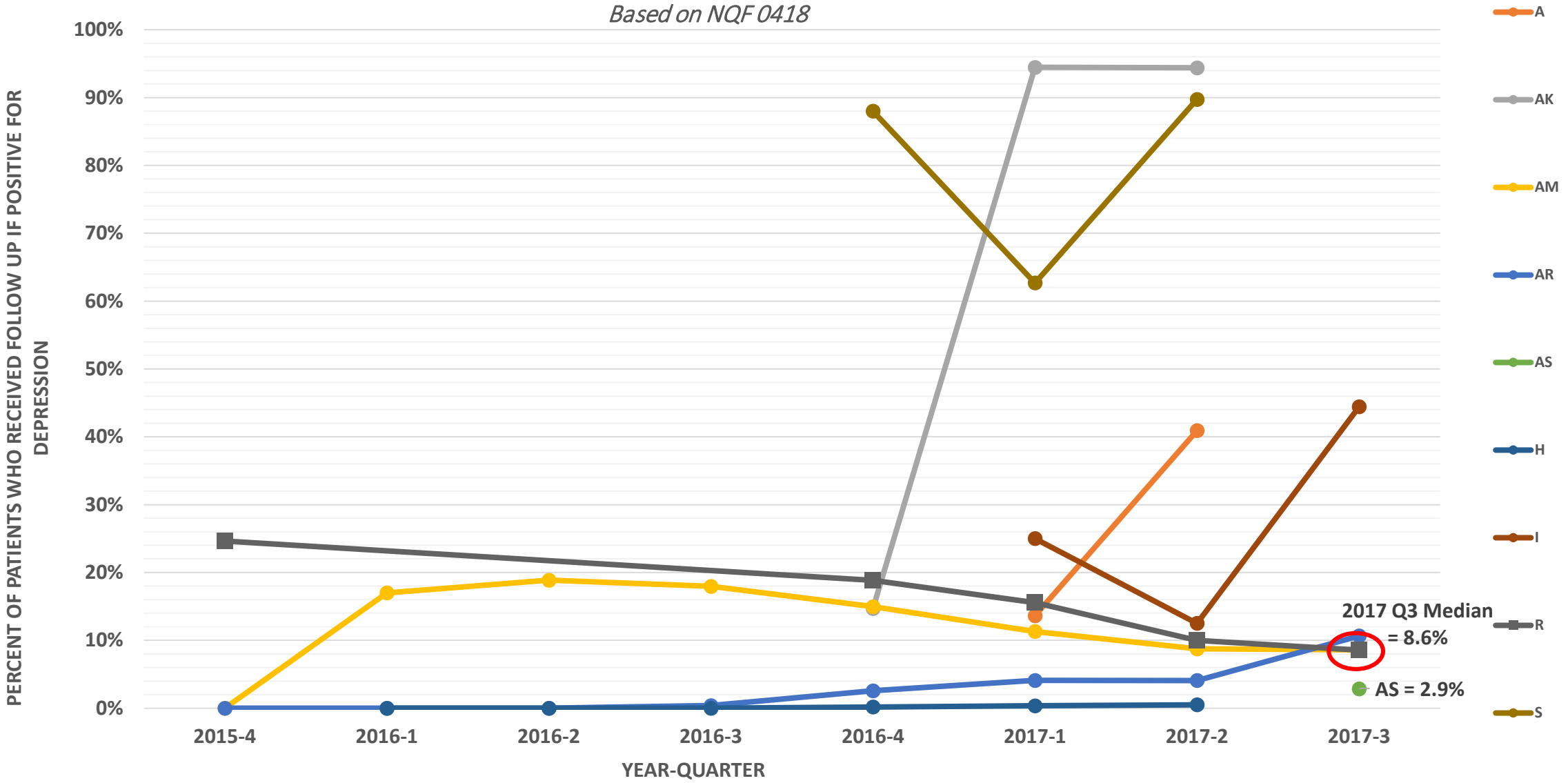
PTN: Adult Depression Screening & Follow Up

Based on NQF 0418



PTN: Adolescent Depression Screening & Follow Up

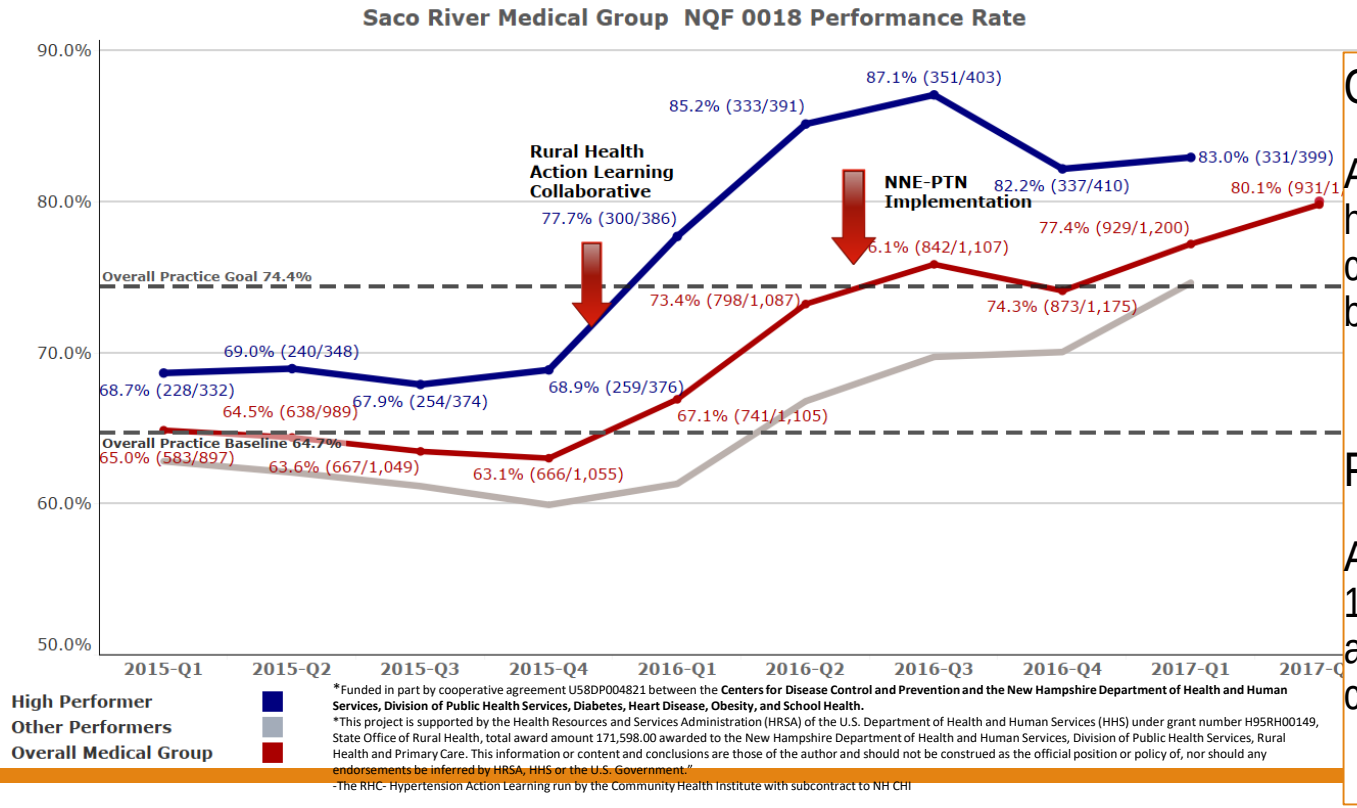
Based on NQF 0418



A Tri-State Collaborative Program
Managed by Maine Quality Counts

Our Product:
First High Performing Practice Group

Primary Care practice



*Funded in part by cooperative agreement U58DP004821 between the **Centers for Disease Control and Prevention and the New Hampshire Department of Health and Human Services, Division of Public Health Services, Diabetes, Heart Disease, Obesity, and School Health.**
*This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number H95RH00149, State Office of Rural Health, total award amount 171,598.00 awarded to the New Hampshire Department of Health and Human Services, Division of Public Health Services, Rural Health and Primary Care. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government."
-The RHC- Hypertension Action Learning run by the Community Health Institute with subcontract to NH CHI

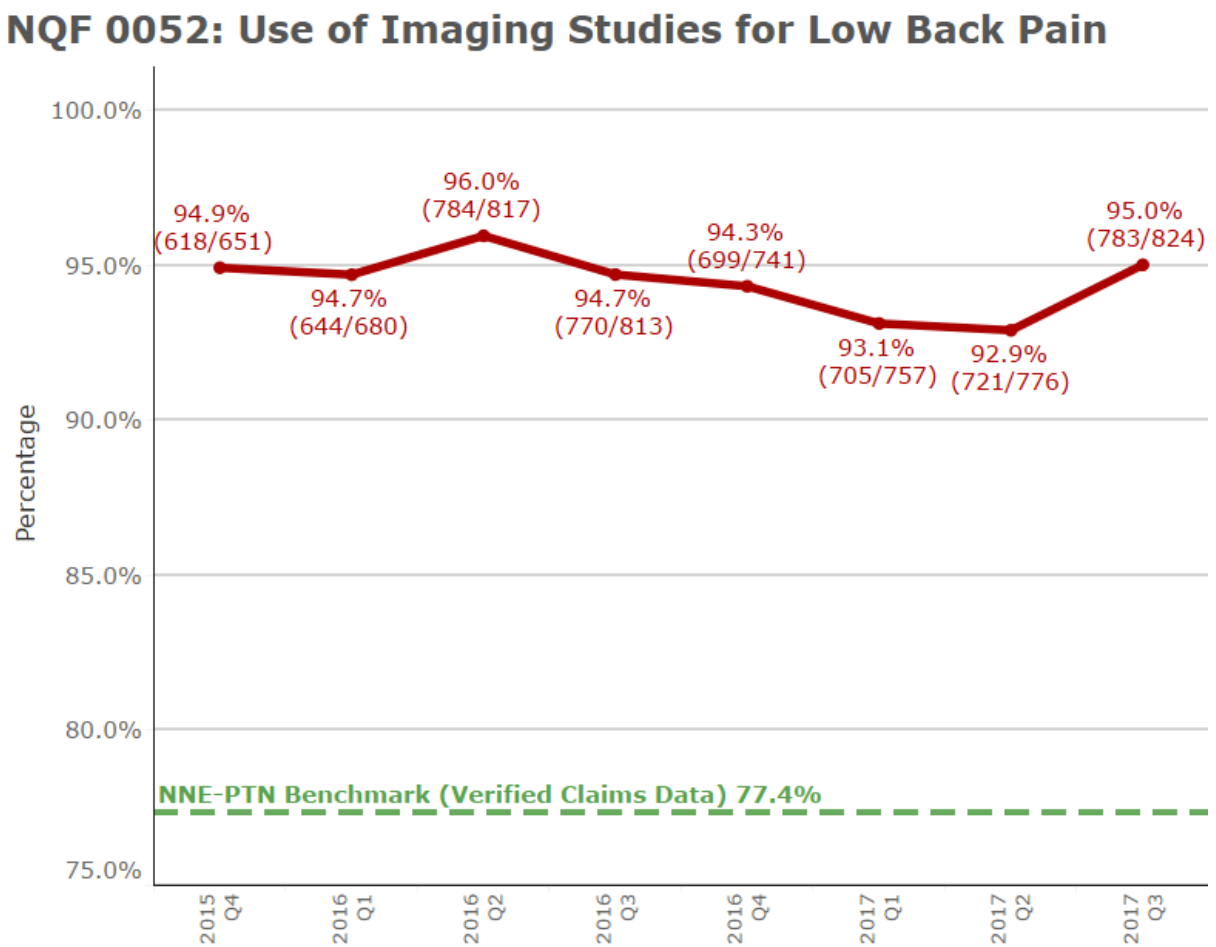
Goal:

AIM 2: Increase number of hypertensive patients with in-control BP from baseline of 64.7% by 3% Y1 & 15% at end of Y4

Performance To Date:

AIM 2: Q1 2017 Saco achieved 12% of their goal, translating to an additional 227 patients with in-control blood pressure

AIM 5 – Unnecessary Tests & Procedures Performance Display



Size & Scale:

This data covers 141 clinicians in 26 practices between 2015 Q4-2016 Q4 and 186 clinician and 39 practices between 2017 Q1-Q3.

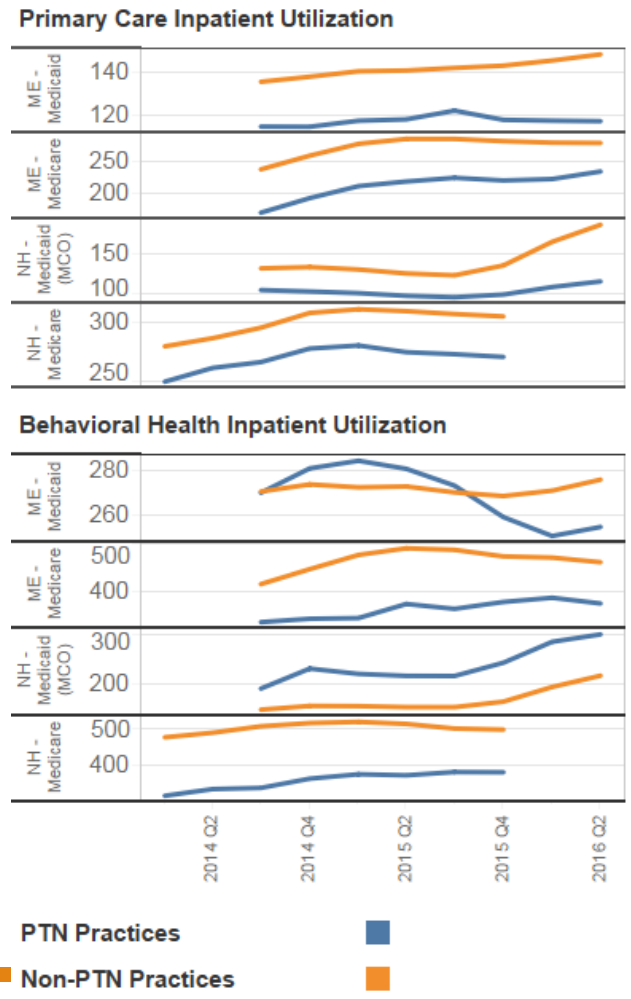
Based on New Hampshire all-payer baseline performance rate of 77.4%, these practices had 1035 fewer imaging studies over these 8 quarters.

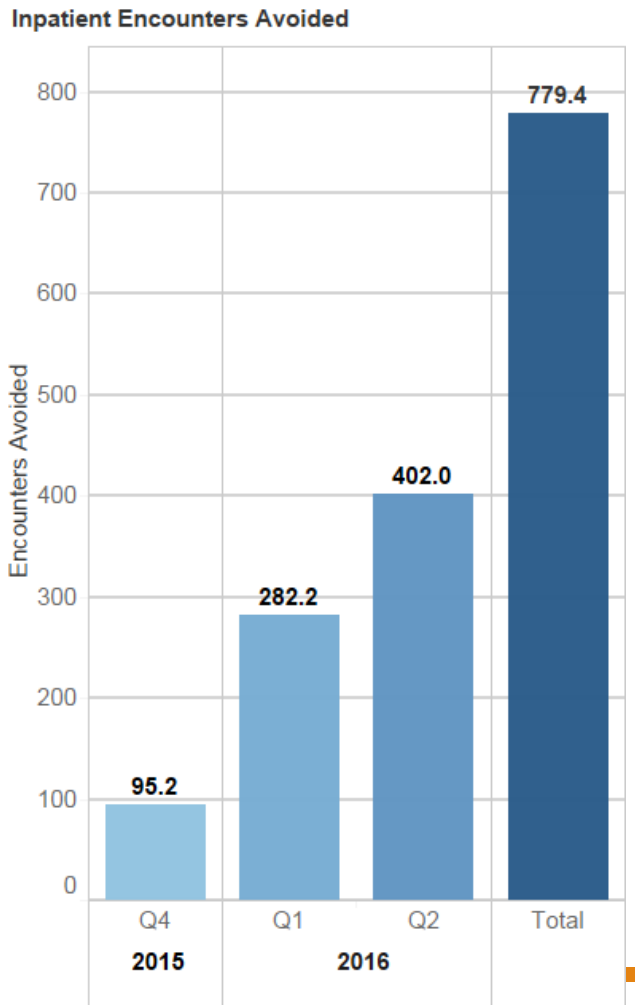
Key Intervention to Produce Result:

NNE-PTN delivers Choosing Wisely tools, scripting & patient resources to enrolled practices.

NOTE: $913,095 saved to date

AIM 3 – Unnecessary Hospitalization Performance Display





Size & Scale:

1309 clinicians across 135 practices care for a total of 92,809 Medicaid and Medicare patients

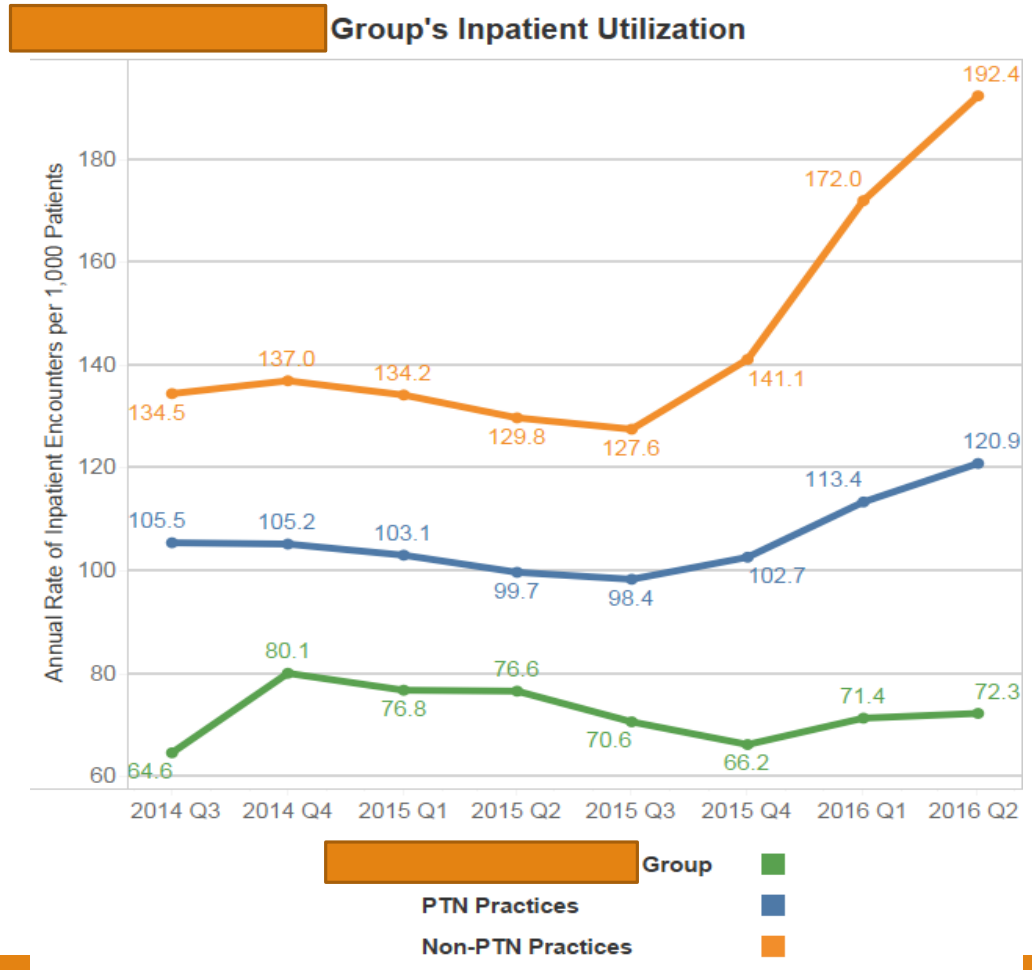
Key Interventions to Produce Result:

PTN practices use of State HIE event notifications and chronic care management (CCM) protocols to risk stratify patients, providing better care, reducing inpatient admissions, improving patient outcomes, leading to reductions in cost of care.

Readmissions accounts for a decrease of 55 additional encounters

A Tri-State Collaborative Program
Managed by Maine Quality Counts

Our Product:
First High Performing Practice (cont'd)



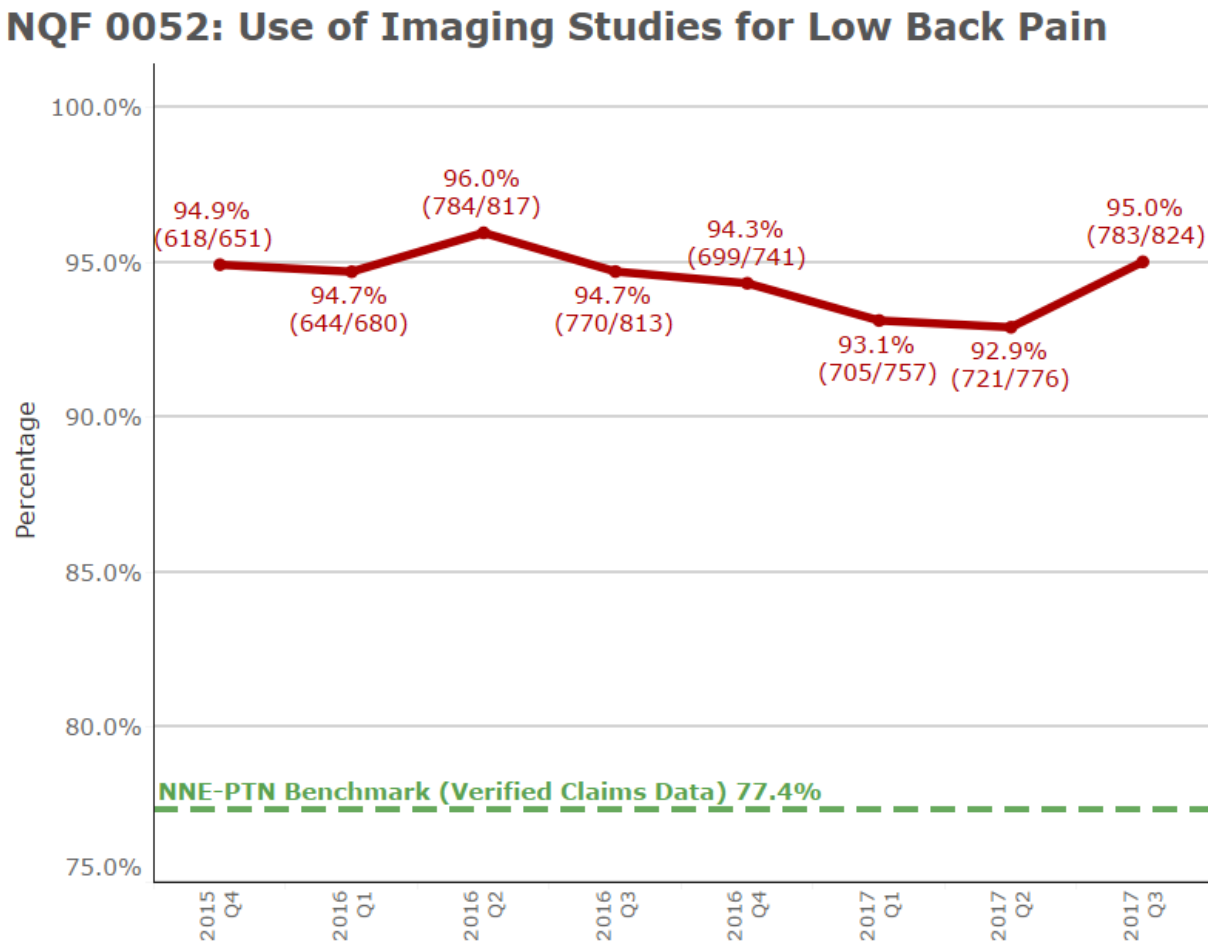
Goal:

AIM 3: Decrease unnecessary hospital encounters by 25 visits at the end of Y1 & 126 visits at end of Y4.

Performance To Date:

AIM 3: Through June 2016, there are 124 fewer inpatient encounters for 1009 Medicaid patients. Practice has achieved 98% of their Y4 goal.

AIM 5 – Unnecessary Tests & Procedures Performance Display



Size & Scale:

This data covers 141 clinicians in 26 practices between 2015 Q4-2016 Q4 and 186 clinician and 39 practices between 2017 Q1-Q3.

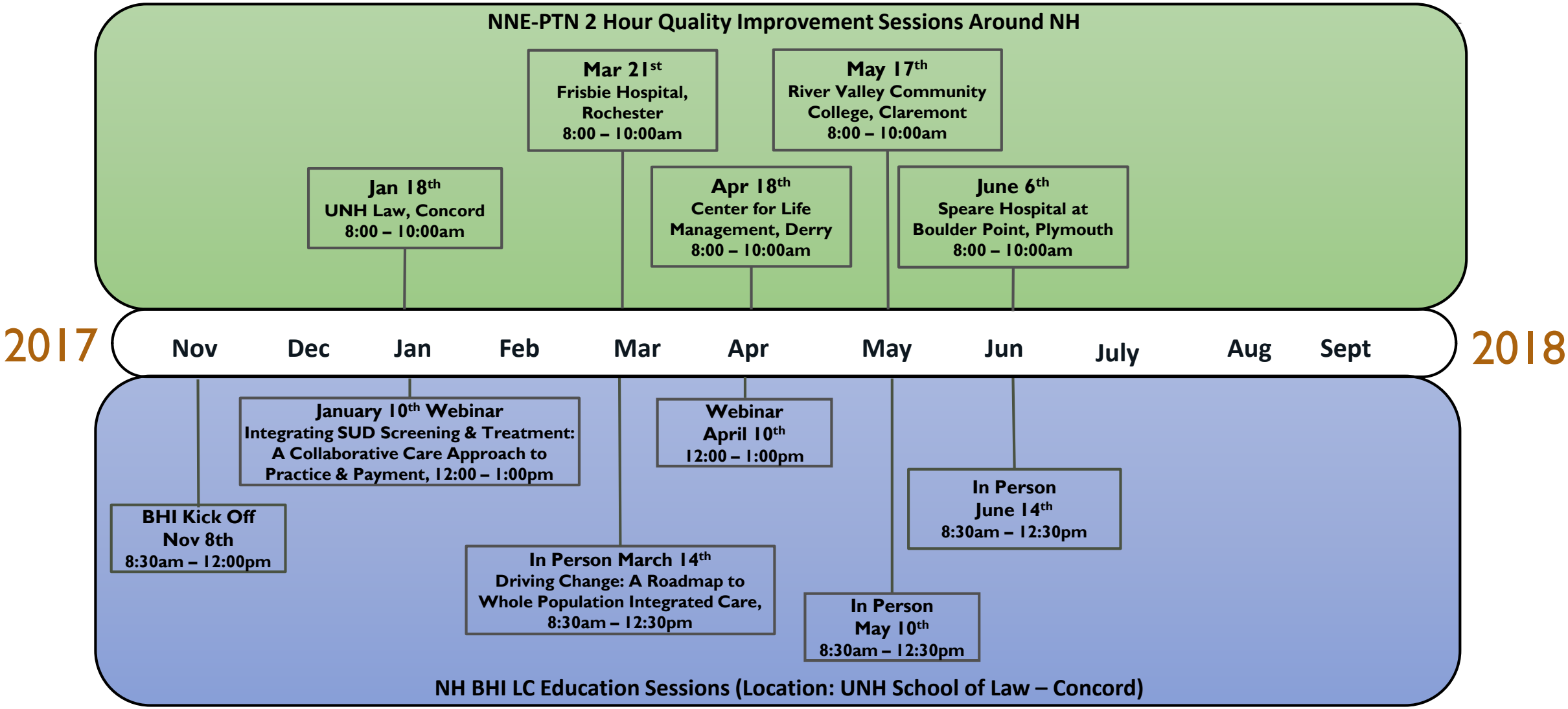
Based on New Hampshire all-payer baseline performance rate of 77.4%, these practices had 1035 fewer imaging studies over these 8 quarters.

Key Intervention to Produce Result:

NNE-PTN delivers Choosing Wisely tools, scripting & patient resources to enrolled practices.

NOTE: $913,095 saved to date

Upcoming NH Behavioral Health Integration Learning Collaborative and Northern New England Practice Transformation Network Events



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