Meeting #4

Date: October 21, 2015

Location: 200 Park Avenue, New York NY

Attendees:

TD I Subcommittee Attendance_10212015

Overview

This was the fourth meeting for the Technical Design I Subcommittee (SC). The purpose of the meeting was to introduce new topics and raise any questions or concerns.

The specific agenda for this meeting included introduction to the following New Topics:

a. Contracting Total Care for the Total Population in Combination with other VBP Arrangements
b. Criteria for Hospitals to Receive 50% of Shared Savings in IPC Contracting

Key Discussion Points

1) **Introduction to Contracting Total Care for the Total Population in Combination with other VBP Arrangements** (Reference slide deck "Tech Design I Meeting #4 Presentation")

The Subcommittee was presented with information on the topic of contracting Total Care for the Total population (TCTP) arrangements in combination with other VBP arrangements. The SC reviewed how TCTP relates to a chronic bundle and subpopulation payments, as TCTP includes members who are not in other arrangements and those whose care are only partially covered by their respective arrangements. The SC was also provided with an explanation of patient attribution within the bundle structure, and was reminded that the chronic care bundles are primary care focused. The idea was reinforced that the provider can choose which type of contracting arrangement would best fit their respective population.

The SC discussed Medicaid costs, and how to identify opportunities for cost savings by analyzing claims data. The presentation highlighted examples of contracting options, and included a review of estimated Medicaid costs by bundle and subpopulation. While reviewing the estimated costs, the SC was reminded that detailed claims data can be used to inform contracting decisions. A SC member expressed concern that the plans may not be willing to share relevant data with providers, however, the SC was advised that requirements will be in place to ensure data sharing between plans and providers. It was suggested that a demonstration of the grouper tool that DOH uses be presented to the SC in order to illustrate the information that will be available to providers to assist in data analytics.

2) Introduction to Criteria for Hospitals to Receive 50% of Shared Savings in IPC Contracting

(Reference slide decks "Distribution of Shared Losses and Savings among Providers" and "Tech Design I Meeting #4 Presentation")

The SC began this section of the meeting with an overview of integrated primary care, which included greater coordination of services than traditional primary care. Co-chair Dr. Rugge provided real life examples of his experiences in integrated primary care, which demonstrated positive patient outcomes in Upstate New York. The SC considered the type of change that is needed in the health care system, and how the integrated delivery focus of managed care can change the dynamics. Given the amount of change involved in moving to VBP, particularly with institutional providers who are accustomed to fee-for-service revenue streams, additional incentives will be needed to promote participation. The importance of relevant and timely data sharing from provider to provider and plans was enforced by the SC members.

The SC was provided with four suggested (4) criteria for collaboration among primary care providers and larger institutional providers (i.e. hospitals). It was proposed that meeting the criteria would become a standard for achieving 50% share by the hospitals, but the specifics within each criteria could be the guideline determined jointly between plan and providers. Further discussion and refinement of this topic is planned for the next SC meeting.

The SC was also asked to think about two (2) specific components of the recommendation: what would be a reasonable amount that a hospital would have to do to qualify for savings, and should the plan or the State 'referee' this agreement? SC members stated that they did not think the plans should referee, as the State would be better suited to perform this task. A SC member's question reinforced that this program would only be for integrated primary care providers and institutional facilities (hospitals), however it was not clear if this collaboration arrangement would apply to IPC arrangements only or TCTP arrangements as well? Another concern was raised related to the responsibility of the hospitals for behavioral health outcomes. Also, a point was raised with respect to whether the criteria would be sensitive to the hospital losses if they occur as the idea is that the hospitals would face less admissions and thus less income because of the improved primary care. Additionally, it was suggested that the criteria should focus on the outcomes instead of the process. Many of the things mentioned as criteria are going to be developed by the hospitals as part of the DSRIP program implementation.

It was determined at the end of the meeting that a draft recommendation will be composed and brought to the SC for discussion during the next meeting.

Materials that have been distributed during the meeting:

#	Document	Description
1	NYS VBP Technical Design I SC Meeting #4 Presentation NYS VBP_Technical Design I SC_Meeting 4	An overview of the two introductory topics 1) Contracting Total Care for the Total Population in Combination with other VBP Arrangements and 2) Criteria for Hospitals to Receive 50% of Shared Savings in IPC Contracting.

2	Distribution of Shared Losses and Savings among Providers DistributionShartedLossesSavings1015.pdf	An overview of the integrated primary care model.
3	Meeting #3 Summary Meeting 3_VBP Tech Design I_Summary_10	Minutes from the previous meeting's discussion.

Key Decisions

Prior to the next meeting, Subcommittee members will receive the draft recommendation on shared savings in IPC contracting, as discussed in this session. A demo of the grouper tool will also be performed in the meeting to ensure a greater understanding of the tool.

Conclusion

The next meeting will take place at the School of Public Health in Albany at 9.00 AM on November 18, 2015. Subcommittee members will be notified if any changes in meeting schedule or logistics occur. During the meeting, the SC will finalize the outstanding draft recommendations and summarize all recommendations that the Subcommittee has developed to date.