The MICMT Annual Event will begin at 9:35am

MICMT

Michigan Institute for Care Management & Transformation

MICMT ANNUAL Event

October 16, 2020

Welcome and Introductions

Hae Mi Choe, PharmD

Introduction of Speakers and Overview

Agenda Item	Speaker	Time
BCBSM PDCM Vision for the Future	Dr. Karolina Skrzypek	9:45 – 10:15
MICMT – Current & Future Engagement with POs	Alicia Majcher	10:15 – 10:35
BREAK		10:35 – 10:45
PDCM Program Evaluation	Karen Farris, PhD	10:45 – 11:15
Breakout Session		11:15 – 11:45
Closing Remarks	Breakout Session Moderators	11:45 – 12:00

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BCBSM
PDCM Vision for the Future

Dr. Karolina Skrzypek

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MICMT – Current & Future Engagement with POs

Alicia Majcher

2020 Accomplishments

Major Accomplishments

Launch of our website: https://micmt-cares.org/

Training:

New curriculums:

- Patient Engagement
- Intro to Team-Based Care
- Intro to Specialty Team-Based Care
- Palliative Care
- **Webinars**

New Trainer Program

- Coaching opportunities
- 14 training organizations
- 26 trainers engaged
- 720 people trained
- Website training dashboard launch

Evaluation:

- Revision of the care manager attestation worksheet for better data collection.
- Partnership with MDC for data to support program evaluation.
- Preliminary analyses will be presented later today.

Initiative Support:

- MAT & MAT Champion Program
- Collaborative Care Management

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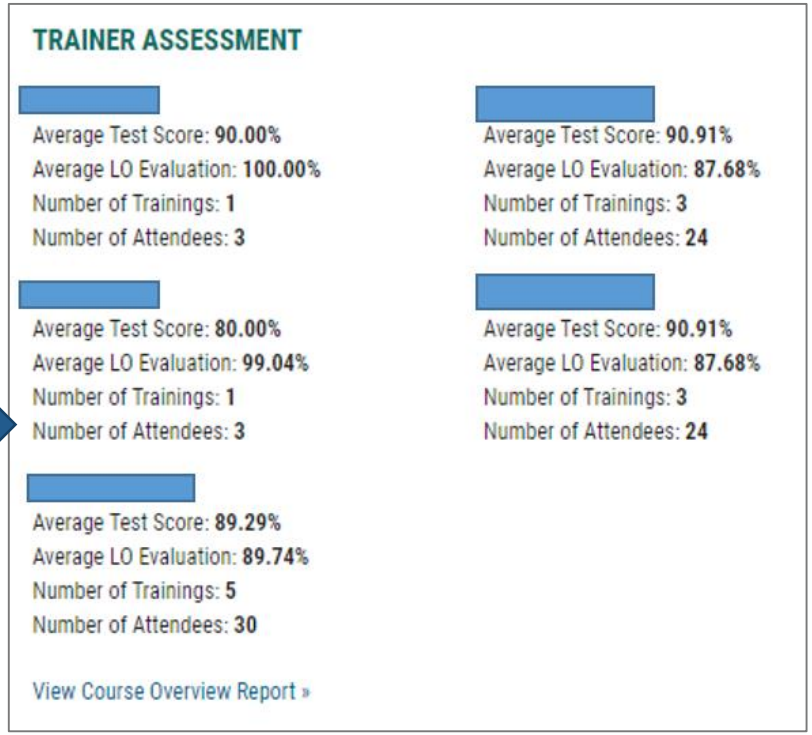
Website Upgrades: PO Leaders

As a PO Leader, you will have access to your learners' course information:

If you have trainers under your PO, you will also have access to your trainers' course information:



Website Upgrades: Trainers

As a trainer, you will have access to your overall course information:

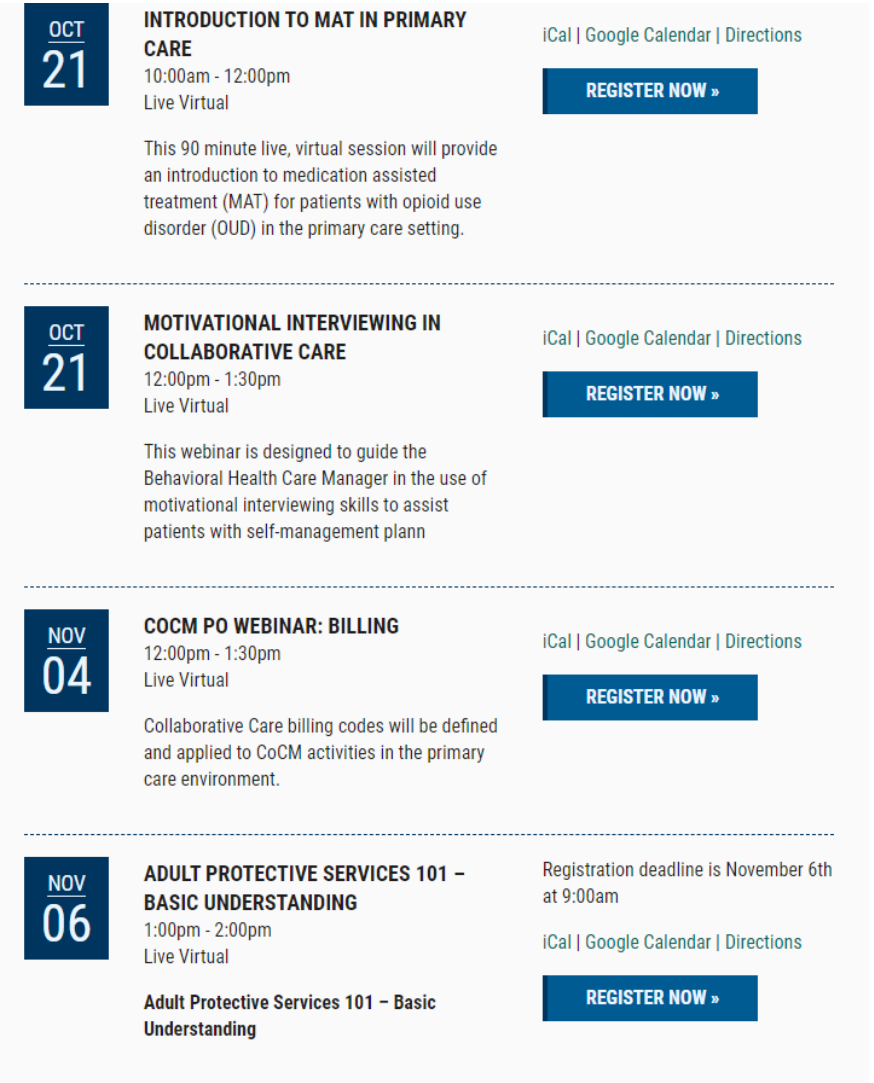
As well as a breakdown for individual courses within the last three months:

Webinars

Upcoming Topics:

- MAT series:
  - Introduction to MAT in Primary Care
  - Racism and Stigma in Caring for Patients with Opioid Use Disorder
- Collaborative Care Model topic series
  - Clinical Topics
  - Operational Topics
- Care Management Fundamentals
  - Building a Caseload
- SDoH:
  - Protective Services – Adult & Child
  - DEI Series: Health Literacy, Health & Healthcare Disparities, Cultural Competency, Emotional Intelligence
  - Understanding & Supporting LGBTQ+ Youth's Mental Health in Primary Care Settings
- BCBSM Best Practice & Visioning Award Winners
  - Best Practice: SDOH, HIE-ADT
  - Visioning: Learning Collaborative, SDOH

https://micmt-cares.org/events



Please let us know if you have any topic or presenter ideas!

Training Snapshot

*Data from April 2020 to September 2020

Courses	Number of Attendees	Number of Trainings Provided
Patient Engagement	214	14
Intro to Team-Based Care	230	19
Intro to Specialty Team-Based Care	154	16
Intro to Palliative Care	122	5
TOTAL	**720**	**54**

Courses	Average Evaluation (*Learning Outcomes)	Average Test Score
Intro to Team-Based Care	90%	84%
Patient Engagement	86%	91%
Intro to Specialty Team-Based Care	85%	91%
Intro to Palliative Care	82%	84%

Training Reimbursements

- Training reimbursements span from November 1, 2019 to October 31, 2020.
- Qualifications for reimbursement:
  - Only approved trainings
  - Provided by an approved trainer (excluding MICMT delivered courses)

Reimbursable trainings for 2019:
Complex Care Management
Self-Management Support

Reimbursable trainings for 2020:
Complex Care Management (Before May, 2020)
Self-Management Support (Before May, 2020)
Intro to Palliative Care
Intro to Specialty Team-Based Care
Intro to Team-Based Care
Patient Engagement

Reimbursements for 2019:
$89,000

Reimbursements for 2020:
$214,500
*As of early August

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2021 Goals

2021 Goals

PO Partnership:

- 2021 Scorecard
- Dedicated MICMT Representative
- Initiative Support:
  - PDCM, CoCM, MAT
- Webinar Program
- New Care Team Member Fundamentals Program
- Enhanced Training Support Program
  - Dedicated MICMT support for coaching and coordination.

Evaluation

- Consultant Agreements (Data Use Agreement) for more patient-specific evaluation opportunities
- Website enhancements for better data collection

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2021 Scorecard - DRAFT

Measure	Weight / # of Points	Description
1	25	Social Determinants of Health: • Unconscious bias PCMH-N capabilities • Screening PCMH-N capability (10.5) • Feedback loop PCMH-N capability (10.7)
2	20	Engagement: • Participating in the Care Management Attestation process • Individual PO Meetings • Regional / Annual Meeting Participation
3	45	Outcomes: • PPQC Participation • A1c, BP, ED utilization, and IP Utilization
4	10	Care Management Operations: • Care Manager Schedule Efficiency • Clinic Dedicated Care Management

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Break

10:35am – 10:45am

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Program Evaluation

Presented by:

Karen Farris, PhD Evaluation Lead

Contributors:

Toni Coe, PharmD, PhD Evaluation Lead
Karen Farris, PhD Evaluation Lead
Sandeep Vijan, M.D., M.S. Evaluation Lead
Katie Young B.A. Computer Research Specialist

Care Management Attestation 2020

Purpose:

- Monitor, track and understand how physician organizations are deploying and using Care Team Members in practice.
- Incentivize practices and physician organizations for tracking and reporting the number of patient interactions per care team member.
- Determine the approaches to care management that are most effective in improving clinical and utilization outcomes.

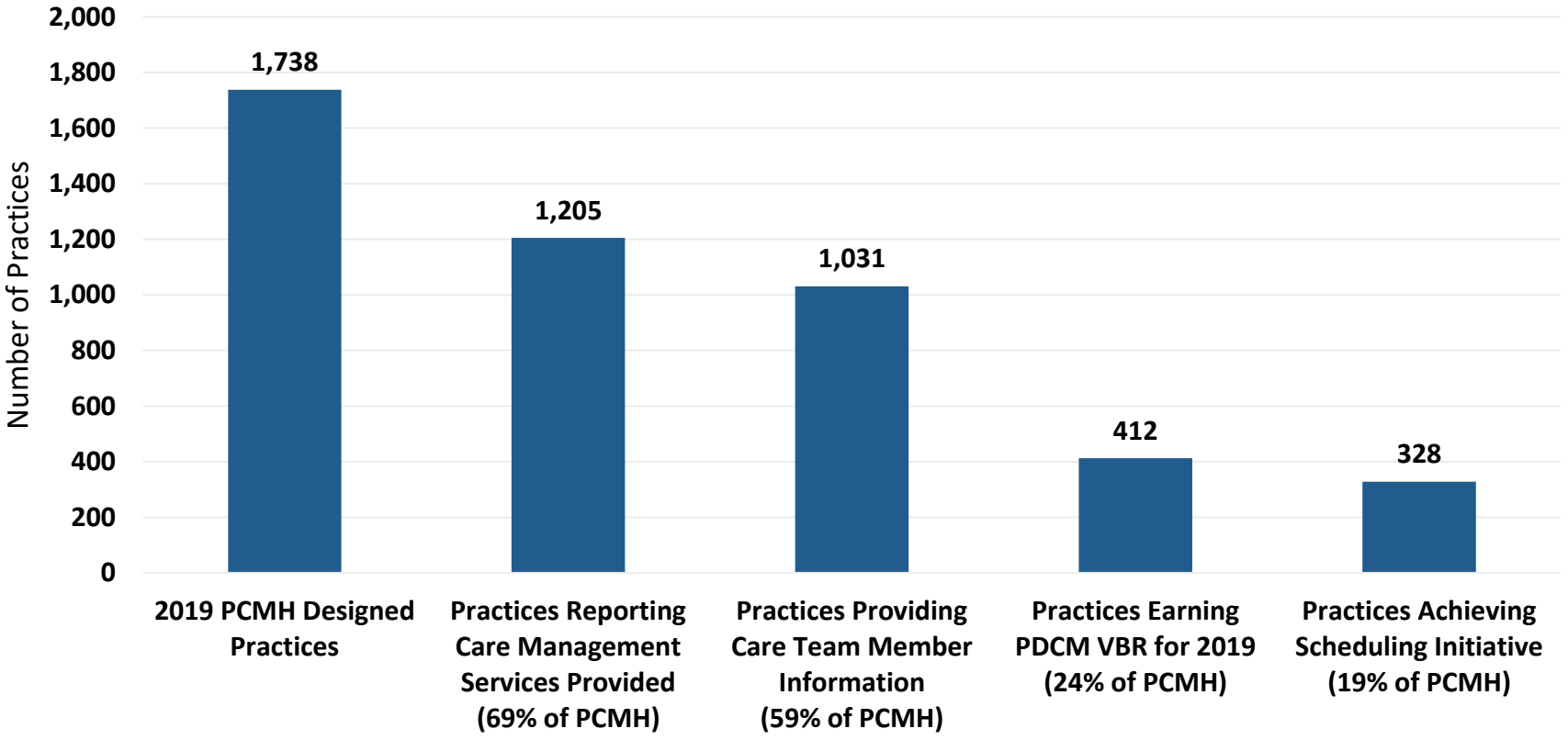
Care Management Attestation 2020

Data Collection:

- Survey responses from
  - ✓ 39 / 40 (98%) provider organizations
  - ✓ 1,205 / 1,738 (69%) PCMH practices
  - ✓ 1,588 Care Team Members (includes those reported as left practice)
  - ✓ 1,248 **active** Care Team Members
- Practice and Care Team Member profiles collected
- Data collected summer 2020 (July – August)

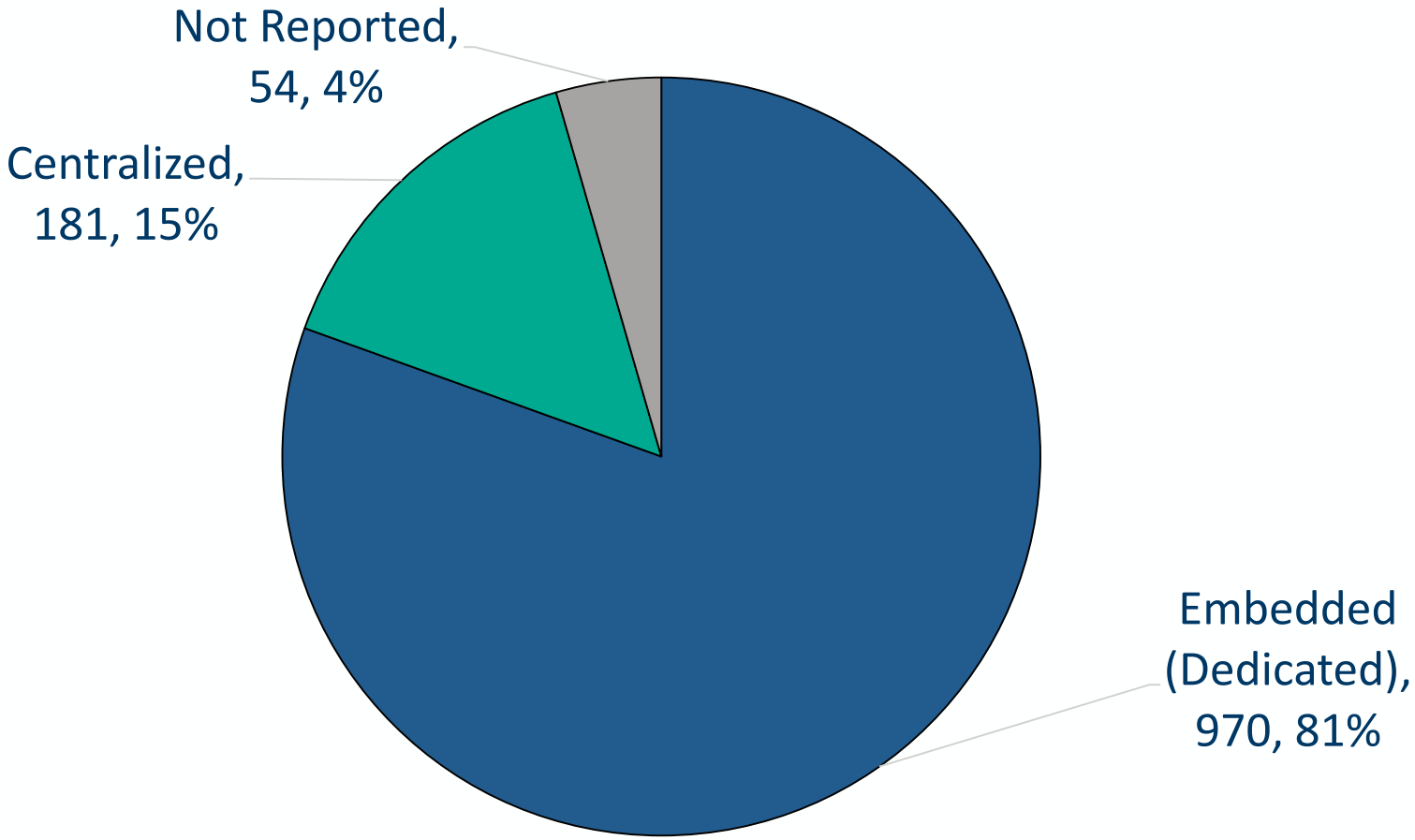
Care Management Attestation 2020

Practices self-reporting care management services compared to PCMH designated and PDCM Eligible Practices (July 2020)



Care Management Attestation 2020

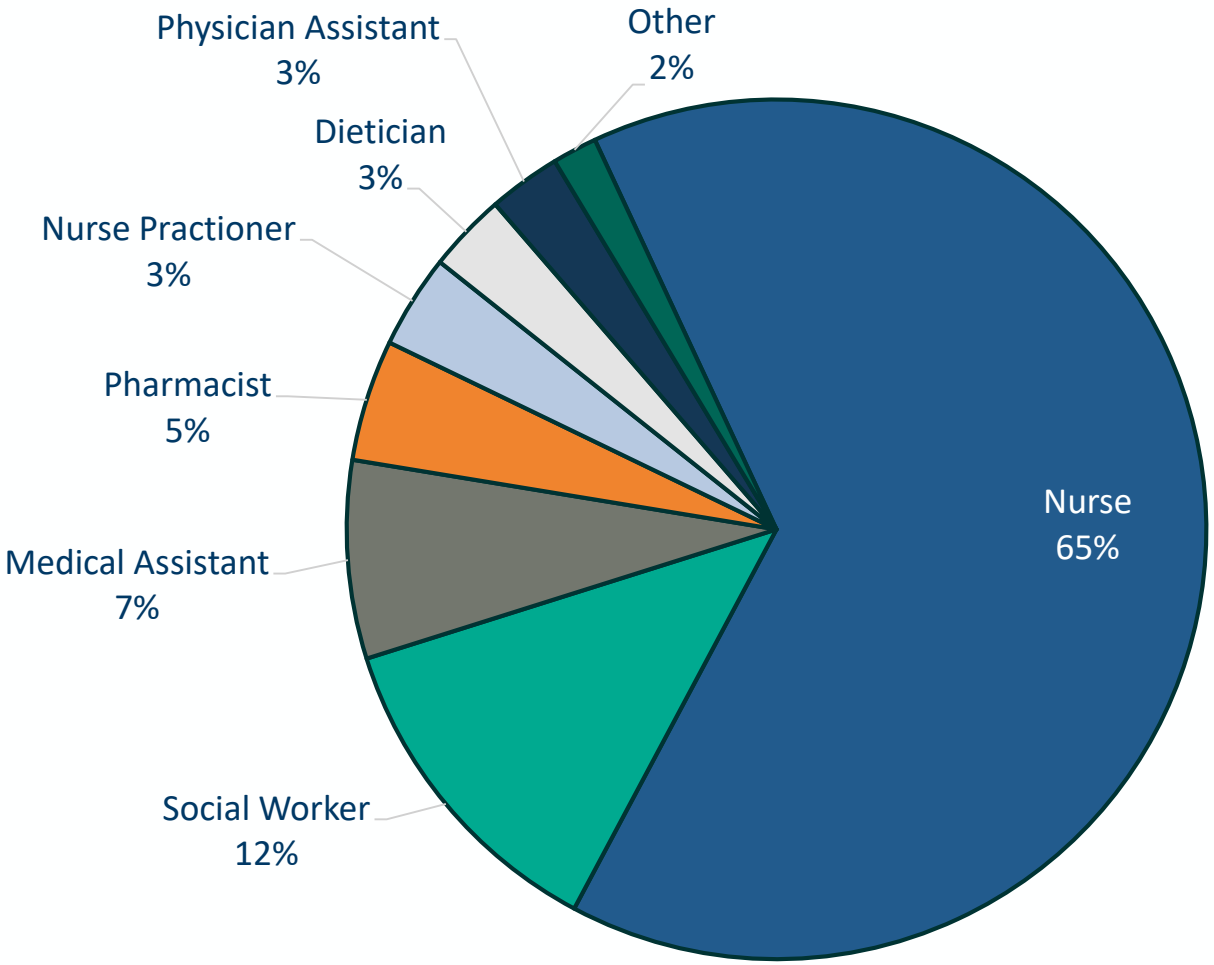
Primary Practice Model Reported for Practices



N = 1,205 Practices (self-reported)

Care Management Attestation 2020

by Role



Other:

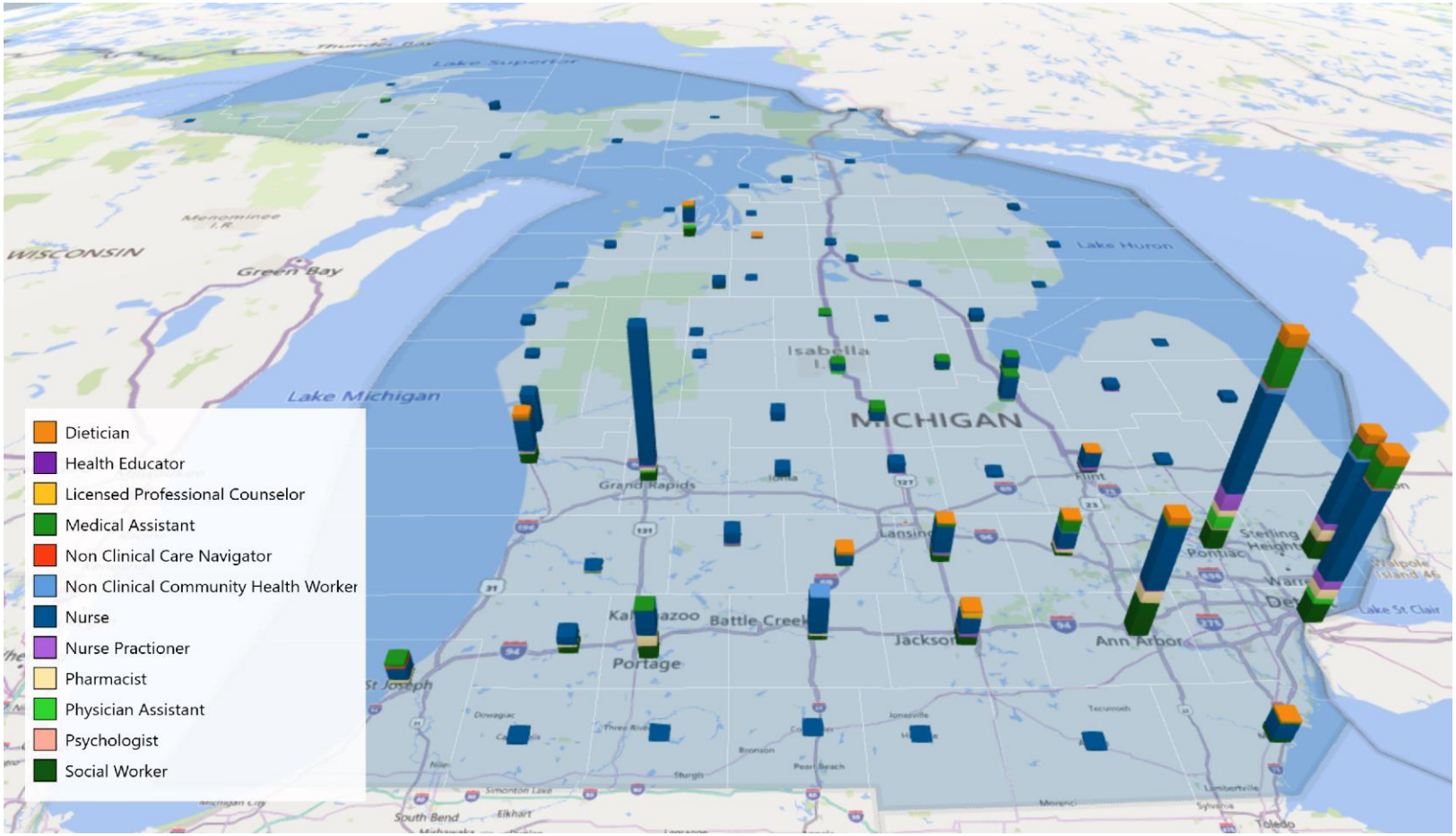
Non Clinical Community Health Worker	0.5%
Non Clinical Care Navigator	0.5%
Licensed Professional Counselor	0.3%
Psychologist	0.2%
Health Educator	0.1%

N = 1,248 Care Team Members

Distinct count across all 39 POs and 1,205 practices

Care Management Attestation 2020

Care Team Member Roles by County

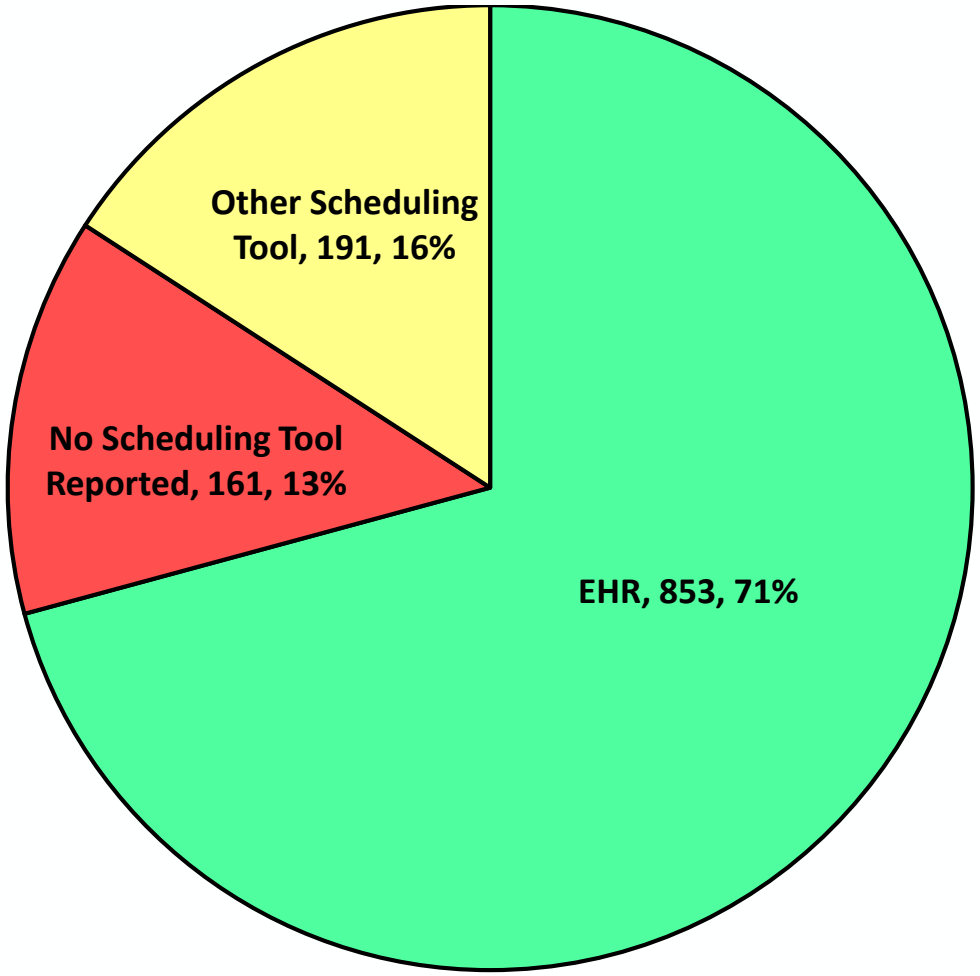


N = 1,372

Care Team Members counted 1x for each county they provide services in.

Care Management Attestation

Practices Reporting Use of Scheduling Tool for Care Team Members



N = 1,205 Practices

Practices Self-Reporting Care Management Services Provided

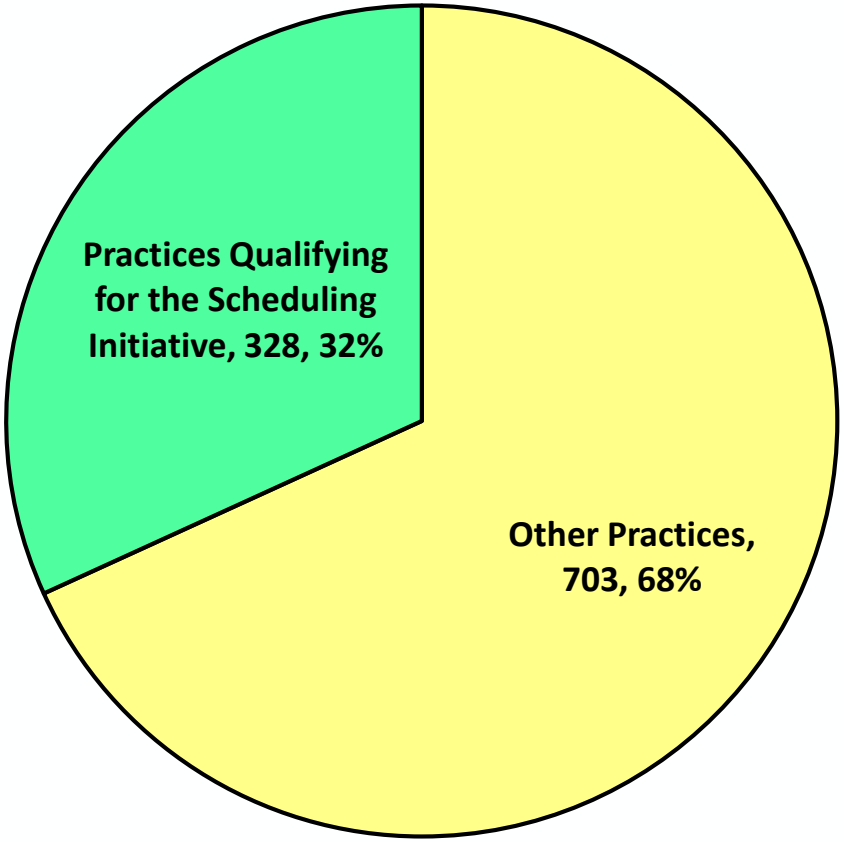
Scheduling Initiative

Purpose:

- Incentive for practices where
  - ✓ every designated clinical care team member provides services at least four hours per week,
  - ✓ interacts with at least four patients per half day and
  - ✓ outlined a process for scheduling care management visits.

Scheduling Initiative

Proportion of Practices where all Care Team Members provide services 4 or more hours per week, interacted with 4 or more patients and used a scheduling tool.

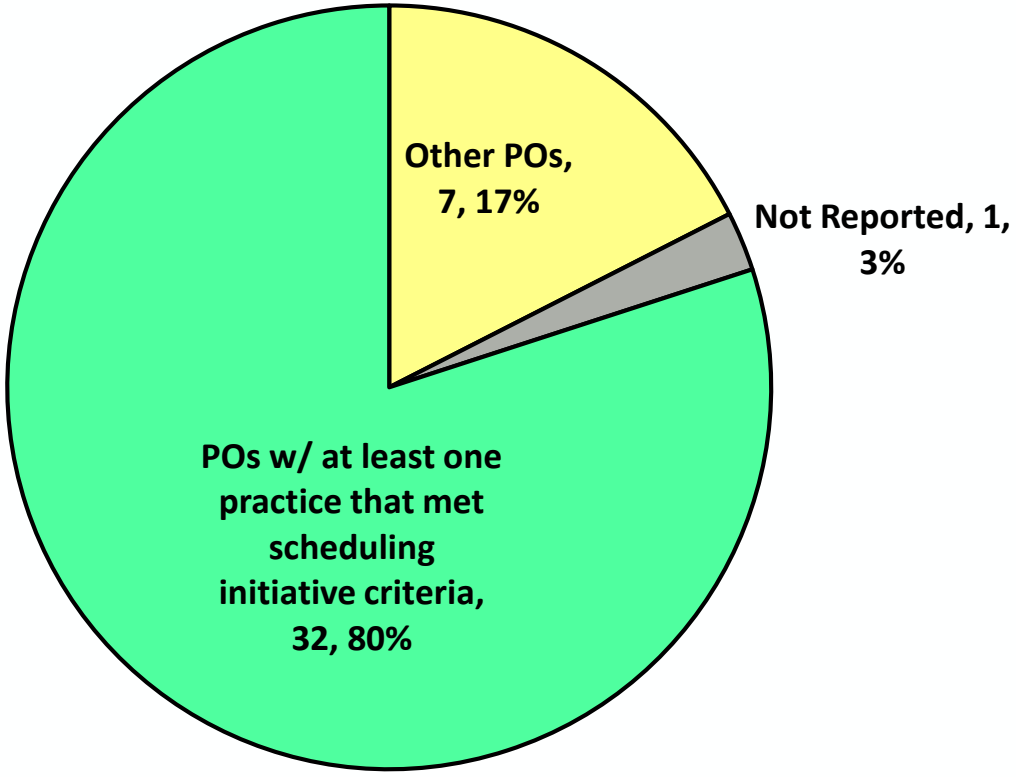


N = 1,031

The number of practices that provided Care Team Member information.

Scheduling Initiative

Proportion of Provider Organizations that had at least one practice where all Care Team Members provide services 4 or more hours per week, interacted with 4 or more patients and used a scheduling tool.



N = 40 Provider Organizations

Scheduling Initiative

Incentive Summary

- Amount Awarded to Provider Organizations
  - $164,000 (N = 32 POs)
- Amount Awarded to Practices
  - $328,000 (N = 328 Practices)
- Total Awarded
  - $492,000

Provider Delivered Care Management (PDCM)

Purpose:

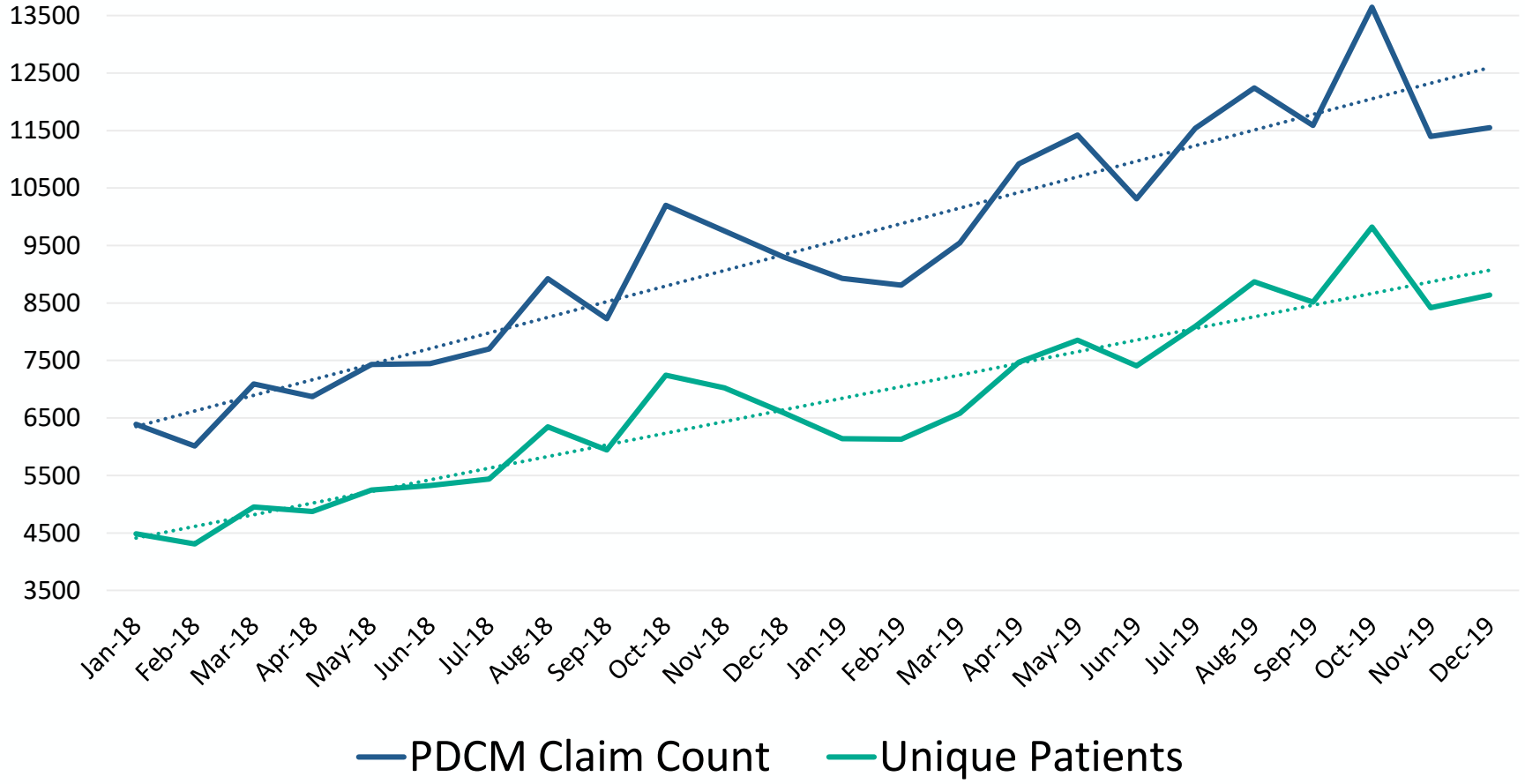
- Engage eligible patients in care management services
- Incentivize physician organizations (POs) to provide care management to at least 4% of their PDCM population with a minimum of 2 encounters per member (2019 goal was 3%)

Includes:

- Primary care and mixed practices that are PDCM or CPC+

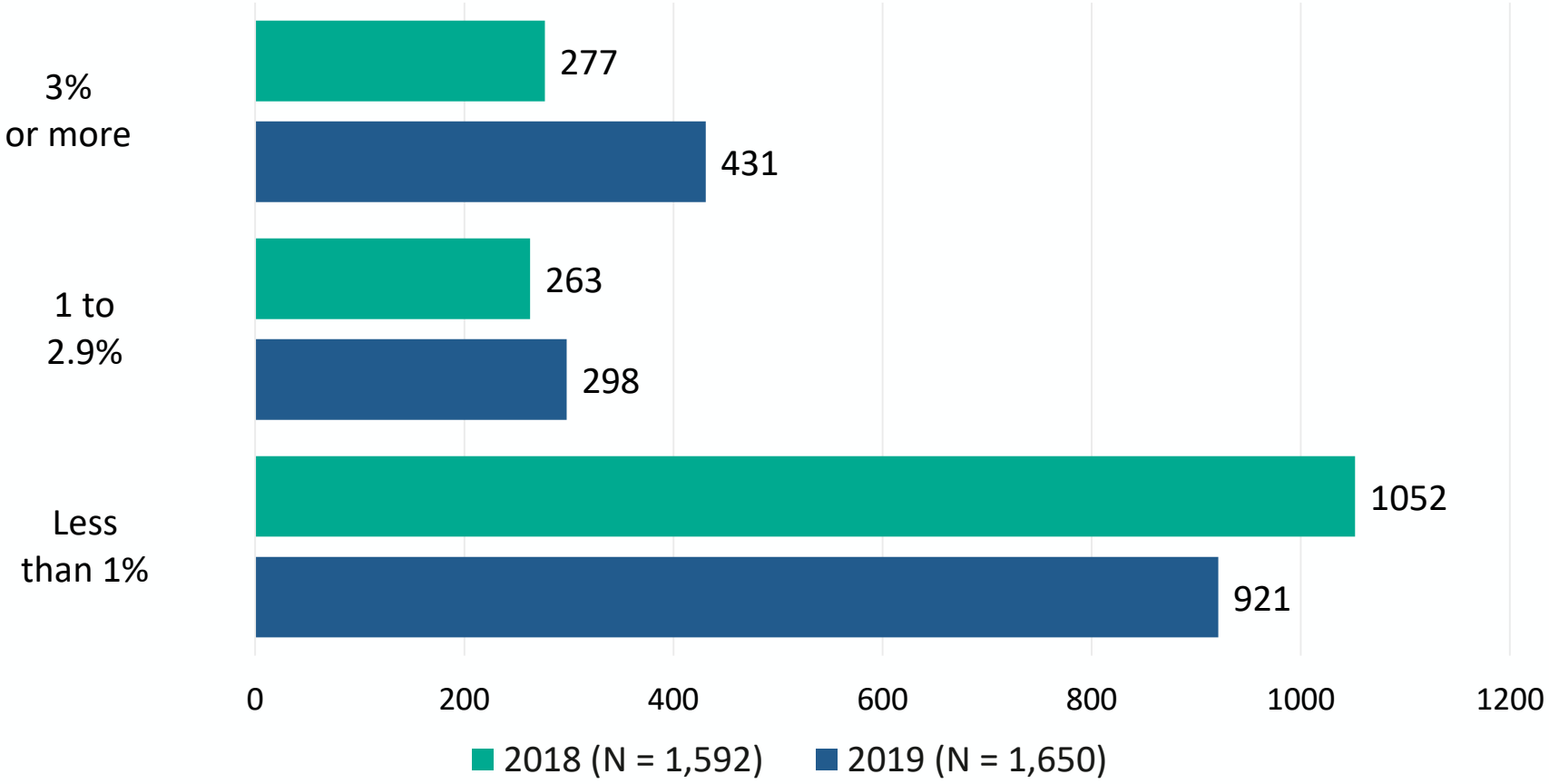
PDCM

Monthly PDCM Utilization



PDCM

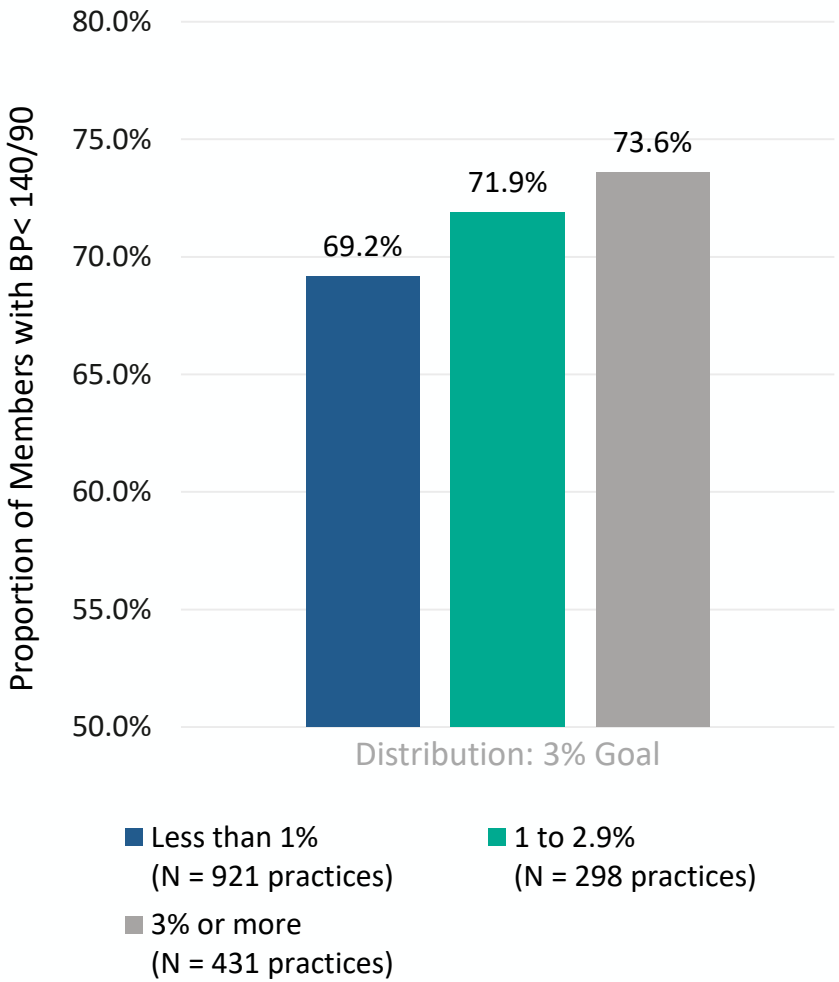
Number of Practices by Percent of Engagement Achieved

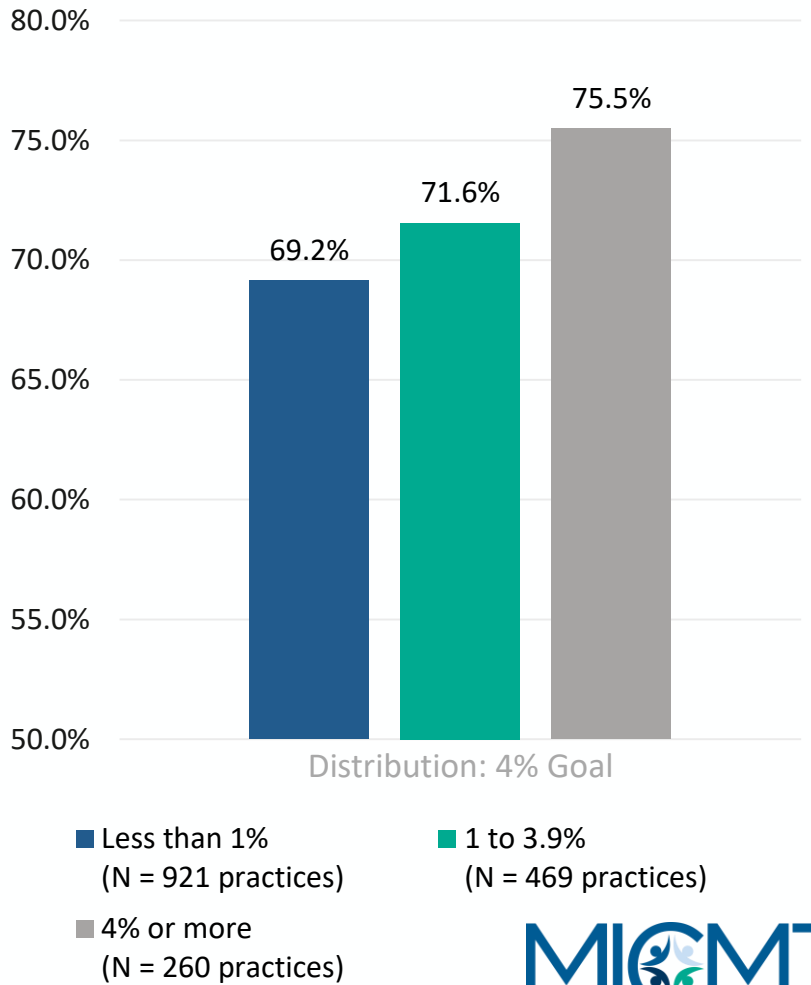


Percent Engagement: Proportion of a practice PDCM population having a minimum of 2 PDCM encounters per member.

PDCM Practice Engagement and CV BP Control

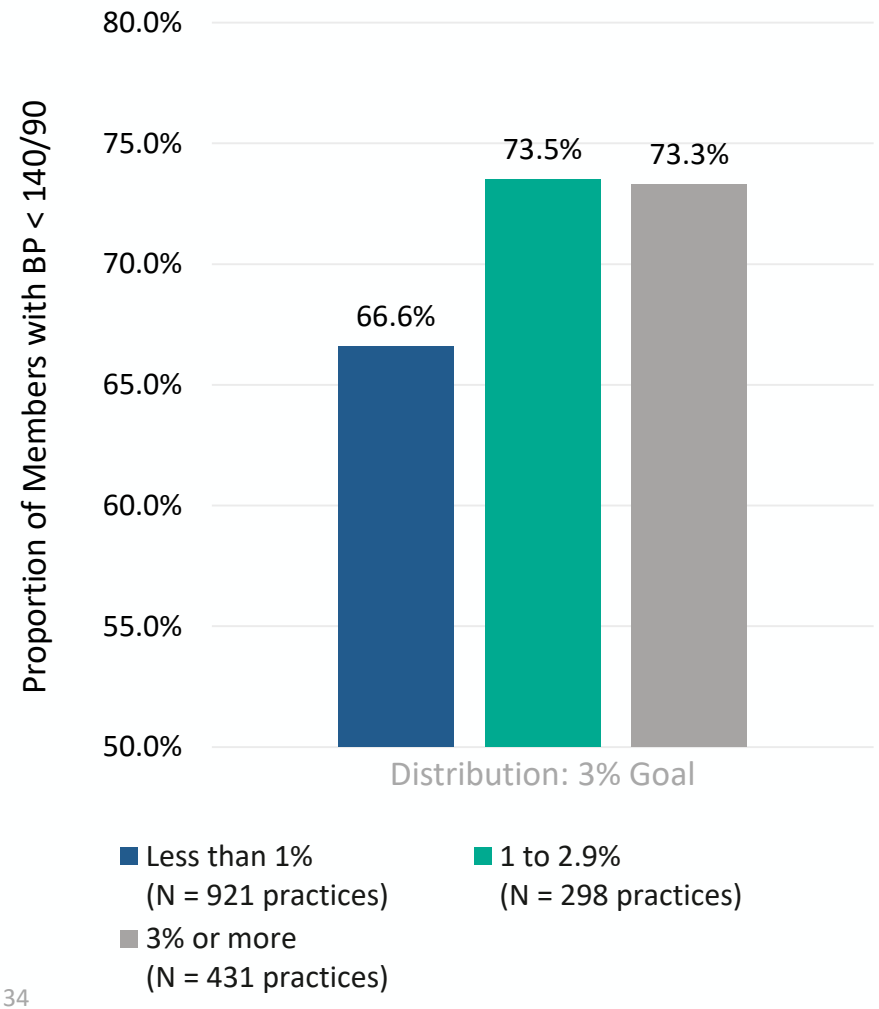
HEDIS CV Conditions: Hypertension and Blood Pressure Control (<140/90)

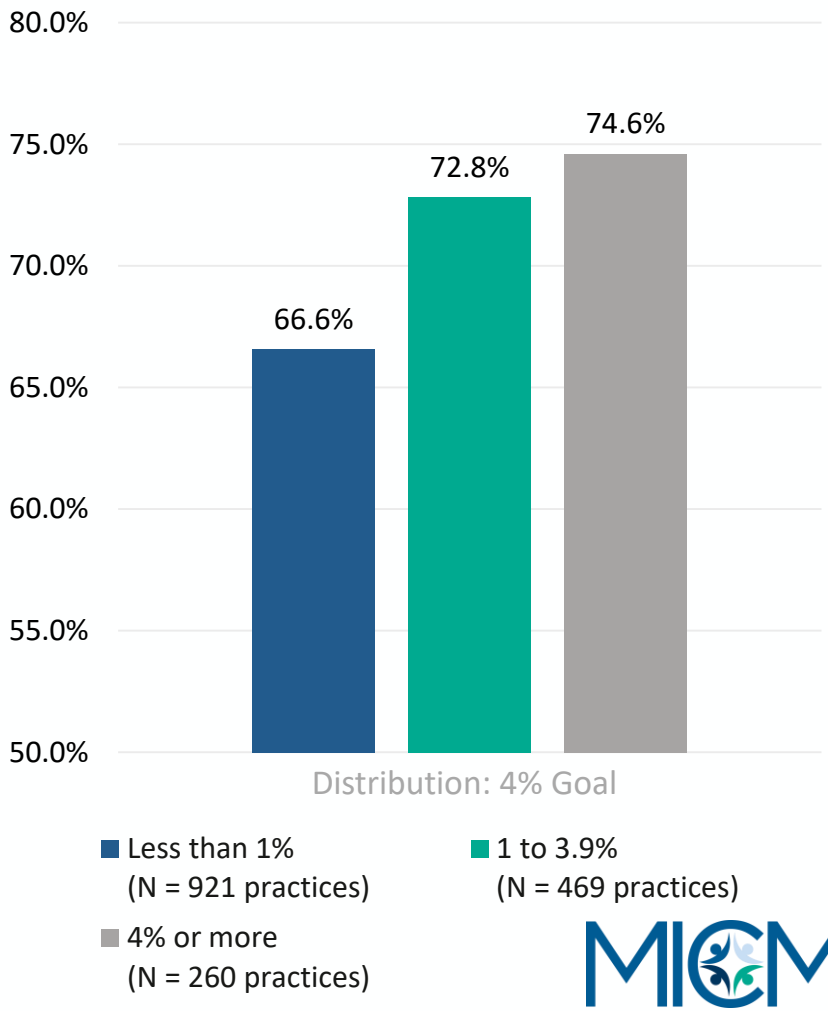




PDCM Practice Engagement and Diabetes BP Control

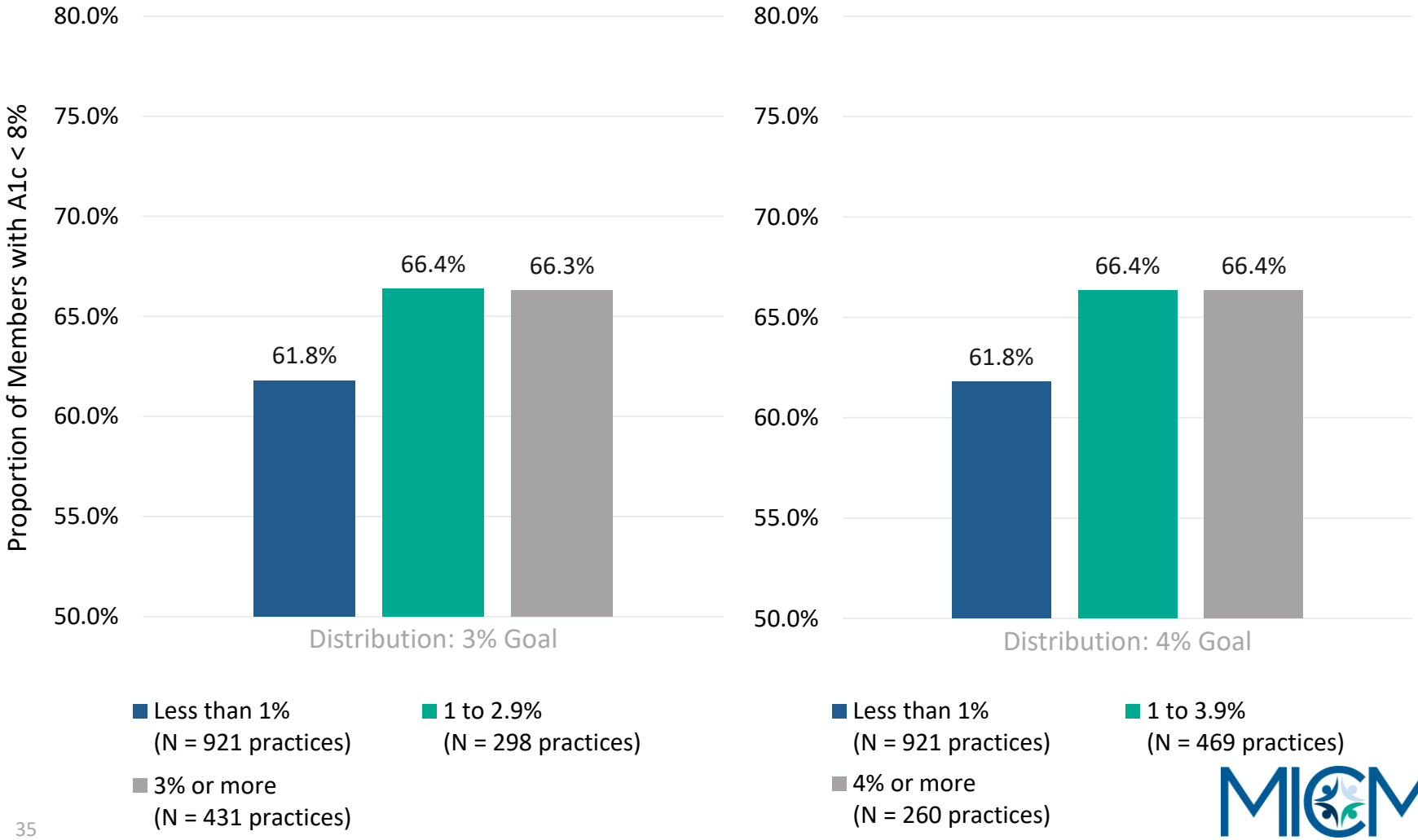
HEDIS Comprehensive Diabetes Care: Blood Pressure Control (<140/90)





2019 PDCM Practice Engagement and A1c Control

HEDIS Comprehensive Diabetes Care: HbA1c Adequate Control <8



PDCM 2019

Physician Organizations Achieving at Least 3% Two Touch Engagement Overall

- Great Lakes OSC, LLC
- Holland PHO
- Huron Valley Physicians Assoc PC
- IHA
- Integrated Health Partners
- Medical Network One
- Oakland Southfield Physicians
- Professional Medical Corporation PC
- United Physicians, Inc
- Wexford PHO

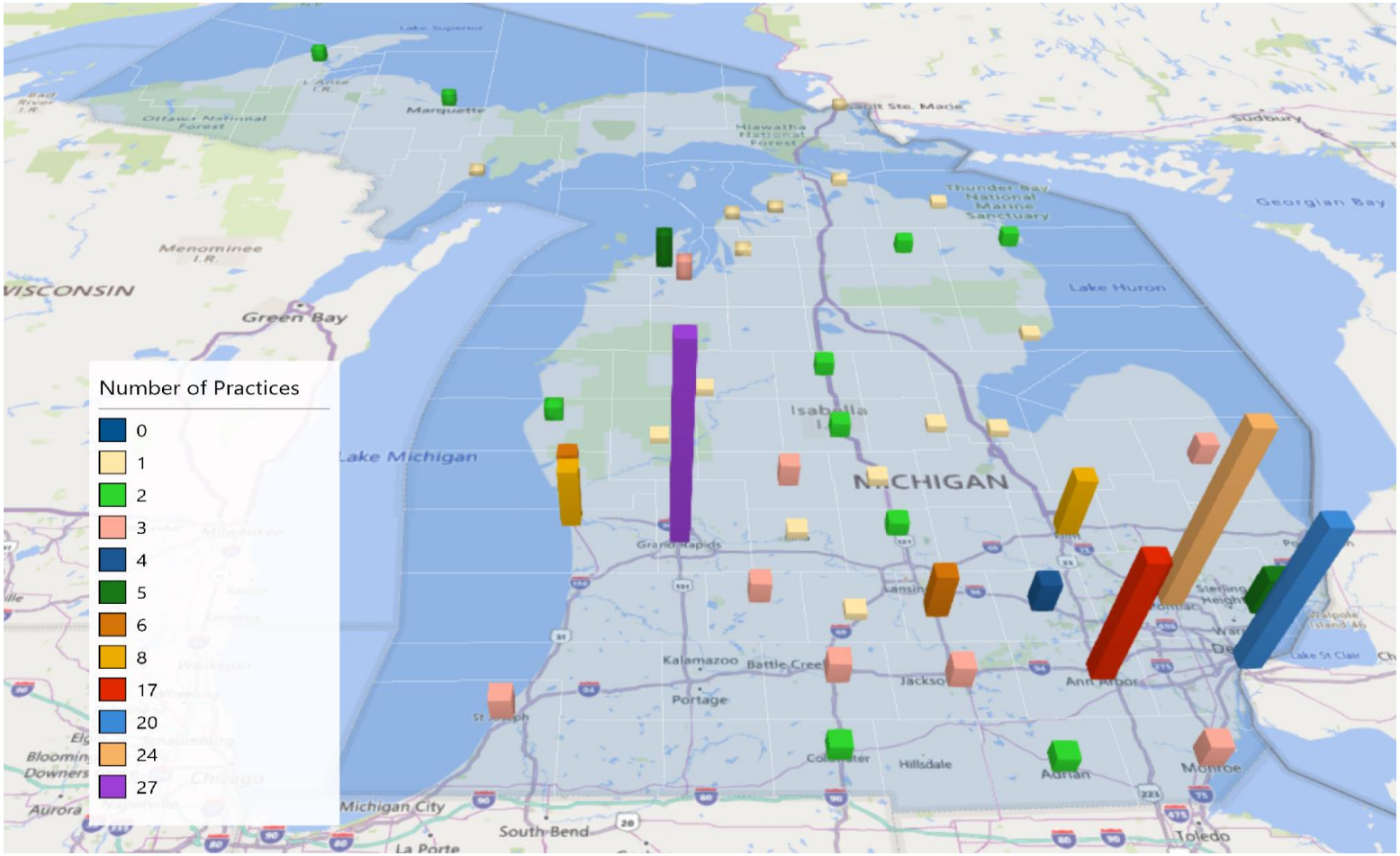
Medication Assisted Therapy (MAT)

Purpose:

- Increase access to medication assisted treatment (MAT)
- Improve care for patients with opioid use disorder
- Build the capacity and capability for delivering MAT statewide

Medication Assisted Therapy (MAT)

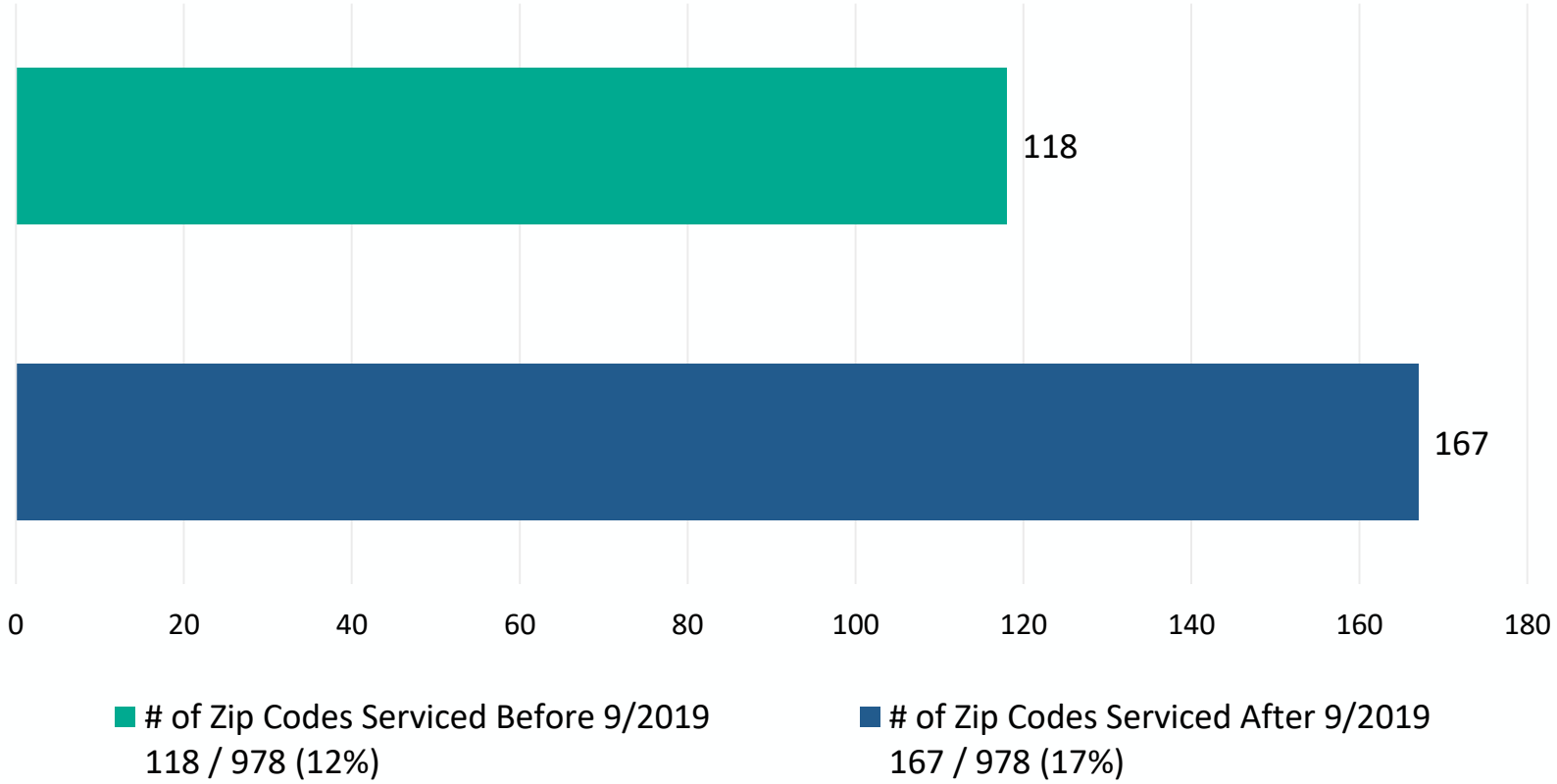
Number of MAT practices by County



Reported by PO. Survey Close date: 4/30/2020

Medication Assisted Therapy (MAT)

Service Area Changes by Zip Code: 42% Improvement



Reported by PO. Survey Close date: 4/30/2020

Medication Assisted Therapy (MAT)

Percent of practices with at least one waivered physician

1 - 4.9% of practices have at least 1 waivered physician	**5.0 - 9.9%** of practices have at least 1 waivered physician	**10% or more** of practices have at least 1 waivered physician
Answer Health Physician Organization	Affinia Health Network Lakeshore	University of Michigan Health System
Beaumont ACO	CIPA	Spectrum Health Medical Group
Genesys PHO LLC	Huron Valley Physicians Assoc PC	Holland PHO
Great Lakes OSC, LLC	IHA	
Jackson Health Network, L3C	Integrated Health Partners	
Lakeland Care Inc	Lake Huron PHO	
Medical Network One	LPO, LLC	
Northern Physician Organization Inc	Metro Health Integrated Network	
Oakland Physician Network Services	MidMichigan Collaborative Care Organization	
Professional Medical Corporation PC	Oakland Southfield Physicians	
Reliance PO of Michigan, Inc.	Olympia Medical LLC	
Sparrow Care Network		
United Physicians, Inc		
Upper Peninsula Health Group		

Medication Assisted Therapy (MAT)

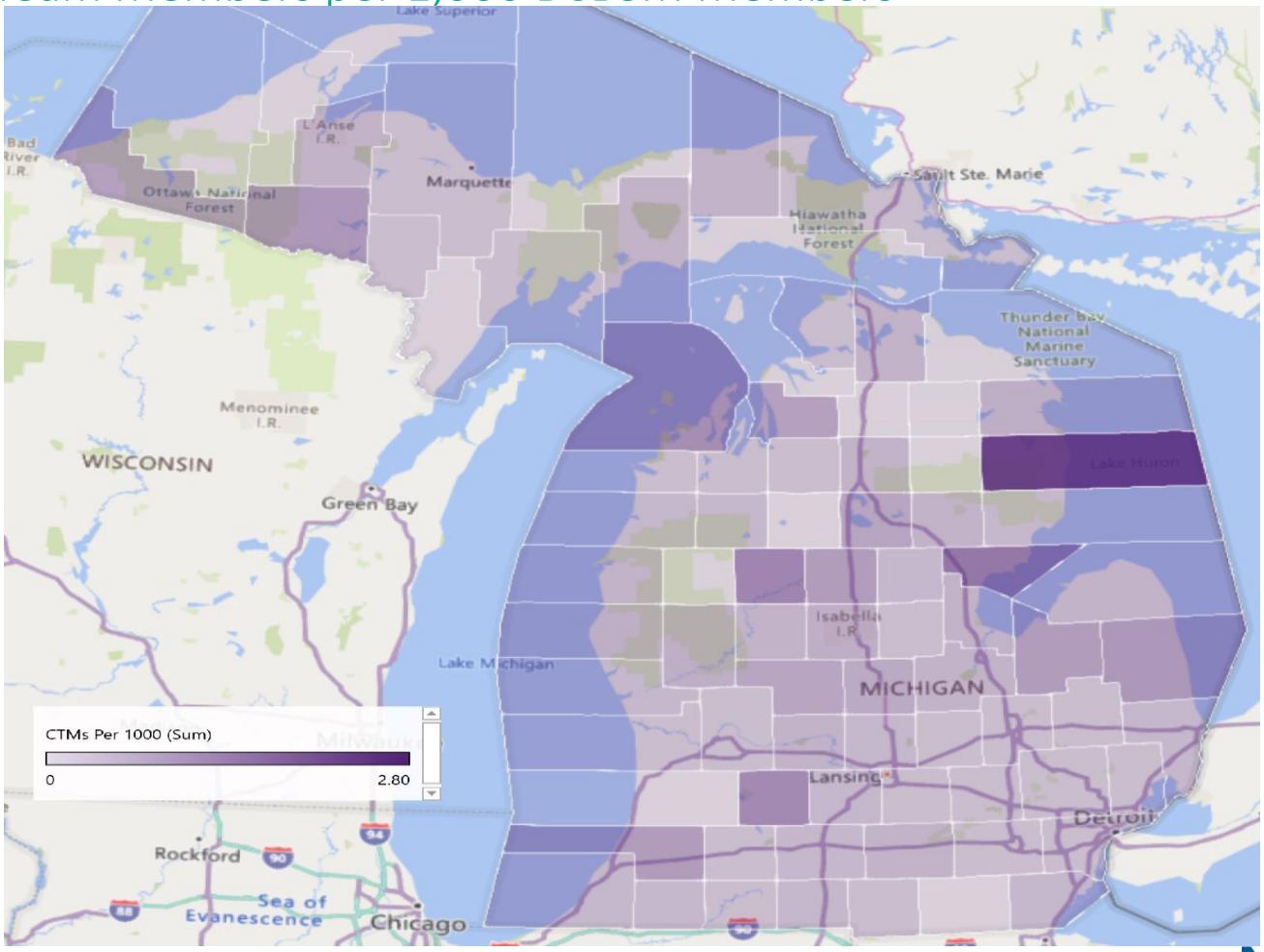
Incentive Summary

- Amount Awarded to Provider Organizations
  - $247,500 (N = 23 POs)
- Amount Awarded to Practices
  - $990,000 (N = 81 Practices)
- Total Awarded
  - $1,237,500

Answers
and
Supplemental Data

Care Management Attestation 2020

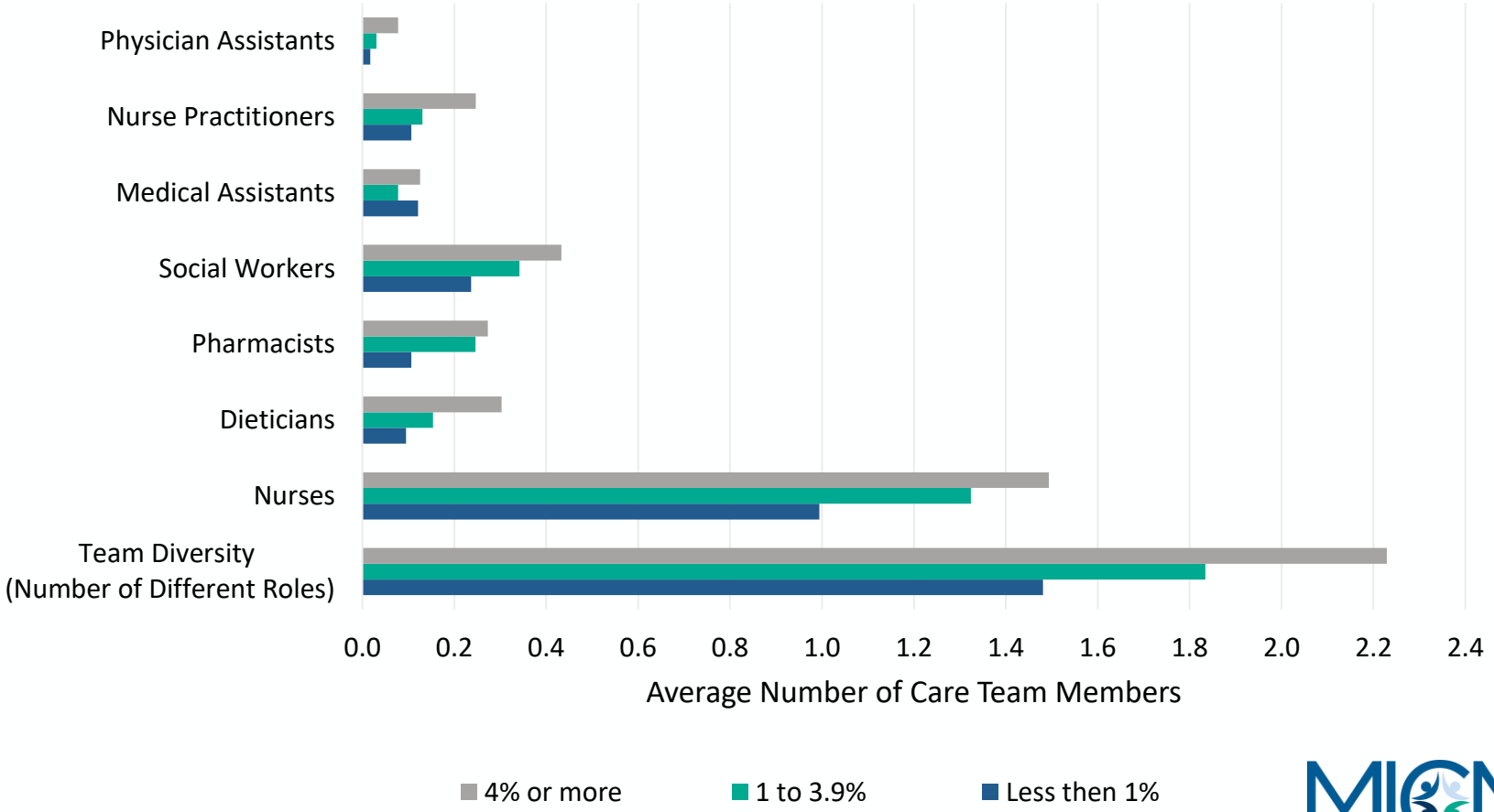
Care Team Members per 1,000 BCBSM Members



*based on average PDCM eligible members attributed to practice in county during CY 2019

PDCM Practice Engagement Compared to the Care Management Attestation Practice Profiles

Roles on Practice Care Teams by Percent Engagement



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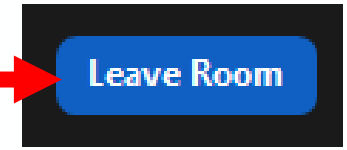
Breakout Sessions

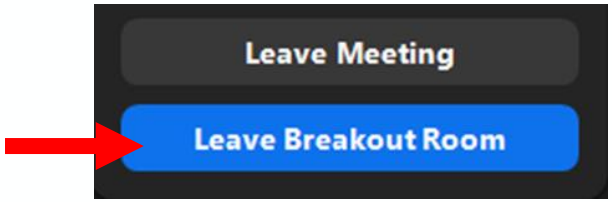
Breakout Rooms

- There will be (3) three breakouts room that you will be **automatically assigned to.**
- If you are **not assigned a room** for some reason, Linny West will be available in the main session room to assist.

- **The same topics will be discussed in each breakout room.** The breakout rooms will close at time and you will be brought back into the main session room automatically.

- Once in the breakout room, there is an option to **Leave Room**
- If you need to leave the breakout room for some reason, **Click Leave Breakout Room,** do not **Leave Meeting**





Breakout Room 1: Alicia Majcher and Julie Wolf
Breakout Room 2: Julie Wietzke and Marie Beisel
Breakout Room 3: Hae Mi Choe and Julie Geyer

Breakout Session Questions

- What else would you like to see with regards to PDCM program evaluation?
  - What kind of evaluation would help support increased participation in the PDCM program? Which metrics would be most helpful?
- How can MICMT better support POs?
  - How can our PDCM Field Team engage with you as PO Leadership and support participation in the PDCM initiatives?
  - What kinds of additional webinar topics would you like from us?

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Breakout Sessions Report Outs & Closing Remarks

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MICMT Annual Meeting

Thank you for attending our event,

MICMT Team