Tennessee Empowering MCO Providers: Increasing Health IT Functionality Reducing Reporting Burden

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# Tennessee Health Care Innovation Initiative
3 Strategies

Primary Care Transformation

Episodes of Care

Long Term Services & Supports

| Strategy elements	Examples
• Patient Centered Medical Homes • Tennessee Health Link for people with the highest behavioral health needs • Care coordination tool	• Prevention • Maintaining health • Coordinating specialists • Avoiding preventable episodes of care • Connecting behavioral and primary care
• 48 Episodes of Care	• Perinatal • Joint replacement • Asthma exacerbation • Colonoscopy • Cholecystectomy • ADHD
• Quality and acuity adjusted payments for LTSS services • Value-based purchasing for enhanced respiratory care • Workforce development	• Payment for value and quality in nursing facilities and home and community based services • Training for providers

Tennessee Health Care Innovation Initiative Timeline
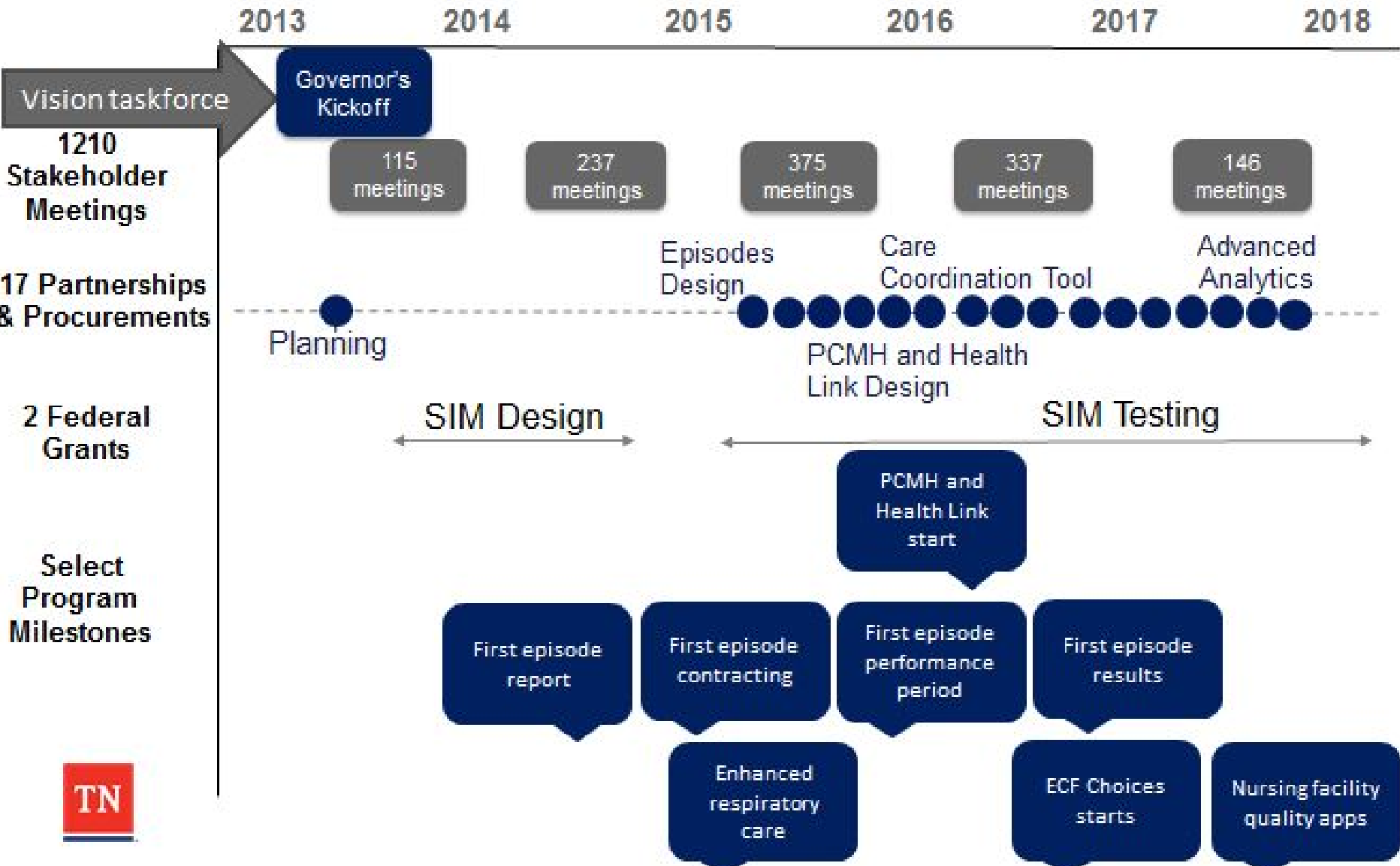
Patient Centered Medical Home

Patient-Centered Medical Home (PCMH) is a comprehensive care delivery model designed to improve the quality of primary care services for TennCare members, the capabilities of primary care providers, and the overall value of health care delivered to the TennCare population.

- **67 primary care organizations** caring for 30% of TennCare members.
- Over **300 sites** throughout the State.
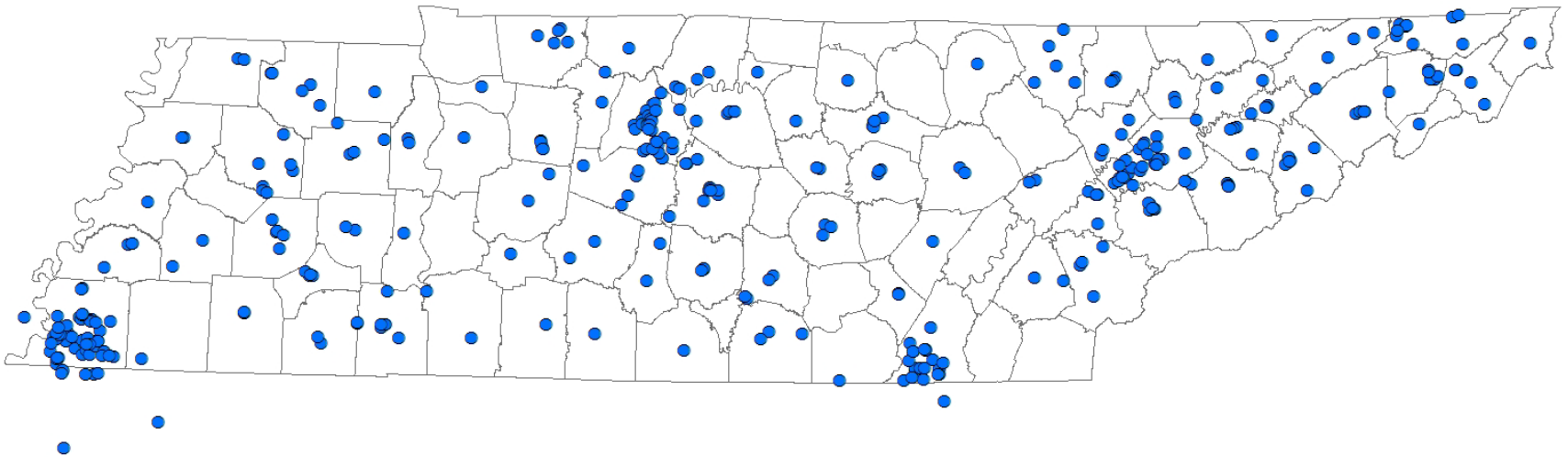
Map produced by Office of Policy and Data Resoruces; Division of Population Health Assessment; Tennessee Department of Health

Tennessee Health Link

Tennessee Health Link is a benefit with the primary purpose of coordinating health care services for TennCare members with the highest behavioral health needs.

- **22** Community Mental Health Centers and behavioral health providers
- Over **200 sites** throughout Tennessee
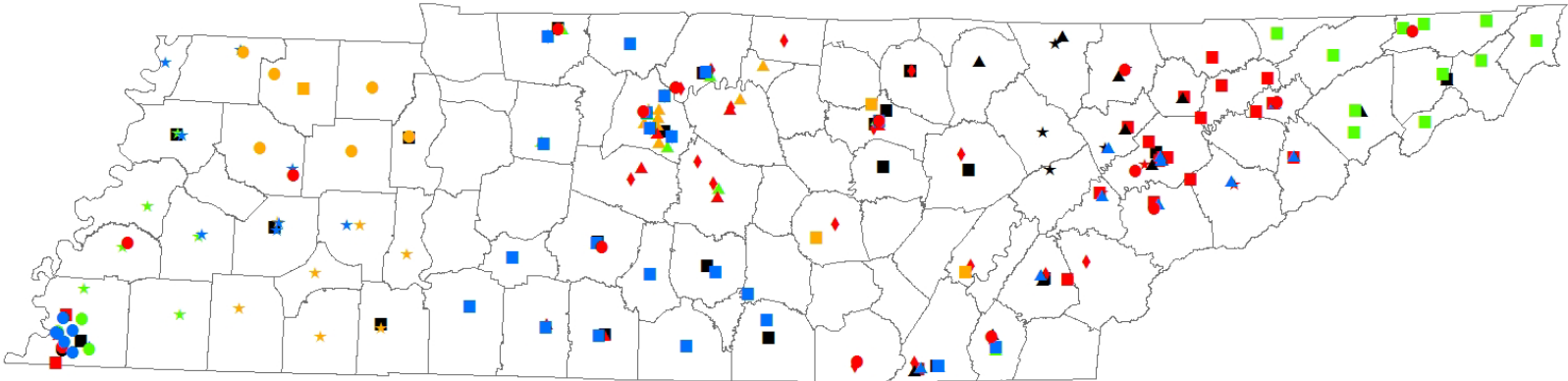
● Alliance Healthcare Services, Inc	■ Generations Health Association	★ Pathway sof Tennessee, Inc
● Camelot Care Centers, Inc	■ Health Connect America	★ Peninsula Division of Parkwest Medical Center
● CareMore Medica lGroup of Tennessee, PC	▲ Helen Ross McNabb Center, Inc	★ Professional Care Services of West TN, Inc.
● Carey Counseling Center, Inc	▲ LifeCare Family Services	★ Quinco Community Mental Health Center, Inc.
● Case Management, Inc	▲ Mental Health Cooperative, Inc	★ Ridgeview Behavioral Health Services
■ Centerstone	▲ Neighborhood Health	♦ Unity Management Services, Inct
■ Cherokee Health Systems	▲ Omni Community Health	♦ Volunteer Behavioral Health Care System
■ Frontier Health		

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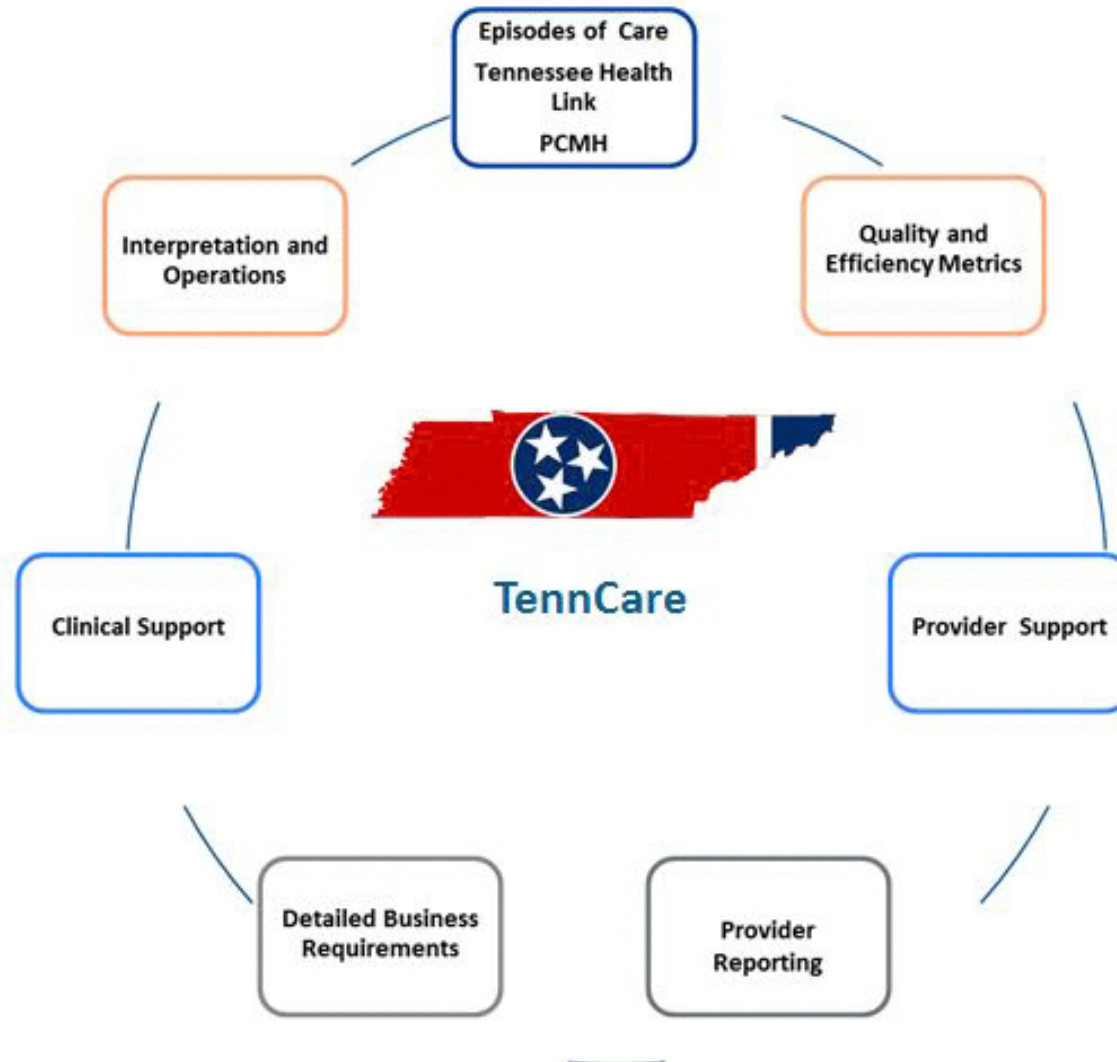Mary Layne Van Cleave, Chief Operating Officer, Tennessee Hospital Association
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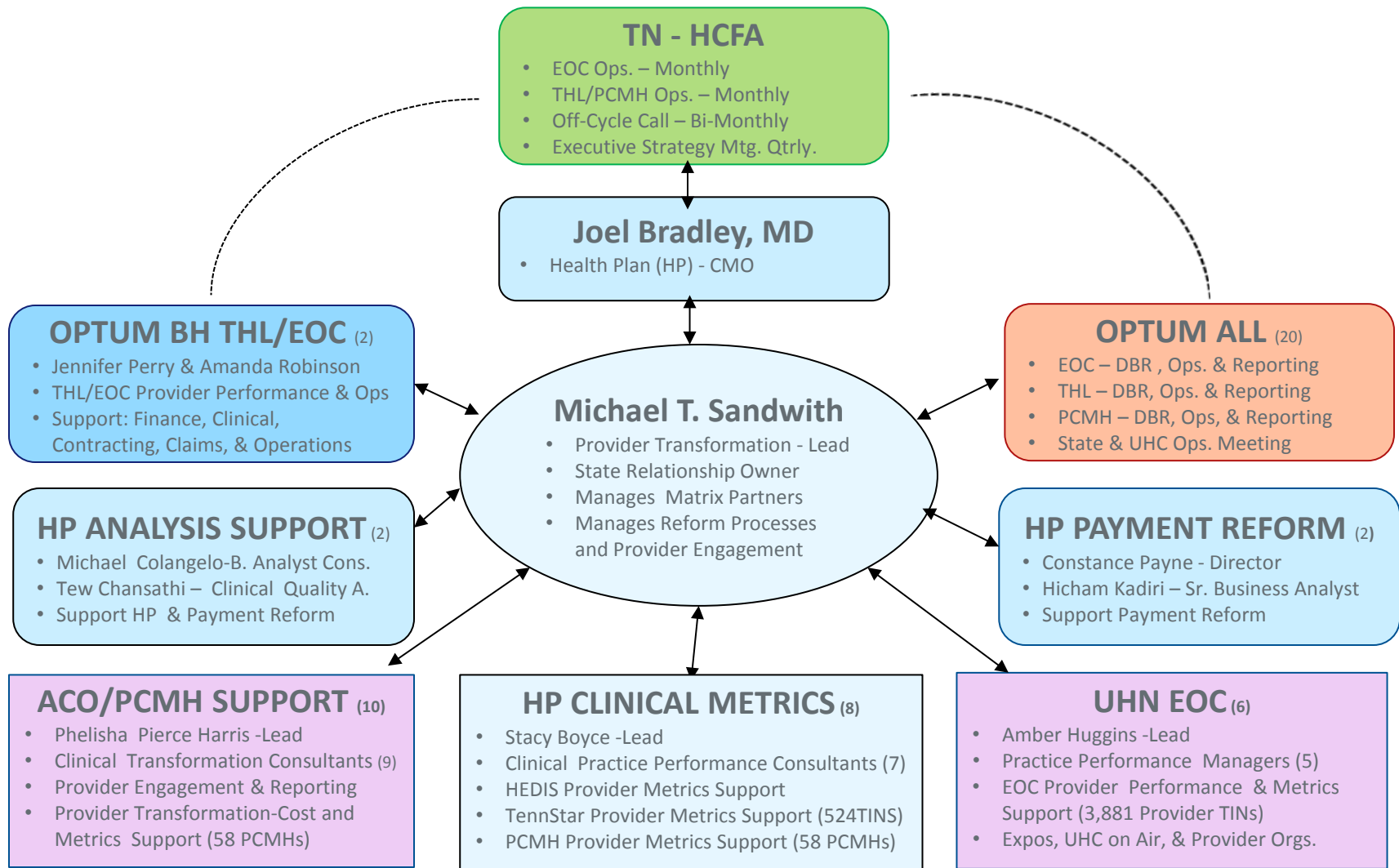**Constance W. Payne, Director, Payment Reform and Transformation, UnitedHealthcare, TN Community Plan**

MCO Payment Reform – Alignment

Provider Transformation Team

UnitedHealthcare® Community Plan

TN - HCFA
- EOC Ops. – Monthly
- THL/PCMH Ops. – Monthly
- Off-Cycle Call – Bi-Monthly
- Executive Strategy Mtg. Qtrly.

Joel Bradley, MD
- Health Plan (HP) - CMO

OPTUM BH THL/EOC (2)
- Jennifer Perry & Amanda Robinson
- THL/EOC Provider Performance & Ops
- Support: Finance, Clinical, Contracting, Claims, & Operations

Michael T. Sandwith
- Provider Transformation - Lead
- State Relationship Owner
- Manages Matrix Partners
- Manages Reform Processes and Provider Engagement

OPTUM ALL (20)
- EOC – DBR , Ops. & Reporting
- THL – DBR, Ops. & Reporting
- PCMH – DBR, Ops, & Reporting
- State & UHC Ops. Meeting

HP ANALYSIS SUPPORT (2)
- Michael Colangelo-B. Analyst Cons.
- Tew Chansathi – Clinical Quality A.
- Support HP & Payment Reform

HP PAYMENT REFORM (2)
- Constance Payne - Director
- Hicham Kadiri – Sr. Business Analyst
- Support Payment Reform

ACO/PCMH SUPPORT (10)
- Phelisha Pierce Harris -Lead
- Clinical Transformation Consultants (9)
- Provider Engagement & Reporting
- Provider Transformation-Cost and Metrics Support (58 PCMHs)

HP CLINICAL METRICS (8)
- Stacy Boyce -Lead
- Clinical Practice Performance Consultants (7)
- HEDIS Provider Metrics Support
- TennStar Provider Metrics Support (524TINS)
- PCMH Provider Metrics Support (58 PCMHs)

UHN EOC (6)
- Amber Huggins -Lead
- Practice Performance Managers (5)
- EOC Provider Performance & Metrics Support (3,881 Provider TINs)
- Expos, UHC on Air, & Provider Orgs.

The Office of the National Coordinator for
Health Information Technology

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Admission, Discharge and Transfer (ADTs) alerts

- Increase primary care and behavioral health provider follow up from emergency department (ED) and inpatient visits

- Help primary care and behavioral health providers find hard-to-reach patients

- Give providers an idea of when and where their patients are accessing the health care system

- Facilitate patient education on appropriate ED use

- Increase access to patients' care history, as well as, diagnostic information when available

ADTs: Useable and Valuable

Useable	Valuable
• Web-based care coordination tool (CCT) • One tool for all MCOs • All hospitals sharing data • Prioritization • Workflow design	• Monthly payment to support care coordination, e.g., care coordinators spending time using the information in the tool • Rewards to primary care for quality and efficiency in patient centered medical home • Episodes of care: incentives to hospitals and specialists to avoid readmissions

Health Link – ADT Alerts

Below is an example of how our behavioral health providers are using this near real-time data today:

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What They Heard

[Lack of technical expertise]

[Lack of trust]

[Lack of priority]

[Lack of 2-way benefit]
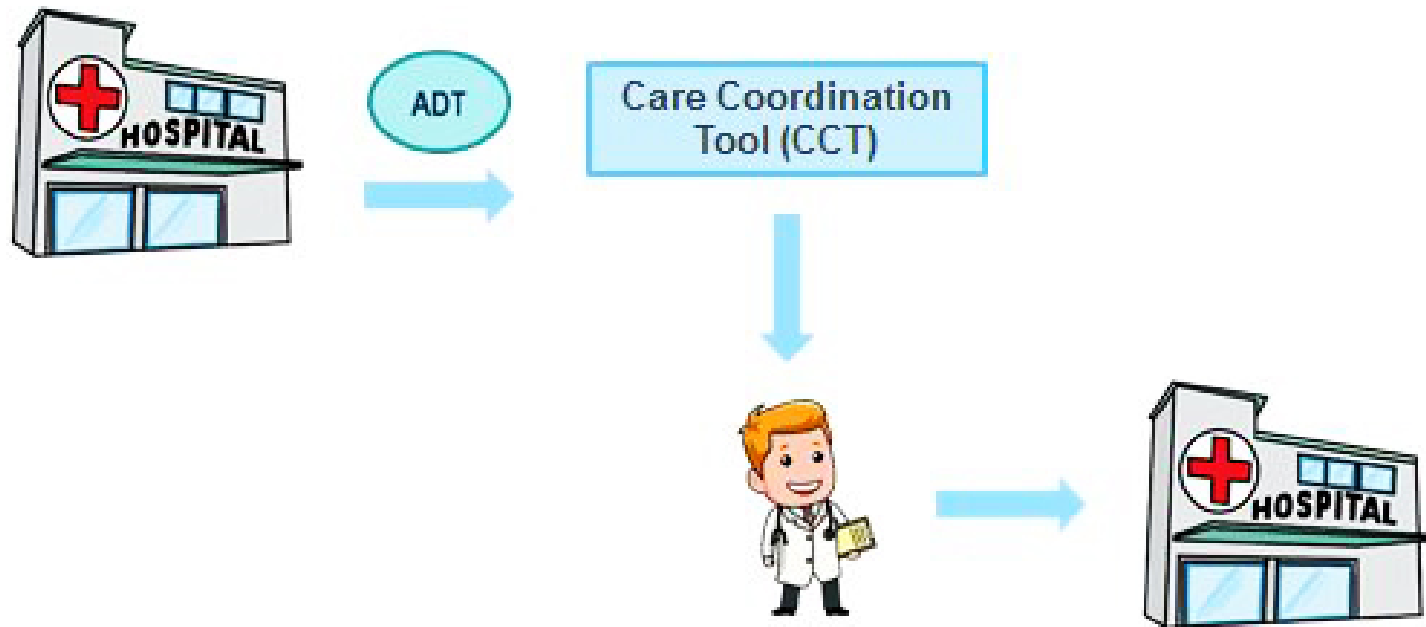
Sometimes *[Talking To The Wrong Person]*

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What We Did

Technical expertise through Audacious Inquiry (Ai)

Long-term trusting partnership

Priority created by THA Board (agreement to timeline)

Hospitals can use data on readmission

THA identified the correct person(s) at each hospital.

Real-Time ADT Opportunity

- THA has a long-standing, mutually beneficial relationship with the TennCare bureau

  - Addressing MCO issues

  - Working to ensure fair, equitable reimbursement among hospitals

  - Designing supplemental pool programs

  - Educating hospitals on bureau initiatives

- THA was uniquely positioned to fulfil the needs of both TennCare and its members for the state's ADT requirement

  - **Member hospitals**: minimize the work effort and cost of compliance

  - **TennCare**: receive all hospital ADT data from a single, centralized source

- Opportunity to expand the THA Health Information Network (HIN): THA members requested THA to "sit in the middle" (like UB claims data program)

THA ADT Data Collection – Member Benefits

- THA supported the initial system setup costs
- THA and its members control use of and access to ADT data
- THA leveraged existing data agreements and BAAs already in place with hospitals
- Simpler, more compliant way to provide ADT feeds to TennCare
  - All data standardization handled by Ai
  - Support for hospitals without an EHR
- Data available to hospitals for a variety of potential uses
  - Readmissions reduction programs
  - Transitional care management
  - Syndromic surveillance
- Ability to fulfil other requests for hospital ADT data from a centralized source
- THA can monitor eligibility and ADT performance for TennCare hospital Supplemental pools

TennCare ADT Data Flow
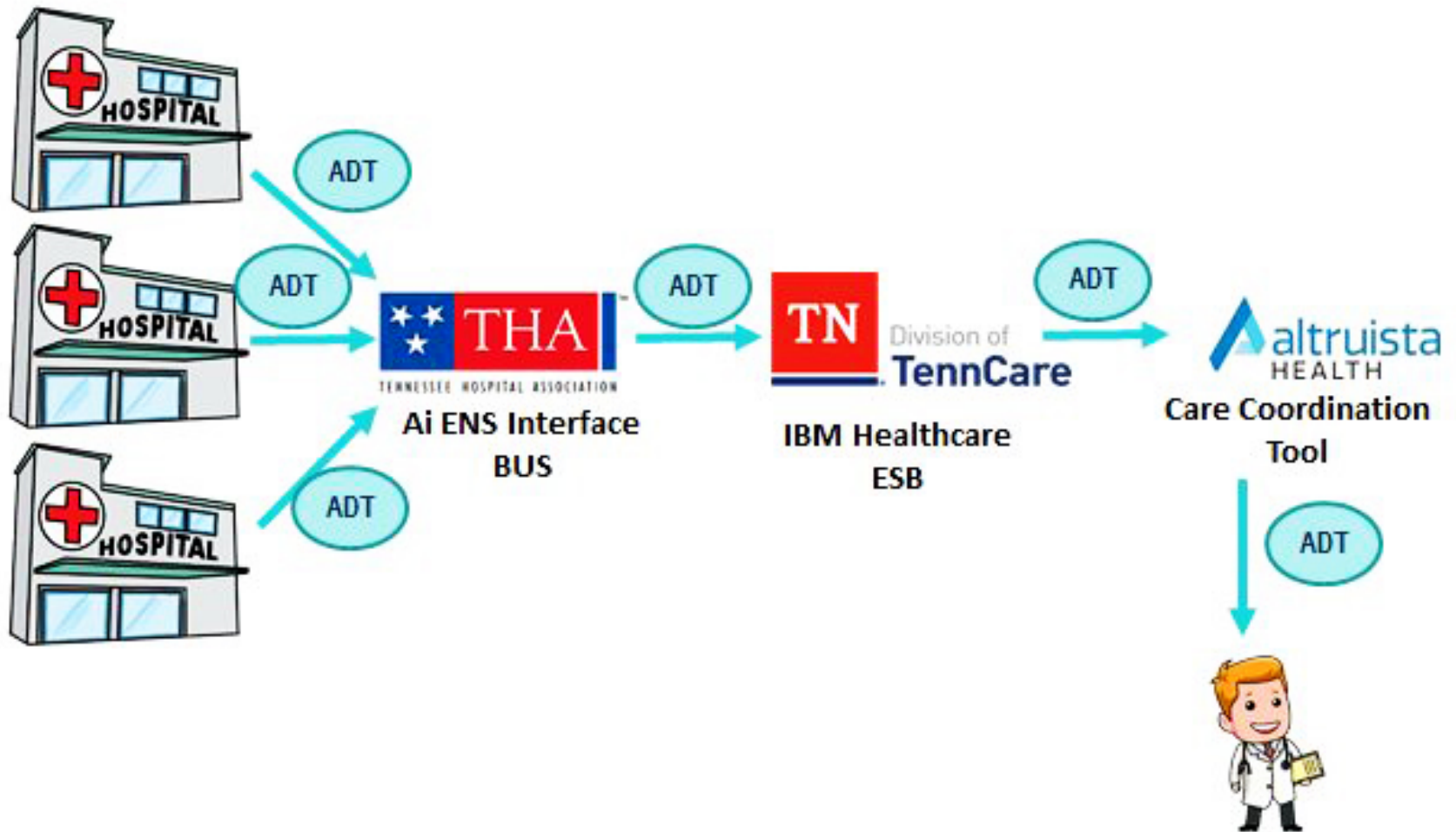
How It Works
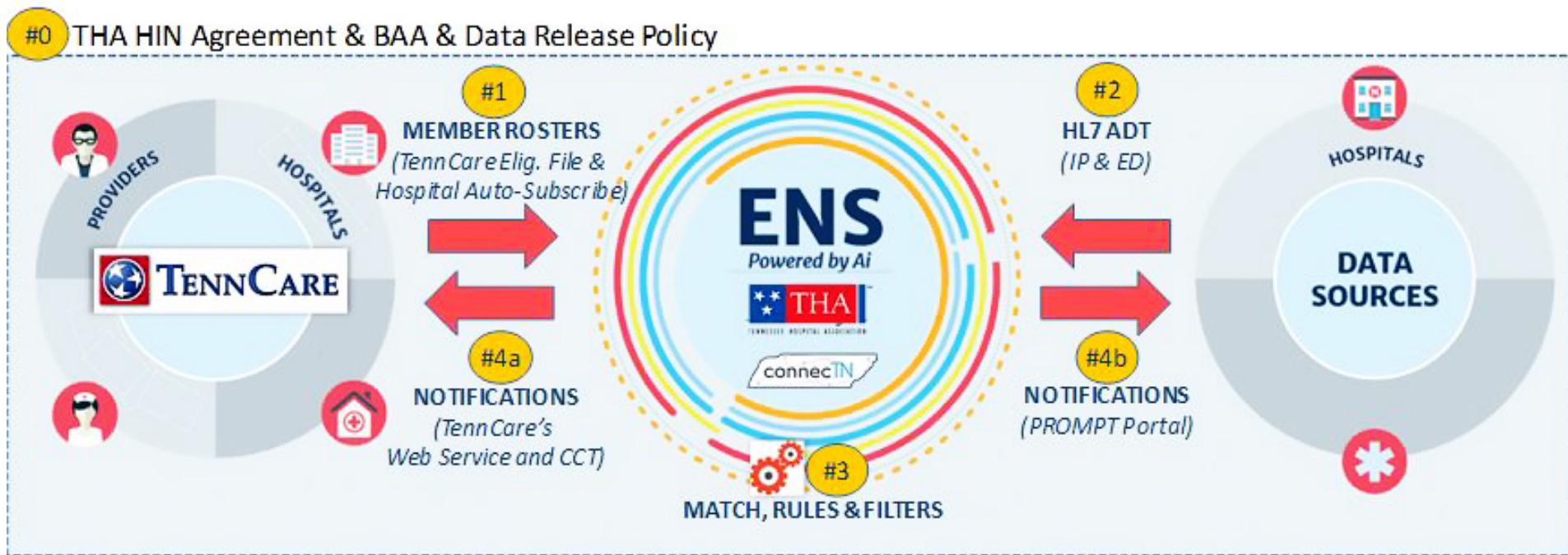
Care Coordination Tool (CCT)

A multi-payer shared care coordination tool allows providers to implement better care coordination in their offices.
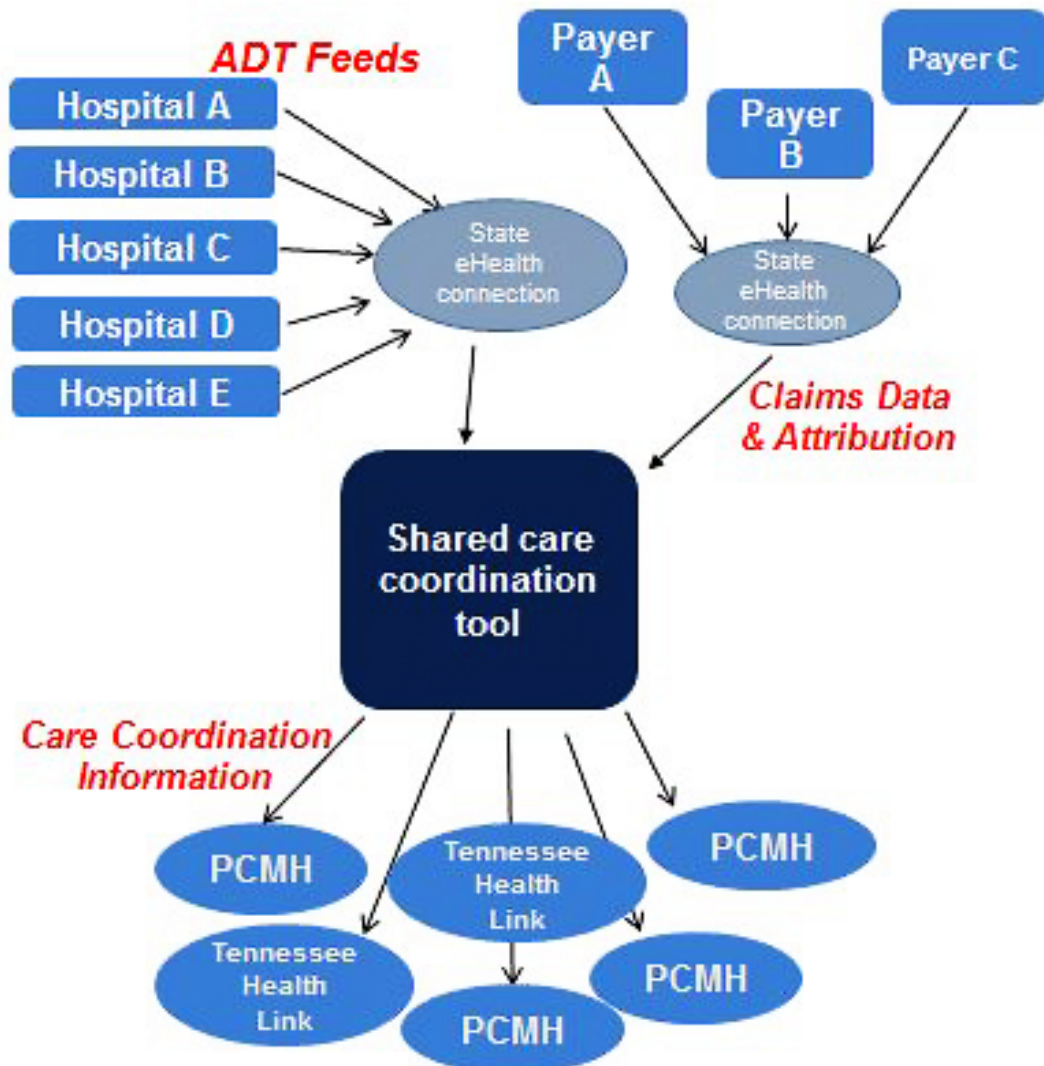
- Allows practices to view their attributed member panel
- Alerts providers of their attributed members' hospital admissions, discharges, and transfers (ADT feeds) and tracks follow-up activities
- Identifies a provider's attributed members' risk scores
- Generates and displays gaps-in-care based on quality measures and tracks completion of activities

Care Coordination Tool

88% of TN Hospitals Statewide Sending ADTs

Tennessee ENS® Covered Hospital Beds by County
(Acute Care & Psychiatric Hospitals)

County ENS Bed Coverage
0.0% [gradient] 100.0%

Highlight County
Highlight County 🔍

Select Counties
(All) ▼

Population as of July 1 2016
- 6,000
- 200,000
- 400,000
- 600,000
- 800,000
- 1,000,000
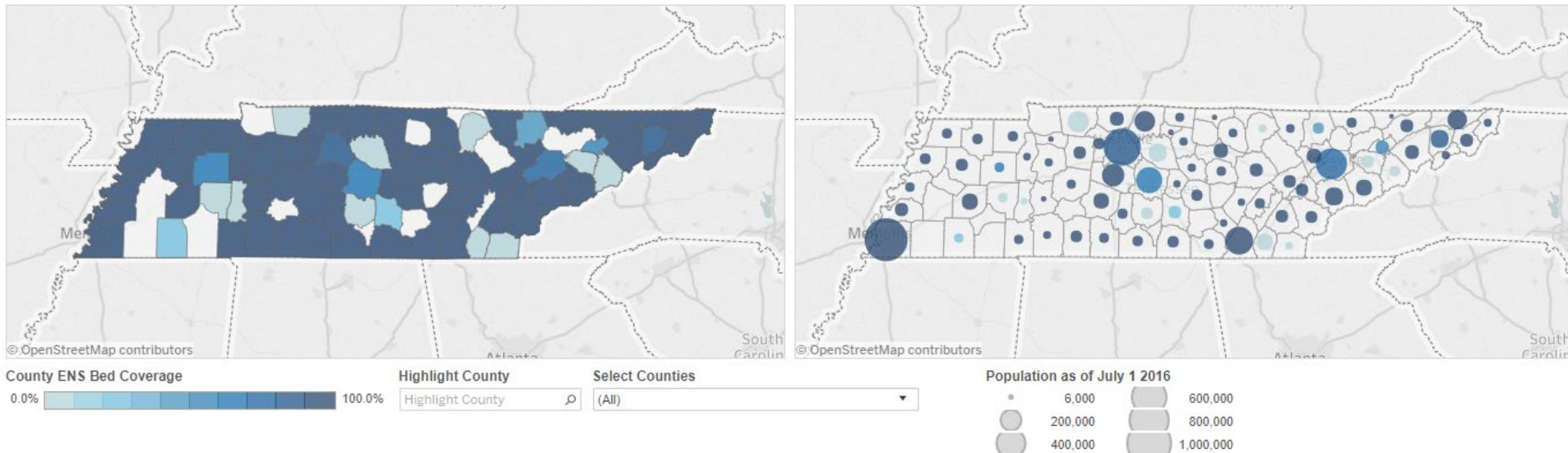
Care Coordination Tool: Provider Testimonials

- https://youtu.be/9Em69pakIfY

Hospital Perspectives

"Ai and the [THA] team worked seamlessly with our IT department, **setting up the connection and exchanging data within days**. I am excited to both contribute to and use the tools this ADT feed creates. We are confident our ability to exceed our current level of community healthcare delivery is strongly enhanced with this project. I am also certain our State and residents within it will **reap positive benefits as we can now better align resources to provide the appropriate, proactive care in settings with the best outcomes at the lowest cost**. Finally, the ability to aggregate State-wide data also allows [THA] to **focus all caregivers towards similar goals, making Tennessee a significantly healthier State**."

- Randy Davis

President/CEO, NorthCrest Medical Center

Hospital Perspectives

"

Maury Regional Health found the process of establishing the ADT feed to be very easy. The feed was very standard and quickly implemented. Ai was easy to work with in operationalizing the ADT. **The information available to the providers in our community will be valuable as they coordinate patient care**."

- **Alan Watson**
  CEO, Maury Regional Health System

Provider Perspectives

> "We had a patient we'd been treating since 1993 for schizophrenia. When we started receiving [ADT] feeds from the hospitals, we discovered that she would come to our office and then immediately head to the ER for treatment of her physical health conditions. This was a **real opportunity for us to improve care**."

- **Pam Womack**
  CEO, Mental Health Cooperative

Provider Perspectives

"

The ability to see all of ADT records for one of our members in one place is particularly useful so we can **outreach to members who frequent the ER**."

- **Mary Smith**
Covenant Care Practices

Key Learnings & Best Practices

Category	Description
Work Effort	• Underestimated level of effort to engage hospitals (e.g., data agreements, security assessments) • Underestimated level of effort to execute (e.g., resourcing, timing, competing priorities)
Operational Ownership	• This is more than a technology initiative at the hospital- and state-levels (requires collaboration between finance, operations, IT, and clinical staff)
Hospital Association Partnership	• THA member response to state's initiative created a proposal from THA to execute the ADT program • Value of hospital association partnership and existing relationship with state hospitals
Vendor Expertise	• Having specialized expertise from vendor partnerships was critical to success (Audacious Inquiry & Altruista)
Funding	• Able to use existing hospital assessment to create a state share for funding
State Requirement	• State required ADT reporting to qualify for hospital supplemental payment

Thank you.

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