Section for Small or Rural Hospitals

Innovative Models of Health Care Delivery:

Community Care Partnership of Maine

Rural Hospital Executive Education Series

American Hospital Association

Agenda

1. DHHS goals for alternative payment models
2. New models of delivery and payment
3. CCPM ACO of Maine
4. AHA Board Task Force

HHS Value-based Payment

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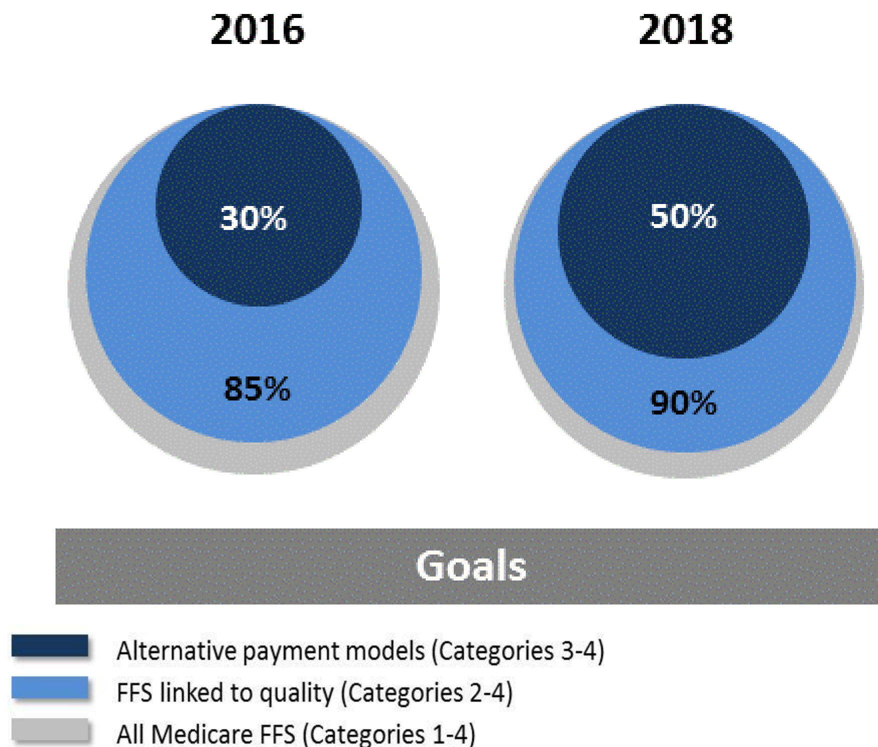

- **Triple Aim**
  - Better Care
  - Smarter Spending
  - Healthier People
- **Moving from volume to value**
  - Pay-for-performance initiatives
  - Alternative payment models

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From Volume to Value

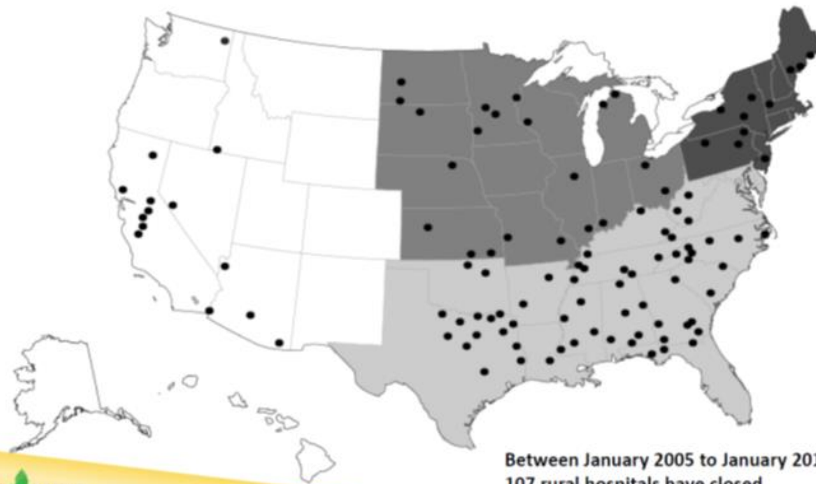
CMS Framework

Traditional FFS	Value-Based (Link to Quality)	Alternative Delivery Models	Population Health/ At Risk
	• Hospital VBP • Physician VM • Readmissions • HACs • Quality Reporting	• ACOs • Medical homes • Bundled payments CJR and Cardiology • Comprehensive Primary Care+ • Comprehensive ESRD	• Eligible Pioneer ACOs in years 3-5 • Global Budgets (Maryland hospitals)

Volume → Value

Rural Hospital Closures

Rural Hospital Profitability, Closures, and Free-Standing Emergency Departments



The CMS Innovation Center

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Demonstration Projects

- Frontier Community Health Integration Project
- Value-based purchasing demo for CAHs
- Frontier Extended Stay Clinic
- Rural Community Hospital Program
- CMMI Challenge Grants
- State Innovation Models

Alternative Payment Models

- Bundled Payments
- ACO Investment Model
- Regional/Global Budgets

Center for Medicare & Medicaid
INNOVATION

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State Initiatives

- Georgia Free-standing Emergency Room
- Kansas Primary Health Centers 12/24 hour
- Oregon Rural Hospital Reform Initiative
- Minnesota CAH Payment Reform
- Washington New Blue “H” Initiative
- South Carolina Hospital Transformation Plan Program

Rural Health Initiatives

Population Health

Health Networks

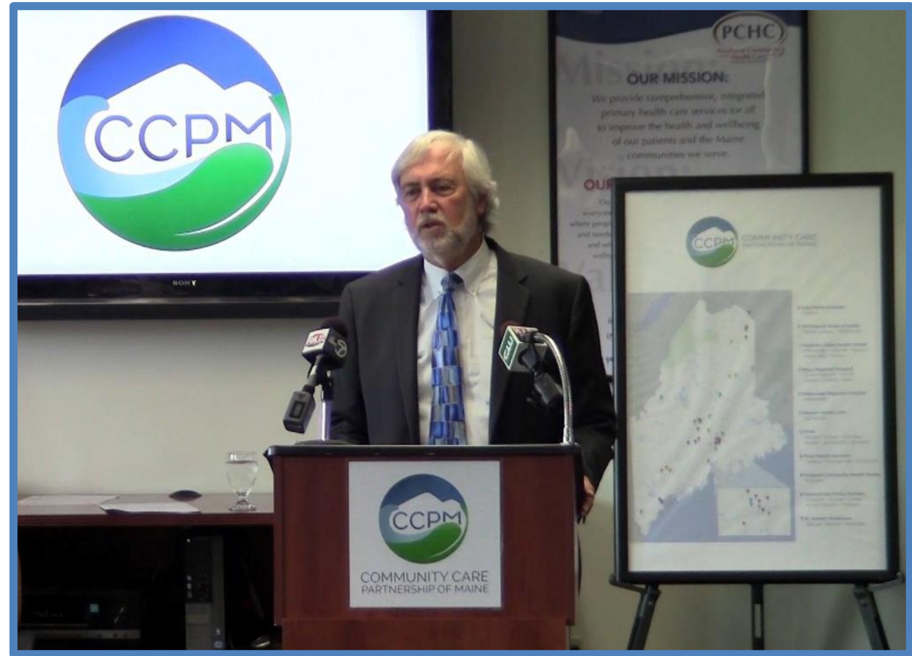
- Administrative
- Clinical integration

Advanced Payment Models

- Bundled payments
- Medicaid ACOs
- Medicare Shared Savings ACOs
- Commercial plan APMs

Community Care Partnership of Maine
Accountable Care Organization
Bangor, Maine

Mary Prybylo, R.N.
President and CEO
St. Joseph Healthcare
Bangor, ME



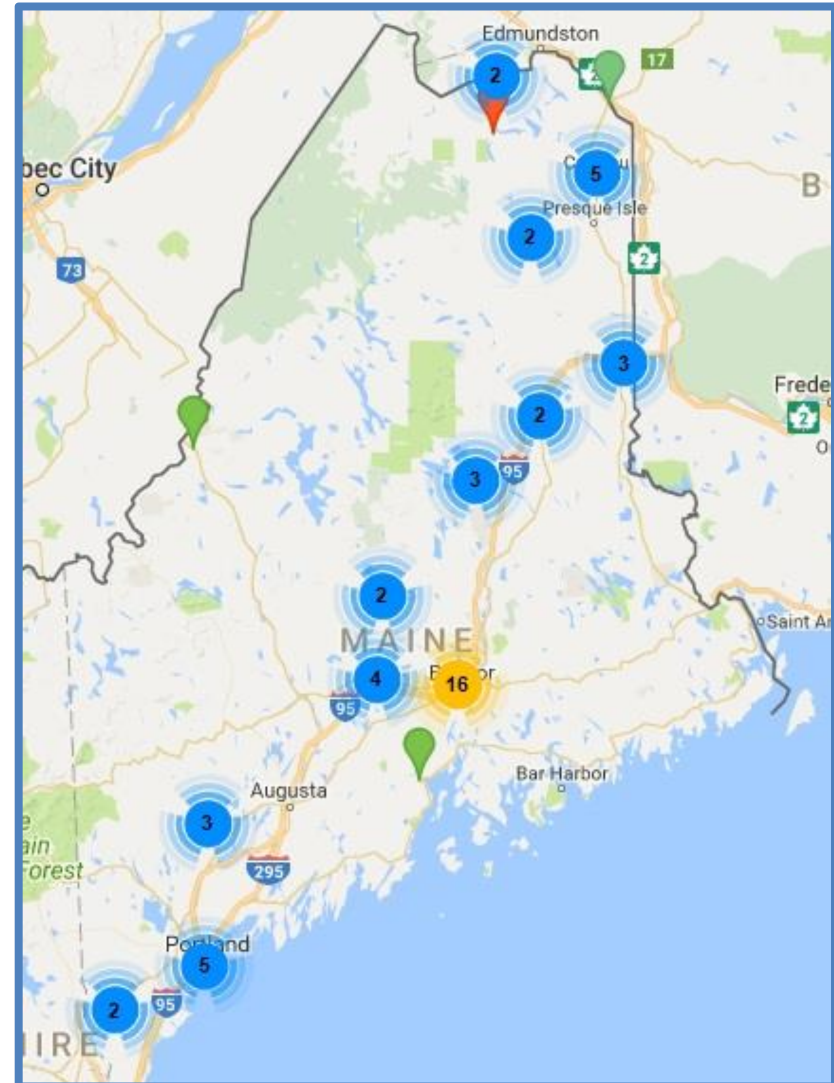
Kenneth Schmidt
President and CEO
Penobscot Community Health Care
Bangor, ME

The ACO community hospital partners include:

- **Saint Joseph Healthcare, Bangor**
- **Cary Medical Center, Caribou**
- **Mayo Regional Hospital, Dover-Foxcroft**
- **Millinocket Regional Hospital, Millinocket**

The ACO FQHC partners include:

- **DFD Russell Medical Centers, Turner Katahdin Valley Health Center, Millinocket Nasson Health Care, Springvale**
- **Penobscot Community Health Care, Bangor Pines Health Services, Presque Isle**
- **Portland Community Health Center, Portland Sebasticook Family Doctors, Pittsfield**
- **Fish River Rural Health, Eagle Lake**



CCPM COMMUNITY CARE PARTNERSHIP OF MAINE

Community Care Partnership of Maine Accountable Care Organization

COMMUNITY CARE
PARTNERSHIP OF MAINE

The underlying philosophy of CCPM ACO is:

- **Full collaboration and joint and equal ownership**
- **Commitment through finances and time of leaders**
- **Common cultures**
- **Access to quality and effective health care**
- **Independence, but collaborating with larger hospital systems and other groups**
- **Nationally certified Patient Centered Medical Homes**
- **Full utilization of the Maine Health Information Exchange**
- **Equitable distribution of shared savings to member organizations**

Community Care Partnership of Maine Accountable Care Organization

Committing to membership criteria:

(1) Being a not-for-profit
(2) Maintaining, achieving or pursuing NCQA recognition
(3) Utilizing a meaningful use-certified EMR
(4) Providing effective practice-based care coordination, and
(5) Having the capacity to generate and utilize population health data.

Community Care Partnership of Maine Accountable Care Organization

Governance and Leadership Structure

CCPM ACO Committees:

1. Quality & Clinical Integration
   - Data and Information Technology
   - Care Management
   - Medication Use; and
   - Quality & Process Improvement
2. Finance & Operations Committee, and
3. Compliance

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COMMUNITY CARE
PARTNERSHIP OF MAINE

Patient-Centered Medical Home

- **The PCMH is a way of organizing primary care emphasizing care coordination and communication to transform the way this service is delivered.**
- **A beneficiary is assigned to an ACO if the beneficiary receives at least one primary care service by a provider affiliated with that ACO.**
- **Most CCPM ACO members have integrated mental health services, and many of the community health centers have integrated dental services.**

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Participating Healthcare Organizations

Current HIE Statistics

Health Information Exchange Statistics

Inbound Clinical Messages Received Today	405,398
Users Who Have Accessed the HIE Today	126

Population Included

Active HIE Users	4,132
Patients Included	1,528,255
Maine Residents	1,286,394
Non-Maine Residents	241,861
Opt-Out Rate	1.27%
Crossover Rate % of patients who have been to two or more different facilities participating in the HIE	84%

HealthInfoNet

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Data Across Sectors for Health

DASH aims to support community collaborations to:

- **Address locally determined problems or goals,**
- **Enhance communities' ability to plan, make decisions, implement health improvement activities through sharing data and information, and**
- **Identify methods, models, and lessons that can be applied locally and shared with other communities who wish to improve their ability to share data and information across sectors.**

Data Across
Sectors for Health

MaineCare Accountable Community

Accountable Communities will achieve the triple aim of better care for individuals, better population health, and lower cost through four overarching strategies:

1. **Shared savings based on quality performance**
2. **Practice-level transformation**
3. **Coordination across the continuum of care**
4. **Community-led innovation**

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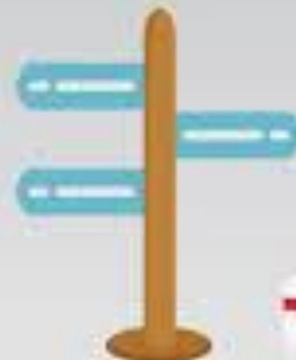
ACO Shared Savings

Distributed proportional to each participant's attributed lives. ACO dues are assessed in the same fashion and those dues will be used to:

- **Re-invest in the ACO infrastructure and offset costs incurred to operate the ACO.**
- **Fund care management processes.**
- **Invest in technology**

MEDICARE ACO
ROADMAP



Community Care Partnership of Maine Accountable Care Organization

Hospitals and FQHCs can get along!

Community Care Partnership of Maine
Accountable Care Organization

Transforming the delivery of healthcare through meaningful sharing and accountability for the health of their patients

Twelve Independent Partners
- 4 hospitals and 8 FQHCs
- Recognized NCQA patient-centered medical homes

Diverse ACO Experience
- MaineCare Accountable Community Initiative
- Medicare Shared Savings Program ACO
- Developing relationships with commercial plans

HealthInfoNet
- Maine health information exchange
- Offer real-time predictive analytics system
- DASH – data sharing collaboration

AHA Board Task Force:
Ensuring Access to Care in Vulnerable Communities

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Task Force Update

Ensuring Access to Health Care in Vulnerable Communities Task Force

- Confirm the **characteristics and parameters** of vulnerable rural and urban communities by analyzing hospital financial and operational data and other information from qualitative sources where possible;
- Identify **emerging strategies, delivery models and payment models** for health care services in rural and urban areas;
- Identify **policies/issues at the federal level** that impede, or could create, an appropriate climate for transitioning to a different payment model or model of care delivery, as well as identify policies that should be maintained.

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Task Force Update

- **Task force work is ongoing**
- **Anticipated time frame for report**
- **Listening sessions**
  - January 27, February 9, March 8
  - Venue for members to convene and discuss items being considered by the task force
  - Feedback received will be incorporated into the work of the task force
    - Task force members will attend
    - AHA will provide a summary report to the task force members
- **Potential models**

Rural Hospitals: A Community's Anchor

DID YOU KNOW?

- Rural America includes approximately **67 million people**, about 18% of the population and **84% of the geographic area of the USA**.
- There are **1,866 rural hospitals** that support nearly **2 million jobs**.
- Every dollar spent by a rural hospital produces another **$2.28 of economic activity**.
- A typical critical access hospital employs **213 community members**.
- Rural hospitals handle more than **21.6 million emergency visits**.

Access to primary care

Safe haven in times of emergency

Jobs

EMERGENCY

24/7 care

Tell Congress to protect health care in rural communities.

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Discussion

Questions and Comments

Questions

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