Your resource for life.

MaineGeneral Health

Maine Health Management Coalition

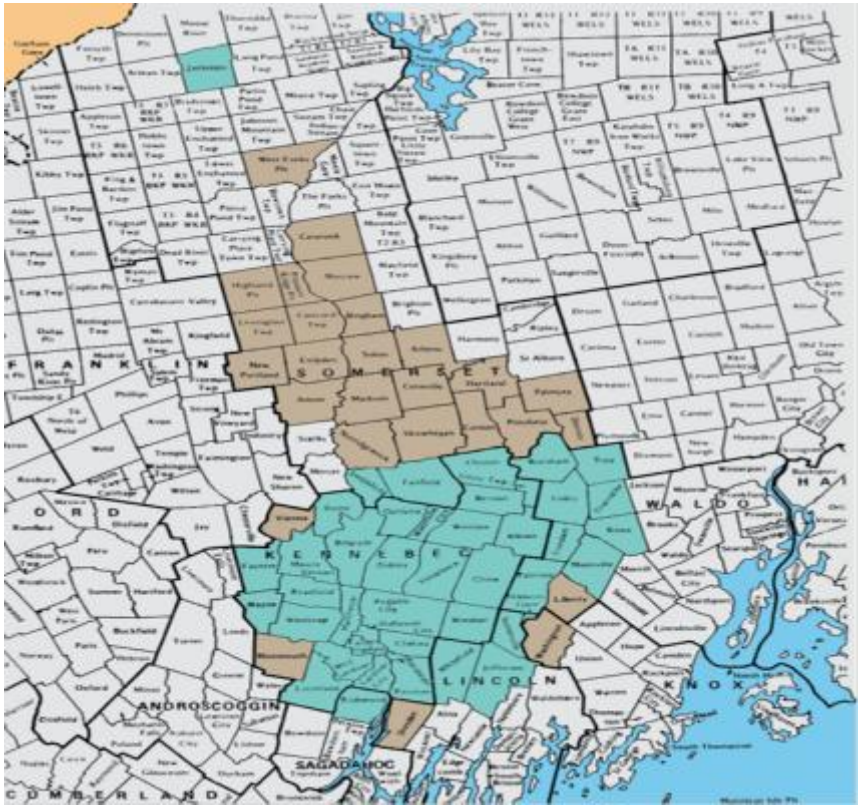
Bringing Healthcare Value to the People of Maine

State Employee Health Commission And MaineGeneral Health

A Partnership for Better Health, Better Care, Right Cost

SEHC-MGH Pilot
February 7, 2013

MaineGeneral Health



MGH's Primary and Secondary Service Area

- 88 Communities
- Population: approximately 192,000
- Average Income: $45,511 (Kennebec County)
- Unemployment in 2011: 7.80% (Kennebec County)
- Largest population growth projected in age group 54-79 over the next 5 years
- Largest employers:
  - State Government: 25% of Commercial
  - Health care
  - Manufacturing
  - Electric utilities
  - Retail

The Health System Response to Purchaser Tiering and Steering

October 2009: Lost preferred provider status based on community Quality Metrics
- Lost ¾ million dollars over nine months

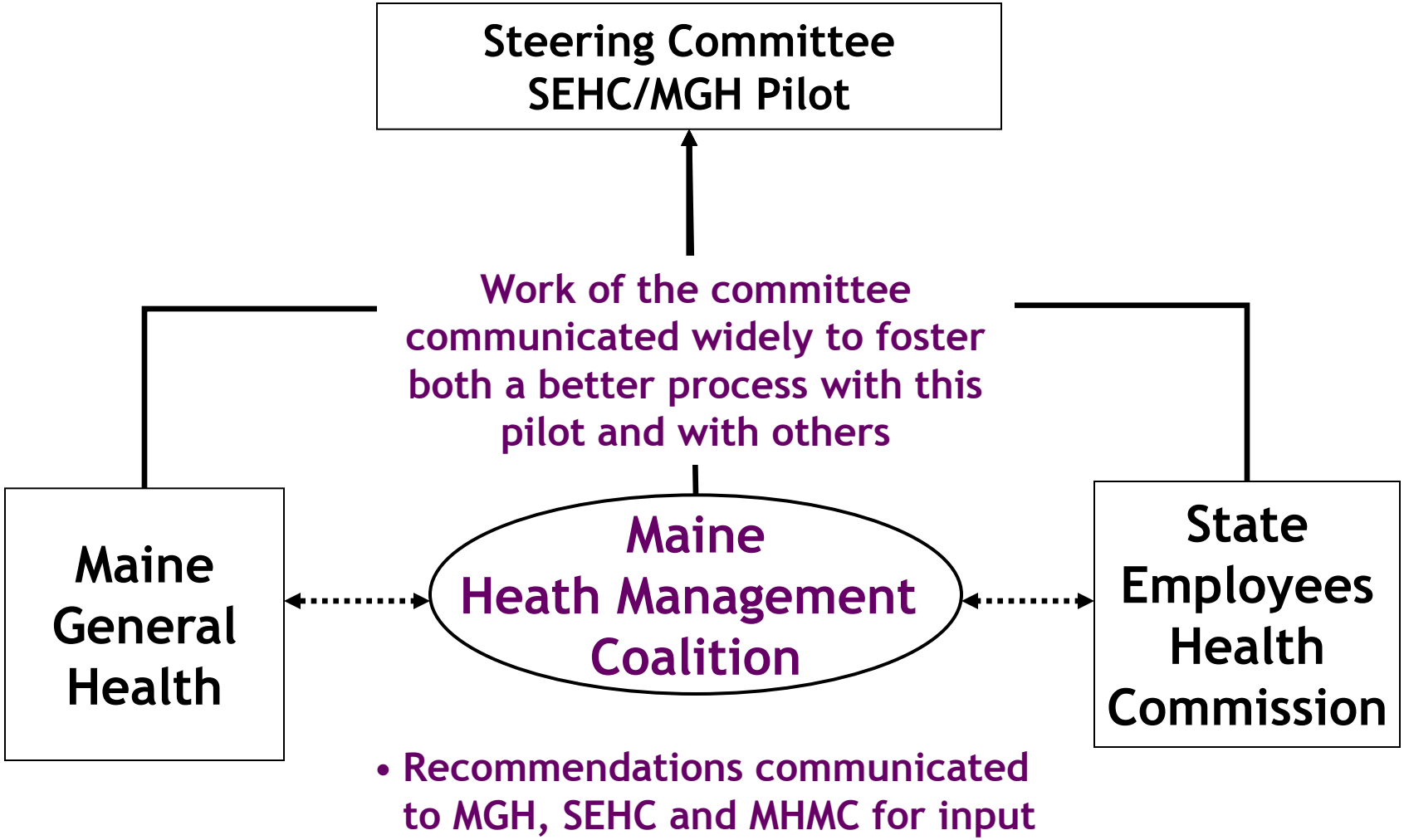
July 2010: Regained preferred provider status
- employed1.0 FTE RN overseeing quality measures

January 2011: Metrics expanded to include Quality and Patient Satisfaction
- negotiated at risk contract, with more dollars at risk

July 2012: At risk again as Costs are added to the metrics
- Increased financial risk based on a pmpm target

STRUCTURE & DECISION-MAKING

A Steering Committee has been developed with equal representation from the SEHC and MGH and will be facilitated and partially staffed by the MHMC



The Partnership Proposal

- Multi-year initiative
  - Assure high quality, appropriate care
  - Improve the care experience of patients and families
  - Reduce the health care spend trend
  - Improve the health behaviors of patients and families
  - Committed to a transparent process with shared risk

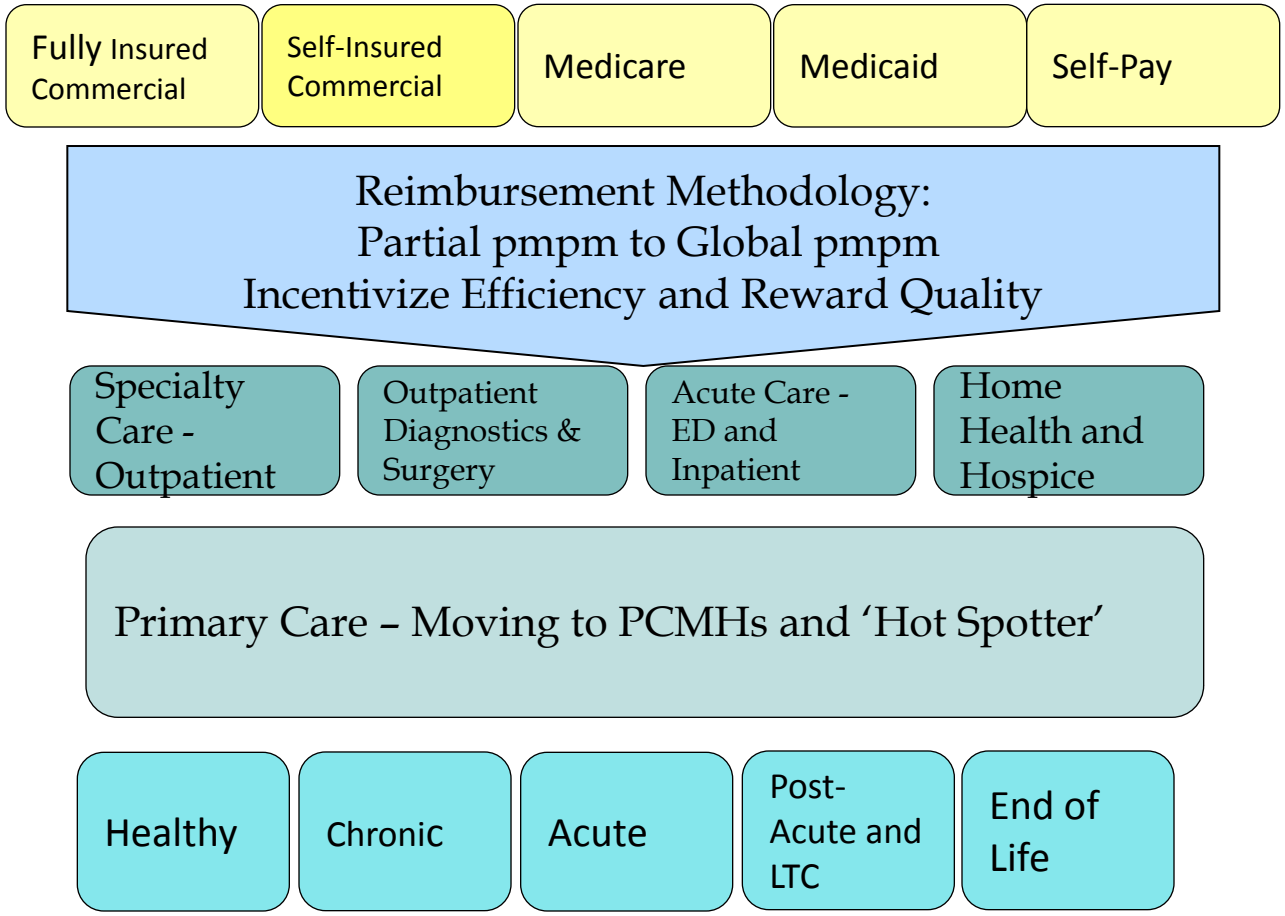
Balanced Dashboard

- **Primary Care** – expanded open access, new primary care providers, half of practices are engaged in system re-design based on practice reports
- **Patient Centeredness** – State of Maine members on practice patient advisory councils, achieve patient experience results as defined by PTE
- **Clinical Quality** – achieve PTE core measures, improve performance on hospital acquired infections and preventive care
- **Efficiency** – Reduce non-urgent ED visits and readmissions within 30 days, reduce PMPM for State of Maine members

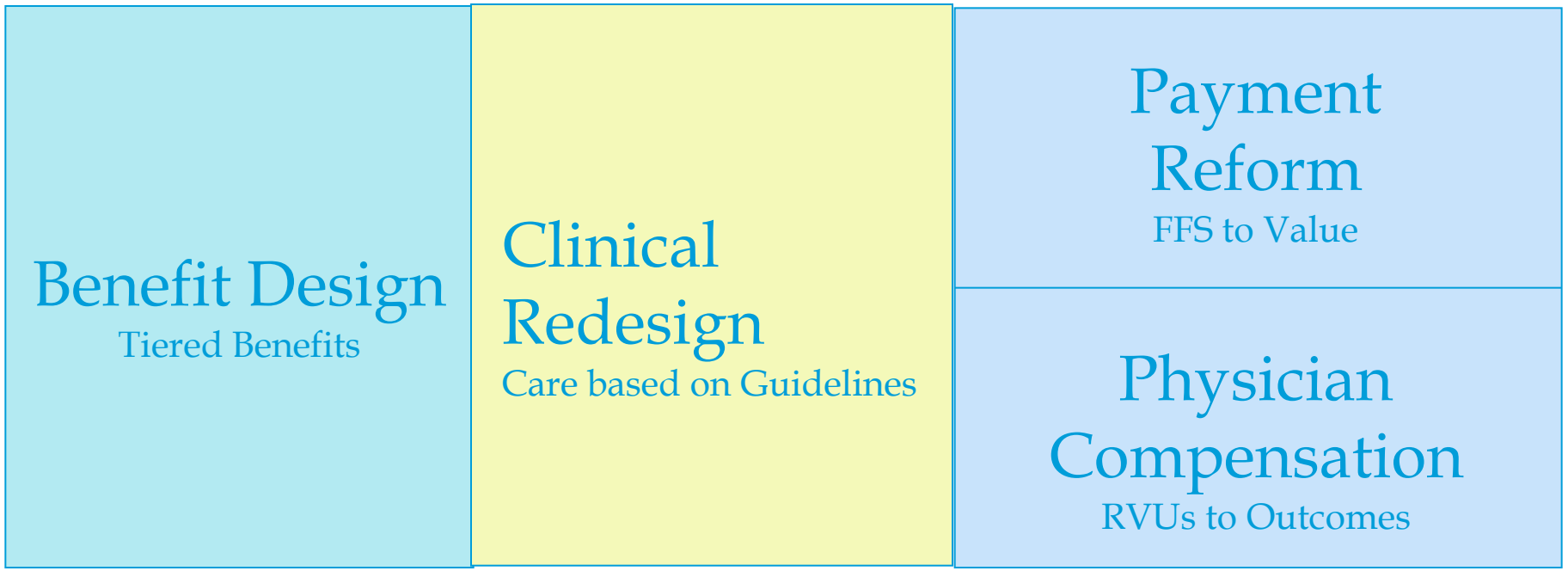
The SEHC/MGH Agreement

- To meet the demands of the State, to have no increase in medical costs for those patients attributed to our primary care practices, we have agreed to the following:
  - For those insureds enrolled with our PCP practices, to hold the risk-adjusted pmpm for FY13 to that of FY11
  - Given that we did not yet have the data when the agreement was signed, we will mutually adjust this goal once the data is known
  - Over time to move to global cap
- THE DATA: MHMC has worked to assemble a database, with fully attributed data early in FY13

Implementing ACO Framework



Alignment


Benefit Design
Tiered Benefits
Clinical Redesign
Care based on Guidelines
Payment Reform
FFS to Value
Physician Compensation
RVUs to Outcomes

Key Lessons

- Having direct communication between providers and purchasers (rather than through health plans) is critical to finding win-win solutions and building trust
- Having a neutral local facilitator (the Maine Health Management Coalition) helps get the process going, builds trust, and provides needed encouragement or provocation;
- Having good data and good analysis are critical – the data the purchasers and providers use have to be the same, be current, and be accurate, and it has to be actionable
- Employers have to help get employees engaged, through education and benefit design, to complement what health systems do to get physicians engaged
- It's very hard for a provider to do this with just one payer or employer; a key role the Regional Health Improvement Collaborative can play is bring all the payers to the table

Accountable Benefit Design

Option	Explanation/Rationale
Incent Selection of PCP provider in ACO	If primary care is to be foundation of ACO, plan must encourage use of selected practices
Incent PCP visits v. ER visits	Establish significant differential to obtain care at PCP or network urgent care
Incent compliance with preventive care	100% coverage or preventive services and age-sensitive screenings linked to health credit
Incent participation in practice based care management	Waive all co-pays for participation in practice based care management for members with chronic conditions