COMMUNITY CARE OF BROOKLYN IPA: SUSTAINING HEALTHCARE TRANSFORMATION EFFORTS

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2019 DSRIP Learning Symposium | Saratoga Springs, NY | February 12, 2019
But what is it that we’re sustaining?

Source: dictionary.com
PPS Sustainability Plans

• PPS responded to DOH surveys in Dec 2017, Nov 2018
• PPS plans for “future state” take a variety of forms
  • Context for each PPS’s evolution is a key driver
  • More than half of PPS looking to evolve into an ACO or IPA
• Vital core capabilities reported across all PPS, irrespective of structure

Planned Evolution of PPS Organizations

Core Capabilities of Future State Organizations

Source: PPS Sustainability Survey results, presented by NYS DOH at 11/29/18 PAOP Meeting
How does a PPS address the VBP challenge?

**Strengths**
- Funding & Infrastructure
- Relationships
- Network

**Weaknesses**
- Current state
- Resources available (people, funding)
- Inertia of the 'status quo'

**Threats**
- Market dynamics (provider, plan consolidation, etc.)
- Confusion around VBP
- Federal and state policy debates

**Opportunities**
- VBP Roadmap requirements and penalties
- Payer network needs
- MACRA pressures confirming need to collaborate
Community Care of Brooklyn IPA: A Case Study
A Bit of Context…

- Maimonides PPS = Community Care of Brooklyn (CCB)
  - Not a separate legal entity
  - Engaged governance
- 600,000+ attributed Medicaid beneficiaries
  - ~half of Brooklyn Medicaid population
- Broad and diverse network of partners (~1000 organizations)
  - Hospitals, FQHCs, long term care facilities, etc.
  - Primary care providers, behavioral health and other specialty physicians, mid-level practitioners, social workers
  - Community-based providers of social services
- Central Services Organization = management, track record of success
- Value Based Payment Quality Improvement Program
  - Major focus for CCB and 4 of its safety net hospital partners ($320M / year)
  - Requires quality measure improvements and VBP contracting
- Lack of existing Brooklyn-focused contracting entity
Mission & Purpose

• Major purpose and goals
• Key partners identified (PPS network, other)
• VBP-overlay vs. full managed care contracts
• Risk level (shared savings, upside/downside)
• Cost management model (e.g., total cost of care, other)
Structural Options

**Independent Practice Association (IPA)**
- Rates or VBP
- Can later obtain ACO certification
- Faster approval process for certification by NYS

**Accountable Care Organization (ACO)**
- VBP main focus
- Legal and regulatory protections
- NYS ACO
- Medicare ACO

*Evaluate options with legal counsel!*
Entity Creation

• Form follows function…
  • Corporate structure (LLC, corporation, other)
    • Not-for-profit, for profit
    • Tax status
    • Founder(s)/incorporator(s)

• Process follows form…
  • Draft organizing documents (Certificate of Incorporation, other)
  • Obtain regulatory sign-off (DOH, DFS), as needed
  • File with NYS Department of State
Governance & Management

**Governance**

- **Bylaws**
  - Board of Directors
    - Number of members
    - Types of members (to ensure sufficient voice from key groups)
  - Committees
    - Committees of the Board
    - Committees of the Corporation
  - Voting rules (quorum, action, classes)
  - Corporate members and reserved powers, as applicable

**Management**

- **Key functions**
  - Analytics & evaluation
  - Contracting & financial management
  - Credentialing & network management
  - Performance improvement
  - Technical assistance
  - Utilization management & feedback
  - Maintain / build / buy decisions
  - Costs and sources of funds

*Stakeholder feedback is key!*
Participation Agreement

- Review of alternative engagement structures
- Rates/reimbursement or VBP?
- Level(s) of risk
- “Messenger model” vs. “opt-in”
- Capitalization, membership fees
- Participant profiles, credentialing info
- Standard terms and conditions (e.g., Medicaid, Medicare, other)

Stakeholder feedback is still key!
Network Recruitment

- Recruitment priorities
  - Total Care for General Population = begin with PCPs
  - Success requires broad, integrated network
- Build momentum with initial recruits
  - Target successful practices
  - Engage recognized leaders
- VBP education opportunity
  - Market movement to VBP (MACRA, NYS Roadmap, etc.)
  - Alignment with other initiatives (DSRIP, NYS PCMH, etc.)
Developing VBP Agreements

• Network of TINs/Providers to MCOs
• MCOs run their membership against network TINs
  • Meet VBP contracting threshold?
• Baseline performance data
• Review performance targets
  • Quality measures and methodology
  • Spending targets
• Negotiate contract terms
• Finalize and submit to NYS DOH
Quality Measures / Targets

- Effort to align quality measures across initiatives / contracts
- Methodology / targets
  - Even with the same measure, method to achieve measure frequently varies
- Broad communication approach
  - Identify performance improvement opportunities
  - Outline priorities
  - Focus on workflow and other improvements vs. specific measures
Medicare Accountable Care Organizations

- Various programs/tracks:
  - Medicare Shared Savings Program
  - Next Generation ACO
  - Pioneer ACO
- Varied attribution methodologies and risk levels
- Total cost of care model
- New “Pathways to Success” MSSP regulation issued, transition to downside risk required
- CMS agreement and program design is standard, no negotiation
- Significant reporting, compliance requirements
Bundled Payments for Care Improvement - Advanced

- Medicare FFS patients (*not* Medicare Advantage)
- Episodes are “triggered” at hospital visit
- CMS tracks spending for hospital visit + 90 days post-discharge
- FFS payment continues
- Spending evaluated compared to hospital-specific CMS Target Price per bundle
  - Target price adjusted based on patient case-mix
- Two-sided risk arrangement (upside and downside)
- Focus on reductions in readmissions and post-acute care spending
- Program start = Oct. 1, 2018

**Example: % of Episode Spending**

- Acute Care (Initial) 39%
- Skilled Nursing 30%
- Readmissions 27%
- Home Health 4%
Implementation Approach

• Adopt payor-agnostic approach to achieving value
• Identify system and process changes to improve care
• Enhance systems and strategies to facilitate communication
  • Summaries of key terms of VBP agreements
  • Clinical protocols and referral mechanisms to increase access
• Build on existing resources, leveraging DSRIP investments
• Develop new relationships to address needs not applicable in DSRIP
• Simplify, simplify, simplify!
Questions?