

Decoding Value-Based Care: What We've Learned in NJ and What's Next

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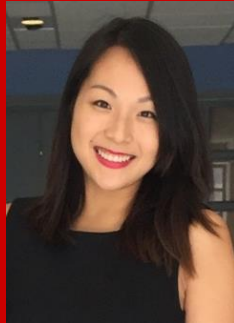
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New Jersey Innovation Institute

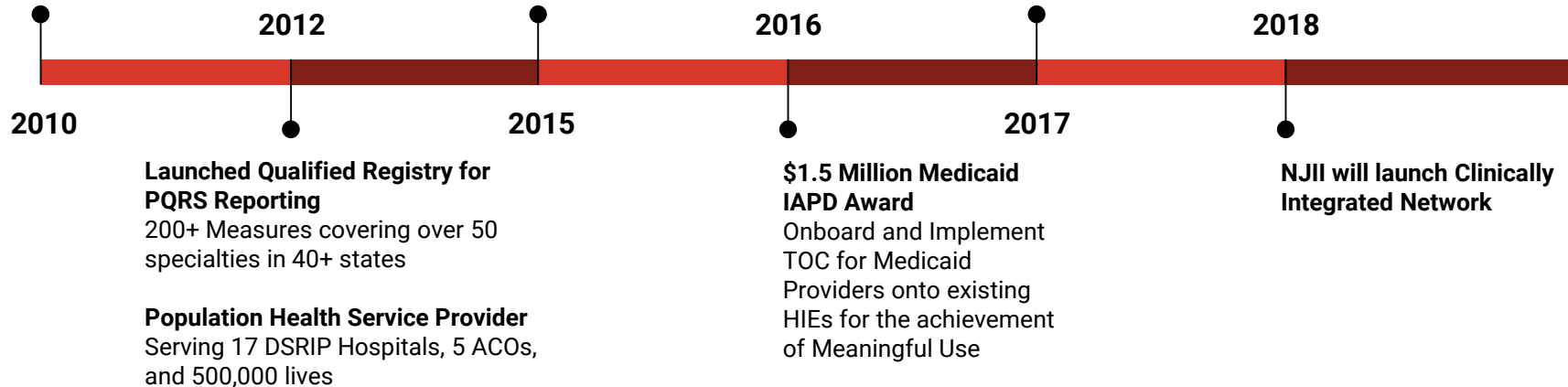
NJIT Awarded \$23 Million to form Regional Extension Center
Supported 9,000 clinicians in transition to EHR and achievement of Meaningful Use

HIE funded: Supported 5 hospitals (later renamed to Highlander Health Data Network)

NJII becomes State-Designated Entity for Health IT: \$5 million, New Jersey Health Information Network Pilot: Statewide ADT Notification Service. NJ Master Person Index (MPI), State Registry Gateway for Immunizations.

NJII Awarded \$50 Million for Practice Transformation by CMS : 11,500 providers to improve quality and reduce costs

\$20 Million Medicaid Expansion IAPD
Expanding HIE adoption and NJHIN interoperability in NJ





TCPi | Transforming Clinical Practices Initiative



The US's only public healthcare system:

- Covering over 55 million Lives
- **Funded NJII \$50 million** in 2015 to form the Garden Practice Transformation Network

The New Jersey Department of Health & The New Jersey Department of Human Services:

- Covering over 1.7 million lives
- **Funded NJII over \$30 million** since 2012

United Healthcare:

- Board Member and Client
- 46,000 Members in NJII's Clinically Integrated Network (CIN)

Horizon Blue Cross Blue Shield:

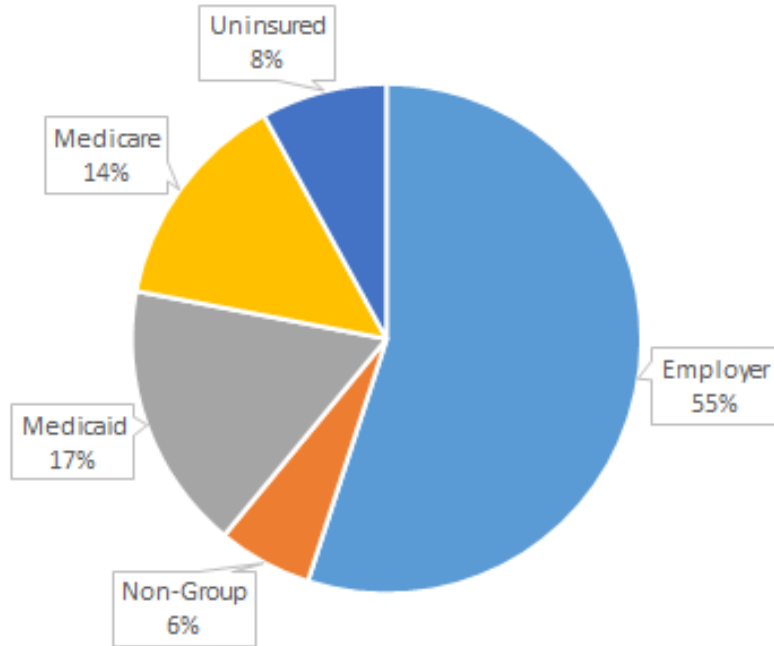
- NJ's largest health insurer
- Board Member and Client

Aetna:

- 25,000 Members in NJII's CIN
- Virtual CIN Model leading towards ACO

New Jersey Healthcare

New Jersey Health Insurance Populations



- In 2015, 21 New Jersey hospitals were penalized for poor performance.
- In 2018, 15 New Jersey hospitals were penalized for poor performance.
- NJ Department of Health and Department of Human Services to begin merging
 - In 2017, transition of the Division of Mental Health and Addiction Services (DMHAS) into the New Jersey Department of Health from the Department of Human Services began

Success in Value-Based Care

What We've Learned

(...Starting with Medicare's Quality Payment Program)

- PQRS: Pay for Reporting > Pay for Performance
- Incorporating Cost measures
- Eligible Clinicians transitioned from PQRS to MIPS
- 5 Accountable Care Organizations
- 106 different EHRs
- 7 Multi-specialty Hospitals and Health Systems

85% need additional resources to comply with Medicare required quality reporting at their practices

74% say collecting and reporting the information for these quality measures is burdensome

20% percent of physicians receive data on care costs

Perspectives from the Deloitte 2016 Survey of US Physicians

Let's Define "Success"

1. Increased reimbursement
2. High quality rating (and reporting on measures to specialty)
3. Accurate and efficient (painless?) reporting
4. Improved health outcomes
5. Knowledge and experience to carry into future programs

Barriers Quality Reporting Success: Engaging and Motivating Practices

Barriers

- Practices' skepticism around the value
- Additional cost for reporting assistance
- Resistance to more time and resources devoted to quality reporting
- Overwhelming and confusing program requirements

Lessons Learned

- Clearly articulate ROI (and be honest about it)
- Provide relevant, tailored support
- Align with what they're already doing
- Reduce burden (find the easiest way)

Barriers Quality Reporting Success: Knowledge and Resources

- Programs change each year AND physician practices and large organizations change constantly
 - Not understanding who needs to report
 - Not understanding what is required, and the best way to achieve it (Example: MIPS scoring with no benchmark)

Practice Transformation Network

- \$50 million grant awarded from TCPI (CMS) to transform 11,500 clinicians during the 4 year program
- Education on incentive program requirements, alignment with transformation efforts and value based care
- Present gaps in care data and create workplans to address quality improvement as support for small and large practices
- Personalized assistance through “Coaches”
 - Utilizing CMS “Change Package” data, and tools, to drive quality improvement and reduction in healthcare spending
 - Collaborations with National Associations such as: American College of Radiology (ACR), Network for Regional Healthcare Improvement (NRHI)

Practice Transformation Network

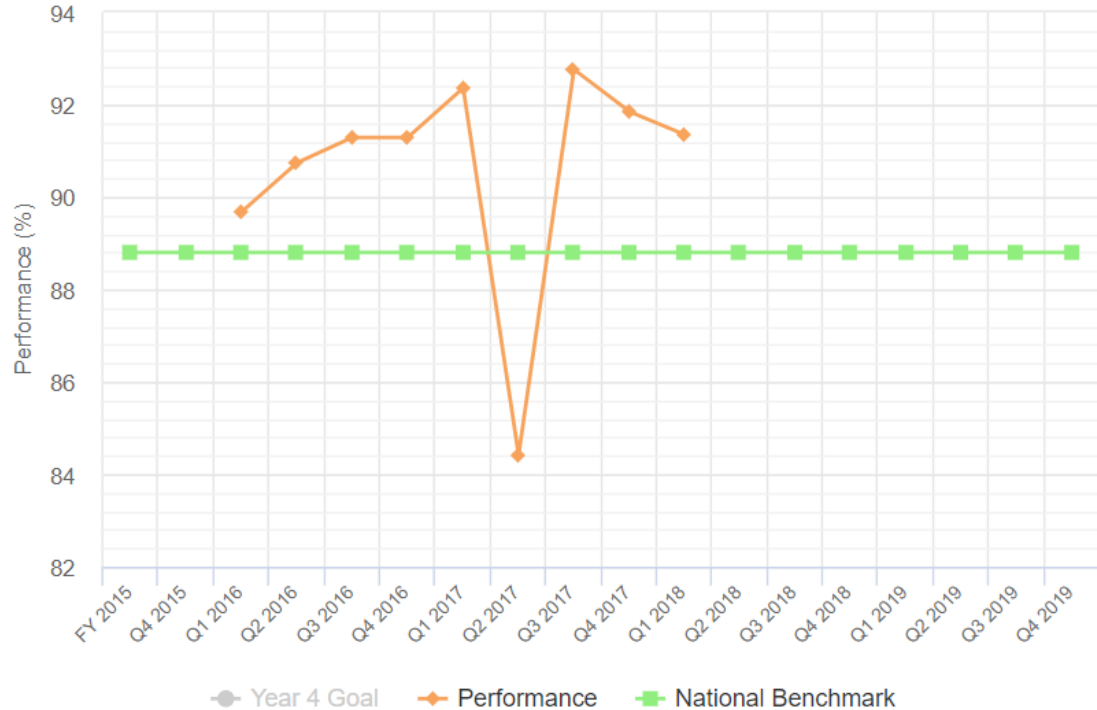
Chronic Care Management in Relation to Person and Family Engagement



Saleem Mahmood M.D. PC.
Number of CCMs from March-June 2017



Tobacco Use Screening and Cessation Intervention



Barriers Quality Reporting Success: IT

- Reporting capabilities can be nonexistent, limited, or expensive to customize
- Some reporting programs require you to be up to a certain CEHRT version
- EHR may not have the measures related to specialty or required for the program
- Varying levels of access to raw data
- EHRs store data in different ways
- Switching from one EHR to another

Our Solution: Measures Manager

- Scaling to participate in a growing number of programs
- Managing contracts
- Analyzing patient-level data
- Cost data

Measures Manager

- Going beyond summary-level statistics:
 - “Slice and Dice” your patient data to better understand your patient population
 - Patient-level data measure eligibility and alerts to close patient gaps
- Manage performance and optimize reimbursement with multiple value-based programs on 1 place
 - Where am I currently at? For which Practice? Which Programs?
 - Provide reports directly to physicians - vs peers, vs benchmarks
- Combining electronic data with manually-entered data
- Proprietary technology to manage measure rules and updates

Measures Manager: Lessons Learned

- From the physician organization perspective:
 - Strong management who is involved in the project is needed
 - Data availability and EHR support should be key considerations in selecting EHRs
- As a vendor:
 - Had to rethink workflow from the end-user's perspective and learn from their work-arounds
 - Being flexible with data sources is imperative
 - Don't underestimate how much "discovery" will be needed

What's Next?

- Continued refinement of Measures Manager products and services and expansion to emerging value-based programs
- Clinically Integrated Network (CIN)
- New Jersey Health Information Network (NJHIN)

NJHIN

NJHIN Foundation Platform Implemented during the 2015-2017 ONC Pilot

- Currently onboarding 9 Trusted Data Sharing Organizations (TDSOs) onto NJHIN Use Cases
- Creating Opioid-related Use Cases
- Facilitating funding opportunities to improve statewide interoperability
- Successfully assisted NJDOH and NJDHS Secure over \$20 Million in IAPD Funding



Thank you!



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