

### **Rapidly Changing World of Provider Payment**

- DHHS Secretary Burwell's historic announcement, Jan 2015:
  - -Goal #1: Medicare provider paymentsfrom FFS to alternative payment models
    - 30% by 2016, 50% by 2018
  - Goal #2: Virtually all Medicare fee-forservice payments are tied to quality and value
    - At least 85% by 2016, 90% by 2018



#### **TCPI Goals:**

Better Care, Healthier People, Smarter Spending, & Joy in Work

- Support more than 140,000 clinicians in their practice transformation work
  - Improve health outcomes for millions of Medicare, Medicaid and CHIP beneficiaries and other patients
    - Reduce unnecessary hospitalizations for 5 million patients
    - Generate \$1 to \$4 billion in savings to the federal government and commercial payers
    - Sustain efficient care delivery by reducing unnecessary testing and procedures
  - Transition 75% of practices completing the program to participate in Alternative Payment Models
- Build the evidence base on practice transformation so that effective solutions can

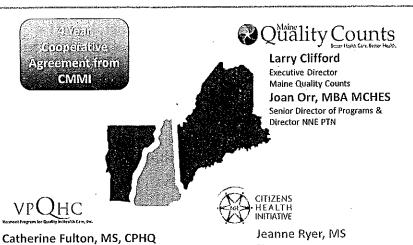
# **TCPI Structure: PTNs / SANs / QINs**

- 29 Practice Transformation Networks (PTNs)
  - Trusted partners with QI expertise, best practices, coaching, and assistance for clinical and operational practice transformation network of federally funded resources to ready practices for change.
- 10 Support & Alignment Networks (SANs)
  - Groups of professional associations and others that align their memberships, communication, channels, CME credits, MOC, and other work to support PTNs and clinical practices – many FREE resources available
- 14 Quality Improvement Networks (QINs)
  - HealthCentric Advisors in CT, MA, ME, NH, RI, & VT



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Executive Director

Vermont Program for Quality in Healthcare, Inc.

Jeanne Ryer, MS Director New Hampshire Citizens Health Initiative

5

# What's Included in Claims Report Suite

- Formal agreement with UNH Institute for Health Policy and Practice—Health Analytics & Informatics,
  - compare performance on quality, utilization & cost across health systems/regions.
  - Goal to provide analysis to NNE PTN participating sites on their populations, as well as in the context of regional and statewide populations.
    - Includes attribution for PC, BH & SC in works

https://nneptn.unh.edu/sites/default/files/NNE\_PTN%20Reporting%20Guide\_201708\_FINAL.pdf



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#### **How Suite is Used**

- Each NNE-PTN participating organization has determined a single primary user account holder and has been assigned an Organization ID and Organization Key.
- Each organization will use their organization-specific log-in ID and key to access the site-level reports.
- All participating organizations will only have access to their own organization repots. They will be prevented from seeing the organization level analysis for the other participating organizations.
- All organizations will have access to the public level reports.
- NNE PTN reports data to CMS on NNE PTN success.



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# **Measures Reported**

**Both Population & Comparison Views Available** 

- Inpatient Utilization
  - Rate of encounters per 1000 members
- Emergency Department (ED) Utilization for Acute and Sensitive Conditions
  - Percent of ED visits classified as acute and sensitive conditions
  - Rate of acute and sensitive conditions ED encounters per 1000 members
- Use of Imaging Studies for Low Back Pain-NQF 0052
- Health Partners Total Cost of Care
  - Total Cost of Care Population-Based PMPM Index-NQF 1604
  - Total Resource Use Population-based PMPM Index-NQF 1598
- Future Development
  - Plan all-Cause Readmissions- NQF 1768
  - Episode Treatment Group details for Inpatient, Readmissions, and ED measures



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# **Timeline for Training**

- In depth training with NNE PTN entire data team and Practice Facilitators (Yesterday 12-6-17 Maine, NH next week)
- On-line module in QC LMS available now!

https://qclearninglab.org/course/nne-ptn-claims-data-report-suite-training/

- Table of Contents
- Test Your Knowledge (Pre-Test)
- Unit 1: Introduction (Website, documents, credentials)
- Unit 2: Navigating the Report Suite (control center, report sections, page navigation)
- Unit 3: Member Characteristics (section and interpretation examples)
- Unit 4: Medical type of Service (section and interpretation examples)
- Unit 5: Chronic conditions (section and interpretation examples)
- Unit 6: Place of service and quality (section and interpretation examples)
- Unit 7: Treatment groups (section and interpretation examples)
- Course Wrap Up (Post-test, Evaluation Survey, and Completion Statement



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