

Health Care Innovation Initiative

Population Health Improvement

- Episodes of Care Wave 7 Technical Advisory Groups -Call for Nominations
- Episodes of Care- Waves 3 and 4 Performance Period
- Episodes of Care- Updated episodes sequencing
- Episodes of Care- Updated registry quality metric for the colonoscopy episode
- Patient-Centered Medical Home (PCMH) Launch
- Care Coordination Tool



State SIM Population Health Improvement Update

- We are developing a common definition of population health and a way to measure population health improvement in Tennessee.
- We held six public workshops across the state to develop a regional consensus on the key principles and indicators of population health.
- Workshops were held in October & November in the following cities:



- We also held stakeholder-specific workshops for groups that we partner with to get their feedback on defining and measuring population health.
 - Partners included:
 - Tennessee Hospital Association
 - Cumberland Pediatric Foundation
 - Tennessee Association of Mental Health Organizations
 - Hospital Alliance of Tennessee
 - Tennessee Charity Care Network
 - TDH County & Regional Health Directors
 - RHAT Annual Conference Attendees



State SIM Population Health Improvement Update

- We posed two questions to each group:
 - What are they key principles of population health?
 - What are they key indicators of population health?

Memphis

Key Principles

- Protecting vulnerable populations across the life span
- •Intervene across the continuum of prevention
- Fundamental belief and action in health equity
- Promoting empathy and cultural humility
- Focusing resources to impact social determinants
- •Clinical transformation with population health in mind
- Innovative and evidence based approaches to health improvement
- Developing effective connections and partnerships

Key Indicators

- Life expectancy and longevity
- Disease prevalence and health outcomes
- Causes of death
- Access, quality, and utilization
- Health and lifestyle behavior
- •Mental, behavioral, and emotional health
- •Building healthy and safe places
- Social and economic indicators of health
- •Community engagement/empowerment

Gray

Key Principles

- Universal access to comprehensive affordable care
- Environmental health policies and programs
- Holistic public health
- Regional and cultural health literacy
- Research and surveillance of appropriate health indicators
- Addressing social determinant's of health and health disparities
- Integration and collaboration among community stakeholders
- •Long-term investment in primary prevention

Key Indicators

- •Are we moving the needle?
- •Key indicators across the lifespan
- Community wellness indicators
- Lifestyle factors
- Resource allocation
- •Mental health and substance abuse



State SIM Population Health Improvement Update

- The results and feedback generated during these workshops will be incorporated into a draft set of measures, which will be disseminated for comment in Spring 2017.
- Once finalized, they will be incorporated into the Tennessee State Health Plan (the SIM PHIP), the state's main health policy tool, and eventually incorporated into a web-based dashboard.
- These indicators will be the main resource of measuring population health of the state of Tennessee, will be used to set state-wide and departmental health goals, and will be used to evaluate progress in improving the health of the state of Tennessee.



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Episodes of Care - Wave 7 Technical Advisory Groups - Call for Nominations

- The Tennessee Health Care Innovation Initiative is seeking nominees for clinical experts to advise on the design of Wave 7 episodes of care.
- The next nine episodes of care to be designed and implemented in Tennessee will focus on general orthopedics and spinal procedures. The episodes include:
 - Femur/pelvic fracture
 - Knee arthroscopy
 - Ankle sprains/ strains/ fractures
 - Knee sprains/ strains/ fractures
 - Shoulder sprains/ strains/ fractures
 - Wrist sprains/ strains/ fractures
 - Spinal fusion
 - Spinal decompression (without spinal fusion)
 - Low back pain



Episodes of Care - Wave 7 TAGs: Nominee Responsibilities

- Please nominate clinical experts in Tennessee to join a Technical Advisory Group (TAG) to provide clinical advice on episode topics including: the patient journey and care pathways, the components of the episode, the definition of the principle accountable provider (or quarterback), any aspects of care delivery unique to Tennessee, components of the episode of care, and appropriate quality measures.
- We are looking for clinicians in the following specialties who are thought leaders in their fields, representative of practicing providers, enthusiastic about improving care delivery, and available to attend all TAG meetings (for the topic they are nominated) in Nashville at the times listed.



Episodes of Care - Wave 7 TAGs: Specialties

TAG Topic	TAG Member Specialties	TAG Schedule
 TAG A: General Orthopedics Episodes: Femur/pelvic fracture Knee arthroscopy Ankle sprains/ strains/ fractures Knee sprains/ strains/ fractures Shoulder sprains/ strains/ fractures Wrist sprains/ strains/ fractures 	 General orthopedics Physical medicine and rehabilitation (PM&R) Physical therapy Primary care Emergency medicine 	 Tuesday, March 7, 2017 (12:30 PM- 3:30 PM CT) Tuesday, March 28, 2017 (12:30 PM- 3:30 PM CT) Tuesday, April 18, 2017 (12:30 PM- 3:30 PM CT) Tuesday, May 9, 2017 (12:30 PM- 3:30 PM CT)
TAG B: Spine Episodes: • Spinal fusion • Spinal decompression (without spinal fusion) • Low back pain	 Orthopedics- spinal specialists Neurosurgery- spinal specialists Physical medicine and rehabilitation (PM&R) Pain management Physical therapy Primary care Emergency medicine 	 Tuesday, March 14, 2017 (12:30 PM- 3:30 PM CT) Tuesday, April 4, 2017 (12:30 PM- 3:30 PM CT) Tuesday, April 25, 2017 (12:30 PM- 3:30 PM CT)



Episodes of Care - Wave 7 Technical Advisory Groups - Call for Nominations

For each nominee, please provide the following information. All nominations are due to payment.reform@tn.gov by **Thursday**, **February 2**, **2017**.

Nominee name:

Name of TAG nominated for:

Email address:

Phone number:

Nominee specialty and subspecialty:

Practice location (City):

Practice name/Facility affiliation:

A brief description of why the nominee would be a good TAG member:

Clinicians can nominate themselves. Nominees are not required to be familiar with episodes of care. There is no reimbursement for participating in the TAG.

TAGs are the start of a process to design episodes of care. Preview reports for wave 7 episodes will be sent to providers in mid-2018. We appreciate the participation of Tennessee clinical experts to serve as volunteers for episodes of care. We look forward to receiving your nominations.



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Episodes of Care – Waves 3 and 4 Performance Period

The first performance period for Wave 3 episodes began on January 1, 2017.

Wave 3 Episodes	Wave 4 Episodes				
Upper GI Endoscopy (EGD)	Bariatric Surgery				
GI Hemorrhage	Oppositional Defiant Disorder (ODD)				
Outpatient UTI	Coronary Artery Bypass Graft (CABG)				
Inpatient UTI	Congestive Heart Failure Acute Exacerbation (CHF)				
Respiratory Infection	Valve Repair and Replacement				
Pneumonia					

- This performance period will last 12 months.
- Throughout the performance period, providers will continue to receive quarterly reports.
- Payments or penalties based on the 2017 performance period for Wave 3 and 4 episodes will occur in August 2018.



*The ADHD episode in Wave 4 will have an additional preview period of one year. The ADHD performance period will begin on January 1, 2018.

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Episodes of Care – Updated episode sequencing

Over	Over 70 episodes of care will be designed and implemented over 5 years							
Design & wave		Episode	Design & wave		Episode	Desigr & wav	_	Episode
2013	1	Perinatal Asthma acute exacerbation Total joint replacement			Outpatient skin and soft tissue infection Neonatal (Age 31 weeks or less) Neonatal (Age 32 to 36 weeks)			Depression – acute exacerbation Lung cancer (multiple)
2014	2	COPD acute exacerbation Colonoscopy Cholecystectomy PCI - acute PCI - non acute	2016	6	Neonatal (Age 37 weeks or greater) HIV Pancreatitis Diabetes acute exacerbation Spinal fusion		9	Pemale reproductive cancer Other major bowel (multiple) PTSD Fluid electrolyte imbalance
2015	3	GI hemorrhage EGD Respiratory Infection Pneumonia UTI - outpatient UTI - inpatient	2017	8	Spinal decompression (without spinal fusion) Femur/pelvic fracture Knee arthroscopy Ankle sprains, strains, and fractures Wrist sprains, strains, and fractures	2018	10	Renal failure Liver & pancreatic cancer Hepatitis C GERD acute exacerbation Drug dependence GI obstruction
	4	ADHD CHF acute exacerbation ODD CABG Valve repair and replacement Bariatric surgery			Shoulder sprains, strains, and fractures Knee sprains, strains, and fractures Low back pain Hemophilia & other coag. dis. Anal procedures			Rheumatoid arthritis Bipolar - chronic Bipolar – acute exacerbation
2016	5	Breast biopsy Breast cancer, medical oncology Breast cancer, Mastectomy Otitis media Tonsillectomy Non-emergent depression Anxiety			Colon cancer CAD & angina Hernia procedures Cardiac arrhythmia Sickle cell Pacemaker / Defibrillator Schizophrenia (multiple)	2019	11	Conduct disorder Epileptic seizure Hypotension/Syncope Kidney & urinary tract stones Other respiratory infection Dermatitis/Urticaria

The schizophrenia episode is no longer included in Wave 7 and will now be slated for design with Wave 8 episodes.

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Episodes of Care – Qualified Clinical Data Registry quality metric update for the Colonoscopy episode

- The quality metric "Participation in a qualified clinical data registry" has been changed from an information-only measure to a gain sharing measure for the 2017 performance period for the Colonoscopy episode.
- In order to meet gain sharing for the Colonoscopy, a provider must have 25 percent of valid episodes performed in a facility participating in a Qualified Clinical Data Registry (e.g., GIQuIC).
- Updated DBRs and configuration files can be found on the website at: https://www.tn.gov/hcfa/topic/episodes-of-care



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Patient-Centered Medical Homes (PCMH) Launch

- The first wave of Patient-Centered Medical Homes (PCMH) in the TennCare program launched on January 1, 2017. There are 29 practices participating in Wave 1 of PCMH for 2017. Please visit our website at http://www.tn.gov/hcfa/article/patient-centered-medical-homes for a listing of the participating practices. There will be additional practices added each year to the PCMH program.
- The aligned TennCare PCMH program is a voluntary comprehensive care delivery model
 designed to improve the quality of primary care services for members, the capabilities and
 practice standards of primary care providers, and the overall value of health care
 delivered to the population. Each of the TennCare health plans has its own approach to
 PCMH, but this will be the first time a provider can participate in an aligned approach
 between all of the TennCare health plans.
- PCMH providers commit to member centered access, team based care, population health management, care management support, care coordination, performance measurement and quality improvement. Participating providers receive training and technical assistance, quarterly reports with actionable data, and access to the care coordination tool. These providers are compensated with ongoing financial support and an opportunity for an annual outcome payment based on quality and efficiency performance.



Patient-Centered Medical Homes (PCMH) Launch

Provider Groups participating in TennCare PCMH effective January 1, 2017:

Capstone Pediatrics

Cherokee Health Systems

Chota Community Health Services

Christ Community Health Services

Cookeville Medical Clinic

Cookeville Pediatric Associates

Covenant Family Practice

Darsalud Care

East Tennessee State University

Goodlettsville Pediatrics P.C.

Hamblen Pediatric Associates, Inc.

Hardeman County Community Health Center

McKenzie Medical Center

Medical Care, PLLC

Memphis Children's Clinic

Memphis Health Center, Inc.

Mountain People's Health Councils, Inc.

Mountain States Medical Group

Newport Pediatrics

Plateau Pediatrics PLC

Primary Care & Hope Clinic

Rainbow Kids Clinic

Rainbow Pediatric, P.C.

Sewanee Pediatrics & Adolescent Medicine

State of Franklin Health Care Associates

Summit Medical Group

The Jackson Clinic, PA

United Neighborhood Health Services

YouthCare Pediatrics



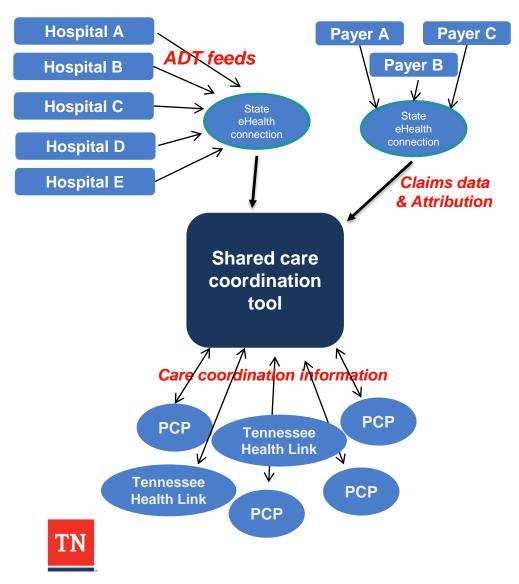
An application will be available in fall 2017 for practices interested in participating in Wave 2 which will begin January 1, 2018.

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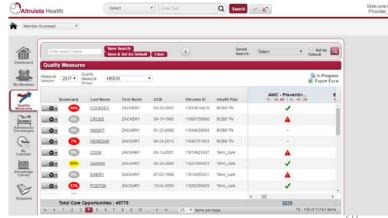


Care Coordination Tool (CCT)

A multi-payer shared care coordination tool will allow primary care providers to implement better care coordination in their offices.



- Allows practices to view their attributed member panel
- Identifies a provider's attributed members' risk scores
- Generates and displays gaps-in-care based on quality measures and tracks completion of activities
- Alerts providers of any of their attributed members' hospital admissions, discharges, and transfers (ADT feeds) and tracks follow-up activities



CCT Roadmap

Pilot 6/6/16-9/30/16

Release 1 Jan 2017

Release 2 **July 2017**

Release 3+ **Dec 2018** semi-annual

Basic Configuration

- Basic capabilities
- Initial CCT configuration

THL + Critical PCMH **Functionality**

- Basic capabilities
- Tested and validated in pilot

Additional Functionality and Enhancement

High priority configurations and customizations

Future Enhancements

Lower priority configuration changes and customizations

Practices Practices participated in

- Pilot to test CCT Practices provided feedback on tool and suggestions of for future enhancements
- Altruista onboarding of new practices
- Training Wave 1 THL& PCMH users
- Practices use

- Practices provided reports based on information in the tool
- Altruista provides training on new features
- Altruista onboarding and training of new practices



CCT Current Capabilities

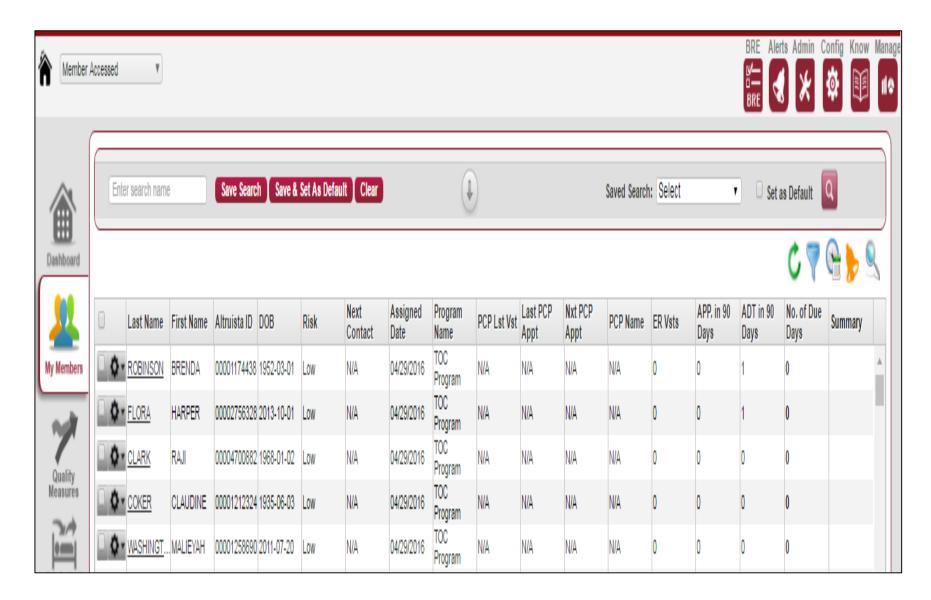
- PCMH & THL quality measures and gaps in care identification & closure tracking
- Notification of hospital or ED admissions, discharges, and transfers (ADTs)
- Attributed member panel
- Risk scores
- Data sharing across PCMH & THL programs
- Care coordination planning support
- Create and update care plan



CCT - My Members Tab

- Allows providers and care staff to see member panel
- Shows risk score and member details including MCO
- Allows for sorting and searching by risk score, disease state, gaps in care, and other specifics





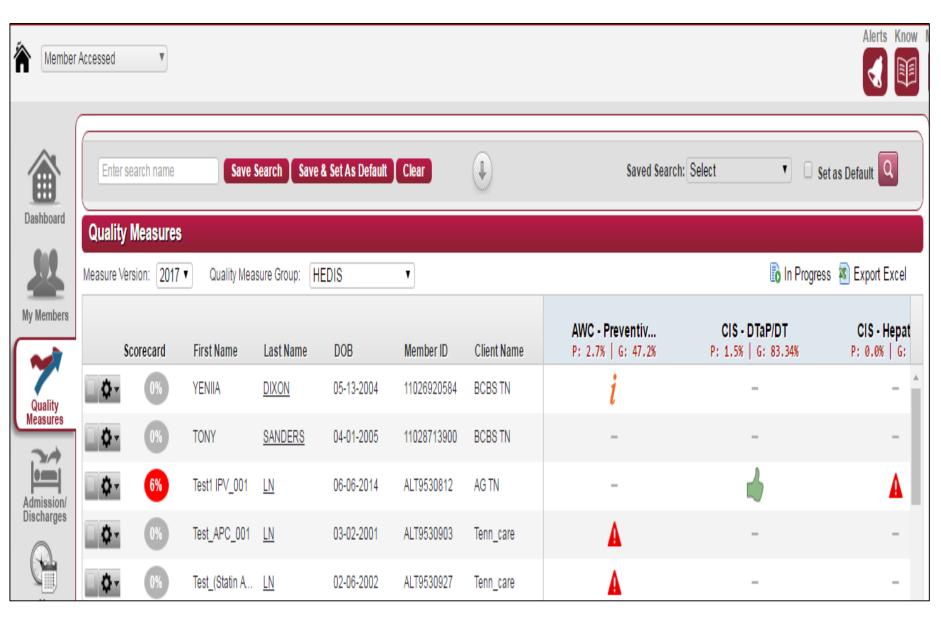


CCT - Quality Measures Tab

- Allows provides and care team to identify potential gaps in care for a member and schedule and track closure of gaps in care
- Gaps in care are linked to the quality measures for the PCMH and Tennessee Health Link program

Quality Measure	Quality Measures Symbols Meaning		
Symbols			
A	Not addressed or open care opportunity		
i	In progress care opportunity		
<u> </u>	Resolved or addressed care opportunity		
✓	Completed care opportunity verified by claims		
_	Not applicable; for the members for whom the care opportunity (measure) is not applicable		







CCT - Admission and Discharge Tab

- Shows when a member has had an admission, discharge or transfer from the hospital or emergency department
- Allows for care team members to track post discharge follow-up



