Health System Innovation
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Payment Model Committee			

Topic	Discussion	Next Steps/Follow-Up/ Barriers
Introductions	(see above)	
	Discussion Questions	
Your team is charged with transforming healthcare for NM. What are the 3-5 most important health priorities this plan needs to address?	1. **Payment system reinforces the health system we want.** (But the system needs to shift to a culture of well-being.) 2. **Simplify the administrative practices by standardization across MCO's for** claims, prior authorizations, portals, performance metrics, bundled payments, and/or shared CHW's 3. **Better access for services (**Transportation, quality food, coordination of care at community and provider level, behavioral health, technology) 4. **Education** (in terms of cultural competency, whole body/mind integration, prioritizing the "at risk" population, prevention) 5. **Funding** (especially how to pay for services currently unpaid) 6. **CHW utilization**	How will we pay? What will be the appropriate payment methods look like?

What specific components would you include in your plan?
 	
~Patient centered medical home – what would this look like?
~ How would you integrate behavioral health? Oral health? Your goal is an integrated, coordinated and innovative healthcare system for our state.
	• The plan would include finding diverse funding sources that would be sustainable.
	• The plan would include re-evaluating CPT Codes to "de-incentivize" high cost medical procedures and to place additional value on lower-cost items like vaccinations and well-child checks.
	
	The PCMH:
	• Will be certified to NM standards with set outcome measures.
	• Would meet the needs of the patients "where they are."
	  *Be open later hours to accommodate work schedules.
	  *Be able to accommodate walk-ins.
	• Include pharmacy services in the medical home.
	• Would have a shared saving model among providers.
	• Would avoid bill-focused payment / fee for service. It would use a PMPM or Capitation model.
	• Will undertake a value-based payment change.
	• Will make CHW/Promotores an integral member helping clinics address social determinants of health and coordination of care/ outreach.
	• Would have integrated Behavioral Health.
	• Will be aligned with school based health clinics.
	• Will have a large emphasis on prevention and education.
		~ Option: Increase property taxes to make funds sustainable.
		~ Need law & policy-makers to be on board.
		~ Initiate a non-political "backbone agency" to facilitate and allocate services to under-served areas.
		
		PCMH Model will not necessarily be a "one size fits all" one and will most likely vary slightly from community to community.
		
		Behavioral Health has too many demands on providers and too many regulations.

What resources do we already have in place? Which areas are better served (have more resources) than others?	• Project Echo • 638 systems • Existing PCMH Structures • Health QHC's • CHW Programs, EMT programs, home visiting programs • Health Councils • Telehealth • Health Homes • Treatment Centers	We need to consider the unique needs and characteristics of a given community and start there. We should look to find which doctors are supporting these models.

What are the gaps? And what specific ideas do you have to bridge those gaps?	- Behavioral health needs partnerships with doctors. - Working in individual silos with no avenue to access data. *Break down the silos to integrate and coordinate the system and community.* - Information sharing gaps due to HIPAA. *Pass legislation or regulations that allow the process for information sharing to flow easier* - APCD needs *Outcomes-based data is needed.* - Transportation needs - Education needs *Utilize school based health centers for education purposes.* - Funding - Workforce training and retention is needed to have an adequate number of providers at different levels available to meet the population needs. *Build in incentives to support existing NM residents become health care providers in their communities ("home grown" providers).* - A need for more providers to fill NM needs. *Reciprocity laws for licensed providers should make it easier for out of state providers to work in New Mexico.*	- Create incentives to providers for integrated care. - We need to have data-driven community planning.
How would you propose transforming payment to align with and incentivize your new plan?	~ Unique payment designs to a network of providers where no one provider owns the patient. ~ Hybrid payment models to address/fund coordination of care. ~ Salaried providers in place of fee-for-service methods. ~ Insurance provider covers all and patient decides where to go based on best care reputation of care service. ~ Pay for wellness programs ~ Pay for care coordination among BH and other providers.	How can we eliminate the payment culture? Look at/consider the Vermont model
	Report Out Preparation	

Identify at least 4 recommendations for the model design that you'd like to provide to the HSI Steering Committee. These will be presented during the report out. 15 minutes	1. Include broad utilization of Community Health Workers/ Promotores in the health (care) system- CSW shared across MCO Payers. 2. Ensure adequate technology for information-sharing among providers. 3. Ensure standardization of administrative processes 4. Understand plan costs and cost-drivers to be able to identify opportunities for cost-savings. 5. Pay for initiatives to promote wellness 6. Incentivize promotion of preventative measures while de-incentivizing high cost medical procedures. 7. Use per member per month (PMPM) contracting and risk management. 8. Return a portion of shared savings to support the community. 9. Use shared savings to fund education and prevention in schools. 10. Be responsive to community needs.	