

**Health System Innovation  
June 17, 2015 Summit  
Payment Models Committee**

**Attendance:**

Dr. Eugene Sun			

Topic	Discussion	Next Steps/Follow-Up
Introductions (Name, Position, and Organization)		
Brief presentation covering key, relevant points on the value-based payment model and the NCQA performance measures for New Mexico's work <b>10 minutes</b>	The discussion was led by the facilitator, Dr. Sun of BCBS. Dr. Sun referenced the article from the Summit packet: "Paying for the Medical Home: Payment Models to Support Patient Centered Medical home Transformation in the Safety Net". On page 2 of the article, 10 payment models are listed. Dr. Sun said that what BCBS is initiating under Centennial care is closest to #5. Quality measures include well child visits, dental visits, and asthma compliance.	
<b>Discussion Questions (90 minutes total)</b>		
Describe and/or discuss the value-based payment model for New Mexico. <b>15 minutes</b>	<p>United Health Care (UHC) emphasized that there is not a one-size-fits all model, and that the size of the practice matters. UHC has more long-term care (LTC) members than any other Centennial Care MCO, and their measures reflect that population.</p> <p>Presbyterian Health Plan (PHP) has been using the PCMH model in NM for several years.</p> <p>New Mexico Health Connections does not have as many members as the Centennial Care MCOs, and said there should be core measures that span all payers.</p> <p>Dr. Sun informed the group that NM is an HIE opt-in state and it is not feasible for each MCO to obtain signed permission annually from each of its members.</p> <p>Atrinia health would also like to see standardized measures.</p>	
How is this model different from fee-for-service payment and what issues will need to be addressed in changing the	<p>Shared savings are difficult to measure because it depends on the baseline and number of patients</p> <p>There is a community health worker (CHW) pilot program at UNM and the Centennial Care MCOs are participating. The project will focus on upstream interventions with level one and level two Centennial Care members.</p>	

<p>model? 15 minutes</p>	<p>Community EMS was discussed; some insurers are making progress with figuring out how to pay for home checks.</p> <p>Workforce issues were raised, there are not enough nurses in the state to supervise CHWs and serve in other capacities.</p> <p>Peer support specialists should be considered along with CHWs. Native American issues need to be considered as well.</p> <p>Dr. Sun stressed that commercial payers need to be involved with these statewide, system-wide changes, not just Medicaid. Dr. Sun explained self-insured vs. fully insured employers.</p>	
<p>How will this new payment model focused on outcomes affect patient and clinical staff behavior? How about public health staff? 15 minutes</p>		
<p>How do performance measures drive behavior (with same people as above)? 15 minutes</p>		
<p>Which of the NCQA performance measures reward public, behavioral and oral health improvements in clinical care as well as in patient behaviors and outcomes? 15 minutes</p>		
<p>What is an/what are some example(s) of geographic areas and/or populations facing disparities (tribal, rural) in New Mexico where we can apply the integrated care and wellness approach?</p>		

<p>What are your reasons for suggesting this/these examples? <b>15 minutes</b></p>		
<b>Report Out Preparation (15 minutes total)</b>		
<p>Select are the 4 key points from the discussion to share with the whole Summit groups. <b>15 minutes</b></p>		