Maine Patient Centered Medical Home Pilot

Appendix C – Participation in Practice Transformation Support Activities and PCMH Pilot Reporting Expectations

Introduction: As part of Maine’s continued participation in the CMS Multi-Payer Advanced Primary Care Practice (MAPCP) demonstration, we are required by CMS to continue to provide quality improvement (QI) and practice transformation support to Pilot practices. At the same time, we recognize that many Pilot practices have been participating in these activities for several years, and many may no longer require the full level of QI support to achieve and/or maintain expectations for practice transformation and implementation of PCMH Core Expectations. Given that experience, we propose to customize QI and practice transformation support for Pilot practices to meet the differing and evolving needs of Pilot practices. The following outlines our plan to provide customized QI and practice transformation support for Pilot practices.

PCMH Practice Implementation of Core Expectations: Throughout the course of the Maine PCMH Pilot, each practice has been asked to assess their degree of implementation of the PCMH Core Expectations quarterly using a standardized reporting tool. This tool uses a scale of “0-3”, with a score of “3” indicating that the Core Expectation and/or the sub-element of that Core Expectation has been fully implemented in the practice and is a regular part of care at that practice site. All Pilot practices have been expected to have fully (100%) implemented the PCMH Core Expectations within one year of participation in the Pilot, or at a minimum, since the end of 2012 (i.e. the first year of the Pilot expansion). Additionally, practices participating in the MaineCare Health Homes initiative have been asked to report on their progress in reporting on Health Home screenings (i.e. substance abuse, depression, and developmental screenings).

Assessment of Practice Levels: Given this expectation, Pilot practices will be identified as meeting one of the following levels based on their self-report on implementation of the PCMH Core Expectations and Health Home (HH) screenings on their December 2014 report:

- **Level 3:**
  - Meets 100% implementation of Core Expectations, AND
  - Meets all Health Home screening requirements

- **Level 2:**
  - ≥50% implementation of Core Expectations, OR
  - Does not fully meet all Health Home screening requirements

- **Level 1:**
  - <50% implementation of Core Expectations

Expectations for Participation in QI and Practice Transformation Activities and Pilot Reporting: Practice participation in QI and PCMH practice transformation activities is based on the above practice levels, as outlined below:

- **Level 3 Practices** (i.e. practice meets 100% implementation of Core Expectations and, for HH practices, practice meets all HH screening requirements):
  - **QI/Practice Transformation Support:**
    - All PCMH Pilot QI/practice transformation support is optional. Practice may choose to participate in any of PCMH Pilot learning activities, including
PCMH Learning Sessions (to be offered 2X/year), Regional Forums (2X/yr), and monthly PCMH webinars, but there is no requirement for practice to participate in QI/practice transformation activities or events.

- Practice is encouraged to share best practices and lessons learned with other Pilot practices by participating in at least two learning events per year, but there is no requirement for practice to participate in QI/practice transformation activities or events.
- Practice may access PCMH QI Specialists at any time for information or assistance.

- **Assessments and Reporting:** Practice must participate in Pilot reporting at the following frequency:
  - Self-Assessment of Behavioral Health Integration – annually (Q1 2015, 2016)
  - PCMH Core Expectation self-report – annually (Dec 2015, 2016)
  - PCMH clinical quality measures – annually (Dec 2015, 2016)
  - For HH practices, HH clinical quality measures - annually (Dec 2015, 2016)

- **Maintenance of Effort:** The above expectations apply to practices that maintain 100% implementation of the PCMH Core Expectations. If at any time during the period of the Pilot/MAPCP demo the practice falls to less than 100% implementation of PCMH Core Expectations, the following expectations for Level 2 or Level 1 practices apply, as outlined below:

  - **Level 2 Practices** (i.e. practice meets ≥50% but <100% implementation of Core Expectations, or, for HH practices, does not fully meet all Health Home screening requirements):
    - **QI/Practice Transformation Support:**
      - Practice must develop action plan to identify specific steps for meeting 100% implementation of Core Expectations within 90 days; Pilot payers will be notified if practice does not meet 100% implementation within 90 days.
      - At least three members of practice PCMH leadership team (i.e. provider leader, administrative leader, and at least one additional clinical member) must participate in all PCMH Learning Sessions (two per year).
      - At least one member of PCMH leadership team must participate in monthly PCMH webinars.
      - Practice team members are encouraged (but not required) to participate in PCMH Regional Forums (2X/year).
      - Practice will work directly with identified PCMH QI Specialist to address gaps in implementing Core Expectations.

  - **Reporting:** Practice must participate in Pilot reporting as outlined below:
    - Self-Assessment of Behavioral Health Integration – annually (Q1 2015, 2016)
    - PCMH Core Expectation self-report – quarterly (end of each quarter, beginning March 31, 2015)
    - PCMH clinical quality measures – annually (Dec 2015, 2016)
    - For HH practices, HH clinical quality measures – annually (Dec 2015, 2016)

- **Maintenance of Effort:** The above expectations apply to practices that maintain at least 50% implementation of the PCMH Core Expectations. If at any time during the period of the Pilot/MAPCP demo the practice falls to less than 50% implementation of PCMH Core Expectations, the expectations for Level 1 apply, as outlined below
Level 1 Practices (i.e. practice meets <50% implementation of Core Expectations):

- **QI/Practice Transformation Support:***
  - Practice must develop action plan to identify specific steps for meeting at least 50% implementation of Core Expectations within 30 days; Pilot payers will be notified if practice does not meet at least 50% implementation within 30 days, or 100% implementation of Core Expectations within 90 days.
  - Practice PCMH leadership team (i.e. provider leader, administrative leader, and at least one additional clinical member) must participate in all PCMH Learning Sessions (2X per year).
  - At least one member of PCMH leadership team must participate in monthly PCMH webinars.
  - Practice team members are encouraged (but not required) to participate in PCMH Regional Forums (2X/year).
  - Practice will work directly with identified PCMH QI Specialist to address gaps in implementing Core Expectations.

- **Reporting:** Practice must participate in Pilot reporting as outlined below:
  - Self-Assessment of Behavioral Health Integration – annually (Q1 2015, 2016)
  - PCMH Core Expectation self-report – quarterly (end of each quarter, beginning March 31, 2015)
  - PCMH clinical quality measures - annually (Dec 2015, 2016)
  - For HH practices, HH clinical quality measures - annually (Dec 2015, 2016)

- **Maintenance of Effort:** PCMH payers will be notified if practice continues to meet less than 50% implementation of PCMH Core Expectations after 30 days of identification of Level 1 status.