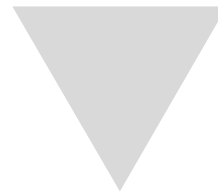
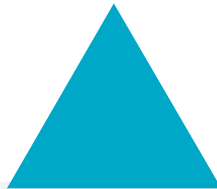


CLINICAL STANDARDS WORK GROUP SESSION III.B

November 3, 2016

Denise Podeschi, Ph.D.

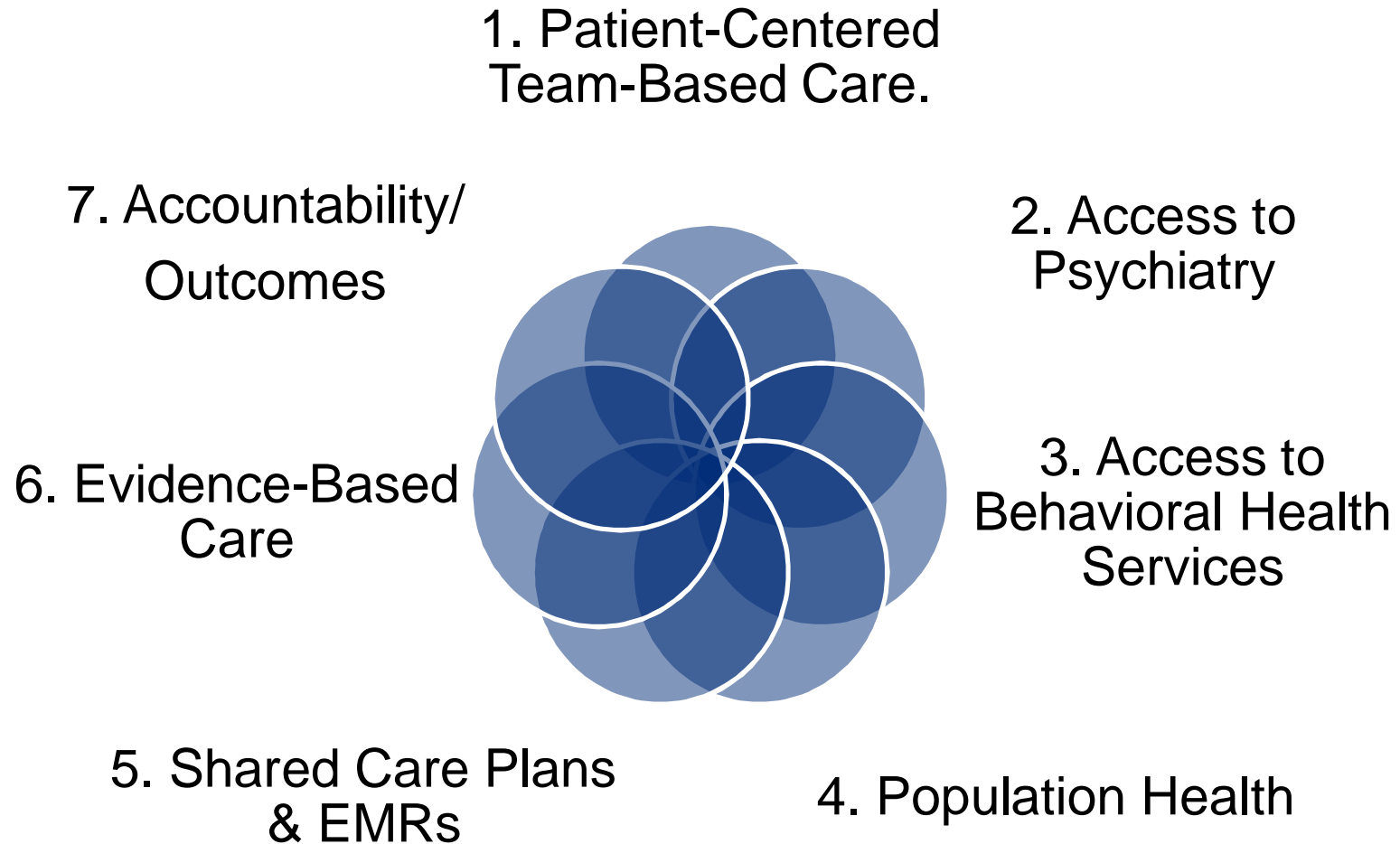


CLINICAL STANDARDS WORK GROUP
SESSION GOAL

Develop MCO Contract Standards that Address:

“How will we know MCOs are purchasing integrated care?”

CLINICAL STANDARDS WORK GROUP TABLE ASSIGNMENTS



CLINICAL STANDARDS WORK GROUP QUESTIONS



What is a reasonable metric and/or process to measure MCO performance in purchasing integrated care?

What is a feasible minimum standard to achieve?

What are the limitations or barriers to measuring MCO performance and/or reaching the performance standard?

CLINICAL STANDARDS WORK GROUP

SAMPLE METRIC — ACCESS ROUTINE CARE

1 What is a reasonable metric or process to measure MCO performance in purchasing integrated care?

BH Settings: Percent of individuals with Serious Mental Illness (SMI) with a primary care visit in the last 12 calendar months.

2 What is a feasible minimum standard?

Set baseline in year 1, improve by 10% in year 2, set statewide average plus 10% as year 3 target.

3 What are the limitations or barriers to measuring MCO performance and/or reaching the standard?

Requires reaching consensus on definition of SMI that can be calculated using claims data across MCOs.

CLINICAL STANDARDS WORK GROUP

SAMPLE PROCESS — TEAM BASED CARE

1 What is a reasonable metric or process to measure MCO performance in purchasing integrated care?

Initial application followed by readiness review of P&Ps and onsite interviews demonstrates standards are met. Annual fidelity review document ongoing compliance with standard.

2 What is a feasible minimum standard?

P&Ps document reasonable process for developing patient-centered shared care plan. Integrated EHR houses care plan, medical record and scheduling. 90% of integrated care patients have integrated medical record on EHR.

3 What are the limitations or barriers to measuring MCO performance and/or reaching the standard?

Members who choose to access specialty or primary care services outside the integrated practice will require work around. Small, rural clinical may not have patient volume and/or resources to support integrated EHR.



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