PROJECT INSPIRE NYC

NASTAD Hepatitis Technical Assistance Meeting
November 30, 2017
9:00a – 10:15am
Credit and Disclaimer

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• The contents of this publication are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Health and Human Services or any of its agencies.
CMS Health Care Innovation Awards

• Awarded by the **Center for Medicare and Medicaid Innovation**

• Established by the ACA to create: “innovative payment & service delivery models to reduce program expenditures... while enhancing quality of care” for Medicare, Medicaid, or Children’s Health Insurance Program (CHIP) beneficiaries
CMS Health Care Innovation Awards

• Round I - 2012-2015
  • $900 million to deliver better health, improved care, and lower costs for CMS enrollees with the highest health care needs
  • 166 awardees out of ~3,000 applications

• Round II - 2014-2017
  • $1 billion to test new payment & service delivery models to deliver better care & lower costs for CMS enrollees
  • 39 awardees out of ~3,000 applications
    ➢ Project INSPIRE NYC – only hepatitis related project

Source: CMS Fact Sheet: Health Care Innovation Awards Selection Process
Project INSPIRE NYC

• INSPIRE
  • Innovate and
  • Network to
  • Stop HCV and
  • Prevent complications via
  • Integrating care
  • Responding to needs and
  • Engaging patients & providers

• Program Period: 3 years
  • September 1, 2014 – August 31, 2017

• Geographic Focus: Upper Manhattan and South Bronx
Rationale for Project INSPIRE NYC

Turning Point in Hepatitis C:
• Increasing morbidity and mortality for HCV in the U.S.
• New point-of-service diagnostic tests
• New highly effective drug treatments with less side effects

The NYC Context:
• Size of HCV population in NYC
• Socioeconomic and geographic disparities in HCV in NYC
• Success of relevant DOHMH programs
  • Ryan White HIV Care Coordination Program
  • Check Hep C Program
  • Established relationships with clinical partners
Project INSPIRE NYC – Goals

1. **Better care:**
   - Increase treatment initiation
   - Strengthen management of behavioral health problems
   - Maintain high level of satisfaction among enrollees

2. **Better health:**
   - Increase cure rates
   - Decrease HCV related complications
   - Increase screening for depression, alcohol and drug use

3. **Lower costs:**
   - Reduce ED usage and IP hospitalizations (short term)
   - Decrease ESLD, liver CA, need for transplant and premature mortality
Project INSPIRE NYC – Major Activities

• Identify, recruit and treat patients:
  • Identify using EMR, surveillance data, & screening
  • Enroll 3,200 patients
    ➢ Screen 95% for depression
    ➢ Complete treatment for 75% of enrollees
  • Achieve cure rate (SVR)
    ➢ 90% for non-cirrhotic
    ➢ 50% of cirrhotic patients

• Provide comprehensive care:
  • Integrate primary care with behavioral health
  • Use telemedicine to connect primary care with specialists
  • Provide care coordination, navigation, health promotion, and medication adherence support
HCV Care Coordination Protocol – Key Components

I. Enrollment of Patients

II. Comprehensive Intake Assessment

III. Care Coordination Plan
   • Care Navigation
   • Health Promotion Sessions
   • Social Services and Other Benefits
   • Medication Adherence Support and Monitoring

IV. Monitoring and Review of the Patient via the Care Coordination Plan
   • Chart Reviews
   • Case Conferencing

V. Case Closure and End of Program Services
HCV Health Promotion Manual – Key Components

I. What is Hepatitis C?
II. Liver Health
III. Hepatitis C treatment and factors to ensure successful treatment
IV. Harm Reduction and Substance Abuse
V. Healthy Living with Liver Disease
VI. Review
VII. Health Maintenance and Avoiding Reinfection
DOHMH Role

• NYC Department of Health and Mental Hygiene
  • Project and Intervention Design
  • Creation of the HCV Care Coordination Protocol and Health Promotion Manual
  • Training and Protocol Oversight
  • Monitoring and Evaluation
    • Data collection and quality assurance
    • Surveillance and Medicaid/Medicare analysis
    • Economic analysis
Partner Organizations & Roles

- **Fund for Public Health in NY**
  - Awardee, fiscal agent
  - Assist with grant management and reporting to CMS

- **Montefiore and Mount Sinai Medical Centers**
  - Clinical sites
  - Enroll patients and implement intervention

- **VNSNY CHOICE and Healthfirst**
  - NYS Medicaid Managed Care Organizations (MCOs)
  - Develop and advise on payment model

- **Weill Cornell Medical College**
  - Monitor and evaluate processes, outcomes, and costs
  - Assist with the development of the payment model
Context: Payment and Service Delivery Models

• National effort to move from fee-for-service (FFS) → value-based reimbursement models

• Alternative models being tested:
  • Shared Savings
    • e.g. Accountable Care Organizations (ACOs)
  • Episodic or Bundled Payment
    • e.g. bundled payment to hospitals for an episode of care, such as a surgical or medical diagnosis-related group
  • Full or Partial Capitation
    • e.g. per-member-per-month payment for care coordination services in Patient-Centered Medical Homes (PCMH)

Source: CMS Innovation Center – Report to Congress, December 2014
http://innovation.cms.gov/Files/reports/RTC-12-2014.pdf
Payment and Service Delivery Models

Figure 1. Continuum of Health Care Payment Methods

- Fee-for-service (FFS)
- Per diem
- Episode-of-care payment (ECP)
- Multi-provider bundled episode-of-care payment
- Condition-specific capitation
- Full capitation

Local Reforms: Lessons Learned

• Engage MCO’s is development of payment models
• Demonstrate clinical outcomes

• INSPIRE Payers Partners
  • Create the business case – ROI, cost analysis
  • Developing language to include in annual contracts to pay for HCV Care Coordination services
  • Incentivizing health care systems to provide care coordination services
Potential for Nationwide Reform

- Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) creates:
  - new ways for CMS to pay physicians for the care they provide to Medicare beneficiaries
  - incentives for physicians to participate in Alternative Payment Models (APMs), including the development of physician-focused payment models (PFPMs)

- Established the Physician-Focused Payment Model Technical Advisory Committee (PTAC)
  - Quarterly meeting to review payment models
  - Project INSPIRE presenting on December 18, 2017
    - Watch the live stream!
    - If adopted by Medicare; state Medicaid programs may follow suit
Discussion Questions

• How do you get care coordination for people with HCV paid for?

• Have you worked with your state Medicaid office?

• Have you worked directly with any Medicaid Managed Care Organizations?
QUESTIONS

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