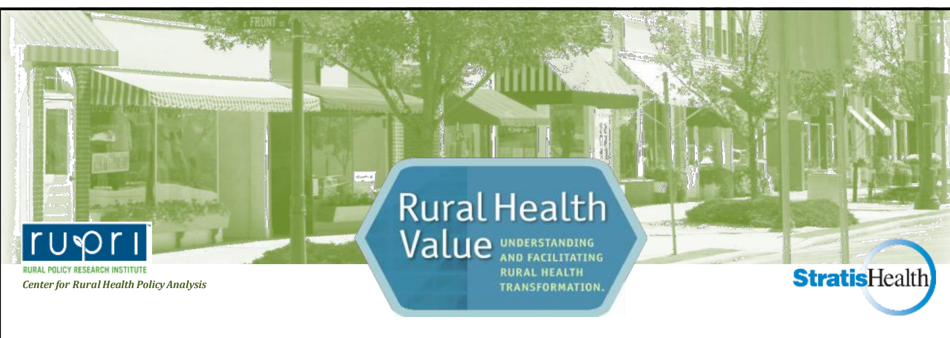
Community Health Access and Rural Transformation (CHART) Model Community Transformation Track

Rural Health Value

Session #3: Transformation Planning

December 14, 2020

1



Understanding and Facilitating Rural Health Transformation

- To build and distribute an actionable knowledge base through research, practice, and collaboration that helps create high performance rural health systems.
- Led by the University of Iowa RUPRI Center for Rural Health Policy Analysis and Stratis Health
- Funded by the Federal Office of Rural Health Policy

2

2

Let's Talk about CHART!

- Series of pre-application sessions for those considering applying or being part of CHART
- Slides, Q&A document, and registration available on the RHV website:
- https://ruralhealthvalue.publichealth.uiowa.edu/InD/CHART/index.php

3

3

Today's CHART Session

Purpose	Overview	Discussion
Provide transformation Planning information for those planning and preparing for a CHART Community Transformation Track application	Key requirements for Transformation Planning Lessons from Rural Health Value support for Transformation Planning in the Pennsylvania Rural Health Model	Using the CHNA as a Transformation Planning tool Engaging stakeholders across a regional rural community Expanding telehealth opportunities

Rural Health Value

4

4

C-H-A-R-T Overview

Community **H**ealth **A**ccess and **R**ural **T**ransformation

- ***C**ommunity*: Engaging the broad community, beyond health care organizations
- ***H**ealth*: Addressing the health needs of the community's residents addressed
- ***A**ccess*: Improving rural community access to health care services
- ***R**ural*: Utilizing the Federal Office of Rural Health Policy list of counties and census tracts; in any combination
- ***T**ransformation*: Changing the health care delivery system based on community needs

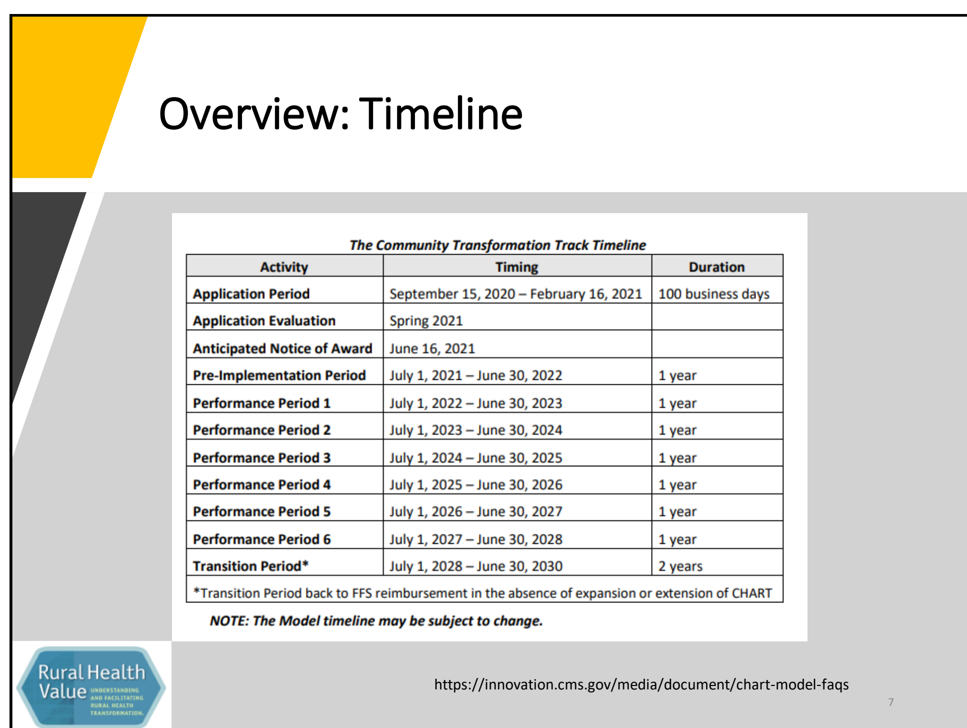
5

Key CHART Elements and Participants

- Key Elements
  - Organizing community entities
  - Developing Transformation Plans
  - Changing hospital payment to capitated payment
- Key Participants
  - Lead Organization
  - State Medicaid Agencies (could be Lead)
  - Participating Hospitals
  - Other payers
  - Advisory Council members

6

6



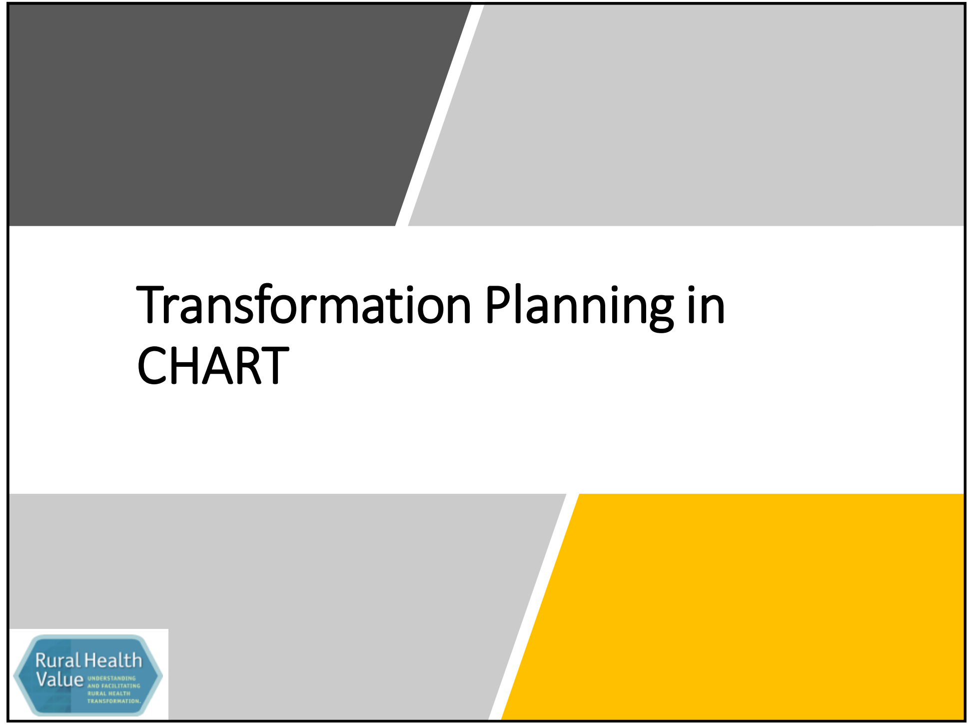
The Community Transformation Track Timeline

Activity	Timing	Duration
Application Period	September 15, 2020 – February 16, 2021	100 business days
Application Evaluation	Spring 2021	
Anticipated Notice of Award	June 16, 2021	
Pre-Implementation Period	July 1, 2021 – June 30, 2022	1 year
Performance Period 1	July 1, 2022 – June 30, 2023	1 year
Performance Period 2	July 1, 2023 – June 30, 2024	1 year
Performance Period 3	July 1, 2024 – June 30, 2025	1 year
Performance Period 4	July 1, 2025 – June 30, 2026	1 year
Performance Period 5	July 1, 2026 – June 30, 2027	1 year
Performance Period 6	July 1, 2027 – June 30, 2028	1 year
Transition Period*	July 1, 2028 – June 30, 2030	2 years

*Transition Period back to FFS reimbursement in the absence of expansion or extension of CHART

NOTE: The Model timeline may be subject to change.

7



8

Transformation Plan Definition

"A Transformation Plan is a detailed description of the health care delivery system redesign strategy that will be carried out under the Community Transformation Track of the CHART model."

- CHART NOFO, page 13

9

9

Lead Organization

- **Develops and implements the Transformation Plan**
- Forms the Advisory Council
- Recruits Participant Hospital(s)
- Maintains relationships and agreements between health care providers
- Oversees implementation of the alternative payment model

10

10

Transformation Plan Summary

A Lead Organization's description of their health care delivery system redesign strategy

- Developed in collaboration with Advisory Council (including SMA) and Participant Hospitals
- Submitted during the pre-implementation period
- Implemented during Performance Period one
- Reviewed and approved by CMMI
- Used by CMMI to track, monitor, and evaluate the Lead Organization's CHART Model goals.

11

11

Transformation Plan Requirements

- Transformation Plan must address population health disparities present in the Community.
  - *A Community* consists of contiguous or non-contiguous rural counties and/or Census tracts.
- Transformation Plan must include at least one of the following:
  - Behavioral health treatment
  - Substance use disorder
  - Chronic disease management and prevention
  - Maternal and infant health
- Transformation Plan must include strategies to expand telehealth use.
- Transformation Plan are encouraged to address social determinants of health.

12

12

CHART Model Elements in Support of Transformation Plans

- Opportunity to seek Medicare Program and Payment Policy Waivers
  - SNF 3-Day Rule
  - Telehealth expansion
  - Care management home visits
  - Waiver of certain Medicare Hospital and/or CAH CoPs
  - CAH 96-Hour Certification Rule
- CHART Beneficiary Engagement Incentives
  - Cost sharing for Part B services
  - Transportation
  - Gift cards for chronic disease management programs

13

13

Transformation Plan and Quality

- Lead Organizations and Participant Hospitals will be required to report on the same six quality measures for the duration of the model
- Three CMMI-selected measures:
  - AHRQ PQI 92 – Inpatient and ED visits for ambulatory care sensitive conditions
  - Hospital Wide All-Cause Unplanned Readmission
  - HCAHPS – Patient Experience
- Three measures aligned with transformation plan selected from options:

Substance Use	Use of pharmacotherapy for OUD
	Use of opioids at high dosage in persons without cancer
Maternal Health	PC-02: Cesarean Birth
	Contraceptive care post-partum
Prevention	Influenza vaccination
	Screening for depression and follow-up plan
	Continuity of primary care for children with medical complexity

- Participant hospitals continue reporting on core measures in Medicaid, Medicare, and other CMS quality programs
- CMMI reserves the right to modify or add to the list of measures

14

14

Transformation Plan Core Components

"Core components outlined for informational purposes and may change at CMMI sole discretion. CMMI will provide awardees a final, more specific list…"

- CHART NOFO, pages 109-110

1. Survey of the Community's key strengths and challenges to be leveraged and addressed through CHART, including a preliminary assessment of population health, access, and quality outcomes of greatest interest to the community (e.g., specific chronic conditions or health disparities to target)

15

15

Transformation Plan Core Components (2)

2. Description of the health care delivery system redesign strategy including
   - Role of each Participant Hospital:
     - Recruitment and engagement plan *and*
     - Plan for reverting back to Medicare FFS including mitigation strategy to address risks to beneficiaries and other health care providers
   - Description of planned changes to heath care services
   - Description of how approved operational flexibilities will be implemented
   - Quality strategy identifying measures for hospital reporting, and additional measures used for monitoring potential unintended or undesired impacts on quality

16

16

Transformation Plan Core Components (3)

3. Plan for potential aligned payers and participant hospitals to implement APM
4. Description of the agreed upon support and/or participation in health care delivery system redesign strategy
5. Description of existing programs and models in the Community that identifies potential for duplicative overlaps and an explanation of strategies to ensure CHART funding will not be duplicative or supplant funds from other CMMI models or CMS programs

17

17

Insight from PA RHM Transformation Planning

18

PA RHM Transformation Planning

For the past two years, the Rural Health Value team has worked with the Pennsylvania Rural Health Model (PA RHM) to provide coaching and guidance to hospitals developing Transformation Plans.

- Key aspects of PA RHM Transformation Plan structure
- Process overview and tools for transformation plan development
- Lessons learned
- Details: Technical Assistance for Hospitals Applying to the Pennsylvania Rural Health Model - A CMMI-Sponsored Rural Hospital Global Budget Model

19

19

PA RHM Transformation Plan Requirements

- Hospitals select at least three measurable Transformation Plan goals that align with the needs of their community
- Ensure alignment of hospital goals with PA RHM Model goals:
  - Reduce potentially avoidable utilization
  - Improve operational efficiency
  - Address unmet community needs
- Action steps outlined for each goal
- Timelines for each action step
- Investment required (if any) for each action step
- Accountabilities for each action step
- Quarterly monitoring of progress, annual review and refinement

20

20

PA RHM Transformation Plan Process

1. **Data Analysis:** Including discussion of Hospital Data Profile, Community Health Needs Assessment, Hospital Strategic Plan and Priorities, Value-Based Care Assessment results
2. **Prioritization:** Narrow focus to SMART goals that align with model priorities
3. **Action Planning:** Action steps needed to accomplish SMART goals including identification of resource investment and accountabilities
4. **Sharing and Networking:** Formal and informal opportunities to connect with and learn from other PA RHM hospitals
5. **Coaching:** Primary resource to help guide process, help make connections, provide feedback on drafts, respond to questions and clarifications

21

21

PA RHM Transformation Plan Tools & Resources

- Hospital Data Profile (compiled from publicly available sources)
- Prioritization Guide
- Transformation Planning Resource Guide
  - Strategies, case studies, and tools related to PA RHM priority areas
  - Highlight resources and TA supports available through PA RHM or other state partners to support implementation
- Sample Transformation Plan and instructions for completion

22

22

PA RHM Transformation Plan Lesson Learned

- Team Composition and Roles
  - Encourage broad participation on the transformation planning team.
  - Invite clinician participation and ensure leadership engagement.
  - Identify individual responsible for follow-through at first meeting.
- Communications and Coaching Process
  - Establish transformation planning timelines and expectations up-front, including interim deadlines.
  - Allow ample time to discuss roles, perspectives, and expectations for participation.
  - Identify other high priority hospital activities or milestones that might interfere with transformation planning process.
  - Keep key model goals at the center of the discussion.
  - Share financial modeling information as early as possible.

Rural Health Value UNDERSTANDING AND FACILITATING RURAL HEALTH TRANSFORMATION

23

23

Panel Discussion:

John A. Gale, Maine Rural Health Research Center, University of Southern Maine

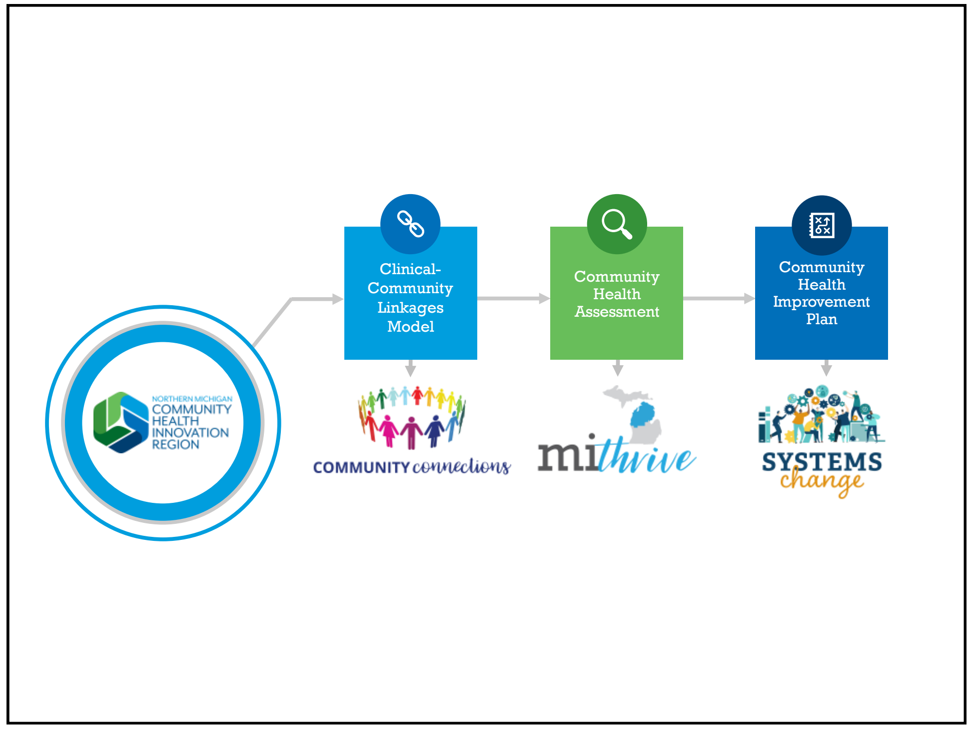
Jane Sundmacher, Northern Michigan Community Health Innovation Region

Mei Kwong, Center for Connected Health Policy

Rural Health Value UNDERSTANDING AND FACILITATING RURAL HEALTH TRANSFORMATION

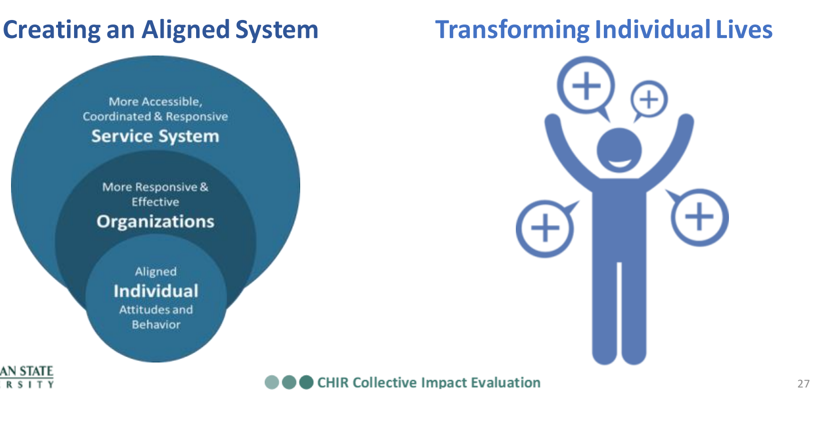
24

25



26

By launching a **paradigm change** and creating a **collective innovation space**, the Northern Michigan CHIR is….



27

Lessons Learned

"Absorptive capacity" of regional partners and interest in systems change built momentum

Strong backbone organization from public health supported systems change around social determinants of health

Frameworks and tools were crucial to the CHIR's achievements

A culture of quality improvement encouraged experimentation

Diverse funding streams support sustainability

28

29

30

DISCLAIMERS

- Any information provided in today's talk is not to be regarded as legal advice. Today's talk is purely for informational purposes.
- Always consult with legal counsel.
- CCHP has no relevant financial interest, arrangement, or affiliation with any organizations related to commercial products or services discussed in this program.

© Center for Connected Health Policy/Public Health Institute

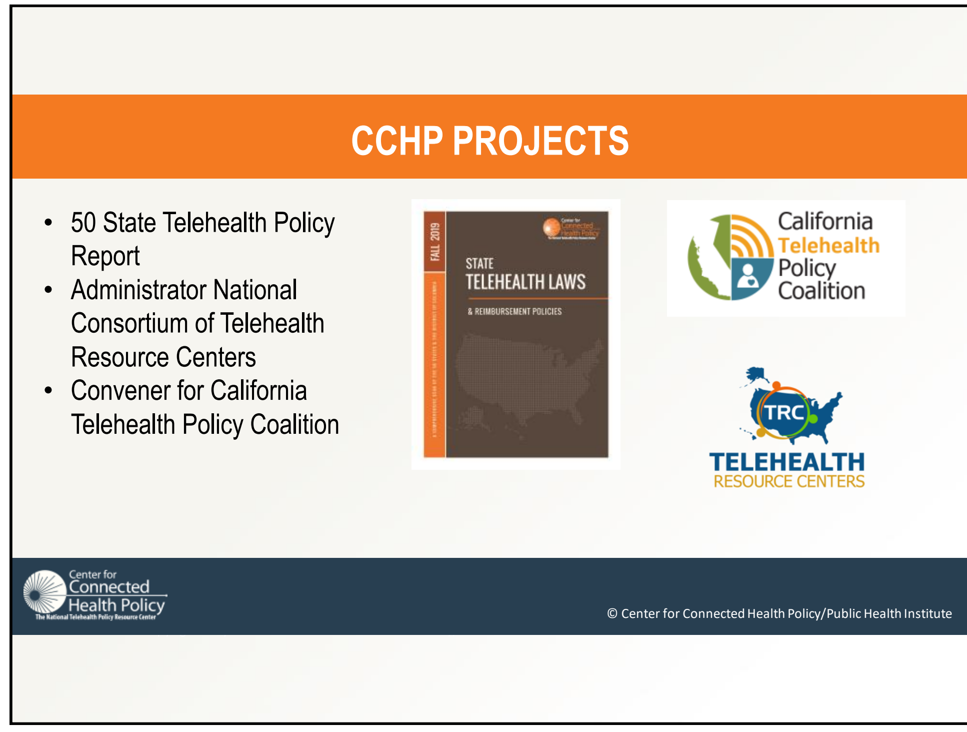
31

ABOUT CCHP

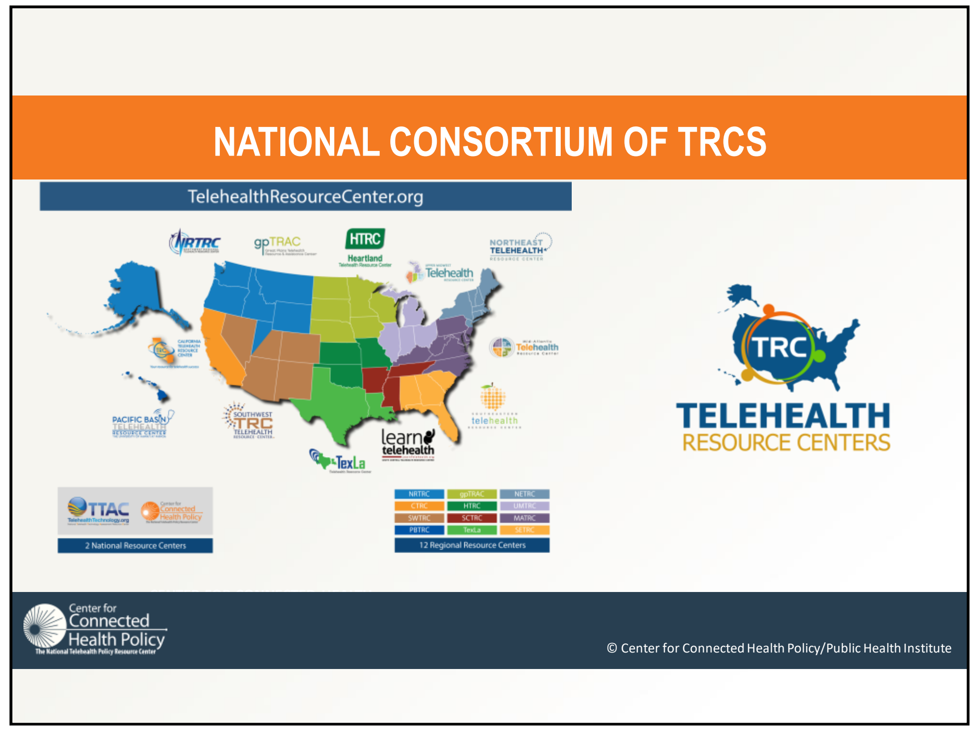
- Established in 2009
- Program under the Public Health Institute
- Became federally designated national telehealth policy resource center in 2012 through cooperative agreement with HRSA
- Work with a variety of funders and partners

© Center for Connected Health Policy/Public Health Institute

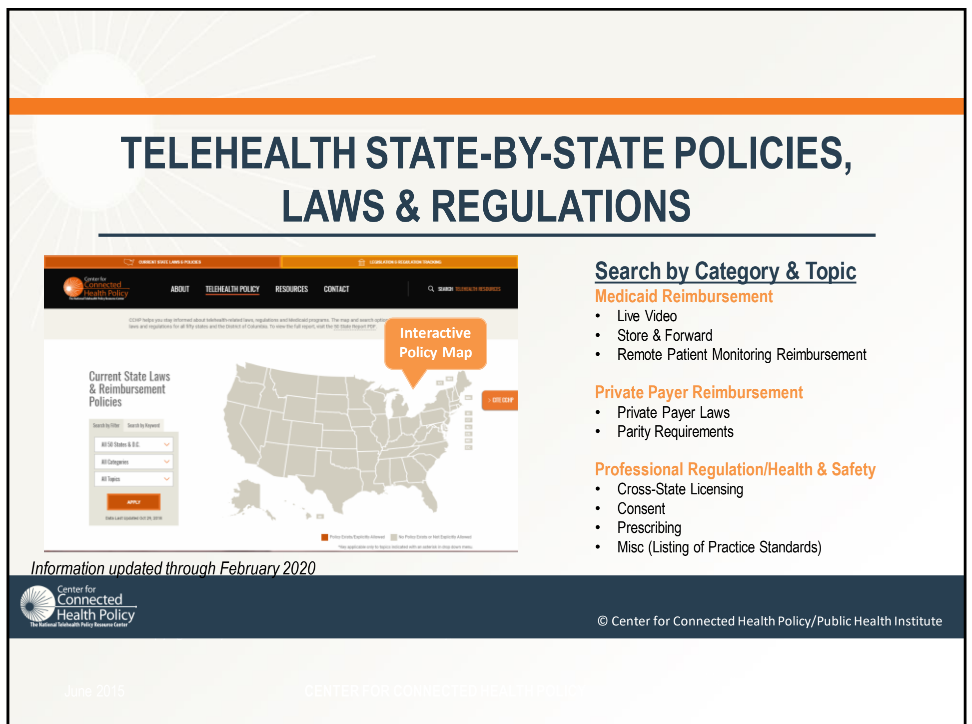
32



33



34



35

36

TELEHEALTH POLICY CHANGES IN COVID-19

FEDERAL	
MEDICARE ISSUE	CHANGE
Geographic Limit	Waived
Site limitation	Waived
Provider List	Expanded
Services Eligible	Added additional 80 codes
Visit limits	Waived certain limits
Modality	Live Video, Phone, some srvs
Supervision requirements	Relaxed some
Licensing	Relaxed requirements
Tech-Enabled/Comm-Based (not considered telehealth, but uses telehealth technology)	More codes eligible for phone & allowed PTs/OTs/SLPs & other use

•DEA – PHE prescribing exception/allowed phone for suboxone for OUD
•HIPAA – OCR will not fine during this time

STATE (Most Common Changes)	
MEDICAID ISSUE	CHANGE
Modality	Allowing phone
Location	Allowing home
Consent	Relaxed consent requirements
Services	Expanded types of services eligible
Providers	Allowed other providers such as allied health pros
Licensing	Waived some requirements

- Private payer orders range from encouragement to cover telehealth to more explicit mandates
- Relaxed some health information protections

Center for Connected Health Policy
The National Telehealth Policy Resource Center

© Center for Connected Health Policy/Public Health Institute

37

WHERE TELEHEALTH FITS IN

COMMUNITY TRANSFORMATION MODEL

- Telehealth included as one of the benefit enhancements
- Requires transformation plans to include strategies to expand the use of telehealth and other technology to support care delivery improvement
- Additional flexibilities can be built upon the ones provided during COVID-19, but must be specified by applicants
- Approval will be on a case-by-case basis

© Center for Connected Health Policy/Public Health Institute

38

WHERE TELEHEALTH FITS IN

ACCOUNTABLE CARE ORGANIZATION MODEL

- ACOs will have existing waivers under the Shared Savings Program.
  - Removal of geographic limitation
  - Many services can take place in the home
- Continuation of the telehealth expansions post-COVID-19.

© Center for Connected Health Policy/Public Health Institute

39

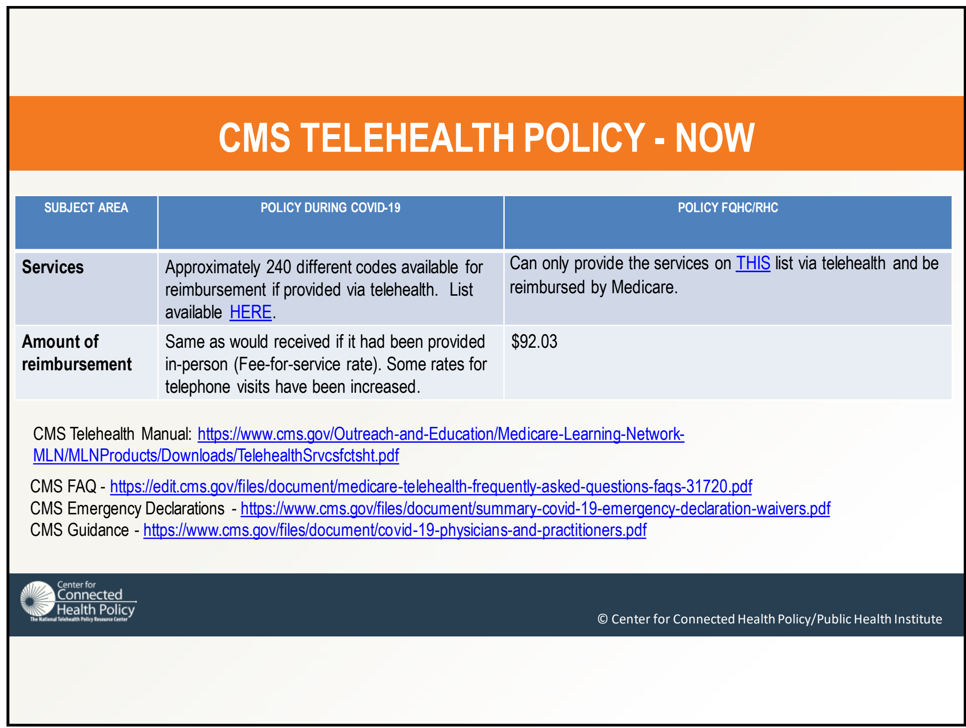
CMS TELEHEALTH POLICY - NOW

SUBJECT AREA	POLICY DURING COVID-19	POLICY FQHC/RHC
Geographic/Site location for patient	No geographic restrictions, patient allowed to be in home during telehealth interaction	No geographic restrictions, patient allowed to be in home during telehealth interaction
Location of provider	Provider able to provide services when at home, need not put home address on claim	Provider able to provide services when at home
Modality	Live Video. Phone will be allowed for codes audio-only telephone E/M services and behavioral health counseling and educational services. Other modalities allowed for **Communications Based Services**	Live Video. Phone will be allowed for codes that are audio-only telephone E/M services and behavioral health counseling and educational services. Other modalities allowed for **Communications Based Services**
Type of provider	All health care professionals to bill Medicare for their professional services.	Temporarily added to list of eligible providers by CARES Act

Center for Connected Health Policy

© Center for Connected Health Policy/Public Health Institute

40



CMS TELEHEALTH POLICY - NOW

SUBJECT AREA	POLICY DURING COVID-19	POLICY FQHC/RHC
Services	Approximately 240 different codes available for reimbursement if provided via telehealth. List available HERE.	Can only provide the services on THIS list via telehealth and be reimbursed by Medicare.
Amount of reimbursement	Same as would received if it had been provided in-person (Fee-for-service rate). Some rates for telephone visits have been increased.	$92.03

CMS Telehealth Manual: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctsht.pdf

CMS FAQ - https://edit.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf
CMS Emergency Declarations - https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf
CMS Guidance - https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf

© Center for Connected Health Policy/Public Health Institute

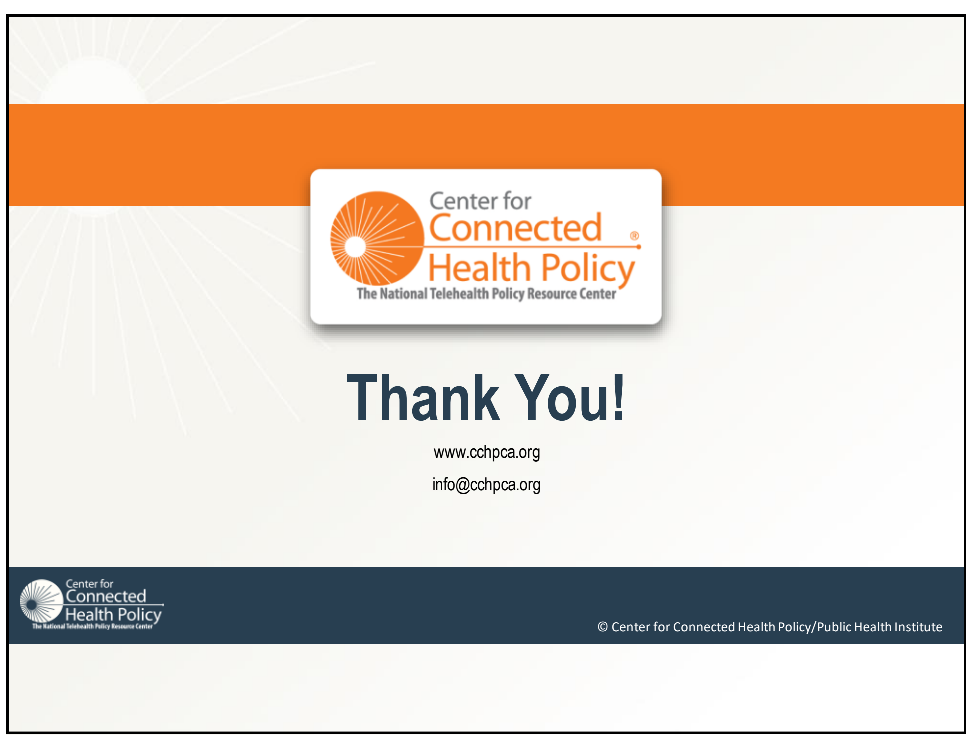
41

CCHP

- CCHP Website – cchpca.org
  - Fact Sheet on CHART Model - https://www.cchpca.org/sites/default/files/2020-08/CHART%20Fact%20Sheetfinal_0.pdf
  - Telehealth Federal Policies - https://www.cchpca.org/resources/covid-19-telehealth-coverage-policies
  - Subscribe to the CCHP newsletter at www.cchpca.org/contact/subscribe

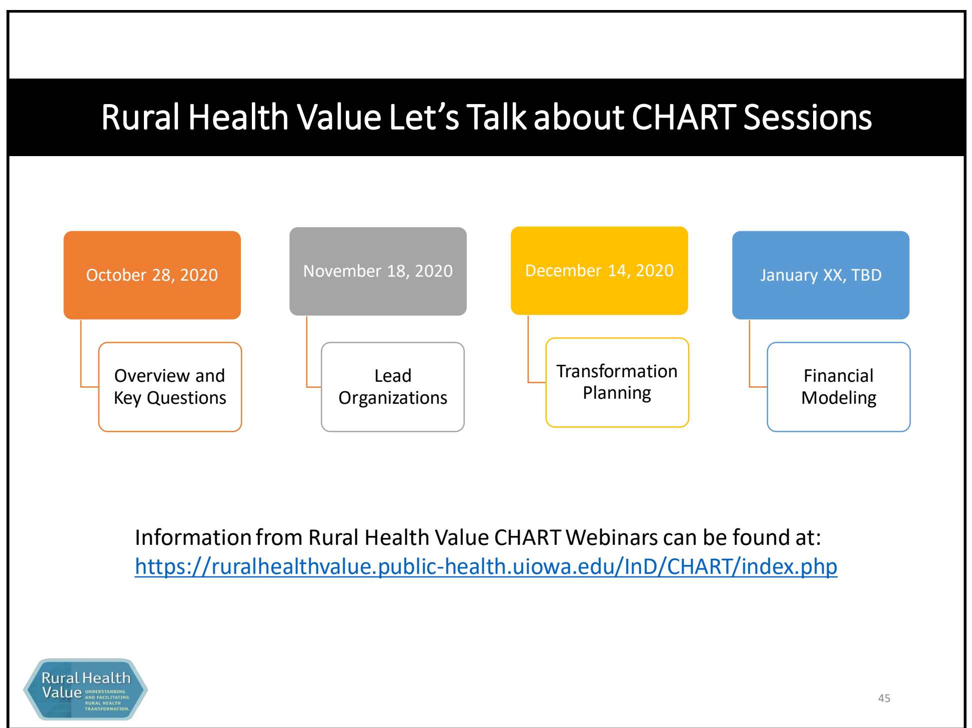
© Center for Connected Health Policy/Public Health Institute

42



43

44



45