

SYNCRONYS

Webinar Series

October 18, 2022



1

- News – April Salisbury, Director of Onboarding and Training
- Featured Presentation:
“New Mexico Human Services Department—Primary Care Alternative Payment Model (APM) ”

AGENDA



2



ELISA WREDE
PRIMARY CARE PROJECT
MANAGER
NEW MEXICO HUMAN
SERVICES DEPARTMENT



3



SYNCRONYS USER WEBINAR
OCTOBER 17, 2022

INVESTING FOR TOMORROW, DELIVERING TODAY.

4

New Mexico Human Services Department, Office of the Secretary



Elisa Wrede (she/her) is the Primary Care Project Manager overseeing the work of the Primary Care Council (PCC). Established through House Bill 67, the New Mexico PCC is working to identify ways primary care investment could increase access to primary care, improve the quality of primary care services, address the shortage of primary care providers, and reduce overall health care costs.

Elisa has a Bachelor of Business Administration from the University of Northern Colorado. She has previously worked in community engagement and corporate social responsibility helping to connect communities with volunteers and financial resources through grants and sponsorship. Elisa enjoys engaging with community through volunteering, music, and art. She is passionate improving health equity in New Mexico through revolutionizing primary care.



Alex Castillo Smith (she/they) is the Special Projects Manager (she/they) is the Strategic Planning & Special Projects Manager for the New Mexico Human Services Department. She works in collaboration with her colleagues to establish and maintain an annual, consistent rhythm of activities necessary to achieving Departmental strategic priorities. The development, analysis, and evaluation of data and evidence is one of those strategic priorities.

Alex has a Master of Social Work and a Master of Public Health from the University of Washington, and previously worked in federal disability right and aging policy, non-profit education, Capitol Hill, and political campaigns. Alex is a proud past recipient of various safety net programs like SNAP and Medicaid, a first-generation low-income college graduate, and a mixed race child of an immigrant parent. She was born on Ais/Ays land.



Alanna Dancis (she/her) is the Medical Director for HSD-MAD. Alanna is a nurse practitioner with a specialty in gerontology. She went to Thomas Jefferson University in Philadelphia, PA for her nursing degree and graduated with her MSN from the University of Pennsylvania in 2014. She was a primary care provider in the Senior Health Clinic at the University of New Mexico Hospital from 2015-2022 and the Medical Director of that clinic from 2018-2022. She was the first non-physician Medical Director at UNM. While Medical Director of the clinic, she also started a home-based primary care program where clinicians saw frail patients in their homes or assisted living facilities. She also trained residents, nurse practitioner students, pharmacy students and PA-C students within the clinic. Her professional areas of interest have included frailty, palliative care, and home-based services.

Alanna lives in Albuquerque with her son, Forrest, and her 25 houseplants.

Health Management Associates



Gaurav Nagrath, ScD, MBA, is a Managing Principal at HMA and is the project director for HMA's engagement with the New Mexico Human Services Department. Dr. Nagrath has expertise in value-based care models and contract management. He has led significant projects that have impacted and advanced practice redesign, population modelling, return on investment and sustainability, data strategy, information governance and related policies, and outcomes-based performance analytics. In addition, Dr. Nagrath has completed extensive work with integrated delivery systems, patient-centered medical homes, and MCOs. Before joining HMA, he held various principal roles with Cerner Corporation, a multinational health care technology, population management, and payment consulting firm where he spearheaded value-based care and risk solution efforts. Dr. Nagrath earned a Doctor of Science degree in global health management and policy from the Tulane University School of Public Health and Tropical Medicine.

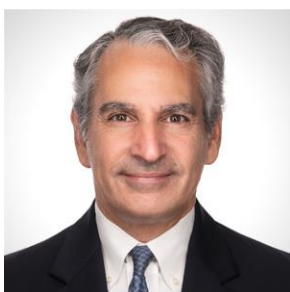
Primary Care Alternative Payment Model Project Team Bios



Kyle Edrington, Kyle founded Edrington Health Consulting, an HMA Company, in 2014 and is responsible for the design, development, and communication of actuarial engagements. He is leading the work to design, test, and evaluate a primary care alternative payment model (APM) for the New Mexico Medicaid program. Kyle has experience working with State Medicaid Agencies, health plans, providers, and other stakeholders across 15 states. Kyle's experience includes the development of actuarially sound capitation rates and Alternate Payment Models as well as related quality-focused reimbursement strategies. This experience has created a unique perspective that allows him to most effectively strategize, develop, and implement cohesive solutions that enable success for all stakeholders within each Medicaid program and individuals it serves.



Chris Dickerson, ASA, MAAA is an Associate in the Society of Actuaries and Member of the American Academy of Actuaries and is supporting the work to design, test, and evaluate a primary care alternative payment model (APM) for the New Mexico Medicaid program. He has 14 years of experience focused on Medicaid service delivery and reforms. He has worked with all levels of Medicaid service delivery, including assisting state agencies with managed care rates and fee-for-service modifications; developing managed care plan operations including down streaming risk to providers; and working with providers to optimize population health and entering risk-bearing contracts.



Craig Schneider, Ph.D is a Principal at HMA and is leading the work to design, facilitate, and evaluate a Primary Care Clinician and Provider Transformation Collaborative component of the state of New Mexico. Dr. Schneider also leads and contributes to several projects that help community-based organizations and health plans qualify for Medicaid managed care and value-based payment programs. Prior to joining HMA, Dr. Schneider led learning collaborative projects for the Centers for Medicare & Medicaid Services (CMS) Innovation Center, including the Emergency Triage, Treat, and Transport Learning System; the Accountable Health Communities (connecting clinical care to social determinants of health) Implementation, Monitoring, and Learning Systems project; and the Learning Systems for [Medicare] Accountable Care Organizations contract. For 14 years, Dr. Schneider worked at the CMS Boston Regional Office on provider reimbursement, quality improvement, beneficiary services and outreach, and health care reform. Dr. Schneider earned a doctorate in health policy from the Brandeis University Heller School for Social Policy.



Margot Swift, MPH is a Consultant in HMA's Denver office and is supporting the Primary Care Clinician and Provider Transformation Collaborative component of the project, as well as leading project management. She joined HMA in February 2022 after serving with the New York City Department of Health and Mental Hygiene (NYC DOHMH), Bureau of Alcohol and Drug Use Prevention, Care and Treatment. Margot oversaw operations for the overdose prevention technical assistance team and provided programmatic guidance and capacity building support to community partners. Since joining HMA, Margot has worked on several payment reform projects, including a readiness assessment and robust stakeholder engagement around behavioral health payment reform. She earned a Master of Public Health in health policy and management from the State University of New York Downstate Medical Center School of Public Health.

BEFORE WE START...

On behalf of all colleagues at the Human Services Department, we humbly acknowledge we are on the unceded ancestral lands of the original peoples of the Pueblo, Apache, and Diné past, present, and future.

With gratitude we pay our respects to the land, the people and the communities that contribute to what today is known as the State of New Mexico.



Evening drive through Corrales, NM in October 2021.
By HSD Employee, Marisa Vigil



Investing for tomorrow, delivering today.

MISSION

To transform lives. Working with our partners, we design and deliver innovative, high quality health and human services that improve the security and promote independence for New Mexicans in their communities.



GOALS



We help NEW MEXICANS

1. Improve the value and range of services we provide to ensure that every qualified New Mexican receives timely and accurate benefits.



We make access EASIER

3. Successfully implement technology to give customers and staff the best and most convenient access to services and information.



We communicate EFFECTIVELY

2. Create effective, transparent communication to enhance the public trust.



We support EACH OTHER

4. Promote an environment of mutual respect, trust and open communication to grow and reach our professional goals.

Investing for tomorrow, delivering today.

NEW MEXICO PRIMARY CARE COUNCIL

MISSION

Revolutionize primary care into InterProfessional, sustainable teams delivering high-quality, accessible, equitable health care across New Mexico through partnerships with patients, families, and communities.

VISION

By 2026, New Mexico will exemplify same-day access to high-quality, equitable primary care for all persons, families, and communities.

GOALS

Health Equity



Develop and drive investments in health equity to improve the health of New Mexicans.

Health Technology



Develop and drive health information technology improvements and investments that make high quality primary care seamless and easy for Primary Care Interprofessional Teams, patients, families, and communities.

Payment Strategies



Develop and make recommendations regarding sustainable payment models and strategies to achieve high quality and equitable primary care for all New Mexicans.

Workforce Sustainability



Create a sustainable workforce, financial model, and budget to support our mission and secure necessary state and federal funding.


7

New Mexico Medicaid Primary Care Alternative Payment Models will Address

HEALTH EQUITY | WORKFORCE SUSTAINABILITY | HEALTH TECHNOLOGY

Human Services Department is partnering and collaborating with New Mexicans to provide feedback and provide technical assistance. Our aim is to provide High Quality, Equitable Primary Care to all New Mexicans.

<h4><u>Benefits for Patients & Families</u></h4> <ul style="list-style-type: none"> Increased health equity Increased access Better health care quality Whole-person, team-based care Integrated Behavioral Health, Dental, & Vision Connection to Social Services & Community Reduced health care costs 	<h4><u>Benefits for Clinicians & Providers</u></h4> <ul style="list-style-type: none"> Sustainable workforce & improve workplace wellness Payment for care of patients Increased flexibility and administrative efficiency Team-based care approach Increased patient care time Sustainable financial models Improved technology resources
<h4><u>Benefits for Communities</u></h4> <ul style="list-style-type: none"> Increased public and population health focus Relationships between social services, providers, and community members Improved health outcomes 	<h4><u>Benefits for Payors</u></h4> <ul style="list-style-type: none"> Ability to measure health outcomes Payment for quality and health outcomes Reduction in hospital utilization Incentives for efficient use of health care dollars

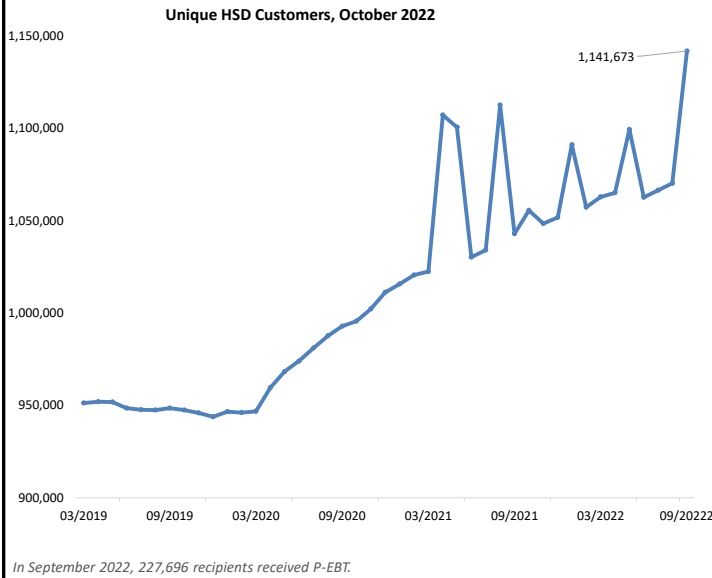


Investing for tomorrow, delivering today.

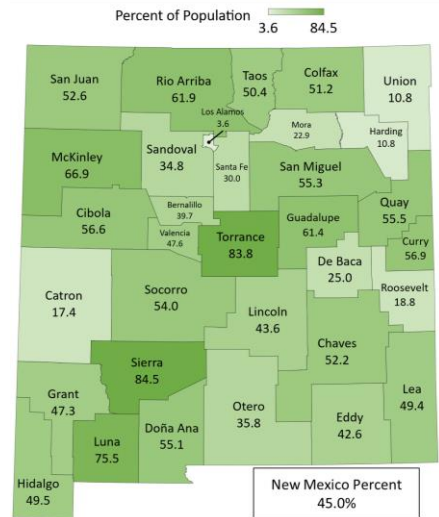
8

9

HSD SERVES 51% OF NEW MEXICANS



Medicaid & CHIP Recipients as a Percentage of Population by County, October 2021



9



New Mexico Primary Care Alternative Payment Model

Health Management Associates, Inc.
Tuesday, October 18, 2022



10

Agenda

- I. HMA Team Introductions
 - II. Vision and Approach for APM Development
 - III. Timeline
 - IV. Primary Care APM Development
 - V. Primary Care Clinician and Provider Transformation Collaborative
 - VI. Work to Date
 - VII. Discussion
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11

HMA Team Introductions



Gaurav Nagrath



Kyle Edrington



Chris Dickerson



Margot Swift



Craig Schneider

12

Vision & Approach

Vision

HMA is supporting the development of VBP structures that appropriately incentivize and reward desired performance in the delivery of primary care benefits.

Approach

- Design, test, and evaluate a new primary care alternative payment model (APM) for the New Mexico Medicaid program
- Design, facilitate, and evaluate a Primary Care Clinician & Provider Transformation Collaborative

13

Vision & Approach – Key Pillars

Improve healthcare quality and health status of New Mexicans

Support team-based care (with a model that allows flexibility and is tied to quality)

Use Medicaid market influence to drive reform

Collaborate with MCOs to drive innovation

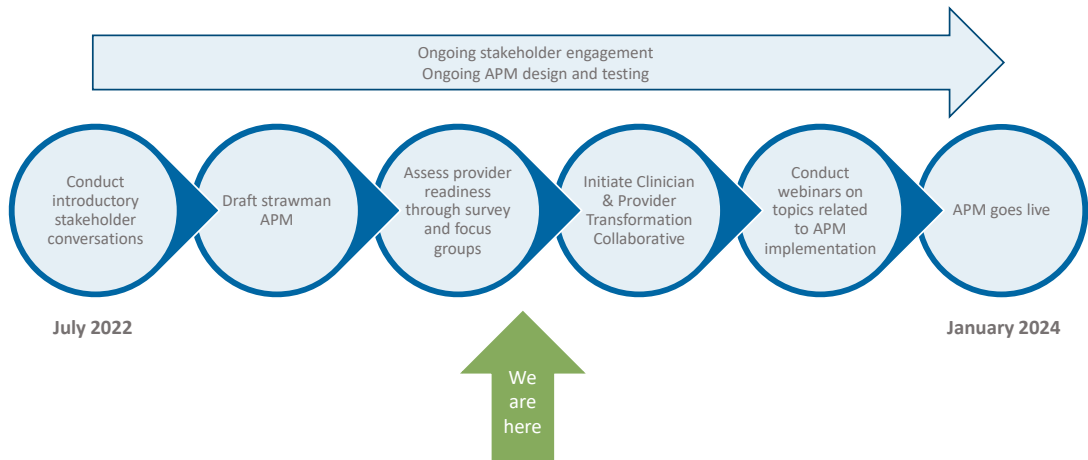
Reduce provider burden and strengthen workforce

Learn from and leverage Medicare and other states' VBP efforts

Leverage information sharing and HIE to connect providers

14

Timeline



15

Design, test, and evaluate a new primary care APM

Approach: Design, test, and evaluate a new primary care APM aligned with the Health Care Payment Learning and Action Network (LAN) [APM framework](#) that is customized to New Mexico's needs.

- Apply knowledge and experience from other states to address New Mexico's unique challenges
- Develop an APM contracting method that allows system to achieve LAN Category 4
- Test and evaluate APMs for efficacy and outcomes prior to start date of new MCO contracts
- Collaborate with HSD's actuary regarding MCO capitation rates for primary care
- Recommend regulations and legislation to support APM implementation and multi-payer alignment

16

Approach to Ensuring APM Success

Using this approach, New Mexico's APM will be:



Data informed



Fiscally sound



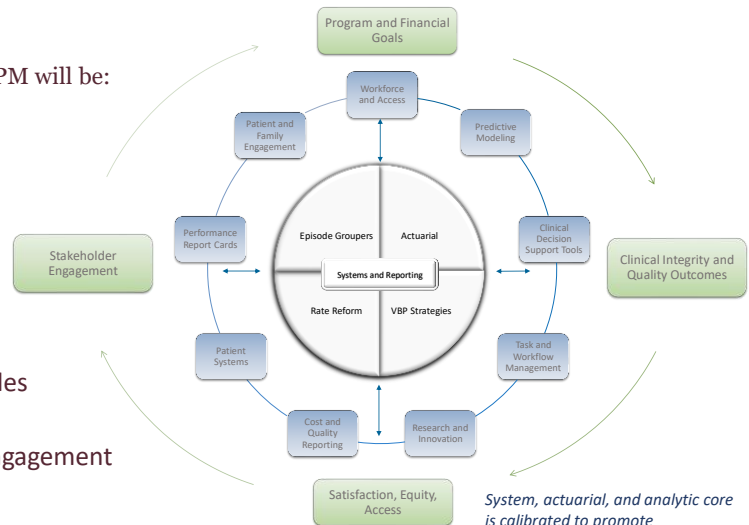
Clinically relevant



Grounded in equity principles



Informed by community engagement



HEALTH MANAGEMENT ASSOCIATES

17

Potential Challenges of APM Development and Implementation

Based on findings from GAO that identified challenges faced by small and rural physician practices when participating in Medicare's new payment models

- Provider skepticism
- Existing care models don't always support value-based care
- Population health management care delivery challenges
- Limited analytical/IT expertise in primary care practices
- Burdens of quality and efficiency performance measurement reporting
- Effects of alternative payment model participation and managing compliance with requirements

HEALTH MANAGEMENT ASSOCIATES

18

18

Design, facilitate, and evaluate a Primary Care Clinician & Provider Transformation Collaborative

Approach: Facilitate a primary care transformation learning collaborative that addresses the needs of diverse stakeholders in New Mexico. Conduct a survey, focus groups, and individual conversations to assess stakeholder needs and identify potential barriers and challenges to APM implementation.

- Build relationships with stakeholders and hold quarterly conversations
- Establish and facilitate a Primary Care Clinician & Provider Transformation Collaborative to engage clinicians and encourage buy-in
- Identify best and promising practices for successful APM adoption
- Gather information from providers (e.g., survey, focus groups) to develop a provider readiness report
- Support providers through webinars and targeted technical assistance

Clinician & Provider Transformation Collaborative

Purpose

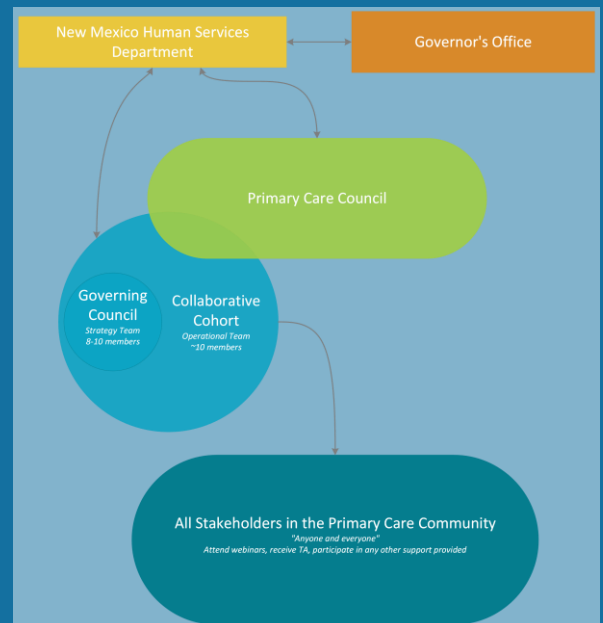
- Convene key stakeholders to provide feedback on APM planning and implementation, convey key messages to their networks, and support technical assistance and education related to APM implementation

Membership

- Primary care clinicians and representatives from primary care provider associations, other providers, policymakers, advocates, and MCOs.

Organizational Structure

- A Governing Council (strategy) Collaborative Cohort (operations)



Provider Readiness Assessment and Technical Assistance



HEALTH MANAGEMENT ASSOCIATES

21

21

Work To Date



Provider Readiness Assessment: Provider readiness survey closed on 9/30/22. 70 responses were received.

Next Steps: Conduct four focus groups in October – small/medium practices, hospitals, FQHCs, and interprofessional teams (behavioral health, dental, vision, and pharmacy).



Transformation Collaborative: Finalizing Governing Council and Collaborative Cohort membership.

Next Steps: Conduct first TC Governing Council meeting in mid-October and work with the group to finalize TC purpose and objectives. Conduct ongoing monthly meetings and provide six monthly webinars beginning in January.



Additional Stakeholder Engagement: Meeting with the PCC Payment Strategies and Health Data Equity Workgroups

monthly. Have conducted discussions with the NM Medicaid leads, the PCC, NATAC, and the New Mexico Medical Society.
Next Steps: Ongoing stakeholder engagement.



APM Design: Met with State, provider, and actuarial rate development teams to identify information available to support APM development and New Mexico-specific opportunities and limitations in APM design options. NM Medicaid managed care encounters and FFS data have been received and summarized by HMA.

Next Steps: Review data for gaps in care to inform quality metrics and baseline provider performance.

HEALTH MANAGEMENT ASSOCIATES

22

22

Discussion

1. Does your organization understand your patient population with the granularity required for managing risk? Do you have the capability to segment and risk-stratify your patients to enable proactive person-level healthcare management and risk mitigation?
2. Is complex care management adequately structured to leverage technology, including consistent workflow and communication?
3. Do clinical leaders have sufficient data to prompt practice redesign and drive value-based contract performance conversations with front-line clinicians?
4. What is your understanding of episode-based payment? What priority would you give to episode-based payment in APM design? What concerns do you have about episode-based payment?
5. What are your thoughts about incentives and risk pools and their implications for cost management?
6. How can we support you in communicating the primary care APM to your colleagues and constituencies?
7. What else would you like our team and HSD to know as we develop and implement the payment model?



Thank You

We look forward to working with you!

Contact Us



gnaqrath@healthmanagement.com





Some helpful resources

https://healthmanagement.qualtrics.com/jfe/form/SV_3Qy3KNZyic5ZrdY

<http://hcp-lan.org/workproducts/apm-framework-onepager.pdf>

<https://www.gao.gov/assets/gao-17-55.pdf>

25

SYNCRONYS HIE CLINICAL PORTAL

- Demographic Information on >2M individuals
- Health Information in discrete fields
 - Encounters, Diagnoses, Clinical Notes, Lab & Path Results, Medications, etc.
- CCDAs (Consolidated Clinical Document Architecture) from many providers
- Insights from Collective Medical
- Hepatitis C Summary
- Standard Assessments from care managers
- Circle of Care identification
- Gateway to the national eHealth Exchange
- Diagnostic-quality images
- Advance Directives and MOST forms



26

OTHER SYNCRONYS SOLUTIONS BENEFICIAL FOR THE ALTERNATIVE PAYMENT SYSTEM



- **Analytic Services:** *(requires patient roster to identify population)*
 - **SYNCRONYS Custom Analytics** – HEDIS reports, daily admissions extracts, custom reporting
 - **HBI Solutions Spotlight Analytic Dashboard** – See your patient population in terms of HEDIS measures, cost, risk, and gaps in care, from the SYNCRONYS clinical portal



27

27

FOR MORE INFORMATION

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IONS ONBOARDING RESOURCES COMPANY NEWS & EVENTS CONT



SYNCRONYS
BETTER DATA. BETTER HEALTH.

SYNCRONYS is a not for profit organization established in 1990, aimed to improve New Mexico's healthcare for all New Mexicans

UPCOMING

NEXT WEBINAR DATES
10/18/22, 11:30 am
NMHSD Alt. Payment for PCPs

28

YOUR CUSTOMER ENGAGEMENT TEAM



Ambulatory Clinic Groups/Systems | Specialty Clinics | Federally Qualified Health Centers –
Renee Sussman, Clinical Informatics Specialist rsussman@synchronys.org; 505-938-9914



Payers | PHS | City, State, and Local Government | Shelters –
Benton Dwight, Customer Relationship Manager
bdwight@synchronys.org; 505-938-9921

PHS

Terri Stewart, Chief Executive Officer/President
tstewart@synchronys.org; 505-938-9909



UNMH/SRMC | City, State, and Local Government | Fire/Rescue | Shelters –
April Salisbury, Director Onboarding & Training asalisbury@synchronys.org; 505-938-9905

29

YOUR CUSTOMER ENGAGEMENT TEAM



Hospitals (Western NM) | Indian Health Service | Tribal Health Systems/Clinics –
Mona Benally, Customer Relationship Manager rbenally@synchronys.org; 505-938-9915

Hospitals (East of I-25 and Metro) | Diagnostic Facilities –

Victor Miramontes, Customer Relationship Manager
vmiramontes@synchronys.org; 505-938-9902



**Federal, State, and County Corrections
 Skilled Nursing Facilities | Long Term Care |
 Rehabilitation | Home Care | Hospice –**
Jerry Martinez, Customer Relationship Manager jmartinez@synchronys.org;
 505-938-9916

30