



# Evaluation of the MAPCP Demonstration: Findings of the Second & Third Annual Reports



*May 2016*

# Overview

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- Brief overview of the MAPCP Demonstration
- Overview and status of MAPCP evaluation
- Findings from the Second and Third Annual Evaluation Reports

# MAPCP Demonstration Overview

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- Medicare participated in 8 state-led multi-payer PCMH initiatives, along with Medicaid and commercial payers



- Financial support (e.g., payments to practices and supports)
  - Technical support (e.g., learning collaboratives, coaching)
  - Claims data (e.g., data and performance reports)
- Enhance practice infrastructure (e.g., health IT, staffing)
  - Provide advanced primary care services (e.g., care coordination)
- Cost savings
  - Efficient utilization
  - High quality of care and patient experiences

# MAPCP Demonstration Overview

State	State Initiative Name	Demonstration Period	Evaluation Period
NY	Adirondack Medical Home Demonstration	07/01/2011 – 12/31/2016	07/01/2011 – 12/31/2014
RI	Chronic Care Sustainability Initiative	07/01/2011 – 12/31/2016	07/01/2011 – 12/31/2014
VT	Blueprint for Health	07/01/2011 – 12/31/2016	07/01/2011 – 12/31/2014
MN	Health Care Homes	10/01/2011 – 12/31/2014	10/01/2011 – 12/31/2014
NC	Community Care of North Carolina	10/01/2011 – 12/31/2014	10/01/2011 – 12/31/2014
ME	Maine PCMH Pilot	01/01/2012 – 12/31/2016	01/01/2012 – 12/31/2014
MI	Michigan Primary Care Transformation Project	01/01/2012 – 12/31/2016	01/01/2012 – 12/31/2014
PA	Chronic Care Initiative	01/01/2012 – 12/31/2014	01/01/2012 – 12/31/2014

## MAPCP Evaluation Overview

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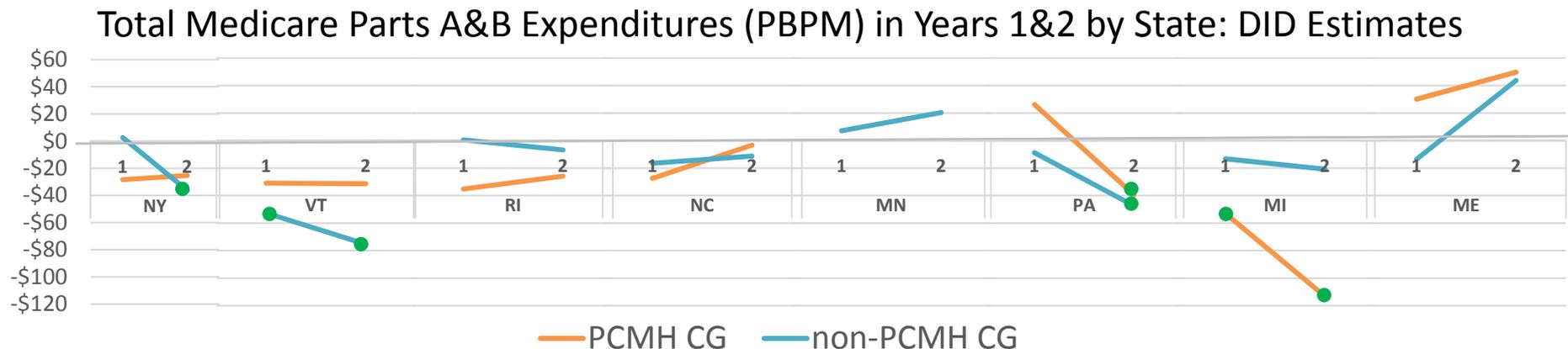
- Purpose: to assess the effects of advanced primary care when supported by Medicare, Medicaid, and private health plans
- Mixed methods approach
  - Medicare and Medicaid claims analyses (no data on privately insured)
  - Two comparison groups: PCMH and non-PCMH
  - Data collection: Practice survey, beneficiary survey, beneficiary focus groups, annual site visits
- Each state initiative evaluated individually, with pooled analysis planned for Final Report

# Evaluation Status

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- [First Annual Report](#) released in January 2015
  - Medicare quantitative results (by state) through first 4Qs, Year 1 site visits
- Second and Third Annual Reports released in May 2016
  - [Second Annual Report](#): Medicare quantitative results (by state) through first 8Qs, Year 2 site visits
  - [Third Annual Report](#): Year 3 site visits

## What Were MAPCP's Impacts on Total Costs in the First 2 Years?

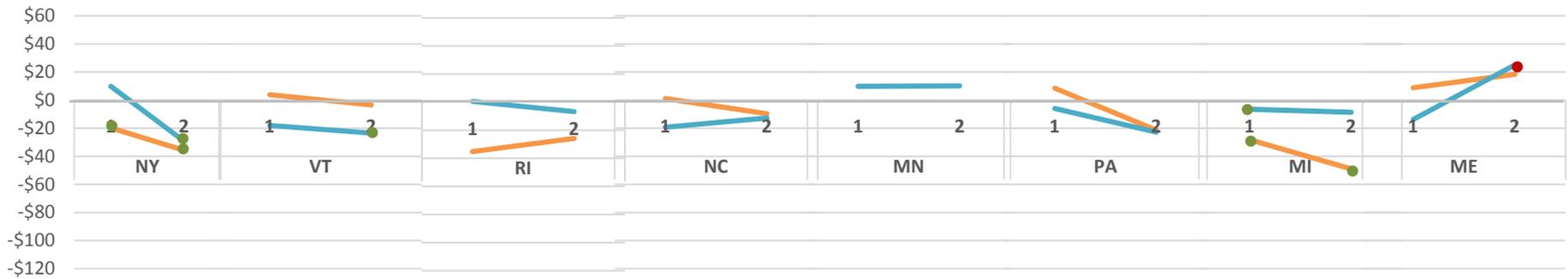


- NY, VT, and MI are the standouts with regard to saving Medicare money
- Although PA's performance in Year 1 was mixed, they showed significant improvement from Year 1 to Year 2
- MN and ME generated losses and the losses increased from Year 1 to Year 2 (although none statistically significant)

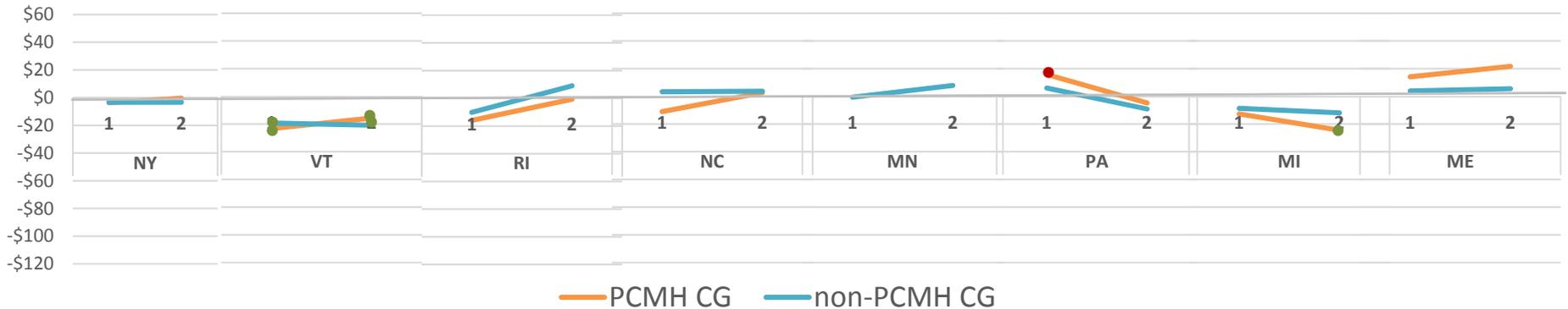
# What Accounted for Most of the Cost Savings?

Positive impacts on Medicare expenditures were largely driven by reductions in inpatient and post-acute care expenditures

### Inpatient Expenditures (PBPM) in Years 1&2 by State: DID Estimates



### Post-Acute Care Expenditures (PBPM) in Years 1&2 by State: DID Estimates

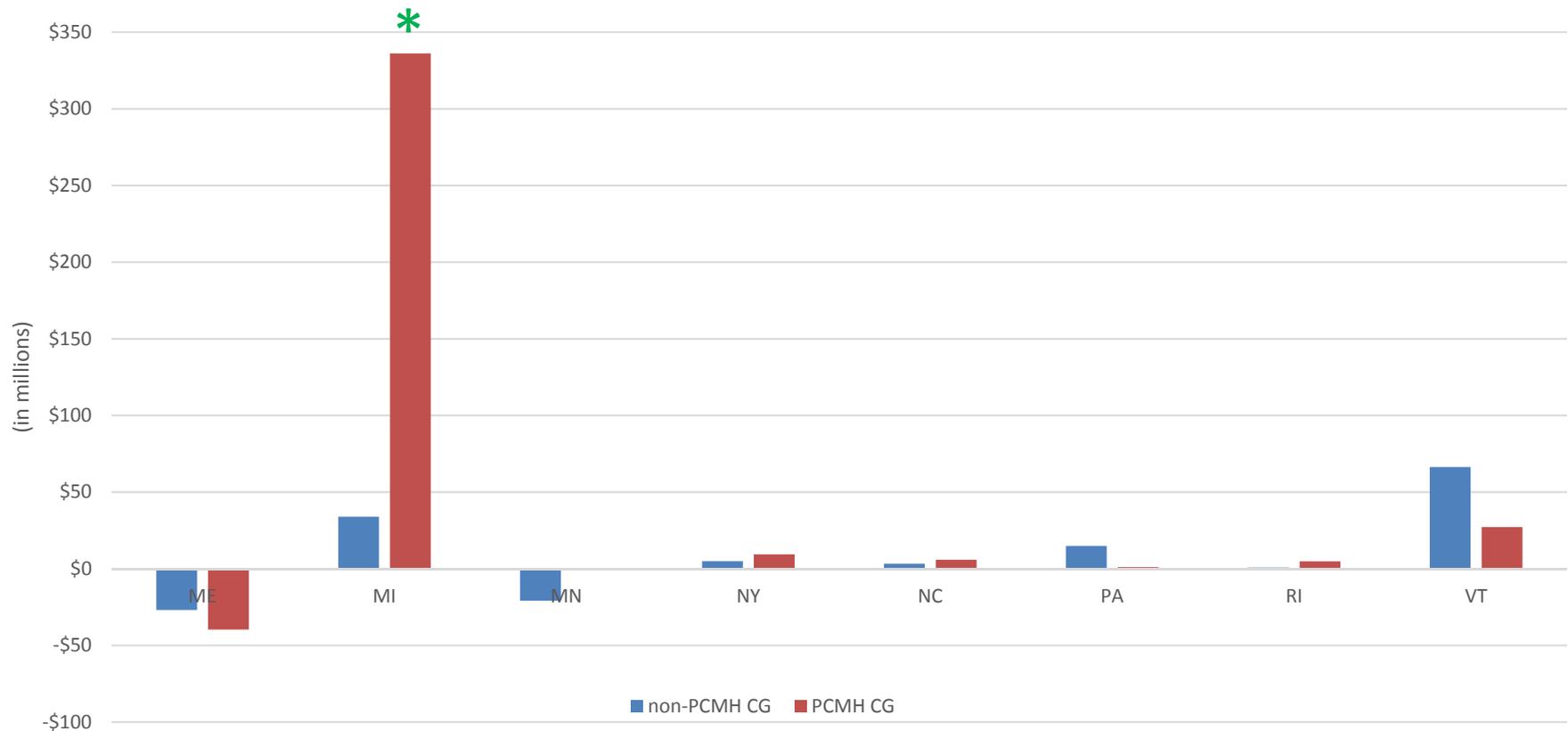


— PCMH CG — non-PCMH CG

# Did MAPCP Save Medicare Money in the First 2 Years?

By Year 2, MAPCP saved **\$323.6M** relative to PCMH CG and **\$76.1M** relative to non-PCMH CG, largely driven by MI and VT

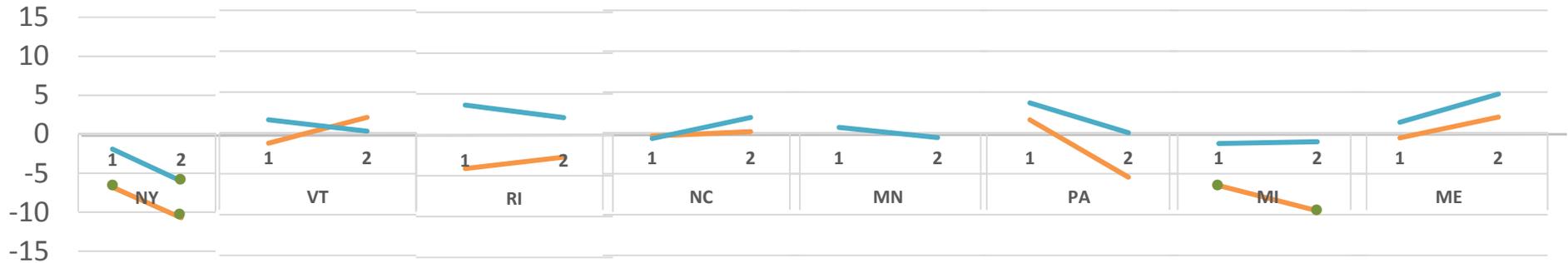
Net Savings by State



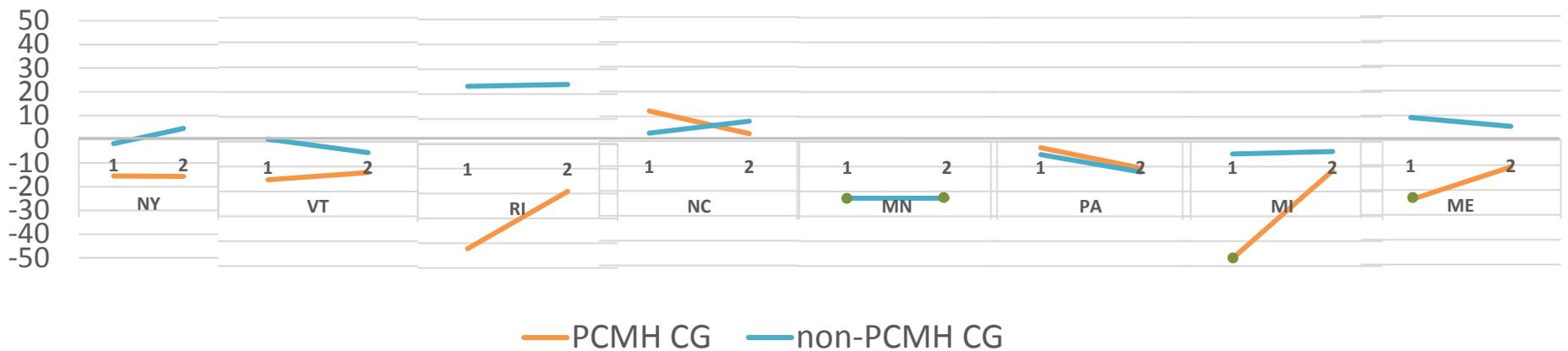
# What Were MAPCP's Impacts on Admissions in the First 2 Years?

- A few states' PCMH initiatives had a positive impact on admissions (NY and MI) or readmissions (MN) but most had no statistically significant impact
- Although not statistically significant, a few were moving in a positive direction (PA)

Inpatient Admissions per 1,000 in Years 1&2 by State: DID Estimates



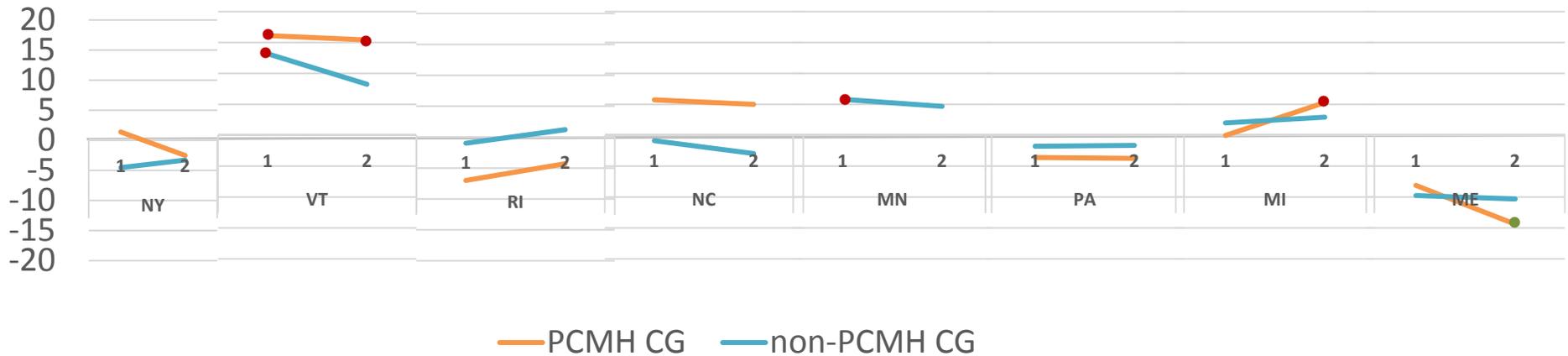
30-Day Unplanned Readmissions per 1,000 Admissions in Years 1&2 by State: DID Estimates



# What Were MAPCP's Impacts on ED Visits in the First 2 Years?

Impacts on ED visit rates were mixed

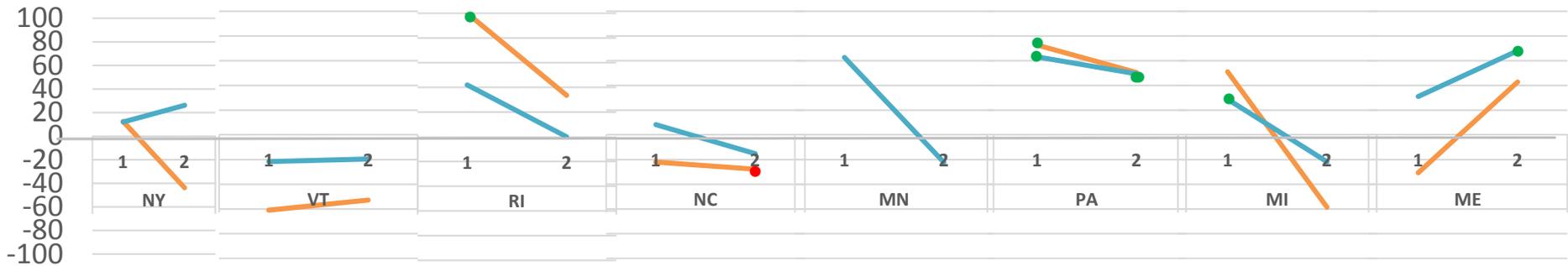
ED Visits per 1,000 in Years 1&2 by State: DID Estimates



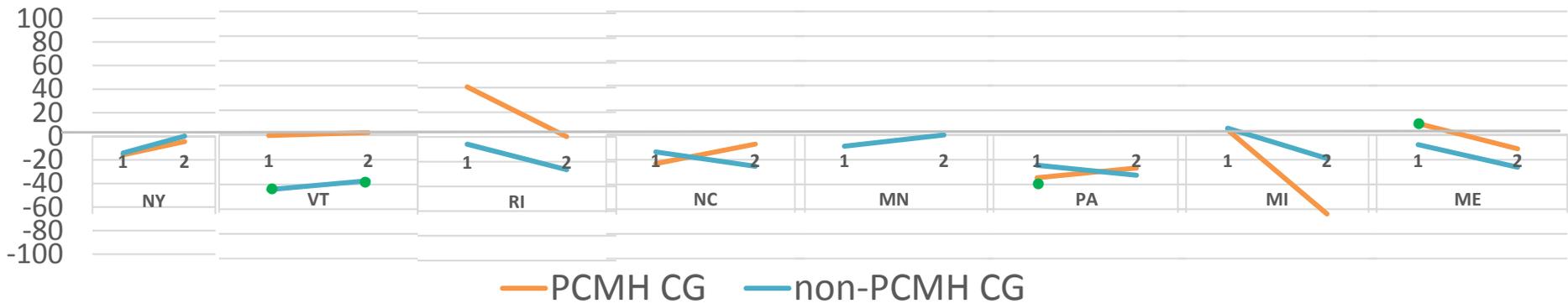
# What Were MAPCP's Impacts on Office Visits in the First 2 Years?

Impacts on primary care and medical specialist visits varied by state

Primary Care Visits per 1,000 in Years 1&2 by State: DID Estimates



Medical Specialist Visits per 1,000 in Years 1&2 by State: DID Estimates

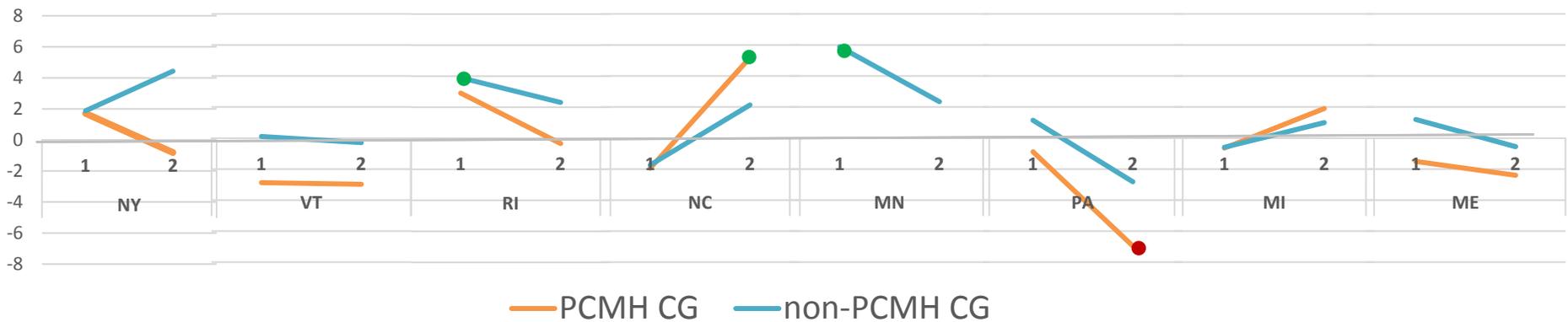


— PCMH CG — non-PCMH CG

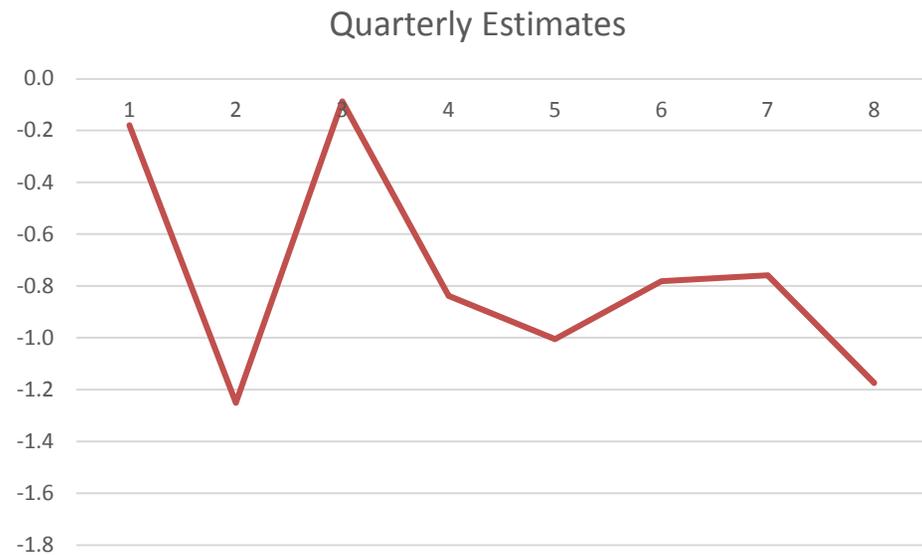
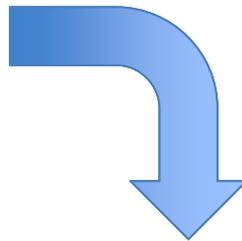
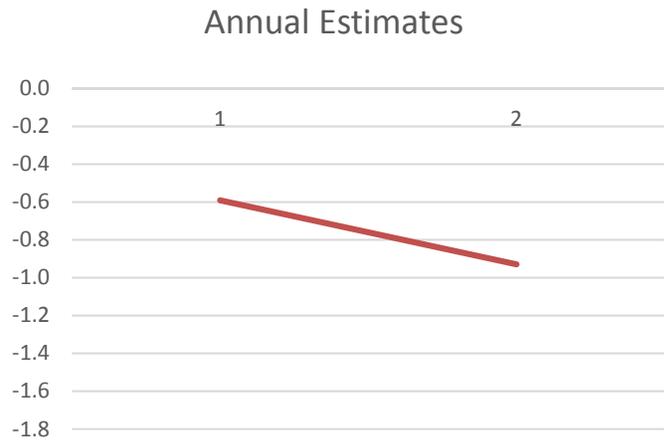
## What Were MAPCP's Impacts on Quality of Care in the First 2 Years?

Impacts on quality of care were generally not significantly better than the CGs

Received All 4 Diabetes Tests in Years 1&2 by State: DID Estimates



# Word of Caution: Noisy Data Underlying Annual Estimates



## Major Transformation Accomplishments

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- Integration of care management/coordination activities and staff was focus of transformation process
  - Patient care plans, managing' care transitions from the hospital, medication reconciliation, links to community resources, preventive services, targeting of high-risk patients, standardization of care practices
- Expansion of patient access
  - Open access scheduling, expanded hours, after-hours coverage, patient portals
  - Patient awareness of these new features limited uptake

## Major Transformation Accomplishments

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- Increased focus on behavioral health
  - Screening for behavioral health issues, connecting patients with community providers and resources, hiring behavioral health specialists or contracting with community organizations to offer needed care
- Practice staff also noted improvements in:
  - Staff engagement, motivation, teamwork
  - Patient engagement, access to care, quality of care

## Challenges and Lessons Learned

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- Health IT and information exchange also important
  - Most practices had EHR systems before demo start, with basic use
  - Registries, patient education, quality measure calculation, population-based reports, patient portals used more as time passed
  - Electronic health information exchange with local hospitals and other providers was minimal
  - Practices often were unaware of availability of payer-provided data and reports. Those familiar often found it too lagged for clinical use or too difficult to reconcile multiple payer reports

## Challenges and Lessons Learned

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- It took states longer than expected to operationalize initiatives
  - First year focused on changing program structure
  - Later years focused on improving program operations
  - At end of Year 3, practices felt they were just getting started with the real work and that 3 years is not enough time to reduce cost or improve health outcomes
- Changes in the state leadership and budgets were a recurring challenge but stabilized in Year 3
- Many states were participating in other initiatives (e.g., SIM, ACOs)

## Challenges and Lessons Learned

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- Importance of multi-payer aspect of demonstration
  - Greater payer participation provided greater momentum
  - Sustainability and scalability depended on practices' receiving payment for a critical mass of patients
- Concern about sustaining momentum among payers and providers
  - Payer expectations for return on investment, health care reform
- Staff experienced change fatigue
  - Increased workloads, documentation burdens, redesigning care processes

# Conclusions

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- Some early signs of positive impacts on Medicare utilization and expenditures but no consistent pattern across all 8 states
- Important lessons learned from participation in state PCMH initiatives

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For more information on MAPCP, visit:

<https://innovation.cms.gov/initiatives/Multi-payer-Advanced-Primary-Care-Practice/>

or contact:

[Mapcpdemo@cms.hhs.gov](mailto:Mapcpdemo@cms.hhs.gov)