

**Multi-Payer Advanced Primary Care Practice Demonstration:
Key Findings from the Second and Third Annual Evaluation Reports
SPOTLIGHT ON VERMONT**

The Multi-Payer Advanced Primary Care Practice (MAPCP) Demonstration is multi-payer patient-centered medical home (PCMH) initiative in which Medicare participates with Medicaid and private health care payers in eight state initiatives, including the Vermont Blueprint for Health. Under this demonstration, participating practices, community health teams (CHTs) and the Support and Services at Home (SASH) program receive monthly care management fees from Medicare and other participating payers along with other support (e.g., data, technical assistance). On May 10, 2016, the Centers for Medicare & Medicaid Services (CMS) released the Second and Third Annual Evaluation Reports. This brief summarizes the key findings on Vermont's participation in the MAPCP Demonstration.

- At the end of Year 2 and after accounting for the demonstration fees paid by Medicare, total MAPCP Demonstration resulted in savings between \$27 and \$66 million, depending on whether the comparison group was comprised of primary care practices with or without PCMH recognition from the National Committee for Quality Assurance. A significant portion of the savings were generated from beneficiaries with multiple chronic conditions and from reductions in short-term inpatient and outpatient expenditures.
- There were also 15,343 fewer medical specialist visits by the end of Year 2 due to the MAPCP Demonstration.
- The MAPCP Demonstration had some unintended impacts in Vermont. Relative to PCMH comparison practices, there were more than 6,000 additional emergency room (ER) visits. Relative to non-PCMHs, there were nearly 4,000 more ER visits and nearly 500 more admission for potentially avoidable conditions.
- During Year 2, CHTs were expanded to all 14 Vermont health service areas. CHTs were more effectively engaged and integrated into practice workflow and the local community during Years 2 and 3. During Year 3, CHTs started to focus on panel management, which targeted certain groups of patients such as diabetic, asthmatic, and high ER use patients. Practices felt that the presence of CHTs resulted in better care coordination, access to social workers, and patient engagement.
- SASH enrollment increased by 43 percent during Year 3. Similar to CHTs, SASH experienced greater coordination with and integration into Blueprint for Health practices during Year 3.
- During Years 2 and 3, many practices improved access to care by providing extended hours, 24/7 availability, same-day appointments, online patient portals, and telemedicine. However, they had problems offering weekend hours due to staffing issues. Such improvements in access may have reduced the need for face-to-face office visits.
- There was significant attention focused on individuals with behavioral health conditions. During Year 2, the Hub and Spoke initiative was implemented for Medicaid beneficiaries, licensed mental health and substance abuse clinicians were added to CHTs, and a pilot that involved a psychiatrist rotating among several practices was launched. During the third year of the program, the Hub and Spoke initiative was expanded to commercially insured patients. During Year 2, these efforts seemed to slow Medicare expenditure growth for this population by nearly \$61 per beneficiary per month compared to non-PCMH practices and increase growth in behavioral health outpatient visits. Practices expressed concern about the future effectiveness of these efforts because they had difficulties sharing substance abuse data.

To read more on Vermont's performance in the MAPCP Demonstration in Years 2 and 3, see <https://downloads.cms.gov/files/cmimi/mapcp-secondevalrpt.pdf> and <https://downloads.cms.gov/files/cmimi/mapcp-thirdevalrpt.pdf>.