



Q CASE STUDY

Individualized Technical Assistance to Medicaid Providers in the My Health GPS Program

THE CLIENT

District of Columbia, Department of Health Care Finance

BACKGROUND

The My Health GPS (MHGPS) initiative, a Health Homes program, was launched by the District of Columbia, Department of Health Care Finance (DHCF) to deliver care coordination services to Medicaid beneficiaries with multiple chronic conditions. The MHGPS program was led by multi-disciplinary teams within the primary care setting to coordinate care across medical, behavioral, and social service systems.

The initiative was designed to improve MHGPS enrollees' health outcomes and reduce avoidable and preventable hospital admissions and emergency room visits.

THE CHALLENGE

Once the MHGPS program was initiated, DHCF engaged Health Management Associates (HMA) to provide Individualized Technical Assistance (ITA) to support the transitioning providers to a more team-based, person-centered, and integrated model of care.

HMA began work in 2018 on the two-year project and focused on four core competencies to support specific aspects of care delivery including delivering patient-centered care, using population health analytics, adapting operations to a performance-based model, and developing leadership to support a value-based payment strategy.

THE APPROACH

HMA colleagues worked closely with the MHGPS team and clinical leadership from the DHCF to improve clinical workflow, documentation, and care plans.

The ITA began with on-site practice assessments, followed by development of curriculum plans based on the gaps and priorities identified through assessments, and then the provision of individualized coaching and technical assistance throughout the length of the contract. Nine MHGPS practices participated in the ITA program with HMA.

THE ITA PROGRAM ELEMENTS INCLUDED:

COACHING

Each practice had one lead coach with whom they met throughout the duration of the ITA program to help practices implement strategies from their curriculum plan and overcome challenges encountered.

LEARNING COLLABORATIVES

HMA delivered 24 virtual and three in-person learning collaboratives. The virtual and in-person learning collaboratives reinforced the coaching curriculum, introduced advancements and best practices, built relationships, and continued the learning process for the MHGPS care teams. Additionally, the sessions were an opportunity to earn continuing educational credit for many MHGPS care team members.

VIRTUAL LEARNING COMMUNITY (VLC)

The VLC (MyHealthGPS.com) provided an online repository of resources for MHGPS practices, DHCF, and other community members. The site also including program materials and a discussion board to share best practices and lessons learned.

THE RESULTS

As of June 2020, evaluation results were promising, and MHGPS providers have shared innovative approaches to improve transitions of care and reduce unnecessary re-hospitalizations and emergency room visits.

Progress and improvements were tracked through assessments during the program based on the four core competencies.

Delivering Patient-Centered Care

Practices showed moderate improvement in this core competency.

The main takeaways included:

- » All practices use goal driven in-person biopsychosocial (BPS) assessment and care plans that address social determinants of health and their barriers to care
- » Many practices improved the care plan process
- » Practices showed improvements in maintaining or increasing their monthly touch rate
- » Seventy percent of practices demonstrated a net gain in enrollment during the ITA program period

Using Population Health Analytics

Practices showed significant improvement in this core competency.

The main takeaways included:

- » All participating practices have been trained on and used the Patient Snapshot, Encounter Notification Service, Clinical Query Portal and had incorporated the tools in their data workflows in a purposeful way
- » The majority of practices developed spreadsheets or reports from their EHR to track touch rates and care plan anniversary dates
- » All practices were trained to track their MHGPS Pay-for-Performance Incentive Program measures as well as other clinical quality measures
- » Practices actively communicate and collaborate around priority metrics across practices

Adapting Operations to a Performance-Based Model

Practices showed significant improvement in this core competency.

The main takeaways included:

- » Practices demonstrated improvements with respect to the basic tenets of high functioning care teams, including written position descriptions, after-hours availability and secure communications.
- » Practices evaluated and improved staffing models, either to ensure that ratios of beneficiaries/staff were maximized (i.e., via increased enrollment) or to ensure that new staff were properly trained and the MHGPS program continued to run seamlessly with the addition of new team members
- » Practices continued to refine processes to support transitions of care post-hospitalization and emergency room visit, but few have evolved to providing service delivery beyond their practice walls, therefore system-wide impact is limited.

Developing Leadership to Support VBP Strategy

Practice progress varied in this core competency. The main takeaways include:

- » Care teams and MHGPS directors learned to use tools, evaluate high value interventions, and target efforts toward more cost-effective activities
- » Practices reported increased practice leadership engagement to support the MHGPS team and their activities. However, some practices demonstrated more leadership buy-in than others.
- » Developing leadership support was more challenging in practices with low MHGPS beneficiary enrollment numbers.