The Johns Hopkins University's
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MAY 10-12
Tucson, Arizona
Loews Ventana Canyon

Plenary: Measurement to Management

Minnesota Medical Home Initiative: Patient Complexity Tiers

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Minnesota's Cross-Payer Health Care Home Legislation (Implementation 7/1/10)

- Develop a cross-payer system of PMPM care coordination payments to certified Health Care Homes (HCH) based on the complexity of the patient
- In addition to medical complexity, consider inclusion of factors such as "limited English-language skills, cultural differences, or other barriers to health care" to assess patient complexity
- U of M project objectives were to design, implement, and refine patient risk stratification method and support design of program management and evaluation tools:
  1) Define currently non-billable work of care coordination based on the estimated time and work required to coordinate their care
  2) Create a method to stratify patients into objectively verifiable "complexity tiers" based on how much care coordination they are expected to need over a given time period to achieve or maintain optimal health
  3) Develop method of risk stratification that can be conducted by HCH providers
  4) Refine risk stratification method during first two years of implementation
  5) Support development of evaluation tool and information exchange with HCHs

Developed ACG Based Patient Complexity Tiers

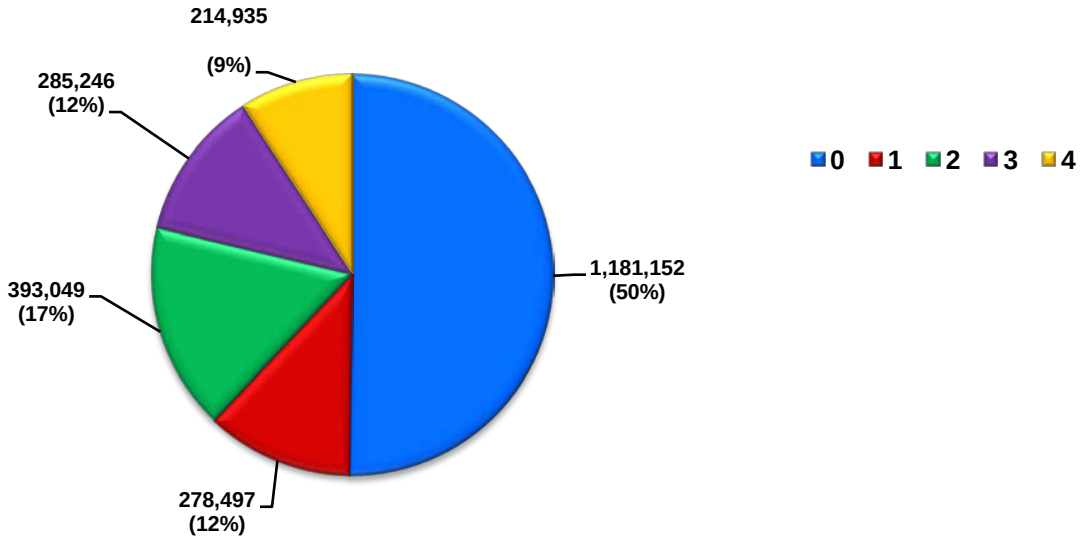
- Based on ACGs Version 9.0
- Combinations of major ADGs and selected EDCs
- HCH providers stratify patients using a menu of selected EDCs and then applying an adaptation of Hopkins' criteria for assigning conditions to major ADGs to determine whether a selected EDC is a "major condition group"
- Risk stratification based on the sum of Major Condition Groups (i.e. of selected EDCs that meet major condition criteria)
- Additional "non-medical" risk factors used to increase payment by defined % within tiers

Patient Complexity Tiers

- Tier “Zero” - 0 Major condition groups
- Tier One - 1-3 Major condition groups
- Tier Two - 4-6 Major conditions groups
- Tier Three - 7-9 Major condition groups
- Tier Four - 10+ Major condition groups

Risk Tiers for MN Public Program FFS Population

Distribution of Member Months by MCGs (modified EDC) Tiers



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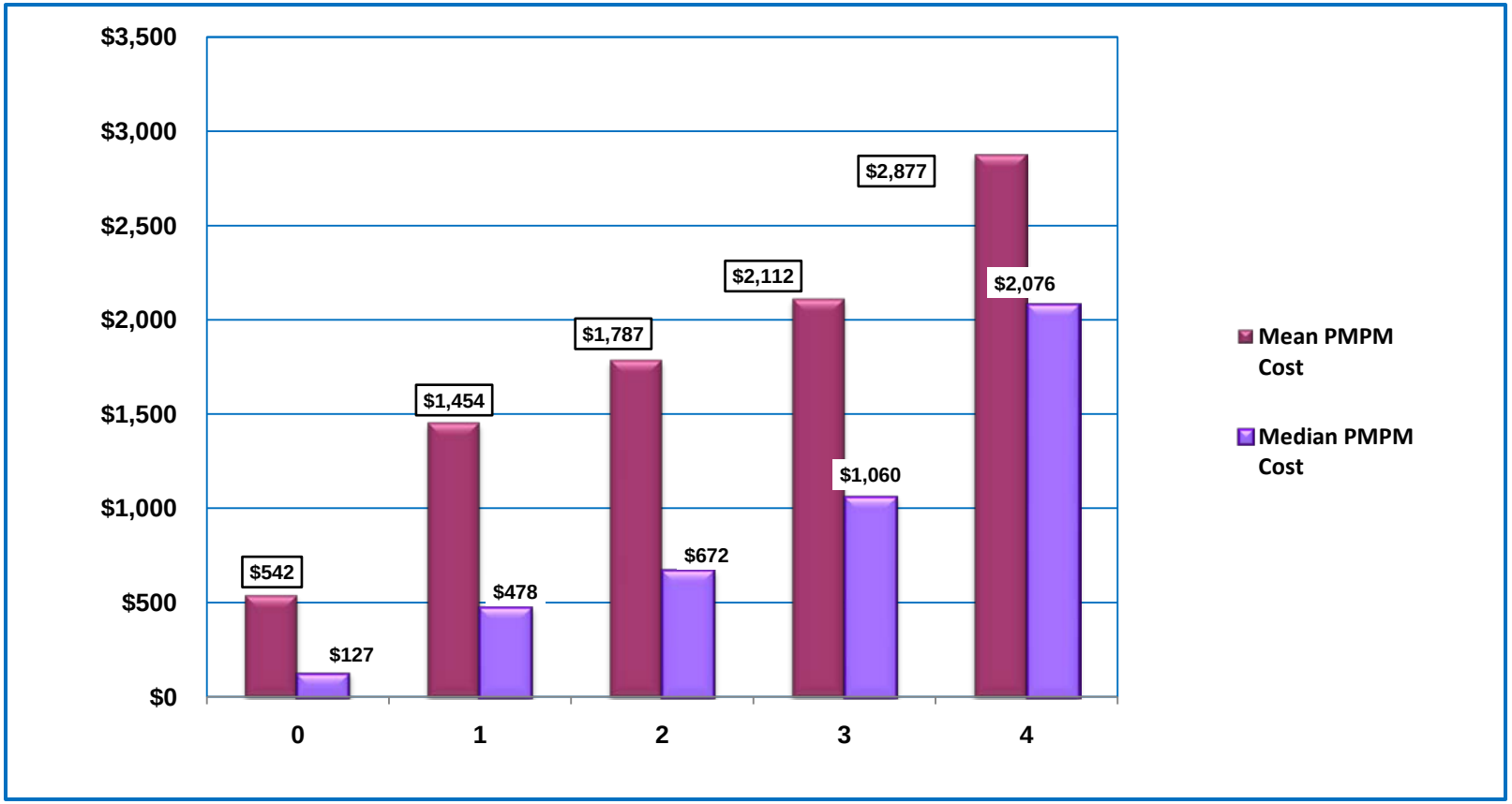
Medical Costs for MN Public Program Population HCH Tiers



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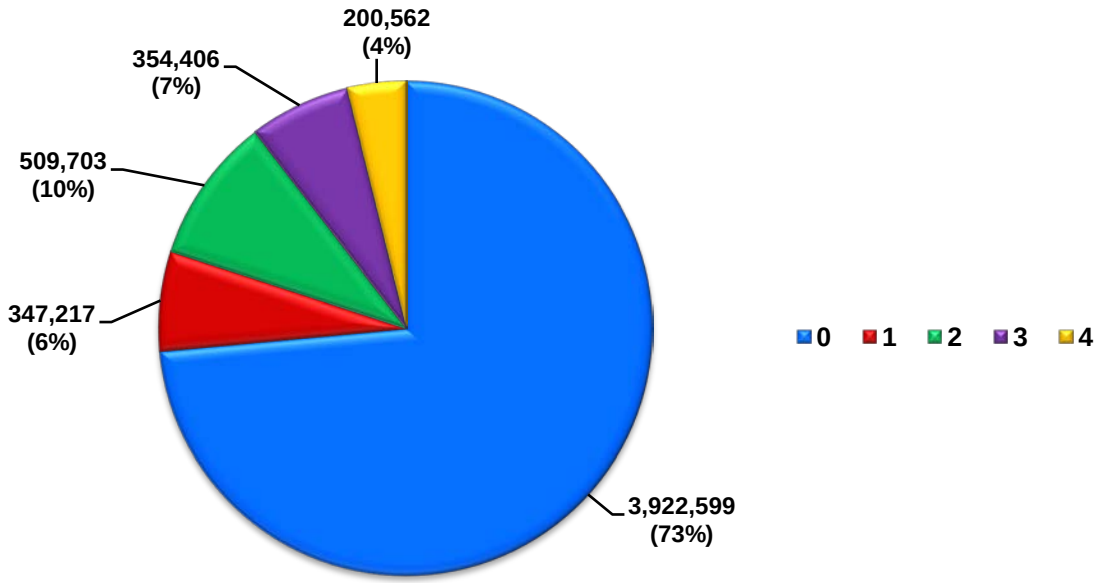

“Non-Medical” Complexity Factors

- Identified as highest-priority: readiness to engage in care; primary language other than English; major active mental health condition; access to communication tools; social support; employment/education

- Two factors chosen as a starting point (present in administrative data and thus verifiable):
  - Primary language other than English
  - Major active mental health condition

- Each of these two factors will trigger a defined-percentage increase in the rate for each tier

MN HCH payer-provider information sharing can lead to improved care across payers

- ACGs are a commonly used by MN payers allowing for easier cross-payer implementation of HCH payment and data sharing methods
- Tools in development to support tier assignment by HCH providers – concept of “major” conditions needs to be translatable and supported by IT that can be feasibly applied by HCH providers
- New opportunities for payer-provider data sharing for better patient care management and population health management and evaluation
- Provider submitted data on risk factors and care coordination effort and effectiveness opportunity to refine and improve risk assessment and program evaluation methods