Team-based Care Approaches to Improve Health Outcomes

Commission Meeting

September 20, 2023

Study purpose

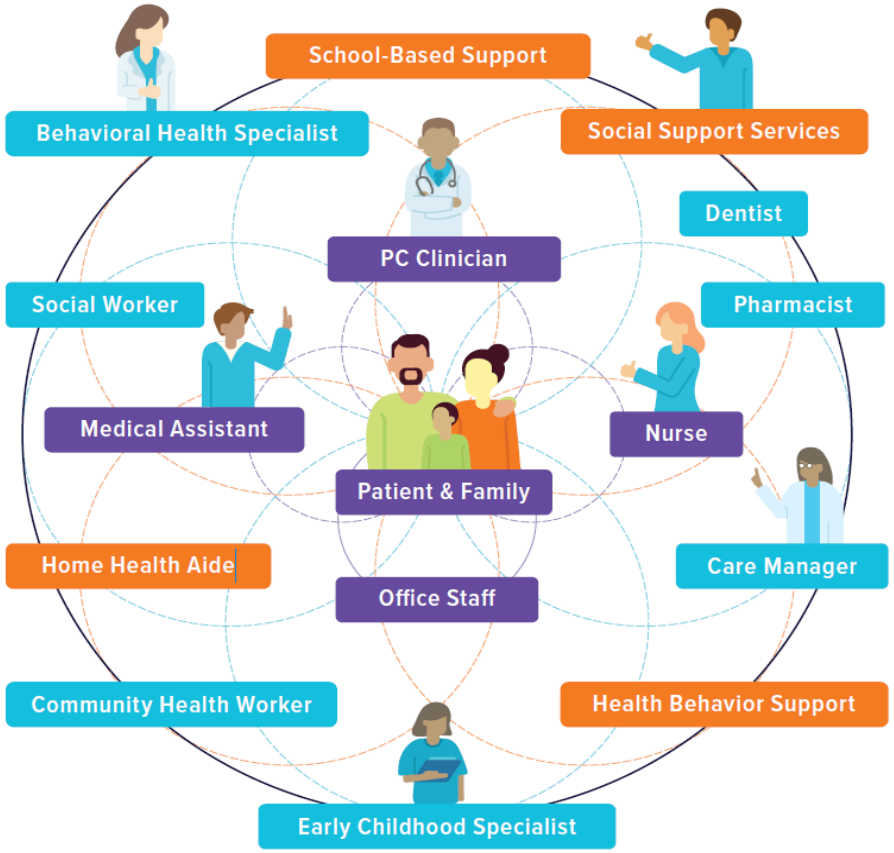
- Review models of team-based care for their effectiveness
- Identify patient populations who benefit from team-based care
- Evaluate the extent to which team-based care models are being used in Virginia
- Understand factors affecting the implementation of team-based care
- Recommend changes through which Virginia could further incentivize or promote team-based care

Study resolution approved by Commission on December 7, 2022

Team-based care has a defined membership with shared goals

- **Team-based care** is the provision of health services by at least two health care professionals who work collaboratively with patients and their caregivers to accomplish shared goals
- Study focuses on **primary care** teams and their impact on patients with chronic conditions

Patients and caregivers are central members of practice teams



NOTE: PC = primary care

SOURCE: National Academies of Science, Engineering, and Medicine, *Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care,* 2021.

Findings in brief

- Team-based care is evidence based but reimbursements for behavioral health and pharmacists' services are limited
- The impact of state-funded incentive programs to address primary care workforce shortages is unclear
- Practices need implementation support to transition from traditional to team-based primary care
- Current fee-for-service payment models are a barrier to team-based care sustainability

Policy options in brief

- Direct DMAS to establish a reimbursement rate for integrated behavioral health services
- Direct DMAS to establish a reimbursement rate for pharmacist-provided medication therapy management via telehealth
- Direct JLARC to evaluate state funded health care workforce scholarship and loan repayment programs

NOTE: DMAS = Department of Medical Assistance Services; JLARC = Joint Legislative Audit and Review Commission

Policy options in brief (cont.)

- Fund state-wide expansion of pilot program on payer criteria for team-based implementation and performance
- Fund additional AHEC staff to support primary care practices transitioning to team-based care
- Direct DMAS to participate in the Medicaid health home program

NOTE: AHEC = Area Health Education Centers; DMAS = Department of Medical Assistance Services

Agenda

Impact of team-based care on chronic conditions

Value of telehealth in team-based care practices

Team-based care workforce shortages

Resources needed to implement and sustain team-based care

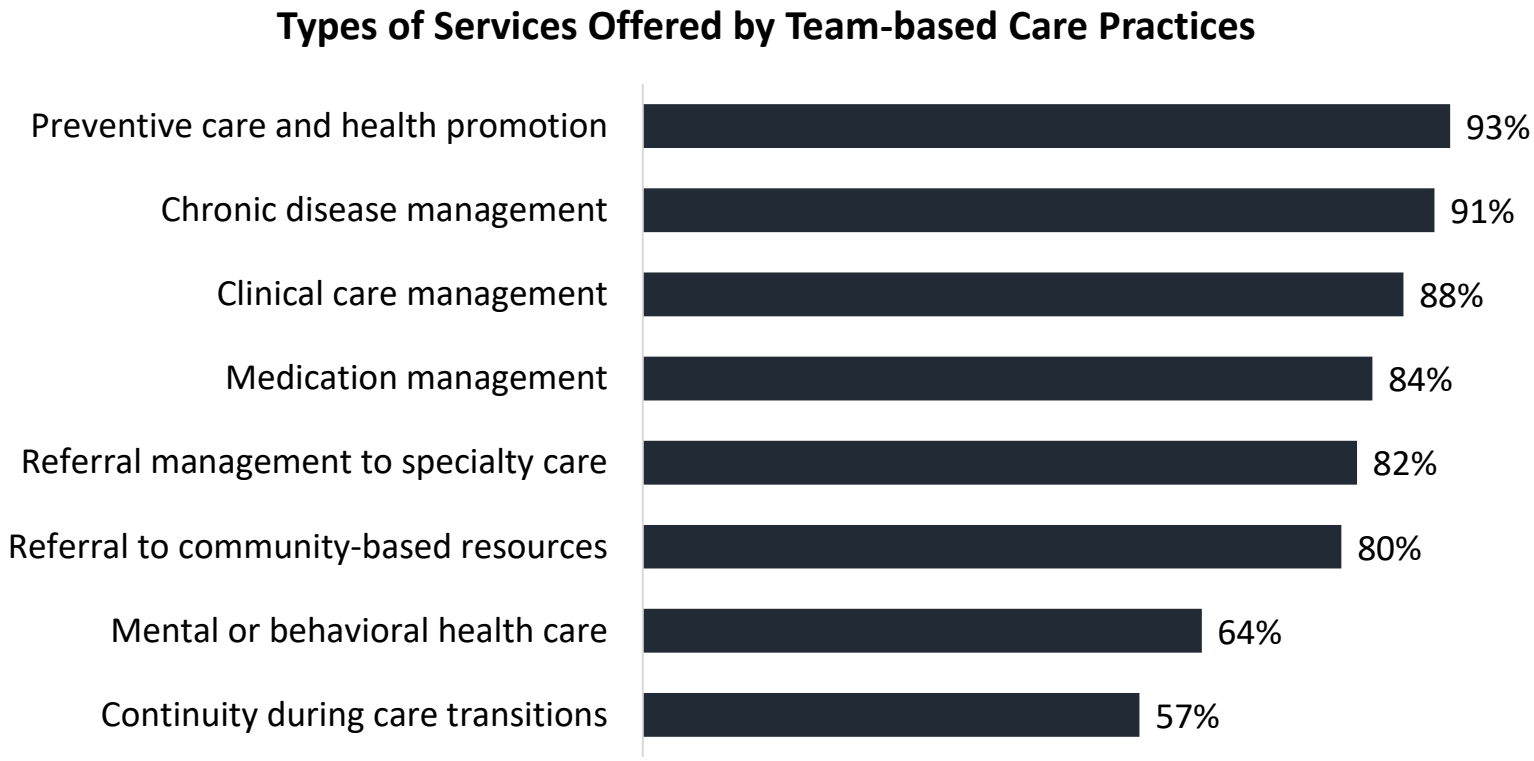
Findings

- Team-based care positively impacts depression, diabetes, and hypertension
- Team-based primary care practices' need for integrated behavioral health services is growing

Team-based care positively impacts chronic conditions

- Team-based primary care teams have a significant, positive impact on patients' living with:
  - Depression,
  - Diabetes, and/or
  - Hypertension
- Team-based care addresses social determinants of health

Virginia practice teams offer a range of services to patients



SOURCE: JCHC survey of primary health care professionals, 2023

The need for primary care integrated with behavioral health is growing

- Since 2018, the number of primary care practices with embedded behavioral health providers has doubled
- In integrated primary care, medical and mental health clinicians work together to address patients' concerns
  - The Collaborative Care Model is widely recognized as a model of integrated primary care
  - One-third of Virginia practice teams with behavioral health clinicians on staff implement the Collaborative Care Model

Virginia care teams are struggling to meet patients' behavioral health needs

- Behavioral health professionals are not available to all patients with mental health needs
  - Practices owned by health systems share clinicians among multiple practices or provide services through telehealth
  - Independently owned practices rarely employ behavioral health clinicians
  - Practices that accept Medicaid patients are less likely to implement the Collaborative Care Model

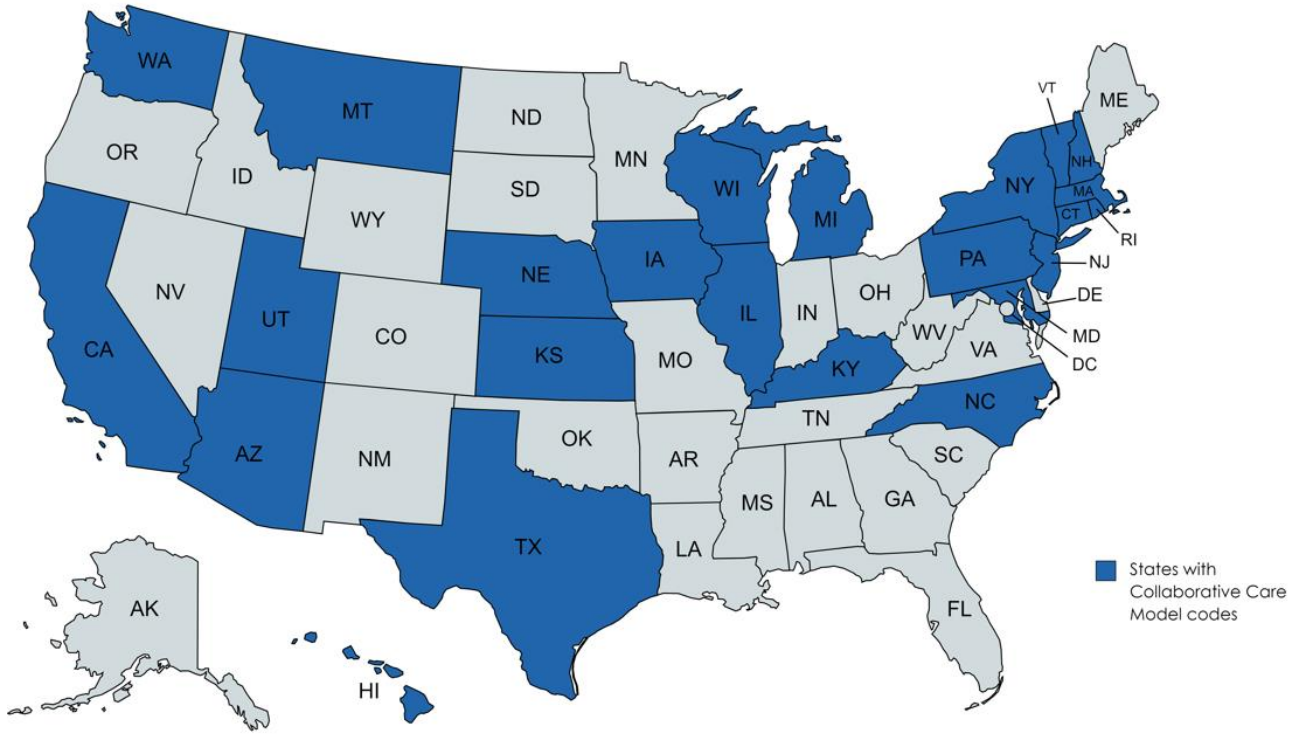
Lack of insurance coverage for BH services in primary care is a barrier

- CMS has permitted payments to primary care practices for behavioral health services using the Collaborative Care Model since 2018

NOTE: CMS = Centers for Medicare and Medicaid Services

Virginia Medicaid does not reimburse integrated behavioral health services

Virginia is 1 of 26 states that does not reimburse for Collaborative Care Model codes



SOURCE: Meadows Mental Health Policy Institute, 2023

Policy Option 1

The JCHC could introduce a budget amendment directing DMAS to establish a reimbursement rate and program guidelines for Collaborative Care Model services in primary care practices.

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Findings

- Integrating pharmacists into primary care teams improves patient outcomes and clinician prescribing practices
- Lack of reimbursement for pharmacists' services delivered through telehealth limits availability

Pharmacists add value for patients and providers in team-based care practices

- Pharmacists in integrated primary care practices provide medication therapy management, among other services
- When pharmacists are added as team members:
  - Patients' medication adherence improves
  - Clinicians' prescribing practices improve

Pharmacists' use of telehealth is common in team-based care practices

- One-third of team-based care practices employ a pharmacist
  - Half of those have a collaborative practice agreement
  - Smaller practices are less likely to employ a pharmacist than larger practices
- Use of telehealth extends pharmacists' services to rural locations and shortage areas

Lack of coverage for pharmacists' services limits availability

- Lack of coverage for medication therapy management delivered via telehealth is a significant hurdle to integrate pharmacists into primary care practices

Policy Option 2

The JCHC could introduce a budget amendment providing funds to DMAS to develop a reimbursement rate for pharmacist-provided medication therapy management via telehealth.

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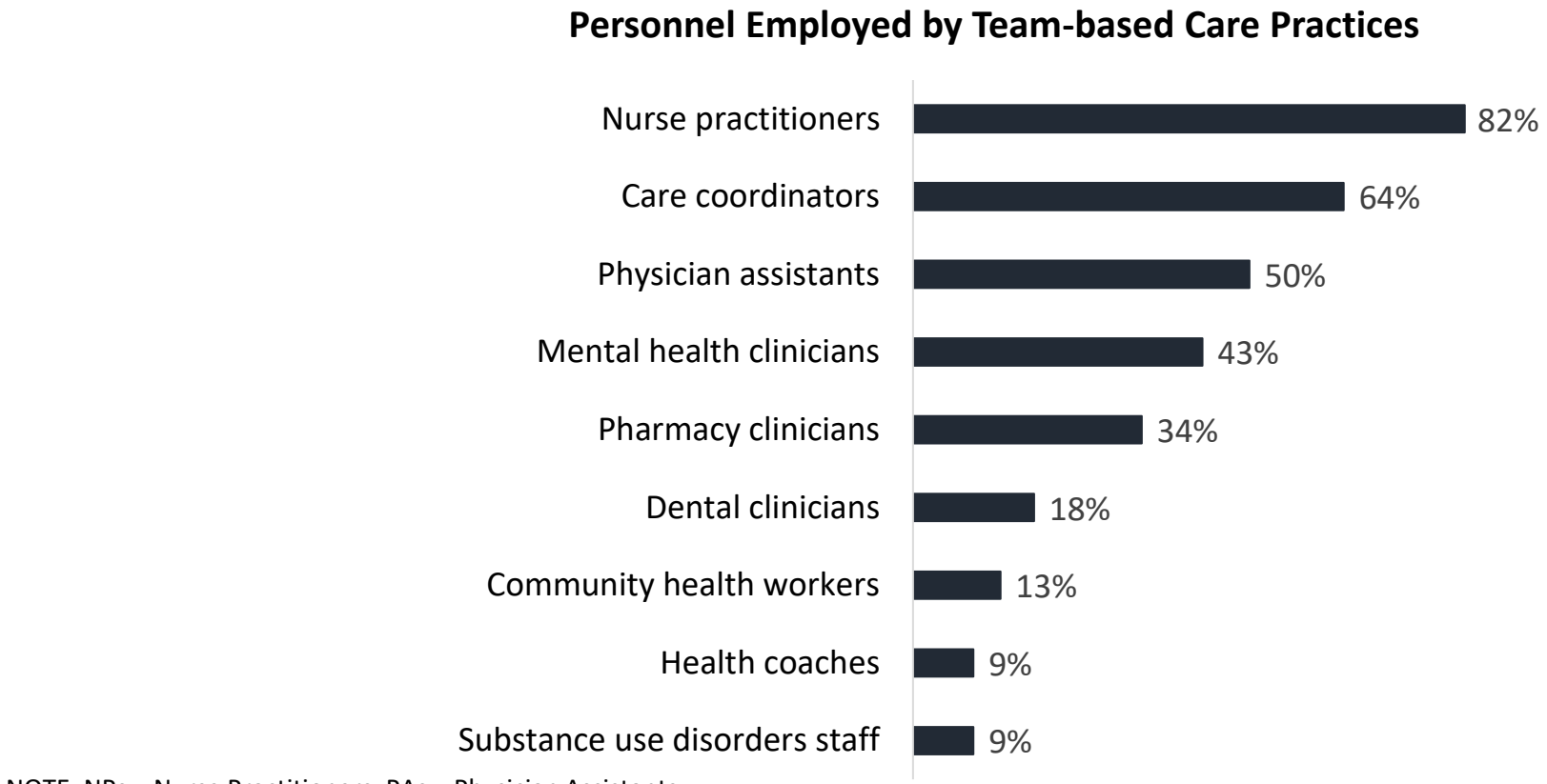
Resources needed to implement and sustain team-based care

Findings

- Nurse practitioners, physician assistants, and care coordinators are frequent members of primary care practice teams
- The primary care workforce is experiencing unprecedented shortages

NPs, PAs, and care coordinators are frequent members of practice teams



NOTE: NPs = Nurse Practitioners; PAs = Physician Assistants

SOURCE: JCHC survey of primary health care professionals, 2023

The primary care workforce is experiencing unprecedented shortages

- Primary care practices lost an average of 2.8 providers during the COVID-19 pandemic
- Workforce shortages are projected over the next 10 years for multiple primary health care occupations

Workforce concerns are among the top factors that limit implementation

Rank	Factors Limiting Optimal Team-based Care Implementation
1	Difficulty recruiting or retaining clinical staff
2	Staff burnout
3	Competing practice demands
4	Difficulty recruiting or retaining non-clinical staff
5	Payment systems that do not incentivize team-based care

SOURCE: JCHC survey of health care professionals, 2023

Virginia provides $4.6M in state funding for six workforce incentive programs

Program Name	Eligible Health Professions	State Funding
Virginia Mary Marshall Nursing Scholarships*	Registered Nurses, Licensed Practical Nurses, Certified Nursing Assistants	Up to $399,000
Virginia Nurse Educator Scholarship Program	Nursing	Up to $300,000
Virginia Nurse Practitioner/ Nurse Midwife Scholarship Program	Nurse Practitioners, Nurse Midwives	Up to $300,000
Virginia Nurse Preceptor Incentive Program	Physicians, Physician Assistants, and Advanced Practice Registered Nurses	Up to $500,000
Virginia State Loan Repayment Program	Licensed clinicians	$1,500,000
Behavioral Health Loan Repayment Program	Behavioral health professionals	$1,600,000
Virginia Physician Loan Repayment Program	Physicians	Unfunded
Physician Assistant Scholarship Program	Physician Assistants	Unfunded
Dental Scholarship and Dental Loan Repayment Program	Dentists	Unfunded
Virginia Medical Scholarship Program	Medical Students	Unfunded

NOTE: *This is administered as four separate programs, and includes long-term care Registered Nurses, Licensed Practical Nurses, and Certified Nursing Assistants.
SOURCE: Virginia Department of Health, 2023

Impact of Virginia's primary care incentive programs is unknown

- Studies show these types of programs can be effective, but Virginia's programs have not been evaluated
- Stakeholders report lack of awareness and low incentives compared to the private sector

NOTE: VDH = Virginia Department of Health

Policy Option 3

The JCHC could direct JLARC to evaluate the value and impact of state-funded health care workforce scholarship and loan repayment programs.

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Impact of team-based care on chronic conditions

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Findings

- Misaligned incentive programs can create significant administrative burden
- Practices need additional support to transition to team-based care
- Fee-for-service payment models hamper team-based care sustainability

Misaligned incentives for team-based care create administrative burden

- Incentives tied to maintaining a specific model of team-based care create rigidity and can be resource intensive
- Incentives tied to care quality allow flexibility in implementation
  - Misalignment of metrics and benchmarks among payers creates multiple targets and additional reporting burden

Multi-payer alignment on the markers of high value team-based care is critical

- Identifying core criteria of team-based care for payment purposes establishes upfront expectations for practices
- Identifying core performance metrics reduces administrative and reporting burdens
- Multi-payer directional alignment requires consensus building, a focus of VCHI's Virginia Task Force on Primary Care

NOTE: VCHI = Virginia Center for Health Innovation

Policy option 4

The JCHC could introduce a budget amendment to expand the VCHI Task Force on Primary Care's pilot program developing multi-payer directional alignment of high-quality team-based care criteria and performance metrics.

NOTE: VCHI = Virginia Center for Health Innovation

Practices need additional support to transition to team-based care

Rank	Factors Limiting Implementation of Team-based Care
1	Payment systems that do no incentive team-based care
2	Difficulty recruiting or retaining clinical staff
3	Lack of funding that supports initial costs of implementation
4	Lack of support from health system or medical group
5	Difficulty recruiting or retaining non-clinical staff

SOURCE: JCHC survey of primary health care professionals, 2023

Practices do not have equal access to additional supports

- Health systems and health plans provide business consultants to assist primary care practices
- States also leverage Area Health Education Centers (AHECs) to support practice transformation
- Virginia AHECs are not resourced to perform this work but have established relationships with primary care practices

Policy option 5

The JCHC could introduce a budget amendment for the VHWDA to hire and train additional staff within each of the eight regional AHECs to support primary care practices transitioning to team-based care.

NOTE: VHWDA = Virginia Health Workforce Development Authority ; AHEC = Area Health Education Center

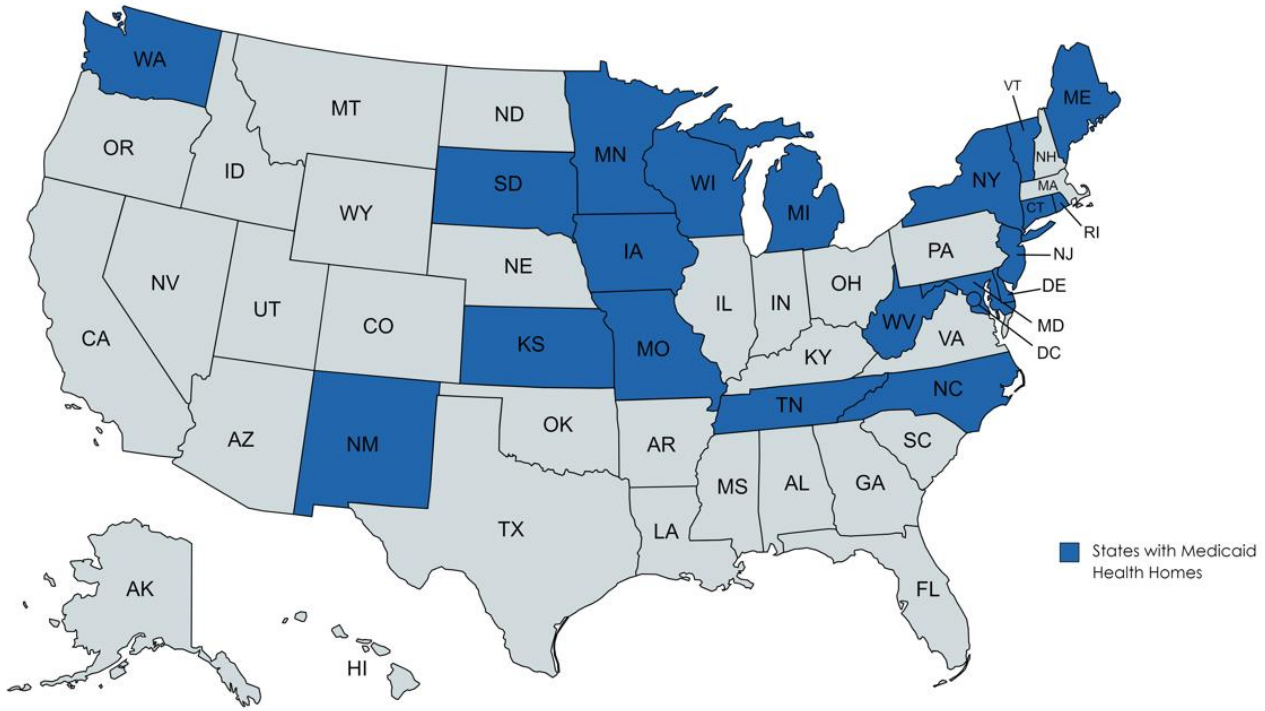
Fee-for-service payment models limit sustainability of team-based care

- 73% of practices reported payment systems that do not incentivize team-based care are a significant barrier
- Fee-for-service payment models are a deterrent, whereas value-based payment models with capitation:
  - Result in more predictable revenue streams
  - Support infrastructure development
  - Promote better use of practice team members

Medicaid health homes support teams through value-based payment models

- The Medicaid health home program offers an enhanced federal match to states that:
  - Offer team-based care for beneficiaries with chronic conditions
  - Integrate behavioral and physical health services to improve care quality and reduce costs
  - Provide core practice team services include care management

21 states have implemented Medicaid health homes



SOURCE: Centers for Medicare and Medicaid Services, 2023

Medicaid health homes require practice infrastructure

- Practices benefit most from the program if infrastructure for health homes and value-based payment already exists
- Enhanced federal match is only available for two years
- Virginia Center for Health Information's Virginia Task Force on Primary Care is developing a pilot program

Policy option 6

The JCHC could introduce legislation to direct DMAS to develop a plan to participate in Medicaid's federal health home program, in consultation with VCHI's Virginia Task Force on Primary Care.

NOTE: VCHI = Virginia Center for Health Innovation

Summary of policy options

Options to increase coverage of team-based care activities

- **Option 1:** Direct DMAS to establish a rate for Collaborative Care Model services
- **Option 2:** Direct DMAS to establish a rate for telehealth medication management therapy

Options to support the team-based care workforce

- **Option 3:** Evaluate VDH's state-funded health care workforce incentive programs
- **Option 5:** Fund additional AHEC staff to support practices implementing team-based care

Options to create supportive payment structures for team-based care

- **Option 4:** Expand pilot programs on team-based care criteria and performance metrics for payers
- **Option 6:** Direct participation in the Medicaid health home program

Opportunity for public comment

- Submit written public comments by close of business on Friday, Oct 6th

  Email: jchcpubliccomments@jchc.virginia.gov

  Mail: 411 E. Franklin Street, Suite 505

  Richmond, VA 23219

NOTE: All public comments are subject to FOIA and must be released upon request.

Joint Commission on Health Care

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