

Smart Care California (SCC)
Co-Chairs: Covered California, CalPERS, DHCS
Summary of January 31, 2017 Meeting -- Meeting #5
February 8, 2017

The complete meeting packet, including agenda, is available at <http://www.iha.org/our-work/insights/smart-care-california/meeting-materials>

I. MEETING OBJECTIVES

The purpose of the January 31st meeting was to continue discussions among multiple stakeholders on priorities for action regarding low back pain treatment, opioids, and NTSV C-section.

II. MEETING RECAP

Low back pain: Eugene Hsu, MD, MBA, Adjunct Lecturer at Stanford CERC presented on the Identification, Coordination, and Enhanced-Decision Making (ICE) model for patients with acute back pain. Following was a joint presentation by Tobias-Moeller-Bertram, MD, PhD, MAS, Medical Director at Desert Clinic Pain Institute and Jennifer Sayles, MD, MPH, CMO at Inland Empire Health Plan on a payer-provider collaboration to develop, deliver, and fund a multi-disciplinary center of excellence model for select Medi-Cal patients with chronic pain and either high opioid use or high utilization. The two presentations presented examples of innovation for several populations ranging from initial screening of low back pain to those with chronic, complex, high cost care needs. The group also began preliminary discussions on interventions and measures and briefly looked at low back pain resources assembled and curated by IHA to enable action by target audience.

Opioid: Kelly Pfeifer, MD, Director, High-Value Care at CHCF updated the group on progress, including the development of a health plan checklist of strategies to curb the overuse of opioids (with a focus on avoiding new starts, safer treatment of chronic pain, and ensuring access to effective addiction treatment), and the administration by the co-chairs of a health plan survey based on the checklist. In addition, the group learned about a health plan roundtable discussion happening on February 15th focused on MAT access, and a day-long event for physician group and health system leaders on May 4th to share best practices in provider groups. Both events are by invitation-only. The group also refined measures and targets to focus SCC's opioid use reduction efforts.

C-section: Stephanie Teleki, PhD, Senior Program Officer, High-Value Care, at CHCF provided an update on the hospital honor roll announced by CHHS Secretary Diana Dooley in October 2016 on behalf of SCC. A total of 104 hospital out of 244 that provide maternity care services in the state received the award. Other updates include 65 hospitals have registered for CMQCC's QI collaborative for supporting vaginal birth and reducing primary cesareans, and hospitals representing over 80% of the births in the state are now submitting data to the Maternal Data Center. Additionally, CHCF, CMQCC, and Consumer Reports are working together to develop education materials to inform patients about reducing unnecessary C-sections. Lastly, two presentations on value-based payment for C-section were given: Diane Stewart, MBA, Senior Director at PBGH presented a menu of three maternity payment options, and Joseph Safran, Senior Network Manager PPO Professional, Ancillary and Specialty Networks at Blue Shield presented their

payment strategy for helping contracted hospitals achieve the Healthy People 2020 goal of 23.9% for NTSV C-section. This discussion was intended to set the stage for a larger discussion on C-section payment at the next in-person meeting.

III. SUMMARY OF DECISIONS AND NEXT STEPS

A. Overall

1. SCC will promote “what to do,” not just “what not to do,” and will continue to promote meaningful adoption at scale across purchasers, plans, providers and consumer advocacy organizations.
2. The next SCC meeting is on June 5 in Northern California (location TBD). The main topic is C-section payment and Elliott Main, MD, Medical Director of CMQCC is a confirmed presenter.
3. All SCC participants are encouraged to send additional suggestions to Stephanie Teleki (steleki@chcf.org) and Jennifer Wong (jwong@iha.org) for the C-section payment portion of the June 5 meeting, especially regarding potential speakers who could address experiences with various payment approaches.

B. Low back pain

1. The population of patients with back pain is heterogeneous. To narrow the scope of the activities, SCC will focus on patients with acute back pain, consistent with the Choosing Wisely advice on use of imaging, aiming to prevent progression to chronic pain and disability.
2. Measures and interventions for low back pain will focus on the stratification of patients into low, medium, and high-risk of disability, HEDIS imaging measure, speed to the correct modality (such as PT), percent of patients prescribed opioids, an outcome measure (TBD), patient engagement, and use of interdisciplinary/multimodal care.
3. The group will need to agree on an outcome measure for low back pain.

C. Opioid

1. CHCF will revise the health plan check-list to include the option of the Medical Board of California guidelines as well as the CDC guidelines.
2. CHCF will revise the opioid measure set based on the group’s feedback: change MED to MME for consistency (since MME is used by the CDC), divide measures into two buckets (those measured at state level as a Smart Care CA dashboard, and those where state data is not available, measured at the group or health system level), add 2 measures to the second set reflecting percent of patients with new pain diagnosis not started on opioids and percent of new-starts using high-dose opioids (for both: need to research and identify if there are existing measures); change “increase access to PT” to “increase access to modality” to align with back pain measure; add “these measures should not apply to palliative care” to top of measure document, and change the MME threshold to 90 MME and above. Otherwise, the group approved the measure set and targets. IHA will revise the measure document.
3. CHCF and IHA will collect and analyze the health plan checklist survey responses for the next meeting, with a focus on addressing interventions that plans are not yet implementing. This information will serve as a basis for collective and individual conversations between co-

- chairs and their contracted plans, aimed at increasing the number of plans implementing checklist interventions.
4. CHCF and the SCC co-chairs will explore the option of vendor-neutral clinical decision support recommendations, based on what is learned in the May 4 provider meeting, and see if there are a core set of recommendations that could be implemented at the vendor level for all providers using that product.
 5. Consumer Reports will explore development of consumer-facing materials on naloxone.
 6. All SCC participants should distribute and use the opioid resources compiled at IHA.
- D. C-Section (with focus on payment)
1. The discussion highlighted the need for a multi-factorial approach to lowering the rates of unnecessary NTSV C-sections. Most agreed that while payment is not the only lever (quality improvement and consumer education are also needed), it was generally agreed that payment signals are necessary to engage hospital leadership in improving NTSV C-section rates and maintaining lower rates once they are achieved (stickiness). Also, strong and recognizable thought leadership, such as that provided by Elliot Main, MD, CMQCC, are essential, especially for practicing clinicians.
 2. To advance the SCC group to action regarding payment for C-section, for the next meeting, the group would like to hear from Elliott Main, MD about the work he is leading at the national level on maternity care payment, and from providers and payers who have experience implementing maternity care payment models (specifically what has and has not worked so far). There was also interest to discuss and share model contract language (especially for global payment), and cost effectiveness data of various maternity payment models. Other suggestions included inviting Stanford's CERC group to share their work on maternity care, and considering the role that support staff such as doulas could play.