

# FUHN's Journey: MN DHS's Integrated Health Partnership



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**July 2017**

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# Topics

- Overview of FUHN and the DHS Medicaid Program
- Why we did what we did
- Results we've achieved
- Resources needed to succeed



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# What is FUHN?

Federally Qualified Health Center Urban Health Network

- Collaborative partnership of 10 Twin Cities Federally Qualified Health Centers (FQHC); including 40 unique primary care clinic sites.
- Nation's first FQHC-only Safety Net Medicaid Accountable Care Organization (ACO).





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# FUHN/DHS IHP Project Overview

- FUHN's 10 member health centers are working together with MN Department of Human Services (DHS) on Medicaid health care reform to further enhance the health care provided to our Medicaid patients through Value Based Purchasing.
- The overall goal of the project is to demonstrate FUHN's ability accomplish the Triple Aim Plus One
  - Reduce enrollee Total Cost Of Care
  - Improving Clinical Quality
  - Improve the Patient Experience
  - Improve **PRIMARY CARE ACCESS** for vulnerable populations



# Why did the FQHCs choose to participate in this Medicaid ACO Project?

- MN Health Reform Legislation allowed for ACO Medicaid Demonstration
- FUHN viewed demonstration as
  - Opportunity - leverage resources, foster collaboration, learn together
  - Threat - survival in a quickly reforming health environment
- Question for each FQHC: Join larger systems to gain access to resources OR take a leap of faith to transform our clinical practices
- FQHC Mission
  - MUA, community based, governed by patients, economic engine in urban core, tailored service delivery, social justice
  - 10 independent FQHC Boards' support (51% patients)



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## Why did the FQHC's choose to participate in this Medicaid ACO Project? cont...

- Health Reform was taking shape: Our Clinics needed to complete a **significant operational transformation** in order to be relevant in this new environment.
- FQHC's are the **model for this population**: Health reform trends place importance on primary care health care homes that focus on the health of patients and address social determinants.



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# Challenge for FQHCs

Shifting sands of the environment where FQHCs must

**Play Checkers –  
Maintain mission to  
serving underserved**



**Play 3D Chess –  
Participate in  
“reform/evolving”  
marketplace**





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# Recognizing our need to respond to this new VBP market, what did the FUHN Clinics need to do?

## Invest in Clinical Practice Transformation

- ✓ Technology
- ✓ Process
- ✓ People



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# Clinical Practice Transformation

- Infuse Change Management Techniques – change culture
- Health Care Home Certification as building block to establish policies/protocols
- Use of e-health technologies and data analytics
  - Predictive modeling and RUB patient costs
  - ID/Stratification of targeted patients
  - eHealth Exchanges
- Design new and more effective clinical interventions with standardized medical protocol(s), workflow and process



## Clinical Practice Transformation cont...

- Re-invigorate care coordination
  - Motivational interviewing
  - LEAN process improvement
  - Utilization of population health analytics data
  - Team-based care
  - Pre-visit Planning
  - Team Huddles
  - Referral management
- Understand new payment models
  - Responsibility for total care received outside our 4 walls
  - Gain/risk-sharing around TCOC, quality and patient satisfaction



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## FUHN Results: Attribution

- 2013: approx. 24,000
- 2015: approx 32,000
  - Medicaid expansion
  - Move from 12 months to 24 months attribution period
- This represents roughly 55% of the MA patient population served by our 10 FUHN Member Clinics (remaining 45% did not meet eligibility of enrollment time)



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## FUHN Results: TCOC Summary

Annually, approx. \$175,000,000 TCOC - excluded Medicaid services resulted in approx. **\$140,000,000** TCOC was FUHN's responsibility or 80%

- Pharmacy 100%
- Outpatient 99%
- Professional 99%
- Inpatient 97%
- MH/CD 43%



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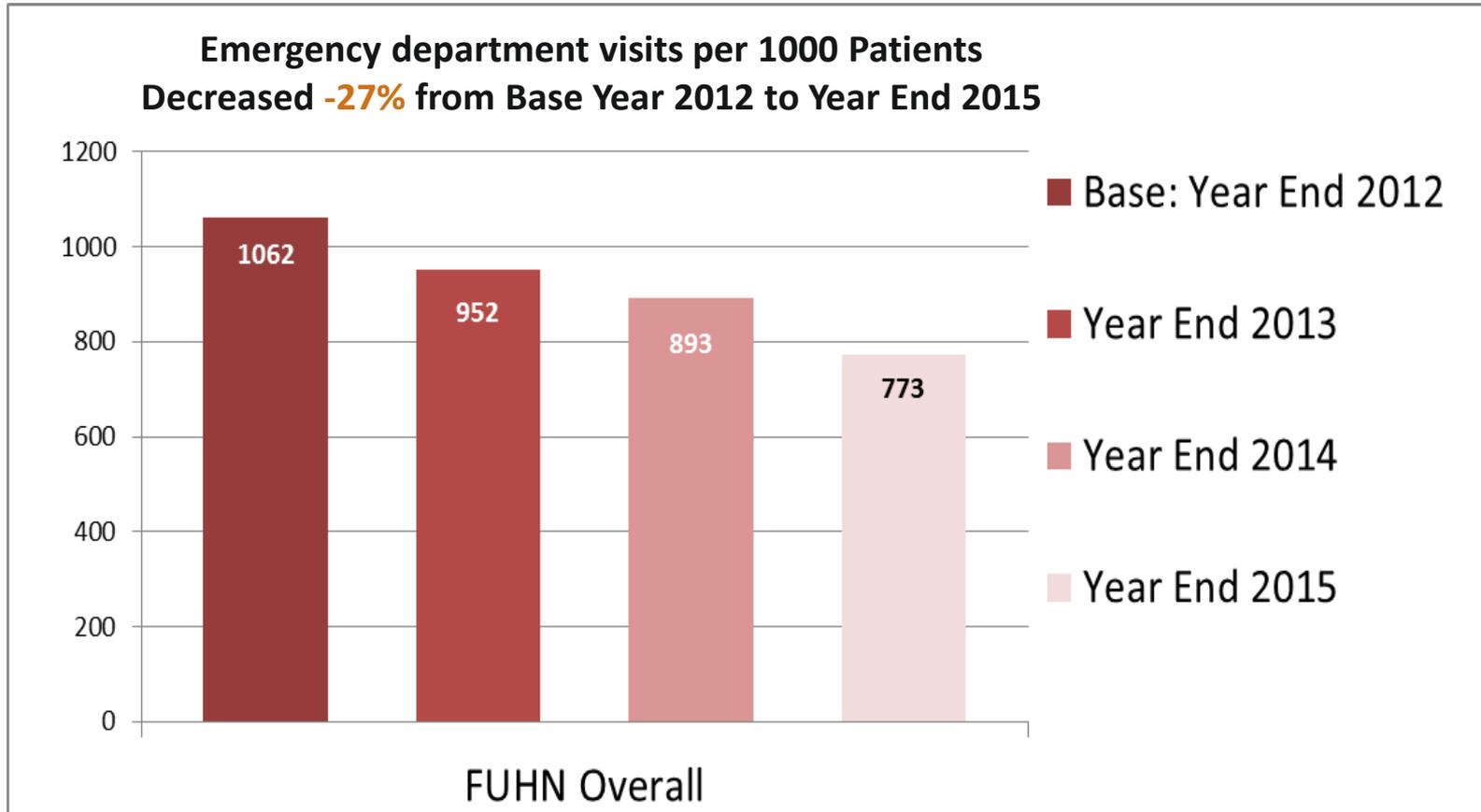
# FUHN Results: Shared Savings Over 3 Years

	2013	2014	2015	
Savings %	-3.10%	-4.60%	-5.90%	
Savings \$	\$3,647,984	\$5,981,166	\$7,706,369	<b>\$17,335,519</b>
Shared Savings for FUHN	\$1,823,769	\$2,984,751	\$3,489,195	<b>\$8,667,760*</b>
<p><b>* Most of the savings achieved by FUHN were used reimburse our administrative partner for their upfront investment.</b></p>				



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## FUHN Results: ED utilization reduction graph 2013-2015

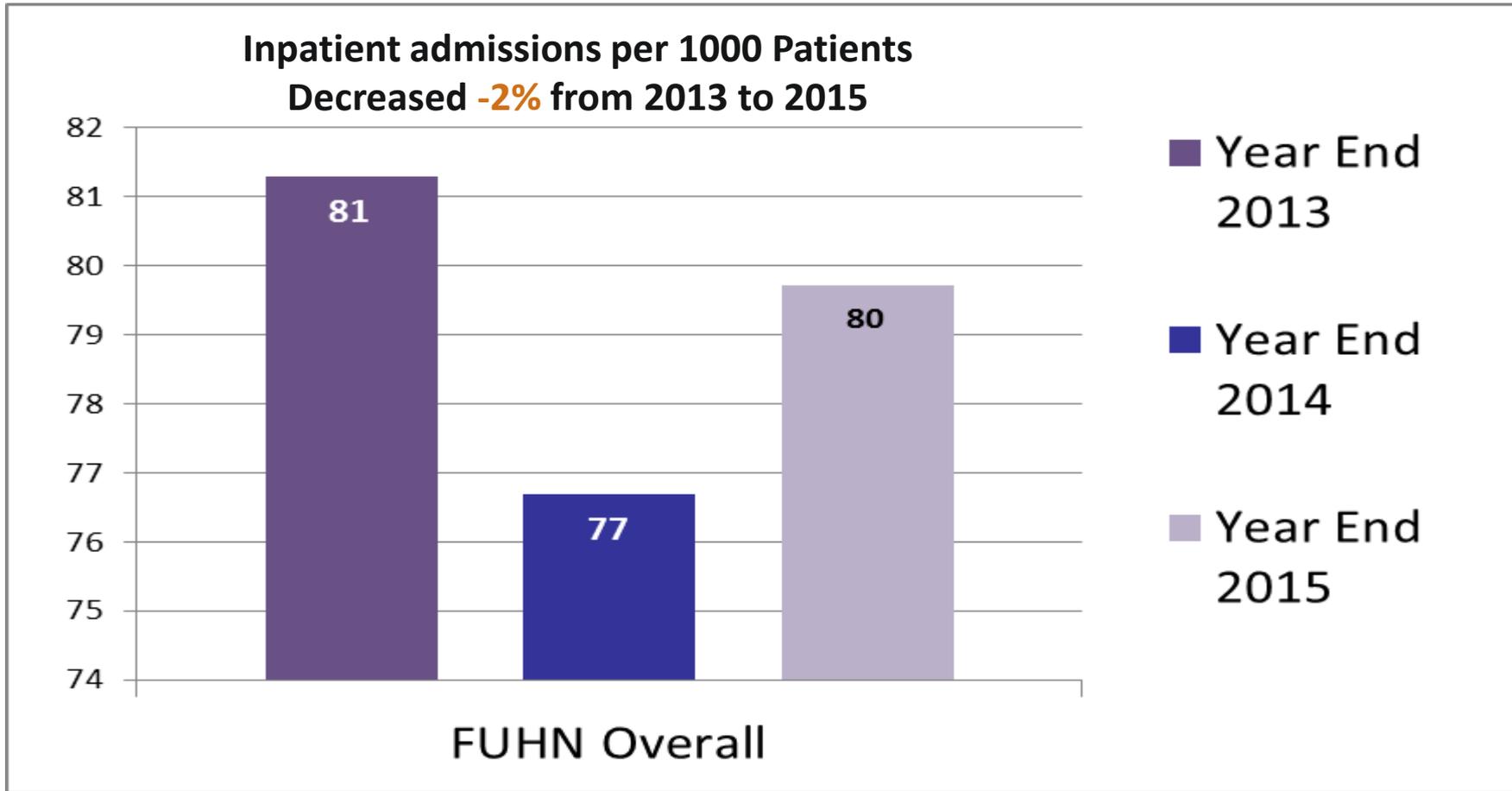




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## FUHN Results: Inpatient admissions reduction graph





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## How did FUHN achieve these results?

*“Fierce competitors to extreme collaborators”*





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## How did FUHN achieve these results? cont..

- Implementation of a Care Coordination Program comprised of two essential components designed to put **ACTIONABLE** data in the hands of our Primary Care Providers:
  - **Robust Data Analytics** infrastructure using claims utilization and real-time clinical data.
  - **Dedicated personnel** in our clinic sites using this new data analytics to implement patient interventions designed to drive cost and quality improvements.
- This capability gave our providers a sight line to patient utilization occurring **OUTSIDE** of the Primary Care office.



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## How did FUHN achieve these results? cont..

- The implementation of this Care Coordination Program required a **significant upfront investment**; an investment that our FQHCs could not possibly make:
  - FUHN relied on an administrative partner (Optum) to provide the initial upfront funding necessary to acquire the data infrastructure and dedicated personnel required by our Care Coordination Program.
  - Much of the existing Gain Savings achieved by FUHN in the first 3 years was used to compensate our administrative partner for this investment.



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## How did FUHN achieve these results? cont..

- Using ID/Stratification Tool
  - Emergency Department Reduction (Minor conditions)
  - Asthma Management
  - Diabetes Management
  - Pain Management/Opioid RX
- Standardized clinical policy throughout the Network – Getting to the power of 10
- Work flow – Proliferation of LEAN



# Health Information Technology Initiative

- FUHN, using approx. **\$1.5M grants** received through MDH, DHS and the BPHC, is building the data analytics infrastructure and capability needed to manage VBP arrangements – *this will replace current “expensive” administrative partner.*
- A **data warehouse** that will receive real time data feeds from:
  - FQHC’s EMR clinical data
  - Payer claims data
  - Available admit, discharge and transfer data provided by selected hospital care partners
- A **robust data reporting and analytics capabilities** for use by our Care Coordinators.
  - Future gain savings are expected to sustainably fund the ongoing operating costs with this new infrastructure.



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# Sustainability Through Federal Grant

- In August 2016 FUHN was informed that it was one of 51 HRSA Grant Recipients for **Health Center Controlled Networks**.
  - This three-year, \$1.5M Grant award provides FUHN and its members funding to continue our organizational transformation by securing ongoing staffing.
  - Will help FUHN Clinics fund the automation of data reporting obligations from our annual Federal Uniform Data System, State MNMCM Submissions and VBP Reporting obligations.



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## In Summary

- Moving to VBP requires **clinical practice transformation**
- Upfront **capital for technology** are expensive
- Investing in **staff re-training** is essential & takes times –  
**LOTS OF IT**
- **FQHCs are the model** for serving the Medicaid population who experience social inequities
- **TCOC reduction** and **improved health outcomes** are possible

# THANKS!