
GBR Infrastructure Investment Reports



Purpose

- ▶ Inform the HSCRC and other stakeholders, including the Center for Medicaid and Medicare Services (CMS), on the amounts and types of investments all acute hospitals in Maryland are making over time to improve population health, and how effective these investments are in reducing potentially avoidable utilization and improving population health.
- ▶ The report may be used to increase global budgets or provide relief from rate corridors.
- ▶ The purpose of this report is not to determine whether a hospital spent the full amount of additional funds provided in the global budgets, nor is it intended to limit what hospitals report as their actual infrastructure investment to the amount of the GBR additional funds.

Principles

- ▶ Final fiscal year (FY) 2014 and FY2015 reports will be submitted together and be due 90 days after the end of FY2015. This will ensure hospitals have guidance on the types of investments to report and sufficient time to collect and report the data. However interim reports may be submitted to the HSCRC for feedback and will be required for any hospitals seeking increases in global budgets or relief from rate corridors.
- ▶ Qualifying GBR investments reported by hospitals will be for new programs or technologies, or major expansions in existing programs or technologies, directly related to GBR incentives to achieve the triple aim and improve care coordination and population health. The reported investments are not limited to only those that were made with the additional GBR funding for infrastructure, but rather all major population health investments.
- ▶ GBR investments included in the report should be broad in scope and have the potential to impact population health within the communities that each hospital serves.
- ▶ GBR investments included in the report should be data driven and can be evaluated using measurable outcomes.
- ▶ The HSCRC will review requests to include expenses associated with unique programs that do not specifically fall into the types of expenses listed below.
- ▶ Reporting of GBR investments is important for educating CMS and other stakeholders on the new waiver model activities and results.

Types of Expenses to Report

- ▶ Patient centered interventions (e.g., care management, care coordination, medication compliance initiatives)
- ▶ Provider/care team investments (e.g., coaching to encourage compliance with evidence based medicine; infrastructure to set-up P4P programs)
- ▶ Health information technology expenses to support patient centered and provider/care team interventions including:
 - ▶ Data extraction, surveillance, analysis and transmission in support of the activities described above; and
 - ▶ Predictive models or other mechanisms for identifying and stratifying patients for care coordination interventions, as well as expenses to create, document, execute, and update care plans.

Excluded Expenses

- ▶ Electronic health records or patient hotlines or portals that are used for care delivery and communication unless specifically implementing systems or modules for care coordination activities (e.g., electronic health record module for care manager to record activities or patient portal for contacting care manager).
- ▶ Billable services.
- ▶ Investments to improve coding or documentation, including upgrades to systems to be compliant with regulatory changes such as ICD-10.
- ▶ All retrospective and concurrent utilization review.
- ▶ Fraud prevention activities.
- ▶ Any expenses for acquiring physicians that do not clearly improve access to primary care services (i.e., expenses for acquiring existing physicians that does not result in any change in access but simply results in the existing physicians being owned by the hospital).
- ▶ Any expenses that are primarily for marketing purposes.
- ▶ Accreditation fees.
- ▶ Financial rewards to providers (e.g., pay-for-performance incentives).
- ▶ All other expenses that do not fall under care coordination and population health.

Report Example

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| 1 | Investment Number | Example 1 |
| 2 | Hospital Name | Hospital A |
| 3 | Investment Category (click in cell to select from drop down) | Health information technology to support patient or provider investment |
| 4 | Investment Brief Description, including rationale and primary objective | Population Health analytics data system utilized to mine claims and other data for high risk patients that require care coordination for improving ambulatory care and self management, as well as interventions focused upon educating providers as to where their costs lie. Both of these interventions are targeted at informing decisions aimed at decreasing PAU. |
| 5 | Target Patient Population | High Risk for increased utilization patients |
| 6 | Total Expenses | \$325,000/year |
| 7 | Total costs covered by restricted grant or donation? | \$0 |
| 8 | Is investment in regulated, unregulated space, or both? | Investment functions in both |
| 9 | Planning Start Date (Month/Year) | 13-Aug |
| 10 | Hospital Start (Month/Year) | 14-Apr |
| 11 | Types of Staff | IT Analysts, ACO Director |
| 12 | Total Annual FTEs | 2.1 |
| 13 | Partners | CRISP |
| 14 | Links with existing state-wide or regional infrastructure | CRISP |
| 15 | Outcome(s) or Proposed Outcome Measures | Monitoring number of patients referred to care management; Cost of care pre and post care management |
| 16 | Effectiveness of Investment in Achieving goals, including discussion of any barriers or lessons learned | program. While internal hospital data can be of use in targeting patients for readmissions, etc, a wider scope of data is required for managing the patients who do not reach an inpatient facility but could at any time. In order to manage these patients well, a system that pulls data form outside the facility must be utilized. |
| 17 | Additional Comments | |