



POPULATION BASED FUNDING SHOULD YOU ENROLL?

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CONFLICT OF INTEREST DISCLOSURE



Jeff Hersey – AIHS

I'm an salaried employee of AIHS.

POPULATION BASED FUNDING – WHY?



- What is Population Based Funding?
- How is it different from the current FFS compensation model?
- What is Primary Care Physician Compensation PBF model?
- How is the PCPC Burden of Care Complexity Index Calculated
- How does MOIS support PCPC / PBF Compensation Model?

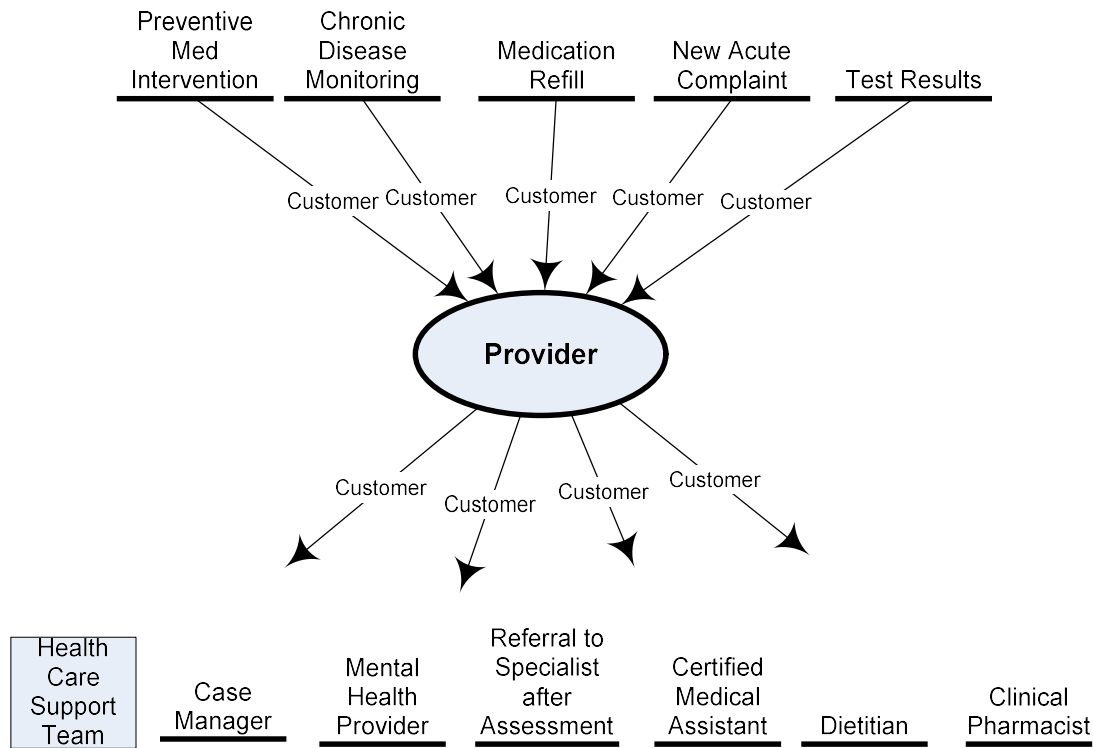
ALTERNATE COMPENSATION MODEL



- Population Based Funding is an alternate compensation model based on the overall burden of care for a group of patients versus individual, fee for service encounters
- PBF is intended to:
 - Improve patient access to primary care home providers
 - Improve data quality and reporting in the health system
 - Improve patient and primary care provider relationships
 - Simplify the billing for primary care homes
 - Allow care providers to focus on complex patients
- Focused on clinical outcomes as opposed to individual service events

CURRENT WORK FLOW

REINFORCED BY FEE FOR SERVICE COMPENSATION

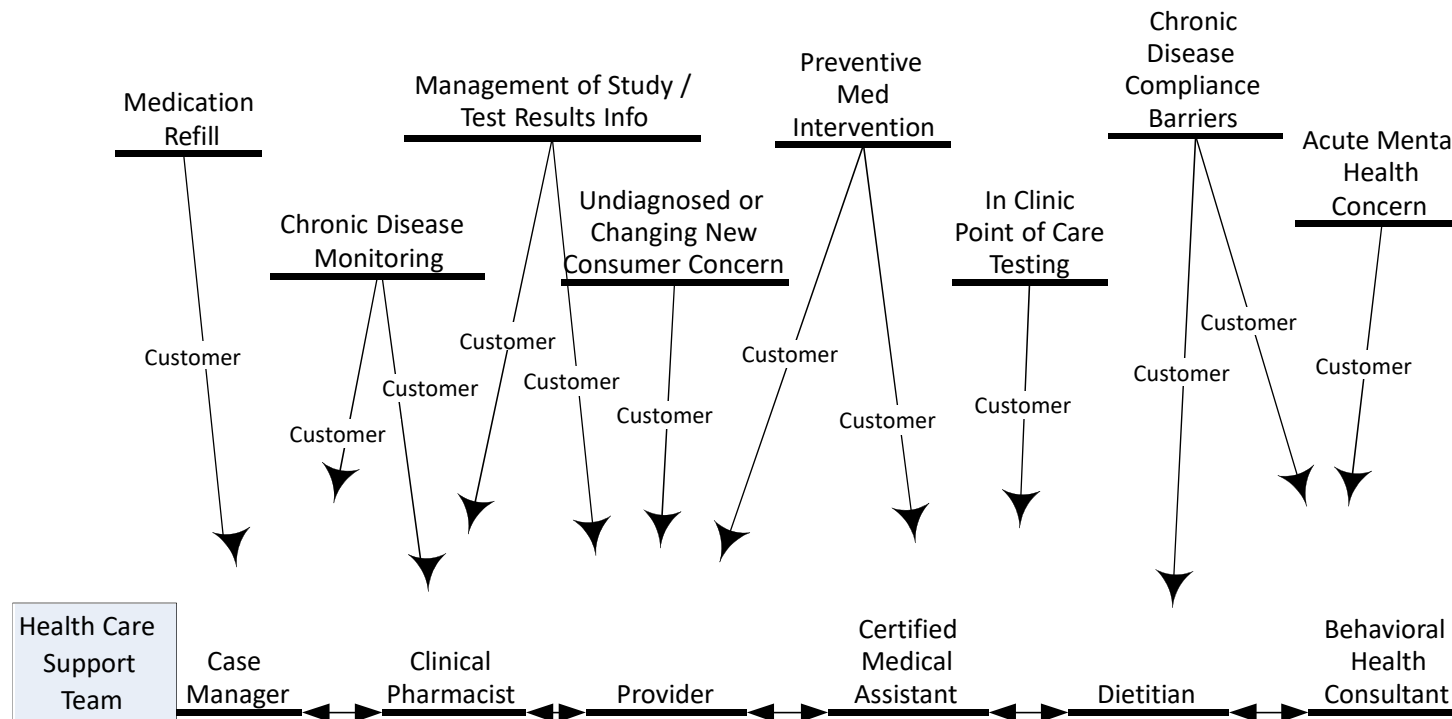


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PARALLEL WORK FLOW REDESIGN

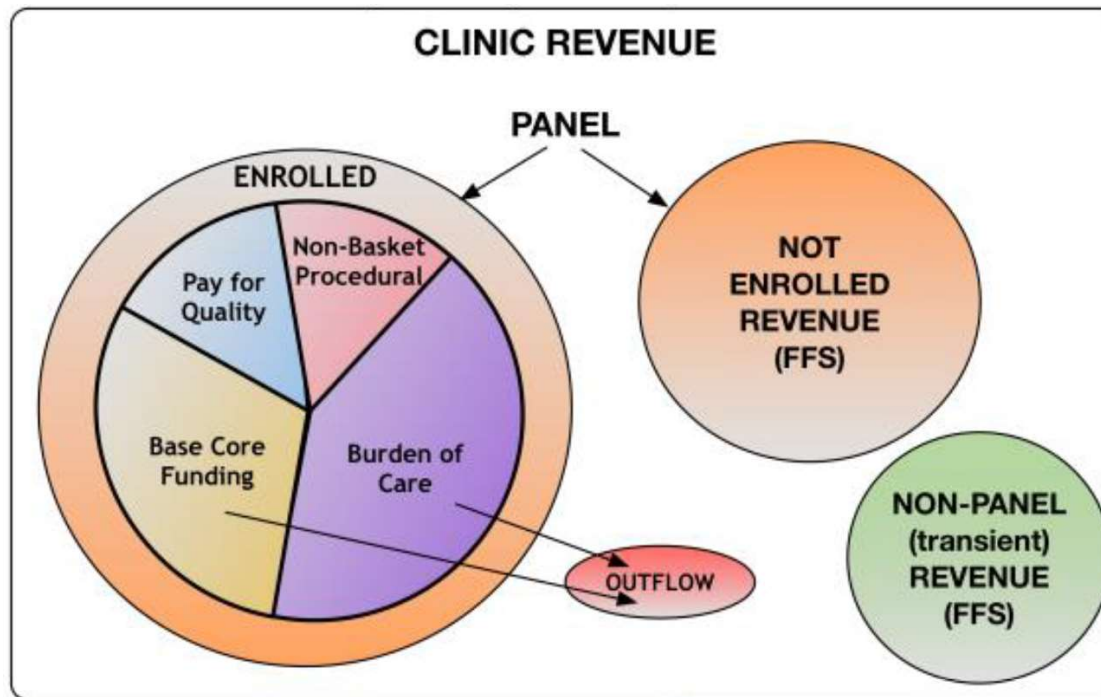
SUPPORTED BY POPULATION BASED FUNDING COMPENSATION



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PRIMARY CARE PHYSICIAN COMPENSATION (PCPC)



BURDEN OF CARE COMPLEXITY INDEX



- Overall burden of care within the system
- Incorporates
 - Chronic illness
 - Socioeconomic / poverty indicators
 - Other system dependencies

PCPC BURDEN OF CARE COMPLEXITY

BASE INDEX CALCULATED



- 1 = Healthy, Uncomplicated Patient
- 3 = Single Chronic Disease
- 6 = 2 or more Chronic Diseases
- 3 = Frailty
- 2 = Uncomplicated Mental Health
- 4 = More Complicated Mental Health
- 5 = Addiction / Substance Use
- 2 = Uncomplicated Chronic Pain
- 5 = More Complicated Chronic Pain

Base Score = Most complex piece + $\frac{1}{2}$ of the remaining pieces

PCPC COMPLEXITY INDEX CALCULATED

CONTINUED



Multiplier 1 = If dementia / ADL / IADL - multiplier 1.5

Multiplier 2 = If socioeconomic / poverty - multiply total by 1.25

Final Patient Complexity Index = Base Index x Multiplier 1 x Multiplier 2

PHN	CHART	GENDER	DOB	LAST CONTACT	LAST ENC.	Single Chronic Diseases	2 or More Chronic Diseases	Uncomplicated Mental Health	Frailty	More Complicated Mental Health	Addiction / Substance Use	Uncomplicated Chronic Pain	More Difficult Chronic Pain	Average Patient	Function Multiplier	Socioeconomic / Poverty Multiplier	Base Index	Final Index
9317764911	1	M	1971.03.02	2019.03.22		0	0	0	0	0	0	0	0	1	0	0	1.0	1.0
9336208948	2	M	1987.11.07	2019.03.22		0	0	0	0	0	0	0	0	1	0	0	1.0	1.0
9369835913	3	M	1931.08.04	2019.03.22		0	0	0	0	0	0	0	0	1	0	0	1.0	1.0
9363396157	4	M	1931.08.04	2019.03.22		0	0	0	0	0	0	0	0	1	0	0	1.0	1.0
9321146279	5	M	1986.05.20	2019.03.22		0	0	0	0	0	0	0	0	1	0	0	1.0	1.0
9397408158	6	M	1921.02.02	2019.03.22		0	0	0	0	0	0	0	0	1	0	0	1.0	1.0
9377474541	7	M	1938.06.13	2019.03.22		0	0	0	0	0	0	0	0	1	0	0	1.0	1.0
9383486953	8	M	1938.06.13	2019.03.22		0	0	0	0	0	0	0	0	1	0	0	1.0	1.0

PCPC / PBF MOIS STYLE



- Burden of Care Complexity Calculator
- PCPC / PBF Enrollment Management
- PCPC / PBF Core Primary Care Service Event Management

MOIS – PCPC COMPLEXITY INDEX



- Available within the Billing Module
- Parameterized inputs
- Optional outputs

MOIS – PCPC COMPLEXITY INDEX



- Available
- Parameter
- Optional

PCPC Complexity Index Calculator

Close Window

Include Patients

PCPC Enrolled

Other

Status Code(s): A

Last Contact: In last years

(If a parameter is blank, the option will be ignored when compiling a patient list)

Optional Filters

Primary Provider: All Providers

Desktop Provider

Patient Measurement

Add a new Final Index record to each chart

Direct Output to

Printable Report

MoH File

Chart Navigator

CSV File

Trouble Shooting Options

Turn On Logging (Records additional information for each patient - could be used to investigate any issues)

Turn On Debugging (Records additional information for the patient panel - could be used to troubleshoot problems)

Limit Number of Charts

Run Calculator Load Previous Results

MOIS – ENROLLMENT MANAGEMENT



- Each stakeholder is responsible for maintaining a list of enrolled (mois)/registered (MoH) patients.
- Each stakeholder must clearly, regularly communicate enrollment/registration changes
- All communication between systems is supported using the MSP Teleplan APIs
 - MOIS 'registration' claims
 - MoH 'registration' remittance records
- MSP has specific fee items for patient registration / de-registration requests
- Controlled workflow for adding / removing patients from Clinic Enrollment

MOIS – ENROLLMENT MANAGEMENT



- Each stakeholder
- Each stakeholder
- All communities
 - MOIS 'registered'
 - MoH 'registered'
- MSP has special
- Controlled via

Record Modules Views Action Utilities Print Maintenance Help Desktop For: PRACTITIONER, GENERAL

Billing

- MSP Claims
 - Unsent Claims
 - Sent Claims
- Invoices
- PCPC Management
 - Patient Enrollment
 - Enrollment CR
 - Unsent Enrollment Claims
 - Unack Enrollment Claims
 - Failed Enrollment Claims
 - MSP CR Errors
 - Enrollment Claim History
 - PCPC Complexity Index
 - PCPC Configuration

PCPC Patient Enrollment

Edit Refresh Print CSV Output Chart Navigator Close Window

Selection Parameters

Provider:

Patient Status:

Last Name:

First Name:

Last Contact:

Enrollment Status

Enrollment:

Chart	Last Name	First Name	DoB	PHN	By	Start	Stop	Primary Service Provider

(MoH) patients.
iges

MOIS – CORE PRIMARY CARE SERVICES

The logo for MOISCON features the word "MOISCON" in a bold, blue, sans-serif font. A thick, orange, curved line arches over the text, starting from the right side of the "O" and ending on the right side of the "N".

- Continue coding and billing your encounters accordingly
- All core primary care services must be reported to MoH
 - MoH requires diagnostic coding information for all encounters.
 - Clinic is able to submit claims with generic Core Primary Care Service Code (96198)
- All core primary care services are ‘billed’ as alternate payments (zero dollar claims)
 - No changes to the billing send / reconciliation work-flows
- MOIS makes it easy 😊

QUESTIONS



Questions/comments?

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