



LEVERAGING RESOURCES TO TRANSFORM HEALTHCARE PROGRAMS

# Beyond Research: What Services Can Universities Provide to State Agencies?

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# Programs, Projects and Embedded Functions

- **Programs** – Delegation of core agency functions to the University partner
- **Projects** – Time-limited endeavors
- **Embedded Functions** – University staff working side-by-side with agency staff, performing core functions, and fully dedicated to the role within the agency

# Rationale

- Ability to recruit and retain talent
- Improved stability in roles
- Alignment with public university/medical school mission
- Opportunities to do translational research, and implement the results of research at scale
- Flexibility to meet evolving agency priorities
- Cost model more advantageous than use of commercial firms

# History of the Office of Clinical Affairs

- Originally only the Medicaid Medical Director role, beginning more than 15 years ago
- Expansion to Office of Clinical Affairs (OCA)
- Pharmacy program added shortly thereafter
- Other functions:
  - Utilization Management
  - Quality Measurement and Improvement
  - Data Analytics
  - Care and Case Management
  - Dental Management
  - Behavioral Health

# Medical Leadership and Management

- Chief Medical Officer
- Associate Medical Directors
- Convening and coordination of MCO medical leadership, and relations with providers
- Dental Director
- Clinical support of agency in appeals process
- Medical leadership of benefit expansions
- Oversight of all clinical staff and functions in the agency

# Pharmacy Program

- Shift of pharmacy program to the university coincided with a full re-design of the Medicaid pharmacy program
- Both embedded function and a fully managed program
- Re-design has allowed the program to achieve class-leading performance, with both low cost and unusually open access

# Pharmacy Program

- **Embedded:**
  - Pharmacy Program Director and Clinical Manager
  - Pharmacy claims analysts
  - Oversight of pharmacy claims processing system vendor
  - Oversight of preferred drug list (PDL)
  - Provider relations
- **Program:**
  - Drug class reviews
  - Pharmaco-economic analysis
  - Prior authorization
  - Drug utilization management (DUR)
  - Medication therapy management (MTM) programs



# Utilization Management

- Mix of internally staffed functions and contracted vendor programs
- Acute hospital utilization management
- Non-acute provider reviews – post-acute, outpatient, non-physician providers
- Prior authorization for surgical procedures, physician services, medical devices by Associate Medical Directors
- Prior authorization for LTSS, DME, and other services performed as a program

# Quality Measurement and Improvement

- Internally (agency staff and programs) and externally facing
- Expert review and selection of measure slates for state plan and waived services
- Engagement with MCO and provider communities
- Leadership of response to CMS requirements for measures and measurement
- Identification of areas in need of performance improvement

# Data Analysis and Business Intelligence

- Utilization trend reporting in all Medicaid program areas
- Identification of aberrant patterns of utilization and billing
- Ad hoc analyses for agency executives
- Comparative reports by service, provider, geographic, and demographic patterns
- Analytic support for new initiatives

# Leadership of Demonstration and Pilot Programs

- Skills needed to successfully write grant proposals to fund pilot programs
- Flexibility to dedicate staff to leadership and management of initiatives
- Positioned to link demonstration programs closely to ongoing activities of the agency
- Expertise in multi-modal and mixed methods program evaluation
- Interest and ability to disseminate results of demonstrations

# Leadership of Demonstration and Pilot Programs

- **Example 1:** Patient Centered Medical Home Initiative
  - High priority area for the Administration and Secretary
  - Multi-payer approach
  - University provided:
    - Program and payment design
    - Provider and payer engagement and education
    - Technical assistance to providers
    - Data portal
    - Reporting to practices
    - Program evaluation
    - Dissemination of results

# Leadership of Demonstration and Pilot Programs

- **Example 2:** CMS CHIPRA Demonstration Grant
  - 5-year program
  - Medicaid agency was the lead, PI was the university-employed Chief Medical Officer
  - Consortium of the Medicaid agency, the public university (UMMS), the regional health quality coalition (MHQP) and the regional leader in pediatric care (Boston Children's Hospital)
  - Formed a sustainable child health quality coalition for the state
  - Tested and reported on pediatric quality measures in pediatric practices
  - Supported the development of innovative pediatric medical homes in 13 practices
  - Developed new child health quality measures

# For Further Information

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