Primary Care Payer Action Collaborative

Chair
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Track 1: Defining and Assessing Regional CPC+ Success
Meeting 4 of 4
March 10, 2017
## Agenda

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<td>• Discuss opportunities for the PAC to further support regional efforts</td>
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Antitrust Statement

PAC Participants agree that all activities are in compliance with federal and state antitrust laws. In the course of discussion, **no financial information from payer participants will be shared with other payers or the general public.**

During meetings and other activities, including all formal and informal discussions, each payer participant will refrain from discussing or exchanging information regarding any competitively sensitive topics. Such information includes, but is not limited to:

- ✓ PMPM
- ✓ Shared savings or incentive payments
- ✓ Information about market share, profits, margins, costs, reimbursement levels or methodologies for reimbursing providers, or terms of coverage
Track 1: Defining and Assessing Regional CPC+ Success
Overview and Meeting 4 Objectives

Meeting 1: Vision Definition
- Define an effective vision
- Consider domains

Meeting 2: Evaluation and Development
- How to evaluate success
- Process to develop a statement

Meeting 3: Status and Alignment
- Share statements
- Receive group feedback

Meeting 4: Distribution
- Share statements
- Ways to disseminate and distribute

Dates:
- December 7, 2016
- January 20, 2017
- February 17, 2017
- March 10, 2017

We are here
Milestone 1: Shared Vision of Regional Success

**Identify a shared vision of success for regional primary care transformation**

1. Create a **vision** statement that reflects where the region plans to be at the end of the first year of CPC+, each subsequent year, and at the end of the 5 years.

2. Vision statements are intended to represent the **consensus** of the CPC+ payers in the region.

3. Vision statements should address how practice performance will improve within the region, and how the CPC+ payers will collaborate to:
   - **align payment**, other **practice support** and **expectations**, and
   - **reduce administrative burden** on CPC+ practices

Gaining clarity of regional priorities/goals will set up regions to successfully develop a regional action plan (Milestone #2)
Defining Domains, Specific Outcomes and Timeframes for Success: Notional Examples

✓ By the **end of year 1**, practices are skilled in the analysis of EHR and payer-supplied claims-based data to inform and assess **quality improvement** activity

✓ By the **end of year 1**, **quality measures** are aligned across the regions payers; by the **end of year 5**, improvement in **quality measures** for participating practices exceeds non-participating practices

✓ By the **end of year 1**, the region’s participating payers are reimbursing participating primary care practices **using upfront care management fees** that enable implementing one or more advanced care management techniques and/or dedicated care management personnel.

✓ By the **end of year 5**, **total cost** of care for participating practices is below those for non-participating practices.

✓ By the end of year 5, the region’s aligned practice supports result in clinicians (within participating practices) express significantly improved satisfaction with the quality of their work life
Track 1 Participant Statements

Progress to Date

Ramping Up
- Kansas City
- Montana
- Greater Philly

Developing Statement
- New York
- Arkansas
- Oregon
- Ohio
- Oklahoma

Completed Statement
- Colorado
- Michigan
- New Jersey
Milestone 1: Shared Vision of Regional Success

Status of Track #1 Participants

Poll Question 1

For the seven regions that have not yet completed their statement, when do you believe your region will complete the vision statement?

(Check one)

A. In the next 2 weeks
B. In the next 2 to 4 weeks
C. In the next 1 to 3 months
D. In the next 3 to 6 months
E. Not sure
F. We have already completed our vision statement!
Vision Statement Sharing – Rhode Island

Mission Statement:
“CTC-RI brings together leaders and key stakeholders, including primary care providers and specialists, purchasers, patients/consumers, educators and others from across the medical neighborhood to implement, evaluate, refine and spread models that promote and sustain affordable care delivery systems that achieve the triple aim.”
Vision Statement Sharing: Rhode Island

- **Goal 1**: Assist health plans to increase the number of primary care practices that meet the OHIC PCMH standards to 80% by 2019.
  - **Objective 1**: Support 38 practices to successfully complete CTC “common contract” and meet OHIC standards by December 2016.
  - **Objective 2**: Recruit 30 new practices (adult and pediatric) for 2017.

- **Goal 2**: Participate in workforce development to increase qualified PCMH team members.
  - **Objective 1**: Develop curriculum for physician champions.
  - **Objective 2**: Enhance NCM/Care Coordinators core curriculum for high risk management (e.g., monthly meetings, annual learning collaborative).
  - **Objective 3**: Collaborate with other organizations to strengthen programs for medical assistants, community outreach workers, and BH clinicians.
Vision Statement Sharing: Rhode Island

- **Goal 3**: Maintain effective multi-payer program that benefits all key stakeholders.
  - **Objective 1**: Obtain CMS approval for ongoing Medicare participation in multiplayer PCMH.
  - **Objective 2**: Expand the advanced collaborative to include practices that meet the OHIC definition of PCMH.

- **Goal 4**: Expand services in primary care to enhance delivery of high quality care that addresses physical, behavioral and social determinants of health.
  - **Objective 1**: Pilot sustainable integrated behavioral health business model with universal screening for depression, anxiety and SUD - and improved access to behavioral health; strengthen community-based services pilot.

- **Goal 5**: Increase patient experience as measured by CAHPS to 75% regional.
  - **Objective 1**: Support and align with SIM patient empowerment efforts.
Vision Statement Sharing: New Jersey

- **Goal 1**: Change the health care paradigm by reimbursing doctors and other health care professionals based on quality of care rather than volume.
  - **Objective 1 – Care Delivery**: Care coordinator training and quarterly meetings, practice assessments, site visits; work with state collaborators.
  - **Objective 2 – Quality Metrics**: Aligned for CPCi; updated annually with input from Physician Advisory Committee; always use HEDIS metrics.

- **Goal 2**: Incentivize providers to lower total cost of care, while enhancing clinical quality and patient experience – the triple aim – to improve patient outcomes.
  - **Objective 1 – Payment Model**: 2017 in place with 3 tracks; 2018 revisions to begin in March.
  - **Objective 2 – Attribution Methodology and Data**: Attribution method remains unchanged since CPCi; data reports developed for CPCi, including monthly quality and care management reports, quarterly performance reports.
Regional Vision Statement Uses
Open Discussion

1. How do you plan to use the vision statement in your region?
   • For communication?
   • For tracking of performance of goals?

2. Have you plans to regularly reconsider the vision statement if the region’s priorities and/or challenges shift?

3. Other?
Track 1 Feedback

Poll Question 2

Please let us know how you would rate the value of Track 1?

A. Very valuable
B. Valuable
C. Somewhat valuable
D. Not valuable
Is there an opportunity for continued PAC support of regional efforts to develop a shared vision of success?
Meeting Follow-Up Activities
Post Track 1 Completion

1. The LAN will:
   ✓ Distribute a summary of Meeting #4, including key takeaways on:
     - Mission/vision statement development process
     - Common challenges experienced in the regions during the mission/vision statement development process

2. Participants will:
   ✓ Continue to develop and refine their regional vision statement (as needed)
   ✓ Contact the PAC Team with any additional requests related to this track
PAC Team
Primary Points of Contact

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