PAC Purpose: The Primary Care Payer Action Collaborative (PAC) will provide payers participating in CPC+ a choice of opportunities to explore and resolve their challenges specific to CPC+, and more broadly to consider the transformation of primary care delivery and payment.

PAC Topics: During the October 26, 2016 PAC kick-off meeting, participating payers explored the topics that they would like to have the PAC address, and began outlining potential priorities. Based on PAC participant input, an initial set of topics to receive focused attention through the first quarter of 2017 have been identified and organized into tracks. In order to remain participant-driven, during the first quarter we will ask you which of the topics you would like to see continued, and which additional topics should be prioritized for new tracks of work beyond the first quarter.

Payer Participation: The PAC will offer separate tracks for each of the following topics. Participation in any track, or any portion of a selected track, is entirely voluntary. You are encouraged to participate only in those that would be of specific benefit to your organization. Please review the following topics and identify on the attached worksheet in which track(s) you may wish to participate.

Work Track Descriptions

Each of the following work tracks is defined around CPC+ Payer Partner Roadmap milestones. They offer the opportunity for application across broader practice populations, however.

Track 1: Defining and Assessing Regional CPC+ Success

The first CPC+ milestone in the Payer Partner Roadmap calls for payer partners to create a payer consensus vision or mission 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 five years. This track will:

- assess where each participating region is relative to the roadmap;
- look at sample vision and mission statements to evaluate which domains (e.g., cost of care) they include, and what works well with them and what doesn’t;
- define what success looks like in each identified domain;
- have track participants share their own draft statements including strategies for dissemination and use for constructive feedback from other track participants, and
- share knowledge and experience, including from CPC, with the assessment of a) practice transformation and b) practice performance, to inform regional efforts to evaluate vision or mission attainment.
Track 2: Operationalizing CPC+ Data Distribution and Aligning Quality Measure Sets and Reporting

The second track will embrace a larger scope of work than the first and third tracks. It will address both aggregation and distribution of data to practices, as well as alignment of quality measure sets. The work will be sequenced, with aggregation and distribution of data to practices addressed first.

The sixth CPC+ milestone in the Payer Partner Roadmap calls for development of aligned strategies to deliver data to practices in a manner that will inform practice performance management and improvement. In 2017 payers should help develop a data aggregation plan for the region, including governance structure and procurement details. The aggregation plan should inform the implementation enhanced data feedback to practices on measures related to cost, utilization, quality, payment, and attribution.

Plan provision of data to practices often frustrates both payers and practices. For example, some payers worry that practices don’t use the data they generate, and practices complain about non-comparable data content and format, and the need to visit multiple payer portals to access data. This track will:

- examine existing regional efforts to aggregate data and then distribute it to practices in ways that are meaningful for practices;
- identify interim steps that might be taken to implement an aggregation-and-distribution strategy, and the challenges that must be surmounted, and
- consider draft payer concepts or plans in development in CPC+ regions for discussion, feedback and accelerating action.

The seventh CPC+ milestone calls for consideration of how to align the CPC+ quality measure set with other common, prioritized regional measures, as appropriate. Measure set alignment is important for payers, but even more so for practices since practices can only focus on so many measures at one time. This track will:

- examine and document existing regional efforts at measure set alignment within the CPC+ regions, including their measure sets and how they operate;
- identify and evaluate tools to facilitate measure set alignment, including those publicly available via the Buying Value Measure Selection suite of tools, and
- discuss priority opportunities to augment the CPC+ quality measures, including potentially through the inclusion of cost or efficiency measures and patient engagement measures, for example.
Track 3: *Operationalizing CPC+ Track 2 Payments*

The fourth CPC+ milestone calls for implementation of an alternative payment model for primary care. Track 2 payment involves a hybrid capitation and fee-for-service payment model, and a performance-based incentive payment. This model, while offering significant benefit for transformed care, also creates challenges for payers and practices alike. This track will involve a combination of:

- learning from innovative payers with primary care capitation experience on topics identified within regions as CPC+ work progresses, and
- participants jointly reviewing strategies and problem solving for Track 2 payment issues including but not limited to:
  - benefit administration (including administering member cost share);
  - administering payment – “offline” moving to “online”;
  - attribution;
  - countering the financial incentive to refer capitated services;
  - service tracking;
  - provider education, and
  - other topics defined by track measures.
- sharing experience with operational strategy implementation, and
- discussing opportunities to expand solutions across all lines of business.