Virtual Track 1 Session: Defining and Assessing Regional CPC+ Success
Meeting 4 of 4
Primary Care Payer Action Collaborative

March 10, 2017
1:00-2:00pm

Highlights and Key Takeaways

PAC members participated in the last of four scheduled virtual sessions of the PAC’s Work Track 1: Defining and Assessing Regional Success in CPC+. Below are highlights and key takeaways from the interactive meeting in which participants discussed their region’s progress toward a consensus vision of success in CPC+ and ways their region might use and disseminate its vision statement. Rounding out the discussion, participants reviewed completed vision statements from Rhode Island and New Jersey. The following meeting highlights are intended to serve as a recap and reference for Track 1 participants and support shared learning with those not in attendance or participating in Track 1.

Status Check: CPC+ Vision Statements

Of the 11 CPC+ regions represented in Track 1, three had completed a CPC+ vision statement at the time of the meeting, and eight indicated they were still working on one. In a live poll, most of the five respondents from regions still crafting a vision statement indicated they expected their region would complete the milestone soon.

Why Some Regions Haven’t Completed a CPC+ Vision Statement To Date

- Waiting to finalize a convener contract
- Need more time to ramp up
  - Region/payers didn’t participate in CPC Classic
  - Payers haven’t collaborated previously
• CPC+ vision statement not an organizational or regional priority
  o Payers are repurposing/refining a vision statement from CPC Classic or other multi-payer regional initiative
  o Payers with established relationships from other initiatives may be working together more informally, or have an existing process/framework for moving ahead without a vision statement as a guide

**Rhode Island’s Vision Statement**

• Regional Characteristics
  o The nonprofit Care Transformation Collaborative of Rhode Island coordinated vision statement development and serves as region’s “backbone” in CPC+ collaboration
  o Strong state support/buy-in, including from the Office of the Health Insurance Commissioner (OHIC)

• Development Process
  o Goal-setting/vision statement development part of annual business-planning process that doesn’t follow the calendar year
  o Pre-CPC+ 2016 vision statement centers more on practice transformation support than payer alignment
  o 2017 vision statement is currently in development and will include developing new primary care payment model

• Key Features
  o Current vision statement has five goals, each with its own business plan and timeline. Generally, the goals aim to:
    1. Help practices meet state goals/standards for practice transformation set by OHIC
    2. Develop the workforce for patient-centered medical homes
    3. Maintain/expand multi-payer collaboration
    4. Integrate physical and behavioral health within primary care; address social determinants of health
    5. Improve patient experience scores

**New Jersey’s Vision Statement**

• Regional Characteristics
  o Used convener in CPC Classic, but chose not to in CPC+
    ▪ Small number of CPC+ payers (three)
    ▪ Payers familiar with each other through CPC Classic; able to collaborate more organically/informally
    ▪ Unsure convener cost could be justified in CPC+ (e.g., challenges engaging consumers, community stakeholders in CPC Classic even with convener)
    ▪ May revisit need for convener annually
  o No statewide infrastructure (e.g., health information exchange) supporting data alignment
• Development Process
  o Vision statement informed by experiences in multi-payer collaboration through CPC Classic

• Key Features
  o Current vision statement has two main goals, generally aiming to:
    1. Shift payment paradigm to reimburse providers for quality rather than volume
       ▪ Objectives support enhanced care delivery and aligned quality metrics
    2. Incentivize providers to lower total cost of care while improving clinical quality outcomes and patient experience—the “Triple Aim”
       ▪ Objectives aim to revise 2017 alternative payment model (which includes small-practice track and two others more consistent with CPC+ models), and maintain/tweak attribution methodology and aligned data reports to practices developed for CPC Classic
  o Vision statement also applies to practices not in CPC+, but participating in other multi-payer, value-based initiatives in New Jersey

**Planned Vision Statement Uses**

• Sharing with practices to foster understanding of CPC+ goals
• Guiding payers toward goal refinement and alignment on priorities