

# Virtual Track 1 Session: Defining and Assessing Regional CPC+ Success

## Meeting 2 of 4

*Primary Care Payer Action Collaborative*

**January 20, 2017**

**1:00-2:00pm**

### Highlights and Key Takeaways

PAC members participated in the second of four 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, which included live interviews of two PAC members and a representative from Mathematica Policy Research, who performed the evaluation of CPC Classic. All shared their experiences related to developing a shared vision of regional success in CPC+. These session highlights are intended to serve as a recap and reference for Track 1 participants and support shared learning with those not participating in Track 1.

#### **Interviews: Evaluating Multi-Payer Efforts and Assessing Practice Transformation**

The PAC interviewed two individuals about achieving and evaluating success under CPC Classic and CPC+: 1) a representative of the organization responsible for evaluating multi-payer efforts under CPC Classic and 2) a PAC member who shared lessons learned by her organization and region in assessing practice transformation and performance in CPC Classic. Below are key insights gleaned from the discussions.

- **Debbie Peikes, Senior Fellow, Project Director and Principal Investigator, CPC and CPC+, Mathematica Policy Research**
  - **Collaboration:** To determine the effect of multi-payer collaboration on primary care transformation in CPC Classic regions, Mathematica observed CPC multi-payer and multi-stakeholder meetings and collected qualitative data through annual interviews with participating payers, practices, and other stakeholders. It then analyzed the data to describe collaborative dynamics and outcomes, as well as identify the factors influencing them. Notable findings:
    - **Data aggregation** was a “game changer” in some regions. Three of seven CPC regions created unified performance feedback reports to practices that combined payer data into a single report, while payers in two other regions included the same measures in their own reports. It took two and a half years for the first region to deliver a unified report to practices. Based on practice feedback, the unified reports were most useful to practices in regions with several payers, rather than one or two dominant payers.
    - **Aligned quality measures** was another focus of CPC multi-payer collaboration, and each of the seven CPC regions successfully reached agreement on a common set of metrics. However, because payers differed on which metrics were most relevant to their patient populations, only about half ultimately used aligned measures to determine practices’ eligibility to participate in CPC shared savings. A potential lesson for CPC+ is to consider aligning on quality metrics relevant to a wider set of enrolled populations.
    - **Care manager initiatives** needed greater coordination. A number of patients and practices reported patient confusion by the presence of care managers at practice offices and those

provided by insurers and hospitals. There may be an opportunity for payers in CPC+ to develop an approach for coordinating with practice care managers.

- **Health information exchange** was an area CPC practices struggled with, particularly receiving timely information from hospitals and emergency departments about a patient’s admission or discharge and potential need for transitional care. CPC+ payers could consider either supplying this information directly to practices, or brokering a common approach between hospitals and practices.
- **Success Factors:** Mathematica observed these top three factors contributing to successful payer coordination in CPC regions:
  - **Strong facilitators** convened payers and other stakeholders and offered leadership in regions that successfully met CPC goals.
  - **Previous regional collaboration** by participating payers correlated with more productive collaboration in CPC. Regions lacking a strong facilitator and prior collaboration experience generally saw less payer engagement and were not as successful in making progress on collaborative outcomes such as unified performance feedback to practices.
  - **Payer champions**—individual leaders in each region that emerged organically—played an important role in keeping individual payer organizations and regions engaged in CPC despite competing organizational priorities.
- **CPC+ Vision Statement Recommendations:** Based on Mathematica’s assessment of payer impact on practice transformation in CPC Classic, Debbie Peikes offered the following recommendations as PAC participants work with their regions to draft shared vision statements of regional success in CPC+:
  - Involve as many payers as possible. To the extent a practice’s population (including self-insured lives) is covered by the initiative, the more leverage—including funding—there is to align incentives and change care delivery.
  - Clearly identify regional goals.
  - Consider hiring a strong, neutral facilitator to support regional transformation efforts. Stakeholders in many CPC regions believed that having a multi-payer or multi-stakeholder facilitator was key to their success. Particularly effective facilitators:
    - worked to gain participant trust
    - fostered strong working relationships with and among stakeholders
    - broke down broad initiative goals into more concrete, achievable objectives; and
    - identified constructive steps to overcome barriers and make progress toward goals.
  - Set realistic expectations about what the group can achieve in a given period.
  - Coordinate as much as possible with other regional initiatives.
- **Alicia Berkemeyer, Vice President, Primary Care and Pharmacy, Arkansas Blue Cross and Blue Shield**
  - **Practice Support and Transformation:** In CPC Classic, Arkansas BCBS and its payer collaborators aimed to ease transition pains for practices and enable them to be successful in the new model. The payers partnered with a learning system contractor/third-party agent to convene practices and their stakeholders to identify and coordinate solutions. This approach helped balance the broad needs of practices with limited payer resources.
  - **Lessons for CPC+:** In developing a shared vision of regional success in CPC+, Arkansas continues to think about ways to make practice transformation easier and sustainable for practices. For example, payers are considering a unified performance audit process to avoid inundating practices with multiple audits.

Looking to approaches that worked in CPC Classic, payers in CPC+ plan to support practice efforts along CPC+ milestones, work closely with practices that may need extra help, and encourage practices to share best practices with each other.

- **Challenges:** Lack of access to clinical data has been a particular barrier to evaluating practices on outcomes-based measures. The region is working with practices to try to improve consistency and interoperability among EMR systems. Projects include developing a patient-centered medical home portal and a care management portal for sharing clinical data. Payers’ potential objectives for a CPC+ vision statement include improving alignment on claims-based quality measures but also making progress toward clinical and outcomes measures.

### **Interview: Vision Statement Process and Timeline Development**

The PAC interviewed a payer representative whose organization is at the beginning stages of developing a shared CPC+ regional vision statement. Below are key insights gleaned from the discussion.

- **Peter Bachini, Senior Director, Network Management, Medicare Medical Networks, Aetna**

- **Convener/Facilitator:** Identifying a potential convener has been a critical first step in Aetna’s process to develop a CPC+ vision statement with Independence Blue Cross/Keystone Health Plan East, the only other participating payer in the Greater Philadelphia (PA) CPC+ region. CMS has served as a “de facto moderator” for the payers in initial meetings. Aetna believes the convener will play an important role as the payers eventually pursue more complex endeavors such as data aggregation.
- **Past Experience:** Aetna is drawing from past experience as a CPC Classic participant in Ohio, applying lessons learned as appropriate given differences between that region and Southeastern Pennsylvania. In developing a CPC+ vision statement, Aetna plans to start with the “triple aim” (i.e., better care, smarter spending, healthier lives) as a broad base, shaping it according to regional needs and perspectives.
- **Challenges:** Choosing from the variety of value-based care models underway in the region has been a challenge. Reconciling the needs of different lines of business has also been challenging.