

Primary Care Payer Action Collaborative



Chair



Charles Fazio, MD, MS
SVP and Medical Director,
HealthPartners, Inc.



Track 1: Defining and Assessing Regional CPC+ Success

Meeting 2 of 4

January 20, 2017

Agenda



	Timeframe (ET)	Topic	Facilitators/Presenters
1	1:00-1:05 pm	Welcome, Meeting Overview and Guiding Principles	Charlie Fazio
2	1:05 – 1:10 pm	Progress Check: Vision Development	Michael Bailit
3	1:10 – 1:20 pm	Track 1 Kickoff Recap	Michael Bailit
4	1:20 – 1:35 pm	Live Interviews: Multi-Payer Alignment to Support Practice Transformation and Practice Performance	Michael Bailit Debbie Peikes Alicia Berkemeyer
5	1:35 – 1:50 pm	Hear from Peers: Process and Timeline to Develop a Vision Statement	Michael Bailit Peter Bachini Jackie Ball
6	1:50 - 2:00 pm	Wrap-Up and Meeting 3 Challenge	Michael Bailit

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

Primary Care Payer Action Collaborative



Guiding Principles

- ✓ Committing to active engagement, collaboration, and information sharing;
- ✓ Maintaining confidentiality as part of the approach to learning and action;
- ✓ Agreeing to open, constructive, and respectful conversations;
- ✓ Treating other participants with grace, and demonstrating patience with mistakes and challenges along the way;
- ✓ Refraining from lobbying CMS, an active partner and fellow payers in this work; and
- ✓ Committing to sharing feedback with the LAN on what is or is not working in the facilitation and operations of the PAC, and supporting course corrections where necessary and appropriate

CPC+ Payer Partner Collaboration Roadmap

10 Aligned Milestones



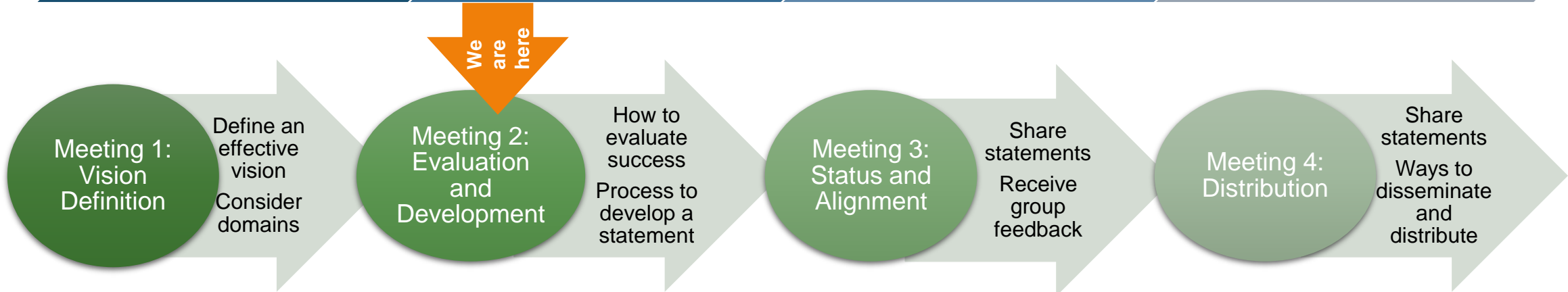
Milestone 1: Shared Vision of Regional Success ●

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 may address how the **cost and quality** of care will be improved within the region by the work the CPC+ payers will do to:
 - **align payment**, other **practice support** and **expectations**, and
 - **reduce administrative burden** on CPC+ practices

Track 1: Defining and Assessing Regional CPC+ Success

Overview and plan



Milestone 1: Status of Track #1 Participants

Poll Question



Which of the following best describes where your region is relative to Milestone #1?

- A. Ramping up
- B. Currently developing a mission/vision statement
- C. Completed mission/vision statement
- D. Undecided on whether to develop a mission or vision statement

Track 1 Kickoff Recap

Qualities and Components of an Effective Vision Statement



- An overarching goal that supports more narrowly defined aims
- Defined, specific improvement objectives
- Process and outcomes-based objectives (process drives outcomes, but we need to be mindful of results)
- Objectives that are measureable over time to enable evaluation of success
- Objectives that are scalable over time to allow for progression toward success

Track 1 Kickoff Recap

Domains of Success



Domains participants are using or considering include:

1. Practice transformation	<ul style="list-style-type: none">• defined medical neighborhoods (practices have stronger relationships w/hospitals and specialists and preferred status in terms of quality and cost)• improved physician quality of life• cross-education between specialties and primary care• increased emphasis on population health• more comprehensive care (i.e., progressing from a focus on urgent care to a holistic, patient-centered approach)• stronger care coordination• effective care/disease management• deeper payer-provider engagement• broader array of care modalities (beyond face-to-face, visit-based care)• better identification of patients who would most benefit from care management
2. Measurement	<ul style="list-style-type: none">• common definitions (e.g., what is a medical home?)• shared quality metrics• multiple avenues to quality recognition (i.e., not just NCQA recognition)

Track 1 Kickoff Recap

Domains of Success



Domains participants are using or considering include:

3. Data infrastructure	<ul style="list-style-type: none">• greater data-sharing and communication among providers• shared reporting/analytic feedback mechanisms
4. Payment	<ul style="list-style-type: none">• shared payer/provider value propositions• increased percentage of patient panels in alternative payment models
5. Outcomes	<ul style="list-style-type: none">• improved quality of care• reduced cost trend• fewer specialist visits and hospital admissions• increased patient satisfaction/empowerment• improved member experience• understanding relative program performance (quality and cost for practices in CPC+ versus those that aren't)

Track 1 Kickoff Recap

Development Approach

1. Start with your desired end
2. Work backward to determine processes and procedures to achieve it

Where do we want to be in Year 5, and what do we need to do in Year 1 and each of the following years to get there?

Objectives for Meeting 2



For review and discussion

- Assess where each participating region is relative to Milestone #1 compared to Track 1 Kickoff
- Understand methods to assess the impact of multi-payer alignment to support practice transformation and practice performance
- Discuss how regional vision statements can address collaborative payer efforts
- Hear an example of a mission/vision statement process and timeline
- Challenge participants to share draft statements for our next meeting

Multi-Payer Alignment to Support Practice Transformation and Practice Performance



Live interview with colleagues who have knowledge and experience



Debbie Peikes

Senior Fellow

*Project Director and Principal Investigator, CPC and CPC+
Mathematica Policy Research*



Alicia Berkemeyer

Vice President, Primary Care and Pharmacy

Arkansas Blue Cross and Blue Shield

Hear from Peers: Process & Timeline Vision Statement Development



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



Jackie Ball
Senior Business Consultant
Aetna - Greater
Philadelphia Region

Vision Statement Challenge



To maximize the value of our collaboration, share your draft for PAC input



At Meeting 3, we will review and provide feedback on participant vision statements

The Challenge:

Have several draft statements submitted for consideration by **February 10, 2017**

Meeting Follow-Up Activities

Before Track 1 Meeting 3 on February 17, 2017

1. The LAN will:

- ✓ Distribute a summary of Meeting #2 by February 1, including key takeaways on:
 - Multi-payer alignment to support practice transformation and practice performance
 - Process & timeline for developing a mission/vision statement

2. Participants will:

- ✓ Challenge ourselves to share a draft vision statement with the PAC to be considered for group review and feedback by **February 10, 2017**

3. Other requests

- ✓ Follow up
- ✓ Future meeting content

4. Feedback

- ✓ What comments/ feedback can you share on today's meeting?
- ✓ Did we meet your needs?

PAC Team

Primary Points of Contact



Michael Bailit

mbailit@bailit-health.com

Lauren Icard

lauren.icard@us.gt.com

Cathy Becker

cdbecker@mitre.org

Candi Waller

ccwaller@mitre.org

Back Up Slides

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