

Transcript of PAC Track 1 (Defining and Assessing Regional CPC+ Success), Meeting 3

February 17, 2017

[Music plays, slide appears at 03:36; presentation begins at 00:04:40]

[Cathy Becker]

Good afternoon everyone. This is Cathy Becker with MITRE and the PAC. Welcome to meeting three of “Defining and Assessing Regional CPC+ Success.” It looks like we have several people on the line already and while others are getting on board, I’m going to start with a little bit of housekeeping and some reminders.

So, ah, we should be getting pretty familiar with the ready-top platform, but a couple of key points to remember. Om, today’s meeting in particular is designed to be very interactive and to allow for, ah, discussion and conversation. So, in order to be technologically ready for that, om, I wanted to give you a few reminders about the audio and, om, and the way that you’ll be able to have that conversation. So, first of all, if you joined the meeting on your computer, but dialed in on the phone, please turn the volume on your computer all the way down. That will prevent those nasty echo noises. Then, if you have joined audio using your computer, so you joined with the full experience, you will be able to hear us, but we actually can’t hear you. So, if you would like to contribute or ask questions, you can either dial in or you can simply use the chat box which is in the lower left-hand corner.

Now you may have heard when you joined on the phone that it said you were in listen-only mode. That is the default mode, but we have now opened up all the lines, so that anyone on the phones can speak up, so don’t be deterred by thinking you are in listen-only mode. So, ah in order to have this conversation but avoid feedback, we ask that everyone simply mute your own device when you’re not speaking and that will really help reduce the background noise.

So, with that you should be pretty comfortable with the chat feature. Om, there’s also the hand raising and lowering at the top of the screen at the left-hand side. And, we thank everyone for entering your information when you registered. I would like to take a moment, om, if we have some participants that are only, om, called in we’d like to know that you are here, so if you are just dialing in and not logged in on your computer, if you are able, please send an email to Payment Network at MITRE.org with your name and organization. So, that’s Payment Network at [spelling] M I T R E . O R G so that we know you’re, you’re there. And if you’re driving or if you’re somewhere where you can’t email, I’ll just take a moment to see if we could have a couple of people announce themselves and your organization so we know you’re there.

[Lisa Wright]

This is Lisa Wright from Blue Cross Blue Shield of Michigan.

[Cathy Becker]

Great. Thank you, Lisa.

[Lisa Dulsky Watkins]

Hi, this is Lisa Delcie Watkins with Millbank Memorial Fund also on the phone, just on my back.

[Cathy Becker]

Thanks, welcome.

[Peter Bachini]

Peter Bachini, Aetna.

[Cathy Becker]

Welcome Peter.

[Claudia Casas]

Claudia Casas, Verizon New Jersey.

[Cathy Becker]

Thanks, welcome Tanya.

Is there anyone else that's just listening on the phone that can't email Payment Network at MITRE.org?

[4 second pause]

Great. Well thank you all for participating today and with that I will turn it over to Michael Bailit.

[Michael Bailit]

Thank you, Cathy. Happy Friday everybody. I hope the skies are blue where ever you are.

Om, Charlie Fazio is not able to be with us today because he is ill. Om, and so you won't hear his customary welcome, but, ah, you have my welcome. It's a good day.

Om, here's our agenda for, om, our brief one-hour call. We are going to touch base quickly to see what's happening with vision statement development. And then our, ah, feature focus will be om a round robin, ah, it would be a round table, but we're not sitting at a table, om, discussion of where, om, your efforts are today. So, you know, where, om, in a month-and-a-half into 2017, still fairly om early, but I think we want to get a sense of where things are and I've got a few, om, questions that I've scripted to share with you. And I hope we'll get a broad engagement in discussion and by so doing get some shared learning, om, so we can get a sense from one another about, om, what you are each involved in. And then ah we'll wrap up and talk about om meeting four which is the last meeting that we have scheduled right now for this track which is focusing on Defining and Assessing Regional CPC+.

Om, as a reminder, every time we have this reminder, please don't share any financial information that shouldn't be shared with other payers or the general public.

Om, this graphic right here gives a representation of where we are om across our four sessions. Meeting one we talked about what is a vision statement and how to define it. We talked about concepts of domains, ah, within a vision statement. At meeting number two, which was our last one, we had Alicia Berkemeyer and Debbie Peikes speak about how to evaluate the success in terms of practice performance and in terms of, ah, regional multi-payers, om, initiatives. And then Peter Bachini briefly talked about the efforts in greater Philadelphia to develop a vision statement. Om, for today, om, our initial plan was to have, om, our focus be on you sharing statements, vision statements that is, with one another. And to have some discussion about why you made different decisions and to get feedback from one another. I think what we've learned is that om, om, you, om, are well, om, almost all, are all well in process of developing your vision statements and you have in fact, om, not yet completed that process. Ah, so that is why the focus on today's conversation is a little bit different than from what we had initially anticipated.

Om, what is a vision statement? Just as a reminder it's, om, a definition of what is success for your regional transformation initiative om in states where you hope to be in at the end of the first year of CPC+ and the end of each subsequent year. And to represent the consensus of however many payers that there may be in the region, even if there is only one. Om, the vision statement should have a dual focus: one is on practice performance and how it will change and will improve over time and the other is on what you will do collaboratively around aligning payment, and providing data support and other things that you might do with one another. And all of this, om, focus on vision statement is to, om, help prepare you for Milestone 2 in the CPC+ payer partner road map, om, which is, om, really developing an action plan for the region.

Oh, om, these are some examples of what might be domains in, om, vision statements, om, so if, and some specific outcomes and timelines, so, if we look on the left column, I'm just going to pull this out as an example, the second, ah, ah checkmark, om quality measure are aligned across the regions payers, so, om, I talked about the dual focus, one of them being on collaborative activities with the collaborative activity aligned quality measures. By the end of year five improvement quality measures. That's the other dual approach focus which is on the performance of the practices participating within the region.

These are just examples of for you as you work on refining your vision statements. These are examples of domains and outcomes and timelines.

Ok, so, what we'd like to do because we're not going to be talking about your vision statements today is get a little bit of a sense of where you are. And if you could respond to this online poll, obviously, those of you on telephones can't do so, but if you're online om we're interested in what are the challenges that you're facing in developing or finalizing your vision statement? Is it simply that the process takes longer than you thought? Has this not been a high priority? Are you not yet at are you not yet at consensus of what the domains should be? You're not at consensus on what the goals and timelines should be? Or even focused on engaging a convener, and you need to do that first. Or, is there some other reason? So, if you would respond to this pool right now I would appreciate it. Three of you have responded thus far. We've got 24 on the web so hopefully we'll get some more. Ah, and then we'll review what the response is.

[Six second pause then unidentified woman's voice]

And Michael I'm seeing that Alicia has her hand raised, so.

[Michael Bailit]

[Voices in the background] Alicia? Alicia, do you have something you want to share?

[Four second pause]

No.

[Woman's voice]

Perhaps she didn't mean to raise her hand.

[Michael Bailit]

Ok, well, om, let's, ah, look at the results of the, om. So, other is the biggest category. Om, so, I will ask you about that in a minute, but, om, the other reasons seem to be pretty mixed. It takes time, om and there are issues you have to work through. Why I think what we found through our previous call is that there is a lot of heterogeneity across the region so I guess I shouldn't be surprised that our responses indicate that there are multiple reasons. I'm interested in the "other" since that is the most common response. Anybody want to share what are some of the other responses? Or some of the other challenges you faced so we're not listed here?

[Jack Summers]

This is Jack Summers from Oklahoma. We're kind of approaching this somewhat differently. When we started Classic four years ago, one of the first things that we did is establish a charter among all of the payers that were participating at the time. Ah, we had representatives from our L&D faculty which at that time was TransforMed. And together we kind of comprised a document that was, oh, 8-10 pages long that talked about what we were going to do. I'm not sure that I would say that we had, you know, well established goals. It was more about how we were going to work, how we were going to do the work, how we were going to split it up, and so forth. And when we, and I think the history supports this, we were very successful in what we did. Om, when the payers met, ah, in January to talk about what our, what our focus was going forward, at least the [garble] appeared in Oklahoma decided that we just wanted to tweak the charter rather than kinda starting from scratch and doing everything over. So, the last couple of meetings of our field service team, the payers that kind of gathered to kinda go over the charter to see what it is we need to change in light of what's going on in Classic or in plus as opposed to Classic. Om, and I think that we're very close to finalizing that document. We're just kinda seeing what it is in Plus that's different, the goals and so forth. What do we want the practices to be doing that they're not already doing or that we weren't already heading in that direction with Classic? So, it's more of a tweaking than any of the other categories.

[Michael Bailit]

Uh huh, well that makes sense to me. And I bet that Classic users, you're not the only that decided to buy something that you already created before than make something from scratch which obviously, a new region would do. And Jack do you think it will have some of the components that we talked about including what you hoped to accomplish, um, timelines?

[Jack Summers]

Om, I don't think we're going to get to that defined level of a thing in the charter. Again, the charter is more of a process document rather than a goal document. What we do on an ongoing basis as part of the field team, and the field team is kind of a subset of payer resources that meets like every other week to devise strategy on how we're going to positively affect the individual practices. It's more on process. Om, Deming, Deming always said that you shouldn't have goals you know necessary, you shouldn't have quantified goals. We're a little bit of more of a Deming shop where we identify really on process; what can we do with the process that makes things better? I think that doing that has, has really been helpful. We, we do want to get better and our outcomes have gotten better over the years. I mean we've significantly improved our healthcare outcomes in Oklahoma while still being able to create sure savings. But I think, but I think by not really harping on a particular number or, you know, a set criteria that we would prefer to do it that way. Now I think ideally, you know, one might say, well we'd like to have imbedded behavioral health in every primary care office. I'm just not sure that's realistic, and I, to state that, I'm not sure I want to go there. I want to move in that direction where we can really enhance the delivery of behavioral health in the primary care setting however that is.

[Michael Bailit]

That's equal to a goal as itself, isn't it?

[Both talking at the same time]

[Jack Summers]

Right, that's what we're kind of working toward.

[Michael Bailit]

Om huh, yah. Yah, well I think that constitutes a goal. You know that you want to move towards more integrated human behavioral healthcare. Anybody else want to share, um, other challenges that you've faced?

[Nine second pause]

Okay, alright. So, what I'd like to ask next is what you think are the prospects that by our next meeting, um which is March 3, I'm sorry March 10, you think you could have um, ah, at least a draft of your vision about what you want to accomplish, both in terms of, again, the dual focus with a multi-payer regional collaborative, um, strategy and in terms of practice fulfillment. So, we're setting out here March 3 as a target so that we can, um, receive your draft in advance of our fourth and final meeting that's tracked a week later. Om, would you take a second and just respond to this poll?

[Sixteen second pause]

Because, so, there are nine responses, nope seven, here's what it looks like. It looks like you're split about, ah, ah, maybe less than half say "yes," and the balance "not sure." So, looks to me like we'll have at least, om, enough vision statements that we could talk about. Ah, so that you can see what one another is thinking about and maybe inform final modifications before anybody finishes their vision statements. I think we'll shoot for...I'm asking those of you who are able to do so give your draft, if not your final version to us, by March 3 and then that will be the fix of our conversation.

I see a couple of hands raised. Om Peter? Anything you want to share?

[Four second pause]

[Peter Bachini]

I just had a, I wrote it on the note here just for looking to have our convener contract executed by 3-1 so we think it's a good chance, but we're just not sure.

[Michael Bailit]

Great. Thanks. Alright, um, so you guys can look at the percentages here, but there were five “yeses” and five is certainly going to give us enough to be able to talk about it, and some of the “not sures,” we’ll have plenty.

Great so, oops, we’re going to switch now to the round robin conversation and these are the examples of four of the questions I’m going to ask you others, I’m going to pose. And, I’m going to start first by asking about how the payers in the region are working together to establish a vision just so we get a sense of what the process is. Jack just shared what the process is in Oklahoma, but I want to call on, ah, you others of you to talk about this, and then we’ll move on to other questions that are a little bit broader, of what you’re doing together.

So, ah, I think I first want to ask is Lisa Wright to talk about what pairs are doing in Michigan because I think that I understand you guys are in the process of developing a vision statement. So, Lisa can you talk about what that process looks like?

[Eight second pause]

Lisa, do you need to unmute yourself?

[Nine second pause]

Alright om, so let’s go to New York instead. Eileen, would you be willing to share what your process has been so far?

[Eileen Wood]

Sure, can you hear me?

[Michael Bailit]

Yes, loud and clear. Thank you.

[Eileen Wood]

Perfect. Okay, so, yah, so this is Eileen Wood of CDPHP in the Northwest Hudson Capital Region CPC region. Ah, so, we are also the payers, the three commercial payers, in, ah, the CPC+ Program that have been together in the CPC Classic although our region shifted a little bit. Of course, just like everyone else we have way more practices, we have one less payer, but we, and we also have, I’m sure like many of the regions, a lot going on. In addition to CPC we have the New York State Medicaid District program going on hitting many of these same practices. We have a, an advanced primary care program rolling up in our region first, as well, om, with, ah, SIM Transformation money going on and around. So, lots of things to confuse our primary care practices which is really one of our first priorities of the payers

involved, is that we want to make sure that they're successful. So fortunately for us, we were able to get Susan Stewart who was our convener resource in the Classic. We were able to independently together contract Susan Stewart to be our convener. We've only had a couple of meetings, so I was one of those who clicked on, "It's taking longer than we thought." And that's because, you know, you have three organizations having to review three different documents and all the stuff that goes on in January, but we're, ah, we're on track now. Things that we could...Should I just go through these questions for you while I'm on?

[Michael Bailit]

No, no, no just I want to stay with this one before we talk about the others.

[Eileen Wood]

Okay. Then that's my comments.

[Michael Bailit]

Okay, om anybody else want to share what your process has been? I think it makes total sense that bringing together three parties when there's lots of other stuff going on in the region means that it takes a while to get a vision statement. Anybody else want to share what's going on in their region? I understand that from Alicia that there was a successful convening of Oklahoma, Arkansas, and Kansas City, and some joint discussions about vision statement developments. Anyone participate in that? Anyone willing to share that experience?

[Thirteen second pause]

[Unknown male voice]

It wasn't anything too exciting one way or the other. It was a good exchange of ideas, and good framework for helping each other move forward.

[Michael Bailit]

Okay. Alright, Lisa Wright are you back now? Can you share what's going on in Michigan and the processes you're following on vision statement developments?

[Lisa Wright]

Yah, happy to so, om, we, ah, this is Lisa Wright from Blue Cross Blue Shield of Michigan. There are two payers in our region, us and Priority Health. We've been enjoying a really fruitful and collaborative relationship with them. We have touch base meeting about once a week, once every other week over the phone. We were really lucky in Michigan because we had a convener that we really enjoyed working

with as part of the multi-payer advance primary care demonstration for the last five years. Her name is Diane Marriott, so we were able to entice her to serve in that same role for CPC+. So, it's been a really nice, sort of easy transition. You know because she, Diane is so familiar with CMS Demonstration projects and at least at Blue Cross Blue Shield we're very familiar with Diane. We've been working with her very closely for years now. So, it's been, ah, it's been pretty smooth sailing so far.

[Michael Bailit]

Okay, so it's another example where having a convener has been really important to the process. Phil Murray, can you share what's going on in Oregon and what you guys are doing with a convener?

[Nine second pause]

Phil, are you with us?

[Bill Murray]

Sorry, are you calling me?

[Michael Bailit]

Yah, could you share with us what you guys are doing in terms of...

[Woman's voice]

It's Bill Murray, not Phil, and he can't be heard.

[Michael Bailit]

Bill Murray.

[Unidentified woman's voice]

It's Bill Murray, and he can't be heard.

[Five second pause]

[Michael Bailit]

Okay, anyone else on from Oregon who can talk about the process of selecting about a convener?

[Five second pause]

Okay, how about, ah, Jon Griffin in Montana.

[Four second pause]

No? [laugh]. Alright so why don't we ah then move on to ah next question. Ah, and that is, ah, when you're thinking about the biggest challenges that you have in your region, om, what are they? I think we heard from Eileen that having a lot going on in the state, om, like the New York state district means there are lots of reasons that practices feel totally bombarded perhaps confused. Om, what are other challenges that any of you are experiencing?

[Five second pause]

Who's getting going?

[Four second pause]

Peter Bachini, Peter, you talked a little earlier can you talk about one of the challenges, I know you guys are new, so you're going to build this from the ground up. Om, actually if you could talk both about the extent you guys have decided you need a convener, and obtained one, and what are the blocks and challenges you're facing.

[Peter Bachini]

I can certainly talk do that I'm, ah, I did a little bit of it last time, but we've had at least two or three meetings since the last time as well. And, actually coming to an agreement on the contract and the different pieces of the content within that contract for a convener, ah, have, ah, sort of been on our minds for the last few weeks because we have selected one and we actually did go through two or three different entities. I will say all of them 501c(3)s, all of them not-for-profit, but the Healthcare Innovation Foundation in Pennsylvania was the folks we came up with. I might be mi-stating their name exactly. I know them by HCIF. You know how we're a very acronym-intensive industry. [laugh] Sometimes I get those mixed up. Ah, but in any case, om, just making sure that we're all on the same page, for example having them. Because we want to move pretty quickly, as you know, to get this folks in place, but because of our respective two organizations' legal departments, procurement process, etc., etc., that sort of slowed down our process a little bit and we're attempting to speed that up as quickly as possible, so.

As far as a current challenge, from last time, you know we're moving, we're trying to move along pretty quickly on that. Also, and I think we need this convener on before we make a final decision or a final, ah, ah, final, um, um, agreement on our aggregator. So, I think we've gone down a path, you know vacillating between do we need full aggregation in our area or can we do cooperation, and I know that in a different section of the LAN PAC, you know Group 2, I guess. But again, that's been something, that we already interviewed two or three different entities and have sort of come down to what we think one is. But again, want to make sure we have our convener on, so that we're thinking about all the

different pieces that may be out there. Om, and we haven't seen the final word yet from CMS but when they announce and send out their note of where they're thinking about...

[Unidentified woman speaking about something in the background stopping Peter]

[Michael Bailit]

Please mute if you're not speaking. Specifically, if you're not Peter speaking.

[Peter Bachini]

[Laughter] I'm sorry about that. That was not on my phone, but in any case having the aggregator and going back and forth between, you know, should we do full aggregation or should we just do quote, unquote cooperation and then having those conveners in those discussions because obviously the convener that we're picking has more of a state-wide look and presence even though they're located in SEPA market place, you know there may be things out there for round two, that I was going to say earlier, but CMS has not told us about where they're going to go. That for one of the things we think, you know, all of Pennsylvania may be an attractive area. So, if we're going to do that, we want to make sure we're in sync.

[Michael Bailit]

So, it sounds like even though, you know, you've been working on bringing in a convener that you've also done some substantive work.

[Peter Bachini]

Oh yah, we're not just staying with the convener piece that's true. We're trying do all pieces at the same time.

[Michael Bailit]

Yah. Right. That's great. Congratulations. Has Bill Murray been able to join us? I thought he had problems getting through. You with us Bill? You wrote, "I'm dialed in." Does that mean you can speak?

[Bill Murray]

Hi, this is Bill Murray can you hear me?

[Michael Bailit]

Yes! Nice to hear you Bill.

[Bill Murray]

Yay! Yay! Om great so...

[Michael Bailit]

Bill, share with us what type of collaboration is going on in your region and what you're doing in terms of a convener.

[Bill Murray]

Sure, so we are hopefully within the next week going to make our selection for our convener. We actually issued an RFP and ah, specifically issued that to a number of conveners that people were familiar with. In that RFP we did articulate what I would call a preliminary vision statement about what it is we were trying to achieve. That was basically an outgrowth from the prior CPC efforts in Oregon and the group.

[Music begins to play in the background nearly drowning out the speaker]

We have a very active group that has been meeting regularly. The other accomplishments from our standpoint is that we did work collaboratively to a contract form an agreement in regards to be used with our CPC payers, so it accomplished that and our goal is to have that convener in place and then move us forward quickly within about the next, next week. We have a review and selection process set up for next week.

[Music continues to play in the background]

[Michael Bailit]

Okay and can you share where you are in your vision statement development?

[Bill Murray]

[Music continues to play in the background]

So, our vision statement, we have one that we put together. It was probably last, probably November, early December. It was somewhat of an outgrowth from the prior CPC effort and it is incorporated in our RFP. In the background information for selection of our RFP. And I would be glad to share that I was trying to get some other [Music stops] individuals to participate in this call and make sure that we had a collaborative presentation of that, and I think we should be able to do that for the next meeting.

[Michael Bailit]

That's great. Thanks. Om looking ahead, what do you think are going to be some of your biggest priorities and challenges?

[Woman's and man's voice in the background]

[Bill Murray]

I think, ah, in Oregon we have ah, um, unfortunately our legislative session just started in Oregon facing a deficit so managing through all of the funding issues as well as trying to move this forward creates some additional pressure although moving forward with this hopefully the solution to the cost pressures will help those cost pressures. It is principally a matter of when you've got a tight budget those impacts and then what resources people are, have to put towards this project and how it might affect the project and the collaboration in going forward.

[Michael Bailit]

Okay thanks. You know earlier Eileen Wood you were going to answer, I think, all of the questions, so I'm going to come back to you to have you share what are your regional priorities and your challenges?

[Eileen Wood]

Thank you, yes, om. So, what we're concerned about are priorities are to make to do whatever we can to make sure that the practices are as least confused as we can possibly help them in this environment. So, our priorities then would be trying to get other stakeholders in our region to align as much, and organize as much around quality metrics. Although that's probably a heavy lift because we're talking about different populations with different stakeholders that want quality metrics, but as much as we can try to align the payers and the programs. Also, when it comes to transformation there's a lot of transformation work going on so we want to make sure that the practices, especially the new ones, to CPC are getting a good understanding of not just what's needed for CPC but how those things can be, how their work can be organized so that they are efficient in serving these multiple programs that they may be in. So those would be our priorities right now. Om, [pause], I guess I'll leave it there.

[Michael Bailit]

What in terms of collaborative work among the regional payers. What do you most hope to accomplish there?

[Eileen Wood]

You're fading out a little bit. You're sounding muffled, so I'm not sure I got that last part.

[Michael Bailit]

What are you most hoping to accomplish in terms of regional payer alignment when you're look at your priorities?

[Eileen Wood]

Right, so when we look at our priorities how can we in our programs that...so I'll give a CDPHP example. We're involved in this CPC program, in an EPC program, in an APC program with the same or an intersection of these practices. And so, our other payers in similar positions that are working on CPC. So, we want to try as much as possible align the things we can. We know we're not going to align everything, but to the point that we can together give the practices involved a unified playbook about what we are doing in our region. And that has to do with quality, that has to do with payment models, that has to do with all of those things. Our expectations on transformation and capabilities in these different programs. We want to come with one voice and we're working together with our convener to try to figure out how we best present that one voice to the practices in our region.

[Michael Bailit]

That's great. I like the concept of a unified playbook. Thanks. By the way I think we've all heard periodic timing conversations. So, let me just remind everyone to please use your phone on mute when you're not using it.

Om, Jack Summers, can you talk about what are your biggest priorities and some of the challenges you've identified?

[Jack Summers]

I'm sorry I didn't hear the question.

[Michael Bailit]

Can you share what are some of your priorities and your biggest challenges that you are facing as you move into CPC+?

[Jack Summers]

Sure, om, I think it's working with CMS. Om that's one of our biggest challenges.

[Michael Bailit]

How so?

[Jack Summers]

We're still having issues with having them understanding collaboration. They're doing things without really consulting the payers. They sent out questionnaires to the practices about status and readiness, but we haven't gotten any feedback from that. They create milestones and projects without really consulting the payers about whether that's in the best interest in the practices in their region. They set guidelines which handcuff us. So, working with CMS is one of our biggest challenges. I think another thing working with physicians and making them understand the advantage of change. Om that's one of the hardest things. There are a subset of the physicians who get it, and they might be 10 to 15 percent of the physicians who are in the program. Probably 60 to 70 percent of the people are, I think would be open to change, but they need to see it and see it work before they're going to entertain it. And then there's probably another 15 percent of the practices that no matter what you do they're just in it for the money. So, some of it is to get those other practices. Sometimes you haven't spent time with other practices, if they can actually get their own doctor away from their own office and visit the office where it is actually working it's like a light comes on and they get it. It's the road to Damascus kind of experience and they meet Jesus and they get it then. Some, you know Oklahoma is kinda the middle of the Bible Belt. We pray for our practices, and sometimes prayer can get through where explanations and seeing it work really can't. Sometimes it takes something supernatural to get through. But I think that those two things are trying to get CMS to work with us and not handcuff us. And then, getting physicians to kind of come along in the journey. Those are the two biggest things that I see.

[Michael Bailit]

I'd love to invite others to respond to Jack's observations that there's a challenge in helping practices see the benefit of transformation. Can others of you share what you've found to have worked in being successful in helping practices see why it's in their interest to transform?

[Eight second pause]

I know you all face the same challenge.

[Eileen Wood]

This is Eileen Wood. So, I think one of the things that obviously gets the attention of practices is really understanding that there's not only, and this should be talked about, you know, first and foremost, the outcome, the triple aim goals of transforming and changing and how that works for everyone, but you can talk about that and not have, if you don't talk about the economic, ah, advantages and are able to articulate what those are to a practice. How, you know, they've got, and I've said this before, they've got to be able to pay their salaries, to pay their rent, to pay their bills, and to, you know, to live. And if there isn't an advantage, if they don't see that change brings opportunity then I think you're really stuck. And so, om, you know from CMS, I applaud CMS for, for moving in the direction of coming off at least in part from fee-for-service because I think that is attention-getting. A practice [beep beep, beep] is much more responsive to carrots but must respond to sticks they can't stand still. So those economical, incentives, are disincentives I think are, need to be discussed and presented at the same time as the goals of the triple aim.

[Bill Golden]

This is Bill Golden in Arkansas. Om, let me try a different, a slightly different angle as well. And one of the things to go out there is to underscore and talk about the existing dissatisfaction in with existing clinical practice. Most of these primary care practices are high volume, and there's a lot of burn out, and a lot of dissatisfaction. So, you talk about trying to build a better way. And that these models can create a better way. So, it's a, sort of, a mutual opportunity to redesign a system that's not working for the average, busy, small practice.

[Four second pause]

[Michael Bailit]

Thanks, Bill. So, ah financial benefit, Eileen, was saying, ah, a better way than the currently not working system that Bill suggested. Other messages that you all have found that are effective in engaging practices?

[Four second pause]

[John Griffen]

So, om this John Griffen, by the way from Montana. I had a difficult time speaking up earlier. Can you hear my now?

[Michael Bailit]

Yes, John, thanks.

[Jon Griffin]

Oh great, thank you. Om, the first question of course was about vision and we're moving into kind of how we're messaging things with practices and areas of priority. We do have a convener currently, and om our concentration really has been on alignment of clinical quality metrics and discussion about reporting mechanisms and data delivery mechanisms here in Montana. Om with respect to delays that CMS had selecting practices and kind of communicating what practices would be involved with a CPC+ had it's kind of created a bit of sense of urgency I would say among the participating Montana payers to finalize our CPC+ aligned contracts. And then settling on our own individual set of clinical quality metrics and thoughts about how we're really going to work with practices in easing the burden of reporting and delivering to them actionable information at the point of care. So, om, in addition to making that value proposition and helping educate on the benefit of what's in it for the practice financially but also regarding just the burden of the reporting their value, reporting their clinical quality metrics. So those have been some of the areas for the folks in Montana.

[Michael Bailit]

And John, what do you think you found that's convinced the practices that this is a better way and to pursue them?

[John Griffen]

You know I'm not certain that we have convinced practices. I think that what I've heard expressed by some of the other states is that providers are just getting a feel for this and I think feeling a bit panicked about being involved in the CPC+ and now what? So, the voice of education, that unified voice educating providers about what that is expected of them is kind of where we're at right now. We've been working with the, om, we've started to engage our regional QIO, Quality Improvement Organization, which has now been selected as the sub-contractor for Lewen as the CPC+ learning and technical support entity. I think that this is going to be a significant benefit, at least, in Montana. You know Montana it's a small state with respect to its population. We have pretty rich penetration with our QIO into a lot of small practices that are CPC+ participants, and there's a history there and a relationship built with particularly in the realm of information systems development and recording of quality metrics. So, we're now going to be teaming up with that regional QIO to be doing some pretty pointed work with practices and helping spread the education and also caring a unified voice, to practices about the payer programs, and how we're all aligned around CPC+.

[Michael Bailit]

Okay, thanks John. Lisa Wright you guys have been at this for a long time. What have you found has helped to engage practices?

[Lisa Wright]

I'm sorry I missed the last couple words of the sentence you just spoke. Could you repeat please?

[Michael Bailit]

Sure. What have you found to help engage practices to convince them that transformation is a worthwhile endeavor?

[Lisa Wright]

Yah, so om this is a tough one because, like you said, we've been at this for a while and so for the most part for the past like five, six years we've had really, really strong provider buy-in. And we haven't really had a hard time getting folks on board. At this point the only people who the only primary care providers in Michigan who aren't engaged in practice transformation are folks who in general are really close to retirement or what have you. I think that it's one of those things where it just kind of takes time

and there's maybe an element of word of mouth in there. You know where doctors talk to one another and find out hey I did x, y, and z and I'm able to see more patients, or now I'm able to do this, whatever the case may be, so I think it's like any sort of marketing effort. It takes time, it takes word of mouth, it takes people really experiencing for themselves that this works. And there will always be skeptics, but in general it I think just kind of takes time. But certainly, I think a lot of the articles that have come out, you know, in the literature could potentially be impactful for helping to get folks on board.

[Michael Bailit]

Okay, thanks Lisa. Okay Lisa I'm going to stay with you and ask you the last question on your slide. We've talked some about challenges, not a lot, but any thought on what the PAC could do to help Michigan but other regions as well as you keep again to confront challenges as you move into CPC+?

[Eileen Wood]

This is Eileen Wood. I think one of the things the PAC could do is assist here is to address what I think may be a gap and that's in the transformation services from CPC to the practices to each region and whether or not those transformation agents are going to engage with the payers to understand what's the value to us. I know that we are Classic region, we've had transformation services, collaboratives, and all that. And I think they have been of high value to the practices in transformation, but I also think that the payers, and I say this because we've had a lot of conversation to our APC process with the state and the SIM grant of what it really means to transform, what are those capabilities that we believe are linked to value, and how do we get the practices to pay attention to those things? So, they may be all aligned, I just don't know that, so I think part of what we could do is understand what are the specific goals and do we think as a payer group that there are gaps that need to be filled.

[Michael Bailit]

Okay, thanks Eileen. Are there any suggestions on what the PAC can do to help you to address challenges that you are now identifying now that we are now into the middle of February?

[Eight second pause]

Nothing else?

[Seven second pause]

Okay. So why don't we talk about where we want to go next?

At our next meeting, our fourth one, which is the last one on this track on March 10 and we want to invite you to share your draft statements that we shared earlier, five of you that said you would have them done by March 3. Another eight of you said you weren't sure. But I want to invite you to submit them to LAN PAC, so we can talk about them next time. What we'd like to do is distribute them, so you

can take a look at them and you're welcome to put them up here on the screen. You can talk about individually what you created and then others can ask questions about why you did or did not decide to do something. That can be helpful for everyone involved.

We will distribute a summary of our conversations today including for example the discussion about how to engage practices that might be reticent to do so. You will hopefully share draft vision statements with the PAC. I did ask a minute ago about things that the PAC can do to help you with your challenges and Eileen shared an idea. Any other requests that anybody has for future meeting content? This is intended obviously to be for all of you, so we want to make sure we are structuring this way that is value additive.

Ok. Any feedback on today's meeting? Anything we can do better? I know a few of you had trouble finding a way to speak. And hopefully we can address that technical problem next time. Any other feedback anyone wants to offer?

Okay, well, then I'd like to thank you all then for your participation today and if you have any follow up input with communications please contact Lauren, Candi, or me. And I look forward to hearing from you. Otherwise we'll talk again on March 10. I want to especially thank everyone who participated actively in our conversation today including Lisa, John, Eileen, Jack, Bill, and anyone else who's spoke who I've forgotten. Thank you all for being active participants in this conversation.

[Unidentified woman's voice]

Thank you.