Primary Care Payer Action Collaborative (PAC)
Designing Payment to Support Advanced Team-based Care at the Practice Site

Practice Engagement
March 12, 2018
12:00 – 1:30 PM ET

If you require technical assistance, please contact Kristian Motta at kmotta@rippleffect.com.
Welcome and Introductions
Logistics

**Two-step** log in process:

1. Use the ReadyTalk link provided
2. Dial-in for audio using the number listed in the invite
   - U.S. Toll: 303-248-0285
   - Access Code: 2712000

We encourage participants to ask questions by phone or in the chat box.

Please manage your own mute button on your phone and computer.

Lines will be left open.
Welcome

Edith Coakley Stowe
Senior Manager
Manatt Health (DC)

Susan Stuard
Independent Consultant (NY)

Dori Glanz Reyneri
Senior Manager
Manatt Health (DC)

Kaylee O’Connor
Consultant
Manatt Health (DC)
# Today’s Agenda

<table>
<thead>
<tr>
<th>Timeframe (EST)</th>
<th>Topic</th>
<th>Facilitators/Presenters</th>
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<tbody>
<tr>
<td>12:00-12:10 pm</td>
<td>Reminder of PAC, Interactive Polling, and Today’s Objective</td>
<td>Edith Stowe</td>
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| 12:10-12:45 pm | • Foresight’s journey from fee for service to population payments  
• “Do’s and don’ts” for payers in the transition to fee for service alternatives | Dr. Gregory Reicks, Foresight Family Physicians |
| 12:45-12:55 pm | Responding remarks | Patrick Gordon, Rocky Mountain Health Plans |
| 12:55-1:00 pm | Interactive polling | Edith Stowe |
| 1:00-1:30 pm | Optional additional Q&A and discussion | Dr. Gregory Reicks and Patrick Gordon |
Reminder: LAN Action Collaboratives

A LAN Action Collaborative (AC) provides a **results-oriented forum** for sharing, integrating, and applying new knowledge and tailoring solutions.

This will support **committed** participants with a **shared aim** to take more effective **action** in their organizations to **increase adoption of APMs** and to make a **collective impact** on the U.S. health care system.
The Primary Care Payer Action Collaborative (PAC) serves as a “national table” for payers committed to improving the implementation of CPC+, a multi-payer primary care APM, to more effectively support practice-level transformation by:

• Identifying and committing to collective goals
• Sharing learning to accelerate action
• Tackling operational barriers to successful APM implementation
PAC Portal

• For more information and resources please visit the Primary Care Payer Action Collaborative (PAC) Portal.

• Slides, session highlights and polling results are posted from PAC fall webinars

<table>
<thead>
<tr>
<th>PAC Learning Labs on Alternatives to FFS Payment in CPC+ Track 2</th>
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<tr>
<td>This section includes an overview of the PAC and materials from each virtual meeting beginning in August 2017, when the PAC tailored learning lab content and discussions to support payers as they operationalize alternatives to fee-for-service payment specifically in “CPC+ Track 2.”</td>
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<thead>
<tr>
<th>Overview</th>
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<tr>
<td>PAC Session 1: Introduction to Designing and Implementing Alternatives to FFS in CPC+ Track 2 August 29, 2017</td>
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<td>This kick-off webinar outlines PAC objectives and serves as a preview of four upcoming “learning labs” on key payment design and implementation topics. As part of this interactive session, members of the CMS CPC+ team outline key principles and features of the CPC+ model and address participant questions.</td>
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<tr>
<th>Live Poll Results</th>
<th>Highlights</th>
<th>Slides</th>
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<tr>
<td>PAC Session 2: Design Work Flow September 14, 2017</td>
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<td>This learning lab discusses initial design decisions in developing any alternative to FFS payment for primary care practices, ranging from which lines of business to include in the model, to handling patient attribution.</td>
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Interactive Polling
Polling Question #1a:

Which CPC+ Region are you from?

- a) Arkansas
- b) Buffalo (2018 Start)
- c) Colorado
- d) Hawaii
- e) Kansas City
- f) Louisiana (2018 Start)
- g) Michigan
- h) Montana
- i) Nebraska (2018 Start)
- j) New Jersey
Polling Question #1b:

Which CPC+ Region are you from?

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<tr>
<td>a)</td>
<td>North Dakota (2018 Start)</td>
</tr>
<tr>
<td>b)</td>
<td>Hudson/N Capital NY</td>
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<tr>
<td>c)</td>
<td>Ohio/N Kentucky</td>
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<td>d)</td>
<td>Oklahoma</td>
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<td>e)</td>
<td>Oregon</td>
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<td>f)</td>
<td>Philadelphia</td>
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<td>g)</td>
<td>Rhode Island</td>
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<td>h)</td>
<td>Tennessee</td>
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<tr>
<td>i)</td>
<td>Payer in multiple regions</td>
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Today’s Objective
Objective

- Explore the transition from a predominantly fee for service payment environment to one substantially based on population payment, including perspectives from:
  - A primary care practice
  - A payer
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
Speaker Introductions
Today’s Speakers

Dr. Gregory Reicks  
Physician  
Foresight Family Physicians  
Grand Junction, Colorado

Patrick Gordon  
Vice President  
Rocky Mountain Health Plans  
Grand Junction, Colorado
Foresight’s Journey
From Fee for Service to Population Payments
Foresight Family Physicians

- **25 Total Staff**
  - 5 FTE Providers
    - 2 physicians, 3 Advanced Practitioners
  - 6.5 FTE Medical Assistants
  - 3.5 FTE Front Desk
  - 2.75 FTE Care Managers
  - 2 FTE Behavioral Health
  - 1 FTE Initiative Coordinator-Occ, Health
  - 1 FTE Biller
  - 1 FTE Office Administrator
  - 0.5 FTE Medical Records

- **4:1 Staff to Provider Ratio**
Foresight Patient Mix - 2017

- 32% Commercial (Fully insured and Self Funded)
- 31% Medicare (Managed and FFS+)
- 24% Medicaid (Managed and FFS+)
- 10% Occupational Medicine (FFS)
- 3% Self Pay

44% of Patients are attributed to CPC + Payers
Foresight Revenue - 2012

95% Fee For Service

5% Commercial Plan Pay For Performance Incentives
The Transition - 2013

- Comprehensive Primary Care Initiative (CPC Classic)
- Rocky Mountain Health Plans Medicaid PRIME (Capitation)
- SHAPE (cost based payment for integrated behavioral health)
Foresight Revenue - 2015

- Fee For Service: 68%
- Medicaid Shared Savings: 5%
- Shared Saving CPC (RMHP Only): 3%
- CPC PMPM (All Payers): 6%
- Global IBH Payments: 5%
- Medicare Incentives: 1%
- Medicaid Capitation: 8%
- Commercial PFP Incentives: 4%
More Transitions - 2017

- Comprehensive Primary Care Initiative +
  - Medicare Alt. FFS (25%)
  - Medicare Performance Based Incentive Payment
- Capitation all LOB RMHP
- RMHP Community Integration Agreement
- Million Hearts
- Diabetes Prevention Program

Accountable Care Collaborative Phase II

Medicare Diabetes Prevention Program (MDPP) Expanded Model
Foresight Revenue - 2017

Approximately $6 PMPM increase from 2012 in total revenue
Foresight Sources of Non FFS Payments - 2017
Changing Business Model

- Balancing Non-Billable Services
  - Integrated Behavioral Health
  - Care Management
  - Health Coaching
  - PCMH (Advanced Primary Care) activities
- To Match Alternative FFS, CMF Revenue expected
  - Care management PMPMs
  - Cost Based Payments
  - Enhanced Capitation
Changing Business Model - How are alternative FFS payments used?

- Less emphasis on face to face encounters
  - Telephone Visits
  - Lab reviews
  - Telehealth visits
  - Portal Visits
  - Group visits
- Lower cost resource visits
  - Health coaches
  - Care managers
  - Integrated Behavioral health
  - Medical Assistants
Changing Business Model

- **Provider compensation**
  - Move away from RVU based compensation to blended..........
  - Risk adjusted Population based payments
    - Encourages larger panel size (What is the optimum?)
    - Encourages more creative use of providers time
    - Compensation for participation in PCMH activities
  - Performance payments – Quality and Utilization
    - + Productivity
- **Staff compensation**
  - Incentives for.....
    - Team participation
    - Meeting quality benchmarks
    - Patient Satisfaction
    - Meeting Utilization Benchmarks, Panel Size targets
What does Foresight Advanced Primary Care Cost?

- Foresight Family Physicians - 2017
  - Total Expenses - $2,341,824
    - Minus 10% allocation Occ Health
  - Total Adjusted Expenses - $2,107,642
- Active patients ~4000 = 48000 Member Months
  - = ~$44 PMPM
- Needs for 2018 - 2 FTE Care Manager, Health Coach
  - = ~$47 PMPM
- Appleton Clinic (Direct Primary Care) $79 PMPM
How are care management PMPMs used?

- Cover cost of care managers
  - Care planning high risk patients
  - Handoffs
- Cost of Integrated behavioral health
  - Care planning high risk behavioral health patients
  - Handoffs
- High Risk Care Team Meetings
Which Patients are Target Population?

- **Tier I**: 35.7% of population, N = 69 or 2.2%
- **Tier II**: 10.0% of population, N = 49 or 1.6%
- **Tier III**: 29.6% of population, N = 334 or 10.9%
- **Tier IV**: 16.1% of population, N = 649 or 17.9%
- **Tier V**: 8.5% of population, N = 2,068 or 67.4%

Total: 451 patients - 75% of costs
**Typical Morning of Foresight Care Manager**

- Finish care plan – 68yo male – COPD, O2, OSA, HTN, CAD – 10 min
- TC – 64 yo female, DM, retinopathy, neuropathy, Stage 4 CKD – review BGs, nephrology consult, adjust insulin, med rec. – education, MI – 10 min
- TC – daughter of 94 yo female, struggling at home, needs more caregivers – assist with LTMC app – 20 min
- Covisit with Dr. - 56 yo male TOC hospital AMI, DM, HTN smoker – MI tobacco cessation, med rec., MDPOA, MOST – coordinate specialty f/u - CP -25 min
- TC HH 88 yo female – dementia, frailty - review HH orders, update CP, discuss with MDPOA – 15 min
- Update CPs 3 high risk pts. – 40 min
- TC Coordinate visit, orders to infusion center for pt. with chronic anemia – iron infusions – 15 min
- TC 35 yo male ESRD coordinate care with cardio, med rec. review recent ED visit – 15 min
- TC – review home tx with COPD high risk with influenza – 10 min
- CMM new Medicare pt. HTN, DM, COPD- CP, MOST, MDPOA, advanced directives – 30 min
- TC - 45 yo disabled female, bipolar, DM, morbid obesity, - review BGs, med rec. coordinate with mental health – 15 min
- TC 79 yo COPD, CHF high risk pt ER F/U – influenza – review self management, meds monitoring – 10 min
- Handoff – 54 yo female new Dx DM – DM education – 15 min
- TC – 89 male high risk – CAD, CHF, afib – palpations – 10 min
- Discuss orders with Rehab re: TOC 77 yo frail S/P ORIF hip fx – med rec., -10 min
- MOCA 89 yo female – MDPOA, MOST, review with family – med rec- 20 min.
Typical Morning of IBH Foresight

- F/U 56 yo male, chronic pain, opiates, obesity, depression, HTN, prediabetes - review goals of healthier eating, exercise -15 min
- WHO 62 yo female, HTN, chronic depression, PHQ 14, obesity, DM - discuss sleep, exercise, stress management - 10 min
- F/U 27 yo female high ACE, PTSD, migraines, chronic pelvic pain, recurrent depression F/U stress management, counseling, med compliance, healthy behaviors - 10 min
- TC 34 yo male checking on referral to CMC for Bipolar, ADD, med compliance - 5 min
- TC 15 yo female migraines, PTSD, F/U re: ADHD symptoms management, healthy eating, wt loss - 5 min
- TC F/U 60 female major depression, migraines, PTSD, chronic pain d/t trauma, social isolation, PAM 3 - discuss meds, small goals, healthy diet - 10 min
- WHO 40 yo female multiple unexplained symptoms, generalized pain, high ACE, PAM 2 - relaxation, meditation, spousal support - 15 min
- TC F/U 18 yo major depression suicidality, referred for counseling, medication tolerance - 10 min
- WHO 70 yo male alcoholism, major depression recent incarceration, social isolation - identified local resources for social engagement - 15 min
- WHO 22 yo female morbid obesity, recurrent depression, PHQ 12 - goals for exercise and nutrition - 15 min
- WHO 83 yo female a fib, chronic anxiety, frailty, recent death of spouse, grieving and worry about her health - relaxation, refer to grief support, counseling - 15 min
- Identify pts. Coming in tomorrow needing PAM, repeat PHQ, GAD, Audit Screens - 30 min
- WHO 75 yo male early dementia, DM, HTN, BKA - coordinate support when wife has major surgery - 15 min
What Drives Utilization in Primary Care?

Do current risk adjustment models work in primary care?

Current risk adjustment works with these patients:
- Multiple Chronic Diseases in the same patient.
- Frequent inpatient utilizers.

Current Risk adjustment doesn’t work for these patients:
- Worried Well
- Personality Disorders
- Chronic Mental Illness - esp. PTSD, GAD, Somatization
- Chronic Pain Disorder
  - Fibromyalgia
- Substance Use Disorder
- Active Cancer
- Single dx with expensive drugs
  - Multiple sclerosis
Risk Adjustment and Capitation – Perils for Primary Care

- 56 yo male – Commercially insured
  - DX Metastatic Malignant melanoma - HHS - HCC Score 25.82
  - TCC 9/16 - 12/17 - $280,490
- PCP Capitation ~ $150/mo - $2250 in the claim period
- Seen TWICE by PCP in 15 mo. time period
  - No calls, refills
- Clinical and Nonclinical labor costs of care
  - ~$75/visit -
  - Non labor fixed costs ~$161 PMPY
- PCP Cost of care delivered ~ $345
Risk Adjustment and Capitation - Perils for Primary Care

- 63 yo male – Commercially Insured
  - Chronic Low back pain, Chronic Depression, ADHD, PTSD, - HHS-HCC 0.65
  - TCC 9/1/16 – 12/1/17 - $8646

- PCP Capitation - $11.38/mo - $170 in the claims period

- Cost of Clinical and nonclinical care delivered
  - Five 20 minute office visits - $110/visit
  - 3 warm handoffs IBH - $30/handoff
  - 29 Telephone calls (refills, questions, referrals, follow-ups - $10/PC
  - 8 counseling visits Integrated Behavioral Health - $50/visit

- Non labor Fixed costs - $161 PMPY

- Cost of Care delivered - $1525 in the claims period
Keys to Effective Alternative FFS Payments - Payers

- Transparency
  - Clinicians, Practice Managers, Practice accountants need to understand the process
    - Make it simple to explain – what will still be paid 100% FFS?
    - Be prepared to answer all of the “what ifs”
    - Make sure you can demonstrate that the total payment a practice will receive is more than would be expected under 100% FFS
      - What is the risk to the practice – can it be defined?
      - Semi annual or Annual comparisons
    - Do not disincentivize visits that need to be face to face (new patients, physicals)
    - Attribution is critical to the practice with these models – what is the method?
  - Expect resistance – Many see this as a way to reduce primary care spend
    - Many may not be aware of what they signed up for with Track 2
Response: Patrick Gordon, Rocky Mountain Health Plans
Response: *Patrick Gordon, Rocky Mountain Health Plans*
Interactive Polling
Polling Question #2:

Please rate your overall satisfaction with this event.

a. Very satisfied  
b. Somewhat satisfied  
c. Somewhat dissatisfied  
d. Very dissatisfied

Please type additional thoughts in the chat, especially any suggestions for improvement.
Polling Question #3:

Today’s Lab enhanced my knowledge of the subject area.

a. Strongly Agree
b. Agree
c. Disagree
d. Strongly Disagree

Please type additional thoughts in the chat, especially any suggestions for improvement.
Polling Question #4:

I will take action or work with others in my organization to take action based on today’s lab.

a. Strongly Agree
b. Agree
c. Disagree
d. Strongly Disagree

Please use the chat to tell us what you will act on, or why the information was not actionable.
Polling Question #5:

The PAC is helping my organization make progress towards its goals in CPC+.

a. Strongly Agree
b. Agree
c. Disagree
d. Strongly Disagree

Please type any additional thoughts in the chat, especially any suggestions for improvement.
Questions and Discussion
Wrap-Up
Next Time

- Risk Adjustment and Year-End Reconciliation
- Constructing the Alternative-to-Fee for Service Payment
- Designing Payment to Support Advanced Team-based Care at the Practice Site
- Quality Measurement in Medicaid CPC+
- Claims Processing System Re-Configuration

- February 7, 2018
- February 28, 2018
- March 12, 2018
- April 11, 2018
- April 18, 2018
Upcoming Events

Mark Your Calendars

PAC In-Person Meeting

Monday, May 7
1:00 – 4:00 pm ET

Baltimore Convention Center
Baltimore, Maryland

Register here: https://hcp-lan.org/pac-spring-meeting-rsvp/

This meeting will correspond with the Annual CPC+ Meeting on May 8.
Thank You!