Comprehensive Primary Care initiative

Innovation Center
Centers for Medicare & Medicaid Services

Primary Care

- Primary care is critical to achieving the three part aim of promoting health, improving care, and reducing overall system costs
- Current visit-based fee-for-service system may not provide resources for comprehensive primary care
- CMS is exploring new care delivery and payment models

CMS Initiatives for Primary Care

- Multi-payer Advanced Primary Care Practice Initiative
- FQHC Advanced Primary Care Practice Demonstration
- Medicaid Health Home
- Comprehensive Primary Care Initiative
- Medicare and Medicaid enhanced payments to primary care physicians (Affordable Care Act)

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Multi-payer Advanced Primary Care Practice Model (MAPCP)

- Evaluate the effectiveness of doctors and other health professionals receiving an enhanced payment from Medicare, Medicaid, and private health plans.
- Medicare will participate in existing State multi-payer health reform initiatives that currently include participation from both Medicaid and private health plans.
- The demonstration program will pay a monthly care management fee for beneficiaries receiving primary care from APC practices
- Eight states selected to participate: Maine, Vermont, Rhode Island, New York, Pennsylvania, North Carolina, Michigan and Minnesota
- By end of year 3, up to 1200 practices caring for ~900,000 beneficiaries

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Federally Qualified Health Center Advanced Primary Care Demonstration

- Partnership with HRSA
- Evaluate the impact of the advanced primary care practice model on the accessibility, quality, and cost of care provided to Medicare beneficiaries served by Federally Qualified Health Centers (FQHCs)
- FQHCs receive support for becoming recognized PCMH
- FQHC receives $6 PBPM care management fee for each Medicare beneficiary enrolled at the FQHC
- Up to 500 FQHCs will participate, caring for an estimated 195,000 beneficiaries

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Medicaid Health Home State Plan Option

- Option open to all states
- Allows Medicaid beneficiary with at least two chronic conditions to designate a single provider as their “health home”
- Participating states will receive enhanced financial resources (a 90-10 match) from the federal government to support “health homes services”
- The Innovation Center will be assisting with learning, technical assistance and evaluation activities.

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Evidence Supporting Comprehensive Primary Care

- Community Care of North Carolina
  - Decreased preventable hospitalizations for asthma by 40 %
  - Lowered visits to the Emergency Room by 16%
- Group Health Cooperative of Puget Sound
  - Reduced emergent and urgent care visits by 29%
  - Lowered hospital admissions by 6%
- Geisinger Health Plan
  - Reduced admission rates by 18%
  - Lowered hospital readmissions by 36% per year

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Evidence Supporting Comprehensive Primary Care: Employers

- Comprehensive Health Services
  - Business is providing workforce health care
  - Found increasing the use of primary care resulted in 17% reduction in costs for established patients in one year
- Wisconsin-based QuadMed
  - Operates five employee clinics on-site or nearby
  - The company's health costs/employee are approximately one quarter the cost of the rest of community
    - Increased quality indicators, including patient satisfaction
    - Lower rates of emergency department visits and hospital admissions

Practice and Payment Redesign through the CPC initiative

Supportive Multipayer Environment

Enhanced, accountable payment

Continuous improvement driven by data

Optimal use of health IT

Comprehensive primary care functions:

- Risk-stratified care management
- Access and continuity
- Planned care for chronic conditions and preventive care
- Patient and caregiver engagement
- Coordination of care across the medical neighborhood

Comprehensive primary care

Aim:
Better health,
Better care,
Lower cost

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Practice and Payment Redesign through the CPC initiative

- A major barrier to transformation in *practice* is transformation in *payment*
- Will test two models simultaneously:

  Practice Redesign
  - Provision of core primary care functions
  - Better use of data

  Payment Redesign
  - PBPM care management fee
  - Shared Savings opportunity

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Comprehensive Primary Care Functions: What is CMS trying to support?

1. Risk-stratified care management
2. Access and continuity
3. Planned care for chronic conditions and preventive care
4. Patient and caregiver engagement
5. Coordination of care across the medical neighborhood

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1. Risk-stratified care management

- Participating practices will deliver intensive care management for the sickest patients with highest needs
- By engaging patients, providers can create a plan of care that uniquely fits each patient's individual circumstances and values
- Markers of Success:
  - Policies and procedures that describe routine risk assessment
  - Presence of appropriate care plans informed by the risk assessment

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2. Access and continuity

- Patient care team must be accessible to patients 24/7
- Use patient data tools to provide real-time, personal health care information
- Provide care from the same provider or health team to build trusted relationships
- Markers of Success:
  - Continuity of visits with same provider
  - Availability of EHR when office is closed

3. Planned care for chronic conditions & preventive care

- Primary care practices will proactively assess patients to determine need
- Provide appropriate and timely preventive care
- Use disease registries to track and appropriately treat chronically ill patients
- Markers of Success:
  - Provision of Medicare's Annual Wellness Visit
  - Documentation of medication reconciliation

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4. Patient & caregiver engagement

- Primary care practices will engage patients and their families in active participation in goal setting and decision making.
- Patients will be full partners in truly patient-centered care
- Markers of Success:
  - Policies and procedures designed to ensure that patient preferences are sought and incorporated into treatment decisions

5. Coordination of care across the medical neighborhood

- Primary care as first point of contact will take the lead in coordinating care
- Primary care team will work together with broader health team and the patient to make decisions
- Access to and meaningful use of electronic health records will be used to support these efforts
- Markers of Success:
  - Use of processes and documents for communicating key information during care transitions or upon referral to other providers

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Three Components of Medicare Payment in the CPC initiative

- Medicare fee-for-service remains in place
- Average $20 PBPM fee (risk-adjusted) to support increased infrastructure to provide CPC for first 2 years
  - *Reduced to an average of $15 PBPM in years 3 and 4*
- Opportunity for Shared Savings in years 2, 3, and 4
  - *Calculated at the market level*
  - *Practice share determined by size, acuity and quality metrics*

Additional Support for Primary Care Practices

- Commitment to share data with practices on utilization and the cost of care for aligned beneficiaries

- Shared learning to help practices effectively share their experiences, track their progress and rapidly adopt new ways of achieving improvements in quality, efficiency and population health

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Collaboration with Payers and Purchasers

- Individual health plans, covering only their members, cannot provide enough resources to transform primary care delivery
  - *Requires investment across multiple payers*
- CMS is inviting public and private insurers to collaborate in purchasing high value primary care in communities they serve
  - *Will select 5-7 markets where majority of payers commit to investing in comprehensive primary care; ~75 practices per market*

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Participating Payers and Purchasers

- Commercial Insurers
- Medicare Advantage plans
- States
- Medicaid Managed Care plans
- State/federal high risk pools
- Self-insured businesses
- Administrators of self-insured group (TPA/ASO)

CMS invites Payers and Purchasers to align support strategies in a community

- Interested payers may describe in the application how they would propose to align with CMS:
  - What they are already doing to support CPC functions through enhanced, non-visit based support
  - What they would be prepared to do to support CPC functions
  - Describe the geographic area in which they would be prepared to test this model with CMS
- Payers may propose comprehensive primary support in one or more markets, through one or more lines of business

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What is a “market”?

- Interested payers will describe the contiguous geographic area in which they would be prepared to test this model with CMS
- Use a combination of Metropolitan Statistical Areas (MSAs), counties, and/or zip codes as descriptors
  - May span multiple MSAs and/or counties
- The final definition of a market will be based on the overlapping, contiguous geographic services areas of participating payers and will remain within one state

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States as Applicants

- May apply on behalf of state employees program or encourage Medicaid manage care plans to apply
- May apply and propose support from the Innovation Center for Medicaid fee-for-service beneficiaries utilizing or assigned to participating practices
  - Funding available for enhancements to primary care, such as newly initiated or enhanced PCCM services
  - States would need to 1) share data on cost and utilization; 2) collaborate with CMS in conversations with their states' Medicaid managed care organizations to encourage them to consider applying to participate in this initiative; and 3) commit to working with CMS in its evaluation of the initiative

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Evaluating Payer Applications

- Innovation Center will assess alignment of payer proposals:
  - Method of enhanced, non-visit-based support for comprehensive primary care functions
  - Opportunity for practices to qualify for shared savings
  - Attribution methodology for how a payer's members will be identified as being served by a participating practice
  - Sharing data on cost and utilization with participating practices
  - Willingness to align quality, practice improvement and patient experience measures

Market Selection

- Market selection is combination of:
  - Scoring of individual payer proposals against eligibility criteria
  - Collective “market impact” of proposals
- Markets will be chosen based on where a preponderance of health care payers:
  - Apply, meet criteria, are selected, and agree to participate
- Goal is to have diverse geographic representation

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Market Discussions

- Once markets are selected, CMS will invite all willing and eligible payer applicants to participate in market-level discussions involving payers, providers, consumers to agree on:
  - A common approach to data sharing
  - Implementation milestones
  - Alignment on quality measures

- No discussion of payment or pricing.

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Result of Market Discussions

- Each payer will enter into a Memorandum of Understanding (MOU) with CMS:
  - The content of the MOU will be the same for all payers in a market
  - Through the MOU, payers will commit to the common approach to data sharing, implementation milestones and quality metrics
  - The MOU will reference the payer's proposal to CMS of their support for comprehensive primary care

Practice Selection

- Occurs after the 5-7 markets are selected
- The goal is to enroll ~75 practices per market
- We expect to attract high-performing practices
- CMS and participating payers will enroll primary care practices who agree to provide comprehensive primary care
- CMS will sign an agreement with practices
- Payers will sign separate agreements with practices

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Resources

All application materials and more information can be found on the website, http://innovations.cms.gov/

Letters of Intent are due November 15, 2011

Applications are due on January 17, 2012

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Questions?

For further questions, please email CPCi@cms.hhs.gov