“What is the impact of payment reform? Primary care transformation in Ohio.”

“Policy Approaches to Balance the Health Care Spending Side of the Health Value Equation.”
Richard F. Shonk, M.D.
August 23, 2018
The Health Collaborative: What We Bring

Role #1: Practice Learning and Diffusion

Role #2: All Payer Claims Data Analytics
- Benchmarking
- Attribution Tracking

Role #3: Convening
Greater Cincinnati
1 of only 7 chosen sites nationally

75 practices and 350 providers

Multi-payer: 9 health plans + Medicare

500,000 estimated commercial, Medicaid and Medicare enrollees

65 miles from Williamstown, KY to Piqua, OH
CPC Classic: Ambulatory Care Sensitive Condition Admissions per thousand (All)

Ambulatory Care Sensitive Conditions (ACSC) Admissions per thousand: All ACSC

- **All Payer Products: ACSC (All)**
- **Commercial: ACSC (All)**
- **All Government: ACSC (All)**
- **Medicare Advantage: ACSC (All)**

**Legend:**
- All Payer Products = All payers and product types
- Commercial = Non-government payer products (does not include Medicare Advantage or Managed Medicaid)
- All Government = CMS Fee for Service, Managed Medicaid, and Oh-Medicaid
- Medicare Advantage = does not include CMS Fee for Service

**Notes:**
- The graph shows the trend in ACSC admissions per thousand from 2013 to 2016.
Different Populations; Different Responses

- Employers are looking for a solution too.
- Social determinants of health are just that “social”.
- Primary care with support from the community can screen, refer and coordinate SDOH like any other patient problem.
- The more experienced CPC practices are beginning to show evidence of this. It is an acquired skill.

<table>
<thead>
<tr>
<th>Payer Mix</th>
<th>ACSC 2013</th>
<th>ACSC 2016</th>
<th>Change from 2013 to 2016 (%)</th>
<th>Inpatient Discharges 2013</th>
<th>Inpatient Discharges 2016</th>
<th>Change from 2013 to 2016 (%)</th>
<th>ED visits 2013</th>
<th>ED visits 2016</th>
<th>Change from 2013 to 2016 (%)</th>
<th>Total Cost 2013</th>
<th>Total Cost 2016</th>
<th>Change from 2013 to 2016 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>21.0</td>
<td>11.6</td>
<td>-44.8%</td>
<td>121.5</td>
<td>81.8</td>
<td>-32.7%</td>
<td>306.3</td>
<td>251.3</td>
<td>-18.0%</td>
<td>$5,677</td>
<td>$5,159</td>
<td>-9.1%</td>
</tr>
<tr>
<td>Commercial</td>
<td>5.2</td>
<td>2.7</td>
<td>-48.1%</td>
<td>45.4</td>
<td>32.5</td>
<td>-28.4%</td>
<td>180.1</td>
<td>162.4</td>
<td>-9.8%</td>
<td>$4,205</td>
<td>$4,236</td>
<td>0.7%</td>
</tr>
<tr>
<td>Medicare Advantage (MA)</td>
<td>39.3</td>
<td>14.4</td>
<td>-63.4%</td>
<td>192.1</td>
<td>90.5</td>
<td>-52.9%</td>
<td>359.3</td>
<td>184.0</td>
<td>-48.8%</td>
<td>$8,345</td>
<td>$5,243</td>
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<tr>
<td>All Government (excludes MA)</td>
<td>39.7</td>
<td>33.3</td>
<td>-16.1%</td>
<td>218.1</td>
<td>205.9</td>
<td>-5.6%</td>
<td>489.9</td>
<td>509.8</td>
<td>4.1%</td>
<td>$7,028</td>
<td>$7,512</td>
<td>6.9%</td>
</tr>
</tbody>
</table>

*Results are not risk-adjusted
Comprehensive Primary Care Plus (CPC+)
Scope of Project

CPC+ Ohio-N.Ky
- 5 year advanced primary care medical home model
- ~560 individual “brick and mortar” practices
- ~2600 providers
- 14 Payers
- 2.5 million patients
- Payment Streams
  - Fee-For-Service
  - Care Management Fee (CMF)
  - Performance-Based Incentive Payment
Emergency Department Follow-up within One Week

OH/N. KY (All)

% of ED Discharges with Follow Up Within One Week

National CPC+ Avg. (2018Q1): 67.7%

SW OH/N. KY

% of ED Discharges with Follow Up Within One Week

CPC Classic

% of ED Discharges with Follow Up Within One Week
Hospital Follow-up Upon Discharge within 72 Hours

**OH/N.KY (All)**
- Strategy: Targeted Care Management
- % of Discharges with Follow-up Within 72 Hours or Two Business Days

**SW OH/N.KY**
- Strategy: Targeted Care Management
- % of Discharges with Follow-up Within 72 Hours or Two Business Days

**CPC Classic**
- Strategy: Targeted Care Management
- % of Discharges with Follow-up Within 72 Hours or Two Business Days

National Avg. (2018Q1): 73.0%

75% Requirement
## CPC+ Claims Outcomes: 2017 First Year Preliminary Results

<table>
<thead>
<tr>
<th>Ohio CPC+ Region</th>
<th>Major Payer</th>
<th>Measure</th>
<th>% Change from 2016 to 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>OH (All)</td>
<td>Commercial</td>
<td>ACSC Composite</td>
<td>-12.2%</td>
</tr>
<tr>
<td></td>
<td>Medicare and MA</td>
<td>ACSC Composite</td>
<td>1.9%</td>
</tr>
<tr>
<td></td>
<td>Commercial</td>
<td>ED Visits</td>
<td>5.4%</td>
</tr>
<tr>
<td></td>
<td>Medicare and MA</td>
<td>ED Visits</td>
<td>2.5%</td>
</tr>
<tr>
<td>Southwest OH</td>
<td>Commercial</td>
<td>ACSC Composite</td>
<td>-22.3%</td>
</tr>
<tr>
<td></td>
<td>Medicare and MA</td>
<td>ACSC Composite</td>
<td>-5.3%</td>
</tr>
<tr>
<td></td>
<td>Commercial</td>
<td>ED Visits</td>
<td>-3.6%</td>
</tr>
<tr>
<td></td>
<td>Medicare and MA</td>
<td>ED Visits</td>
<td>4.1%</td>
</tr>
<tr>
<td>CPC Classic Practices ONLY</td>
<td>Commercial</td>
<td>ACSC Composite</td>
<td>-36.5%</td>
</tr>
<tr>
<td></td>
<td>Medicare and MA</td>
<td>ACSC Composite</td>
<td>-9.9%</td>
</tr>
<tr>
<td></td>
<td>Commercial</td>
<td>ED Visits</td>
<td>-7.1%</td>
</tr>
<tr>
<td></td>
<td>Medicare and MA</td>
<td>ED Visits</td>
<td>1.4%</td>
</tr>
</tbody>
</table>

ACSC Composite = Ambulatory Care Sensitive Conditions (12 chronic diseases)
Why it is Important?

- What do we want practices do with the data?
- VBP: He who measures value… controls payment
- Business models matter
- A source of truth
- Proof of concept

We can forge a more meaningful partnership, or we can maintain the same adversarial dialogue
Ohio CPC and CPC+: Similarities and Differences

~600 Practices
- Data Reports: ODM
- Practice Classification: Medicaid ID (~114)
- Measure Specifications: HEDIS, 28 measures
- Includes Pediatrics and FQHC’s

Ohio CPC

~400 Practices
- Built on PCMH: Team-Based Care
- Practice Transformation is a priority
- Care management fees on top of FFS
- Significant investment in care management fees
- Depend on Critical Mass
- Recognizing the importance of data
- Data provided at patient-level detail
- Recognizing need for a uniform report

CPC+

~560 Practices
- Data Reports: CMS, ODM, The Health Collaborative
- Practice Classification: Practice Site (brick and mortar)
- Measure Specifications: align with MIPS, 16 measures
- Adults only
Ohio’s Price and Quality Transparency Initiative

Primary Care Performance Report

Referral

Specialist Performance Report for Primary Care

Report
Policy Implications: Primary Care

- Primary Care as Broker, Interpreter, Consultant
- Coordinated Care is Cost Effective Care
- Primary Care as Gateway (not Gatekeeper)
- Patient Incentives (not penalties)
  - Less out of pocket
  - Greater eligibility
  - Other perks; get creative

*Reward those who help resources go farther*
Policy Implications: Support of Primary Care

- Assessment of Social Determinate Risk becomes as routine as Clinical Risk
- Practices’ Care Management is integrated with Social Services just like Behavioral Health Services
- CMF Payment is weighted according to SDOH risk scores on a par with BH risk scores
Thank You!
Discussion?
Appendix
Business Model: “Claims Data Co-Op”

- Co-Op vs. Vendor
- Co-Own the Process
- Co-Ownership of the results
- Data Work Group: “The Table”
- Ownership engages
- It is Self-sustaining
Data Work Group: “The Seat at The Table”

- The **Neutral Space**
- Members must be participants in the CPC+ Claims Data Co-Op
- Working committee to ensure the effective design and implementation of **claims-based measures** and **reports** for practices and payers
- Serves in data governance
Reports That Matter

• Payer Reports: view of individual practices
• Practice Reports: view of individual payers
• Patient level detail for your members/patients
• Comparison to Peers in aggregate
• User Friendly: Tableau visualization tool
• Trend tables: Am I getting better?
• Attribution Tracking Reports
Customer Focus
Business Model 101: They who pay the piper…

- Coaching
- Facilitating
- Ease of Use
- Responsive to need
- Invested in their success
- Keeps us focused and on our toes

*These apply to practices and payers; both are customers*
Engage by “Solution”

- One Stop for Comprehensive Performance
- Part Ownership of the Process; “Seat at the Table”
- Benchmarking
- Actionable Data; Translating to Care Manager Work Lists
- Make Integral to Practice Transformation; Just in Time Data
- Hands on Data Coaching
- Avoid Administrative Burden for Data Entry
# Measures That Matter:

<table>
<thead>
<tr>
<th>Cost</th>
<th>ED Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Inpatient Cost</td>
</tr>
<tr>
<td></td>
<td>Pharmacy Cost</td>
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<tr>
<td></td>
<td>Primary Care Cost</td>
</tr>
<tr>
<td></td>
<td>Specialist Cost</td>
</tr>
<tr>
<td></td>
<td>Total Cost</td>
</tr>
<tr>
<td>Quality</td>
<td>Low Back Pain</td>
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<tr>
<td></td>
<td>PCR</td>
</tr>
<tr>
<td></td>
<td>PQI CHF</td>
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<tr>
<td></td>
<td>PQI COPD</td>
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<td></td>
<td>PQI Composite</td>
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<tr>
<td>Utilization</td>
<td>ED Visits</td>
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<tr>
<td></td>
<td>Inpatient Bed Days</td>
</tr>
<tr>
<td></td>
<td>Inpatient Discharges</td>
</tr>
<tr>
<td></td>
<td>Primary Care Visits</td>
</tr>
<tr>
<td></td>
<td>Specialist Visits</td>
</tr>
</tbody>
</table>
New Measures That Matter:

Add by end of 2018
- Mammograms
- Pap Smears
- Live Births <2500gms
- Well Child 1st 15 mos.
- Well Child 2-6 yr
- Adolescent Well-Care
- HbA1c Testing
- Eye Exam Performed

Planned by end of 2019
- BP Control
- BP Control Diabetes
- COPD Exacerbation/Corticosteroid
- Medication management Asthma
- Multiple Antipsychotics in Children
- Statin Therapy for CV Disease
- Follow up after Hospitalization for Mental Illness
- Colonoscopy
Basic Infrastructure; Five Essential Elements:

• **Neutral, Trusted, Local Convener**
• **Sustainable Prospective Care Management Payments:**
  • **Critical Mass;** Over 50% of the practice population needs to be covered
  • Approach needs to be **multi-payer;** No payer has sufficient volume of patients within most practices to do it alone;
  • **Incentives** and rewards have to be **palpable**
• **Claims Data Aggregation Capability:** The “Five C’s”
  • **Consistent;** standard measures
  • **Contiguous;** tracked over time
  • **Comprehensive;** a majority of a practice’s patient panel is included
  • **Credible;** timely, accurate, and usable; Actionable
  • **Cost/Quality Balance;** measuring to manage value
• **Physician/Provider/Practice Culture:**
  • **Ownership** mentality; empowerment vs. employment
  • Integrate into **work flow**
  • Physician autonomy vs **team-based care;** delegation.
• **Health Information Exchange and Electronic Health Record;** Ability to **Effect Change**
“Nesting” it in the Market

• Ohio SIM
• AHC
• Opioid Work
• Synergy with HIE
• APCD foundation

This why Trusted Local Conveners are Critical; Relationship and Environmental Knowledge
Practice Participation in CPC+