Do Alternative Payment Models (APM) support Advanced Primary Care?

KYLE KNIERIM, MD

UC HEALTH, DENVER, CO

AF WILLIAMS FAMILY MEDICINE CLINIC

JOE ADRAGNA, MD

PEAK FAMILY MEDICINE

MONTROSE, CO

Let's Level Set

- HCP-LAN: Healthcare Payment Learning and Action Network
- APM: Alternative Payment Model
- Advanced Primary Care: The 10 building blocks of improving primary care. Based on the concepts of Bodenheimer's building blocks
- PMPM: Per Member Per Month

HCP LAN

Health Care Payment Learning & Action Network

PURPOSE

The Health Care Payment Learning & Action Network (LAN) aims for:

BETTER CARE

SMARTER SPENDING

HEALTHIER PEOPLE

OUR VISION

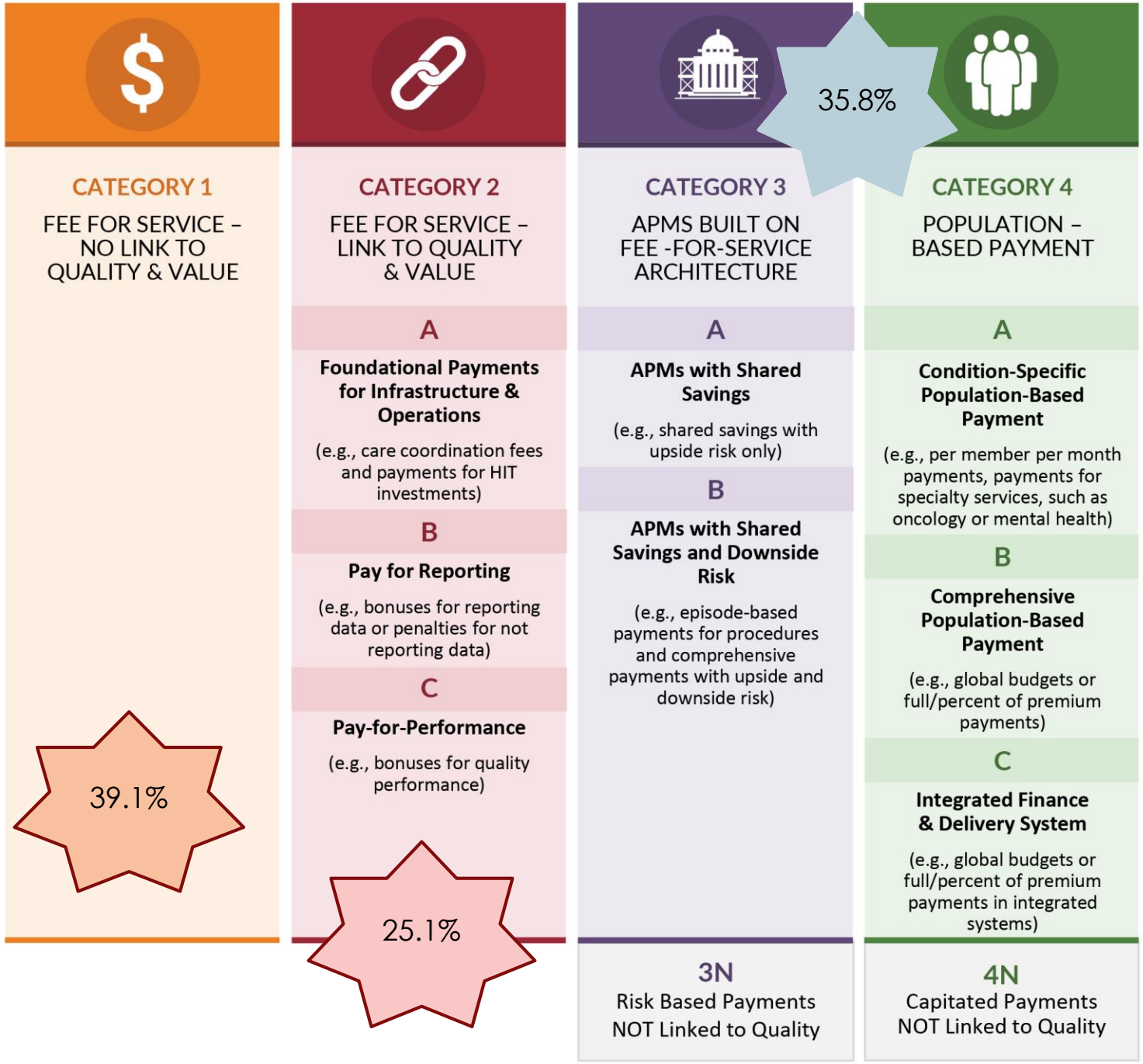
An American health care system that pays for value to the benefit of our patients and communities.

OUR MISSION

To accelerate the shift to value-based care in order to achieve better outcomes at lower cost.

http://hcp-lan.org/workproducts/apm-factsheet.pdf

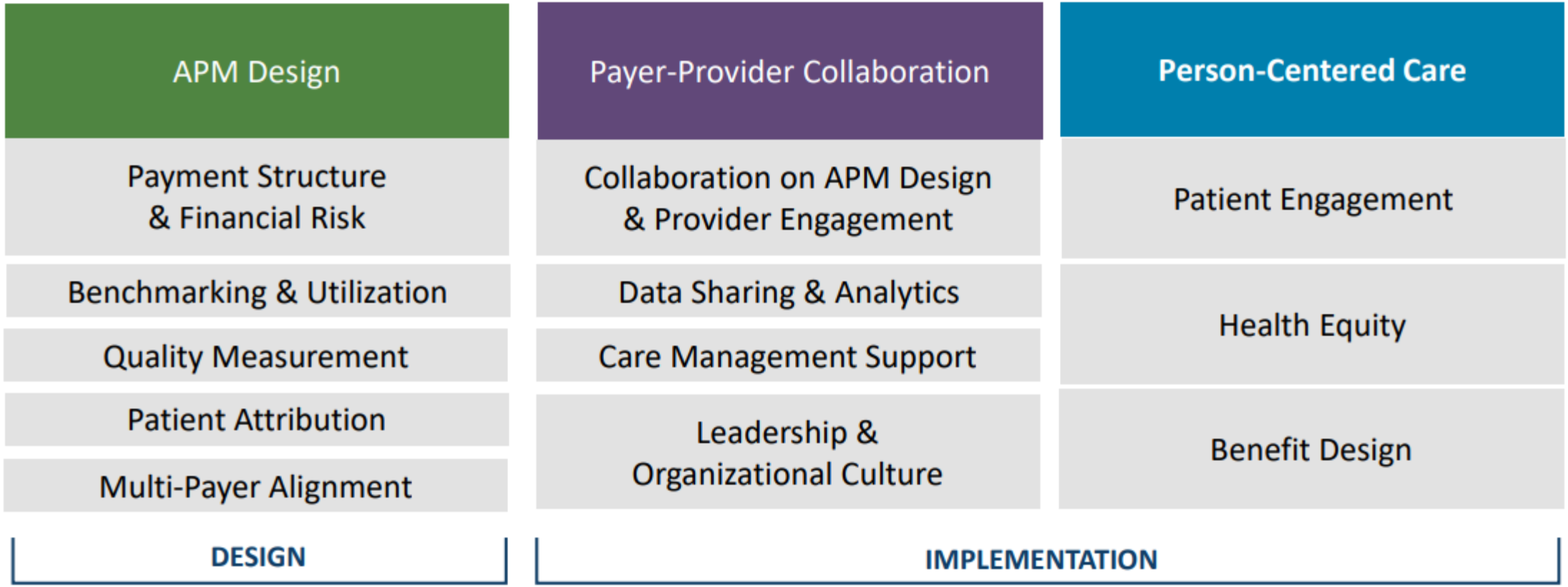
APM Framework



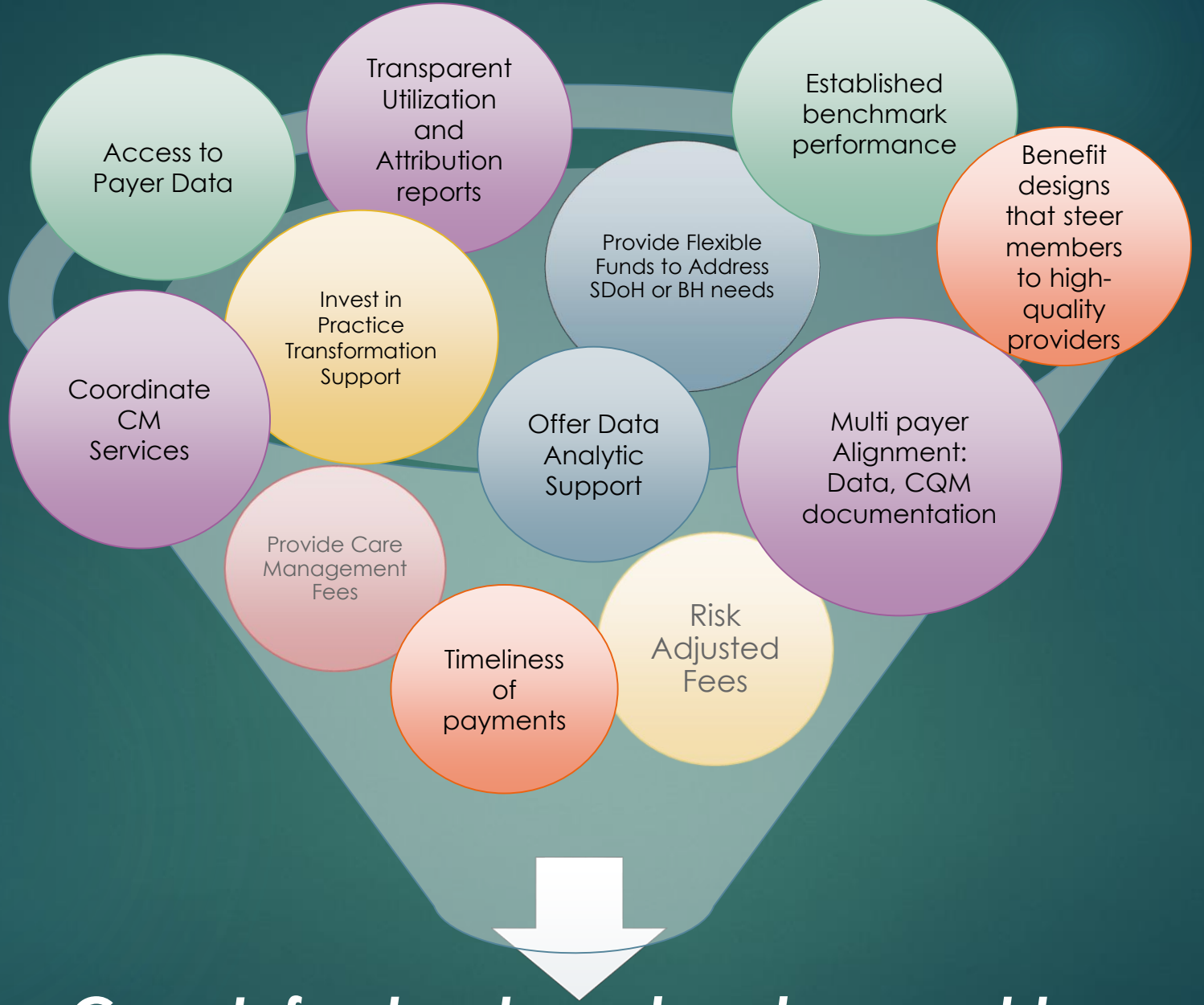
http://hcp-lan.org/workproducts/apm-factsheet.pdf

- Patients MUST be partners
- Incentives should reach care teams that deliver care
- Incentives should allow for investment and adoption of new approaches to care delivery without subjecting them to unmanageable financial and clinical risk
- Centers for excellence and NCQA Patient Centered Medical Home (PCMH) are DELIVERY models not payment models.
  - In other words they enable APMs and need the support of APMs but they are not specific with and APM category

A Roadmap for Driving High Performance in Alternative Payment Models



https://hcp-lan.org/apm-roadmap-tool/



Primary Care Infrastructure development to support Advance Primary Care Strategies

Participating in Value Based Programs – The View From a System-Based Practice

Kyle Knierim, MD
Assistant Professor
Associate Director Practice Innovation Program
Department of Family Medicine

Department of Family Medicine

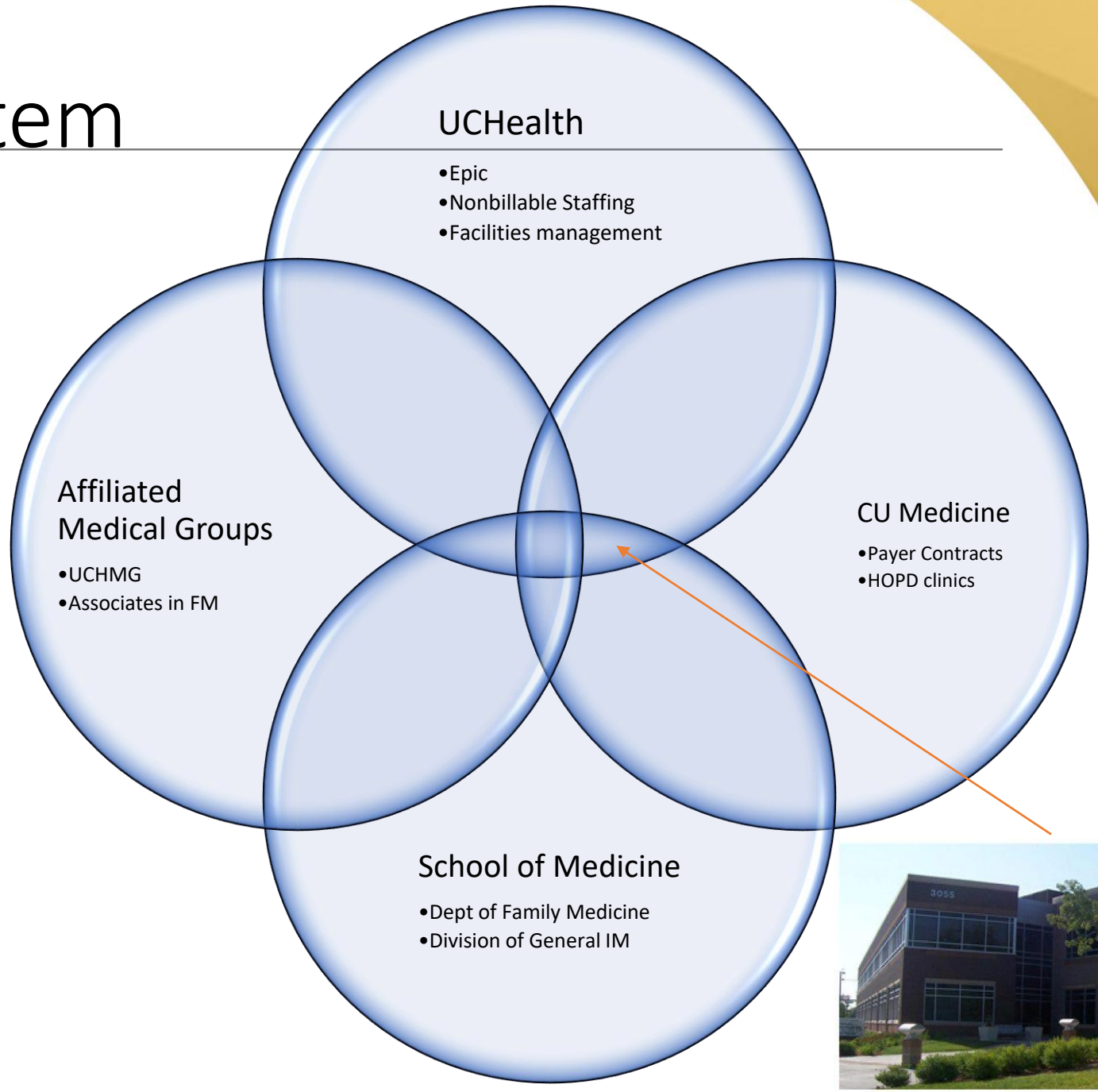
A.F. Williams Family Medicine Clinic

- 46 providers covering ~11 FTE; 24 MD faculty, 2 APP, 20 residents
- 1.0 integrated practice coach
- 3 BH providers covering 1.0 FTE plus trainees
- 1 clinical pharmacist faculty covering 0.5 FTE plus trainees
- 2.5:1 MA: provider ratio (ideal)
- 4 RNs
- 1.5 FTE RN Care Management
- 1.0 FTE Social Work

- 18,900 patients empaneled
- 40,000+ visits annually
- Avg 9 providers/session; 9.5 pts/prov/session

A Complex System

- 9 hospitals (UCH and UCHMG)
- 50+ outpatient clinics in Denver metro area
- 60+ outpatient clinics in UCHMG



A Complex System

- 9 hosp
  and U
- 50+ ou
  clinics
  metro
- 60+ ou
  clinics

UCHealth

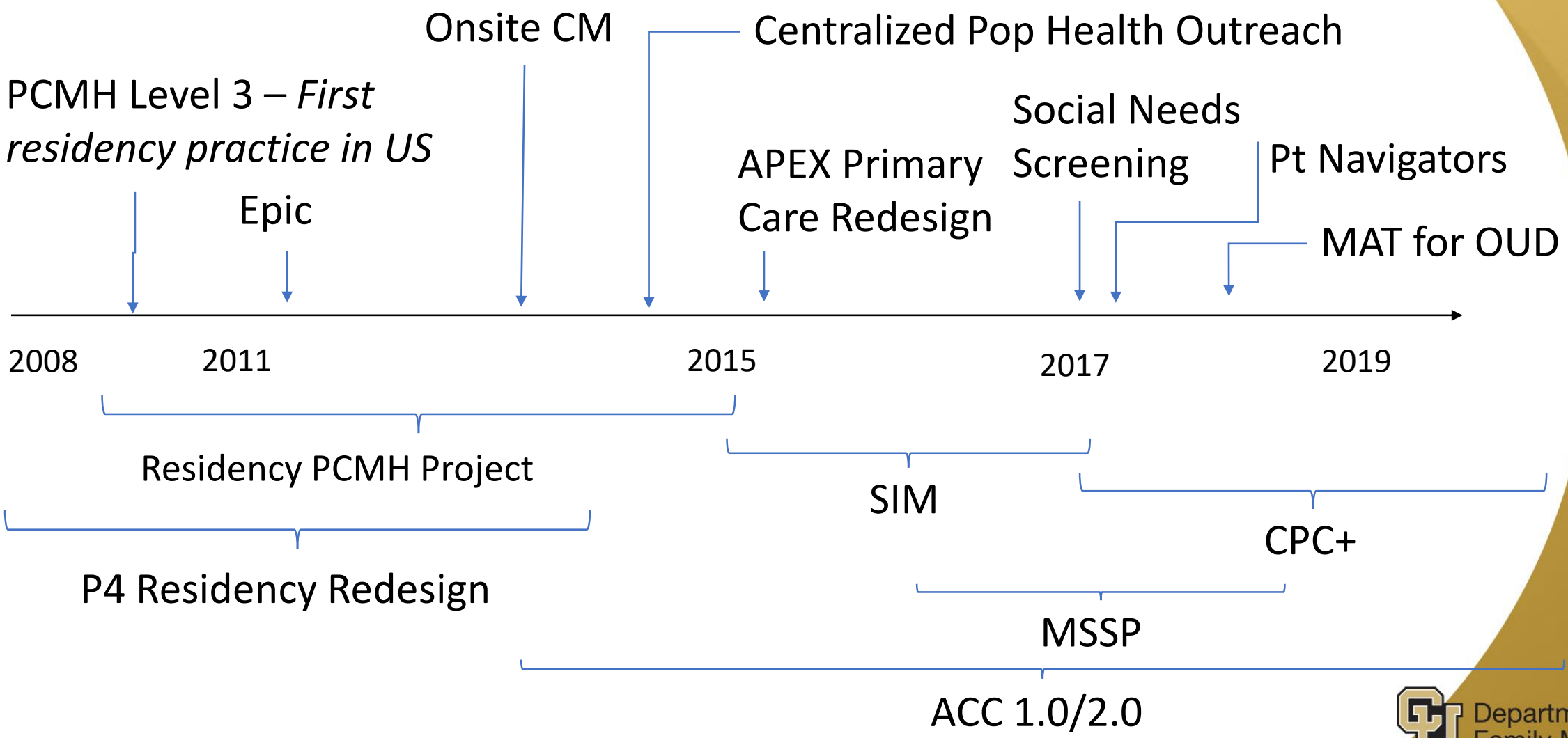
- Epic
- Nonbillable Staffing

CU Medicine

- Payer Contracts
- HOPD clinics

- Division of General IM

Transformation Has Been A Long Process



Department of Family Medicine

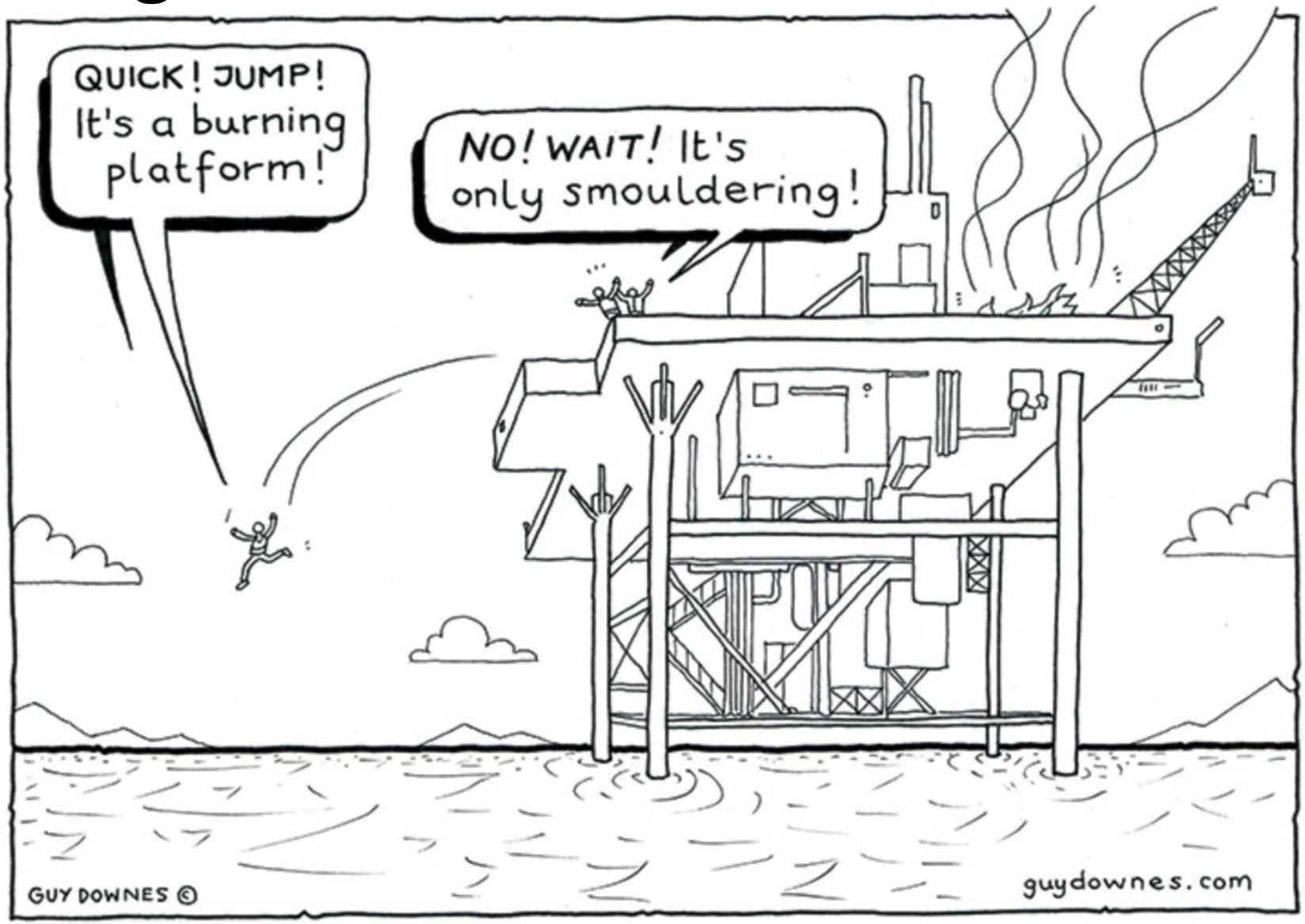
Participating in APM's

- Maximizing Benefits
  - Better teams (CM, BH, pharmacy, coach, SW)
  - Better reporting – numbers we trust
  - More visibility
  - Primary care compensation support
- Minimizing Burden
  - Adjusting to low number of local payers truly participating
  - Committees – countless system meetings
  - System changes have railroaded local efforts

APM's in a large system - Not a passive endeavor

- Parallel analytics to verify quality and attribution
- Transparency with funding
- Allocation of resources and distribution of funds
  - CU Medicine holds the payer contracts

Shifting to Value Based Health Care



Department of Family Medicine

Shifting to Value Based Health Care

- Can't go back – APM's are now essential for our team-based care model

- Payers can provide a softer landing
  - Chose the right (and same) metrics
    - Get rid of disease specific measures for primary care
    - Example: Patient Centered Primary Care Measure (Etz, et al.)
  - Keep primary care payments flexible
    - Seeing decline in prospective PC payments
    - Trend toward only short term shared savings often do not line up with longer-term primary care expansion

Participating in Value Based Programs – The View From an Independent Practice

Joe Adragna, MD, MHA, MGH, FAAFP

CEO, Peak Professionals

The Family


PEAK
Professionals
Peak Family Medicine
Peak Pediatric Psychology
Peak Chiropractic
Peak Occupational Wellness
Peak Aviation Medicine
Peak Wellness Center
San Juan Urologic Associates

Peak Family Medicine-2015

- 1 MD
  - 2 MAs
- Office Support
  - A receptionist
  - An office manager

Peak Family Medicine-2020

- 6 medical providers; 2 MD; 1 NP; 3 PA
- 1 fully integrated adult behavioralist PhD
- Medically Supported by:
  - 1 PhD pediatric psychologist
  - 1 EdS (school psychologist) intern
  - 1 DC (chiropractor)
  - 2 integrated urologists

- Office Support
  - Project Coordinator
  - Director of IT, Facilities, & Marketing
  - Director of Operations
  - Accounts receivable dept
  - Accounts payable tech
  - Nursing supervisor
  - Front office supervisor
  - Records supervisor & medical records dept
  - Worker's Compensation Coordinator
  - Behavioral Health Coordinator
  - Board of Directors

"It can turn on a dime and turn over on a quarter."

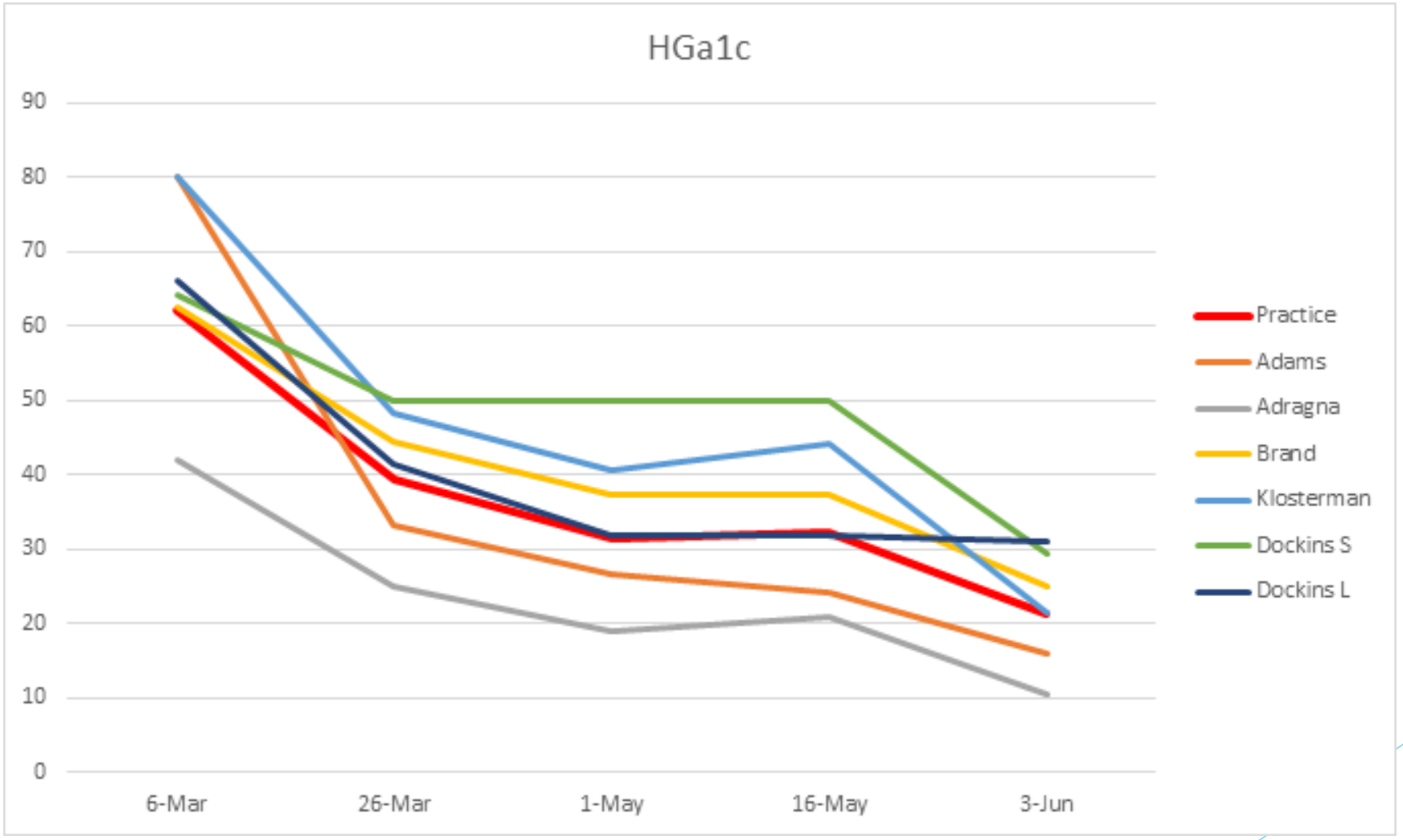
APM Participation-The Why

- 2016:
  - APM vs MIPS
    - CPC+ vs
    - ACO
  - Human resource capital?
  - Buy in?
  - Return versus preservation?
- 2019
  - PFM
    - CPC+
    - RAE Tier 1
  - SJU
    - MIPS
      - TCPi

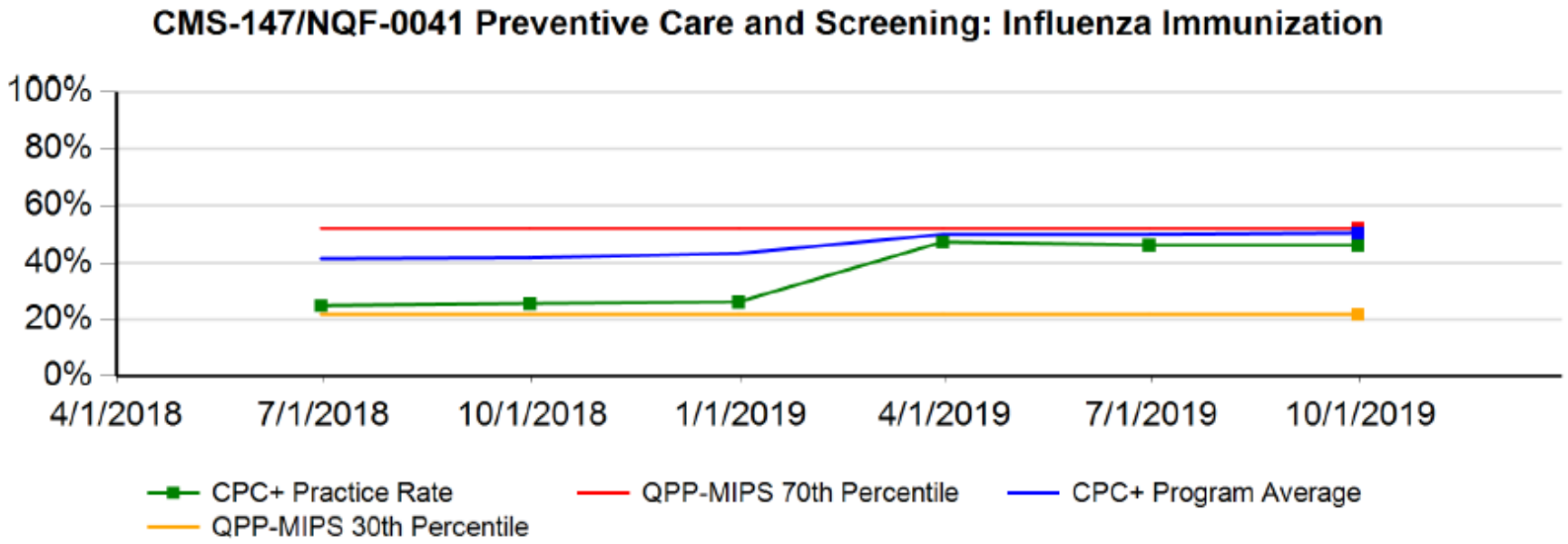
Overarching Theme

- Better Patient Care

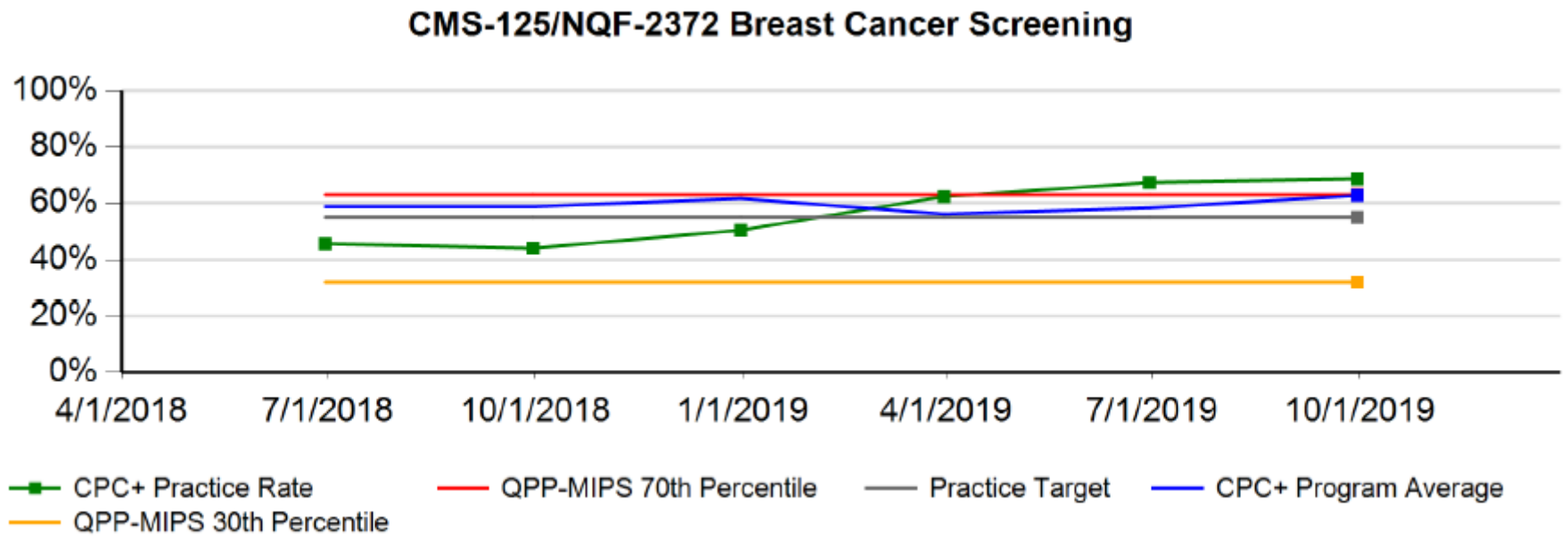
A1c Success 2019



Flu Vaccination-2019



Breast Cancer Screening-2019

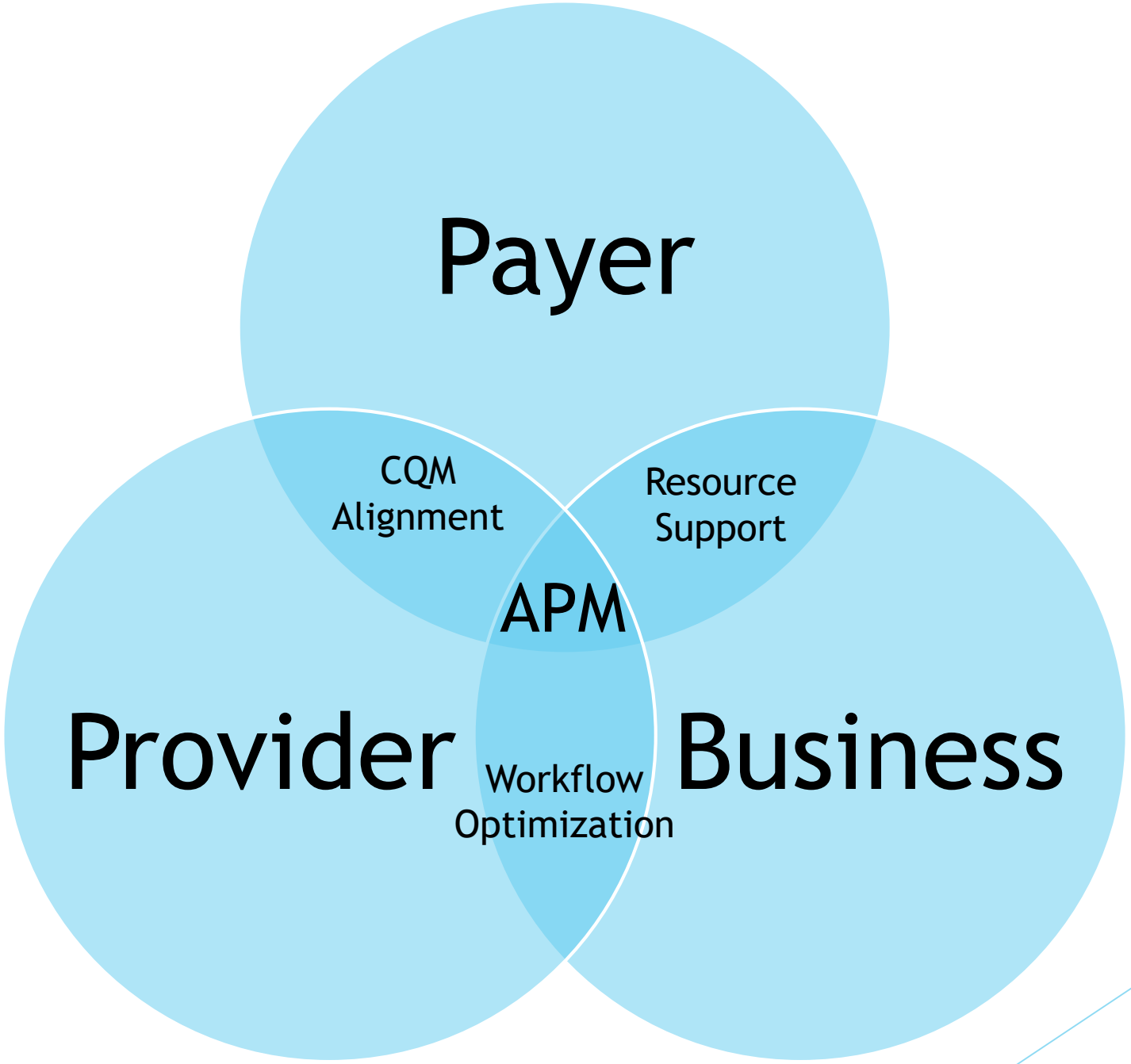


Financials

- APMs
  - Trading time and energy for money - > fundamental to the service industry
  - Refresh or actual enhancement?
    - CPC+: doesn't pay for CCM codes but gives prospective payments instead
      - Appropriate incentives?
    - Payers offering incentives but dropping FFS while you put more services in place?
  - Alignment of payer, provider-the professional, provider-the business, and societal interests?
  - Payers and government using this as a mechanism to drive higher value or really driving lower cost? Or, does high value automatically lower cost? Or, does high value drive higher cost?
    - Supply v demand, primary care utilization impact, ancillary service use, and consultants

CPC+

- CPC+ is a national advanced primary care medical home model, tested under the authority of the Center for Medicare & Medicaid Innovation (Innovation Center), that aims to strengthen primary care through multipayer payment reform and care delivery transformation.
  - RMHP and Medicare?
- CPC+ aims to improve beneficiaries' health and quality of care and decrease total cost of care.
- Track 1:3 payments
  - Chronic care management (CMF)
  - Performance based incentive payment (PBIP)
    - Quality metrics, patient experience, utilization measures (cost)
  - Fee for service (FFS)
- Track 2: 3 payments
  - Chronic care management (CMF)
  - Performance based incentive payment (PBIP)
  - Hybrid fee-for service and Comprehensive Primary Care Payments (CPCP)


Payer
CQM
Alignment
Resource
Support
APM
Provider
Workflow
Optimization
Business