HPSM Provider Forum: 2020 CareAdvantage Primary Care P4P Program

12/13/2019
Agenda:

1. Context setting: Getting to today and where we’re going
2. 2020 PCP P4P Program Update Highlights
3. Deep Dive on Program Measures
   - Criteria for measure prioritization
   - Review of prioritized measures
   - Payment vs. reporting measures
4. Next Steps
Our North Star

The *Triple Aim*

- Health of a Population
- Experience of Care
- Per Capita Cost
HPSM Value-Based Payment Model Development:

Payment Model Ingredients:
- Flexibility
- Accountability
- Adequacy
- Adjustment

Implementation Principles:
- Thoughtful Roll-out
- Shared Goals
- Communication
- Evaluation and Updates

Performance Metrics:
- Understandable
- Valid/Reliable
- Fair
- Achievable
- Worth the effort
- Aligned
“A company can easily **lose sight of its strategy** and instead **focus strictly on the metrics** that are meant to **represent** it”

**Surrogation**: The tendency to mentally replace strategy with metrics

“The intent behind metrics is usually to capture some underlying intangible goal”
HBR Article – Don’t Let Metrics Undermine Your Business

• “Metrics give strategy form”

• “Metrics provide clearly defined direction where strategy may otherwise seem too amorphous to have an impact”

• “Because they can coordinate behaviors and actions, metrics are crucial”
Quality Metrics: An Overview from the Literature

• The Institute of Medicine specified 6 key domains or targets for improving health care quality:
  – safety, timeliness, effectiveness, efficiency, equity, and patient/family centeredness

• 3 types of measures:
  – Structure, Process, and Outcomes
  – (Reference: https://pediatrics.aappublications.org/content/139/1/e20163442)
1. **Get the people responsible for implementing the strategy to help formulate it**
   - “Simply *talking* about strategy with people is not sufficient”

2. **Loosen the link between metrics and incentives***
   - Set metric targets at a level that reflects the imperfect nature of the metric and draws attention back to the underlying strategy
   - Metrics should be reflective of the evidence-based approach for providing high-quality, low-cost care for *most* patients; there will always be exceptions

3. **Use multiple metrics**
   - No single metric completely captures the strategy
   - People surrogate less when they’re compensated for meeting targets on multiple metrics of a strategy rather than just one
HPSM Strategic Framework – Pillars:

• **Access to high-quality care and services**
  – Meet members’ needs through:
    • Improved services and programs
    • Integrated services across public and private systems
  – Strengthen provider partnerships

• **Strong internal operations**
  – High standards of operational excellence for our members and providers
  – Optimize technology solutions to support members and providers

• **Financial stability**
  – Sustain core services and programs
  – Improve the delivery system through innovation and sustainable investments
  – Manage our costs (to support all of the above)
HPSM CA PCP P4P Evolution (2017– Now):

2017: FFS P4P for MC and CA
- Quarterly payments for: Diabetes, Depression Screening, OB, and Post-Discharge Measures
- FQHC FFS P4P court ruling

2018: MC Benchmark P4P
- FFS P4P for MC and CA
- Updated FFS P4P measure set
- Ended quarterly payment process (except for OB)
- Launched new P4P reports
- Updated all PCP agreements; met with all PCP practices
- Conducted network-wide webinar

2019:
- Updates to FFS P4P measure set, including CA-targeted FFS P4P metrics
- Updates to FFS P4P procedure codes (mainly CPT II); everything goes through claims
- First CA P4P Provider Forum
- Developing CA P4P Benchmark Program

CA PCP P4P Benchmark Program Launch: 2020
CareAdvantage PCP P4P Program Structure Updates

**Phase 1 (Today)**
- FFS P4P only
- No population size threshold for program participation eligibility
- No benchmarking structure

**Phase 2 (2020)**
- Moving to Benchmark Performance structure
- 50 members assigned participation eligibility threshold (cut-off date Jan. 1, 2020)
- 11 metrics for payment
- 7 additional for reporting only
CareAdvantage PCP P4P Program Structure Updates

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Measure Prioritization:

Based on current state:

Confirm order/inputs for **prioritization** of the P4P measure set

Confirm **source** inputs for the P4P measure set specifications (based on the above priorities)

Review **target measure set** based on priorities and specification source inputs
Measure Prioritization Criteria

- Compliance/regulatory needs
- **Financial Management Priorities** (i.e. CMS Quality Withhold)
- **External quality reporting/priorities** (i.e. HEDIS)
- **Internal quality reporting/priorities**
  - Support programmatic initiatives
  - Pre/post-measurement for evaluation purposes
- **Internal administrative priorities** (i.e. encounter data capture)
- **Current network performance rates**
Sources for Measure Specifications (CA):

- CMS Quality Withhold
- HEDIS/Core measure set
- Plan administrative priority
  - i.e. encounter data submission; timely filing; plan engagement/membership volume
CA FFS P4P Measures Today:

1. Adult BMI Assessment
2. Blood Pressure Control (CBP)
3. Care for Older Adults:
   1. Pain Assessment
   2. Advance Care Planning
   3. Medication Review
   4. Functional Status Assessment
4. Cervical Cancer Screening
5. Colorectal Cancer Screening
6. Depression Screening & Follow-up (12 y/o +)
7. Diabetes Blood Pressure Control
8. Diabetes Retinal Eye Exam
9. Diabetes HbA1c Control
10. Diabetes Medical Attn. for Nephropathy
13. Mammogram for Breast Cancer Screening
14. Substance Misuse Screening & Follow-up (12 y/o +)
CA PCP P4P Benchmark Program: 2020

2020 Payment Metrics (11 metrics assigned)
1. Adult BMI Assessment
2. Colorectal Cancer Screening
3. Comprehensive Diabetes Care- HbA1c Poor Control (>9.0%)
4. Controlling High Blood Pressure
5. Depression Screening and Follow-up
6. Transitions of Care – Patient Engagement After Inpatient Discharge
7. Transitions of Care- Medication Reconciliation Post-Discharge

‘Care for Older Adults’ Components:
8. Pain Assessment
9. Advance Care Planning
10. Medication Review
11. Functional Status Assessment

2020 Reporting Metrics
1. Comprehensive COA*
2. ED visits/1000
3. Hospitalization for Potentially Preventable Complications
4. Mammogram for Breast Cancer Screening
5. Plan All-Cause Re-admissions
6. Substance Misuse Screening & Follow-up
7. Use of High-Risk Medications in the Elderly - One Prescription

*Bold = new or updated
Reports – A High-Level Review

- Active Engagement
- P4P Progress Report (real time)
- P4P Member Detail Report (real time)
Reports – A High-Level Review

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Progress Reports

• Location: eReports portal
• Format: Excel file
• Includes:
  – All measures in the program: Both payment and reporting
  – Flag whether payment or reporting
  – Benchmarks
  – Current performance
• What else would be helpful?
Program Development and Timeline:

• **PCP Contract Amendments** – **Due today!**

• When updated HEDIS benchmarks are available: **Late December 2019**
  - Update program guidelines and post online
  - Update report specifications (target for first 2020 reports = **March 2020**)
  - Testing/validation of new report specs
Thank You!

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