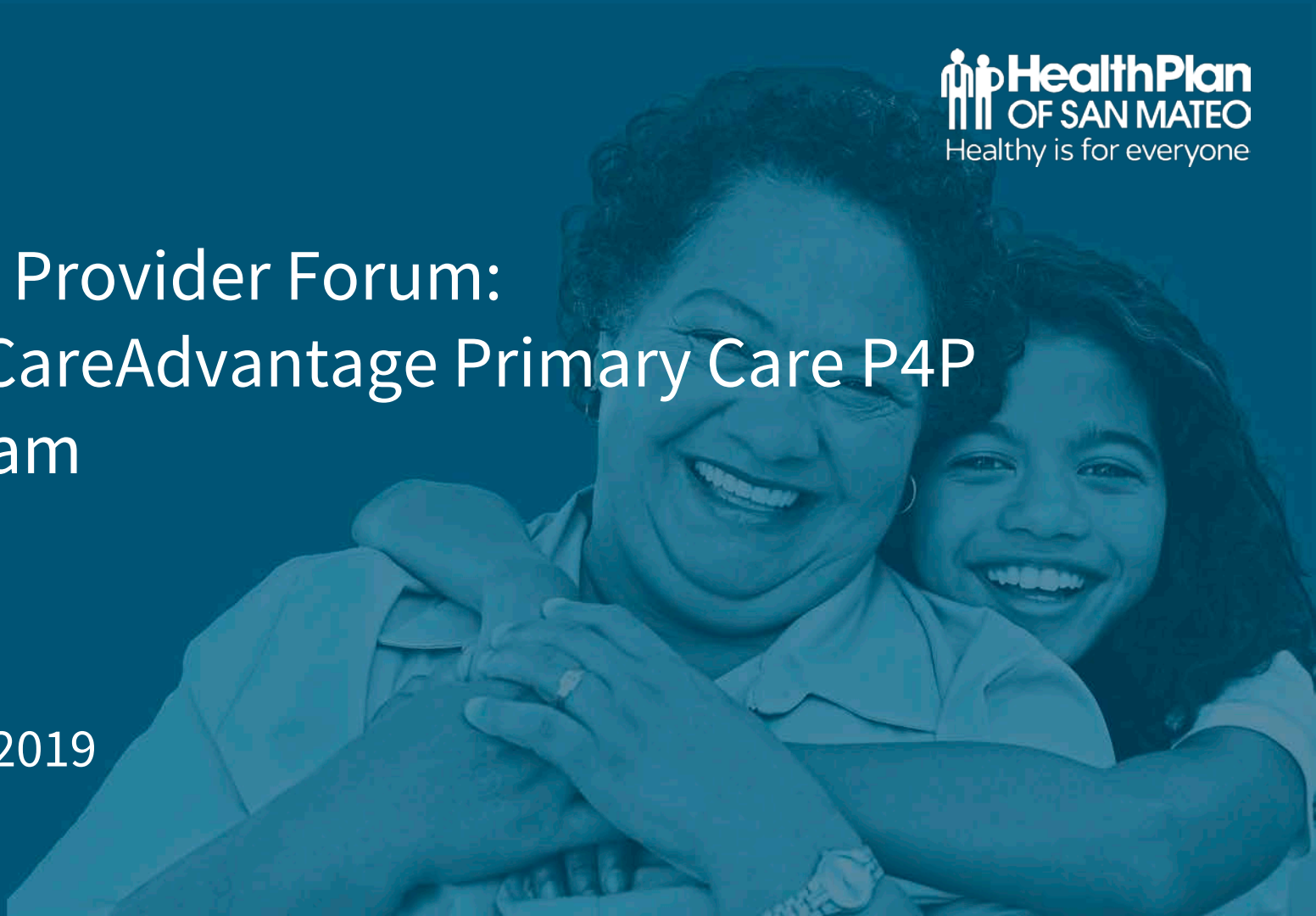


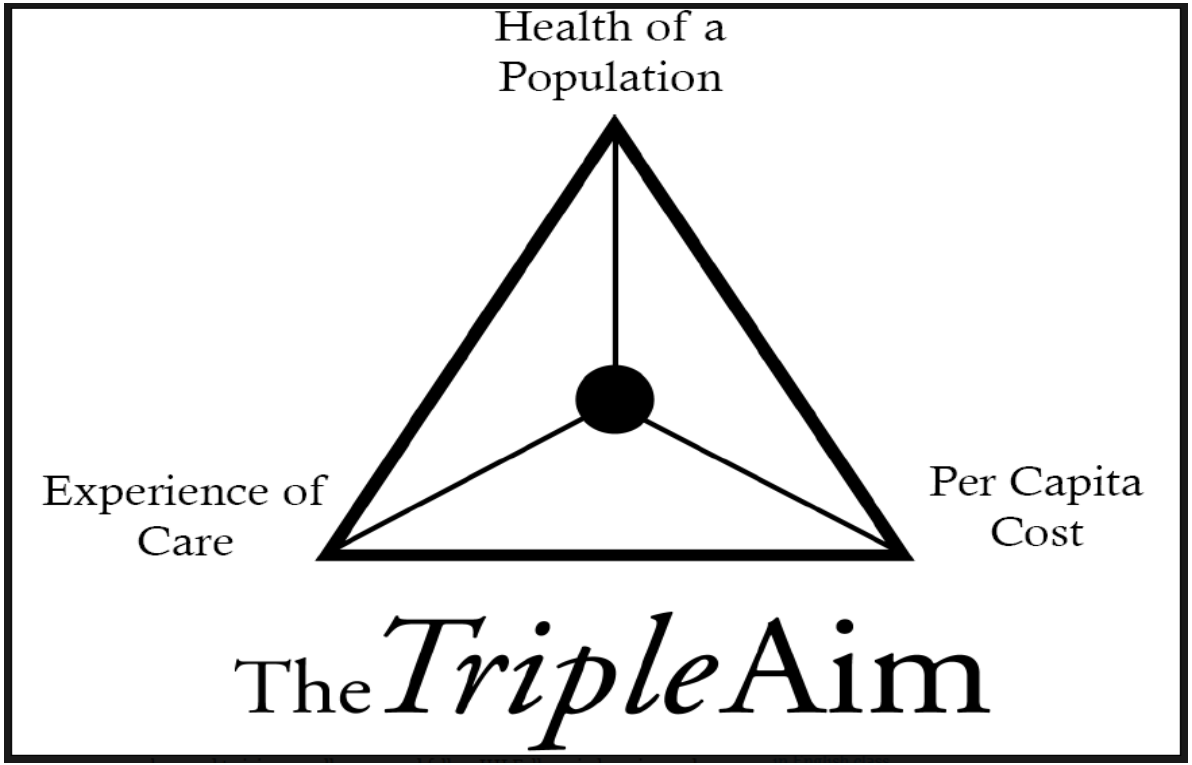
HPSM Provider Forum: 2020 CareAdvantage Primary Care P4P Program

12/13/2019

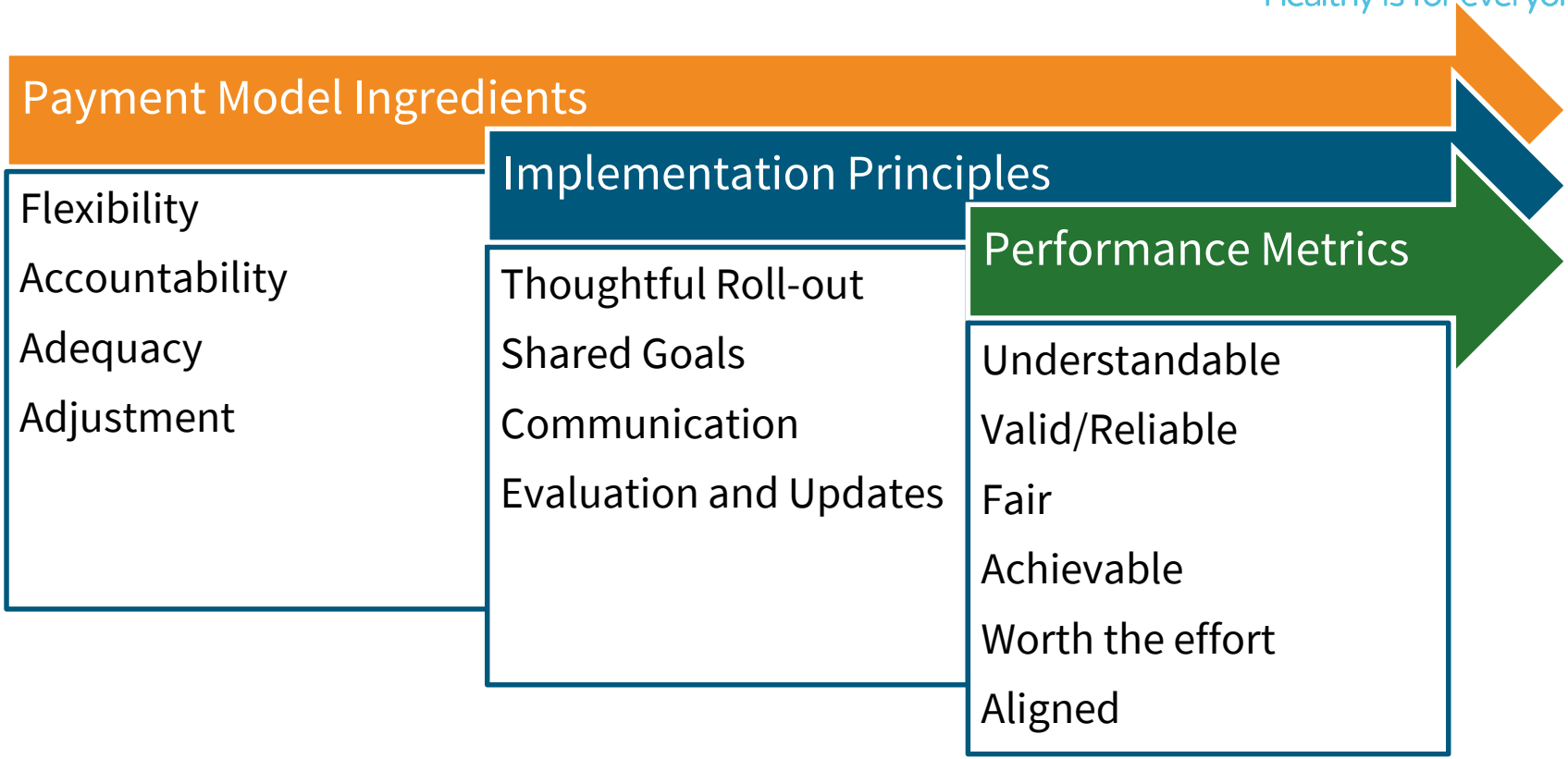
Agenda:

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



HPSM Value-Based Payment Model Development:



HBR Article – Don't Let Metrics Undermine Your Business

- "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)

HBR Article – Guarding Against Surrogation:

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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

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

2018

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

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

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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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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

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:

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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

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- Active Engagement
- P4P Progress Report (real time)
- P4P Member Detail Report (real time)

Reports – A High-Level Review

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- Active Engagement
- **P4P Progress Report (real time)**
- **P4P Member Detail Report (real time)**

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

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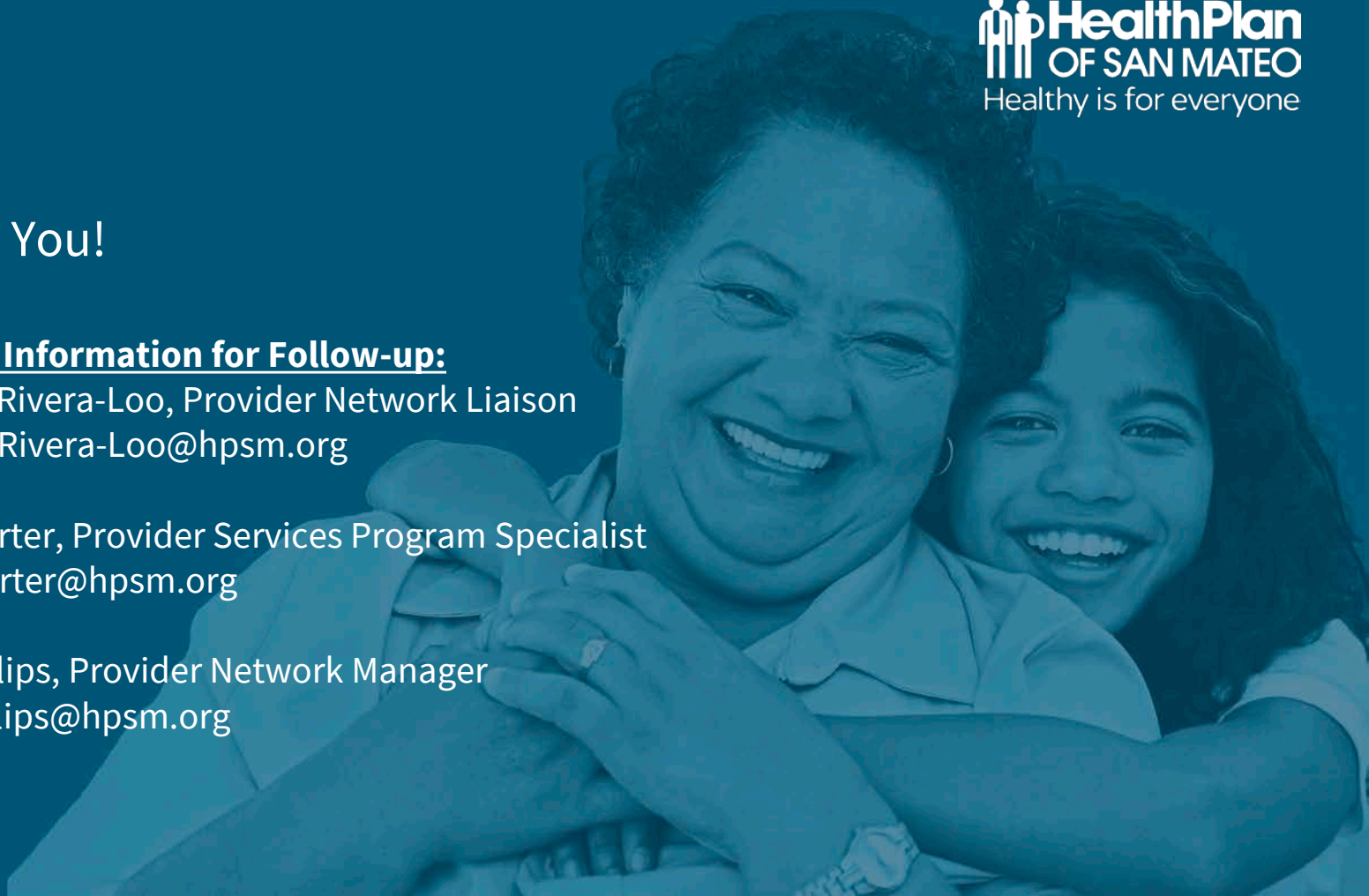
Thank You!

Contact Information for Follow-up:

Clarissa Rivera-Loo, Provider Network Liaison
Clarissa.Rivera-Loo@hpsm.org

Molly Carter, Provider Services Program Specialist
Molly.Carter@hpsm.org

Kati Phillips, Provider Network Manager
kati.phillips@hpsm.org