



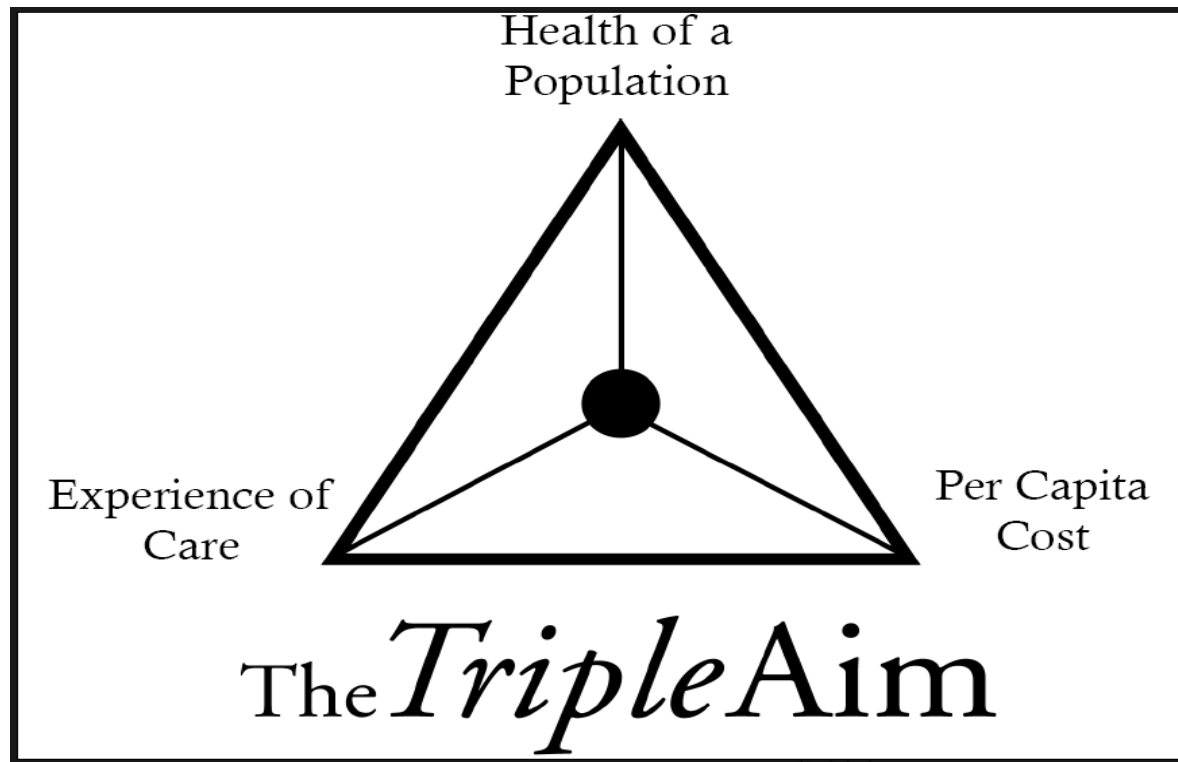
HPSM Webinar: Primary Care Medi-Cal P4P Program

12/06/2019

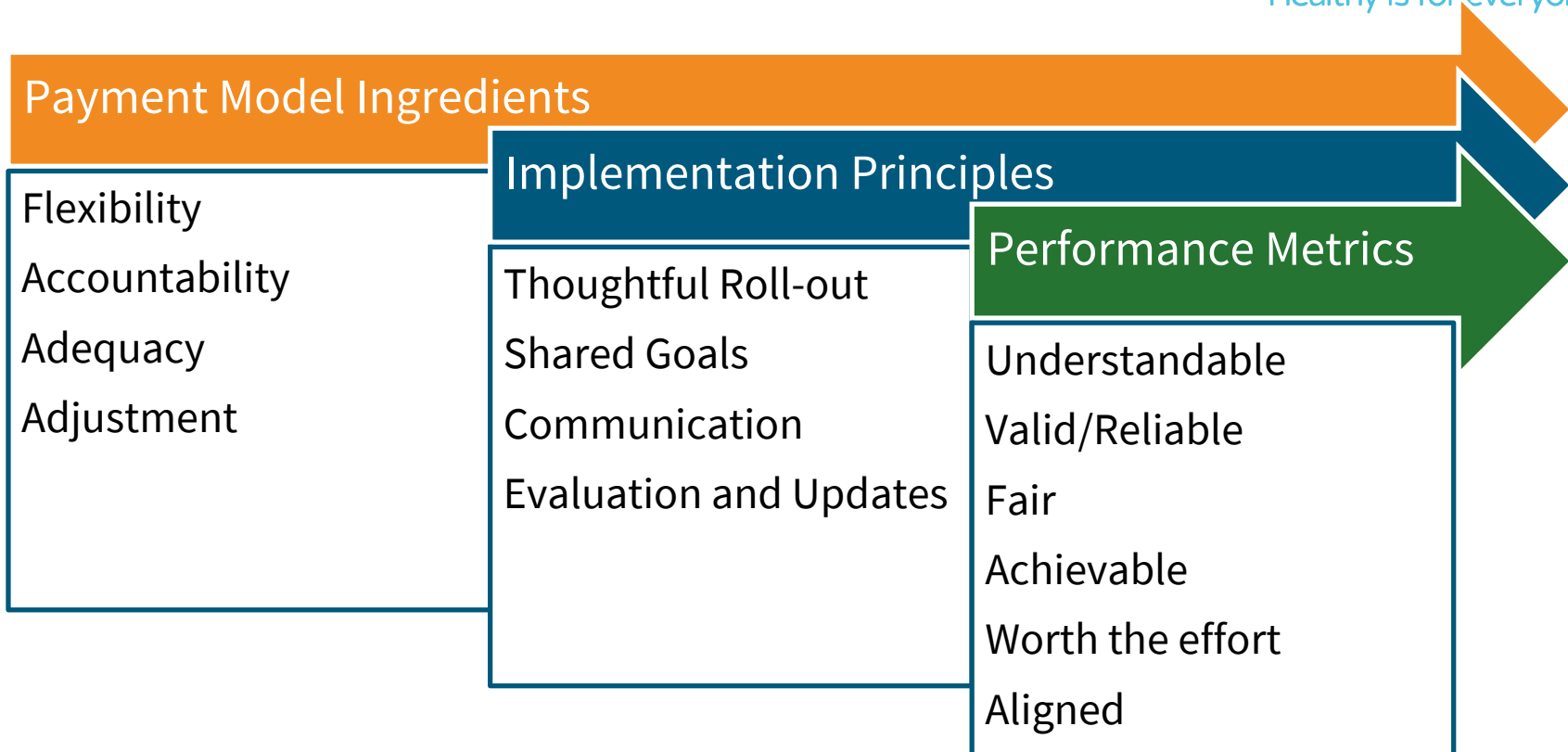
Agenda:

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
- 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:



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

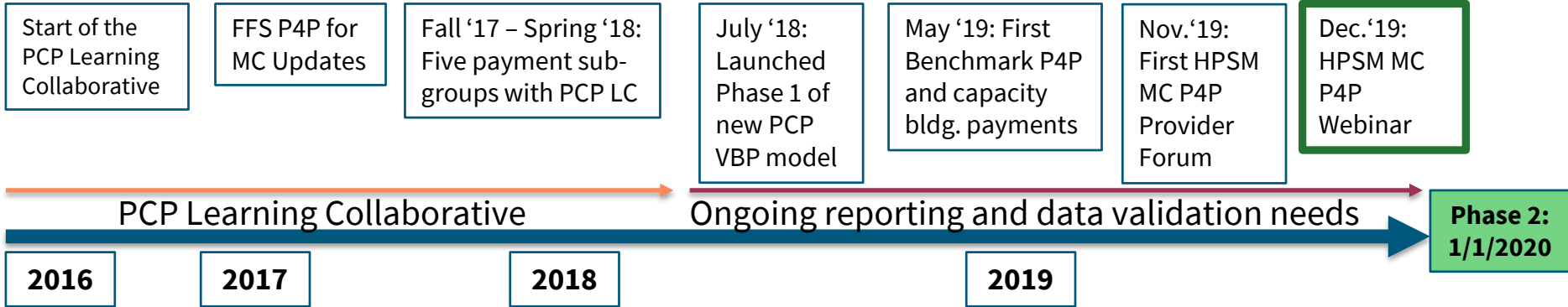
- No single metric completely captures the strategy
- People surrogate less when they’re compensated for meeting targets on multiple metrics of a strategy rather than just one

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 P4P Evolution (Late 2016 – Now):




<p>2017: FFS P4P for MC (Pre-2018 program format)</p> <ul style="list-style-type: none"> Quarterly payments for: Diabetes, Depression Screening, OB, and Post-Discharge Measures Everything paid from MC finance bucket FQHC FFS P4P court ruling Capitation bonuses: IZ registry use, extended hours, open panel 	<p>2018: MC Benchmark P4P FFS P4P for MC Updates</p> <ul style="list-style-type: none"> 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 	<p>2018 Cont. :</p> <ul style="list-style-type: none"> Revised capitation bonus payment structure – panel engagement (July '18) Conducted assessment of PCP capitation base rates (On Avg. >100% Medicare) Provider choice in the payment tracks Limited Benchmark measure set (7 maximum) 	<p>2019:</p> <ul style="list-style-type: none"> Still in Phase 1 of new model Updates to FFS P4P measure set Updates to FFS P4P procedure codes (mainly CPT II); everything goes through claims April – May: First round of PCP Benchmark payments 	<p>2019 Cont. :</p> <ul style="list-style-type: none"> Provider attestations on multi-year look back measures (due to data capture/validation challenges) First round of Benchmark and Capacity-Building PCP payments First Provider Advisory Forum
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Medi-Cal PCP P4P Program Structure Updates

Phase 1 (Today - 18 months)

- Elective track selection (FFS or Benchmark)
- No population size threshold for program participation eligibility
- Limited metric assignment for payment (7 maximum based on age-range seen in the clinic)
- Partial credit: 50th percentile
- Full credit: 75th percentile

Phase 2 (2020)


- 
- Benchmark program only
 - 100 members assigned participation eligibility threshold (cut-off date Jan. 1, 2020)
 - All program metrics assigned for payment if ≥ 30 members qualify in the denominator
 - Partial credit: 75th percentile
 - Full credit: 90th percentile
 - Three Benchmark program tracks: (Increase to # of metrics per track)
 - Pediatrics
 - Family practice
 - Adult

Medi-Cal PCP P4P Program Structure Updates

Phase 1 (Today - 18 months)

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- No population size threshold for program participation eligibility
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Phase 2 (2020)

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- **Benchmark program only**
 - **100 members assigned** participation eligibility threshold (cut-off date Jan. 1, 2020)
 - **All program metrics assigned** for payment if ≥ 30 members qualify in the denominator
 - Partial credit: **75th percentile**
 - Full credit: **90th percentile**
 - Three Benchmark program tracks: (11 payment metrics per track)
 - Pediatrics
 - Family practice
 - Adult

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 - MC

- **Compliance/regulatory needs** (i.e. MPL)
- **External quality reporting/priorities** (i.e. HEDIS)
- **Internal quality reporting/priorities** (i.e. Fluoride varnish)
 - Support programmatic initiatives
 - Pre/post-measurement for evaluation purposes
- **Internal administrative priorities** (i.e. capitated encounter data capture)
- **Current network rates**



Sources for Measure Specifications (MC):

- State (MCAS) MPL at-risk
- NCQA/HEDIS performance
- MCAS/HEDIS on-deck/low rate (no MPL...yet)
- Plan administrative priority
 - i.e. encounter data submission; timely filing; membership volume



Managed Care Accountability Set (MCAS)

- At-Risk Measures (*Based on RY 2019)

- Well Care Visits
 - 0-15 months (W15)
 - Adolescent Well-Care Visits (AWC)
- Asthma Medication Ratio (AMR)*
- Adult BMI (ABA)*
- Comprehensive Diabetes Care (CDC)
 - A1c Testing*
 - Poor Control*

- Additional measures that continue to be an area of focus:

- Chlamydia (CHL)
- Timeliness of Prenatal Care (PPC)
- Plan All-Cause Readmissions (PCR)
- Controlling High Blood Pressure (CBP)

2020 Program Track: Pediatrics

Today (7 metrics assigned)

1. Adolescent IZ (Combo 2)
2. Asthma Med Ratio
3. Depression Screening & Follow-up (12 y/o +)
4. Encounter threshold
5. Child IZ (Combo 3)
6. Initial Health Assessments
7. Substance Misuse Screening & Follow-up (12 y/o +)
8. Weight Assessment and Counseling (nutrition and P/A combined)
9. Well-child Visit 3-6 y/o
10. Panel Engagement (capitation)

2020 Payment Metrics (11 metrics assigned)

1. Adolescent IZ (Combo 2)
2. **Adolescent well visits**
3. Asthma Med Ratio
4. Child IZ (**Combo 10**)*
5. Depression Screening & Follow-up (12 y/o +)
6. Encounter threshold
7. Initial Health Assessments
8. Substance Misuse Screening & Follow-up (12 y/o +)
9. Weight Assessment and Counseling (**BMI**)
10. **Well visits 0-15 months**
11. Well-child Visit 3-6 y/o
12. Panel Engagement (capitation)

2020 Reporting Metrics

1. **ADD – Cont. & Maintenance**
2. **ADD – Initiation Phase**
3. **Chlamydia Screening in Women (16-24 y/o)**
4. **Developmental Screening**
5. **Fluoride Varnish**
6. **Trauma Screening**

***Bold = new or updated**

2020 Program Track: **Adult**

Today (7 metrics assigned)

1. Adult BMI Assessment
2. Asthma Med Ratio
3. Cervical Cancer Screening
4. Comprehensive Diabetes Care
5. Depression Screening & Follow-up (12 y/o +)
6. Diabetes Blood Pressure Control
7. Diabetes Retinal Eye Exam

8. Diabetes HbA1c Control
9. Diabetes Medical Attn. for Nephropathy
10. Encounter threshold
11. Initial Health Assessments
12. Mammogram for Breast Cancer Screening
13. Substance Misuse Screening & Follow-up (12 y/o +)
14. Panel Engagement (capitation)

2020 Program Track: **Adult**

2020 Payment Metrics (11 metrics assigned)

1. Adult BMI Assessment
2. Asthma Med Ratio
3. Controlling High Blood Pressure
4. Comprehensive Diabetes Care
5. Depression Screening & Follow-up (12 y/o +)
6. Diabetes Blood Pressure Control
7. Diabetes HbA1c Control (<8%)
8. Encounter threshold
9. Initial Health Assessments
10. Substance Misuse Screening & Follow-up (12 y/o +)
11. Mammogram for Breast Cancer Screening
12. Panel Engagement (capitation)

2020 Reporting Metrics

1. **AMB – ED Visits/1000**
2. **AMM Acute - Antidepressant Med Mgmt**
3. **AMM Cont - Antidepressant Med Mgmt**
4. Cervical Cancer Screening
5. **Chlamydia Screening in Women (16-24 y/o)**
6. Diabetes A1c Testing
7. Diabetes Attn. for Nephropathy
8. Diabetes Retinal Eye Exam
9. **Fluoride Varnish**
10. **MPM - ACE Inhibitors or ARBs**
11. **MPM – Diuretics**
12. **PCR – Plan All-Cause Re-admissions**

2020 Program Track: **Family Practice**

Today (7 metrics assigned)

1. Adult BMI Assessment
2. Asthma Med Ratio
3. Cervical Cancer Screening
4. Comprehensive Diabetes Care
5. Depression Screening & Follow-up (12 y/o +)
6. Diabetes Blood Pressure Control

7. Diabetes Retinal Eye Exam
8. Diabetes HbA1c Control
9. Diabetes Medical Attn. for Nephropathy
10. Encounter threshold
11. Immunizations for Adolescents (Combo 2)
12. Immunizations for Children (Combo 3)

13. Initial Health Assessments
14. Mammogram for Breast Cancer Screening
15. Substance Misuse Screening & Follow-up (12 y/o +)
16. Weight Assessment and Counseling for Children/Adolescents
17. Well-Child Visits (3-6 y/o)
18. Panel Engagement (capitation)

2020 Program Track: Family Practice

2020 Payment Metrics (11 metrics assigned)

1. Adolescent Well Visits
2. Adult BMI Assessment
3. Asthma Med Ratio
4. Controlling High Blood Pressure
5. Comprehensive Diabetes Care
6. Depression Screening & Follow-up (12 y/o +)
7. Diabetes HbA1c Control (<8%)
8. Initial Health Assessments
9. Weight Assessment and Counseling (**BMI**)
- 10. Well visits 0-15 months**
11. Well-child Visit 3-6 y/o
12. Panel Engagement (capitation)

2020 Reporting Metrics

1. Adolescent IZ (Combo 2)
- 2. AMB - ED Visits/1000**
3. Cervical Cancer Screening
4. Child IZ (**Combo 10**)*
- 5. Chlamydia Screening in Women (16-24 y/o)**
6. Diabetes A1c Testing
7. Encounter Threshold
8. Mammogram for Breast Cancer Screening
- 9. PCR - Plan All-Cause Re-admissions**
10. Substance Misuse Screening & Follow-up (12 y/o +)

Reports – A High-Level Review



- Active Engagement
- Payment Engagement
- Engagement Benchmark
- P4P Progress Report (real time)
- P4P Member Detail Report (real time)
- P4P Progress Report (3-month lag)
- P4P Member Detail Report (3-month lag)
- Capitation Roster
- PCP Re-assignment

Reports – A High-Level Review



- Active Engagement
- Payment Engagement
- Engagement Benchmark
- **P4P Progress Report (real time)**
- **P4P Member Detail Report (real time)**
- P4P Progress Report (3-month lag)
- P4P Member Detail Report (3-month lag)
- Capitation Roster
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Progress Reports

- Location: eReports portal
- Format: Excel file
- Includes:
 - All measures in all tracks*
 - Flag applicable metrics by track
 - Benchmarks
 - Current performance
- What else would be helpful?



Program Development and Timeline (Getting to Phase 2):



- **PCP Contract Amendments – Out Now!**
- **2020 PCP Capitation Update → 50 assigned MC members**
 - Capitation payment eligibility = reviewed quarterly
 - Currently under review now for Jan. 1, 2020 payments
- **When updated HEDIS benchmarks are available: Early/mid-December 2019**
 - Update program guidelines and post online
 - Update report specifications (target for first 2020 reports = **March 2020**)
 - Ongoing testing/validation of new report specs

Thank You!

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