

# Strengthening & monitoring primary care system infrastructure and investment

Oregon Health Policy Board Discussion  
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## Topics for discussion

- PCPCH program update
- Environmental scan & preliminary assessment of strategies for advancing and measuring primary care infrastructure and investment
  - *Board input on promising strategies*
- Potential next steps



## Patient-Centered Primary Care Home Program

HB 2009 established the PCPCH Program:

*Create access to patient-centered, high quality care and reduce costs by supporting practice transformation*

Key PCPCH program functions:

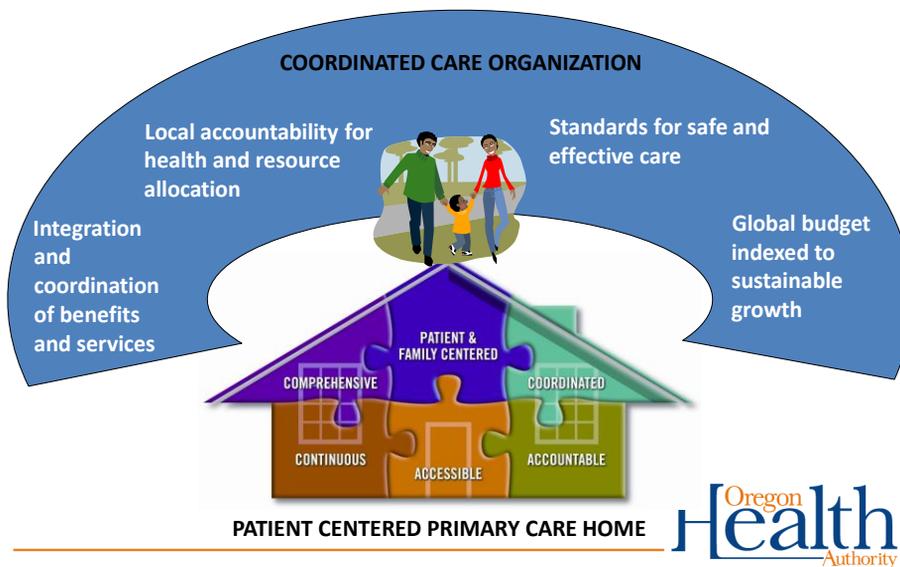
- PCPCH recognition and verification
- Refinement and evaluation of the PCPCH standards
- Technical assistance development
- Communication and provider engagement

Goals:

- All OHA covered lives receive care through a PCPCH
- 75% of all Oregonians have access to a PCPCH by 2015
- Align primary care transformation efforts by spreading the model to payers outside the OHA



## Health System Transformation

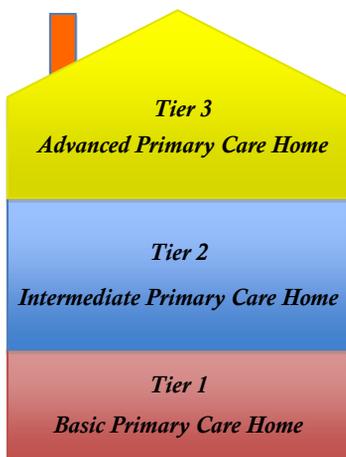


# Core Attributes of a Primary Care Home

Oregon's PCPCH model is defined by six core attributes, each with specific standards and measures



# Different Levels of Primary Care "Home-ness"



- Proactive patient and population management
- Accountable for quality and utilization
- 130 + points and all 10 must-pass criteria

- Demonstrates performance improvement
- Additional structure and process improvements
- 65 - 125 points and all 10 must-pass criteria

- Foundational structures and processes
- 30 – 60 points and all 10 must-pass criteria



## Summary of 2014 Standards

- 10 must-pass standards are the same
- More options available for clinics to achieve PCPCH recognition
- Provides a road map for transformation
- Enhanced focus on continuous quality improvement structure and culture
- Enhanced focus on demonstrating improvement
- Encourages greater involvement of patients/families/caregivers/advisors

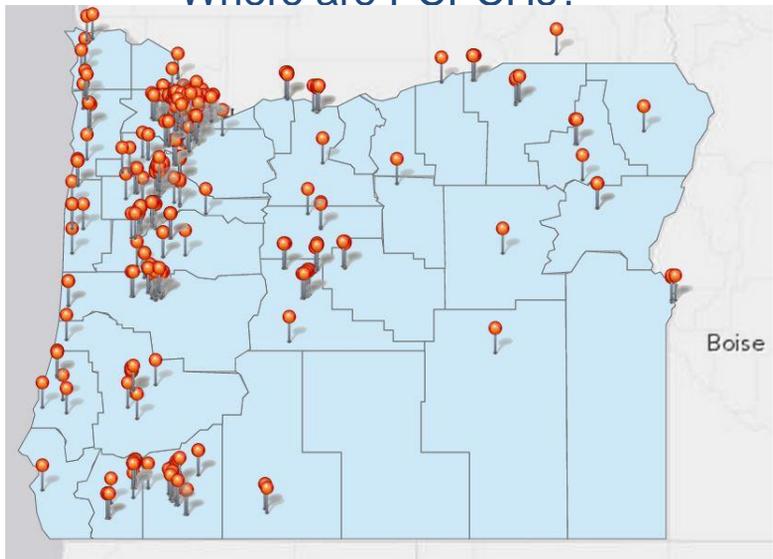


## Verification Site Visits

- Launched in September 2012
- Conducted more than 50 site visits to-date
- Goals:
  - **Verification** that the clinic practice and patient experience in the practice accurately reflects the Standards and Measures attested to on their PCPCH recognition application.
  - **Assessment** of the care delivery and team transformation process to understand how the intent of the patient-centered care model is integrated into the qualities and services of the PCPCH.
  - **Collaboration** to identify needs/barriers/areas of improvement to help clinics establish improvement plans, and to connect clinics with colleague and technical assistance through the [Patient-Centered Primary Care Institute](#)



## Where are PCPCHs?



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## What do PCPCHs look like?

- Staffing
  - Average # providers = 5.1 (1-39 FTE)
  - Average # other clinical staff = 9.4 (0-70 FTE)
  - Average # annual visits = 14,539 (229-134,000)
- Services
  - Majority serve adult and pediatric populations
  - Majority provide obstetrics care
  - < 20% offer CAM
- Ownership
  - Nearly half owned by a larger system
  - 40% independent and unaffiliated
  - About 10% independent but in alliances

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## What we have learned?

- Implementation
  - Over 80% (N=252) of survey respondents needed to add new services in order to implement the model
- Achieving the Triple Aim
  - 85% of those surveyed believe the PCPCH model is helping them improve the individual experience of care
  - 85% feel the model is helping their practice increase the quality of care
  - 82% report the model is helping them improve population health management



## What have we learned?

- Improving access and outcomes
  - 75% feel the model is helping their practice increase access to services
  - PCPCH clinics demonstrated significantly higher mean scores than non-PCPCH clinics for diabetes eye exams, kidney disease monitoring in diabetics, appropriate use of antibiotics for children with pharyngitis, and well-child visits for children ages three to six years (*Information for a Healthy Oregon*. The Quality Corporation, August 2013.)
- Utilization and cost
  - Significantly lower ED and specialty utilization as well as total cost for PCPCHs as compared to non-recognized clinics



## Alignment With Selected Demonstration Outcomes

### *Blue Cross Blue Shield of Michigan Physician Group Incentive Program (Commercial):*

- Enhanced reimbursement and incentive pool funds for designated PCMH providers
  - 10% fewer ED visits among adults
  - 17% fewer ambulatory care sensitive inpatient admissions
  - Overall health care cost savings of \$26.37 PMPM

### *Oklahoma SoonerCare (Medicaid):*

- PMPM Care Coordination fee plus performance-based incentives
  - Cost savings of \$29 PMPM

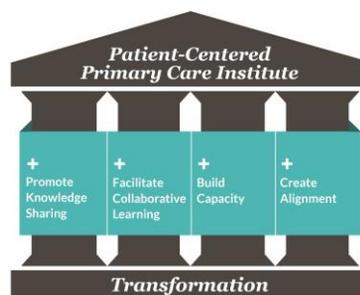
### *Vermont Blueprint for Health (Multi-payer):*

- PMPM fee to PCMH practices based on NCQA PCMH points earned; multi-payer funded community health teams
  - 27% reduction in projected cost avoidance across its commercial insurer population
  - 31% reduction in emergency department utilization



## Patient-Centered Primary Care Institute

- Launched in 2012
- Public-private partnership
- Broad array of technical assistance for practices at all stages of transformation
  - Learning Collaboratives
  - Website ([www.pccpci.org](http://www.pccpci.org))
  - Webinars & Online Learning
- Ongoing mechanism to support practice transformation and quality improvement in Oregon



## What do practices still need?

- Most commonly reported barriers:
  - Cost and lack of resources
  - Staffing and training
  - Time
  - Administrative burden and reporting
- Most requested areas for future assistance:
  - Patient and family engagement and communication
  - Behavioral health integration
  - Care management/complex case management
  - Comprehensive care planning
  - Care coordination
  - Team-based care and empanelment



## Where PCPCH Program Is Headed

- Communication and Engagement
  - Maintain relationships with engaged clinics
  - Engage unrecognized clinics
    - Approximately 400 – 500 unrecognized clinics in Oregon
    - Partnerships with other organization and stakeholders for identification and connection
- Technical Assistance
  - Expanded site visit process & technical assistance support
    - Two teams that include practice coach and clinical champion
    - Follow-up and assistance with setting/achieving goals



Questions?

## Strengthening PC infrastructure & investment – why now?

- OHPB 2013 recommendation and 2014 deliverable to identify strategies to support PC infrastructure
- Primary care at the heart of health system transformation
- Many groups across the state engaged in primary care payment and delivery system reform; high level of activity may be outpacing dedicated infrastructure support

## Strategy Development

- Broad scan of promising strategies for advancing and measuring multi-payer investment in Oregon's primary care system, conducted by national expert organizations (CHCS and SHADAC).
- Four kinds of policy strategies highlighted ....
  1. Multi-payer PC infrastructure investment
  2. PC Revenue enhancement
  3. Support for practice transformation
  4. Primary care workforce enhancements



## STRATEGY 1: Multi-payer infrastructure investment

*What:* Mechanisms to boost multi-payer investment and/or endure broad participation in primary care transformation.

*Examples:* Legislation to create & enforce PC investment or medical home initiatives (VT, MD, MN, others)

*Evidence & impact:* High potential impact; significant effort to initially establish



## STRATEGY 1: Oregon activity & gaps

### *Activity:*

- Voluntary multi-payer agreement to financially support PCPCH model
- PCPCH payments
  - ACA Health Home payments (ended Oct. 2013); PEBB; Aetna; some CCOs; reports of other primary care APMs being tested or in place
- Comprehensive Primary Care Initiative (ends 2016)
- CCO incentive measure around PCPCH enrollment

### *Gaps:*

- Multi-payer agreement does not guarantee follow-through
- Difficult to specifically assess degree of spread
- Amount of current PCPCH payments varies widely
- CCO metric does not guarantee funding goes to providers
- CPC initiative is time-limited



## STRATEGY 2: Primary care revenue enhancement

*What:* Voluntary or mandated action by payers to increase and/or reform payments for PC services or to PC providers broadly.

*Examples:* ACA primary care payment bump; wide range of public and private example of primary-care focused P4P, shared savings, or other alternative payment schemes.

*Evidence & impact:* Heavily dependent on scale and cross-market alignment



## STRATEGY 2: Oregon activity & gaps

### *Activity:*

- ACA primary care payment bump through 2014
- NP & PA primary care payment parity bill from 2013 (HB 2902; sunsets end of 2017)

### *Gaps:*

- Current activity is time-limited
- Does not necessarily align with health system transformation and/or movement away from a FFS system



## STRATEGY 3: Support for practice transformation

*What:* Financial and non-financial support to assist PC practices and providers to change the model of care.

*Examples:* Start-up funding for HIT tools, new staff, or other infrastructure; practice facilitation and/or primary care “extension” programs

*Evidence & impact:* Good evidence for impact; scale-up and dissemination can be challenging



## STRATEGY 3: Oregon activity & gaps

### *Activity:*

- PCPCI and transformation center (clinical innovators)
- New practice facilitation and site visitor staff in PCPCH program
- CPC and other learning collaboratives
- Individual efforts through local TA providers (i.e. ORPRN, OPIP, OPCA, and others)

### *Gaps:*

- Current activity is time/resource-limited and/or exclusive to particular providers



## STRATEGY 4: Enhance PC workforce

*What:* Training and regulatory mechanisms to increase supply or expand capacity of those delivering primary care

*Examples:* Multi-payer investment in primary care graduate medical education; incentives to encourage providers to practice in primary care disciplines; re-training of clinical workforce

*Evidence & impact:* Good potential for impact; many workforce strategies are medium- or long-term for return



## STRATEGY 4: Oregon activity & gaps

### *Activity:*

- Two reports coming to OHPB in August:
  1. Options for increasing primary care medical residencies in Oregon
  2. Recommendations for aligning and targeting incentive programs designed to recruit & retain primary care providers
- Efforts across the state to develop new workforce (e.g. THWs) or use existing workforce in new ways

### *Gaps:*

- Difficult to train or re-train workforce while model of care is still developing



## Preliminary thoughts: promising strategies for Oregon today

- Formalize multi-payer collaborative in statute; direct group to design initiative in which payers:
  - Pilot a uniform primary care payment (PMPM to PCPCHs; comprehensive PC capitation rate, or similar) and develop benchmarks for success that would trigger continuation of initiative past pilot phase
  - Make equitable investments in PC transformation assistance
- Invest in graduate medical education
- Incorporate re-training for primary care workforce into transformation assistance



## Questions and feedback?

## Measurement options

- Expert organizations made suggestions of metrics to monitor:
  - The impact of policies to enhance primary care infrastructure (e.g. # of primary care providers in Oregon or % of CCO enrollees in enrolled in PCPCHs); and
  - Performance of the primary care system (e.g. primary care visits/1,000 population, ambulatory care sensitive admissions)
- Many recommended measures already being tracked by OHA via the PCPCH program, CCO and multi-payer dashboards, and workforce reporting

## Closing measurement gaps

- Measures of PC payment transformation and level of investment seem most needed, such as:
  - Primary care as proportion of total spending (over time and by payer)
  - Percent of primary care spending that is not FFS (over time and by payer)
- Also workforce and evaluative measures, e.g.
  - Retention rate of primary care trainees in Oregon
  - Utilization and spending for enrollees in PCPCHs vs. not



## Next Steps

- Further development and stakeholder consultation on strategies the Board wishes to pursue
- Testing & incorporation of prioritized primary care infrastructure or performance metrics into OHA measurement and reporting
- Future presentations to and direction from Board members, for final recommendations in December

