# Primary Care Value-based Payment

September 25, 2023 | Webinar

## Agenda

- Toolkit Overview
- Primary Care and Value-Based Care
- Payer Support of Value-Based Payment
- Q&A

## Logistics

- This meeting is being recorded and will be posted on our website: https://orhealthleadershipcouncil.org/oregon-value-based-payment-compact/

- All lines are muted.

- If you have questions for the presenters and panelists, please type them in the chat for the moderators.

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# Toolkit Overview

Summer Boslaugh, Senior Value-Based Payment Policy Advisor
Oregon Health Authority

## OHA is working with partners to support strategies to move to value-based payment (VBP)

**VBP Compact**
- Voluntary commitment by payers and providers to spread VBPs by meeting specified VBP targets and timelines

**Primary Care Payment Reform Collaborative**
- Collaborative established by 2015 legislation to: 1) increase investment in primary care, 2) improve payment methods, and 3) align payment

**VBP Toolkit**
- Guidance for providers and payers to implement VBP across settings of care

**Primary care VBP model**
- VBP Compact Workgroup requested the Collaborative develop a primary care VBP model for voluntary adoption across Oregon
- Model rewards quality and supports timely, coordinated, team-based care

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## Value-based Payment Toolkit Goals

- Promote shared vision, process and understanding between providers and payors regarding VBP

- Provide tools and educational resources to support practice readiness to engage in or advance their VBP participation, across a continuum of adoption (early through advanced).

- Promote alignment of models and methods in support of VBP adoption

- Define recommended VBP models

https://orhealthleadershipcouncil.org/vbp-toolkit/

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**Provider VBP Checklist:** **Understand VBP models and assess your readiness**

- ❑ Educate your team on VBP models
- ❑ Assess internal interest and understanding of VBP
- ❑ Assess your readiness for a new or modified VBP model(s)
- ❑ Identify current data analytical capabilities and gaps
- ❑ Understand member attribution and assignment
- ❑ Understand your population and health disparities
- ❑ Understand types of financial risk in VBP models

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**Provider VBP Checklist:** **Get ready for VBP**

- ❑ Define your VBP objectives
- ❑ Identify and engage senior-level VBP champion(s)
- ❑ Identify and engage your VBP team
- ❑ Assess, interpret and leverage data
- ❑ Assess and prepare for financial risk
- ❑ Develop and document your VBP approach and workplan
- ❑ Engage and negotiate with payers

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## Provider VBP Checklist: Implement VBP model(s)

- ❑ Promote provider clinical transformation to foster VBP success
- ❑ Access Technical Assistance and Peer Learning
- ❑ Understand how quality is measured and used in different VBP models
- ❑ Maximize quality improvement and performance on measures
- ❑ Review results and make modifications
- ❑ Scale up current VBP contracts and engage additional payers

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## Provider VBP Checklist: Understand VBP Compact model(s)

- ❑ Primary care model
- ❑ Specialty care models (future content)
- ❑ Hospital care model (future content)

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## Primary care VBP model overview

All-payer primary care payment model, which includes the following payment model components:

- *Prospective capitated payments* for a defined set of primary care services that are widely performed by primary care practices, represent a preponderance of primary care spending, and are prone to overuse when paid fee-for-service.
- *Fee-for-service payments for all other covered services.*
- *Infrastructure payments* that include: 1) a base payment tied to PCPCH tier, and 2) additional payments for specific high-value services.
- *Performance-based incentive payments* based on an aligned quality measures set.

Goal is all practices contracted with a payer to phasing in within three years

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## Oregon's Toolkit for Implementing Value Based Payment (VBP)

Home > Oregon's Toolkit for Implementing Value Based Payment (VBP)

### Introduction to the toolkit

**Welcome to Oregon's Toolkit for Implementing Value-Based Payment (VBP)!**

Oregon is one of the first states to develop a Compact between payers and providers to promote increasing use of advanced VBP models. This statewide VBP commitment is designed to achieve the "triple aim" of improved health, better care, and lower costs. To achieve the triple aim, health care system transformation and payment reform must also focus on reducing health disparities and achieving health equity.

"Currently, the majority of health care is paid based on quantity, or fee-for-service (FFS). In contrast, VBP supports providers in delivering whole-person care and holds them accountable for improving quality, costs, patient experience, and — increasingly — equity." Oregon VBP Compact Roadmap, 2022

Successful VBP arrangements require an active partnership as payers and provider entities shift from a volume to a value focus. This Toolkit will help clinicians, provider entities, and their payer partners prepare for new VBP arrangements, implement these arrangements, and overcome specific challenges to operating successfully within increasingly advanced VBP models.

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I. Understand VBP models
- Educate your team on VBP terms and models
- Assess internal interest and understanding of VBP
- Assess your readiness for a new or modified VBP model(s)
- Identify current data analytical capabilities and gaps
- Understand member attribution and assignment
- Understand your population and health disparities
- Understand types of financial risk in VBP models

II. Get ready for VBP
- Define your VBP objectives
- Identify and engage senior-level VBP champion(s)
- Identify and engage your VBP team
- Assess, interpret and leverage data
- Assess and prepare for financial risk
- Develop and document your VBP approach and workplan
- Engage and negotiate with payers

III. Go live with VBP model(s)
- Promote provider clinical transformation to foster VBP success
- Access technical assistance and peer learning
- Understand how quality is measured and used in different VBP models
- Maximize quality improvement – performance on measures
- Review results and make modifications
- Scale up current VBP contracts and engage additional payers

IV. Understand VBP compact models
- Primary care model
- Specialty care models (future content)
- Hospital care model (future content)

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# Primary Care and Value Based Care

**Abby Nachand**
Director of Finance, Northwest Primary Care Group
Executive Director Portland Coordinated Care Association
**Danelle Norris**
Director of Clinical Operations, Northwest Primary Care Group

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# Background….

- Northwest Primary Care (NWPC) began with one clinic in the 1970's and now have grown to 5 clinics, 1 PT Office, 1 Sleep Lab and 35 practitioners(MD, DO, NP, PA)…and still growing
  - Including Audiology, Ultrasound, Research, OB
- In the 1980's, HMO insurance plans ruled
  - This started our path down true Managed Care and delegation for Medicare Advantage plans
  - In 2023 we have not changed our model and are a true Patient Centered Medical Home
- We are focused on Total Cost of Care
  - Primary Care First (PCF), Medicare Shared Savings Program (MSSP), Risk

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# Historically…..

- Medicare and Medicaid rates are not sustainable to Primary Care practices (historical low RVU's compared to Specialists)
  - This promotes a FFS churn and burn type of business model
  - 2021 RVU shift by CMS was an indicator that Primary Care needs to be supported more

- Because of low reimbursement, creative contracting was needed
  - Medicare Advantage Risk contracts
  - Medicaid Quality Overlay
  - Value Based Agreements and Total Cost of Care with Commercial contracts
  - FFS Medicare Shared Savings

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# Alternative Funding from CMS

- CMS introduced CPCi (Comprehensive Primary Care initiative) 11 years ago and CPC+ (Comprehensive Primary Care Plus) 6 years ago and NWPC took advantage of the alternative funding to establish an infrastructure to care for the social needs of patients

  - Established Care Coordination
  - Expanded Case Management
  - Added a Clinical Pharmacist
  - Added a Quality Improvement Specialist
  - Added a Data Analyst
  - Increased our Coding staffing
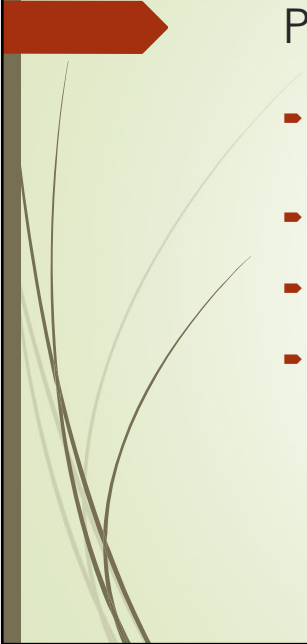  - Increased our Medical Records staff
  - Increased our Referral Team staff

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# Patient Management

- Care Coordinators
  - Manages/follow up all Emergency Department visits/patients
  - Help patients navigate the social needs in medicine (food, transportation, social services)
- Case Managers
  - Follow all patients who have had an inpatient status and are attributed to NWPC
    - NWPC utilizes Emergency Department Information Exchange (EDIE) to follow our patients (Now called Collective Medical)
    - Ensure Home Health, DME, follow up appointments with Primary Care (Transitional Care Management appts) are all happening

- Clinical Pharmacist works with diabetic patients who are chronically out of range and helps manage their medications

- Quality Improvement Specialist closes gaps at the insurance company level

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# Patient Management Continued

- Data Analyst mines our data in real time to allow us to make decisions and follow ups in a timely/proactive manner vs. reactive manner with insurance company reports (typically several months behind)
- Additional Coder scrubs charts for HCC (Hierarchical Condition Category) code opportunities
- Medical Records Staff upload hospital, imaging, specialist reports in a timely manner for continuity of care.  Also process referrals in under 5 days.
- Referral Management
  - Work with specialist groups to "return your patient" when treatment is complete
  - Efforts are made to refer to high quality, low utilization specialist groups
  - Closes open orders and obtains reports and follows up with patients who have not seen the specialist
  - Outpatient Surgery Centers, Independent Imaging Facilities should be priority when referring due to Facility costs

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# NWPC Quality Initiatives Continue

- Opening an Integrated Care Center in November 2023
  - Chronic Care Management (CCM) and Remote Patient Monitoring (RPM) Billing
    - RN will manage care plan (referrals from providers for complex patients and also any concerns deriving from their Annual Wellness Visit)
    - Utilize CareSignal for 5 different conditions
      - Diabetes, Hypertension, Depression, COPD, CHF
  - Diabetic Eye Exams
  - Patient Education Classes
    - Diabetic Nutrition, Pain Management, Advanced Care Planning, OB
  - Mammograms
  - Dexa scans
  - Anticoagulation

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# NWPC Transparency

| | Latest Date | Goal % | Happy Valley | Milwaukie | Oregon City | Sellwood | West Linn | Total |
|---|---|---|---|---|---|---|---|---|
| **Mammograms** | Jul '23 | 80% | 54.4% | 69.5% | 67.8% | 65.8% | 78.1% | 65.3% |
| **Pap Smears** | Jul '23 | 80% | 56.9% | 74.6% | 75.7% | 79.6% | 58.3% | 70.5% |
| **Colorectal Cancer Screenings** | Jul '23 | 83% | 54.4% | 63.5% | 72.6% | 58.8% | 61.6% | 63.2% |
| **Diabetes - Nephropathy** | Jul '23 | 97% | 85.4% | 84.8% | 87.3% | 85% | 93.9% | 87% |
| DM Control - A1c < 9.0% & A1c in last 13 Mths | Jul '23 | 74% | 77.8% | 79.4% | 82.6% | 85% | 84.8% | 81.4% |
| Diabetes - Statin Use | Jul '23 | 90% | 74.3% | 82.5% | 65.9% | 62.7% | 65.2% | 68.8% |
| Diabetes - Eye Exam | Jul '23 | 83% | 42.7% | 57.4% | 54.6% | 61.7% | 51.5% | 51.5% |
| Hypertension | Jul '23 | 80% | 82.3% | 73.8% | 89.7% | 84% | 82.6% | 85.6% |
| Recalls | Jul '23 | 40% | 46.7% | 64.2% | 75.6% | 40.1% | 50.6% | 61.3% |
| Dexa Scans | Jul '23 | 68% | 62.7% | 71.1% | 67.2% | 78.6% | 85.7% | 67.9% |
| Chlamydia Screenings | Jul '23 | 62% | 21.6% | 25% | 40.2% | 35.3% | 0% | 30.4% |
| Childhood Immunizations | Jul '23 | 72% | 57.1% | N\A | 76.9% | 50% | 100% | 69.2% |
| Adolescent Immunizations | Jul '23 | 42% | 12% | 0% | 6.7% | 40% | 25% | 14% |
| Well-Child Check: 15 month Olds | Jul '23 | 88% | 25% | 100% | 87% | 0% | 100% | 72.7% |
| Well-Child Check: 3-6 years | Jul '23 | 79% | 90% | 71.4% | 88.5% | 78.6% | 77.8% | 84.2% |
| HCC Coding Completion | Jul '23 | 90% | 72.7% | 65.5% | 78.9% | 71.9% | 71.8% | 72.9% |
| Overall Quality Score | Jul '23 | 77% | 61.2% | 69.6% | 74.2% | 72.3% | 70.5% | 69.2% |

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# Summary

- Value Based Care takes investment.
  - Infrastructure and workflows - Staffing
  - Educate yourself on different VBP models
    - You need to understand how members are attributed to you
    - Identify and understand through your data what your group is good at and what you are not so good at
  - Culture Shift – which may include compensation models for providers, creating oversight and transparency to ensure VBP goals are achieved
- Be willing to accept FFS churn and burn model cannot be sustained in Value Based Care
- Be comfortable with understanding you may not get paid up front for some of these positions, but the reward is at the end in quality and shared savings payouts
- Value Based Care model will also increase your patient experience due to better outcomes and cost savings for the patient
- Insurance Companies must be good partners and reward groups with high quality, low utilization
- Quality goals should be consistent for Administration ease

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# Value Based Payment

## Toolkit Webinar

**Maegan Pelatt, MSW, CSWA**
Director, Provider Engagement

**careoregon.org**
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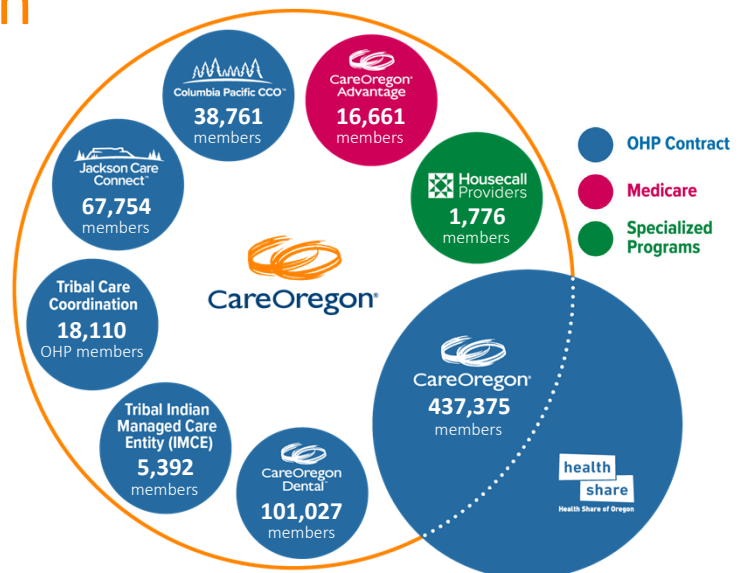facebook.com/careoregon

CareOregon®

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# The CareOregon Family

**CareOregon** is a nonprofit health organization serving Oregon's Medicaid and Medicare populations. **Every day, we strive to build stronger communities by making health care work for absolutely everyone.**

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Columbia Pacific CCO™
**38,761**
members

CareOregon® Advantage
**16,661**
members

Jackson Care Connect™
**67,754**
members

Housecall Providers
**1,776**
members

Tribal Care Coordination
**18,110**
OHP members

CareOregon®
**437,375**
members

Tribal Indian Managed Care Entity (IMCE)
**5,392**
members

CareOregon Dental
**101,027**
members

health share
Health Share of Oregon

● **OHP Contract**
● **Medicare**
● **Specialized Programs**

*** Membership numbers updated as of April 3, 2023*

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# CareOregon's Mission

*Why we exist*

Inspire and partner to create quality and equity in individual community health.

# CareOregon's Vision

*Where we are going*

Healthy communities for all individuals, regardless of income or social circumstances.

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# Why are VBPs Important?

FFS vs VBP          Provider Time          Health Outcomes

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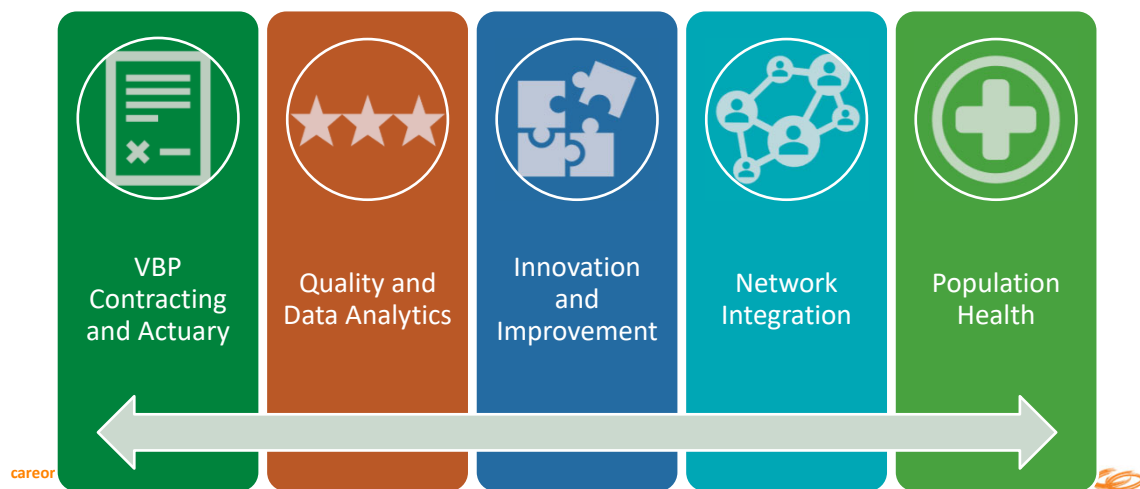
# Key Elements for Successful VBP Contracts

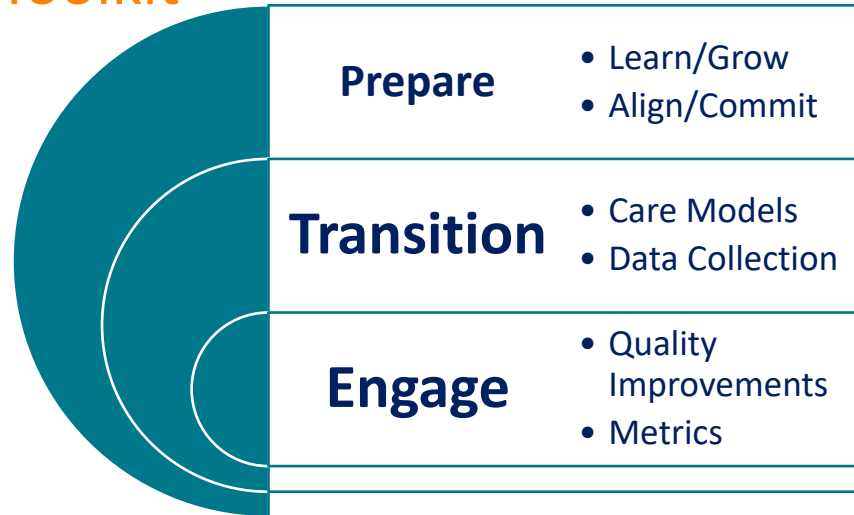| Organization wide buy-in | Clarity on goals and commitments | Opportunities to learn/grow |
|---|---|---|
| • **Executive Leadership** – Leadership involvement and engagement<br>• **Service-line Support** – Understanding and promoting VBP transformation<br>• **Operations/Systems –** Non-FFS payments from manual to automated payment processing | • **Shared Goals** – Aligning incentives and rewards to create win-win outcomes<br>• **Promoting Health Equity -** Encouraging equity-focused quality measures for inclusion in the aligned measure set<br>• **Data exchange** – Continuously improving how we share data together | • **Transparency** – Building trust through transparency with continuous education about VBP models and data sharing<br>• **Acknowledgement of challenges** – Responding and adjusting VBP models<br>• **Learning Collaboratives** – Enhance knowledge and best practices by working and sharing together |

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# Value Based Payment Team – *It takes a village!*



| VBP Contracting and Actuary | Quality and Data Analytics | Innovation and Improvement | Network Integration | Population Health |

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## VBP Toolkit

| Prepare | • Learn/Grow<br>• Align/Commit |
|---|---|
| Transition | • Care Models<br>• Data Collection |
| Engage | • Quality Improvements<br>• Metrics |

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# Thank you!

## Q & A

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