MATHEMATICA
Policy Research

CPC Classic Lessons for CPC+

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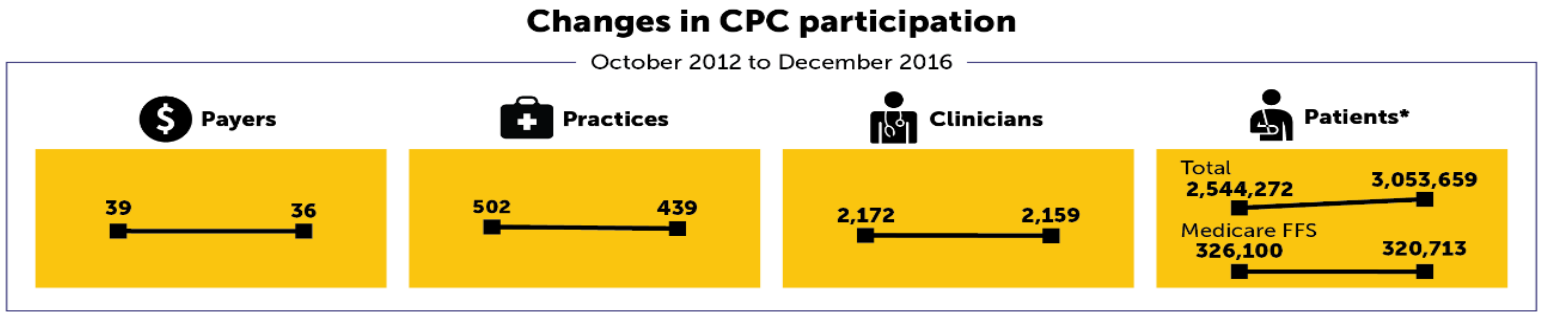
Disclaimer

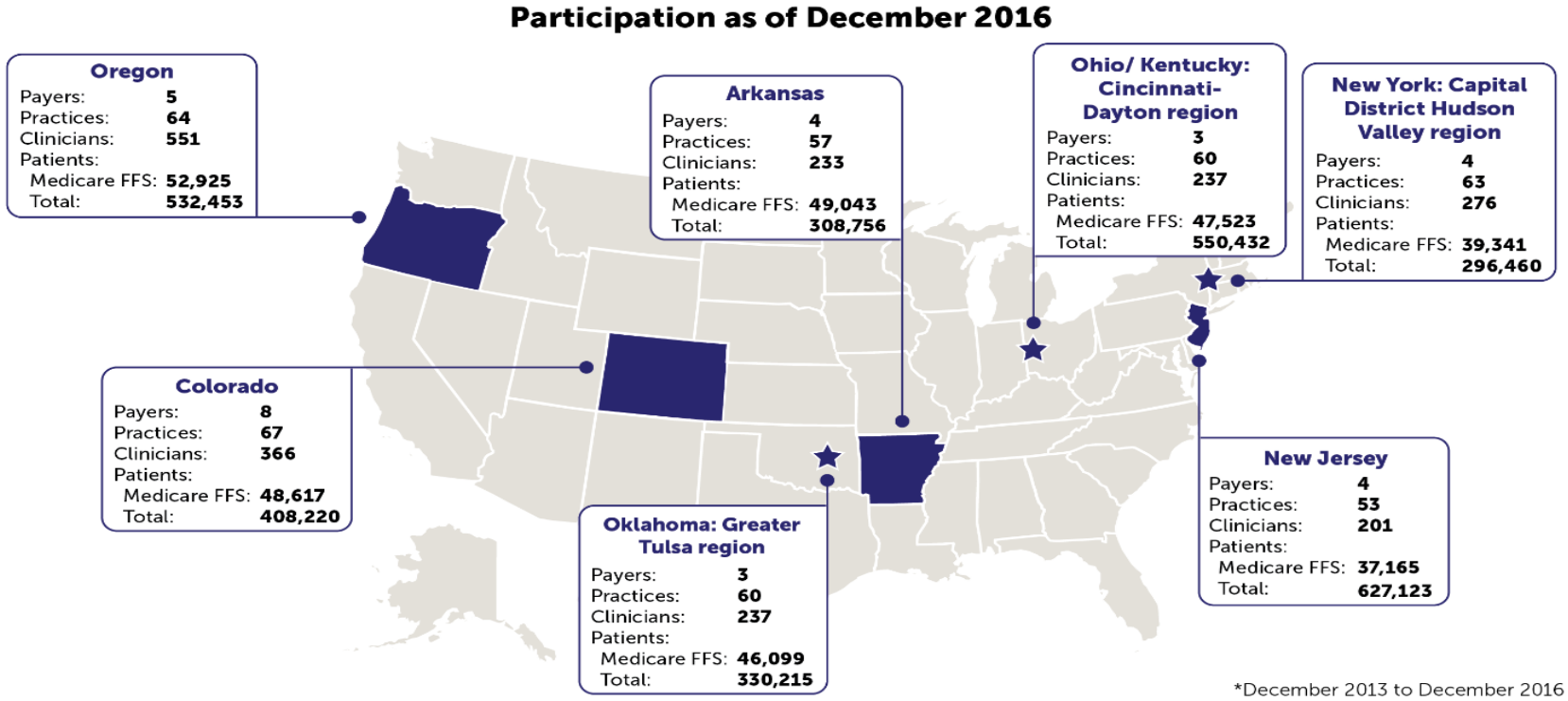
- **The contents of this presentation are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Health and Human Services or any of its agencies.**

Topics for today

- **Multipayer collaboration**
- **Data feedback**
- **Data aggregation**
- **Self-insured participation**
- **Practice transformation**

Participation Was Substantial and Stable





*December 2013 to December 2016

Multipayer Collaboration

Possible goals of multipayer collaboration

ALIGNMENT

- Align goals for practice transformation
- Align (and increase?) financial incentives
- Align quality measures

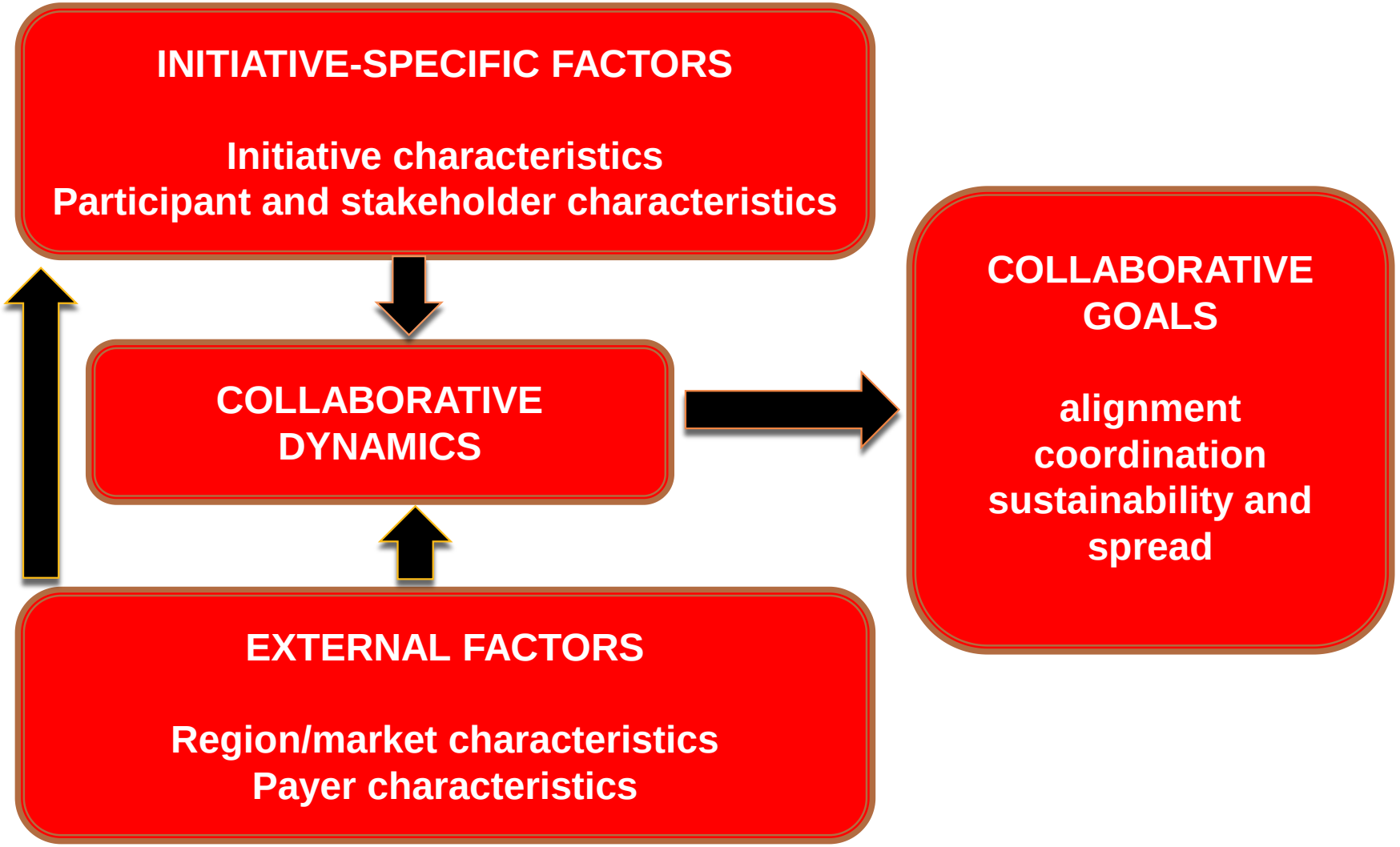
COORDINATION

- Coordinated, high-quality approach to data feedback
- Coordinated, high-quality approach to technical assistance

SUSTAINABILITY AND SPREAD

- Continued participation in initiative over time
- Coordinated plan for sustaining work and aligning it with other regional initiatives

But reaching these goals is challenging!



What Facilitates Successful Multipayer Collaboration?

- **Commitment to primary care transformation**
- **Payer champions**
- **Effective (and neutral) convener**
- **Prior multipayer collaboration (important *initially*!)**
  - **Good working relationships and/or strong sense of community**
- **Meaningful engagement of practices**

Cite: Anglin et al. 2017. "Strengthening Multipayer Collaboration: Lessons from the Comprehensive Primary Care Initiative." *Milbank Quarterly* 95(3):602-633.

"Practices are the life blood of this whole initiative...Hearing it straight from them about what's worked and what hasn't has been one of the most illuminating pieces [of multistakeholder meetings]. But I worry that we're not hearing from a true representation [of all CPC practices] in our region... [especially] the small, independent practices."

– CPC Classic payer

What hinders collaboration among payers?

- **Differing priorities and/or competing initiatives**
- **Competitive market dynamics**
- **Market dominated by a single payer, so engaging other payers may be more difficult**

CMS's role in CPC Classic

- **CMS's leadership and financial contribution viewed as critical to CPC**
- **But challenges existed, especially in CPC's first few years**
  - **CMS had to work to build trust with regional payers ("us versus them" dynamic)**
  - **CMS's dual role as initiative convener and participating payer created tension**
    - Payers didn't know when CMS would wear which hat
    - Legal and bureaucratic challenges around data aggregation further contributed to payer partners' frustration
    - Need for some level of standardization initiative-wide left little room for regional customization

"One of the things that has happened as a result [of CPC] is payers have been able to move from representing their organization to each other, to... representing the collaborative to the community..."

-CPC Classic multistakeholder faculty

Key Takeaways on Multipayer Collaboration

- **Clarify CMS's (or any convener's) role and parameters of collaboration**
- **Coordinate with other regional initiatives when possible**
- **Recognize the essential role of neutral, skilled multistakeholder faculty**
- **Undertake thoughtful engagement of stakeholders beyond payers**
  - **Delineate clear goals for engagement**
  - **Select stakeholders with the time and skills needed to contribute**
  - **Maintain the option for payers to meet without other stakeholders present**
- **Build trust and a unified sense of purpose**
  - **Meet in person**
  - **Develop formal charters or decision-making processes**
  - **Hold offline discussions to identify areas of common interest**
- **Encourage payer champions that keep organizations engaged despite competing organizational priorities**

Data Feedback

Key Takeaways on Medicare Feedback Reports

- **Practice use of Medicare feedback reports and patient-level data files increased over time; increasingly used to guide practices' improvement work**
- **But Medicare feedback reports had important limitations**
  - **Claims data lag is three to six months**
  - **Claims data lacked the clinical detail contained in medical records needed to assess effects on clinical processes and outcomes**
- **Practices needed technical assistance in interpreting and using data effectively**
  - **Encourage realistic expectations of how data can support QI work**
- **Feedback was useful for practice-level changes rather than guiding care for individual patients**
  - **Shows cost drivers (services and types of patients)**
  - **Shows how the practice compares with other practices**

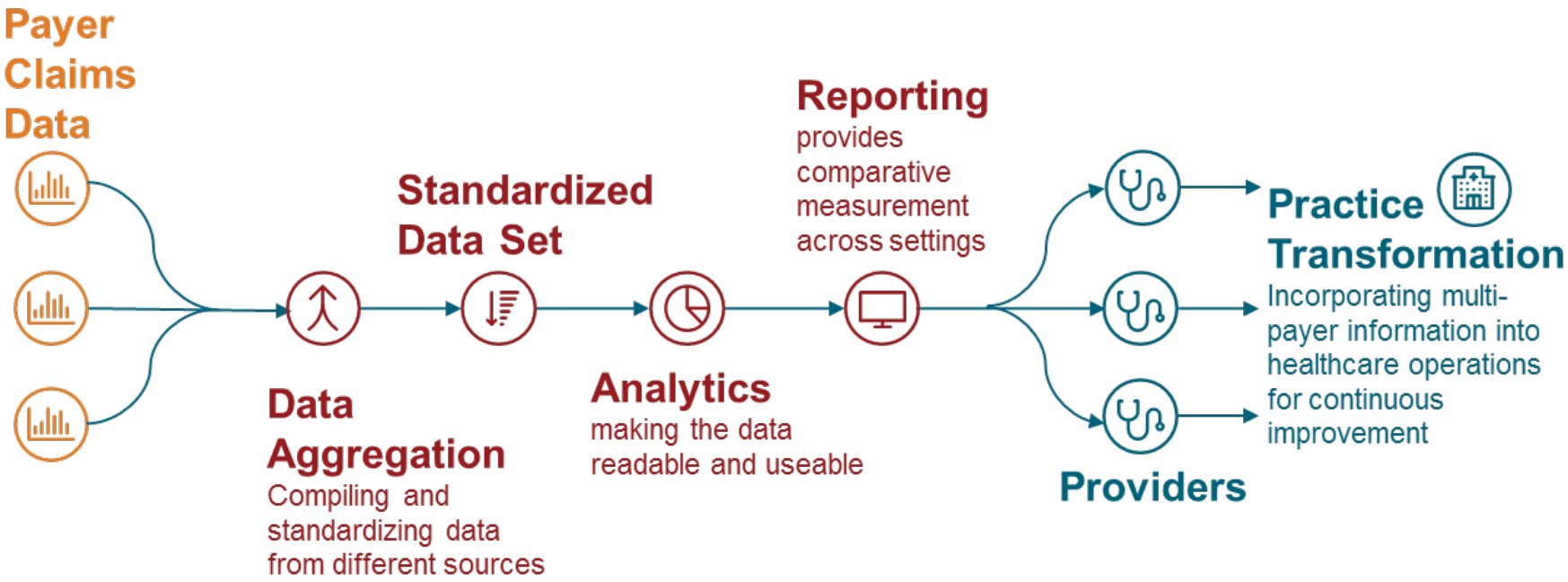
Gerteis et al. 2017. "Uses and Limitations of Claims-Based Performance Feedback Reports: Lessons from the Comprehensive Primary Care Initiative." *Journal of Healthcare Quality*. Published Online Ahead of Print.

Perspectives on Other Payers' Data Feedback

- **About two-thirds of non-Medicare payers provided feedback at the start of CPC; 89% by 2015**
- **Payer reports primarily contained measures of cost and service utilization**
  - **Some payers reported quality measures (e.g., rates of colorectal cancer screening and childhood immunizations)**
  - **Some payers supplemented claims-based data feedback reports with close-to-real-time data on patients' ED and inpatient admissions, discharges, and transfers**
  - **Some payers provided practices with lists of care gaps for patients (e.g., patients due for breast cancer screening)**
- **Like CMS, many other payers worked to improve their feedback reports over time**

Data Aggregation

CMS's Data Aggregation Overview for CPC+ (same idea in Classic)



Data Aggregation in CPC Classic

- **In 3 of 7 regions (Colorado, Ohio, and Oklahoma), payers collaborated to provide aggregated reports to practices on their patients' utilization, costs, and quality of care**
- **Potential game-changer in improving the usefulness of performance feedback to practices**
  - **Reflects performance across larger number of patients and common metrics**
  - **Increases reliability of data and provides a more complete picture of a practice's improvement opportunities**
  - **Reduces burden of accessing multiple reports**
- **Some differences in approach across regions (e.g., unit of data, financing approach)**

Key Decisions When Aggregating Data

- **Figuring out the management infrastructure**
  - **Select a vendor**
  - **Develop a governance structure**
  - **Decide how to finance**
- **Deciding on content and structure**
  - **Level of claims information to share (patient versus practice)**
  - **Performance benchmark**
  - **Platform for viewing report**
  - **Allowing for drill-down of data**
- **Other decisions**
  - **Training practices in use of report**
  - **Whether to continue payer-specific reports**

Challenges and Facilitators of Data Aggregation

- **Challenges in payers agreeing/continuing to collaborate**
  - **Cost to payers, uncertain return on investment; substantial time investment to contract with aggregator; initial uncertainty about Medicare's participation in data aggregation; and concerns about sharing cost data, division of costs**
- **Factors promoting collaboration**
  - **Strong, independent facilitators guiding negotiations; payer acceptance that progress would be incremental; operating in market with multiple payers, each with substantial market share**

Challenges of Making Aggregated Data Useful

- **Time lag in claims data**
- **Effectively educating practices on how to use reports**
- **Constraints in reporting health care costs limit ability to inform clinicians' referral choices**
- **Issues of data validity and comparability**

Key Takeaways on Data Aggregation

- **Consider using an independent facilitator to guide payer and vendor negotiations and for ongoing governance.**
- **Secure a critical mass of payer participation so that the report is valuable to practices, and costs are spread across payers.**
- **Obtain input on the design and content of the aggregated report from practices and make any tools easy to use.**
- **Divide aggregation costs among payers in proportion to number of patients; consider having practices share in the costs.**
- **Allow ample time to work toward data aggregation and adjust expectations regarding its costs and time horizon for ROI.**
- **Specify roles and responsibilities for training practices in how to use aggregated feedback reports and patient-level data.**

Self-Insured Participation

Key Takeaways on Self-Insured Participation

- **Payers felt self-insured participation in CPC Classic was very important or even critical**
- **But gaining self-insured participation in CPC wasn't easy**
  - **Many clients wanted evidence of a clear return on investment before joining**
- **Payers worked to secure self-insured participation by:**
  - **actively engaging clients in the work**
  - **providing evidence when available**
  - **using an "opt-out" approach to participation**
- **A few payers developed reports or tools to help them track ROI of CPC at the employer level**

Helping Practices Transform in CPC

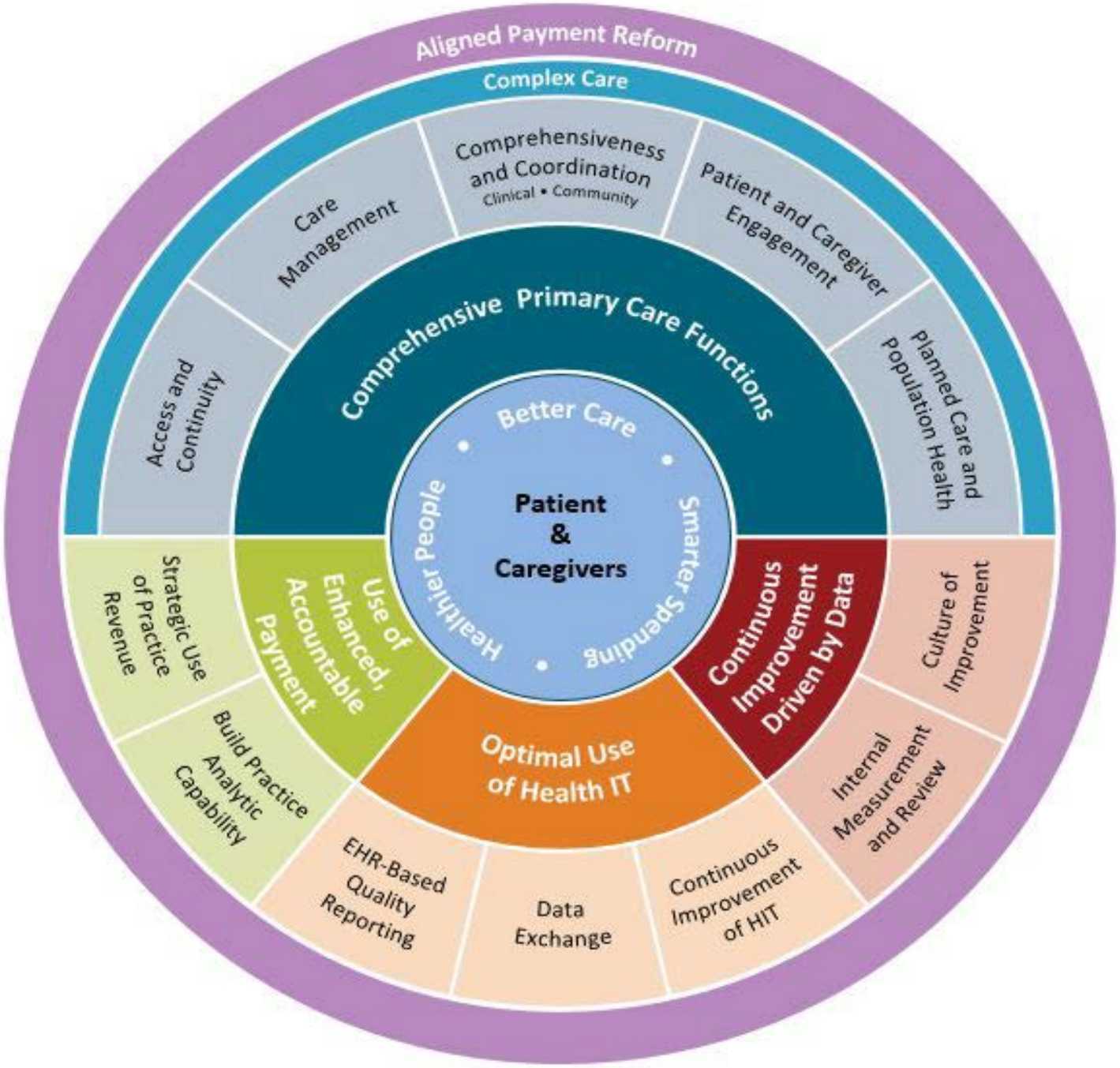
Practice-Reported Constraints to Controlling Total Costs and Utilization

- **Determining which specialists and other providers offer the most efficient and effective services is difficult**
  - **Data on specialists could inform practices' referral decisions**
- **Patients' self-referral (when possible) limits the potential effectiveness of primary care efforts to reduce unnecessary utilization and costs**
  - **Specialists' and hospitals' incentives related to utilization for CPC+ might not align with the goals of CPC+**
- **Getting notification of hospital and emergency department visits is labor-intensive for practices that lack electronic notification systems or health information exchange**
  - **Cooperation from hospitals and EDs is uneven**
- **Lack of self-care and adherence among some patients**

Ways Payers and Hospitals Might Help Practices Overcome Challenges

- **Expand efforts to provide primary care practices with reliable comparative data on efficiency and quality for specialists and other providers in their community**
- **Create incentives for hospitals to:**
  - **Document each patient's primary care physician at intake to hospital or ED**
  - **Notify primary care practice within 24 hours of intake**
  - **Contact the primary care physician as part of discharge planning**
- **Continue to encourage care compacts or other methods that foster specialists' interactions with primary care**
- **Payer support for electronic infrastructure for information exchange**
- **Coordinate the activities of care managers from payers, hospitals, and practices**
- **Consider incentives that encourage patient self-care and adherence**

Thinking Ahead to CPC+ and Other Future Work


Aligned Payment Reform
Complex Care
Care Management
Comprehensiveness and Coordination
Clinical • Community
Patient and Caregiver Engagement
Access and Continuity
Planned Care and Population Health
Comprehensive Primary Care Functions
Better Care
Smarter Spending
Healthier People
Patient & Caregivers
Use of Enhanced, Accountable Payment
Strategic Use of Practice Revenue
Build Practice Analytic Capability
Continuous Improvement Driven by Data
Culture of Improvement
Internal Measurement and Review
Optimal Use of Health IT
EHR-Based Quality Reporting
Data Exchange
Continuous Improvement of HIT

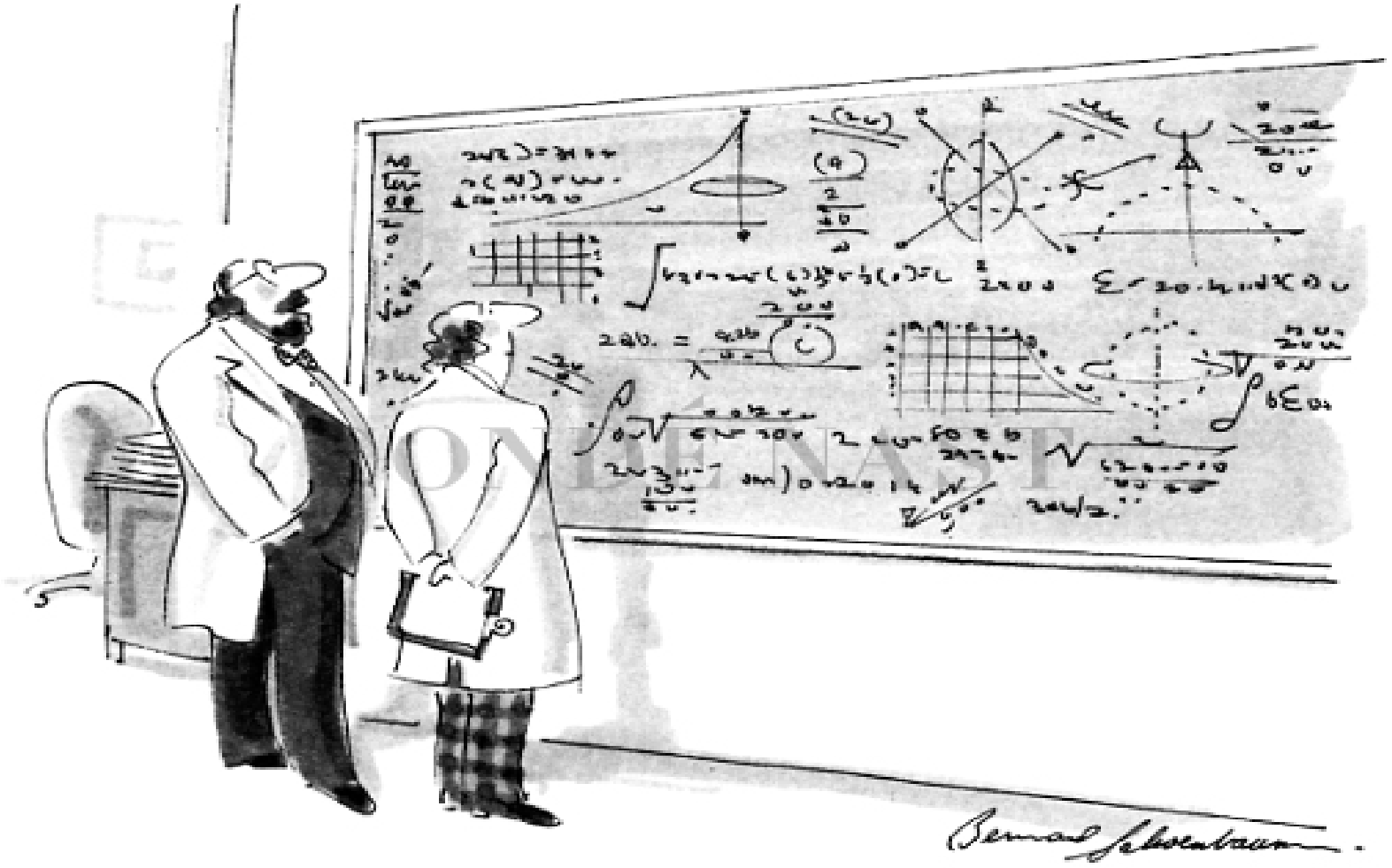
A few (of many!) questions of interest for CPC+

In *addition to* our standard evaluation questions:

- **How does direct involvement by health IT vendors affect implementation?**
- **Do regions fund conveners/facilitators? With what results?**
- **How do regions that were in Classic adapt their approaches for CPC+?**
  - **Incorporating new payers, practices**
  - **Shifting from a metro area to a statewide region**
- **How do "new" regions learn from Classic regions?**
- **What cross-region collaborations emerge?**
- **What does collaboration look like in regions with just one payer partner (in addition to Medicare)?**

Questions for YOU

- **What are the key challenges so far?**
  - **Do these challenges differ for new regions versus those regions that already participated in Classic?**
  - **For those who also participated in Classic, how are challenges different from those in Classic?**
- **What are each region's goals for data alignment?**
  - **In what ways are you being ambitious?**
  - **In what ways are you managing expectations/being realistic?**
  - **While region is preparing for alignment/aggregation, what data feedback are individual payers providing to practices?**
- **How are payers thinking about self-insured participation for CPC+?**



"Oh, if only it were so simple."

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