IBM Watson Health
Toolkit

Comprehensive Primary Care Plus (CPC+) toolkit: Supporting new advanced alternative payment models

Explore how IBM Watson Health can partner with you in CPC+

Watson Health™

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Contents

Here's your new toolkit for increasing performance in CPC+ with IBM Watson Health as your partner

02 Introduction
02 What you need to know about Comprehensive Primary Care Plus
04 Why organizations are participating in CPC+
06 What's included in this toolkit
06 How IBM Watson Health can help
07 We're committed to being your CPC+ partner
07 Watson Health offerings alignment: CPC+ Care Delivery requirements
08 Watson Health offerings alignment: Track 2 Health IT technical requirement
09 Watson Health CPC+ supported measures
10 How to get started
10 Contact your Account Manager
10 Next steps and resources
11 For more information

Introduction

What you need to know about Comprehensive Primary Care Plus

The Centers for Medicare & Medicaid Services (CMS) has announced a new, advanced primary care medical home model called Comprehensive Primary Care Plus (CPC+). CPC+ is a regionally based, multi-payer primary care delivery model and payment redesign initiative, which to date, is CMS largest investment in advanced primary care. The five-year model incrementally introduces primary care practices to risk-based payments beginning January 2017.

Under the Medicare Access and CHIP Reauthorization Act (MACRA), CMS has implemented its Quality Payment Program (QPP) which offers Medicare providers value-based payment models called Advanced Alternative Payment Models (APMs). CPC+ is among these Advanced APMs. As such, CPC+ is designed to contribute to the following two CMS goals:

- 50 percent of all Medicare fee-for-service payment to be made through alternative payment methods by 2018
- Improved quality and value of care for Medicare beneficiaries

There are three main goals of CPC+:

1. Advance care delivery and payment to help reduce the cost of health care and reduce unnecessary health care utilization.
2. Accommodate practices at different levels of transformation readiness, thus offering two tracks, by providing health care teams with resources, information and incentives.
3. Drive to achieve delivery care reform through ideal population health management (PHM) and chronic disease management (CDM).

Through CPC+, CMS is collaborating with commercial and state health insurance plans in 14 regions to offer population-based care management fees and shared savings opportunities to participating primary care practices to support the provision of a core set of five comprehensive primary care functions:

- Access and continuity
- Care management
- Comprehensiveness and coordination
- Patient and caregiver engagement
- Planned care and population health.

CPC+ regions	
Arkansas	Statewide
Colorado	Statewide
Hawaii	Statewide
Kansas and Missouri	Greater Kansas City Region
Michigan	Statewide
Montana	Statewide
New Jersey	Statewide
New York	North Hudson-Capital Region
Ohio	Statewide and Northern Kentucky: Ohio and Northern Kentucky Region
Oklahoma	Statewide
Oregon	Statewide
Pennsylvania	Greater Philadelphia Region
Rhode Island	Statewide
Tennessee	Statewide

Health care organizations receiving upfront funding or shared savings can invest further in population health management solutions that support these five functions to improve quality, reduce cost and increase patient engagement.

CPC+ consists of two tracks with care delivery requirements and innovative payment methodologies that progress from Track 1 to Track 2. CMS intends to recruit up to 2,500 practices in each track or a total of 5,000 practices, across the 14 regions. Practices will be evaluated on clinical quality reporting measures, patient experience measures (CAHPS and eventually patient-reported outcome measures, in Track 2) and utilization measures. See the table on page 9 for the specific list of measures.

In addition to the five core functions, CMS is encouraging practices, particularly in Track 2, to partner with health IT vendors to determine efficient and effective approaches to population management, patient engagement, care management and more. Practice applications for Track 2 required letters of support for health IT vendors indicating that vendors can meet at least one of six required health IT functionalities by 2019.

Track 1	Track 2
– Use of CEHRT	– Use of CEHRT
– Payer interest and coverage	– Payer interest and coverage
– Existing care delivery activities must include: **assigning patients to provider panel, providing 24/7 access for patients, and supporting quality improvement activities.**	– Existing care delivery activities must include: **assigning patients to provider panel, providing 24/7 access for patients, and supporting quality improvement activities, while also developing and recording care plans, following up with patients after emergency department (ED) or hospital discharge, and implementing a process to link patients to community-based resources.**
	– Letter of support from health IT vendor that outlines the vendor's commitment to support the practice in optimizing health IT

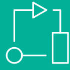
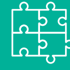
Source: CMS Center for Medicare & Medicaid Innovation (2016b). CPC+ Advancing the delivery of and payment for primary care. Baltimore, MD: CMS. Retrieved from https://innovation.cms.gov/Files/x/cpcplus-modeloverviewslides.pdf.

*CMS reserves the right to ask a practice that applied to Track 2 to instead participate in Track 1 if CMS believes that the practice does not meet the eligibility requirements for Track 2 but does meet the requirements for Track 1.

Why organizations are participating in CPC+

Organizations selected to participate in either Track 1 or Track 2 have an unprecedented opportunity to participate in the largest CMS initiative to transform health care. Most U.S. health care organizations will need to decide whether they are going to participate in the Merit-based Incentive Payment System (MIPS) or advanced APMs. Selected CPC+ practices will be considered an Advanced Alternative Payment Model (APM) under the QPP. Those participating in an Advanced APM take on risk related to their patients' outcomes and total cost of care. For participating in this risk-bearing approach, practices may earn an additional five percent incentive payment, annually.

The CPC+ Learning System Strategy is a collaborative approach to shared learning and knowledge exchange so that participating practices can build off each other's success. CMS will sponsor national and regional in-person and virtual meetings as well as several online learning tools that will assist practices in implementing the five comprehensive care delivery functions. IBM® Watson Health™ has joined the CPC+ Learning System and is actively participating.

	 Care Management Fee (PBPM)	Performance-Based Incentive Payment	 Underlying Payment Structure
Track 1	$15 average	$2.50 opportunity	Standard FFS
Track 2	$28 average; including $100 to support patients with complex needs	$4.00 opportunity	Reduced FFS with prospective "Comprehensive Primary Care Payment" (CPCP)

Source: CMS Center for Medicare & Medicaid Innovation (2016b). CPC+ Advancing the delivery of and payment for primary care. Baltimore, MD: CMS. Retrieved from https://innovation.cms.gov/Files/x/cpcplus-modeloverviewslides.pdf.

The table above describes the three payment components, for Track 1 and Track 2, to support practice transformation. Both Tracks will receive a **Care Management Fee (CMF)** for each Medicare FFS beneficiaries per month. Neither track will be allowed to bill the Chronic Care Management (CCM) for attributed patients because of similarity of services. Monthly prepayments provide greater cash flow and the flexibility for providers. This is a non-visit based fee paid per beneficiary per month. The amount is risk-adjusted for each practice to account for the intensity of care management services required for the practice's specific population.

The second column describes the **Performance-based Incentive Payments**. CPC+ will prospectively pay and retrospectively reconcile a performance-based incentive based on how well the practice performs on patient experience measures, clinical quality measures, and utilization measures that drive total cost of care. Practices will be "at risk" for the amounts prepaid, and CMS will recoup unwarranted payments. The payment will be broken into two distinct components, both paid prospectively: incentives for performance on clinical quality/patient experience measures and incentives for performance on utilization measures. CMS will provide larger payments in Track 2 than in Track 1, as outlined in the table on this slide to account for higher level expectations with respect to quality and utilization.

Finally, **Payment under the Medicare Physician Fee Schedule:** Track 1 participants will continue to bill for and receive payment from Medicare FFS as usual.

Track 2 practices also continue to bill as usual, but the FFS reimbursement amounts will be reduced to account for CMS shifting a portion of Medicare FFS payments into **Comprehensive Primary Care Payments (CPCPs)**, which will be paid in a lump sum on a quarterly basis absent a claim. Given the expectation that Track 2 practices will increase the comprehensiveness of care delivered, the CPCP amounts will be larger than the FFS reimbursement amounts they are intended to replace.

Additionally, by participating in CPC+, eligible clinicians earn an incentive bonus of five percent under the QPP.

What's included in this toolkit

This resource kit includes the important information you need to know about how IBM Watson Health can help you with CPC+:

- A summary of which Watson Health solutions offer support for the CPC+ program.
- An outline of what CPC+ measures Watson Health supports.
- A description of resources and services available to you through your partners at Watson Health.

How IBM Watson Health can help

We're committed to being your CPC+ partner

CMS understands the importance of using technology to help aid and support health care workers in providing evidence-based care to patients. Technology can take some of the heavy-lifting off the providers and care teams so that they can focus on those care delivery activities and complex patient needs deserving of their time and expertise.

Watson Health submitted letters of support on behalf of its clients which applied for Track 2 CPC+ and will execute a Memorandum of Understanding with CMS to support our clients in their use of health IT to drive success across the five care delivery functions. Watson Health packaged its population health management, care management and data analytic solutions to support our clients in the original CPC initiative (2012–2016). CPC+ is a five-year initiative (2017–2021), and we are committed to partnering with clients and other participants through its duration, as well as supporting clients that are selected for future CPC+ initiatives.

This next section describes specifically how our population health management offerings can support busy care delivery teams in managing populations of patients with preventive care, chronic care and social needs. Our implementation team partners with your staff to establish efficient workflows for staff, improvements in CPC+ measures that may result in improved quality of care, reduced costs and increased patient and staff satisfaction.[1] The purpose of this toolkit is to outline what purchased and implemented Watson Health products can support CPC+. We recognize your organization might not have all solutions we've listed. This is a guide to understand the alignment between your live Watson Health offerings and the CPC+ requirements. Our health IT solutions:

- Identify patients with gaps in evidence-based care and, through an automated system, contacts them by phone or text to invite them in for a visit.
- Provide automated approaches to support care teams in contacting patients, within 72 hours, who are transitioning from acute to primary care.
- Offer real-time dashboards by provider for clinical quality and efficiency measures with drill-down capabilities to the patient level; lists of patients who are not yet at goal for specific chronic care and preventive measures are identified and can be managed more effectively.
- Produce "huddle reports" to assist providers in meeting patients' preventive and chronic care needs at the time of the visit — creating prepared, pro-active care teams.
- Support care managers by risk-stratifying patients, efficiencies in development and communication of care plans, medication reconciliation, and much more.

Watson Health offerings alignment: CPC+ care delivery requirements

The table below outlines which Watson Health population health management offerings support the comprehensive care delivery requirements within the five CPC+ functions.

	Access and continuity	Care management	Comprehensiveness and coordination	Patient and caregiver experience	Planned care and population health
Watson Health Offerings	24/7 Access Care team e-visits Extended hours	Risk stratification Event triggers Care planning	High volume/cost Follow ups Behavioral health Psychosocial needs	Patient/Family Advisory Council Self-management support	Measure and act on care needs Weekly team meetings
IBM Watson Care Manager	Tracks 1, 2	Tracks 1, 2	Track 2	Tracks 1, 2	Tracks 1, 2
IBM Phytel® Insight	Track 1	Tracks 1, 2			Tracks 1, 2
IBM Phytel Coordinate	Tracks 1, 2	Tracks 1, 2	Track 2	Tracks 1, 2	Tracks 1, 2
IBM Phytel Outreach	Track 1	Tracks 1, 2			
IBM Phytel Outreach Plus	Track 1	Tracks 1, 2		Tracks 1, 2	
IBM Phytel Transition	Tracks 1, 2	Tracks 1, 2	Track 2	Tracks 1, 2	
IBM Explorys® Measure	Track 1	Track 1	Tracks 1, 2		Tracks 1, 2
IBM Explorys Inform	Track 1	Track 1	Tracks 1, 2		Tracks 1, 2
IBM Explorys SuperMart	Track 1	Track 1	Tracks 1, 2		Tracks 1, 2
IBM Explorys Registry	Track 1	Track 1	Tracks 1, 2		Tracks 1, 2
IBM Explorys Pop. Assess.					Track 1

Note: Based on initial descriptions, our products will support these requirements; however, there are details in the final regulation that will need further evaluation.

Watson Health offering alignment: Track 2 health IT technical requirements

The table below outlines how Watson Health offerings can support Track 2 participants with advanced Health IT.

	Track 2 Health IT Technical Requirements					
	Risk-stratify practice site patient population; Identify and flag "Patients with complex needs"	Produce and display eCQM results at the practice level to support continuous feedback	Systematically assess patients' psychosocial needs and inventory resources and supports to meet those needs	Document and track patient reported outcomes	Empanel patients to the practice site care team	Establish a patient focused care plan to guide care management
	– Assign risk score – Sort patients by score – Update risk score – Flag patients	– View eCQM – Frequent measure update – Actionable results	– Electronically assess patients' psychosocial needs – Adopt certified health IT that meets the 2015 Edition criterion	– Administer a survey – Store and track patient responses, and score results longitudinally – View patient responses in the EHR or other IT tool	– Assign each patient to a care team or practitioner – Sort and review the patients by assignment – Assigned providers should be visible in the patient record	– Electronically capture the following care plan elements – Customize, update and capture last review date of care plans – Incorporate relevant care management triggers – The care plan should be available to the patient on paper and electronically
IBM Solutions						
Watson Care Manager	X	X	X			X
Phytel Insight	X	X			X	
Phytel Coordinate	X				X	
Phytel Outreach Plus	X				X	
Explorys Measure		X			X	
Explorys Inform		X			X	
Explorys SuperMart		X			X	
Explorys Registry	X	X			X	

Note: Based on initial descriptions, our products will support these requirements; however, there are details in the final regulation that will need further evaluation.

Additionally, Watson Health offerings currently support CPC+ measures and is committed to building out more measures through the duration of CPC+ , as resources permit. Please note that some of the CPC+ measures are aspirational and Watson Health will work with CMS and the practices to figure out how best to capture the data to provide accurate results.

Watson Health CPC+ supported measures

The table below outlines measures Watson Health currently has in production to support CPC+ practices.

CPC+ eCOM Requirements Summary	
eCQM Performance Period	CY2017 (January 1–December 31, 2017)
First eCQM Submission Period	Begins January 1, 2018
eCQM Version	eCQM version published as the April 2016 annual update
eCQM Reporting Method	Attestation or QRDA 3 using direct EHR or a certified EHR data submission vendor, or as may be specified by CMS

CPC+ eCQM Set–2017 Performance Period						
CMS ID#	NQF#	Measure Title	Measure Type/ Data Source	Domain	IBM Phytel Measure	IBM Explorys Measure
Report 2 of the Group 1 outcome measures						
CMS159v5	0710	Depression Remission at Twelve Months	Outcome/eCQM	Clinical Process/Effectiveness	Y	N
CMS165v5	0018	Controlling High Blood Pressure	Outcome/eCQM	Clinical Process/Effectiveness	Y	Y
CMS122v5	0059	Diabetes: Hemoglobin A1c (HbA1c) Poor CONTROL (>9%)	Outcome/eCQM	Population/Public Health	Y	Y
Report 2 of the Group 2 complex care measures:						
CMS156v5	0022	Use of High-Risk Medications in the Elderly	Process/eCQM	Patient Safety	N	Y
CMS149v5	N/A	Dementia: Cognitive Assessment	Process/eCQM	Clinical Process/Effectiveness	Y	N
CMS139v5	0101	Falls: Screening for Future Fall Risk	Process/eCQM	Patient Safety	Y	Y
CMS137v5	0004	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Process/eCQM	Clinical Process/Effectiveness	N	N
Report 5 of the 10 remaining measures (choice of Group 3 and remaining Groups 1 and 2 measures):						
CMS50v5	N/A	Closing the Referral Loop: Receipt of Specialist Report	Process/eCQM	Care Coordination	N	N
CMS124v5	0032	Cervical Cancer Screening	Process/eCQM	Clinical Process/Effectiveness	Y	Y
CMS130v5	0034	Colorectal Cancer Screening	Process/eCQM	Clinical Process/Effectiveness	Y	Y
CMS131v5	0055	Diabetes: Eye Exam	Process/eCQM	Clinical Process/Effectiveness	Y	Y
CMS138v5	0028	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Process/eCQM	Population/Public Health	Y	Y
CMS166v6	0052	Use of Imaging Studies for Low Back Pain	Process/eCQM	Efficient Use of Healthcare Resources	N	Y
CMS125v5	2372	Breast Cancer Screening	Process/eCQM	Clinical Process/Effectiveness	Y	Y

For those measures that we currently are not reporting on today, we are committed to working with our CPC+ clients and CMS to understand how best to capture datasets and build these measures, as resources permit.

How to get started

Contact your Account Manager

Whether you are a new or existing Watson Health client, it is important to let your Account Manager know that your organization is participating in CPC+. If you don't currently have an account manager go to our CPC+ webpage and request a consultation. Your Account Manager will coordinate a call with your team and one of our subject matter experts in CPC+. During this call, we will review a series of questions to create a CPC+ action plan tailored to your organization.

- Did your organization participate in the original CPC initiative from 2012 to 2016?
- Into which track have you been accepted?
- Does your organization already participate in an MSSP ACO, is recognized as a PCMH or participates in other value-based care models (CMMI) or pay-for-performance programs (commercial)?
- Is your organization contracting with commercial payers for care management fees?
- Identify the comprehensive care delivery functions which your organization have implemented and where there is still opportunity to develop or improve?
- Which of the five functions do you feel your organization could improve upon?
- Which of the CPC+ measures is your organization already including in a dashboard which staff actively use to drive improvement?
- How are you currently using health IT solutions to support efficiency, evidence-based care, transitions of care, care management and coordination, patient engagement, access, team-based care and so forth?
- If you are a Track 2 participant, which of the health IT requirements is your organization already meeting?
- If you are a Track 2 participant, which of the health IT requirements are you not yet meeting?
- How do you anticipate identifying high risk patients?
- Do you know how many dollars to expect in upfront payments through CPC+ participation?
- What are the areas of greatest use of upfront dollars? For example, care management and coordination staff, health IT to support population health and care management, risk stratification models, patient education materials and so on.

Next steps and resources

Watson Health is invested in supporting your CPC+ efforts. Please contact your Account Manager with any questions. Your Account Manager can also arrange for you to speak with one of Watson Health's value-based care professionals. We've created several resources for you to reference during your CPC+ journey, read more or watch our webinars.

Watson Health also offers value-added services to clients to accelerate value-based care transformation. These services are directly tied to the CPC+ capabilities your organization will need to develop and sustain to create high-performing practices. These value-added services include:

- Lean training at Watson Health or onsite
- Webinars and educational materials on CPC+ to engage everyone across your organization
- A variety of population health and care management offerings to support evidence-based care delivery
- Access to value-based care professionals who are monitoring the regulatory landscape
- Auto-credit for NCQA's PCMH 2014 recognition program
- Access to network with other CPC+ clients at our annual user conference

Citation

Industry Impact Council for Value-based Care. Daniel DM, Dourm A, Sanders K, Smay T, Matthews J, Grisham M, Burkham C, Berg C, Herzak M, Canupp S, Lucia M, and Arlington K. *Comprehensive Primary Care Plus (CPC+) Toolkit: Supporting New Advanced Alternative Payment Models.* Prall MK, ed. *Industry Impact Council Value-based Care Transformation Series.* 1st ed. Cambridge, MA: IBM Watson Health; 2016.

Source

1. *Utica Park Clinic Case Study: Population health management helps Utica Park Clinic ease the transition to value-based care.* Accessed on November 28, 2016: https://www.ibm.com/web/wcm/connect/smarterplanet/dc1cd29f-0fd9-48ec-abaa-97dafd7c149f/HPC03020USEN.PDF?MOD=AJPERES. DISCLAIMER: These are the results achieved by one organization and IBM Watson Health does not guarantee all organizations will achieve the same results.

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