

OREGON CPC+ PAYER GROUP ROADMAP

2018-2020

PURPOSE OF THE ROADMAP

- Define the goals and activities of the Oregon CPC+ Payer Group
- Provide a framework for meeting Payer Group goals
- Identify how payers will collaborate with one another and other key stakeholders and initiatives
- Align approach to supporting practices to meet care delivery and other CPC+ program requirements
- Ensure payer information sharing and other needs are met to successfully implement the CPC+ program in the Oregon region and contextualize program requirements from the CPC+ Payer Partner MOU (indicated in **bold**)

The CPC+ Group revisits the Roadmap regularly to monitor progress and revise elements as needed to respond to the dynamic external environment.

CPC+ PAYER GROUP GOALS

Collaborate to support sustainable primary care transformation that results in healthier patients and lower costs

Identify and share payer and clinic best practices to achieve program care delivery and payment model goals

Align to reduce fragmentation, seek simplification and leverage existing resources

Seek to understand and demonstrate the value of the model to change expectations of how primary care is funded

FOCUS AREAS

1. Multi-stakeholder alignment
2. Value-based payment model for primary care
3. Practice support
4. Data aggregation/data support to practices
5. Quality measure alignment
6. Evaluation for success

KEY RESOURCES

- [CPC+ Payer Partner Memorandum of Understanding](#) and other [CMS payer materials](#)
- [CMS Payer Partner Roadmap](#) (served as a model for Oregon region Roadmap)
- Letter of Agreement between CPC+ Oregon Payer partners and Conveners

1. MULTI-STAKEHOLDER ENGAGEMENT AND ALIGNMENT

Multiple initiatives overlap with or complement CPC+ and the CPC+ Payer Group will participate in and/or seek to align with these initiatives.

OUTCOMES AND ACTIVITIES

- A. Identified liaisons to key stakeholder groups who provide regular reports to Payer Group and share opportunities for collaboration
- B. Establish communication channels to ensure CPC+ Payer Group activities and updates reach interested stakeholder audiences (e.g. Oregon Health Authority, Oregon Health Leadership Council, CPC+ practices, health systems, etc.)
- C. Regular presentations to Oregon Health Leadership Council to provide progress reports and gather input
- D. Summarize feedback on policy decisions and other activities that impact CPC+ payers and practices
- E. Consider options for moving towards a multi-stakeholder leadership group, in place of or in addition to the payer-only group; consider interest from other CPC+ stakeholders, including practices, practice associations, health systems, etc.

KEY RESOURCES

- [Oregon Health Leadership Council](#)
 - [Steering Committee and Board](#)
 - [PreManage Workgroup\(s\)](#)
- Oregon Health Authority
 - [Leadership](#)
 - [Primary Care Payment Reform Collaborative](#)
 - [Health Plan Quality Metrics Committee](#) and [Metrics and Scoring Committee](#)
 - [Clinical Quality Metrics Registry Subject Matter Expert Workgroup](#)
- CPC+ practices
- OHSU Technical Assistance team [Care Management +/Oregon Rural Practice-based Research Network](#)
- Health systems, hospitals, specialists

2. VALUE-BASED PAYMENT MODEL FOR PRIMARY CARE

Payers want to learn from one another to support their organization's implementation of new payment models, and coordinate and align where possible.

OUTCOMES AND ACTIVITIES

- A. Document key aspects of payer alternative payment implementation, including attribution, calculation and timing of care management fees and performance-based incentives, and payment administration, in a central resource to **identify promising practices and areas of alignment/opportunities to streamline non-visit-based financial support for practices**
- B. Identify and secure organizational commitment to specific areas of alignment, to be determined by information gathered through the exercise described in 2.A.
- C. Communicate areas of alignment to key stakeholders, including CPC+ practices

- D. Share information to support practice understanding of attribution methodologies
- E. **Implement a Track 2 hybrid FFS payment to practices**
- F. Share individual payer questions and information about payment model implementation with one another to support shared learning
- G. Participate in CMS, HCP LAN and other educational opportunities about payment model implementation

KEY RESOURCES

- [CPC+ Payment Methodologies: Beneficiary Attribution, Care Management Fee, Performance-Based Incentive Payment, and Payment Under the Medicare Fee Schedule for Program Year 2018](#)
- [CPC+ Payment Brief](#)
- Healthcare Payment Learning and Action Network (HCP-LAN) Materials (slides and recordings available)

3. PRACTICE SUPPORT

Payers need to collaborate and coordinate to support their success in care delivery requirements and reduce duplicative effort and burden on practices. CPC+ Payer Group will identify opportunities to collaborate and proactively address practice concerns, and will be responsive to challenges as they arise.

OUTCOMES AND ACTIVITIES

- A. CPC+ practices know who to contact at each payer organization with questions; payers ensure contact information for CPC+ Payer Group representation and contact for contract questions are up-to-date
- B. In partnership with the OHSU technical assistance team, identify ways payers can support practices **in five comprehensive primary care functions: access and continuity, care management, comprehensiveness and coordination, patient and caregiver engagement, planned care and population health**. For example, support could include brokering connections between practices and external entities to meet a care delivery requirement or using data to take action on a specific area to improve quality and/or reduce costs.
- C. Invite practices to participate in Payer Group meetings as appropriate (feedback on a specific issue, share an impact story to start a meeting, etc.).
- D. **Assess whether additional care delivery transformation requirements in region have been minimized using payment model grid described in 2.A**
- E. Collect practice feedback to understand practice progress and challenges and how the CPC+ Payer Group can provide assistance
- F. **Collaborate with CPC+ Technical Assistance leads to streamline payer/practice communication and interactions and promote information and knowledge sharing**. This includes full participation in in-person practice learning sessions hosted by CMS twice a year, as resources allow.

KEY RESOURCES

- [CMS CPC+ Practice Materials](#)
- Practice learning opportunities
- [CPC+ Connect](#)

4. DATA AGGREGATION/DATA SUPPORT TO PRACTICES

Primary care practices need sufficient data on quality, utilization and cost to meet care delivery requirements, conduct quality improvement activities and reduce costs. Reports that bring together payer data, as opposed to small slices of data from each payer, represent a more comprehensive approach to performance reporting. Primary care practices are also challenged to report clinical quality measures to multiple interested parties (CMS, CCOs, other health plans).

OUTCOMES AND ACTIVITIES

- A. CPC+ Payers join the Comagine Health Oregon Data Collaborative **to align on the delivery of cost, utilization and quality data for practices**
- B. Practice feedback is solicited and used to enhance aggregated reports via the Comagine Health Oregon Reporting Portal, to **share unified aggregated data with practices**
- C. Conduct outreach to CPC+ practices to increase engagement with data aggregation solution
- D. Support CPC+ practice use of PreManage to meet care delivery requirements
- E. Payers receive information on implementation of the Oregon Health Authority's Clinical Quality Metrics Registry and explore how they might use it to receive clinical quality metric data from practices
- F. Leverage aggregated data to evaluate CPC+ (e.g. cost of care, quality measures, etc.)

KEY RESOURCES

- [Comagine Health Oregon Data Collaborative](#)
- National Health Care Payment Learning and Action Network [Data Sharing Requirements Initiative: Collaborative Approaches to Advance Data Sharing](#) and [Accelerating and Aligning Population-Based Payment Models: Data Sharing](#)
- [OHA Clinical Quality Metrics Registry](#)

5. QUALITY MEASURE ALIGNMENT

Payers are interested in streamlining the number of measures on which practices report as well as reporting requirements (e.g., time period for reporting).

OUTCOMES AND ACTIVITIES

- A. **Review Payer measure reporting requirements for CPC+, especially where they differ from CMS CPC+ quality measure set, and identify areas for alignment** (part of alignment effort described in 2.A)
- B. **Understand efforts of the OHA Metrics and Scoring and Health Plan Quality Metrics committees to align metrics and consider how CPC+ Payers can complement and/or align with these efforts.**

KEY RESOURCES

- [Health Plan Quality Metrics Committee](#)
- [Metrics and Scoring Committee](#)

6. EVALUATION FOR SUCCESS

CMS' evaluation of CPC+ is focused on Medicare FFS members only, at the national level. The CPC+ Payer Group wants to evaluate the impact of the initiative on cost, quality and utilization for each payer's population and for the region as a whole.

OUTCOMES AND ACTIVITIES

- A. Identify avenues to regularly receive and share useful data to highlight the impact and key learnings of CPC+ in Oregon, to help payer organizations and external stakeholders understand the results of the program, return on investment and other key indicators prioritized by the Payer Group
- B. Coordinate with and leverage opportunities for evaluation with other stakeholders (i.e. Primary Care Payment Reform Collaborative, Oregon Academy of Family Physicians)
- C. Share evaluation plan with external stakeholders
- D. Communicate evaluation results to stakeholders and interested parties

KEY RESOURCES

- [Assessing the Effects of Primary Care Transformation: Emerging Themes and Practical Strategies to Strengthen the Evidence](#)
- [Evaluation of the Comprehensive Primary Care Initiative: Fourth Annual Report](#)

The CPC+ Payer Group is convened and coordinated by Artemis Consulting, Comagine Health and the Oregon Health Leadership Council. Questions about the group's activities may be directed to:

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