Testing Innovations in Primary Care

May 23, 2018
Speakers

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Executive Director

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President, New Markets and Chief Growth Officer

Laura Sessums, MD  
Director, Division of Advanced Primary Care
Agenda

• Introduction to the HCTTF
• ChenMed: Transforming healthcare for the neediest population
• CPC+: Testing the promise of primary care
• Q&A
• Upcoming Webinars
Who we are: Our mission to achieve results in value-based care

The Health Care Transformation Task Force is an industry consortium that brings together patients, payers, providers, and purchasers to align private and public sector efforts to clear the way for a sweeping transformation of the U.S. health care system. We are committed to rapid, measurable change, both for ourselves and our country.

We aspire to have 75% of our respective businesses operating under value-based payment arrangements by 2020.
Our Members: Patients, Payers, Providers and Purchasers committed to better value
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- Q&A
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TRANSFORMING HEALTHCARE
for the neediest populations for 
over 30 years

Gaurov Dayal, M.D.
President, New Markets and Chief Growth Officer
ChenMed is the Solution to a fragmented healthcare delivery system.
The ChenMed Way

VISION  To be America’s leading primary care provider, transforming care of the neediest populations

MISSION To honor seniors with affordable VIP care that delivers better health

CORE  Build and invest in PCP-led care teams that can deliver outcomes
THE CHENMED PRIMARY CARE

Difference

450 Patients per PCP

More face-to-face time with patients

189 Min

28% Fewer in-hospital admissions
OUR PATIENT Profile

- Low-to-moderate income senior (many dual-eligible)
- Minority
- More women than men
- Reside primarily in urban neighborhoods
- Average of 4-5 chronic conditions
VIP SERVICE

For Our Patients

- Early high-risk disease detection
- Door-to-doctor transportation available
- Literacy-sensitive materials
- Dedicated specialists
- Radiology on-site
- Medications provided on-site
- Walk-in appointments
- Social programs at all centers
- Financial Hardship Policy
PATIENT SATISFACTION

Is High

87.8%

of ChenMed centers beat the U.S. Top Box average for “Provider - Overall Rating”
## How ChenMed partners with health plans

ChenMed has **successfully aligned with health plans in multiple markets** to help them achieve their strategic goals.

| Strengthen health plan’s position in existing markets | Increase MA profitability and enable rapid growth |
| Provide balance against large integrated delivery systems with high market share | Organize the market primary care community and begin value-based system transformation |
PROVEN OUTCOMES ACROSS MULTIPLE Geographies

50 + CHENMED CENTERS IN SEVEN STATES

- Atlanta, GA
- Chicago, IL
- Lakeland, FL
- Louisville, KY
- New Orleans, LA
- Richmond, VA
- South Florida
- Tampa, FL
- Tidewater, VA

OPENING THIS YEAR

- Bradenton, FL
- Jacksonville, FL
- Philadelphia, PA
In 2016, the ChenMed average decreased even further, with just 458 ER visits per thousand patients.
“I feel good every day. I’m in love with JenCare!”
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Testing the Promise of Primary Care

Where are we in CPC+?

Health Care Transformation Task Force
May 23, 2018

Laura Sessums, JD, MD, FACP
Director, Division of Advanced Primary Care
Center for Medicare & Medicaid Innovation
Comprehensive Primary Care Plus

America’s largest-ever initiative to transform primary care

- **2,988** primary care practices
- **18** regions
- **OVER 2.0M** Medicare patients
- **APPROX. 14,600** practitioners
- **APPROX. 7,400** Qualifying APM Participants (QPs)

- **5 Years**
- **2 Tracks**
- **61 payer partners**
- **OVER 55** health IT vendors

[Map showing various regions and initiatives]
CPC+ Practices are Highly Varied

Demographics and Participation in other CMS Models

1 in 6 Practices
Located in a rural area

1 in 4 Practices
Owned by practitioners at the practice

46% Practices
Also participate in the Shared Savings Program (SSP)

96% Practices in the Original CPC
Continued into CPC+
CPC+ Practices are Highly Varied

- Practice size ranges from 1 to 74 primary care practitioners, averaging between 4 and 5 practitioners.
Five Care Delivery Functions Guide
Comprehensive Primary Care
Care for Those with Highest Need

- Average empanelment and risk stratification rates grew throughout the year

<table>
<thead>
<tr>
<th></th>
<th>Mar</th>
<th>Jun</th>
<th>Sept</th>
<th>Dec</th>
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<tbody>
<tr>
<td><strong>Average Empanelment Rate</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of active patients empaneled</td>
<td>89%</td>
<td>92%</td>
<td>95%</td>
<td>96%</td>
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- 12% of practices empanel to a care team rather than by practitioner

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<thead>
<tr>
<th></th>
<th>Mar</th>
<th>Jun</th>
<th>Sept</th>
<th>Dec</th>
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<tbody>
<tr>
<td><strong>Average Risk Stratification Rate</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>% of empaneled patients risk stratified</td>
<td>50%</td>
<td>52%</td>
<td>62%</td>
<td>79%</td>
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- Nearly half of all practices started with very low risk stratification
Care Where the Patient Is

- 72% of practices established a collaborative care agreement
- 96% of practices had 24/7 coverage by a clinician with real-time access to patients’ medical records
- 87% of practices had information on admissions, discharges, and transfers from at least one hospital within one day

**Most Common**
- Cardiology, 36%
- Gastroenterology, 31%
- Behavioral Health, 28%
Care for What Matters Most

Practices who Convened a PFAC by Quarter
Percentage of Practices

Mar 19% 10%
Jun 29% 15%
Sept 77% 29%
Dec 93% 85%

Track 1  Track 2
Behavioral Health Integration & Social Needs Screening

**Targeted Mental Health Conditions**
Number of Practices, by Condition

- Depressive Disorders
- Anxiety Disorders
- Complex/chronic disease
- High risk behaviors
- Dementia
- Substance Abuse
- Chronic Pain
- Insomnia
- Other

**Practices screening patients for unmet social needs increased, for both Tracks 1 and 2**
Percentage of Practices Screening Patients

- Track 1: 71%
- Track 2: 85%

June
- Track 1: 62%
- Track 2: 80%

December
High attendance at learning sessions, consistently around 80% of practices

45 practice facilitators providing targeted, on the ground coaching

Over 100k downloads from CPC+ Connect

Many Forums for Shared Learning

- CPC+ Connect
  - Online platform for sharing ideas

- Direct Practice Coaching

- Weekly Practices in Action (PIA) Sessions

- Regional Learning Sessions
Aligned Payment Reform
Payer Partners

Four Key Areas of Alignment with CMS

<table>
<thead>
<tr>
<th>Payment</th>
<th>Data-sharing</th>
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<tr>
<td>to provide practices with financial support</td>
<td>to help practices manage their patient population</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Quality Measurement</th>
<th>Care Delivery</th>
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<tbody>
<tr>
<td>to reduce practice reporting burden</td>
<td>to streamline clinical requirements</td>
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Payer Engagement in 2017

• **Over 50%** of 2017 payers regularly joined a HCP-LAN work group to begin designing their Alternative to FFS payments for Track 2 practices

• Using the Milbank Memorial Fund’s quarterly Market Update Tool, found **11 of 14** CPC+ regions reached consensus on regional alignment goals
Optimal Use of Health IT
Health IT Vendors

- Over 50 health IT vendors including EHRs, population health management platforms, and clinical data registries

Adopting Certified Health IT

- 99% of practices successfully reported practice site level eCQMs using 2015 Certified EHR Technology (CEHRT)

Advanced Health IT Functions in Track 2

- 94% of Track 2 practices’ health IT systems supported empanelment
- 85% of Track 2 practices’ health IT systems supported risk stratification
Continuous Improvement Driven by Data
Making Data Available to Clinicians

- Over 90% practices download feedback reports
- Aggregated multi-payer data, with Medicare data, in three CPC+ regions:
  - Colorado
  - Ohio/Kentucky
  - Oklahoma
Implementing Feedback Received

<table>
<thead>
<tr>
<th>Suggested Enhancement</th>
<th>Planned Action</th>
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<tbody>
<tr>
<td>Show more specialty and specialist information</td>
<td>Adding PBPM expenditures by specialist and number of visits per beneficiary to specialist page</td>
</tr>
<tr>
<td>Expand list of specialists by expenditure</td>
<td>Expanding list to the top 10 specialists by expenditure before initial release</td>
</tr>
<tr>
<td>Add average HCC risk score to home page</td>
<td>Beneficiary data currently includes HCC risk score and CPC+ risk tier. Considering applying risk adjustment to relevant measures</td>
</tr>
<tr>
<td>Use risk adjustment in measures calculated</td>
<td></td>
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<tr>
<td>Add ability to sort, filter, and reorder columns for all tables and reports, and export to an Excel workbook for further manipulation</td>
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**Enhanced Financial Support**

**2017 MEDICARE PAYMENTS**

1,839,282
Medicare FFS Beneficiaries

$23.90
Total CPC+ Payments Per Beneficiary Per Month (PBPM)

**TOTAL 2017 CPC+ PAYMENTS BY REGION**
(in millions of dollars)

<table>
<thead>
<tr>
<th>Region</th>
<th>CPCP*</th>
<th>PBIP</th>
<th>Care Management Fees</th>
</tr>
</thead>
<tbody>
<tr>
<td>AR</td>
<td>$30</td>
<td>$5</td>
<td>$25</td>
</tr>
<tr>
<td>CO</td>
<td>$40</td>
<td>$10</td>
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<td>$3</td>
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<td>NJ</td>
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<tr>
<td>NY</td>
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<td>RI</td>
<td>$20</td>
<td>$2</td>
<td>$18</td>
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<tr>
<td>TN</td>
<td>$20</td>
<td>$2</td>
<td>$18</td>
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*CPCP values represent 9 months of payment. Track 2 practices began receiving the CPCP in Quarter 2 2017.

**Estimated Medicare FFS expenditures based on a 12-month average from Jul 2016 – Jun 2017**
2017 Hybrid Payment Choice

- 10% CPCP / 90% FFS
- 25% CPCP / 75% FFS
- 40% CPCP / 60% FFS
- 65% CPCP / 35% FFS

Figures based on data from the first quarter of CPC+ (Jan – Mar 2017). These figures do not represent an evaluation of this work or CPC+ itself. For more information, visit: https://innovation.cms.gov/initiatives/comprehensive-primary-care-plus
Looking Forward to 2019

Medicare is changing its methodology for attributing beneficiaries to practices to be more patient-centered.

- Increases patient-centeredness and beneficiary engagement of CPC+ by prioritizing patient choice
- Mitigates the potential impact of reduced in-person CPC+ office visits on beneficiary attribution
- Aligns with the Medicare Shared Savings Program which implemented Voluntary Alignment through MyMedicare.gov
What 2019 Attribution will Look Like

- Voluntary Alignment
- Chronic Care Management Codes
- Annual Wellness & Welcome to Medicare Visits
- Plurality of Primary Care Claims
Interested in CPC+?

Visit
https://innovation.cms.gov/initiatives/Comprehensive-Primary-Care-Plus

Email
CPCplus@cms.hhs.gov
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Questions? Use the Q&A tab on the Zoom webinar screen.

For more information:

https://www.chenmed.com/

https://innovation.cms.gov/initiatives/
Comprehensive-Primary-Care-Plus

www.hcttf.org
Other events

To sign up for invitations to our webinar series, please visit: http://hcttf.org/sign-up

Wednesday, June 20th

Consumer Engagement in Health Care Governance: Progress and Opportunities
2:30 – 4pm ET

Consumer engagement is increasingly recognized as a critical component to achieving person-centered care, particularly for people with complex health and social needs. Featuring Kathy Brieger from HRHCare and Melinda Karp from Commonwealth Care Alliance will share their organizations’ industry-leading approaches to consumer engagement.

Register here:
htff.org/webinar-consumer-engagement-in-health-care-governance/

In Case You Missed It

New Models in Primary Care

Primary care providers are the foundation of an efficient and effective health care system, and new value-based primary care models are coming online that advance better value-based payment and care delivery. In this webinar, Dr. Michael Munger of the American Academy of Family Physicians presented the details of AAFP’s Advanced Primary Care model while Dr. Farzad Mostashari of tech firm Aledade shared insights on the state of primary care innovation across the country.

Watch the recording here:
htff.org/webinar-new-models-in-primary-care/