

Practice/Payer Partner Collaborative Session

Michigan's Multi-stakeholder CPC+ Steering Committee:
Supporting Success for Michigan Practices



Today's Speakers

- Diane L. Marriott, DrPH
 - Statewide Convener, Multi-payer Primary Care Initiatives
 - University of Michigan
- Jerome Finkel, MD
 - Chair, CPC+ Michigan Care Interventions Subcommittee
 - Alliance Health
- Theresa Osborne, MD
 - Chair, CPC+ Michigan Metrics Subcommittee
 - Spectrum Health
- Ruth Clark
 - Co-Chair, CPC+ Michigan Payer Recruitment Subcommittee
 - Integrated Health Partners



Learning Objectives



Outline how the Michigan region impacts CPC+ success and identify ways your practice can improve the quality of care at the same or lower cost



Identify and implement CPC+ multi-stakeholder community's insights, best practices, and/or resources in your practice to improve practice transformation efforts



Develop a strategy for working with other CPC+ practices, payers, or Physician Organizations (POs) to improve patient care outcomes and reduce costs



What Makes CPC+ Special?

- Michigan is the third largest of the 18 CPC+ regions by number of Medicare beneficiaries
- Michigan's performance will be key in CPC+ succeeding so that the CPC+ model can be integrated into ongoing CMS payment policy after 2021

This means that we must accomplish one of two outcomes:

- Produce improved quality at the same or lower cost, or
- Improve cost (value) at the same or higher quality



The CPC+ Michigan Multi-Stakeholder Steering Committee

NAME	TITLE	AFFILIATION
Clark, Ruth	Executive Director	Integrated Health Partners
Fletcher, Jenna	Practice Coach	Huron Valley Physicians Associate P.C.
Finkel, Jerome	Medical Director	Alliance Health
Giroux, Adam	Payer Leader	Priority Health
Hughes, Jenifer	Executive Director	Oakland Southfield Physicians
Keller, Julie	Project Manager	Cadillac Family Physicians



The CPC+ Michigan Multi-Stakeholder Steering Committee (Continued)

NAME	TITLE	AFFILIATION
Majcher, Alicia	Director of Care Management	Michigan Medicine
Marriott, Diane	Regional Convener	University of Michigan
McKenzie, Amy	Payer Leader	Blue Cross Blue Shield of Michigan
Osborne, Theresa	Medical Director	Spectrum Health Medical Group PO
Ramus, Dennis	Chairman The Physician Alliance	St. John Providence Partners in Care and The Physician Alliance
Rajt, Lisa	Payer Leader	Blue Cross Blue Shield of Michigan

Michigan Multi-Payer Vision and Strategy



Michigan Multipayer Comprehensive Primary Care Plus (CPC+) Vision and Strategy

AS THE CPC+ STAKEHOLDER COMMUNITY IN MICHIGAN, WE ADOPT THE FOLLOWING AS OUR VISION AND STRATEGY TO SUPPORT CPC+ SUCCESS

Overall Multipayer CPC+ Michigan Vision: To use the CMS CPC+ demonstration program as a nationally visible opportunity to: 1) Align commercial and governmental payer policies and approaches; 2) Support CPC+ participating practices, providers and physician organizations with tools, techniques and processes to transform the primary care delivery model; and 3) Achieve a common long-term multipayer approach to an ongoing and sustained advanced primary care in Michigan.

Strategic Pillars Supporting the Michigan CPC+ Multipayer Vision: To achieve this vision, informed by the CPC+ Michigan stakeholder community, we will work together on strategic pillars selected to:

- *Be of interest to CPC+ practices, payers, POs and stakeholders at large;*
- *Be finite and defined with incremental milestones so as to make them measurable*
- *Contribute to high performance on CPC+ metrics and return on investment to payers; and*
- *Support the sustainability of aligned multipayer primary care delivery and payment policy.*

Four “vital few” pillars support fulfill these criteria and were seen as the most important in advancing CPC+ success and contributing to a strong population health-based system of care delivery as follows: 1) *Leadership, Payer Recruitment and Policy Advocacy.* 2) *Multipayer Metric Alignment,* 3) *Actionable Multipayer Dashboards,* and 4) *Development and Spread of Effective Care Interventions*



Steering Committee: Subcommittees and Goals

- **Payer Recruitment and Leadership**
 - Engage aligned CPC+ community leadership champions to actively recruit new payer partners and support practices in outcome success
- **Multi-payer Metric Alignment**
 - Payer metric alignment (beginning with clinical targets) to support clinically and operationally meaningful measurement with streamlined data collection and reporting



Steering Committee: Subcommittees and Goals (continued)

- **Dashboards**

- Multi-payer dashboards that are actionable by practices and POs, inform project-level performance, and are guided by active oversight for performance improvement monitoring

- **Care Interventions**

- Leverage key performance improvement opportunities to develop and spread rapid cycle learning diffusion and quantifiable performance improvement



Commercial Payers: BCBSM and Priority CPC+ Support

- The Michigan CPC+ Commercial Payers (BCBSM and Priority) help make the CPC+ Michigan multi-stakeholder work possible
- This work is separate from, and supplemental to, the support that CMS provides to Michigan and other CPC+ regions (e.g. Practice Facilitators)



CPC+ Michigan Multi-stakeholder Resources Available to You

- **Michigan Multi-payer CPC+ Briefing (bimonthly newsletter)**
 - Provides multi-payer updates on new publications and resources relevant to CPC+ practices in Michigan
 - Recent editions featured Steering Committee updates, toolkits, and guides for Michigan practices, and care management training opportunities
- [Cpcplasmichigan.org](https://cpcplasmichigan.org)
 - MI multi-stakeholder CPC+ project website (password-free) for all CPC+ practice team members to easily access information
 - Not a CMS resource
 - Includes current and past editions of Multi-payer CPC+ Briefings, PFAC resources, etc.
- Cpcplus@umich.edu
 - MI multi-stakeholder CPC+ specific email address for questions and comments
 - Email to be used to request inclusion on the bimonthly newsletter distribution

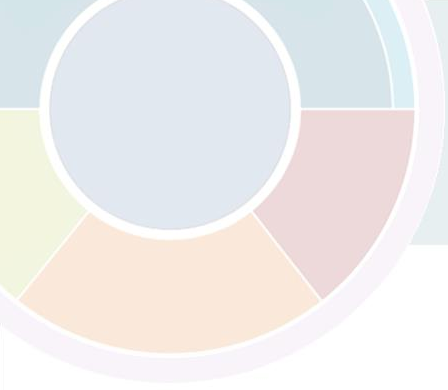
NOTE: The above resources are published by the Michigan CPC+ Multi-stakeholder Group, and do not include CMS or Central Regional Learning Network (RLN) resources. For [CMS CPC+ requirements](#) and related information please refer to CPC+ Connect and CPC+ model communications (OTPS, etc.).



CPC+ Michigan Multi-stakeholder Community: GET INVOLVED!

- **Nominate for the CPC+ Multi-stakeholder Steering Committee:**
 - Openings Posted In the Bimonthly Newsletter!
- **Subcommittees Available:**
 - Payer Recruitment and Leadership
 - Care Interventions
 - Metric Alignment
 - Dashboards and Reporting
- **How to Join:**
 - Open to all CPC+ Michigan participants
 - Join by contacting Diane Marriott at dbechel@umich.edu





National Leader Findings: What Works to Improve EDU and IHU

Dr. Jerry Finkel, Chair
Care Interventions Subcommittee

What We Aim to Produce and What We Can Accomplish Together

CPC+ Michigan Multipayer Pillar	Milestones		
	By 12/31/19	By 6/30/20	By 12/31/21
<p>4 CARE INTERVENTIONS</p> <p>Leverage key performance improvement opportunities to develop and spread rapid cycle learning diffusion and quantifiable performance improvement</p>	<ol style="list-style-type: none"> 1. Create a framework in which to categorize care interventions 2. Determine a method to assess each, including a review of the body of peer-reviewed literature 	<ol style="list-style-type: none"> 1. Categorize and catalog care interventions and assess their efficacy and effectiveness 2. Recommend and support implementation of at least two care interventions 	<ol style="list-style-type: none"> 1. Demonstrate positive outcome performance (e.g., favorable quality and utilization performance) from implementation of recommended care interventions



Our Focus

Improving Michigan's Performance on 4 Key Measures:

1. Inpatient hospital Utilization
2. ED Utilization
3. Hemoglobin A1c Control
4. Blood Pressure Control



4 Key Approaches to Collect & Share Evidence-Based Best Practices



CPC+ Michigan Partner
Contributions to Our
Standardized Collection Tool

National Performance Leader
Calls and Visits

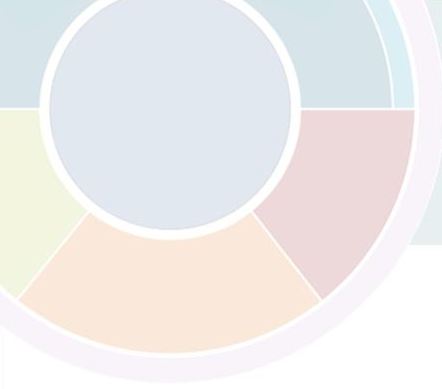
MDC Data-informed Best
Performing Practice Visits

Literature Review



National Leader Best Practice Deep Dives: Best of the Best to Date!

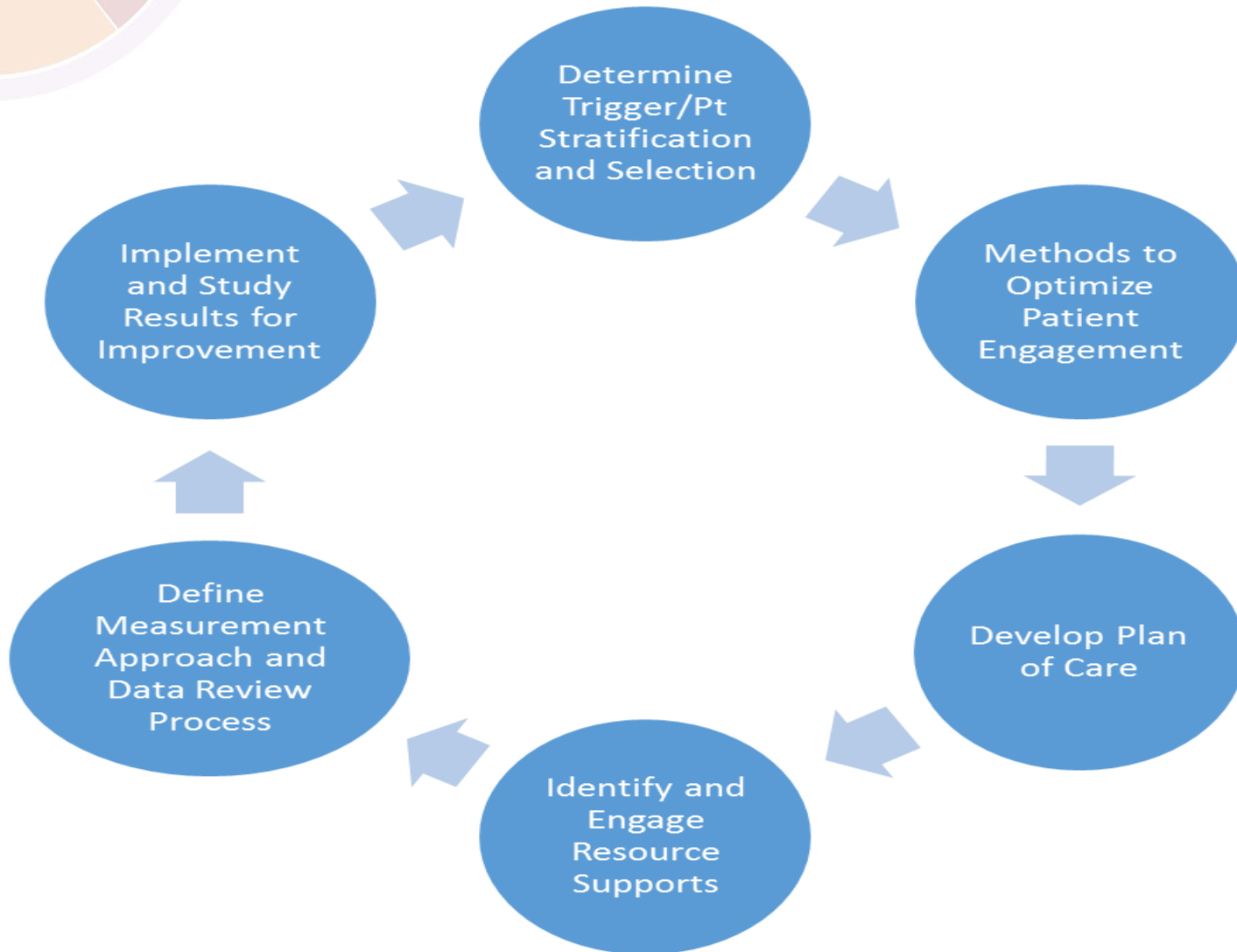
- Geisinger
- Central Ohio Primary Care Physicians
- HealthPartners
- Stanford -Center for Primary Care Excellence
- Concerto



What Do National Leaders Have in Common?

1. Use data intelligently and systematically in a user-focused way
2. Increase revenue (margin funds the mission)
3. Increase access creatively
4. Decrease cost of care/focus on value

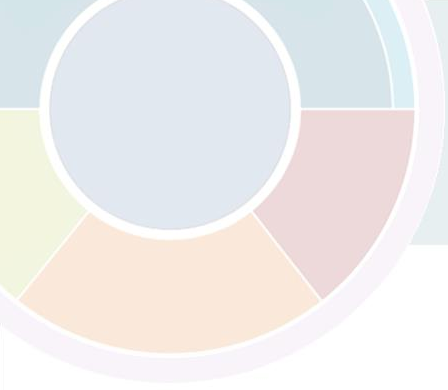
Our Process





Group Brainstorming

How should we format and distribute work products of the Care Interventions Subcommittee to help improve CPC+ metric performance?



Working to Enlarge the Payer Base in Michigan for Ongoing Sustainability

Ruth Clark, Co-Chair
Payer Recruitment Subcommittee



Expanding the CPC+ Payer Base

- Outreach with Medicaid Health Plans for CPC+ partnership at the sunset of the State Innovation Model (SIM) on 12/31/19
- Discussion with Medicare Advantage payers, etc. (for Primary Care First; CPC+; etc.)
- Advocacy and partnership with CMS and the State
 - Coordination and mutual support in efforts to produce efficient, effective care, and population health



Agreeing on the Four Key Metrics to Support CPC+ Success

Dr. Terri Osborne, Chair
Metric Alignment Subcommittee



What Does Alignment Mean for You?

- BCBSM and Priority have included CMS CPC+ measures as a key part of their payment rewards
- Improved practice performance means:
 - Keeping more of your CMS CPC+ Performance-Based Incentive Payments (PBIP), AND
 - Increases your BCBSM Value-Based Reimbursement (VBR) and Priority Performance Incentive Payments (PIP)

Payer Plan and Alignment

PAYER/ PLAN	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9% for Medicare and > 8 for commercial) – Note: Measure is reverse-scored	Blood Pressure Control (% of patients 18-85 who had a n HTN dx and whose blood pressure was adequ. controlled (<140/90mmHg)	ED utilization	Inpatient utilization
Blue Cross and Blue Shield of Michigan	Part of the “PDCM Outcomes” Value-Based Reimbursement starting 9/1/20 (using 2019 calendar year data) for the adult commercial population	Part of the “PDCM Outcomes” Value-Based Reimbursement starting 9/1/20 (using 2019 calendar year data) for the adult commercial population	Part of the “PDCM Outcomes” Value-Based Reimbursement starting 9/1/20 (using 2019 calendar year data) for the adult and pediatric commercial population (Also included in PCMH Designation analytics since 2009)	Part of the “PDCM Outcomes” Value-Based Reimbursement starting 9/1/20 (using 2019 calendar year data) for the adult and pediatric commercial population (Also Included in PCMH Designation analytics since 2009)
Priority Health	Included in the Priority Health 2019 CPC+ Chronic Disease quality measures	Included in the Priority Health 2019 CPC+ Chronic Disease quality measures	Included in the Priority Health 2019 CPC+ Cost/Efficiency Measures	Included in the Priority Health 2019 CPC+ Cost/Efficiency Measures
CMS CPC+	CMS uses these two clinical quality measures to calculate the quality component of the \$1.25 for Track 1 or \$2.50 for Track 2 per beneficiary per month Performance-Based Incentive Payment (PBIP) that your practice receives at the beginning of the year. Patient Experience of Care results also contribute to the quality component of the PBIP. The quality component accounts for 50% of the PBIP. At the end of the year, If your practice does not meet benchmarks for these quality measures, it must repay all or a portion of the quality component funds.*		CMS uses these two utilization measures to calculate the utilization component of the \$1.25 for Track 1 or \$2.50 for Track 2 per beneficiary per month Performance-Based Incentive Payment (PBIP) that your practice receives at the beginning of the year. The utilization component accounts for 50% of the PBIP. At the end of the year, if your practice does not meet benchmarks for both quality and utilization measures, it must repay all or a portion of the utilization component funds.* Unlike the quality component, practices must perform well on both quality and utilization measures in order to retain the full utilization PBIP. The PBIP is structured this way to ensure that practice efforts to reduce utilization do not negatively impact quality.	

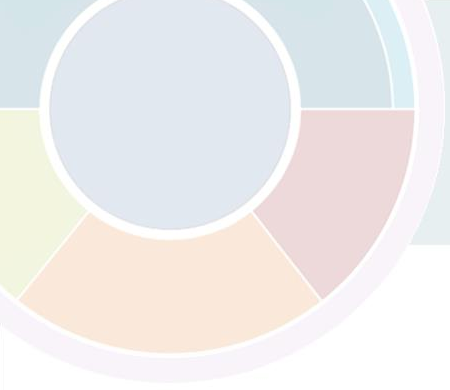


Leaving in Action – Making a Written Commitment to Contribute to Success

SESSION	KEY TAKEAWAYS	ACTION I WILL TAKE	WHEN AND HOW I WILL TAKE ACTION
Payer/ Practice Leader Breakout			

MAKE IT STICK. Tell one neighbor at your table:

- 1) What action you will take?**
- 2) When?**
- 3) How**



Thank you!



Presented on August 28, 2019

Please note:

The information presented during this session was current as of the date it was presented.

Please consult independent counsel to determine whether the goods and/or services provided comply with Medicare rules and regulations ([42 CFR 1001.952](#)).