

Health Innovation Steering Committee

Primary Care Modernization Update: November 2018

Practice Transformation Task Force (PTTF)

The PTTF continues to review the care delivery capabilities that have been identified through research, stakeholder and consumer feedback, and committee members. The capabilities aim to address consumer needs such as addressing social determinants of health and give flexibility to providers to deliver quality, person-centered care. Many of these capabilities are informed by design groups, which develop more detailed recommendations for how new policies might be implemented. The PTTF has made the following draft, provisional recommendations to date. The PTTF will review all capabilities and will make final recommendations in January.

PTTF Provisional Recommendations as of November 13, 2018*	
Core Capabilities (Required)	Elective Capabilities (Optional)
Phone, Text, Email Encounters	Home Visits (for certain populations)
Telemedicine	Shared Visits
Remote Patient Monitoring for conditions where there is demonstrated evidence (e.g. Congestive Heart Failure)	Community Integration
eConsults	Oral health integration (for adults)
Diverse Care Teams	
Adult Behavioral Health Integration	
Subset of practices specialize in Pain Management	
Subset of practices specialize in Geriatrics	

*Additional capabilities are still under consideration

Upcoming Task Force meetings will review: specialization in care for people with disabilities and pediatric capabilities including behavioral health integration. The Task Force will also consider genomic screening and integrative medicine.

Payment Reform Council (PRC)

The Payment Reform Council (PRC) began meeting in late September 2018. The PRC will develop recommendations regarding primary care bundled payment model options for Medicare fee-for-service. The PRC also will offer recommendations to other payers on how they could adopt primary care models that would be directionally aligned with the Medicare recommendations and enable all of the proposed capabilities. The PRC's recommendations will be shared in January 2019.

PRC Goal: Develop payment model options that increase flexibility to make primary care more convenient, community-based and responsive to the needs of patients and ensure a return on investment.

Highlights of PRC Provisional Recommendations to Date:

- **Primary Care Bundle Framework:** Under the PRC's current provisional recommendations, payment model options are based on three components: a basic bundle, a supplemental bundle and fee-for-service payments for some primary care services.
 - **Basic bundle:** Offer providers a more flexible, advance payment for primary care services, such as office visits, telemedicine visits and phone, text and email encounters. Services in the basic bundle would not be paid fee-for-service for attributed patients. The basic bundle would be calculated using historical claims data and adjusted for population differences, trend and other factors.
 - **Supplemental bundle:** Support compensation for new care team members, new investments in technology, and other expenses necessary to fulfill the capabilities requirements. The supplemental bundle is an advance payment to support activities and investments not typically billed fee for service, such as community health workers, integrated behavioral health clinicians, partnerships with community organizations and technology for telemedicine visits. The supplemental bundle will be standardized across participating providers and then adjusted based on the needs of the providers' populations and the capabilities the provider will offer.



- **Attribution:** PCM will leverage payers' existing attribution methodologies. PRC recommends incorporating certain elements important to consumers, including prioritizing patient choice of provider and offering providers an accurate patient list before the payment period begins so that providers can effectively outreach to patients. Retrospective reconciliation is not recommended for Medicare fee-for-service.
- **Provider Qualifications:** To participate in PCM with a particular payer, the Advanced Network or FQHC would need to participate in a shared savings arrangement with that payer (e.g., MSSP, Next Gen, EPHC, PCMH+). Practices must meet core primary care capability requirements. Eligible providers are those that have a primary care specialty as defined by Family Practice, Internal Medicine with no subspecialty, Internal Medicine with subspecialty of geriatrics, Pediatrics with no subspecialty, General Practice, Nurse Practitioner or Physician Assistant with one of the above subspecialties.

In upcoming meetings, the PRC will develop recommendations for:

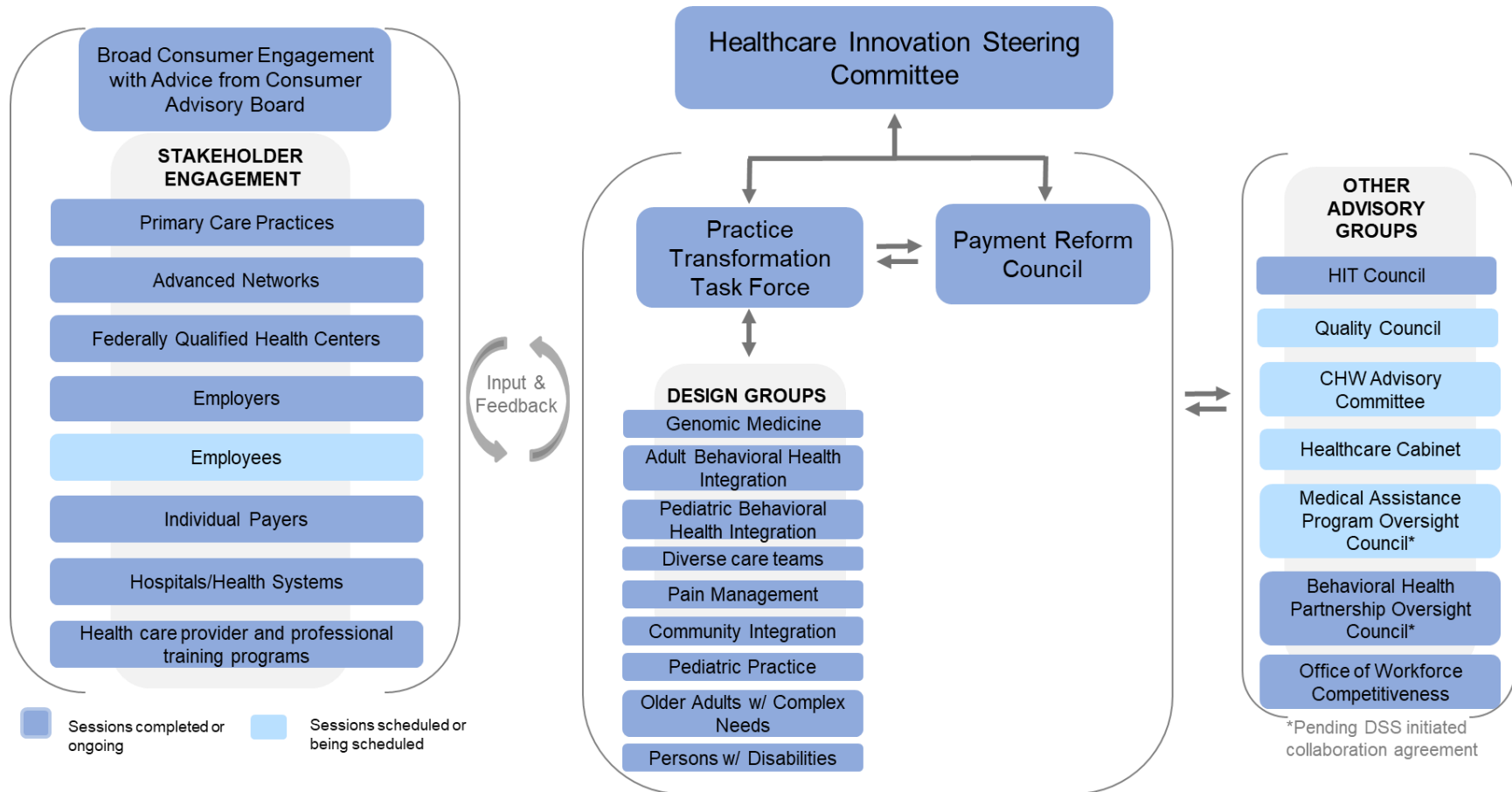
- A framework for performance and accountability measurement, including consumer protections against underservice and cherry-picking patients.
- A model for the distribution of payments to Advanced Networks and FQHCs and principles for distributing funds to practices and providers in a way that ensures investments are being spent on primary care capabilities.

- Permitted uses of the supplemental bundle, such as investments in infrastructure and care team member compensation to meet capability requirements.
- Approaches to calculating and adjusting the supplemental bundle based on patient characteristics and provider capabilities or performance.
- Specifics of how the PCM program will integrate with the MSSP program and other shared savings/downside risk programs.

Stakeholder Engagement

FHC has conducted 142 stakeholder group and individual meetings with over 500 people providing input into the PCM design, including consumers and consumer advocates. The graphics on the next pages show the groups that have been engaged in the PCM design process to date, and how consumer input is incorporated into recommendations. A forthcoming PCM Consumer Engagement Executive Summary will describe examples of specific consumer needs and how these influenced the development of the capabilities.

Primary Care Modernization Stakeholder Engagement



Incorporating Consumer Input and Feedback into PCM Design

