Kick Start CPC+ Care Delivery Transformation

March 29, 2017

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Disclaimer

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The information and guidelines contained in this activity are generalized and may not apply to all practice situations. The faculty recommends that legal advice be obtained from a qualified attorney for specific application to your practice. The information is intended for educational purposes and should be used as a reference guide only.
Housekeeping

>> All phone lines muted during presentation

>> Submit questions
  • Use the GoToWebinar control panel
    – Chat window
  • We’ll open up the phones toward the end for live Q&A

>> After the webinar
  • All registrants to receive copy of presentation + link to webinar recording
Overview
Objectives

>> Identify which care delivery requirements to implement first in your practice

>> Determine which care delivery requirements may take more time to implement

>> Consider what types of support you may need from an external firm

>> Know what to look for in an external support firm and when you should engage external support

>> Learn how Medical Advantage Group’s CPC+ solution can help you succeed
CPC+ Overview

>> Five year, multi-payer program, that began on January 1, 2017

>> Nearing the end of the first quarter of participation

>> 5,000 primary care practices

>> Payers in 14 regions across the U.S.

>> Purpose – to develop an improved care delivery model that keeps patients healthier and uses care dollars more wisely
Practice Benefits

>> Increased reimbursement to provide better patient care

>> Experience with evolving payment models

>> Qualify for participation in an Advanced Alternative Payment Model under MACRA
   • Excluded from Merit-based Incentive Payment System (MIPS) reporting requirements and payment adjustments
   • Qualify for a 5 percent Alternative Payment Model (APM) incentive payment from Medicare when participation thresholds are met
Priority Care Delivery Requirements
Practice Responsibilities
Identify Priority Care Delivery Requirements

- Access and Continuity
- Care Management
- Comprehensiveness and Coordination
- Patient and Caregiver Engagement
- Planned Care and Population Health
## Access and Continuity

<table>
<thead>
<tr>
<th>All Practices</th>
<th>Q1 2017 Roadmap Task</th>
<th>Care Delivery Req.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Identify active patient population.</td>
<td>1.1 (Incremental Step)</td>
</tr>
<tr>
<td></td>
<td>Ensure patients have 24/7 access to a care team practitioner with real-time access to the EHR.</td>
<td>1.2</td>
</tr>
<tr>
<td></td>
<td>Identify roles and responsibilities of care teams.</td>
<td>1.3 (Incremental Step)</td>
</tr>
<tr>
<td>Track 2 Only</td>
<td>Identify at least one alternative office strategy.</td>
<td>1.4 (Incremental Step)</td>
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</table>
## Care Management

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<tbody>
<tr>
<td></td>
<td>Plan and test risk stratification strategies.</td>
<td>2.1 (Incremental Step)</td>
</tr>
<tr>
<td></td>
<td>Based on a defined risk stratification process, identify patients likely to benefit from intensive care management. Complete by Q2 2017.</td>
<td>2.2 (Incremental Step)</td>
</tr>
<tr>
<td></td>
<td>Assess ideal workflow for follow-up on ED visits and hospitalizations.</td>
<td>2.4 (Incremental Step)</td>
</tr>
</tbody>
</table>
## Q1 2017 Roadmap Task

<table>
<thead>
<tr>
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<tbody>
<tr>
<td></td>
<td>Plan and test two-step risk stratification process that uses identified strategy and adds the care team’s perception of risk to adjust the risk stratification of patients.</td>
<td>2.1 (Incremental Step)</td>
</tr>
<tr>
<td></td>
<td>Identify components of care plan for longitudinal care management.</td>
<td>2.6 (Incremental Step)</td>
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## Comprehensiveness and Coordination

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<td></td>
</tr>
<tr>
<td>Identify hospitals and ED’s responsible for the majority of patients’ hospital and ED visits.</td>
<td>3.2 (Incremental Step)</td>
</tr>
<tr>
<td><strong>Track 2 Only</strong></td>
<td></td>
</tr>
<tr>
<td>Plan at least one option from the CPC+ menu of options for integrating behavioral health into care.</td>
<td>3.4 (Incremental Step)</td>
</tr>
<tr>
<td>Conduct an inventory and/or access a database of services to meet patients’ psychosocial needs.</td>
<td>3.6</td>
</tr>
</tbody>
</table>
## Patient and Caregiver Engagement

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<td></td>
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<tr>
<td>Define and develop Patient Family Advisory Council (PFAC) structure and goals.</td>
<td>4.1 (Incremental Step)</td>
</tr>
<tr>
<td>Conduct practice needs assessment for self-management support.</td>
<td>4.2 (Incremental Step)</td>
</tr>
<tr>
<td><strong>Track 2 Only</strong></td>
<td></td>
</tr>
<tr>
<td>Identify at least three high-risk conditions for self-management support and develop necessary workflows.</td>
<td>4.2 (Incremental Step)</td>
</tr>
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</table>
# Planned Care and Population Health

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<td></td>
<td>Identify sources of internal practice and external data.</td>
<td>5.1 <em>(Incremental Step)</em></td>
</tr>
<tr>
<td></td>
<td>Develop workflow to disseminate data in an actionable format to care teams.</td>
<td>5.1 <em>(Incremental Step)</em></td>
</tr>
<tr>
<td>Track 2 Only</td>
<td>Plan and test a team-based approach to practice involvement, with time for regular review of data on quality and utilization.</td>
<td>5.2 <em>(Incremental Step)</em></td>
</tr>
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</table>
CPC+ Practice Q1 Check Up

- Identify active patient population
- Ensure patients have 24/7 access
- Identify role
- Identify at least one alternative
Poll Question
Evaluating Complexity of Requirements
Evaluating Complexity of Requirements

**Processes**
- What processes do you already have in place to meet the requirement?
- Do any new processes need to be developed, and do you have the capacity to do so?

**Data**
- What types of data and reports are needed?
- Do you already have reports in place to meet this requirement?
- If not, do you have access to the necessary data and the ability to create these reports?

**Technology**
- What types of technology capabilities are needed to implement this requirement?
- Can your existing EHR system and other technology platforms support this requirement?
- Are new input fields, interfaces or data feeds needed?

**People**
- What types of staff are needed to develop, implement and maintain the processes?
- Do you have the right number of trained staff on our team?
Identify Gaps
When to Engage External Support
Potential Needs for External Support

>> Does your care manager need training or a skills refresher?

>> Do you want to leverage your team more and enhance staff roles?

>> Do you want to support new processes through workflow design and development?

>> Do you want to increase efficiency of your practice using QI tools and techniques?

>> Is your data actionable?

>> Do you need help with documentation and data capture?
When to Consider External Support

>> Unfilled gaps in requirements or reporting, and so on
>> Missed deadline
>> Lack of resources: people, time, processes, data, technology
>> Need guidance in forming a high-level strategy
>> Detailed market knowledge and insight
>> Highly specialized expertise for a limited period of time
Use Funding to Make Changes

Use your CPC+ funding to help implement change

- Hire staff (i.e., nurse care manager), medical assistants, etc.
- Train your staff in efficiency concepts
- Get the support you need to help guide change, manage requirements, and provide resources to support your staff
Poll Question
Choosing an External Support Partner
What to Look for in an External Partner

- In-practice and remote support
- Experience with CMS programs
- Depth of experience in assisting practices to improve quality, reduce costs; PCMH
- Collaborating with facilities and specialists in the medical neighborhood
- Aggregating data and building an EHR agnostic solution for population health
- Established EHR vendor relationships
- In-depth practice knowledge
- Knowledge of external data sources including claims
- Developing and implementing care management programs; working with care teams
Medical Advantage Group’s CPC+ Solution
CPC+ Solution Overview

- Value Driven.
- Healthcare Solutions.
# CPC+ Solution Overview

<table>
<thead>
<tr>
<th>Service</th>
<th>Key Highlights</th>
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| Practice Transformation Coaching             | • Monthly onsite visits from a Practice Transformation Specialist  
• Practice Transformation Specialists have worked with practices for 10+ years to help them achieve and maintain PCMH certification  
• Our practice transformation specialists use a proven roadmap developed over years of working with practices just like yours  
• Includes: contract compliance, billing and coding workshops, and Carespective data reporting |
| Care Management Coaching                     | • Monthly onsite visits from a Care Management Mentor  
• Certified Care Management Mentors have helped dozens of practices train and deploy the personnel needed to develop and maintain effective care management for patients  
• Includes: contract compliance, billing and coding workshops, and Carespective data reporting |
| Data, Reporting and Analysis Services (Carespective) | • Health data warehouse is built to support the intake of data from CMS and commercial payors  
• Includes billing and coding workshops  
• Convenient, web-based reporting services help practices:  
  o Risk-stratify patients in order to efficiently allocate resources to the patients in greatest need  
  o Achieve and maintain accurate performance in HCC-based payment programs by identifying coding gaps and opportunities |
CPC+ Solution Overview

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| EHR Optimization             | • HIT experts help practices leverage the investment made in EHRs by:  
  o Optimizing for data collection and reporting to CMS  
  o Training staff to enter data in a manner that maximizes performance in quality measures  
  Includes billing and coding workshops |
| eCQM                         | • HIT experts project manage submission of eCQM to CMS:  
  o Coordination with EHR vendor  
  o Test submission  
  o Actual submission  
  Includes billing and coding workshops |
| Billing and Coding Training  | • Billing and coding experts conduct monthly/quarterly webinars to help practices code effectively and enhance performance in quality measures |
| Compliance Assistance        | • Project manager helps practices comply with CPC+ program requirements:  
  o Work with practice staff to ensure deliverables and due dates are known and met  
  o Interpret and explain complex program rules  
  o Provide guidance and advice on completing forms, budget forecasts and reconciliations  
  Includes billing and coding workshops |
» Industry leading practice transformation company
» 20 years of experience helping practices succeed in value-based contracts
» Transformed more than 1,000 primary care practices in Michigan and Ohio
» Key partner in building one of the largest PCMH networks in the U.S.
» Key partner in the Great Lakes Practice Transformation Network, helping Ohio practices prepare for MACRA
For More Information

Comprehensive Primary Care Plus (CPC+)

Redesigning Care Delivery for Better Care, Smarter Spending, and Healthier People

For health care providers, the journey to value-based care starts by taking the first step. For many primary care physician practices, that first step can— and, in many cases, will be Medicare’s new Comprehensive Primary Care Plus (CPC+). Implementing

Comprehensive Primary Care Plus (CPC+)

Practical Solutions that Achieve Results

As a CPC+ participant, you, your patients, and your practice can receive upfront payment to enhance care delivery, reduce costs, and improve the health and overall well-being of Medicare beneficiaries. Your practice will achieve the future of primary care. Your success is vital. The CPC+ model is designed to

Comprehensive Primary Care Plus (CPC+)

FUNCTIONS

1. Access and Continuity
2. Performance
3. Patient Engagement
4. Meaningful Use
5. Community Health Improvement

Track 1 Improvement Goals

- Improve Access and Continuity for Patients
- Improve Performance of Care Coordination
- Improve Patient Engagement and Satisfaction
- Improve Meaningful Use of Electronic Health Records
- Improve Community Health Improvement

Track 2 Improvement Goals

- Improve Access and Continuity for Patients
- Improve Performance of Care Coordination
- Improve Patient Engagement and Satisfaction
- Improve Meaningful Use of Electronic Health Records
- Improve Community Health Improvement
Upcoming Webinars

>> Maximizing eClinical Quality Measure (eCQM) Data Collection  
   • April 6, 2017 at 12:00 pm

>> Best Practices for Diagnosis Coding  
   • April 12, 2017 at 12:00 pm

>> Maximizing HEDIS for Enhanced Quality and Revenue  
   • April 20, 2017 at 12:00 pm

>> Visit https://www.medicaladvantagegroup.com/events/ to view and register for future webinars
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