



Wednesday, March 30, 2022; 11:00am PT

Advanced Primary Care

Piloting Practice Level Measurement



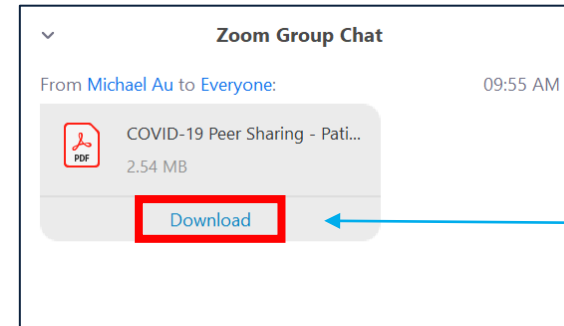
California Quality
Collaborative

Tech Tips – Zoom Meetings

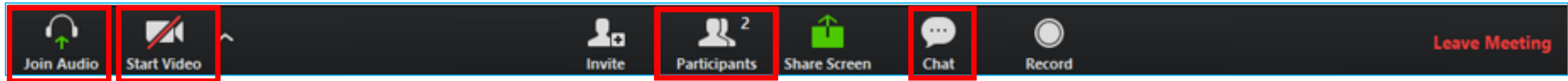
For polls, click the blue **submit button** to complete



Direct message Ashley Braswell if you have any technical issues



Click **Download** in Chat for PDF of slide deck



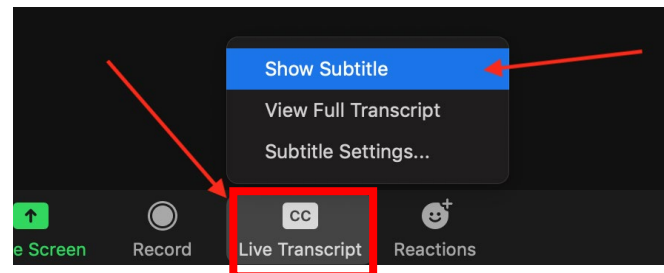
Click to join or mute audio

All attendees have video off upon entry

Click to see who else has joined

Ask questions and insert comments

Recording & deck will be shared with attendees



Request live closed captioning or view full meeting transcript

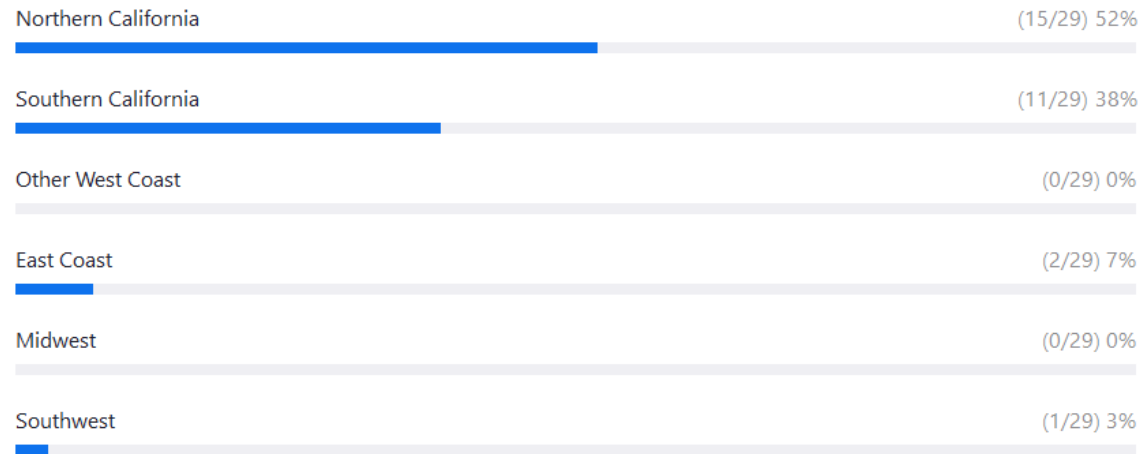
Poll: Who's in the (virtual) room?

Who is in the virtual room?

0:54 | 2 questions | 29 of 38 (76%) participated

1. From where are you dialing in? (Single Choice) *

29/29 (100%) answered



2. What type of organization do you represent? (Single Choice) *

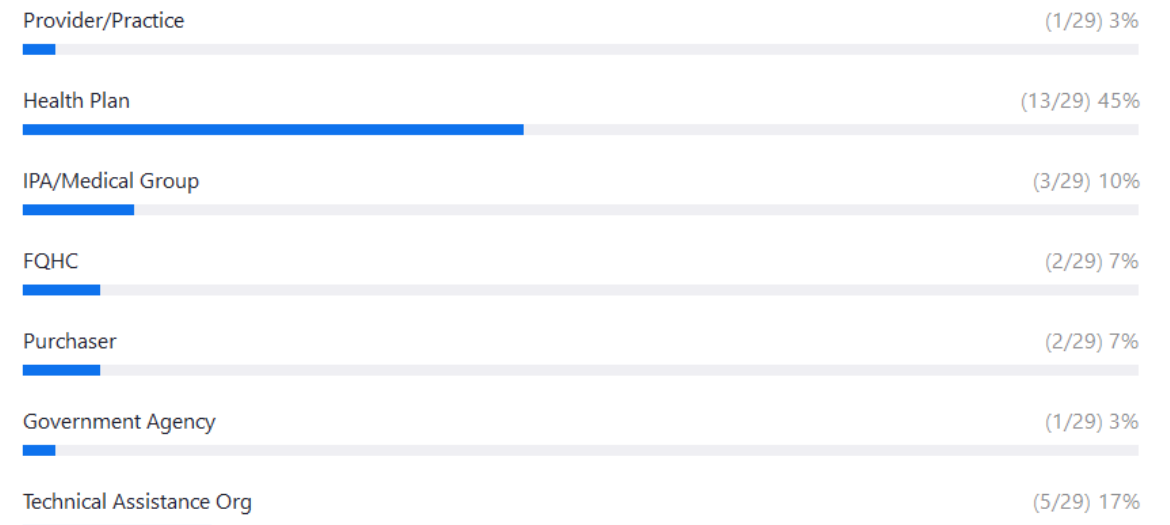
End Poll

Who is in the virtual room?

1:08 | 2 questions | 29 of 38 (76%) participated

2. What type of organization do you represent? (Single Choice) *

29/29 (100%) answered



End Poll



Advancing the quality and efficiency of the outpatient health care delivery system by creating scalable, measurable improvement.

Launched in 2007, CQC is a **multi-stakeholder health care improvement program** of PBGH for **statewide alignment** and **technical assistance**.

Identifies and spreads best practices across outpatient delivery system in California

Trains 2,000 individuals from 250 organizations each year

CQC's track record includes **20% relative improvement** in clinical outcomes and **10:1 ROI**

Sponsors (most major plans in CA)



Visit CQC's site for additional information and resources pbgh.org/program/california-quality-collaborative/

Today's Speakers



Lindsay Petersen

Senior Manager,
Care Redesign,
Purchaser Business Group on Health



Peter Robertson

Director,
Insights, Analytics & Data Management,
Purchaser Business Group on Health



Dolores Yanagihara

Vice President,
Strategic Initiatives,
Integrated Healthcare Association

Our Agenda

Today, we'll:



Review what we mean by “Advanced Primary Care” and our consensus-based approach



Understand how the shared standard applies within the APC Measurement Pilot



Discuss the pilot’s measurement approach and the incorporation of health equity

Reflection - Your primary care experience



Take 30 seconds to reflect on the following.

Though many of us work in healthcare, we are also patients. Think about a time you had a positive experience with primary care.

What did you like about it?

(Please share in the chat)



California Quality
Collaborative

Advanced Primary Care: A Shared Standard

Attributes and Measures

Advanced Primary Care - A Shared Standard

Advanced Primary Care (APC) - **High quality, high value** primary care that is centered around the **patient**

Our shared standard of attributes and measures:

- Enables purchasers and patients to recognize and identify practices providing APC and to **pay for it differently**
- Provides clear **guidance** to providers on how to deliver APC
- Identifies the technical assistance and **support** needed to scale APC



Building Consensus on Shared Standards of APC

2019: Call for Shared Standards, CQC Steering Committee defines **APC Attributes**

2021: **APC Measure Set** is endorsed by the CQC Steering Committee and IHA's Committee, and adopted by Blue Shield of CA

2021: Development of **recommendations for delivery system alignment** via CQC workgroups

2021-22: Development of a collaborative **value-based primary care payment model** via IHA committees

2021: Large purchasers, through PBGH, adopt APC attributes and measure set in a **Common Purchasing Agreement**

2021-22: Four CA purchasers and CHCF partner with CQC and IHA to **pilot statewide the APC Measure Set** in 2022 and develop a practice identification and attribution methodology

2022: Development of **multi-payer commitments (MOU)** and actions (Roadmap) for primary care alignment and a collaborative process through 2025

Attributes of Advanced Primary Care

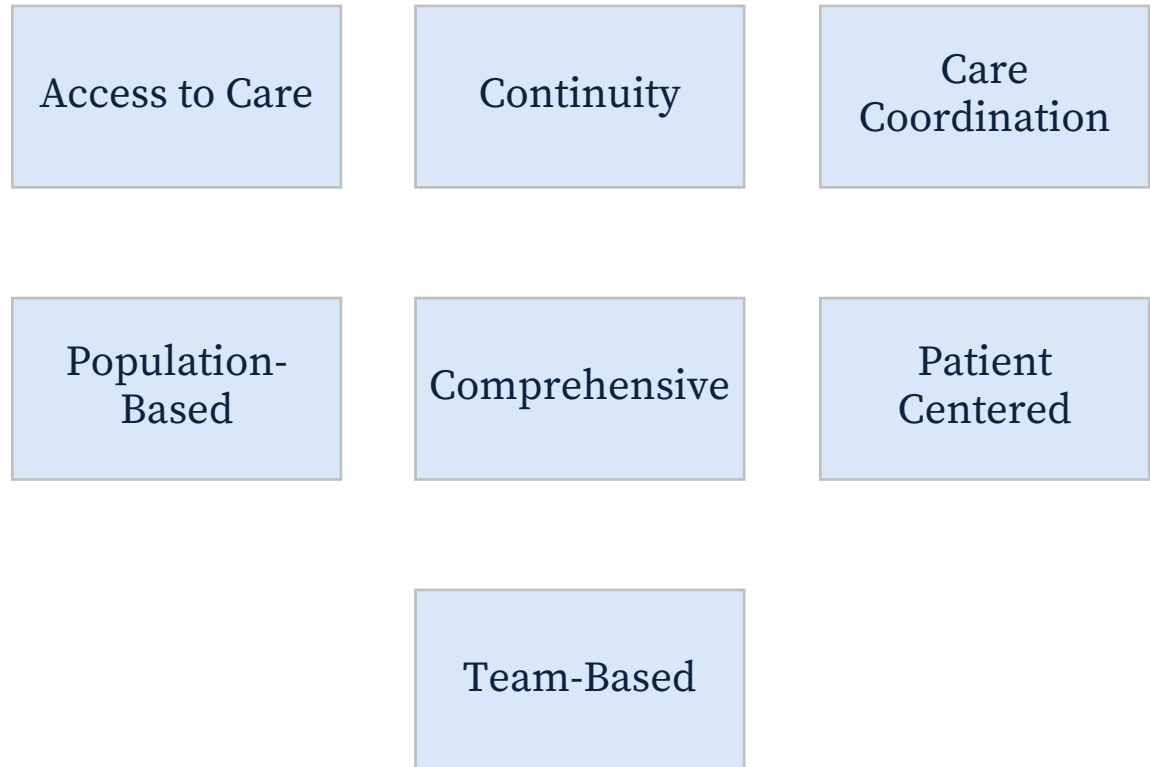
The attributes define advanced primary care:

- From the **patient perspective** and how the **patient experiences** care
- **Agnostic to the method**, or ‘the how’, each attribute was achieved

“I can get the care and information from my primary care team when I need it and in the way that best meets my needs”

A patient’s description of primary care that embodies a **patient centered** approach that addresses both **access** and **continuity** of care.

Attribute Domains



Advanced Primary Care – Measure Set

	Measure	NQF ID	Population
Outcomes, Prevention & Experience	Asthma Medication Ratio	1800	Pediatric/Adult
	Childhood Immunization Status (Combo 10)	0038	Pediatric
	Colorectal Cancer Screening	0034	Adult
	Concurrent Use of Opioids and Benzodiazepines	3389	Adult
	Controlling High Blood Pressure	0018	Adult
	Diabetes HbA1c Poor Control (>9%)	0059	Adult
	Immunizations for Adolescents	1407	Pediatric
	Patient Experience (CG-CAHPS)	0005	Pediatric/Adult
	Depression Remission at 6 months	0711	Pediatric/Adult
Value	Emergency Department Visits	-	Pediatric/Adult
	Inpatient Utilization/ Acute Hospital Utilization	-	Pediatric/Adult
	Total Cost of Care (Standardized Pricing)	1604	Pediatric/Adult

Measure Set Alignment:

- Selected measures common across all major payers (Commercial, Medi-Cal, Medicare)
- Adoption by several organizations across California supporting advanced primary-care, including
 - Integrated Healthcare Association
 - Blue Shield of California
 - California Health Care Foundation

Moving from Definition to Implementation

CQC led implementation activities currently underway:



APC Measurement Pilot

- Identify practices delivering APC by looking at performance across the APC measure set

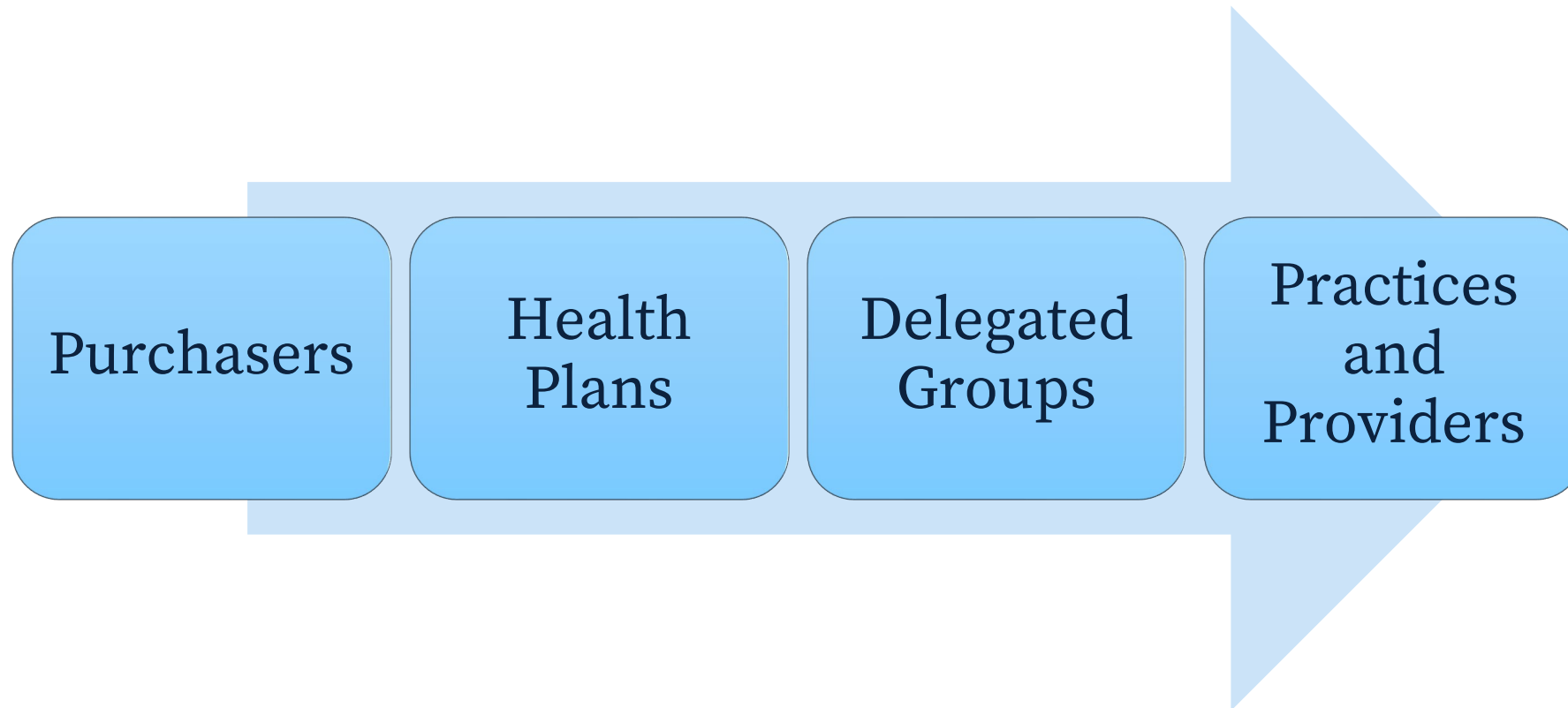


Multi payer alignment toward scaling APC

- Organizations that pay for primary care (health plans and provider groups) have been convening to align on a shared set of principles and goals to scale APC in California between 2022-2025

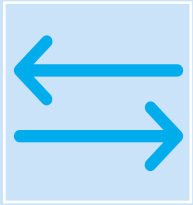
Multi Payer Alignment on Advanced Primary Care

Alignment is critical to driving equity and improvement.



Multi Payer Alignment on Advanced Primary Care

CQC and IHA are currently convening health plans and delegated provider groups to align on shared goals in these four key areas:



Transparency: Commit to reporting of primary care investment, growth of hybrid payment models that support delivery of APC, and performance on the APC measure set.



Primary Care Payment: Adopt the hybrid payment model that supports APC, including behavioral health and social needs, and the APC measure set. Ensure patients have access to a continuous relationship with a primary care provider and team.



Investment: Increase overall investment in primary care, as demonstrated by the commitment to a collaborative process to set primary care investment quantitative goals.



Practice Transformation Commit to work toward supporting integration with mental health 2) expanding data collection, exchange and stratification based on race, ethnicity and language (REaL) data 3) delivering targeted technical assistance for quality improvement and business process transition

Question & Answer





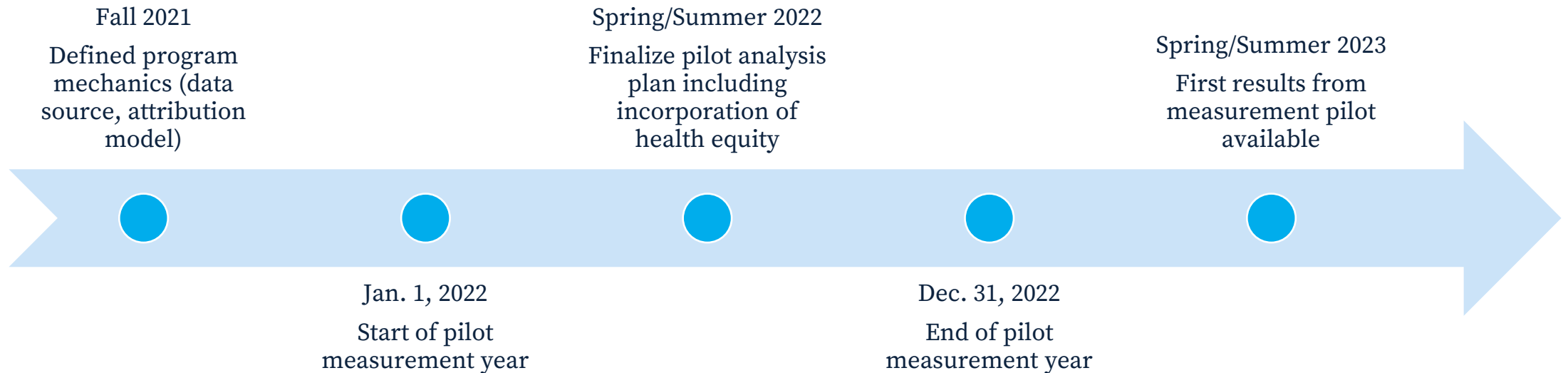
California Quality
Collaborative

Advanced Primary Care Measurement Pilot

Measurement Pilot – Purpose & Timeline

Purpose:

- Identify practices delivering Advanced Primary Care based on their performance across the APC measure set.



Measurement Pilot - Participants

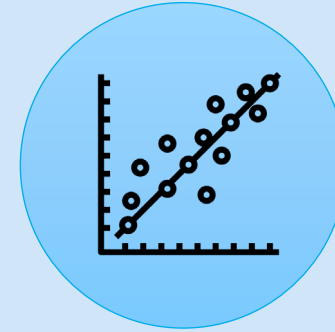


Measurement Pilot - Guiding Principles



Leverage existing statewide data infrastructure

- Utilize IHA's Align. Measure. Perform. (AMP) infrastructure and data feeds
- Minimize new data collection specific to pilot



Assess practice performance across the APC measure set

- A more granular approach utilizing the primary care practice as the unit of measurement
- Plan to aggregate practice data across purchasers and health plans

Takeaways & closing thoughts



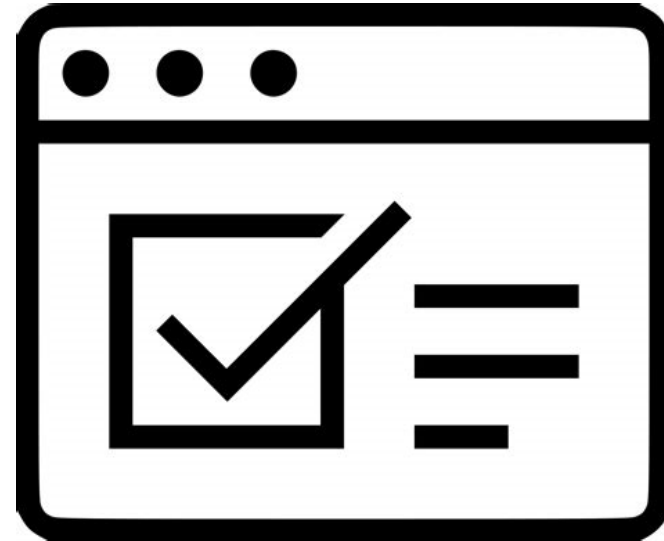
Key Takeaways

1. PBGH and CQC continue to align purchasers, health plans and providers to support widespread adoption and implementation of APC
2. APC measurement pilot will provide more granular insights into the interactions of patients with their primary care teams
3. Reviewing APC through a health equity lens to understand and improve access to APC across all communities
4. *What's yours? Add into the chat....*

Poll: Webinar feedback

The content of this webinar was helpful

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree



Stay Connected to CQC



Upcoming CQC Webinars

- Behavioral Health Integration: Telehealth Promising Practices
Wed. 5/25 (1:00-2:00) [Registration link](#)



Additional Resources

- [California Quality Collaborative](#)
- [Advanced Primary Care](#)
- [Resilient Primary Care Webinar Series](#)



For questions, or to receive our newsletter,
email us cqcinfo@pbgh.org



California Quality
Collaborative

Thank you!



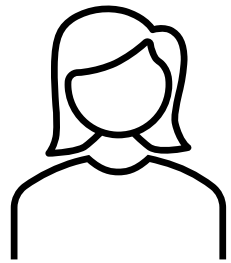
California Quality
Collaborative

Appendix

Reference Material

Practice Identification & Attribution

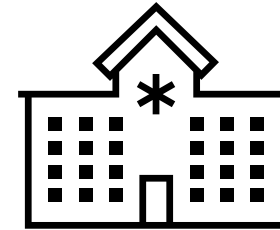
Attribution based on known relationships



Member



Physician



Practice

Member to Physician

- Utilize member PCP assignment (where known)
- When not available, attribute based on algorithm

Physician to Practice

- Physician billing information used to assign to single practice

Practice Attribution Advisory Group

Multi-Stakeholder advisory group supported the development of the practice attribution model.

- Purchasers (Covered California, CalPERS, CCSF)
- Health Plans (Commercial and Medi-Cal)
- Provider Organizations
- Technical Experts



Group met four times between September and December 2021.



Participants recommended application of final attribution model within 2022 measurement pilot.

Practice Identification & Attribution Methodology

1. Identify primary care claims

All services provided by FP, GP, IM, Ped, NP, PA including primary care sub-specialties

2. Attribute each member to a single provider

Give preference to PCP selected by member or matched by plan; otherwise attribute based on most frequent, most recent algorithm based on 24 months

3. Map each provider to all relevant practices

Use combination of billing provider ID and rendering provider address

4. Select a single practice for each provider

Give preference to “organization” NPIs vs. “individual” NPIs

5. Apply membership threshold for practice reporting

Likely around 500 members

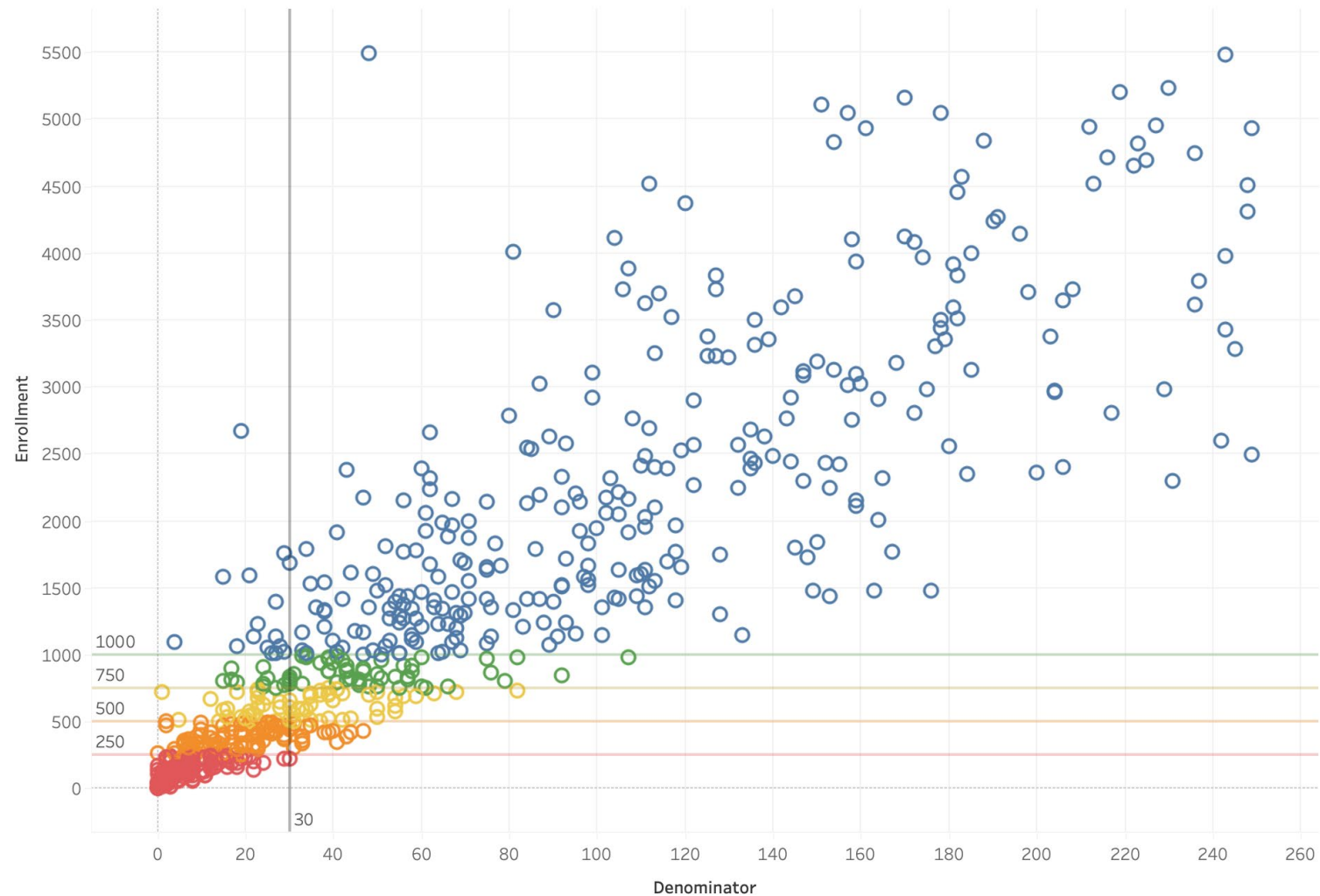
Methodology - Output

- MY 2019/2020 dataset utilized for model testing
 - Data aggregated across 12 IHA AMP health plans
 - 6.2 M distinct members with a primary care claim
 - 29k practices identified with at least 1 member attributed (85% of practices had fewer than 99 attributed members)

Member Threshold	Number of Practices	Number of Rendering Providers	Number of Members
500+ unique members	1,674 (6% of identified practices)	43,642	5.35 million (86% of distinct members)

Why did we choose 500 patients as the inclusion threshold?

HMO/POS



Health Equity Considerations

- Reviewing several different approaches to reflect health equity within the results of the APC Measurement Pilot

Data Source	Pros	Cons
Self reported REaL data within IHA AMP	Attributable to an individual member	Low level of availability (17% of members with race value; 13% of members with ethnicity value)
Race & Ethnicity Imputation Modelling (RAND BISG)	High level of availability (generate probabilities for 98% of AMP members based on surname & zip-code)	Not intended to be applied to an individual member or cohorts as small as an individual practice
Socioeconomic indicators (American Community Survey)	Provide visibility to the communities served by practices delivering APC	Community wide indicators may not reflect experience of individual members