

# California Advanced Primary Care Initiative

## Charter, Goals and Milestones

PBGH California Quality Collaborative | Integrated Healthcare Association

# Contents



# Mission

Large payers of health care in California have voluntarily committed to work together through 2025 to strengthen advanced primary care throughout the state, forming the California Advanced Primary Care Initiative.

Payers participating in the initiative will support primary care clinicians and teams in delivering high-quality and equitable care, improving patient outcomes and addressing variation in quality.

This document will be updated as the work progresses.

# Background

Primary care is the foundation of a high-functioning health care system. However, many practices are unable to achieve their full potential due to chronic underinvestment and inflexible payment models that do not support proactive, outcomes-driven care. Research consistently shows that increased investment into primary care leads to higher quality and more equitable care, as well as lower costs.

Large-scale change toward greater investment through flexible, prospective payments is the key to strengthening primary care. This change enables team-based care, integration with services that support the whole person and reduction of administrative burden. Multi-payer alignment and support from system stakeholders at all levels is the best method to help practices accept new value-based payment models and adjust to more efficient processes.

The California Advanced Primary Care Initiative is a continuation of the multi-stakeholder journey in California to define advanced primary care through common attributes and measures, developing common standards for large purchasers of health care and aligning purchasers and health plans to illuminate variation in outcomes through a measurement pilot.

# Key Components

Payers participating in the California Advanced Primary Care Initiative have signed a Memorandum of Understanding (MOU) to scale advanced primary care through 2025. The MOU has four major components: transparency, primary care payment, investment and practice transformation.

| Commitments in the MOU | Specific Payer Activities | How It Impacts Primary Care Practices |
|---|---|---|
| **Transparency** | Measure and report: Primary care investment | Increased visibility of performance variation and progress |
| | Growth of value-based payment models | Accountability and data-driven goalsetting for improvement |
| | Performance on the Advanced Primary Care Measure Set | Common standards and definitions to align the system and create clear expectations for practices |
| **Primary Care Payment** | Adopt a common value-based payment model across payers to support advanced primary care | Sustainable transition to value-based business and clinical models |
| | Ensure consistent patient access to primary care providers and teams | Holistically managed patient care |
| **Investment** | Increase overall investment in primary care by setting a common investment goal | Better health outcomes without an increase in overall cost |
| **Practice Transformation** | Support integration of behavioral health services | Expanded access to behavioral health |
| | Expand collection and use of race, ethnicity and language data | Visibility of disparities, enabling data-informed actions to increase health equity |
| | Offer or sponsor technical assistance for primary care practices | Faster, more effective transition of practices to proactive, outcomes-driven care |

# Goals by 2025

The California Advanced Primary Care Initiative payers will work toward completing the following goals by the end of 2025.

| | Goals |
|---|---|
| **Transparency** | • Payers report data for all measures in the Advanced Primary Care Measure Set. A structure and process for measure set maintenance has been put in place and is being used.<br>• Payers have supported the Office of Health Care Affordability (OHCA) stakeholder process.<br>• Payers have a process for reporting on the number and percent of providers and patients participating in value-based primary care payment models and are able to report regularly, complying with requirements of OHCA. |
| **Primary Care Payment** | • Payers have adopted the common value-based payment model for primary care and are continuing to grow it as part of a joint pilot and/or individually.<br>• Payers have a process to match patients to a primary care provider and team in non-HMO products and are expanding primary care provider matching in their California-specific products. |
| **Investment** | • Each payer has individually made improvement toward an agreed upon target for the percent of total health care spend dedicated to primary care without increasing total cost. |
| **Practice Transformation** | **Behavioral Health Integration:**<br>• Payers have supported behavioral health data sharing with primary care practices within their networks.<br>• Payers have completed and acted on a gap analysis on how they could better integrate behavioral health services with primary care.<br>**Race, Ethnicity and Language Data:**<br>• Payers completed and acted on a gap analysis for reporting race, ethnicity and language data.<br>• They are actively reporting and using the data to inform disparity initiatives and track improvement.<br>**Technical Assistance:**<br>• Payers have developed and support a process for delivering focused technical assistance to help primary care practices that accept the common value-based payment model. |

# Milestones

Payers have agreed to key milestones for every year of the California Advanced Primary Care Initiative, represented below. Milestones for 2025 will be determined based on the progress and actions in 2022-2024. These milestones could change to support the evolving needs of payers and practices and goals of the initiative.

In addition, the initiative will focus on recruiting payers that serve Medi-Cal populations and building a glide path to partnering and aligning with Medi-Cal throughout the process

| | 2022 | 2023 | 2024 |
|---|---|---|---|
| **Transparency** | • Conduct Advanced Primary Care Measure Set data submission by payer gap analysis.<br>• Pursue possibility of Medi-Cal sharing data with IHA.<br>• Track and support Office of Health Care Affordability (OHCA) implementation. | • Complete Advanced Primary Care Measurement Pilot analysis.<br>• Distribute Advanced Primary Care Measure Set gap analysis; develop plan to improve quantity and quality of data submission.<br>• Conduct primary care spending analysis for measurement years 2019-2021.<br>• Collect clinical data from payers.<br>• Support OHCA stakeholder process for primary care goal setting. | • Payers provide input and support to OHCA stakeholder process for primary care measurement and target setting.<br>• Payers continue to improve quantity and quality of data submission on Advanced Primary Care Measure Set. |
| **Primary Care Payment** | • Start payment pilot design planning.<br>• Payers consider where to initiate growth of payment model (based on product, region, etc.).<br>• Decide process for maintaining Advanced Primary Care Measure Set.<br>• Clarify approach and allowances for growth of value-based payment in self-funded products.<br>• Determine how to hold practices accountable for improving performance or maintaining high performance.<br>• Increase provider organization engagement in the initiative. | • Complete common value-based payment model design and implementation guidance.<br>• Continue to design payment pilot, initiate milestones to be ready to launch in 2024 and gather feedback from stakeholders.<br>• Payers prepare to re-contract with new payment model in 2024.<br>• Implement process for maintaining Advanced Primary Care Measure Set. | • Payers begin re-contracting with primary care practices with the common value-based payment model. |

# Milestones (Continued)

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|---|---|---|---|
| **Investment** | • Research investment shift approaches in other states; consider cost reallocation strategy options.<br>• Discuss increasing incentive payment to professional risk provider organizations, possibly as part of IHA's existing measurement framework. | • Support OHCA stakeholder process for primary care investment goal setting.<br>• Select cost reallocation strategy. | • Payers implement strategies to reallocate costs toward primary care.<br>• Payers invest in primary care practices via the common value-based payment model. |
| **Practice Transformation** | • Scope process for developing behavioral health integration standards for privacy, consent and data sharing. | • Determine process for supporting practices that have shifted to common value-based payment model.<br>• Conduct gap analysis for enhancing data collection and exchange, with a focus on race, ethnicity and language data.<br>• Launch behavioral health integration standards development process. | • Payers act on gap analysis for improving collection of race, ethnicity and language data.<br>• Complete and act on gap analysis of contracts in need of revisions to enable behavioral health integration.<br>• Payers test new method of delivering focused technical assistance to practices to support adoption of the common value-based payment model. |

## Decision Making Process

**During meetings:** There is no formal voting structure. Decisions will be made based on group discussion and consensus in real time. If participants are unable to attend a meeting, they are asked to send crucial feedback ahead of time through email and send backup representation if possible. Highlights distributed in writing after the meeting will include any decisions made.

**Between meetings:** When seeking individual payer feedback in between meetings, it will be requested twice through email. After that, the coordinating organizations will move forward with feedback provided even if not all organizations have given input. Will do our best to communicate timelines, urgency, and prioritize the most crucial topics.

**Scope of participation:** The participating payers will not be required to participate in activities that are not outlined in the MOU. Additional areas of collaboration may develop, but these would be optional. For example, payers would not be required to participate in a payment pilot across common practices if proposed because this is not in the MOU.

## Accountability

By December, a work plan for the following year will be finalized by the group. A public version of the work plan will be added to this roadmap during Q1 of that year. An annual impact report will be published in Q1 of the following year, meaning the report for calendar year 2022 would be published in Q1 of 2023. The impact report may highlight work done by individual payers.

Approximately two of the three annual in-person convenings will involve a round robin for payers to give an update on their progress in each of the four MOU areas to facilitate accountability among the participating payers.