How ACOs and Payers Can Support the Primary Care Safety Net

Tuesday, March 21, 2023
Webinar: 1:00 – 2:00 PM ET
Member's Q & A: 2:00 – 2:30 PM ET
PANELISTS

KAMERON MATTHEWS MD, JD, FAAFP
Chief Health Officer, Cityblock Health

KATHERINE GERGEN BARNETT, MD
Vice Chair, Primary Care Innovation and Transformation, Department of Family Medicine at Boston Medical Center

WILLIAM STEWART, MD, FAAP
Regional Pediatric Medical Director, Community Care of North Carolina and practicing physician, Sandhills Pediatrics

MODERATOR

ANN GREINER, MCP
President & CEO, Primary Care Collaborative
The Cityblock Health care model captures value across the member journey by integrating boots-on-the-ground care with purpose-driven technology.

- Boots-on-the-ground outreach
- Transitions of Care support with facility rounding
- Community Health Partners with social literacy of members lead engagement
- 360° member view with SDoH and Behavioral Health data
- Real-time alerts and insights within workflows to identify gaps in care and rising risk members
- Interoperability with EHR
- 24/7/365 integrated primary care, behavioral health, social services, and care coordination
- Clinical staff (MD, RN, NP, BHS, LCSW, EMT, Paramedic)
- In-home routine and urgent care
- Convenient Neighborhood and Mobile hubs

Kameron Leigh Matthews, MD, JD, FAAFP, Chief Health Officer
The MassHealth primary care sub-capitation program presents two distinct opportunities for strategic alignment.

1. Replacing the incentive for visit volume with panel incentive
2. Adding funding for enhanced care delivery
At the system level, we are seeing a trend toward risk with incentives contracts.

<table>
<thead>
<tr>
<th>Risk Level</th>
<th>High</th>
<th>Medium</th>
<th>Low</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TCOC risk with incentives</td>
<td>Some level of TCOC risk; some incentives</td>
<td>Mostly FFS with some additional incentives</td>
<td>FFS only</td>
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<table>
<thead>
<tr>
<th>% Total PC Lives</th>
<th>Pre 2018</th>
<th>2018-2022</th>
<th>2023+</th>
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<tbody>
<tr>
<td>Commercial</td>
<td>BCBS, Tufts, HPHC</td>
<td>BCBS, Tufts, HPHC</td>
<td>BCBS, Pt32</td>
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<tr>
<td></td>
<td>Some quality</td>
<td>Some quality</td>
<td>Enhanced earnerables in all</td>
</tr>
<tr>
<td>Medicare Shared Savings Prog (MSSP)</td>
<td>FFS</td>
<td>MSSP Track 1 plus (low risk)</td>
<td>MSSP Enhanced Risk Track</td>
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<tr>
<td>Medicaid</td>
<td>FFS</td>
<td>MH ACO Program TCOC risk w/Quality</td>
<td>MH ACO Program TCOC risk w/Quality, Equity, PC Cap Tier</td>
</tr>
<tr>
<td>WellSense FFS ACA, SCO</td>
<td>FFS</td>
<td>FFS</td>
<td>Opportunity to move towards risk with WS</td>
</tr>
<tr>
<td>All Others</td>
<td>FFS</td>
<td>FFS</td>
<td>FFS</td>
</tr>
<tr>
<td>BMC Supplemental Payments Tied to ACO Performance</td>
<td>None</td>
<td>SN funds at risk; tied to ACO Quality Score $5M (’18) - $21M (’22)</td>
<td>Significant incentives for ACO Quality, Equity $28M (Quality), ~$10M (HE)</td>
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What is CCPN?
Community Care Physician Network (CCPN) is an organization committed to helping independent practices remain financially viable, supporting high-quality care, maximizing satisfaction with the practice of medicine, and keeping control of healthcare in the hands of community-based physicians.

CCPN Numbers
CCPN Practices: 900+
CCPN Clinicians: 3,700

CCPN Practice Specialties
Family Medicine: 44%
Pediatrics: 18%
Behavioral Health: 15%
School-based/Student Care: 6%
Adult: 5%
Women’s Health: 4%
OB-GYN: 3%

The CCPN Difference
CCPN is focused on what matters most to our practices:
- Remaining financially viable
- Providing high-value care
- Maximizing satisfaction with the practice of medicine
- Physician ownership/self-governance by community-based physicians

For more info: https://www.communitycarephysiciannetwork.com/ccpn-overview or https://www.communitycarephysiciannetwork.com/at-a-glance
CCPN Provider Services: Supporting Practices through Connection, Knowledge, and Action
Ways We Are Making This Happen

- Contracting Opportunities for Medicare Advantage, Medicaid, and Commercial
- Access to Practice Perfect℠ and other data tools and solutions
- Connection to Billing & Coding and EHR Specialists
- Resources to support care coordination and care gap closure
- Access to home testing kits, mobile mammography, and other patient-friendly interventions
- Access to payer information and payer resources to decrease administrative burden
- New business solutions and opportunities (e.g., Group Vaccine Purchasing, Phreesia Platform)
- Connection to community resources
- Education and tools that support the NC Medicaid Tier 3 Advanced Medical Home Model
- Connection to physician champions for peer-to-peer support
- Assistance in discovering practice pain points and developing solutions

For more info: https://www.communitycarephysiciannetwork.com/provider-services

Key Center Projects

Workforce Pathway - Directly impact the critical shortage of primary care physicians in North Carolina, particularly in rural areas and other underserved communities by increasing interest in Family Medicine, Pediatrics, Behavioral Health, and independent primary care.

Clinical Innovation - Improve access to primary care by creating innovative programs and initiatives that narrow healthcare disparities, are based on collaborative care models that integrate behavioral health into primary care and utilize sustainable partnerships with third-party vendors.

Care Advocates - Establish a unified voice in concert with other mission-aligned organizations in advancing primary care opportunities and support. Represent the influence and expertise of CCPN, experts, and key physician leaders when engaging with philanthropic organizations to seek funding for scholarship programs, expanding incentives and developing innovative delivery and primary care payment models.

The Center for Community-Based Primary Care is dedicated to improving access to high quality primary care in North Carolina, especially within rural and underserved communities.

For more info: https://www.communitycarenc.org/the-center-for-community-based-primary-care
Thank you!

• Check us out at:
  • Website: Primary Care Collaborative (pcpcc.org)
  • Twitter: @PCPCC
  • LinkedIn: https://www.linkedin.com/company/primary-care-collaborative