

Primary Care Project – Overview and Strategy

Background

Self-funded employers have sought strategies and programs able to drive more affordable healthcare purchase on behalf of their covered individuals. These efforts have often been fragmented and / or siloed focused on one area of healthcare spend. Advanced primary care appears to hold the promise of a comprehensive strategy and solution able to control aggregate healthcare spending while developing a highly activated patient / consumer. Many employers have adopted on-site / near site clinic strategies which are exhibiting mixed results in terms of aggregate spend control for the percentage of covered individuals that consider that clinic their source of primary care. The current level of inconsistent performance among all sources of primary care challenges the thinking that primary care can be a reliable strategy for controlling the aggregate spend for employer sponsored health benefits. The key appears to be the definition of advanced primary care, through objective criteria, that qualifies such primary care capabilities and quantifies the expected deliverables from such primary care.

Measuring Primary Care Performance

Data tools that offer predictive modeling analysis can be used to evaluate the volume and frequency of care delivered to patients in the context of their documented needs. Patient attribution models exist that can identify the primary care physician that appears to be accountable for a patient and cohort of patients. This creates the opportunity to pass judgement on the extent to which a primary care physician appears to be efficient and effective in the care and treatment of a patient and cohort of patients. This type of primary care performance analysis reveals a wide variance in the process of care utilized by individual primary care physicians in the care provided directly to patients and the care provided to patients through referrals. This type of variance can be measured in the context of resource and service utilization by condition type and service type. For those primary care physicians that appear to be more efficient and effective, there are characteristics in common in terms of physician leadership, staffing model, ongoing staff training and development, and practice level technology. For those primary care physicians that appear to be inefficient in terms of resource and service utilization, they appear to lack those characteristics of more efficient and effective primary care physicians.

Identifying Advanced Primary Care Qualities

Aggregate Spending Control

Physician Leadership

- The physician is expected to have a system in place that allows him/her to seek out and drive referrals to the most cost-effective specialists and facilities. The physician is expected to succinctly articulate how that system was initially developed and speak to its results and any ongoing continuous process improvement efforts.
- The physician is expected to have a methodology that manages patient expectations to ensure cooperation with referrals and referral recommendations. The physician is expected to succinctly articulate how this methodology was initially developed or

adopted and how this effort relates to high-level activation of the patient as a consumer of healthcare services.

- The physician is expected have a process that ensures support staff is aware of preferred referral relationships and execute on these preferred relationships without exception. The physician is expected to succinctly articulate how the results of this referral management is monitored and measured for compliance by support staff.
- The physician is expected to have a process to ensure that practice level technology is configured and used efficiently and effectively to facilitate referrals to the most cost-effective specialists and facilities. The physician is expected to succinctly articulate how the technology tracks, monitors, and reports on successful referrals.

Staffing Model

- The Primary Care Practice must have a staffing model, including those team roles that are particularly focused on ensuring the efficient and effective referrals to the most cost-effective specialists and facilities. Support staff should be able to reinforce the management of patient expectations and high-level activation.

Staff Training and Development

- The Primary Care Practice must have a staff training and development program focused on ensuring high levels of compliance with the practice's referral management strategy. The curriculum must reflect currently tracked and reported results and impact of the most cost-effective specialists and facilities. The Primary Care Practice must ensure the practice support staff maintains up to date compliance with training and development offerings.

Practice Level Technology

- The practice level technology, and specifically which aspect of that technology, must be focused on ensuring high levels of compliance with the Practice's referral management strategy. The Primary Care Practice must ensure staff use of this technology is as efficient and effective as possible. The Primary Care Practice must ensure use of this technology to track and report the impact of the practice's referrals to the most cost-effective specialists and facilities.

Access to Care

Physician Leadership

- The physician is expected to have a system in place that allows him/her to ensure patients have the access they need and expect from the physician and other members

of the practice team. The physician is expected to succinctly articulate how that system for was initially developed and speak to its results and any ongoing continuous process improvement efforts.

- The physician is expected to have a methodology that manages patient expectations to ensure satisfaction with the overall practice access strategy. The physician is expected to succinctly articulate how this methodology was initially developed or adopted and how this effort relates to high-level activation of the patient as a consumer of healthcare services.
- The physician is expected have a process that ensures support staff is aware of overall practice access strategy and execute on this strategy without exception. The physician is expected to succinctly articulate how the results of this practice access strategy is monitored and measured for compliance by support staff.
- The physician is expected to have a process to ensure that practice level technology is configured and used efficiently and effectively to facilitate the practice strategy for patient access. The physician is expected to succinctly articulate how the technology tracks, monitors, and reports on a successful practice strategy for patient access.

Staffing Model

- The Primary Care Practice must have a staffing model, including those team roles that are particularly focused on ensuring the timely and appropriate access to the practice. Support staff should be able to reinforce the management of patient expectations regarding which team members will be providing services.

Staff Training and Development

- The Primary Care Practice must have a staff training and development program focused on ensuring the successful execution of the practice's patient access strategy. The curriculum must reflect the results and impact of this patient access strategy and include an approach for the continuous improvement of that strategy. The Primary Care Practice must ensure the practice support staff maintains up to date compliance with training and development offerings.

Practice Level Technology

- The practice level technology, and specifically which aspect of that technology, must be focused on ensuring the successful execution of the practice's patient access strategy. The Primary Care Practice must ensure staff use of this technology is as efficient and effective as possible. The Primary Care Practice must ensure use of this technology to track and report the impact of the practice's patient access strategy.

Health Status Improvement

Physician Leadership

- The physician is expected to have a system in place that allows him/her to ensure patients have what they need and expect from the physician and other members of the practice team in relation to an organized care plan focused on improving their health status in the short and longer term. The physician is expected to succinctly articulate how that system was initially developed and speak to its results and any ongoing continuous process improvement efforts.
- The physician is expected to have a methodology that manages patient expectations to ensure satisfaction with the overall health status improvement strategy. The physician is expected to succinctly articulate how this methodology was initially developed or adopted and how this effort relates to high-level activation of the patient as a consumer of healthcare services.
- The physician is expected to have a process that ensures support staff is aware of the overall health status improvement strategy and execute on this strategy without exception. The physician is expected to succinctly articulate how the results of this overall health status improvement strategy is monitored and measured for compliance by support staff.
- The physician is expected to have a process to ensure that practice level technology is configured and used efficiently and effectively to facilitate the practice strategy for health status improvement. The physician is expected to succinctly articulate how the technology tracks, monitors, and reports on a successful practice strategy for health status improvement.

Staffing Model

- The Primary Care Practice must have a staffing model, including those team roles that are particularly focused on ensuring the health status improvement of patients. Support staff should be able to reinforce the management of patient expectations regarding which team members will be providing health status improvement services.

Staff Training and Development

- The Primary Care Practice must have a staff training and development program focused on ensuring the successful execution of the practice's health status improvement strategy. The curriculum must reflect the results and impact of this health status improvement strategy and include an approach for the continuous improvement of that strategy. The Primary Care Practice must ensure the practice support staff maintains up to date compliance with training and development offerings.

Practice Level Technology

- The practice level technology, and specifically which aspect of that technology, must be focused on ensuring the successful execution of the practice's health status improvement strategy. The Primary Care Practice must ensure staff use of this technology is as efficient and effective as possible. The Primary Care Practice must ensure use of this technology to track and report the impact of the practice's health status improvement strategy.

Quantifying Advanced Primary Care Deliverables

Advanced primary care physicians can deliver on the triple aim; improved patient health status, reduced/controlled aggregate spending, and high levels of patient satisfaction (activation). Advanced primary care physicians demonstrate high levels of personal and professional satisfaction for themselves and their care teams. Advanced primary care physicians have developed sustainable business models for the practice of primary care and are able to maximize value-based payment models and payment innovation strategies. Advanced primary care physicians can be relied on to deliver a balanced care plan driven by the documented needs of individual patients and patient cohorts focused on preventive care, wellness services, disease management services, and care management/coordination services. This capability allows purchasers to consolidate program dollars through an alignment of accountable with an advanced primary care physician or group of physicians. Moreover, advanced primary care models can fully integrate behavioral health, medication therapy management, and maximize bundled payment arrangements and medical tourism agreements.

Value Based Compensation for Primary Care

Non-fee for service compensation arrangements for primary care create the greatest level of flexibility to align care with the documented needs of the patient and cohort of patients. Calculating the desired value of primary care (prevention, wellness, disease management, care management/coordination) affords purchasers with the opportunity to spend the same or fewer dollars more intelligently by consolidating a variety of initiatives under the authority and accountability of the advanced primary care physician. Adopting a payment in advance of care model for the purchase of advanced primary care services provides both care delivery flexibility, as well as, a return on investment (ROI) denominator for the reduction in spend or controlled spend numerator.

Conclusions

Advance primary care physician practice represent an opportunity for self-funded employers able to make purchasing decisions based on the quality and capabilities of primary care. Deciding to focus on and buy healthcare from advanced primary care can drive a more affordable and higher quality health benefit plan for employers and their covered individuals. Moreover, moving toward an advance primary care delivery model can impact communities and cause all sources of primary care (independent, hospital employed, and corporate models) to gravitate to advanced primary care characteristics. Featuring and favoring advanced primary care, by self-funded employers who adopt a request for proposal (RFP) approach for the purchase of primary care services, challenges all primary care to seek to



adopt the criteria identified during the RFP process. The National Alliance of Healthcare Purchaser Coalitions, and the constituent members, are well positioned to assist self-funded employers in the development and adoption of an RFP process for the future purchase of advanced primary care services.

Implementation Strategies

Ancillary Benefit Model – Employers can offer an Advanced Primary Care benefit as an ancillary benefit that sits “on top of” their existing benefit plan. There are stand-alone administrators that will assemble the primary care network of advanced primary care practices, based on criteria deemed important to the employer, and present that network to covered individuals during an “open enrollment” style campaign. Employers have the option of underwriting a portion or all of the monthly membership fee for opting into the program and selecting a practice through the administrator’s enrollment system.

TPA Model – Employers can offer an Advanced Primary Care benefit as the core benefit of a TPA administered program that focuses on primary care as the true gateway to the rest of health benefits. TPA’s tend to be more flexible in claim payment model capabilities and customized network development. Advanced Primary Care models thrive when primary care is compensated enables the alignment of care with patient needs and primary care physicians can actively participate in the selection of “referred to” colleagues and services. TPA’s are less “possessive” of claims data and present a greater opportunity to organize and share actionable data with primary care physicians and their care teams. Employers can delegate to the TPA the complete design and development of an Advanced Primary Care benefit aligned with the needs of their covered individuals with or without an opt in feature with cost sharing that facilitates spending goals and objectives.

Carrier Model – Employers can offer an Advanced Primary Care benefit as the core benefit of a Carrier based program, however, the gateway characteristics given the business interests of the Carrier may be less stringent or effective. Payment flexibility for a Carrier based program might be limited due to the prevalence of fee-for-service systems of payment wherein “discounts” have been the driving force of preferred provider organization / network cost control strategies. Enhanced fee schedules for Advanced Primary Care practices preserves the perverse incentive focused on upcoding for higher rates of payment and care management efforts that increase volumes of care to maximize revenue. Carriers often view claims data as proprietary and are less cooperative in the sharing of paid claims data. Carriers prefer to create and distribute claims data designed to push cost containment strategies that offer short term benefits, but not sustainable reductions in aggregate spending over time. Carrier business interests and administrative limitations will impact both the design and effectiveness of an Advanced Primary Care benefit.

Direct Contracting Model – Employers can offer an Advanced Primary Care benefit by choosing to “buy” primary care directly from the various sources of primary care available in their respective communities / markets. Employers, to a degree, have been doing this for some time from so-called onsite / near site clinic companies, however, these clinics may or may not meet Advanced Primary Care criteria. Direct contracting requires an administrative process with a “lot of moving parts” but can offer the employer maximum control over the design, development, and implementation of an Advance Primary Care model. This level of control will facilitate the employer’s ability to drive a set of goals and objectives



fully aligned with their needs as a healthcare purchaser to support a triple aim strategy for the benefit of their covered individuals and themselves.