

# PCPCH Enrollment Measure Proposal

Trillium CCO, October 10, 2016

As we understand it, the goal for including PCPCH Enrollment as an incentive measure is to promote the widespread adoption and continued improvement of PCPCHs. The PCPCH standards were revised in 2015 in part to increase the “rigor” of the model “so that practices are incentivized to continue along in the transformation process for those that have already achieved a Tier 3 status while continuing to support practices currently achieving a Tier 1 status” (Patient-Centered Primary Care Home Standards Advisory Committee 2015 Report). Under the current PCPCH model, 94% of clinics are recognized as a Tier 3. In the 2015 report, the committee added Tier 4 and 5 STAR to segment the former Tier 3, in order to avoid causing clinics to “drop a Tier.” Within the PCPCH model as a whole, it is understandable that the committee would choose to support practices achieving a Tier 1 or Tier 2 status beyond 2016. However, given that 94% of primary care clinics have achieved Tier 3 status, the continued tabulation and promotion of Tier 1 and Tier 2 clinics in the 5 Tier model is difficult to justify as a means of meeting the goals of the standards.

The purpose of the 2017 PCPCH incentive measure should be to continue to promote the development of PCPCHs. Within the current 5 Tier structure, Tier 3, Tier 4, and 5 STAR clinics are actively working on transformation within the model. They represent the goals of the model, while Tier 1 and Tier 2 clinics are meeting minimum standards. The PCPCH Enrollment performance measure should be used to give an accurate account of the number of clinics that are achieving the goals of the program, which has now become the achievement of Tier 3 or higher status.

Therefore, we propose that in 2017, only clinics achieving meaningful improvements (Tier 3 or higher) are calculated in the numerator. The denominator would increase to Tier 4 status for 2017 to motivate CCOs and clinics to strive for the new advanced tiers, while providing for a reasonable baseline score. The denominator in 2017 takes into account the newness of the model and allows for a phased approach from 2017 to 2019. In subsequent years, the denominator could be increased to 5 STAR status to reflect the goal of increasing the difficulty of achievement. This also helps to create a glide path that allows for the completion of a site visit for clinics that hope to achieve 5 STAR status.

At the current rate of 94% of primary care providers meeting at least Tier 3, we would expect that most CCOs would continue to meet the .60 target on the PCPCH enrollment measure for Year 1. Table 1 shows an example of the proposed formula over three years. If a CCO can achieve 100% of members in Tier 3 in 2017, it would be well beyond the .60 target. In 2018, it would still be able to meet the standard with 100% of members in Tier 3. However, in 2019, it would need to increase its membership in Tier 4 and 5 STAR to be able to meet the metric. The benchmark in 2019 and beyond would need to be determined based on prior years’ performance.

## Proposed formula:

2017 formula:

$$\frac{(\text{Tier 3 members} * 3) + *(\text{Tier 4 members} * 4) + (5 \text{ STAR members} * 5)}{(\text{Total CCO enrollment} * 4)}$$

2018 formula:

$$\frac{(\text{Tier 3 members} * 3) + *(\text{Tier 4 members} * 4) + (5 \text{ STAR members} * 5)}{(\text{Total CCO enrollment} * 5)}$$

2019 formula:

$$\frac{(\text{Tier 3 members} * 3) + *(\text{Tier 4 members} * 4) + (5 \text{ STAR members} * 5)}{(\text{Total CCO enrollment} * 5)}$$

Table 1: Sample projection for years 1-3 using new formulas.

Year	Total CCO enrollment	Tier 3 members	Tier 4 members	Tier 5 members	Score calculation	Score	Target	Pass Metric?
2017	100,000	100,000	0	0	$\frac{(\text{Tier 3 members} * 3) + (\text{Tier 4 members} * 4) + (5 \text{ STAR members} * 5)}{(\text{Total CCO enrollment} * 4)}$	0.75	.6	Yes
2018	100,000	100,000	0	0	2018 metric: $\frac{(\text{Tier 3 members} * 3) + (\text{Tier 4 members} * 4) + (5 \text{ STAR members} * 5)}{(\text{Total CCO enrollment} * 5)}$	0.6	.6	Yes
2019	100,000	100,000	0	0	$\frac{(\text{Tier 3 members} * 3) + (\text{Tier 4 members} * 4) + (5 \text{ STAR members} * 5)}{(\text{Total CCO enrollment} * 5)}$	0.6	.65	No

Summary:

This proposal modifies the current proposal in two ways. First, it eliminates the inclusion of Tier 1 and Tier 2 clinics, as they no longer contribute meaningfully to improvement within the PCPCH model in its current form. Second, it provides for modifying the performance calculation over three years, in order to provide a gradual but meaningful path to improvement.

Revised benchmarks:

Our recommendation would be to look at changing the metric in Year 3 (2019), and not before then. Based on our proposed model, year 3 would be the first year where we could look to raise or modify targets because we are changing the metric from relative to Tier 3 enrollment to relative to Tier 5 enrollment over the next two years. We need to see how the new tiers actually affect the scores before we start setting unfounded new targets.

We feel strongly about not changing targets without first establishing a new baseline as the new tiers are implemented. We've had discussions and some of our larger associations are still developing plans and currently researching their options. Penalizing CCOs who have already achieved tier 3 for the majority of their providers would go against the goals of this measure.

If the metric was remaining the same in 2017 as previous years, we'd be more in favor of raising the benchmark. We're in favor of taking a stepwise approach, so that each change (either benchmark modification or performance calculation) can be properly understood on its own terms. Changing both at once could lead to muddled results.