

Alternative Payment Models

AllCare CCO

Presented by: Will Brake, Director, Provider Network Transformation

Background

As a way to improve quality and outcomes, we initiated Alternative Payment Models. With over 800 providers in our 3 county service area, we needed a widespread program that would drive results.

We strive to improve outcomes for our members through preventive care as well as chronic and acute management.

APM	# of Measures
Primary Care	18
Pediatrics	14
Specialty Care	15
Behavioral Health	15
Dental Care	7
Non-Emergent Medical	7
Transportation	
Facility APM	(in development)

Project Description

In collaboration with our network providers and local agencies, we developed 6 APMs. Each APM took 6-9 months to develop.

By involving the providers who care for our members, we were able to develop meaningful measures and goals with maximum buy-in to the APM program.

Objectives

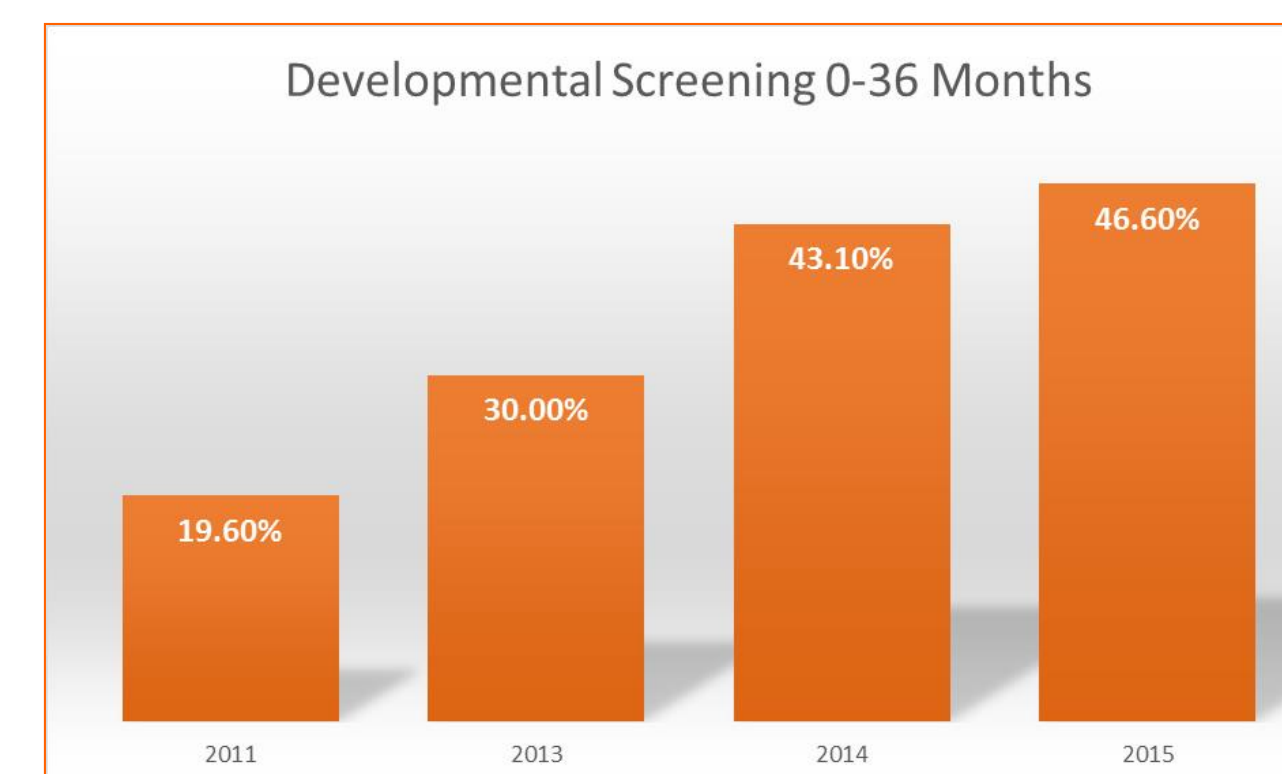
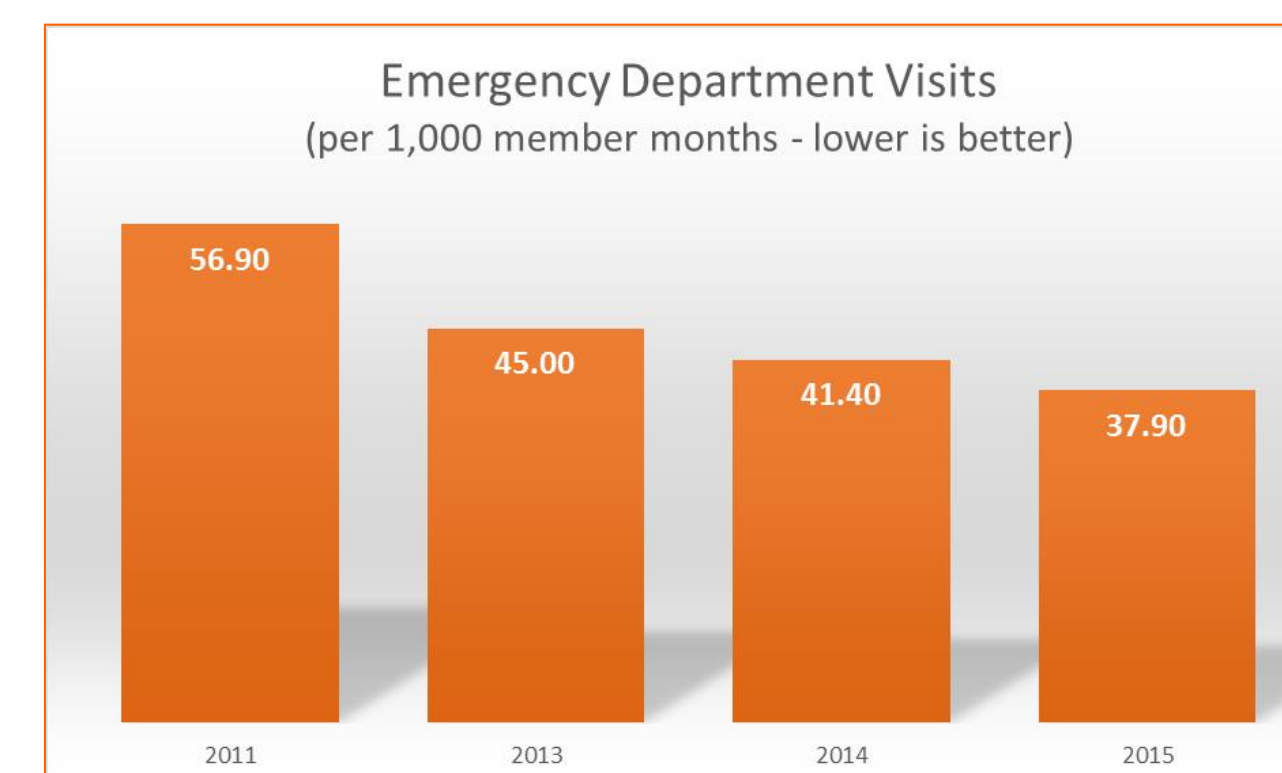
Our objectives were to:

- Improve quality and outcomes for our members
- Engage providers
- Engage agencies
- Encourage collaboration
- Focus on the Triple Aim – experience, quality and cost
- Better coordination of care

Outcomes

The results have been outstanding. We have engaged 370 providers who are focused on improving the health of our members. We have improved in 95% of our measures.

Examples of Results



Lessons Learned

- Involve the right people
- Engage providers in the process
- Set timeframes and manage to them
- Keep it simple, especially in year one
- Train early
- Don't be afraid to revisit the measures along the way
- Validate the data
- Providers will question the data, respond timely
- Transparency is critical
- Providers want to earn 100%... no matter what

PCP Quarterly Quality Report

Provider Name	Member Months	CCO Median	You
Smith, John	2,412	71%	100%

75% of Shared Savings				25% of Shared Savings			
Maximum Achievable = 70%				Maximum Achievable = 30%			
Utilization	Goal	Actual	% Earned	Access	Goal	Actual	% Earned
ER Visits Level 1&2 (per 1000)	≤ 203	185	Y 20%	Panel Size	50-100		
PCP Visits (per 1000)	≥ 2337	4008	Y 20%	Panel Size	101-199		
Adolescent Wellcare	24.2%	26%	Y 15%	Panel Size	200+ 250	30%	
Preventive (per 1000)	≥ 1738	1780	Y 15%	Net New Patients	1-25		
Total Utilization			70%	Net New Patients	26-99		
				Net New Patients	100+		
				Total Access			30%

Quality Incentive Measures					
Quality Measure	Goal	Actual	Achieved Y/N	Possible Points	Points Earned
SIBIT (Full Screen)	3.7%	3.0%	N	1	0
SIBIT (Depression Initial Screen)	50%	50%	Y	2	2
Depression Screening	25%	20%	N	3	0
Generic RX	86%	87%	Y	1	1
A1c Testing	86%	80%	N	1	0
A1c Poor Control	60%	57%	N	3	0
Lipid Profile for Diabetics	80%	92%	Y	1	1
PCPCH Tier 1-3	3	3	Y	3	3
Access to Care Survey Results	85%	87%	Y	3	3
Satisfaction with Care Survey Results	85%	88%	Y	3	3
Hypertension Control	64%	62%	N	3	0
Med Reconciliation ≥ 50%	Y/N	N	N	1	0
POLST or Advance Directives	Y/N	Y	Y	2	2
Citizenship (participation with AllCare)	1-5	5	Y	5	5

BONUS POINTS				
Data Electronically Submitted	Y/N	Y	Y	Points
	Y/N	Y	Y	5
Total Points				25

Tier 1 (85%) 8-15 points
 Tier 2 (80%) 17-24 points
 Tier 3 (100%) 25+ points

Contact info

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