COLORADO
Department of Health Care Policy & Financing

Annual Practice Support Plan
Instructions and Narrative Report

RAE Name	**Northeast Health Partners**
RAE Region #	**2**
Reporting Period	[SFY21-22 07/01/2021 – 06/30/2022]
Date Submitted	**7/30/21**
Contact	**Brian Robertson**

Purpose: Regional Accountable Entities (RAEs) are responsible for improving health outcomes and increasing value in their respective regions through supporting their Provider Network. As part of that responsibility, RAEs are required to provide practice support and transformation strategies to network providers. This report outlines each RAE's plan to accomplish this task.

Instructions: Please provide a narrative that outlines your strategic approach to supporting and transforming provider practices to increase value and to improve health outcomes and the experience of care of members. The narrative must include details regarding the following:

- the types of information and administrative support, provider trainings, and data and technology support offered and implemented with network providers;
- practice transformation strategies offered to network providers to help advance the Whole-Person Framework and to implement the Population Management Strategy; and
- the administrative payment strategies used to financially support and advance the capacity of network providers.

Where relevant, please provide supporting evidence for the respective approaches. Evidence can include but is not limited to: peer-reviewed research, operational excellence, and public feedback.

Please include how your strategy has or has not evolved since the previous year's submission. Please provide evidence to support these changes.

Please limit your plan to no more than five (5) total pages and use concise and concrete language.

Practice Support Plan Narrative

Instructions: Please provide a narrative that outlines your strategic approach to supporting and transforming provider practices to increase value and to improve health outcomes and the experience of care of members. This narrative must include the details outlined above.

Northeast Health Partners (NHP) is committed to significantly improving the health outcomes of Health First Colorado members in RAE Region 2 by developing and implementing comprehensive strategies that will

support provider networks and practices in this region to deliver the highest standards of care to members and promote Centers of Excellence.

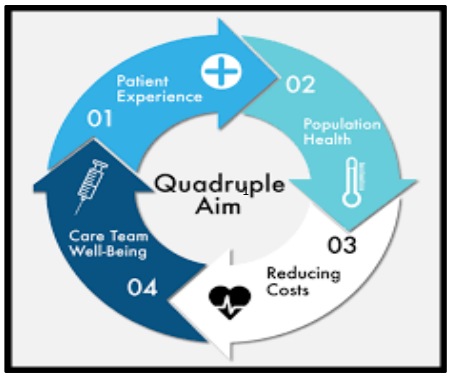
NHP has developed a multi-faceted approach to support provider networks and practices with the needed resources and expertise to provide high standards of care and to also improve on care delivery standards. Our practices serve a unique region primarily comprised of rural and frontier communities, but with a section close to the I-25 corridor. This multi-faceted approach is essential to achieving the desired health outcomes for members practices within this unique region of Colorado.

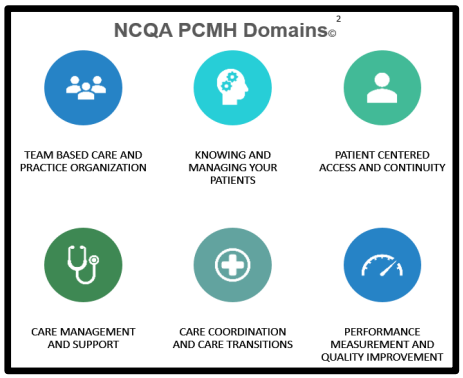
This strategy can be divided into three (3) broad areas namely:

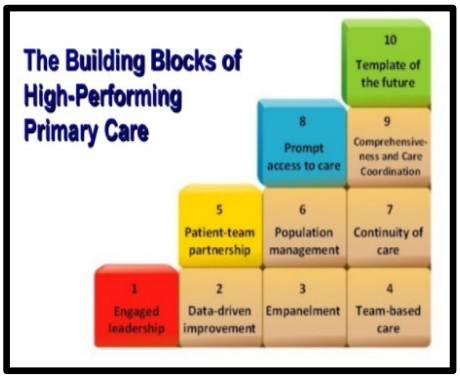
1. Practice Transformation
2. Provider Relations
3. Administrative Payment Strategies

1. Practice Transformation

Practice Transformation refers to a process of change in the organization and the delivery of primary care to advance quality improvement, drive patient-centered care, and promote other characteristics of high-performing primary care. The Northeast Health Partners Practice Transformation Program philosophy is to improve primary care performance through several models including the Quadruple Aim, NCQA PCMH Standards, and the Bodenheimer Building Blocks of High-Performing Primary Care.







Provider Engagement and Collaboration

Provider Quality Managers, more commonly known as Practice Transformation Coaches (or Coaches), engage with practices and tailor support to address the unique needs of those practices based on size, patient population, geography, staffing and resource capabilities, and practice goals to optimize workflows and systems. Transformation Coaches work collaboratively with practices to set performance goals, assess performance against baselines, and provide performance tools to help practices meet those goals. Many practices in Region 2 are small and lack the resources found in larger practices yet they serve such a significant role in the community. As such, the collaboration with Coaches is integral to performance improvement and enhances the value of the Practice Transformation Program. Currently eighty percent (80%) of PCMP organizations in Region 2 are meeting with Practice Transformation Coaches at least quarterly (and most PCMPs meet monthly with Coaches) to work on quality improvement, practice transformation initiatives,

and to provide information on funding opportunities and other available resources in the region. PCMPs see the coaches as a primary point of contact and appreciate the consistency in working with a coach.

In addition to customized coaching, NHP facilitates Learning Collaboratives with regional PCMPs. These collaboratives are an opportunity to bring practices together, establish dialogue around topics, and provide a social forum where lessons-learned and best practices are shared.

Quarterly Learning Collaboratives in the past year have focused on the following areas:

- Engaging PCMP leadership in Practice Transformation efforts
- Driving change using Practice Transformation tools, such as a PDSA (Plan, Do, Study, Act) Project
- Collaboration between practices to share lessons learned from the transformation process with peers

Moving forward, NHP will continue building on the foundation of Quality Improvement (QI) that was laid last year by focusing on the next stage of the Bodenheimer Building Blocks: Data-driven Quality Improvement and Team-Based Care. Potential topics and focus areas include:

- Establishing a culture of quality improvement within practices. This will be accomplished through incentives and recognition to staff for achievements in QI work.
- Building and/or reinforcing a QI structure by encouraging every practice to have an active QI team that is working to improve the quality of care provided in clinics.
- Encouraging teams to regularly survey members and continue working on improving members' experience standards.
- Evaluating the PCMP's capacity to provide a team-based approach to care.

Practice Readiness Assessments are completed annually to determine areas for improvement and to evaluate progress year over year. A noteworthy finding from the Practice Readiness Assessments was PCMPs were interested in working closely with care coordination entities. Coaches began inviting care coordinators to participate in monthly meetings to bridge this relationship. NHP aims to improve and standardize two-way communication between care coordinators and PCMPs.

Practice Transformation Coaches have been highly successful in developing and building relationships with PCMPs and helping them implement best practices of high-performing primary care. The Practice Transformation team will customize a similar Transformation approach to pilot with Behavioral Health providers over the course of the year and will evaluate which best practices and building blocks cross-over or can be customized to the Behavioral Health clinic environment. This approach will be offered to providers who are interested in undertaking the initiative.

Driving Performance and Impact

NHP established a Practice Transformation Incentive Program for PCMPs based on the completion of Practice Transformation milestones. Last year, NHP built milestones based on the first two Bodenheimer Building Blocks of Engaging Leaders and Data-Driven Quality Improvement. These initial blocks were central components of supporting and developing a culture of quality within the practices unique to the region. The milestones in Phase I included:

- Completion of a Transformation Readiness Assessment
- Completion of a QI Plan
- Completion of a PDSA (QI) project
- Participation with the Learning Collaboratives

One example of how the incentive program helped drive improvement was with the Family Physicians of Greeley practice. Through their PDSA work to meet one of their milestones, they began offering incentives to members with poorly controlled diabetes to participate in diabetic education. Members who participated in the diabetic education demonstrated a twelve percent (12%) increase in knowledge and gained a fifty percent (50%) increase in their confidence for diabetic management. The gift card incentives proved to be an effective strategy to encourage patients to participate in an effective program resulting in improved self-management of their diagnosis.

The Practice Transformation Incentive program was so well received, with 72% of PCMPs voluntarily participating, that it will continue as a milestone incentive program for the 2021-2022 Fiscal Year. Milestones will be developed to strengthen the previous year's work on Bodenheimer's Data-Driven Quality Improvement Building Blocks, and expand to the Team-Based Care Building block where QI processes become more organizationally supported. The Phase II milestones for the next year will include:

- Implementation of a process to recognize and reward clinic level quality improvement initiatives
- Development of a QI team that represents the whole clinic and meets monthly
- Implementation of a member experience survey and use of data to improve the member's experience
- Development of processes for providing performance feedback to practitioners
- In-Depth assessment of clinic teamwork and team experience

Alternative Payment Models (APM) Support for Practices

Practice Transformation (PT) coaches help practices and providers participating in the APM program by discussing individual APM performance data and connecting practices to CORHIO coaches for additional support in better understanding and utilizing APM performance data. PT coaches will continue to meet monthly with practices to discuss APM progress, and practices can request additional support, as needed.

Practices have demonstrated encouraging results from last year or instance, Eighty-eight percent (88%) of APM PCMPs successfully achieved 200 or more points in the APM program in 2020. NHP will continue to support practices by continuing existing collaborations with practices and providing additional training and necessary resources to providers to ensure success.

2. Provider Relations

The provider relations component of the practice support strategy will focus on ensuring that providers and practices have the information and administrative support needed to both perform efficiently and provide high standards of care to members. NHP will continue providing this support to providers and practices under the following areas:

- Provider Trainings
- Provider Networking and Learning Events
- Administrative, Data and Technology support

Provider Trainings

NHP offers provider trainings which occur at various frequencies (monthly, quarterly etc.) through a variety of avenues, most commonly, through practice transformation efforts. Individualized one-on-one trainings

are also offered based on individual needs of any providers or practices that may need support with specific issues.

Provider Networking and Learning Events

Provider networking and learning events are organized for providers in the region to network and share experiences and knowledge with peers. These events are conducted in various formats and varying frequencies and include:

- RAE Roundtable Webinars: This event is organized on a quarterly basis to provide a learning opportunity for providers, who may participate from anywhere, via webinar, as requested by medical personnel. RAE roundtable topics are determined based on contractually required training content (e.g., EPSDT benefit, Medicaid benefits, Trauma informed care etc.), feedback/responses from provider surveys/polls at the end of provider events, and other programs that may become available in our communities. Topics are selected based on provider needs and reviewed with stakeholders and NHP leadership.

- Health Neighborhood Forum: The Health Neighborhood Forum is conducted on a quarterly basis. This event brings together various providers in the region, both clinical (physical and behavioral health) and non-clinical (social needs providers and community partners), to discuss and understand specific/regional issues. Topics for Health Neighborhood Forums are selected based on current issues and based on community needs. Topics are reviewed with stakeholders and NHP leadership.

- Learning Collaboratives: These quarterly events are designed to be a collaborative forum for providers to discuss experience, including challenges and successes in multiple fields. Providers are often encouraged and incentivized (through the practice transformation incentive) to participate in these meetings. These learning collaboratives afford providers the opportunity to learn and adopt new processes leading to better results based on the experience of other providers. NHP received positive feedback regarding these learning events. Most of the practices and providers reported that these learning events were invaluable because they afford the opportunity to share experiences among themselves, develop new ideas and strategies, and learn about best practices from peers.

Based on feedback from practices and providers, NHP will continue to offer these events to providers.

Administrative, Data and Technology Support

NHP has developed an integrated plan to address the administrative, data and technology challenges that practices and providers experience. The goal of the plan is to ensure practices and providers receive the support needed to perform effectively. Focus areas of these plans are described below for Administrative Support, Data Support, and Technology Support.

Administrative Support*:* NHP has identified two (2) specific administrative goals to focus on during the course of this fiscal year. These will enhance the quality of support that providers receive and also provide a basis for monitoring performance in this area.

The two (2) main goals for administrative support are:

1. To resolve provider inquiries for assistance within two (2) business days. The average turn-around time for resolving provider inquiries during the last fiscal year was three (3) business days, but NHP would like to reduce the turn-around time to become more responsive to provider needs. Provider

inquiries will be entered in an internal data system and resolution rates will be reviewed on a monthly basis using the department dashboard metrics generated from the internal data system.

2. To increase provider read rates of communication sent to them by five percent (5%). The current provider read rate is twenty two percent (22%). Some of the strategies that will be taken to improve read rates include, tailoring newsletters to provider and member needs, and updating provider contact information to ensure provider information is accurate and up to date. This will help to better understand the engagement with providers.

Data Support: NHP is developing a key Performance Indicator (KPI) dashboard to build on the standard KPI reports to enhance existing practice performance reports that support improvement initiatives within practices. This is outside of data or information that is provided in the Data and Analytics Portal (DAP). This will help providers and practices easily identify information that is most important to performance and practice transformation efforts. A KPI dashboard will also be very useful in helping providers and practices to leverage a more dynamic visual management strategy to identify best practices and areas of opportunity across the region.

In addition to the KPI dashboard, NHP will be launching a supplementary performance tracker in collaboration with Inovalon, a leading provider of data driven, cloud-based platforms. The Inovalon portal will enable practices to assess performance on other measures (such as HEDIS) and with the ability to focus on specific groups of members with shared characteristics enabling practices to apply a Population Health lens to performance and member needs. This will enable practices to see performance beyond standard KPIs to better address the needs of members that are unique to the individual practice.

Technology Support: NHP will also continue to provide access for providers and practices to a self-service application on the NHP website. Providers and practices can use this portal to access resources such as policy documents, manuals, etc. The link in the NHP's website for Provider Online Services is: https://www.northeasthealthpartners.org/providers/.

The advent of COVID-19 required significant shifts in care delivery, driving telemedicine to the prominent modality to visually interact and see patients. Although state mandates have been lifted and vaccination rates have increased, many members and providers still prefer telemedicine services over in-person clinical visits. As a result, providers are requesting a continuation of telemedicine services. Conversations with providers are ongoing to better understand how to continue the use of telehealth services, such as after-hours services.

3. Administrative Payment Strategies

NHP is enhancing its current PCMP strategy for Fiscal Year 2022 to focus financial incentives with those practices offering services above and beyond baseline primary care services for active/utilizing attributed members.

NHP operates a delegated community-based care coordination model in the region, utilizing North Colorado Health Alliance (NCHA) as its primary care coordination entity. NCHA has been providing this level of care since 2003 and focuses on providing community-based engagement where the member is. Delegated care coordination services are co-located within the region's three (3) Federally Qualified Health Centers (FQHCs) and one (1) independent PCMP practice. Care coordinators offer services in collaboration with the PCMPs

within the region to ensure proper care coordination efforts take place for members utilizing services outside of the delegated FQHCs or the one independent practice.

Payment to the delegated PCMPs will be a monthly Per Member Per Month (PMPM) for active/utilizing attributed members. NCHA will be paid an additional PMPM for serving the region's complex members. Due to COVID-19, supplemental incentives with PCMPs without additional care or programming are being assessed and identified. This fiscal year, NHP plans to enhance the oversight and engagement of Region 2's complex members via NCHA, through the Healthcloud work with Colorado Community Managed Care Network (CCMCN) and by utilizing NHP-supported community-based programs. This will be assessed next year with the assistance of Inovalon data.

Non-delegated PCMPs will be paid a minimum PMPM. NHP has developed a practice oversight strategy to maintain communication and report progress with providers and compare the standing of similar providers across the network. NHP is developing a data driven tool with Inovalon (with a go-live date of September 1, 2021), that will provide real time analytics of a practice's performance based on HEDIS and quality metrics. The goal is to utilize this platform to help move providers toward value-based payments. Practice oversight findings will inform targeted outreach efforts with practices to improve performance and provide opportunities for education and support.

For Incentive Payments, 45% of all KPI dollars earned per quarter will go to PCMPs. Within the KPI dollars allocated to PCMPs, the further allocation to each PCMP will be based on a member attribution ratios and KPIs met. KPI dollars are distributed via an algorithm based on the specific metric and the performance of the PCMP. Fund distributions to PCMPs vary based on the KPI metric, member attribution, and performance via the DAP to connect the KPI dollars to the PCMP. There is no separation between delegated and non-delegated PCMPs for incentive dollars so all PCMPs have an equal opportunity to earn funds. Performance pool dollars are distributed based on the measures determined by the State. NHP pays based on performance for quantitative measures (i.e., ECC is focused on complex care coordination thus the dollars are distributed to our entities performing the work). NHP ties the dollars to the strategy being utilized for process-based measures. Performance pool dollars are subject to approval by the NHP Board and are not specifically defined in the PCMP contract.

For behavioral health providers, NHP plans to involve expanding quality metrics as well as an analysis of other levels of care for potential Value Based Payment (VBP) contracting. Additionally, NHP will distribute funds earned through the behavioral health performance incentives based on behavioral health providers' impact and performance for each metric.

References

1. Bodenheimer T, Sinsky C. (2014). From Triple to Quadruple Aim: care of the patient requires care of the provider. Ann Fam Med. 2014; 12:573-576.
2. NCQA.org. PCMH Standards and Guidelines (2017 edition, version 2)
3. Anals of Family Medicine, Annfammed.org/content/12/2/166, Ten Building Blocks of High performing Primary Care, authors: Thomas Bodenheimer, Amireh Ghorob, Rachel Willard-Grace and Kevin Grumbach