



**COLORADO**

Department of Health Care  
Policy & Financing

# APM 2 Program Design Review Team

## Meeting 11

## July 24, 2024



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# Agenda

1. Welcome & Introductions
2. Meeting 10 Recap
3. Performance Improvement
4. Program Sustainability
5. Looking Ahead

# 1. Welcome and Introductions



# Meet the APM 2 Team



**Araceli Santistevan**  
APM 2 Lead



**Dawson Larance**  
APM 2 Co-Lead



**Taylor Kelley**  
Design Review Team  
Lead Facilitator



**Suman Mathur**  
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Design Review Team  
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**Andy Wilson**  
APM 2 Support Team



**Chelsea Finfer**  
APM 2 Support Team



**Drew Lane**  
APM 2 Support Team



**Janet Milliman**  
APM 2 Support Team



# 2. Meeting 10 Recap



# What We Heard

- Care coordination and other member engagement activities take a lot of dedicated time (and staffing) that is not currently reimbursed
- Infrastructure costs would be a helpful addition to help practices move from foundational levels to advanced levels for integrated care and access

# Key Topics for the Design Review Team

- ✓ 1. **Goals and Objectives:** What are we trying to achieve?
- ✓ 2. **Quality Measurement and Quality Target Setting:** How will performance be measured for payment purposes?
- ✓ 3. **Cost Target Setting and Payment Methodology:** How will providers get paid?
- 4. **Performance Improvement:** What information do you need to be successful?
- 5. **Program Sustainability:** What types of support will be needed to sustain this program?

# Today's Objectives

1. Understand data requirements that would be necessary for participants to be successful in APM 2
2. Understand the technical assistance that would be necessary for APM 2 participants to be sustainable in the program
  - Practice transformation support
  - Programmatic support
  - Technology support
3. Discuss next steps



# 3. Performance Improvement



# Performance Improvement: Guiding Principles

What data and reports are needed to understand and enhance performance under an alternative payment model?

A program demonstrates continuous improvements by:

1. **Tracking performance measures\*** that show improvements or sustained high quality in clinical outcomes
2. **Taking action** to leverage data to enhance the APM 2 program
3. **Collecting feedback** from providers and other stakeholders




\*May also refer to additional information related to performance or improved care, such as information on attributed patients.



# APM 2 Data Dashboards

As part of APM 2 design, HCPF will develop new data dashboards.

Key attributes of these dashboards include:

-  Different views for providers and RAEs
-  Accessible via a secure portal for specific users
-  Ability to download and generate summary reports (e.g. in Excel)

Today's discussion will focus on the type of information displayed on these dashboards and how it can be used by providers and RAEs to track performance and improve care.

We will NOT be discussing the methodology for how this data is captured or reported.

# What are the key areas of interest in an APM dashboard?



## Attribution

*Who is in my patient panel?*



## Quality Measurement and Targets

*What is my performance relative to thresholds?*



## Informational Items

*What information do I need to support my attributed patients?*



## Financial Information\*

*What am I getting paid for?*

\*Key aspects of payment will not be discussed today until a payment model has been determined.

# Attribution: Patient Panel



# Who is in my patient panel?

## *What are you trying to understand?*

- Who are my attributed patients that I am responsible for managing their care?
- Who are my attributed patients that are receiving primary care services from other PCMPs?
- Which of my attributed patients are medically and socially complex?
- What trends are there in patients attributed to my practice over time?

## *What information do you need?*

- Patients attributed by attribution methodology with the ability to drill down into specific details and patient characteristics, including patient risk factors
- Historical trends in attributed patients
- Details of leaked primary care services, including CPT codes, for each attributed patient
- Updated list of newly attributed patients and unattributed patients for the current month

**Note:** Today's discussion is NOT about attribution methodology, rather how information related to attribution can be presented to providers and RAEs. Please refer to Appendix slides for more information on attribution methodology.



# Performance on Quality Measures Tied to Payment



# How am I performing on quality measures tied to payment\*?

## *What are you trying to understand?*

- Who is in my numerator?
- Who is in my denominator?
- What is my performance relative to benchmarks?
- What is my performance compared to other primary care providers?
- What is my performance over time?

## *What information do you need?*

- Performance on the quality measures tied to payment with drill down-analyses\*\* and associated quality thresholds
- Which attributed patients are approaching a recommended visit requirement
- Demographics and Health Related Social Needs (HRSN) characteristics of attributed patients

\*Quality measures for payment are included in the Appendix

\*\*Drill-down analyses will allow user to see which attributed patients are included in the numerator (e.g., which members have missed which milestones) and denominator, as well as patient characteristics.





# Informational Items\*

\*Information that is beyond measures tied to payment, but helpful to understand performance and improve care.



# What informational items do I need to manage my attributed patients?

## *What are you trying to understand?*

- Beyond medical needs, what social or environmental factors could be impacting my attributed patients' overall well-being and their ability to receive optimal care?
- What other care outside of primary care are my attributed patients receiving?
- Are my attributed patients adhering to medication prescribed?

## *What information do you need?*

- Demographics and health related social needs characteristics of attributed patients
- Visit rates (acute, specialty care, emergency room)
- Pharmacy claims

# 4. Program Sustainability



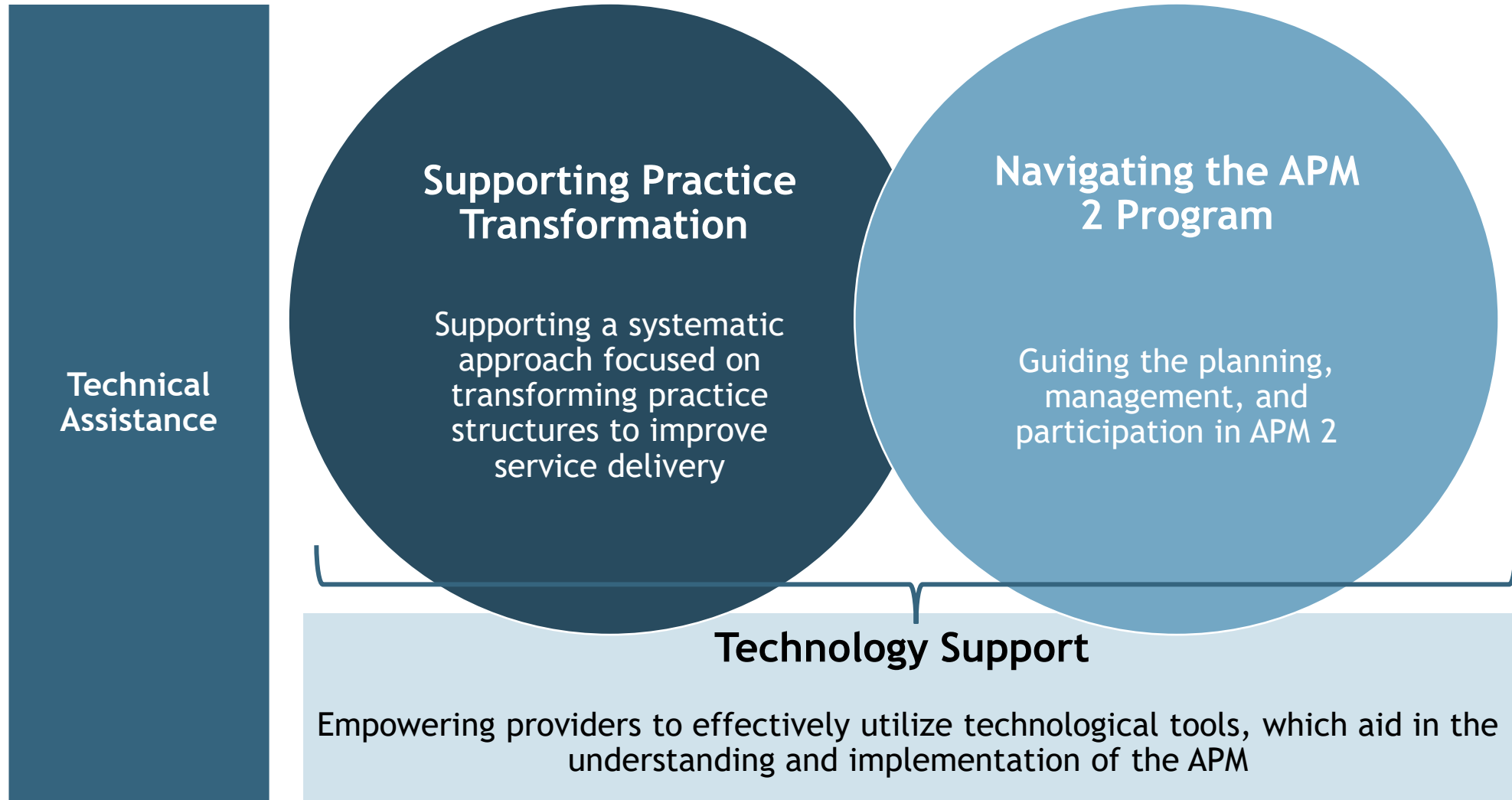
# Sustainability: Guiding Principles

What types of support will be needed to sustain this program?

A program demonstrates sustained outcomes if:

1. Program has predictable and stable earnings potential
2. Program requires low administrative burden to collect data
3. Program aligns with other payment models using the same measures, when possible
4. Targets are established in advance, transparent, and stable
5. **Technical assistance (TA) is available as part of the program**

# What technical assistance do you need to be successful in APM 2?



# Supporting Practice Transformation

Supporting a systematic approach focused on transforming practice structures to improve service delivery\*



## Coaching, Policy Development, and Workflow Enhancement & Implementation

Supporting the enhancement and implementation of policies and workflow related to sustainable business operation, member and family engagement, team-based care, understanding data, and care coordination



## Professional Development and Collaborative Learning

Holding collaborative learning sessions for knowledge exchange and collective growth on current best practices and regulatory changes



## Resource Navigation

Assisting in the identification of local, regional, state, and national resources to improve service delivery



# Navigating the APM 2 Program

Guiding the planning, management, and participation in APM 2



## Trainings

Providing Webinars and in-person trainings and demos to brief providers detailed look at the specific mechanics of APM 2



## Performance Guidance

Working one-on-one with providers to provide an understanding of APM performance and translation of performance into rewards



## Resources

Providing tools and guidance materials, like user manuals and toolkits on the mechanics of APM 2



## Actionable Data Support

Assisting in data interpretation & calculations and reconciliation between provider records & dashboards



## Disputes and Grievances

Offering fair and transparent guidance on resolving disputes or addressing grievances



## Documentation

Assisting with documentation and data reporting requirements of the APM to ensure compliance

# Technology Support

Empowering providers to effectively utilize technological tools, which aid in the understanding and implementation of the APM



## Dashboard Training

Providing detailed training on the usage of the APM dashboard, focusing on how to monitor performance measures and understand potential rewards



## User Setup Guidance

Offering step-by-step guidance on setting up new users on the dashboard, ensuring smooth onboarding



## Troubleshooting Support

Offering prompt resolution of technical issues that may arise during dashboard use, such as login errors or data synchronization problems



## Customization Support

Aiding providers in customizing the dashboard to closely follow performance and track potential rewards



## Alerts and Notifications

Informing providers about data updates or features in the APM dashboard that could enhance APM participation or performance



## Understanding Data

Assisting in reconciling data between provider's records and APM dashboards



# 4. Looking Ahead



# APM 2 DRT Journey

## Goals & Objectives

*What are we trying to achieve?*

## Quality Measures & Target Setting

*How do we measure what we're trying to achieve?*

## Payment & Cost Target Setting

*How should quality performance be rewarded and what factors should be considered?*

## Performance Improvement & Program Sustainability

*How do we best support practices in the program?*

## So, what's next?

# Next Steps

- Stakeholder feedback to inform internal design discussions
- Alignment with other initiatives (e.g. ACC Phase III)
- Additional opportunities for engagement:
  - Public meetings to share program updates (and updates on other VBP programs)
  - Testing team throughout initial years of APM 2 Update
    - Providers and RAEs to meet quarterly to provide feedback