APM 2 Program Design Review Team

Meeting 3

March 13, 2024

Agenda

1. Welcome and Introductions
2. Meeting 2 Recap
3. Future State Measures
4. Looking Ahead
5. Questions

1. Welcome and Introductions

Meet the APM 2 Team

Araceli Santistevan
APM 2 Lead

Dawson Larance
APM 2 Co-Lead

Suman Mathur
Design Review Team
Lead Facilitator

Moriah Bell
Design Review Team
Supporting Facilitator

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Design Review Team
Supporting Facilitator

Hayley Dennison
APM 2 Support Team

Andy Wilson
APM 2 Support Team

Chelsea Finfer
APM 2 Support Team

Shani Ogilvie
APM 2 Support Team

2. Meeting 2 Recap

What we heard

- DRT members agreed that goals and objectives address what is important
- Participants wanted to see more language supporting Members with disabilities reflected in the goals and/or objectives
- Participants requested to see and review more of the data that led to the initial creation of the goals
- Participants expressed some concerns that these goals were not as person-centered as they could be
- Participants shared that the goals lacked a focus on upstream prevention work and wellness

The Design Review Team will provide iterative feedback to HCPF on key design topics

✓1. **Goals and Objectives:** What are we trying to achieve?

2. **Quality Measurement and Quality Target Setting:** How will performance be measured for both informational and 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?

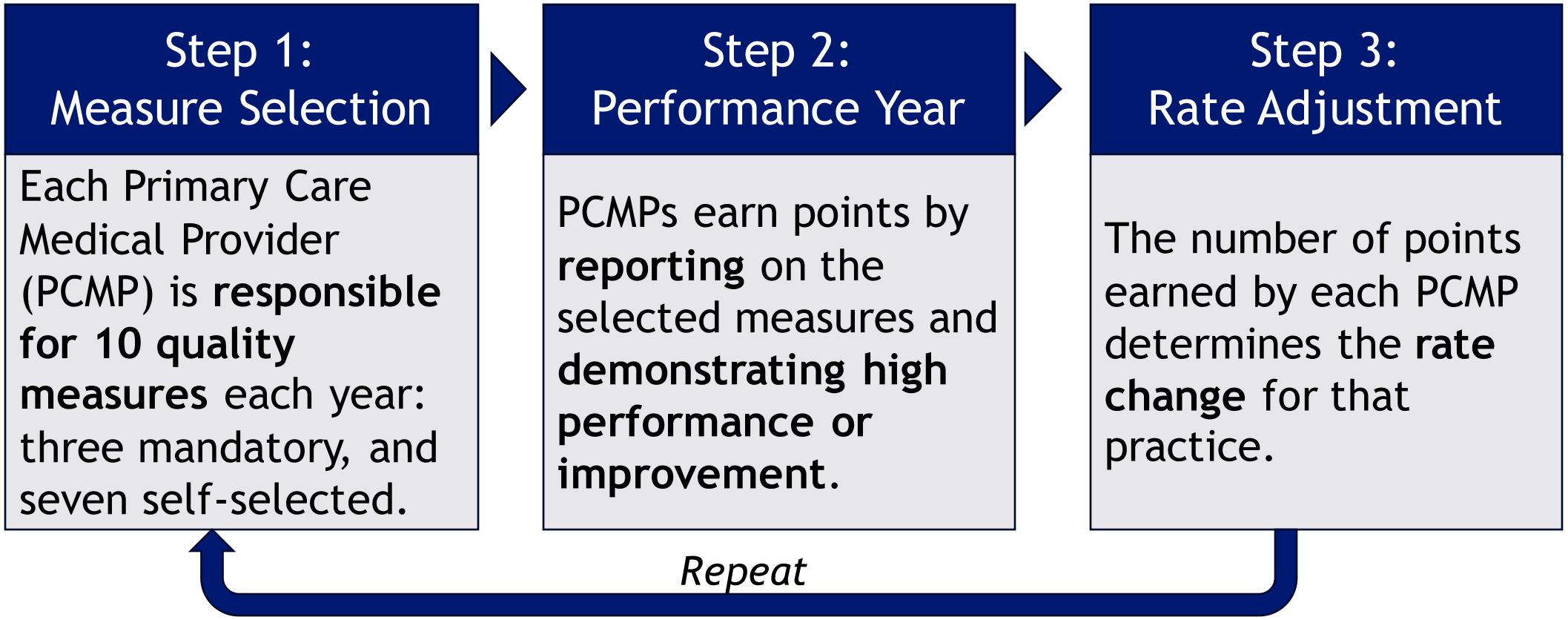
5. **Program Sustainability:** What types of support will be needed to sustain this program?

What can measures be used for?

1. To tie to payment
2. To evaluate and track program success
3. To support continuous improvement activities for providers
4. Support member choice

APM 1 Overview

The APM 1 uses a **points-based** system to measure provider performance.



Types of Measures in APM 1

Structural Measures. Focus on a practice's capacity, systems, and processes to provide high-quality care.

- Provided and calculated via attestation form administered by the RAE.

Administrative Measures. Indicate what a provider does to maintain or improve health, either for healthy people or for those diagnosed with a chronic health condition.

- Provided and calculated via state agency data and claims data.

Electronic Clinical Quality Measures (eCQMs). Reflect additional detail beyond the claim files showing the impact of the health care services or interventions on the health status of patients.

- Provided and calculated via electronic medical record (EMR).

Future Program Updates: Overview

- APM 1 will be sunset within the next 12 months
  - Please note: FQHCs will still have the encounter rate option available for reimbursement
- There will be a single quality model as part of the APM 2 redesign
- Decision points on eligibility and quality structure are TBD

Future Program Updates: Rationale

- Provider feedback on APM 1 - low incentive for high performers, unnecessary complexity, administrative burden
- HCPF feedback - administrative burden doesn't justify the value and the need to re-align with ACC 3.0
- Does not fully support APM 2 program sustainability
- Does not encourage further uptake of value-based payments

Measure Selection Considerations

1. Align with industry standards and other programs
2. Link back to APM 2 goals
3. Measures are statistically reliable and valid

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1. Measures will align with industry standards and other programs, including but not limited to:

- Centers for Medicare and Medicaid Services Child Core Sets
- Colorado Division of Insurance
- HCPF Health Equity Plan
- CMS Innovation Model (CMMI) Making Care Primary

- Accountable Care Collaborative Phase III KPI
- Healthcare Effectiveness Data and Information Set (HEDIS)
- Agency for Healthcare Research and Quality
- Federally Qualified Health Centers (FQHC)- Health Center Program Uniform Data System (UDS)
- HCPF Hospital Transformation Program (HTP)

1. Measures will align with industry standards and other programs

Colorado APM Alignment Initiative

House Bill 22-1325 – Primary Care APMs

Colorado Insurance Regulation 4-2-96

Colorado APM Alignment Initiative | House Bill 22-1325 - Primary Care APMs | Colorado Insurance Regulation 4-2-96

Colorado Insurance Regulation 4-2-96: Aligned Quality Measure Set (Adult Measure Set)

Domain	Measure	CBE ID/Steward
Preventive Care	Breast Cancer Screening	2372 / NCQA
Preventive Care	Cervical Cancer Screening	0032 / NCQA
Preventive Care	Colorectal Cancer Screening	0034 / NCQA
Preventive Care	Screening for Depression and Follow-Up Plan	0418 / CMS
Chronic Conditions	Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)	0059 / NCQA
Chronic Conditions	Controlling High Blood Pressure	0018 / AHRQ
Patient Experience	Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Adult Survey - OR – Person-Centered Primary Care Measure (PRO-PM)	0006 / AHRQ 3568 – American Board of Family Medicine

Source: Colorado Insurance Regulation: Appendix 3 CCR 702-4-2-96-C Aligned Quality Measure Sets

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2. Measures will link back to APM 2 goals

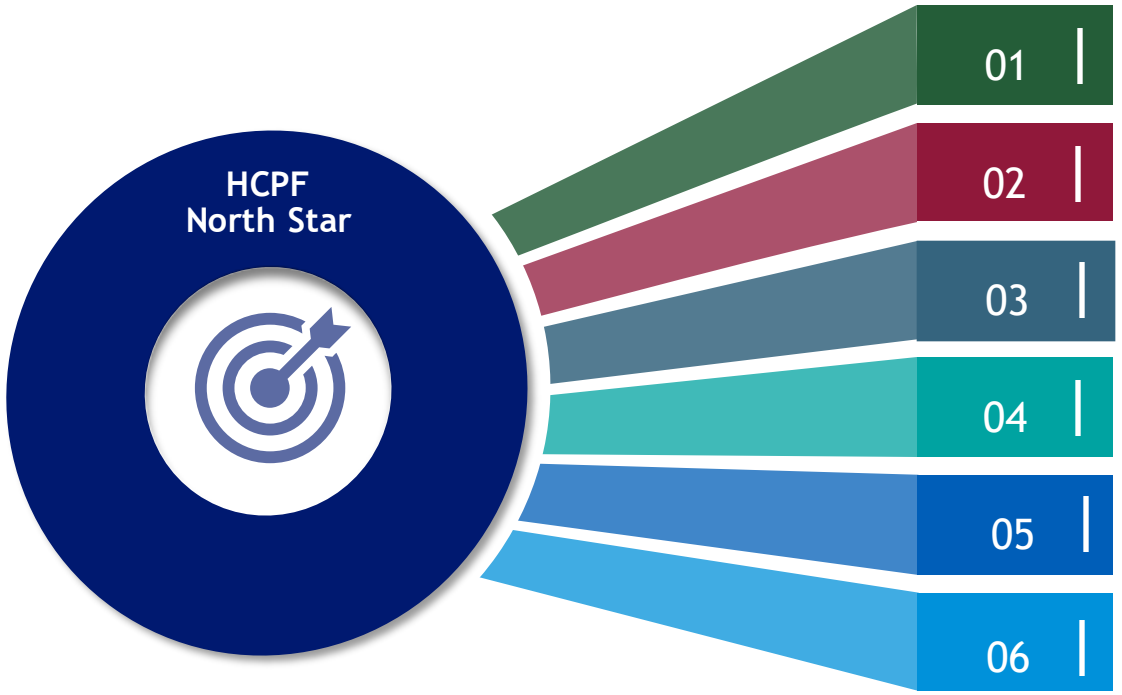
Our focus for today

North Star
Aim across all value-based payment programs

APM 2 Goals
Linked back to the North Star: the "what (are you trying to achieve)"

Objectives
Supporting Objectives of APM 2 Goal: the "how (are you going to achieve the goal)"

Measures
How do we measure the APM 2 Goals/Objectives?



Goal 1: Reduce avoidable hospital use for Members & increase use of primary care services

What other measures should the State consider to support:
- *Evaluating and tracking program success*
- *Continuous improvement activities for providers*

Objective	Reduce avoidable ED utilization and hospital admissions for Members with chronic conditions	Measure(s)	• TBD
Objective	Increase utilization of preventative care appointments (i.e., annual check-ups, etc.)	Measure(s)	• Breast Cancer Screening • Cervical Cancer Screening • Colorectal Cancer Screening • Screening for Depression and Follow-Up Plan • TBD

Measure potentially tied to payment
Measures TBD: Informational Only

*Note: Measures potentially tied to payment are from Colorado Insurance Regulation: Appendix 3 CCR 702-4-2-96-C Aligned Quality Measure Sets

Goal 3: Close the gap in disparities for primary care outcomes across the State

What other measures should the State consider to support:
- *Evaluating and tracking program success*
- *Continuous improvement activities for providers*

Objective	Increase sharing of stratified data to understand current disparities & target areas for improvement	Measure(s)	• CAHPS Health Plan Adult Survey* • Person-Centered Primary Care Measure (PRO-PM)* • TBD
Objective	Improve the use of culturally competent care approaches	Measure(s)	• TBD

Measures TBD: Informational Only

*Source: Colorado Insurance Regulation: Appendix 3 CCR 702-4-2-96-C Aligned Quality Measure Sets

Goal 4: Close the gap in rural vs. urban disparities for primary care outcomes across the State

What other measures should the State consider to support:

- *Evaluating and tracking program success*
- *Continuous improvement activities for providers*

Objective	TBD - Specify objectives for specific primary care outcomes once quality measures / data analyses complete
Measure(s)	• Look at payment model quality measures via racial, demographic, geographic, etc. breakouts • TBD

Measures TBD: Informational Only

Goal 5: Reduce total costs of care while keeping primary care costs per Member stable or higher

What measures should the State consider to support:

- *Evaluating and tracking program success*
- *Continuous improvement activities for providers*

Objective	Provide resources to support practice transformation to facilitate appropriate, timely utilization of support resources & programs	Measure(s)	• TBD
Objective	Reward primary care practices that demonstrate high-quality care	Measure(s)	• TBD
Objective	Keep total cost of care spend equal or lower than current levels	Measure(s)	• TBD

Measures TBD: Informational Only

Goal 6: Provide stabilized revenue and upfront investment into primary care practices

What measures should the State consider to support:
- *Evaluating and tracking program success*
- *Continuous improvement activities for providers*

Objective	Assess revenue streams (PMPM, FFS, incentive payments), for consistency & best practice approaches
Measure(s)	• TBD

Measures TBD: Informational Only

6. Looking Ahead

What's Next?

- **Next DRT Session:** Wednesday, March 27th from 11:00am – 1:00pm

- **Resources** available for your review:
  - Team Charter
  - APM 2 Program Resources
  - APM 101 Videos
    - APM 1
    - APM 2

- **Questions?** Please email us at HCPF_VBPStakeholderEngagement@state.co.us

7. Questions?

Appendix