



**COLORADO**

Department of Health Care  
Policy & Financing

# PACK Program Design Review Team

## Meeting 11

## July 24, 2024



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# Agenda

1. Welcome and Introductions
2. PACK Design Roadmap
3. DRT Feedback Summary
  - Themes
  - Additional Questions and Feedback
4. Next Steps

# 1. Welcome and Introductions



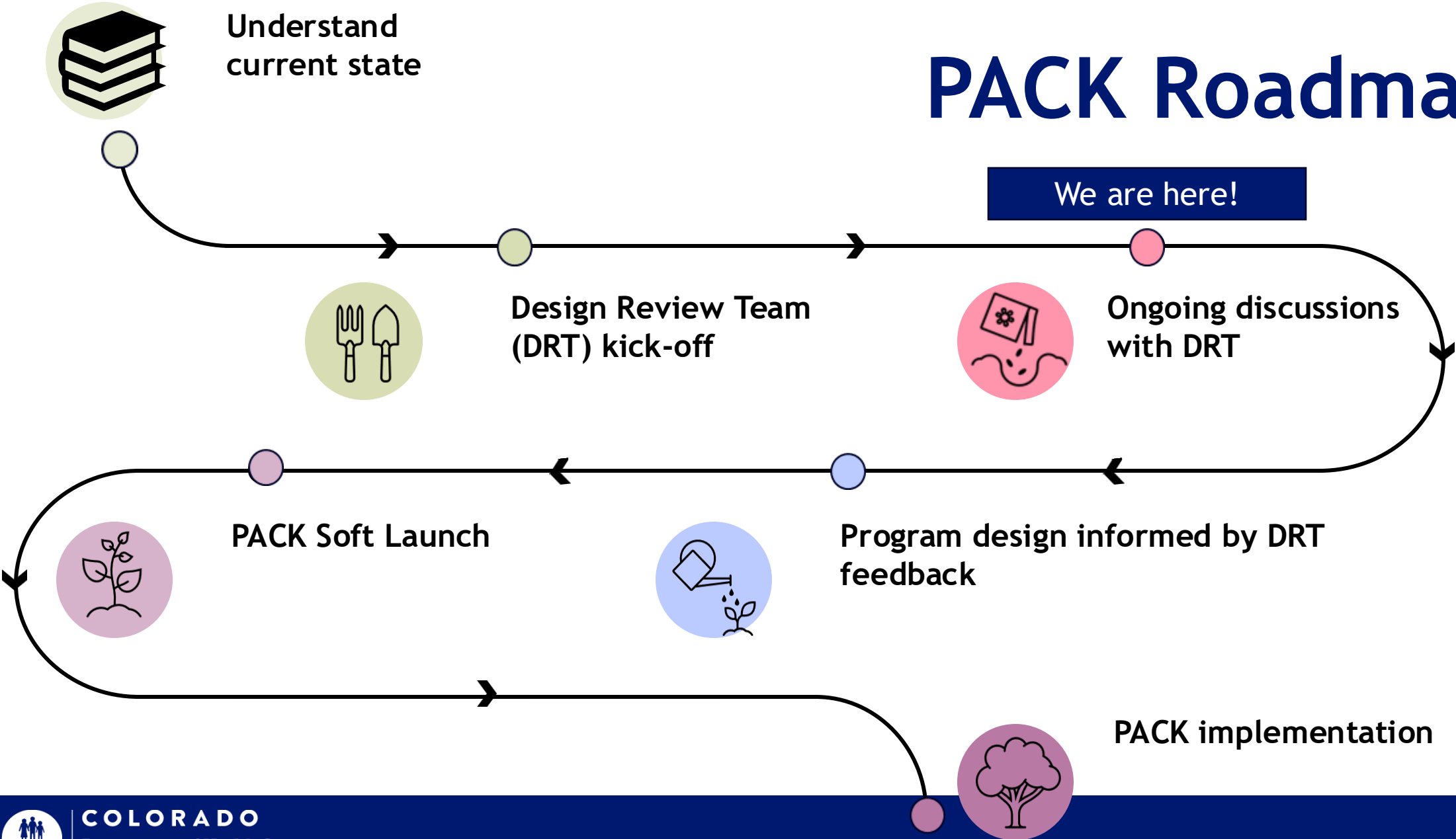
# Today's Objectives

1. Share a high level roadmap of PACK model design.
2. Review stakeholder feedback received throughout the DRT and gather remaining insight.
3. Understand next steps in PACK program design, and how stakeholder feedback will be reviewed and incorporated.

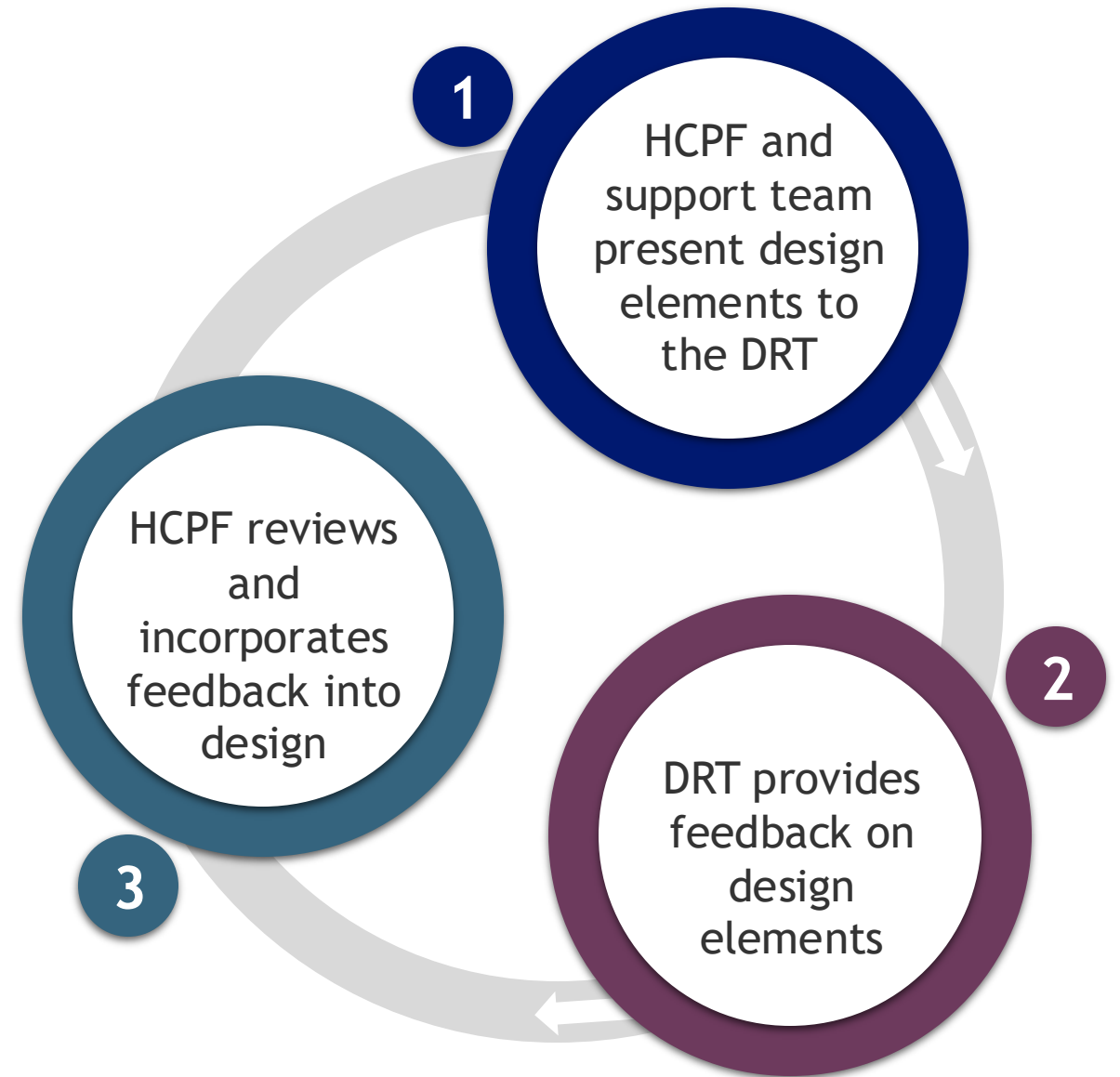
# 2. PACK Design Roadmap



# PACK Roadmap



**Your feedback has and will continue to be used to inform PACK program design.**



# 3. DRT Feedback Recap





# Key Topics for the Design Review Team

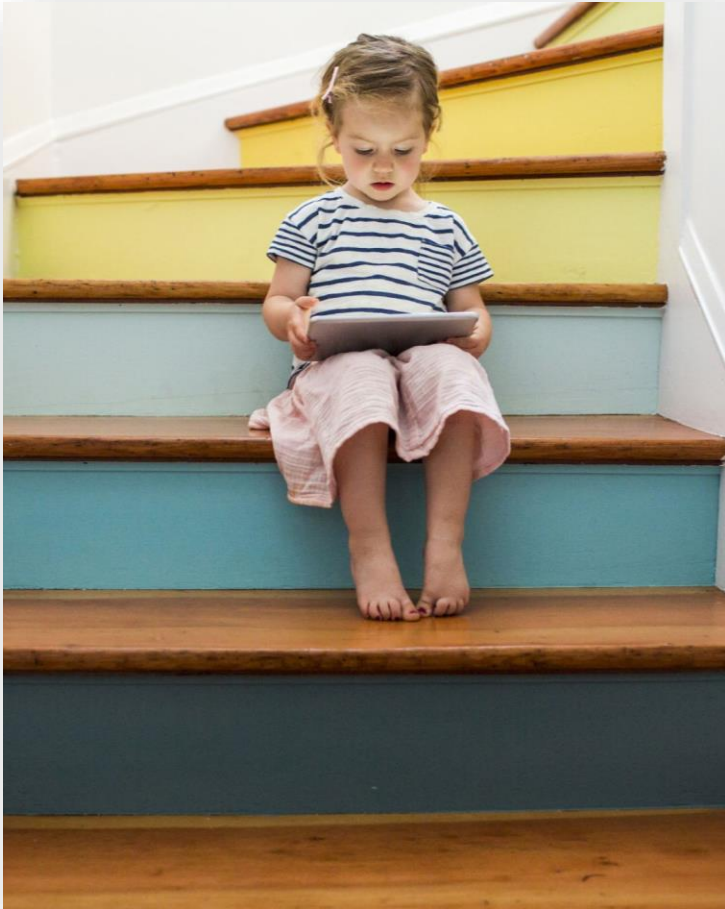
- ✓ **1. Goals and Objectives:** What are we trying to achieve?
- ✓ **2. Quality Measurement and Quality Target Setting:** How will performance be measured for both informational and payment purposes?
- ✓ **3. Payment:** What adjustments to payment are needed to adequately support high-value care delivery? What is the mechanism of how providers will be 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?

# We've covered these topics across 10 sessions.

Date	DRT Meeting	APM Framework Component	PACK DRT Meeting Topic (Subcomponent)
Feb 7	1	DRT Overview	Sessions, expectations, background
Feb 28	2	Goals and Objectives	Feedback on goals
Mar 13	3	Quality Measurement and Quality Target Setting	Feedback on quality measures and targets as well as operationalization
Mar 27	4	Payment	Feedback and proposed considerations for attribution method
Apr 24	5	Quality Measurement and Quality Target Setting	Feedback on quality target setting methodology
May 8	6	Payment	Overall process of payment and target setting
May 22	7	Quality Target Setting and Reward Structure	Feedback on quality target setting methodology
June 12	8	Payment	Considerations of non-reimbursed pediatric outpatient primary care activities under Fee-For-Service
June 26	9	Payment	Considerations for special provider types
July 10	10	Performance Improvement and Program Sustainability	Actionable insights on types of practice transformation resources, data, and coaching supports needed
July 24 - Today!	11	Wrap-Up	Wrap up meeting with a recap of key themes and Q&A



# Overarching Feedback



- Pediatric primary care is **distinct from adult primary care**, and it should be recognized as such in a value based payment model.
  - **Focus is on providing preventive services** more than treating chronic conditions.
  - Care for a pediatric patient is dynamic and requires frequent and timely visits.
  - The provision of pediatric services should be responsive to family needs.
- Low reimbursement exacerbates pediatric practices' financial solvency.
- Pediatric practices with a high Medicaid payer mix, as well as rural and small pediatric practices, experience financial barriers.
- Attribution accuracy and data integrity pose challenges, especially for pediatric practices.
- Goals and objectives, quality measures, and programmatic components should be aligned with other APMs and ACC Phase III.

# Discussion 1: Overarching Feedback

- Are the themes correctly capturing the discussion on overarching feedback?
- Is there additional feedback or comments on overarching feedback that should be considered when designing PACK?

# Goals & Objectives

Please reference Appendix A for relevant past DRT materials.

# Goals and Objectives

- Proposed goals and objectives are aligned with what DRT members believe is important to providers and Health First Colorado members.
  - Some goals and objectives may be outside the scope of PACK or beyond control of the provider (e.g. Goals 3 and 4).
  - Financial barriers associated with low Medicaid reimbursement pose challenges to achieve goals and objectives.

## Goal 1

Improve medical outcomes for child and adolescent members

## Goal 2

Improve developmental and behavioral outcomes for child and adolescent members

## Goal 3

Reduce disparities for key primary care outcomes across the state

## Goal 4

Increase access to pediatric primary care for child and adolescent members

## Goal 5

Improve member and family experience

## Goal 6

Develop a pediatric value-based payment program that is sustainable for both providers and HCPF

# Discussion 2: Goals and Objectives

- Are the themes correctly capturing the discussion on goals and objectives?
- Is there additional feedback or comments on goals that should be considered when designing PACK?

# Quality Measures and Quality Target Setting

Please reference Appendix B for relevant past DRT materials.



# Quality Measures

Measure	
1	Child and Adolescent Well-Care Visits
2	Developmental Screening in the First Three Years of Life
3	Well-Child Visits in the First 30 Months of Life
4	Screening for Depression and Follow-Up Plan
5	Childhood Immunization Status
6	Immunizations for Adolescents

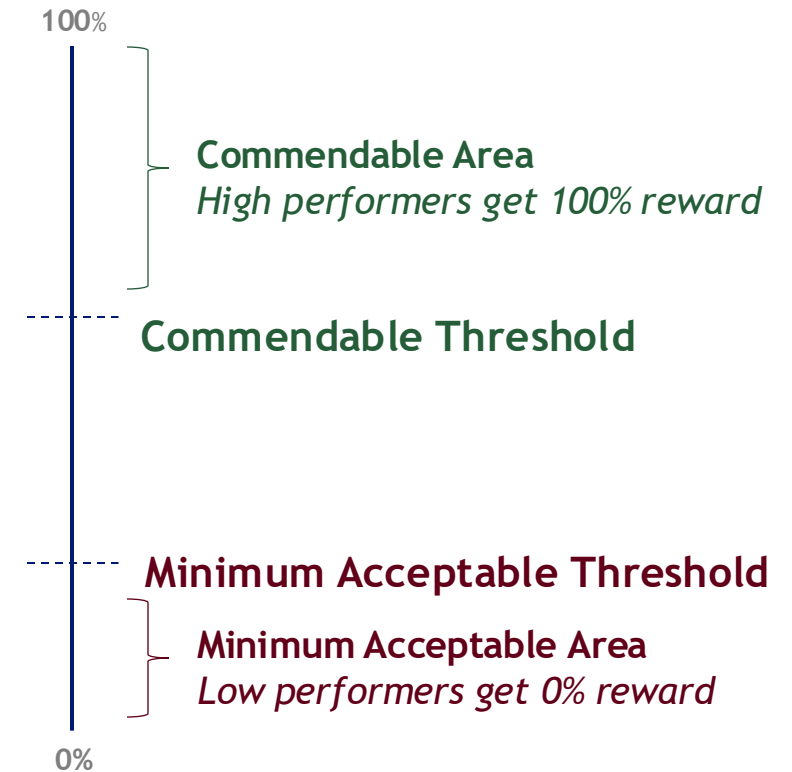
- Additional informational measures, that focus on clinical outcomes, were suggested.
- Possible challenges for the proposed measures include:
  - Meeting immunization measures due to vaccine hesitancy
  - Disaggregating data on certain measures by race/ethnicity given small sample size
- Measuring patient experience is important, but current assessment tools (e.g. CAHPs) have limitations.
  - Suggestions to use continuity of care and patient retention rates to assess patient experience

# Discussion 3: Quality Measurement

- Are the themes correctly capturing the discussion on quality measurement?
- Is there additional feedback or comments on quality measurement that should be considered when designing PACK?

# Quality Target Setting

- An achievable commendable threshold makes sense for PACK.
- A minimum acceptable threshold could make it harder for already struggling pediatric providers to receive any additional financial support.
- A **tiering structure** to assess performance between thresholds allows for more of a buffer for performance and better accounts for both statistical variance and external factors.
  - Some DRT members preferred the current "close the gap" methodology (e.g. improvement) over absolute threshold (achievable and minimum acceptable threshold) as it incentivizes continual improvement and is more achievable for low performers.



# Discussion 4: Quality Target Setting

- Are the themes correctly capturing the discussion on quality target setting?
- Is there additional feedback or comments on quality target setting that should be considered when designing PACK?

# Payment

Please reference Appendix C and Appendix D for relevant past DRT materials.

# Payment Overview

- Shared savings and total cost of care (TCOC) models are not appropriate for pediatric primary care. There are few chronic conditions and minimal over-utilization, return on investment for pediatric primary care services likely takes decades, and some cost savings occur outside of the healthcare systems.
- Due to pediatric focus on prevention, high quality pediatric care may lead to increased utilization of preventative services.
- Prospective payment with reconciliation pose challenges of administrative burden and unpredictability.
- Pay-for-performance is appropriate for PACK as long as this results in additional dollars on top of base fee-for-service and avoids downside risk.

# Payment: Non-Billable Services

- There are a host of non-billable services that drive value in pediatrics (e.g. nurse phone triage).
- Provision of non-billable services and ability to progress in practice capabilities are limited by constrained financial resources.
- Current RAE payments, which vary across regions, do not fully cover expenses of current and enhanced non-billable services.
- Provision of non-billable services like care coordination may look differently across practice types (e.g. rural or small providers) due to patient needs, staffing, and available external regional resources.

# Payment: Provider Types

- Pediatric practices have a high Medicaid proportion in their payer mix, resulting in lower aggregate reimbursement to the practice.
- Small practices, which should be defined based on the number of provider FTE, may struggle with alternative payment model adoption due to limited capacity and technology.
- Limited access to pediatric specialists in rural areas means that pediatric PCMPs must manage more complex care within their practice compared to adult primary care.
- School based health centers may serve as an increased access point despite not serving as a member's medical home.



# Discussion 5: Payment

- Are the themes correctly capturing the discussions on payment?
- Is there additional feedback or comments on payment that should be considered when designing PACK?

# Performance Improvement

Please reference Appendix E for relevant past DRT materials.

# Performance Improvement: Dashboard Design



## Attribution

- Monthly reporting cadence
- Information about where attributed patients are receiving care may be helpful
- Attribution methodology and transparency for fixing errors



## Quality Measurement and Targets

- Additional context on metrics and performance (e.g. thresholds, confidence intervals, relevant technical specifications)
- Longitudinal trends
- Data drill down
- Data dashboard customization



## Informational Items

- Utilization patterns for different service types (e.g. mental health, therapies, ED, urgent care, inpatient care, PT, and OT)
- Pharmacy claims can help assess medication management and total cost of care



## Financial Information\*

*What am I getting paid for?*

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

# Discussion 6: Dashboard Design

- Are the themes correctly capturing the discussion on dashboard design for performance improvement?
- Is there additional feedback or comments on dashboard design that should be considered when designing PACK?

# Program Sustainability

Please reference Appendix F for relevant past DRT materials.

# Program Sustainability: Technical Assistance

- Practice transformation should be pediatric specific.
- Practice transformation efforts that are initiative-focused may increase administrative burden for providers who participate in multiple programs, particularly if not all programs are pediatric-focused.
- To establish and maintain trust between entities, it is important that providers have a venue to discuss data discrepancies with HCPF to resolve these issues and build trust.

# Discussion 7: Program Sustainability

- Are the themes correctly capturing the discussion on program sustainability?
- Is there additional feedback or comments on program sustainability that should be considered when designing PACK?



## Concluding Thoughts

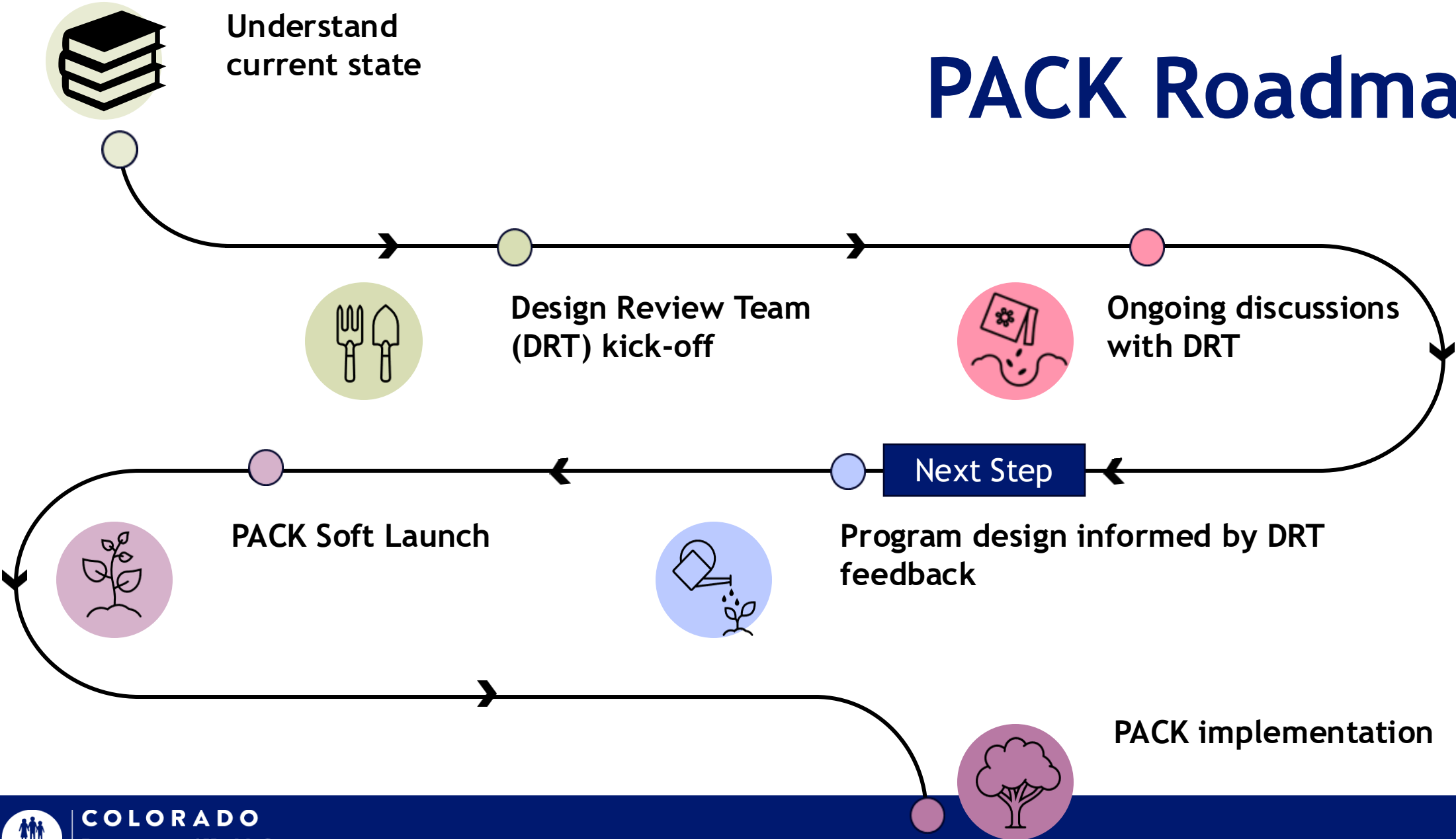
- Are there any additional comments you would like to share?
- What additional questions do you have on the PACK design elements?



# Next Steps



# PACK Roadmap



# What's Next for PACK?

- Stakeholder feedback to inform internal design discussions
- Alignment with other initiatives (e.g. ACC Phase III)
- Additional opportunities for engagement:
  - Public meetings to share PACK model design (and updates on other VBP programs)
  - Testing team throughout initial year of PACK
    - Provider and RAEs will meet quarterly to provide feedback



**THANK YOU!**

