



# Oregon Primary Care Payment Reform Collaborative

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# Patient Centered Primary Care Program

(courtesy Patient Centered PC Collaborative)

- ▶ Established 2009
- ▶ Define core attributes of the patient centered primary care home;
- ▶ Establish a simple and uniform process to identify patient centered primary care homes that meet the core attributes defined by the Office;
- ▶ Develop uniform quality measures that build from nationally accepted measures and allow for standard measurement of patient centered primary care home performance; and
- ▶ Develop policies that encourage the retention of, and the growth in the numbers of, primary care providers.
- ▶ Established to help practices with CPC, CCO and Health Homes

# Patient Centered Primary Care Program

- ▶ Broadened in 2012 with the establishment of the Patient Centered Primary Care Institute
- ▶ to help practice transformation, including behavioral health integration support, and learning collaboratives with expert network
- ▶ Had multiple payment models:
  - ▶ CPC, CPC Plus
  - ▶ Coordinated Care Organizations through Medicaid
  - ▶ Aetna PCMH program

# Patient Centered Primary Care Program

<a href="#">Chapter 602 of the 2011 Oregon Laws</a>	Enacted	2011
<p>This law established the Oregon Integrated and Coordinated Health Care Delivery System. It requires the Oregon Health Authority (OHA) to establish standards for using PCPCHs within Coordinated Care Organizations (CCO) and requires CCOs to implement PCPCHs to the extent possible.</p>		
<a href="#">Chapter 595 of the 2009 Oregon Laws</a>	Enacted	2009
<p>The legislation established the Patient Centered Primary Care Home (PCPCH) Program by the Office for Oregon Health Policy and Research. This law created a learning collaborative to assist practices in developing the infrastructure for PCPCH. The law also allowed for changes in payment for practices who provide care in medical homes including payment for interpretive services and rewards for improvements in health quality.</p>		
<a href="#">Oregon Senate Bill 934 - Relating to payments for primary care; creating new provisions; and amending ORS</a>	Enacted	2017
<p>Requires coordinated care organization, Public Employees' Benefit Board and Oregon Educators Benefit Board to spend at least 12 percent of total medical expenditures on primary care by January 1, 2023.</p> <p>Requires Department of Consumer and Business Services to establish requirements for carrier to submit plan for increasing spending on primary care as percentage of total medical expenditures if carrier is spending less than 12 percent of total medical expenditures. Extends sunset on Primary Care Transformation Initiative.</p> <p>PASSED - Effective date, January 1, 2018.</p>		
<a href="#">SB 765 A: Relating to Primary Care</a>	Pending	2019
<p>Modifies definitions of "primary care" and "total medical expenditures" for purpose of reports on spending for primary care by insurance carriers, Public Employees' Benefit Board, Oregon Educators Benefit Board and coordinated care organizations.</p> <p>Requires all carriers, providing specified health insurance Public Employees' Benefit Board, Oregon Educators Benefit Board and coordinated care organizations to report on spending anticipated in upcoming year on primary care, and on use of alternative payment methodologies for reimbursing costs of primary care and on percentage of spending on primary care that uses alternative payment methodologies. Requires Department</p>		

# Primary Care Payment Reform

## Collaborative (report to the Oregon Legislature, Feb, 2019)

- ▶ Established 2015 and 2016 by legislative mandate for reporting of annual primary care spending. The spending included:
- ▶ Prominent carriers, defined as health insurance carriers with annual health premium income of \$200 million or more. These carriers may offer commercial or Medicare Advantage plans. • Health insurance plans contracted by the Public Employees' Benefit Board (PEBB) and Oregon Educators Benefit Board (OEBB) • Medicaid coordinated care organizations (CCOs)
- ▶ It excludes: • ERISA self-insured plans • Prescription drug claims • Health care payers not covered by SB 231, and • Health care spending by people who pay out-of-pocket including people without insurance.

# Primary Care Payment Reform Collaborative

- ▶ In addition to reporting on spending allocated to primary care, SB 231 requires OHA to convene a Primary Care Payment Reform Collaborative. The collaborative is an advisory group tasked with helping OHA develop and implement the Primary Care Transformation Initiative to strengthen Oregon's primary care system. Senate Bill 934 (2017) extends the collaborative through 2027.
- ▶ SB 934 also requires health insurance carriers and CCOs to allocate at least 12 percent of their health care expenditures to primary care, by 2023.

# Primary Care Payment Reform Collaborative

- ▶ Claims-based payments: Payments to health care providers for services reported on health care claims. As reflected in statute, OHA uses claims based on specific provider types and for specific services related to primary care. Information about claims-based payments made by Oregon's major health care payers is available from OHA's All Payer All Claims Data Reporting Program (APAC).
- ▶ • Non-claims-based payments: Payments to health care providers intended to:
  - ▶ o Motivate efficient care delivery o
  - ▶ Reward achievement of quality or cost-savings goals, and
  - ▶ o Build primary care infrastructure and capacity.

drugs.

$$\frac{\text{Claims-based payments for primary care} + \text{Non-claims-based payments for primary care}}{\text{Total claims-based payments} + \text{Total non-claims-based payments}} = \text{Percentage of medical spending allocated to primary care}$$

### Claims-based payments

#### Payments to primary care providers and practices:

##### Primary care providers

- Physicians specializing in primary care, including family medicine, general medicine, obstetrics and gynecology, pediatrics, general psychiatry, and geriatric medicine
- Naturopathic providers
- Physicians' assistants, and
- Nurse practitioners

##### Primary care practices

- Primary care clinics
- Federally qualified health centers (FQHCs), and
- Rural health centers

#### For primary care services:

- Office or home visits
- General medical exams
- Routine medical and child health exams
- Preventive medicine evaluation or counseling
- Health risk assessments
- Routine obstetric care, including delivery, and
- Other preventive medicine

### Non-claims-based payments

#### Payments to primary care providers and practices:

- Capitation payments and provider salaries
- Risk-based payments
- Payments for patient-centered primary care home or patient-centered medical home recognition
- Payments to reward achievement of quality or cost-savings goals
- Payments aimed at developing capacity to improve care for a defined population of patients, such as patients with chronic conditions
- Payments to help providers adopt health information technology, such as electronic health records
- Payments or expenses for supplemental staff or activities, such as practice coaches, patient educators, patient navigators or nurse care managers