

Multi-payer Advanced Primary Care Practice (PCP) Demonstration

Preview of scope, purpose, and design concepts

Centers for Medicare & Medicaid Services

Office of Research, Development, and Information

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Background, scope and purpose

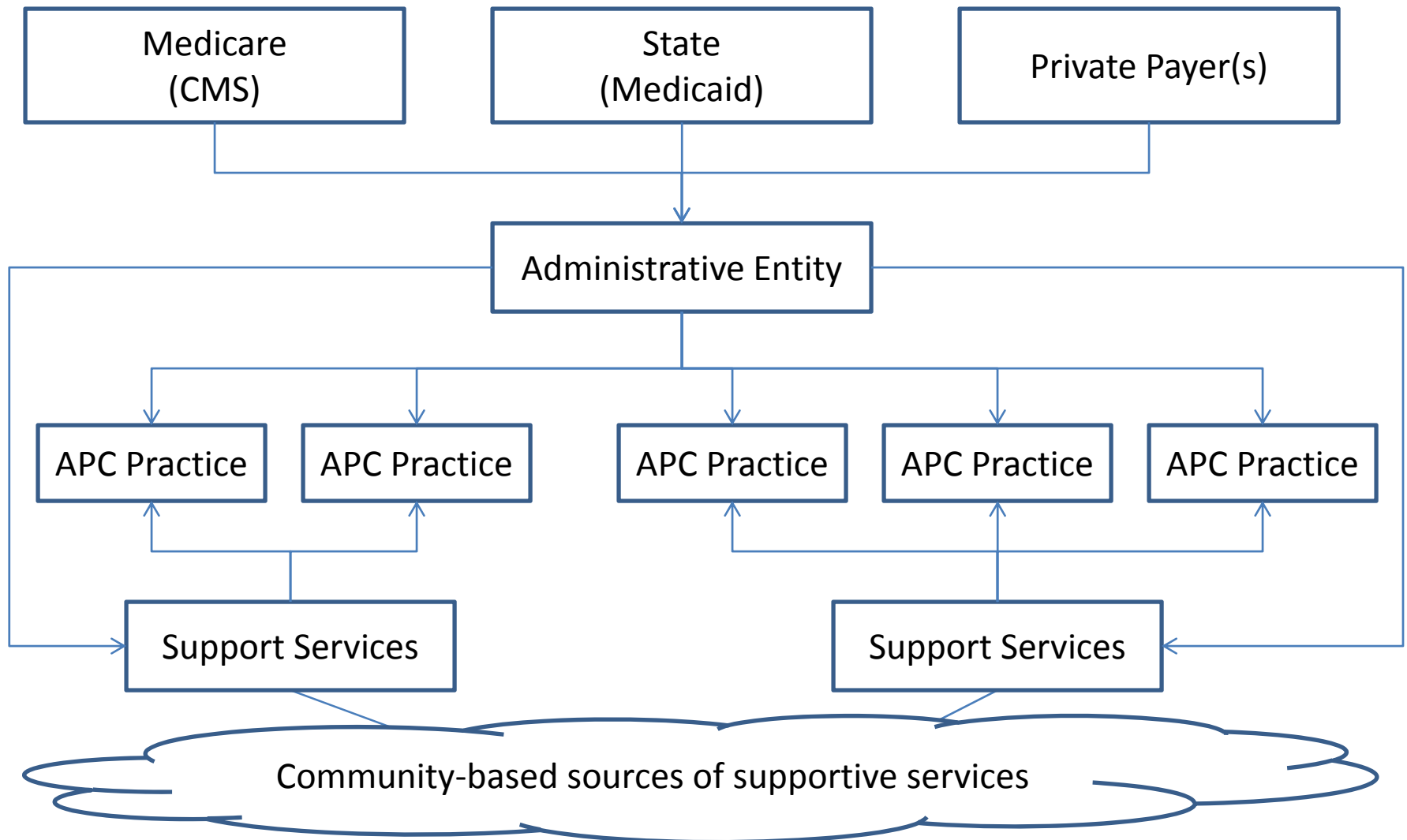
- Three year demonstration open to States
- Intended to promote transformation of primary care practice
 - Consistent with the general notion of ‘advanced primary care practice’
 - Will not require any one definition of ‘advanced primary care practice’
 - Will require rigorous criteria for ‘advanced primary care practices’
- Goals include...
 - Reduction of unjustified variation in utilization and expenditure
 - Improvement in safety, timeliness, effectiveness, and efficiency
 - Increased patient participation in decision making
 - Increased access to evidence-based care in underserved areas
 - Contribute to ‘bending the curve’ in Medicare/Medicaid expenditures

Anticipated operation of MAPCP demonstration

- Medicare will join established State-led multi-payer initiatives
- Beneficiaries will be 'affiliated' with participating practices
- The State will ...
 - establish administrative structure for multi-payer initiative
 - support practice/quality improvement efforts
 - administer Medicare payments to providers / support organization(s)
- CMS will ...
 - continue to pay for otherwise covered services
 - participate as payer for Medicare beneficiaries
 - contribute to multi-payer data systems
 - independently monitor / evaluate impact on Medicare program

Possible MAPCP Demonstration Organization

(Hypothetical structure—some other structures are possible)



What problem does the MAPCP Demo address?

(One possible formulation ... there are others)

- Many patients lack primary care providers
- Lack of PCP resources / organization can contribute to ...
 - fragmented and untimely care
 - unnecessary reliance on ERs for primary care
 - avoidable hospital admissions
 - avoidable hospital re-admissions
- Underuse of community resources can contribute to ...
 - inadequate support for patient self-management
 - failure to prevent disease or progression
 - poor health outcomes / potentially avoidable expenditure

What is the MAPCP solution?

Variety of 'models' but with many common features

- Every patient has an identifiable PCP
- Practices have resources to play more central role
 - payment for time spent managing complex needs
 - links to community resources to facilitate self-management
 - information on patterns of care and evidence-based guidelines
- Practices reorganize the way care is delivered
 - expanded availability of PCP to patient
 - greater use of multi-disciplinary teams
 - linkage with other providers
- Will not impose any one 'model', but need a clear description

Basic eligibility requirements

- Applicant is a State conducting a multi-payer reform initiative
- State program already underway
- The central focus on ‘advanced primary care practice’
- Use of community resources to support ‘APC’ practices
- Integration with state wellness/disease prevention efforts

Requirements for selection/award

- Substantial participation by Medicaid & private payers
- Substantial support by primary care physicians
- Rigorous qualification of 'advanced primary care practices'
- Mechanism to integrate community-based resources
- Prospective assurance of budget neutrality
- Administrative structure/capacity

Anticipated content of application

(Information on which application will be evaluated)

- Problem definition
- Description of program and how it addresses the problem
- Organizational structure and capabilities
 - Administrative / operating structure for multi-payer initiative
 - Criteria for selecting and characteristics of participating practices
 - Methods of associating patients with practices
 - Methods of integrating community-based resources
 - Integration with wellness/disease prevention efforts
 - Intended use of and structures for housing multi-payer database
- Financial / payment arrangements (with supporting budget)
 - Payment of participating practices
 - Payment for community -based care coordination services
 - Payment for administrative services (including data support)
- Evidence supporting projection of budget neutrality

Key issues to be addressed in solicitation

- Criteria for eligibility (multi-payer/PCP support)
- Participating practices
 - Definition and qualification of advanced primary care practices
 - Use of community-resources to support participating practices
 - Support for State health promotion / disease prevention efforts
- Budget neutrality requirements
 - How can State provide prospective assurance
 - Ongoing monitoring of budgetary impact
- Administrative arrangements
 - Attribution/tracking of beneficiaries to PCPs
 - Payment of participating practices for participating beneficiaries
 - Quality measurement / performance tracking
- Limitations on program size (covered lives, number of awards)

Timeline

- Publication of solicitation later this fall
- Review of applications early winter
- Announcement of awards and initiation of projects mid-2010

What we would like to hear about ...

- What are the questions that the solicitation should anticipate?
 - Concerning eligibility requirements?
 - Concerning design/structure/status of state programs?
 - Concerning how state prospective assurance of budget neutrality?
 - Concerning participation of private payers and providers?
 - Concerning data / payment and other issues...
- Questions / comments will be most helpful if ...
 - Posed in context of how the state initiative works
 - Accompanied by description of specific concerns
- May not be able to provide questions on call
 - Will help inform content of solicitation / application
 - Will be addressed in FAQs / materials on MAPCP website