



PCMH User Group Meeting Highlights 2/24/21

Handouts from this presentation are attached to email and on website (slides and highlights under PCMH User Group)

Marie Hooper, NPO, Executive Director: Direct Contracting and The Future

Please Review the attached presentation for supporting information on this topic

- **NPO-CIN** is the engine that will drive all the work that NPO has been working on for the past ten years as we work to drive the fee for value reimbursement NPO practices have been striving for. NPO-CIN will assist in moving contracts forward.
 - **The past 10 Years:** PCMH designation, PCMH-N work, Gap Closure and Population Health, Growing the Care Team, etc.
 - The non-compliant patient was a huge concern in the beginning but as the team has grown and we started meeting the patients where they are and learning the barriers at hand the word noncompliance is going away and it should no longer be part of the vocabulary; the focus has shifted to be patient centered. It is about the Patient! The team includes but not limited to: Care Managers, Pharmacists, Collaborative care, and the many skills brought from these team members and functions.
 - This work has helped the shift from fee for service to fee for value.
- **Population-Based Health Management Work:** Work from registries, outreach for AWWs, and other work that is being completed to help fill those gaps in care. Keeping patients out of the ED (when appropriate) and work that is about health promotion and prevention; this is a small piece of population health. The data and data accuracy from each practice is very important!
 - This data will drive the population-based payment. This model was attempted back in the 80s and failed because there was not enough data, but that data is available today.
 - Be mindful of data and waste to help improve outcomes; this will give the practice higher value to deliver, assisting with higher quality and lower cost.
 - NPO has been saving the past 4 years and putting money in its captive because as risk is taken for population-based payment there is a chance money may need to be paid back. The money in the captive would be used for this rather than physicians paying.
 - Use the Tools! Provide attention to each patient for accurate data! That is the practice's value and deliverable. NPO practices do an exceptional job with this; Please keep up the good work!
 - Patient Risk: accurately document diagnosis and procedures as well as patient history. **This is critical.**
 - Prevention Measures: For example, but not limited to BP, HbA1c, DPP, ADT, Keeping patients out of the ED (big cost of waste) etc.
- **Direct Contracting Model/Medicare model:** This tool/this model is going to be used as a steppingstone for direct primary care models or direct employer contracting models that will benefit NPO practices including the pediatric practices.
 - **Primary Care Model Is replacing the previous Shared Saving Program (ACO):**
 - NPO selected a global model. NPO is responsible for the total cost of care. Medicare pays the CIN for the primary care codes provided by PCPs and Specialists; NPO then pays the practice what they would have earned.
 - April 1st, 2021 starts the new performance year; because of COVID everything has been abbreviated. The implementation phase is happening now.
 - One positive of COVID is that Medicare is not requiring NPO to do the capitated

payment right away; NPO wants to use the rest of 2021 to capture what the Medicare Population looks like and determine what the population-based payment should be; this is getting away from being paid based on “submit a claim and get paid for x.”

- Total spend for the ACO Medicare population was around 155 million dollars; a large proportion of the the spend is attributed to a small amount of the overall patient population. Population-based payment and population-based health is mostly accomplished within the practice.
- The Direct Contracting Model helps by being able to pay the Primary Care Physicians and staff for all the extra work they are doing without waiting on incentive dollars, especially when incentive is missed by one point; that does not seem fair.
- **A few things to think about: NPO is working on two Waivers and would love ideas from the practices:**
 - **Skilled Nursing Facility waiver:** The patient can go directly from the PCP to a skilled nursing care facility if they qualify for skilled care without stopping at a hospital first. Helps eliminate wasted health care spending.
 - NPO will be working with the nursing homes and the PCP to build a contract for this waiver; this could help accrue a lot of cost savings.
 - **Copay waiver:** A common complaint heard is that patients are reluctant to pay the \$8 Copay for Care Management; NPO-CIN is hoping to help pay for this fee so that patients can have the opportunity to experience what care management services can offer them.
- **Next Steps: NPO and the practices need to gain an understanding of what the Medicare Fee-for-Service PBPM fee would be. The next step is to determine what would the whole practice PBPM would be if the payment came from the CIN and not per claim; this is determined by looking at the costs of the practice including but not limited to staffing.** This helps set the stage for growing the team and eliminating waste so that those dollars can be put back into the practice. Growing the team may not mean hiring someone new in but utilizing resources such as those that are available with NPO management services store using an economy scale.
 - **By continuing to do the work the practice has been doing over the last 10 years and using tools to help drive quality and eliminate waste, together we all should be meeting the Triple Aim to decrease spending and increase savings which equals success and more payment for the providers and practice.**

Kris Elliott, NPO, Director of Quality: Novello Imaging and low-cost options

- Novello Imaging is now open for cash payments and will soon be credentialed with payers. Novello Imaging is located at Copper Ridge; instead of going to the Surgery Center you go left and up to the back of the hill. NPO offices will be moving here late summer as well as West Front Primary Care.
 - LabCorp will also have an office; there are patients in the areas who need to use LabCorp for their insurance and currently travel to Petoskey or Cadillac. LabCorp will be an option for lower cost care.
 - An infusion center will also be opening as part of Novello Health; the plan for opening is late summer.
- There are currently some other lower cost options for patients – the local orthopedic surgeons opened Alliance Surgery Center so that patients do not have to go to the hospital for same day surgery such as hip procedures.

2021 meeting dates:

Tuesday April 20th 11:30-1:00
Thursday June 24th 11:30-1:00
Wednesday August 18th 11:30-1:00
Thursday October 21st 11:30-1:00
Wednesday November 17th 11:30-1:00

