

Create Successful Pathways for Primary & Specialty Physicians in Value-Based Care

Theresa Hush, CEO
Roji Health Intelligence LLC

August 21, 2024

VBCExhibitHall
.com



Educational Webinar Series

NASA Image – Folds of Iran



About Roji Health Intelligence

- We provide Value-Based Care technology and services to providers.
- Our powerful tools identify patients at risk and target health interventions.
- Roji Health Intelligence is a CMS-qualified ONC-certified registry for QPP reporting, and we report eCQMs and CQMs.
- Roji Episodes reveal cost variations and drivers to generate strategies to address Total Cost of Care.

POLLING QUESTION: What Is the Best Tool for Engaging Physicians in Value-Based Care Initiatives?

Data Sharing



Photo by [Nick Fewings](#) on [Unsplash](#)

Financial Incentives



Photo by [Alexis Antonio](#) on [Unsplash](#)

Mission / Professional Goals



Image by [Bugpai](#) on [Freepik](#)

Today's Focus: Physician-Focused Efforts in VBC

- CMS / Health Plan strategies
- What does accountable care relationship mean?
- Newest payment models aimed at physicians
- How do changes affect group models like ACOs?
- How health plans, ACOs and Groups can prepare



Enjoy the Ride!

Dilemma for CMS Value-Based Care Strategy

- CMS 2030 target of 100% beneficiaries in accountable relationships
- ACOs are not growing rapidly enough
- 40-60% of physicians are estimated to be in ACOs
- ACOs vary widely on achieving savings
- Transition to VB-payment models slow –majority of clinicians still FFS
- News: CMMI increased direct spending over \$5b, instead of decreasing

Physician Attitudes to Value-Based Care

- It depends on who is counting!
- Study 1:
 - More primaries are participating in at least one payment model, 59.8%, and 34.8% in more than one in 2022
 - 60% of primaries and 40% of specialists participate or
- Study 2:
 - 46% of primaries reported receiving any value-based payments
 - Smaller, independent practices that serve 39% of Medicare patients: least likely to participate

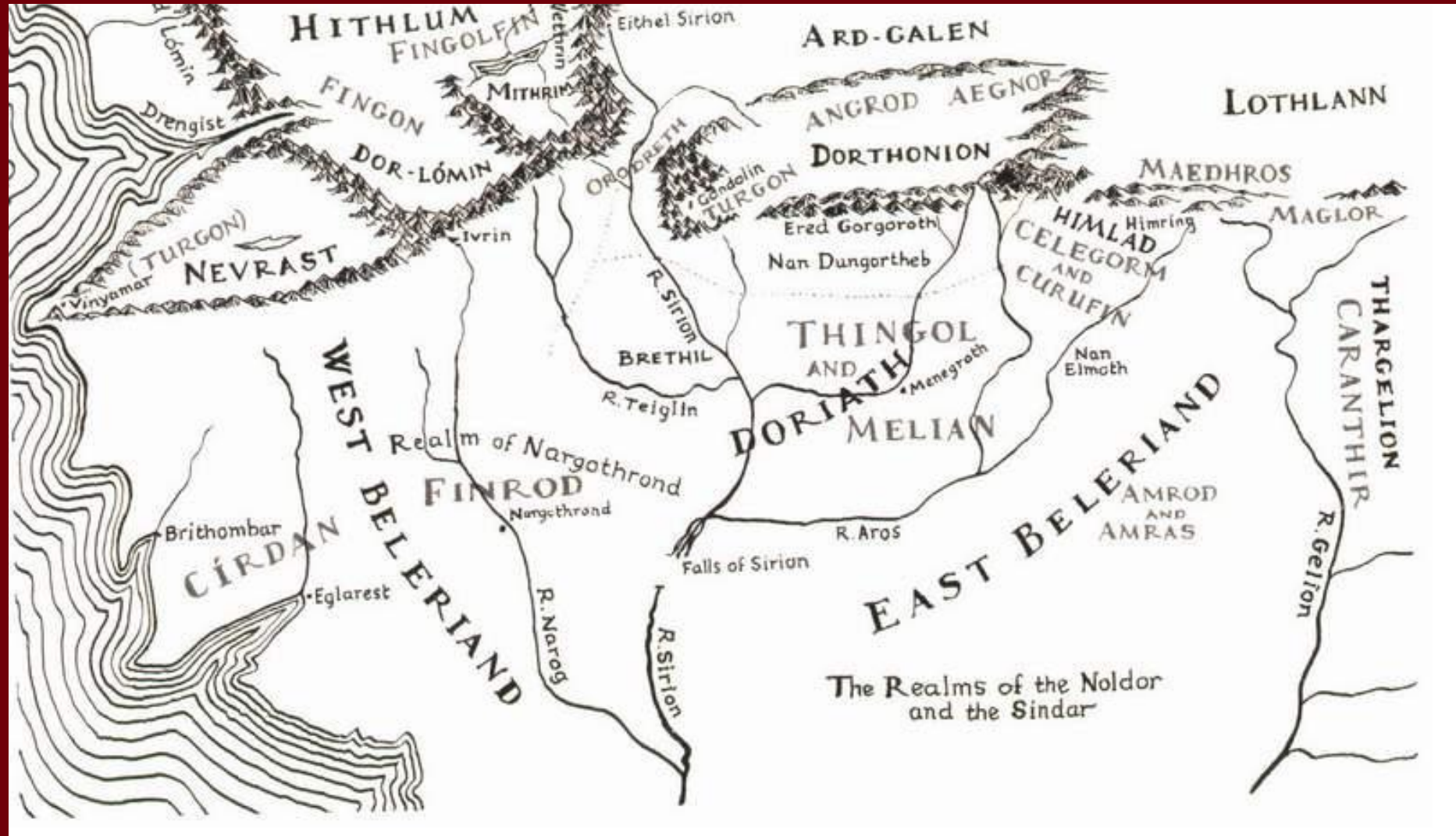
Why the Efforts toward Physicians?



Paul Klee, The Physician

- Participation too low
- Shortage of primary care and specialists
- Need to rationalize source of care
- Primary Care central to better and lower cost care, yet fragmentated care continues
- Need practice involvement in costs

The Messy Geography of Value-Based Care



An aerial topographic map showing terrain contours in shades of brown, green, and blue. A prominent red line, possibly a road or boundary, winds across the landscape. A thin black line is also visible, following a similar path. The text is overlaid in the center of the map.

New Initiatives Hop Over Value-Based Care Entities, and Target Cohorts of Clinicians



Primary Care Models
Support Primary Physicians, Transform Practices for
Value

Background image by Greg Rosenke on Unsplash

Active Primary Care Payment Models

- Primary Care First
- Making Care Primary
- ACO Primary Care FLEX (begins 2025)

Other accountable care payment models with emphasis on primary Care

- MSSP ACO
- ACO REACH
- Maryland Total Cost of Care Model
- Pennsylvania Rural Health Model
- Vermont All-Payer ACO Model



Photo by whitedaemon on pixabay

Primary Care Payment Models Have Both Distinct & Common Features

Common Features

- Payment for advanced care management functions
- Financial risk, either on front or back end
- Moving toward capitated payments

Distinct

- Population focus
- Underlying payment structure – FFS or capitation
- Scope
- Inclusion of other payers besides Medicare

All PC Models Try to Correct for Under-resourced Primary Care

But they also push for population-based payments and financial risk for providers.

Odile Redon



Primary Care First



Image by Ty Koh on Unsplash

Primary Care First (in 4th year)

- 5-Year Model starting with 2021/2022
- Prospective, risk-adjustment population-based payment + flat visit fee
- Practices experienced in care management
- Must have CEHRT Systems, aggregate data
- Longitudinal care management
- Behavioral health integration
- Measured on outcomes & patient continuity, experience

Most Recent Evaluation of PCF (Year 2)

- PCF payments higher than FFS
- Minimal effect on hospitalizations and Medicare expenditures
- Varying approaches to address costs, either focused or broad
- Participating practices did not believe money enough to support transformation

Source: Mathematica



Portrait of Felix Feneon by Paul Signac

Making Care Primary

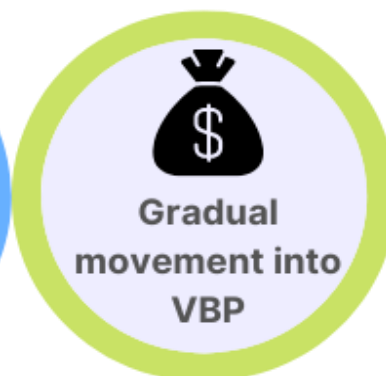
Image by Alexandre Lallemand on Unsplash

ROI HEALTH INTELLIGENCE®

What's New in Making Care Primary

- Responds to lessons learned in previous models
- MCP allows longer time for transformation and testing

Key Features: Making Care Primary



Making Care Primary (starting 2024)

- 3-Track approach to fortify advance primary care management in conjunction with payment type:
 - Phase 1, Build infrastructure – Payment FFS
 - Phase 2, Advanced Care Management – Payment PCPM
 - Phase 3, Optimize care & Build Partnerships

ACO Primary Care Flex



Image by Wesley Tingey on Unsplash

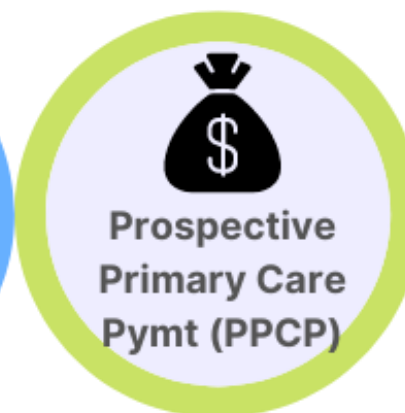
What's New About ACO Primary Care Flex?

- For the first time, focus on the group perceived to be core of successful physician-based ACOs
- Recognizes bootstrapped ACOs need money to be data-driven
- Introduces capitated payments to a core of ACOs
- Multi-payer

ACO Primary Care Flex (starts 2025)

- Responds to risk-averse MSSPs
- One-time advanced Shared Savings Payment to participants

Key Features: ACO Primary Care Flex



What's New for Reticent Physicians?

- 2025 Proposed CMS Rule on Physician Fee Schedule/QPP
- Advanced Primary Care Management Fee for PCPs
- ACO & non-ACO providers meet criteria
- ACO physicians receiving APCM Fees have "accountable relationships"



**“What if we don’t change at all ...
and something magical just happens.”**

Takeaways on Primary Care Models

- Show recognition of financial challenges practices face
- Consistent movement toward capitation payment models, either primary care cap or global cap
- Financing of infrastructure present in recent models
- Goals of quality, cost, equity throughout
- New twist to incorporate physicians not officially in VBPMs

Primary – Specialty Collaboration is on Horizon

- Expect future models to promote integration of care between primaries and specialists, w/ episode-based payments / cost targets
- CMS Innovation Center Strategy to “Support Person-centered, Value-based Specialty Care” through integration of primary care & specialists
 - Provide data on specialty performance
 - Episode-based payment
 - Integration of specialists in primary care pathways
 - Create incentives for ACOs to manage specialty care

Active Specialty Models

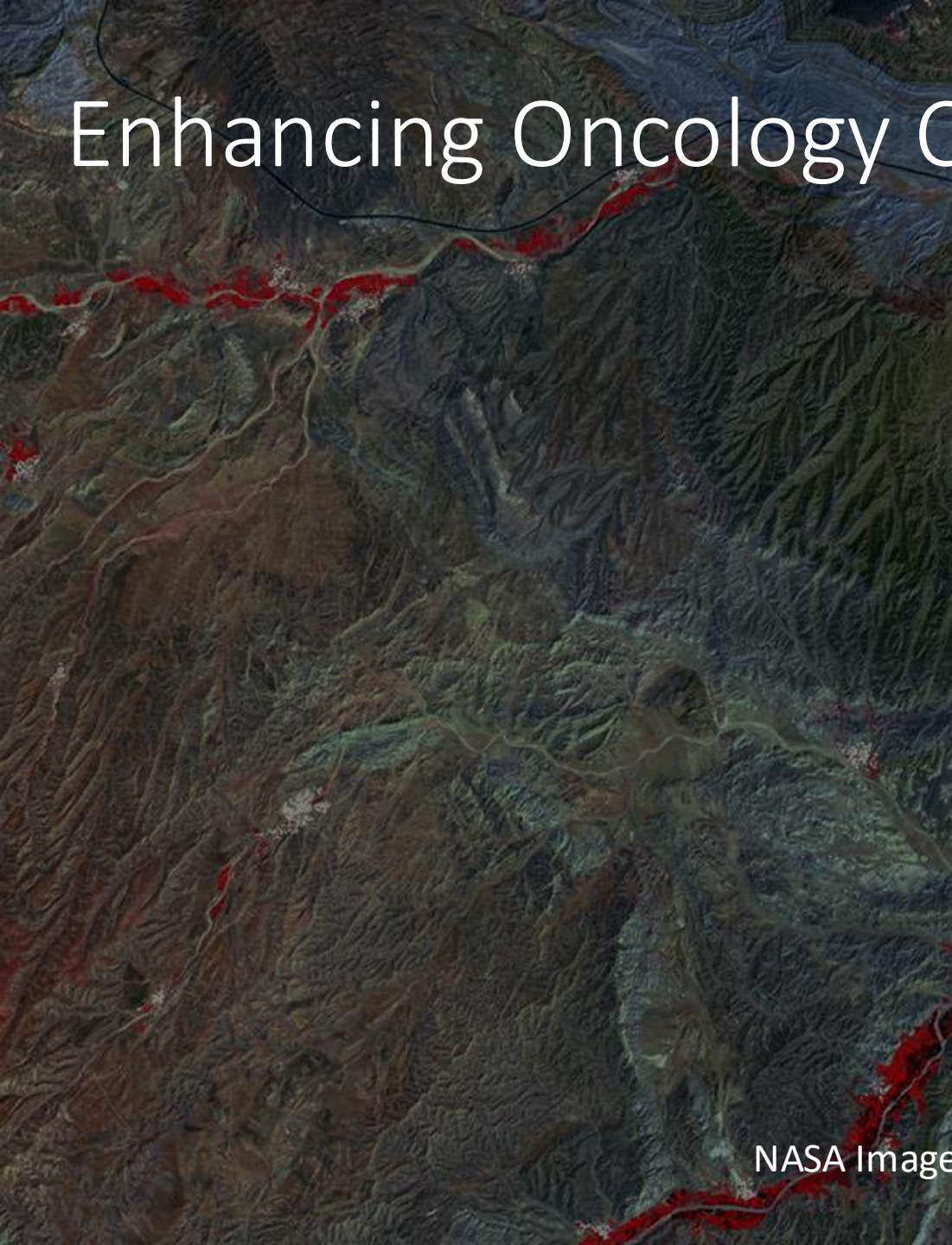
- Single-Specialty Focused Payment Models
 - Enhancing Oncology Care Model
 - Kidney Care Choices
- Bundled Payments for Care Improvements (BPCI)
- Cost Measures
- Transforming Episode Accountability Model (Announced 8/2024)



Image by Elvira Umvelde on Unsplash

Specialty Care Models:
Reduce Costs, Optimize & Coordinate Care

Enhancing Oncology Care Model



NASA Image



Enhancing Oncology Model (EOM)

Key Features



What's New with Enhancing Oncology Model?

- Specialty focused episode-based payment model that focuses on coordination of patient needs beyond cancer treatment
- Practices get claims data
- Practices at financial risk with episode-based payment

Enhancing Oncology Care Model

- Goals:
 - Transform and improve care coordination in oncology care
 - Enhance the quality of care furnished to beneficiaries undergoing chemo
 - Reduce Total Cost of Care associated with treatment
- Transform: Patient care plan, communication, evidence-based care
- Enhance: Screen SDOH, coordinate patient needs
- Financial Structure for each 6-month episode
 - Financial and Performance Accountability for TCoC of chemo episodes
 - Performance Based Payment (PBP) or Recoupment (PBR) based on quality

EOM: 41 Practices in Cohort 1 – Cohort 2 Applications Sept 1, 2024



Widespread distribution of EOM

CMS:

<https://www.cms.gov/priorities/innovation/innovation-models/enhancing-oncology-model>

Kidney Care Choices Model (KCC)

Key Features: Kidney Care Choices



Kidney Care Choices Model

- Goals:
 - Delay onset of dialysis for patients in Chronic Kidney Disease Stage 4 and 5, and ESRD
 - Provide incentives for kidney transplantation
- Transform: Integrate care through Kidney Care Team including nephrologists, dialysis centers and others in patient care team
- Reduce patients with kidney failure, in dialysis centers, and increase transplants
- Financials Structure: 4 Options with graduated risk



Image by Clement Falize on Unsplash

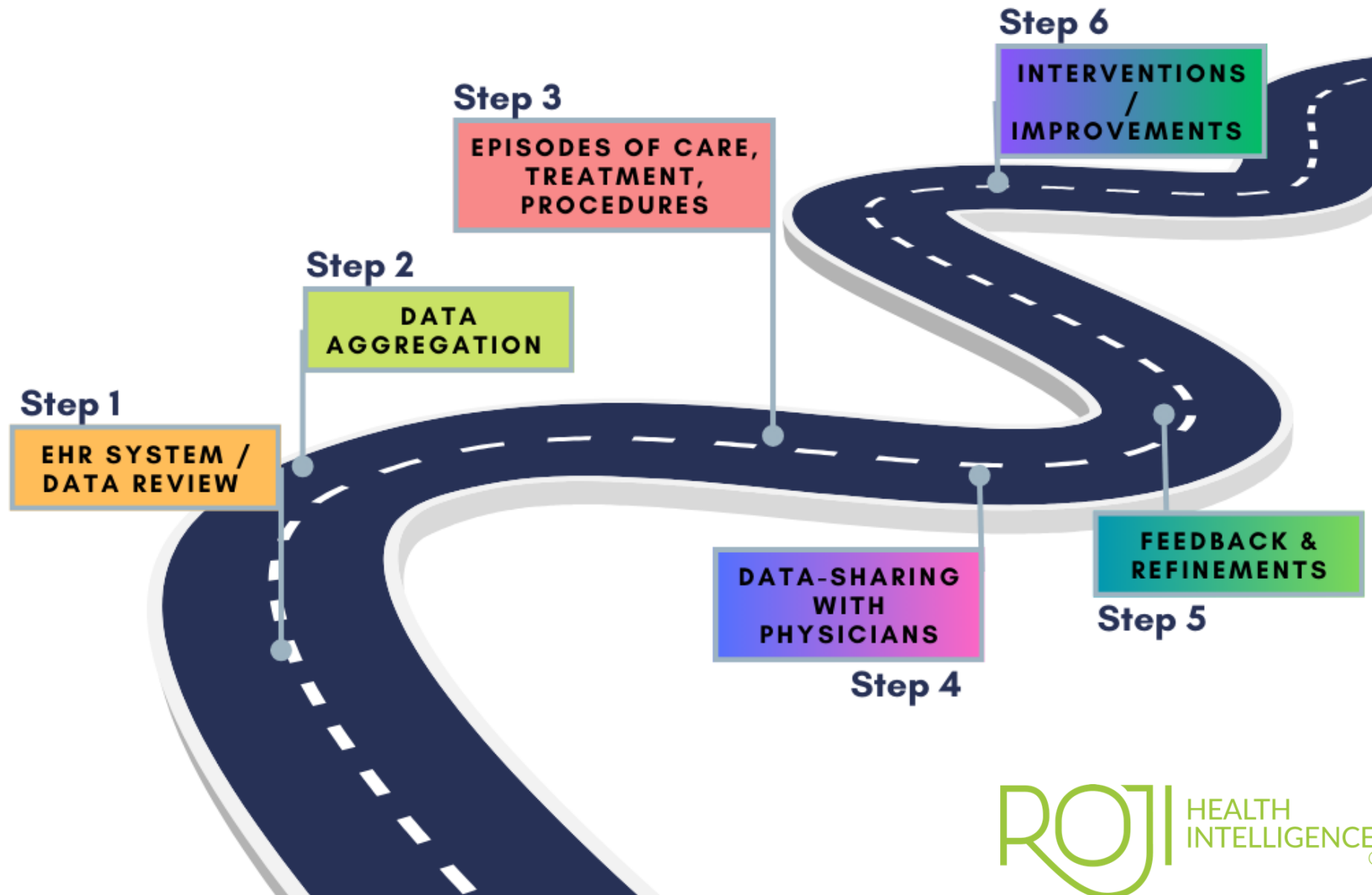
What's New About TEAM?

- First episode-based mandatory specialty payment model
- Moves 5 procedure types to new model
 - Lower Extremity Joint Replacements
 - Spinal fusion
 - Surgical Hip Femur Fracture Treatment
 - Coronary Artery Bypass Graft
 - Major Bowel Procedure

Transforming Episode Accountability (TEAM) Model

- 5-year Mandatory Model in selected CBSAs
- Hospitals in prospective payment must also participate
- Includes 3 risk tracks, one year glide path
- Track 1: Zero downside risk for 1 year, up to 3 years for safety net hospitals
- Track 2: Lower levels of risk for safety net and rural hospitals
- Track 3: Higher levels of risk

Path to Success for Models



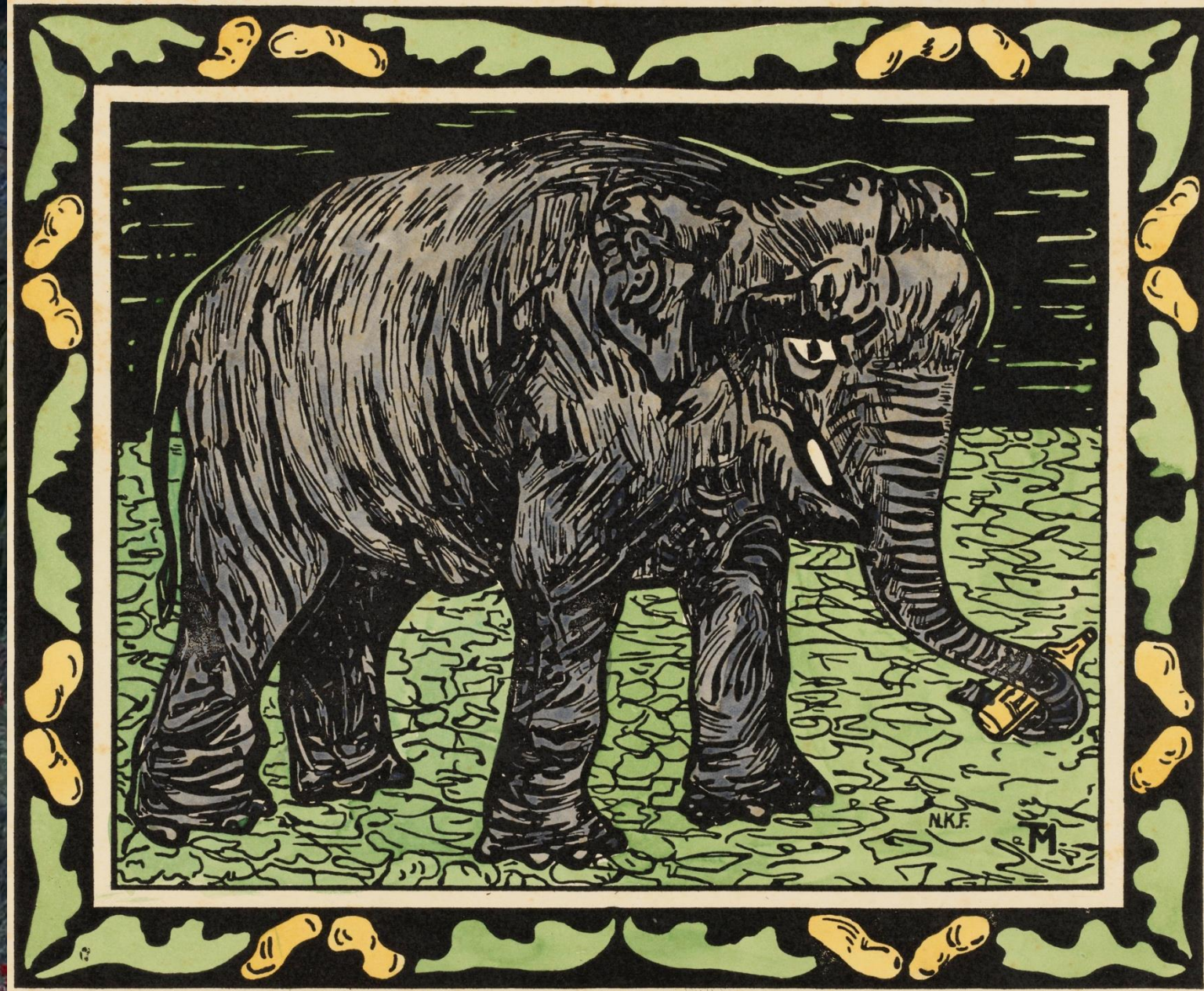
Biggest Challenges

Data / Data-Sharing

Accountability beyond scope

CMS episodes not clinical

Primary-Specialty boundaries



You Can't Play Without a Team and a Ball

- Physicians need to see results
- ACOs just beginning data journey
- Private groups don't see performance data

Image by Charles Deluvio on Unsplash



Data Required to Pursue Costs

Clinical / Quality Path

- Claims data
- EHR Data - Longitudinal:
 - All patient Dx whether or not a claim
 - Vitals and clinical values
 - Lab
 - Diagnostics
 - Specialized cardiac diagnostic/lab values
 - Disease staging
- Prescribed medications
- Referred services

Cost Variation Path

- Claims data
- Patient diagnoses and clinical status
- Infections, complications
- Anesthesia type and cost
- Rehab, home or SNF costs
- PT
- Related procedures for patients

Accountability in Payment Models

Watch for the
add-ons to
your Scope!

You will need
to develop
referral & cost
arrangements.



Photo by [Pavitra Baxi](#) on [Unsplash](#)

Groups Need to Build Partnerships

Primaries

- Community organizations
- Specialists

Specialists

- Hospitals and surgical centers
- Diagnostic centers
- After-care services, e.g PT, rehab
- Referring Primary Care Groups

All Physician Groups Need to Create Team-Approach



Photo by [Kenny Eliason](#) on [Unsplash](#)

4 Theme Wrap-Up



Photo by [kenny goossen](#) on [Unsplash](#)

Conclusions

- No doubt about it – CMS will reach its numbers for accountable care
- Both Primary Care and Specialists will be focus of multiple payment models and strategies, all of which recognize that physicians need support
- Future payments for primaries: PB payments;
- For specialists: Episode-based payments
- Physician groups must build the performance data they need to weather the future

Questions and Answers



HEALTH
INTELLIGENCE

Lorem ipsum

Stop by our ACO Exhibit Hall Virtual Booth



ROJI HEALTH INTELLIGENCE

REQUEST INFO

ROJI HEALTH INTELLIGENCE

Roji Health Intelligence® is your expert partner for navigating innovative and forward-thinking Value-Based Care.

Roji Intel Blog

RESOURCES

Theresa Hush
312 258-8004
hush@rojihealthintel.com
www.rojihealthintel.com

GET THE ROJI HEALTH INTELLIGENCE ADVANTAGE
Become Your Future.

← EXIT BOOTH

VBCExhibitHall.com

MAIN LOBBY EXHIBIT HALL EVENTS EXHIBIT WITH US BOARD ROOM LIBRARY CONTACT US

VBCExhibitHall.com

[Visit the Roji Health Intelligence Booth](#)

Thank You



Contact us to make your APP Reporting a successful venture!

Theresa Hush, CEO and Co-Founder, Roji Health Intelligence LLC
hush@rojihealthintel.com

Leonard Ho, Business Development, Roji Health Intelligence LLC
Leonard.ho@rojihealthintel.com. (312) 258-8004 x715

Roji Health Intelligence LLC
<https://rojihealthintel.com>
<https://www.acoexhibithall.com>