

Enhance Primary Care Quality & Reduce Cost

Capital District Physician's Health Plan: Albany, NY

CDPHP created its Enhanced Primary Care (EPC) program in 2008 to focus on achieving the Triple Aim: better health and patient experience at lower cost. This patient-centered medical home model aligns financial incentives with the Triple Aim goals. EPC practices are paid using a risk-adjusted global payment model that pays 50 percent more on average than fee-for-service, with the opportunity for a 20 percent bonus based on Triple Aim goals. These two payment structures combine to incentivize better care, not more care. In addition, EPC practices are encouraged to adopt patient-friendly policies, such as convenient office hours, use of patient portals and email communication, and place a heavy emphasis on preventive care.

Along with financial support, CDPHP provides ongoing help and expert consultation to EPC practices. The health plan's Physician Engagement Team includes former pharmaceutical representatives who use their skills and industry knowledge to work directly with practices on performance improvement and cost savings. CDPHP's data shows significant differences in performance between EPC and non-EPC practices, demonstrating that this support has a meaningful and positive impact.

One-on-One Engagement and Support

CDPHP leaders believe strongly that face-to-face engagement with practicing physicians is critical to influencing provider behavior. The health plan's seven-person Physician Engagement Team collaborates closely with the quality department to support continuous improvement in EPC practices. The Physician Engagement Team includes five physician engagement specialists — most of them former pharma reps — who each work directly with about 30 EPC practices, making regular visits and keeping in close contact to help identify areas for improvement in care and efficiency.

Physician engagement specialists customize their approach to each practice's needs and preferences. Most meet with their practices monthly or quarterly, or more frequently if needed. They work with practice leaders or individual physicians to review data, assess trends, identify obstacles and make plans to address gaps. Specialists track their contacts with physicians so that each phone call or visit builds on the previous one, rather than duplicates it.

“As a network model, we rely on relationships, physician leaders, and data that drives physicians' natural competitiveness. Simply throwing money at them doesn't work. You have to also create the infrastructure so physicians can do the hard work of performance improvement.”

Richard Dal Col, MD, Chief Medical Officer, CDPHP

Tools and Partnerships that Support Best Practice

Physician engagement specialists provide toolkits designed to support best practices to EPC practices. A colorectal cancer screening toolkit details five different ways practices can meet the HEDIS measure, lists all appropriate codes and offers specific strategies for success. A toolkit on appropriate use of antibiotics provides guides for conversations with patients who may press for antibiotics when they are not warranted. Physician engagement representatives stress that toolkits alone are not enough to change habits, but are useful supports alongside additional messaging.

In addition, CDPHP partnered with Landmark Health to deliver in-home care to Medicare Advantage members with six or more chronic conditions. In-home visits from Landmark physicians, nurse practitioners or other health care providers support primary care providers' efforts to keep patients healthy at home. Landmark providers, who coordinate closely with the patient's primary care physician, typically see patients at home once a month, but are available any time if needed. Patients can call them 24 hours a day, seven days a week. There is no charge to patients for this service.

Driving Patients to EPC Practices

In 2018, CDPHP launched two new products that encourage health plan members to choose an EPC practice. The products, available to both commercial and Medicare members, allow members to see an EPC physician for \$0 copay. Patients, providers and payers can all benefit when more care is delivered by high-performing practices.

Additionally, CDPHP recently published a list of the "The Capital Region's Top-Performing Primary Care Practices" – all part of the EPC program -- based on key performance data and patient satisfaction scores. The list includes categories such as "schedules appointments quickly," "less time spent in waiting rooms" and "open on evenings, weekends and holidays."

Rewarding Value Not Volume

CDPHP pays the EPC practices a monthly risk-adjusted global payment and offers a bonus based on efficiency (the overall total cost of specific care elements including pharmacy and specialty care), quality (based on 18 HEDIS measures) and patient satisfaction results. EPC practices earn an estimated 40-50 percent more than if they were paid on a fee-for-service basis.


Results

A 2014 study showed that between 2012- 2014, CDPHP realized a cost savings of \$20.7 million directly related to the EPC program. Approximately 60 percent of this savings was experienced in the commercial line of business.

In 2017, in addition to paying practices reimbursements greater than fee-for-service payments, CDPHP also distributed \$3.1 million in bonus payments to 175 practices that improved quality, efficiency and patient satisfaction scores. The bonuses have allowed EPC practices to invest in staff and technology that support improvements such as expanded office hours, easier appointment access, more electronic communications and coordinated care.

Data shows that EPC practices provide higher quality care than non-EPC practices and improve the care they provide at a faster rate.

EPC Sites Outperform Non-EPC Sites in 2017 Quality Measures



Quality Measures, Measurement Year 2017	Average		P-Value
	* Not in Payment Model	** In Payment Model	
Asthma Medication Ratio > 50% - 5 to 64	70.7%	76.8%	0.0001
Diabetes - Eye Exam	61.2%	69.4%	<.0001
Diabetes - A1C	88.6%	91.9%	<.0001
Diabetes - Nephropathy	88.4%	89.9%	0.0011
Colorectal Cancer Screening	58.1%	76.4%	<.0001
Breast Cancer Screening	69.1%	81.9%	<.0001
Cervical Cancer Screening	68.3%	79.2%	<.0001
Cancer Composite	64.0%	78.5%	<.0001
	Not Significantly Different		
	Statistically Significantly Lower		
	Statistically Significantly Higher		

Note: Nonparametric test was applied as rates are not normally distributed (Wilcoxon-Mann-Whitney test Z-Score)

*Not in Payment Model equals Non-EPC practice
 *In Payment Model equals EPC medical home sites

