



Primary Care Strategies for Success in a Value-Based Payment Environment

March 1, 2018

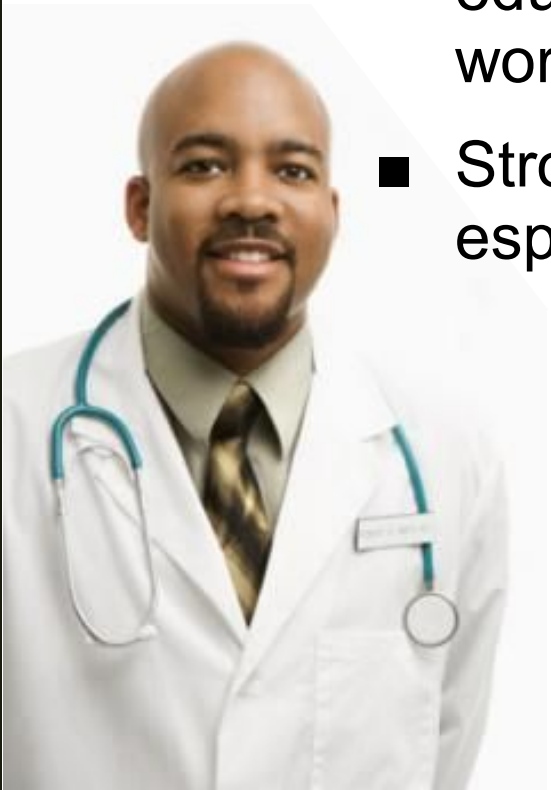
Areas of Alignment -FQHC Federal Requirements

- Medically Underserved or Medical Shortage Area.
- Scope defines the target population.
- Governing boards must be majority represented by consumers.
- Medi-Cal is typically the best payer.
- Must have a quality improvement/assurance plan.
- Eligible for federal quality awards, incentivizing EHR reporting, quality scores, PCMH recognition.



Areas of Alignment -FQHC Federal Requirements, continued...

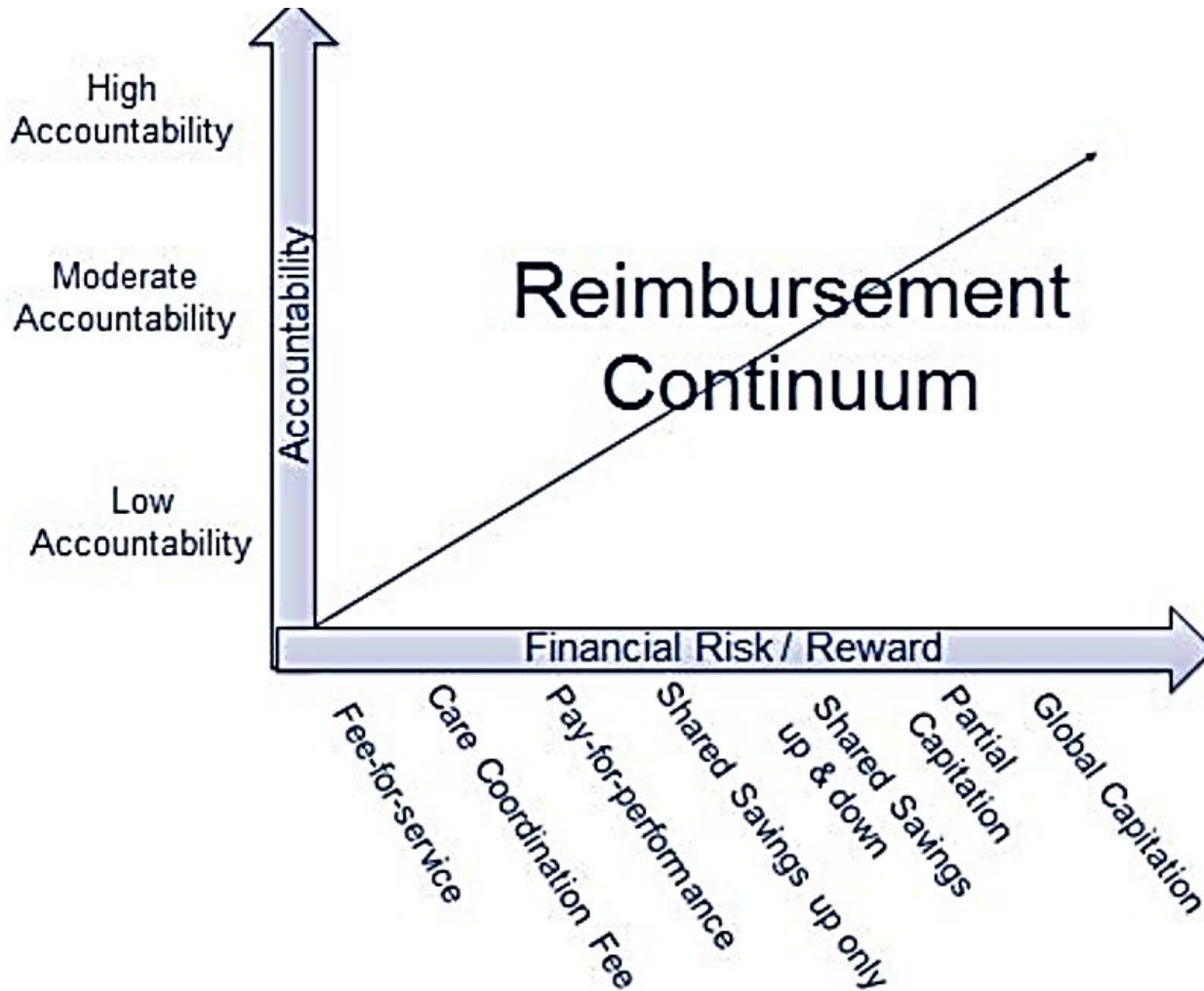
- Eligible for and likely participating in quality improvement initiatives with private foundations.
- Oftentimes FQHCs are pipelines for educating a diverse healthcare workforce.
- Strong emphasis on integrated care, especially behavioral health.



Areas Commonly Misunderstood

- Project Scope may target a very specific population whereas a health plan's member assignment process is much more general.
- HRSA metrics are for active patients, not assigned members.
- Regulated by federal requirements regarding payment and how it is adjudicated from all sources.
- Multiple quality initiatives may not align as well as they could, dampening results.
- Reporting and system complexity is increasing. Health centers need to move from individual practices to more integrated delivery systems.

Progression of Risk



HMA Accountable Care Institute, April 2015

Reality of Medi-Cal Payment Rates in California

- Reimbursement rates are 53% of NY, and less than FL, GA, LA, or OK. (KFF.org, 2014)
- Providers in certain markets have been overwhelmed by ACA expansion population and are demanding rates much higher than M-Cal.
- Groups with a long history of risk-based contracting (Health Care LA IPA, Community Health Center Network) have been successful, but incentive much lower for newer groups.
- Recent high-profile failures (Employee Health Systems) are reason for concern.

Full Professional Risk FQHC Entities- Success Stories

- North East Medical Services- 66,652 members (41,500 Medi-Cal, 9,100 Medicare, 8,600 private insurance).
- Health Care LA IPA – managed by MedPOINT Management, 431,500 members (410,000 Medi-Cal, 1,600 7,400 Medicare, 13,100 private insurance).
- Community Health Center Network – 140,000 Medi-Cal members.

Strong partnerships with local initiative plans, built their infrastructure over time and began before high-risk patients moved into managed care, exist in areas with higher specialty competition.

Other Models- Pathways to

Success

- Health Center Controlled Networks (HCCNs) – Health Center Primary Care Associations (PCAs) can be eligible for federal grants to assist with quality improvement and data capture. Examples - Coalition of Orange County Community Clinics, Community Clinic Association of Los Angeles County, Health Center Partners, Redwood Community Health Coalition, United Health Centers of the San Joaquin Valley.
- Clinically Integrated Networks (CINs) – Move from sharing best practices to adhering to common standards of practice. Quality standards move from being incentivized to also being required. Network performance evaluated as a single entity, and not at the member health center level. Example – Integrated Health Partners.

Successful Strategies with FQHCs



Consolidated Support for QI

- Quality Improvement Coaches working at the PCA level can support multiple health centers and provide additional infrastructure to QI staff at the sites.
- Helps health centers align their federal requirements with health plan. It is important for coaches to marry health plan and HRSA expectations into a manageable plan.
- Health centers have demonstrated excellent HEDIS results with this increased focus.

Data Analytics

We found significant degradation of results based on problems throughout the data capture, transmission and receipt process.

- HCFA – 1500 truncating data after 4 lines
- Coding problems, even when codes used were issued by plan.
- Provider loading issues
- Clearinghouse issues
- Wayward faxes and emails



Monthly review of gaps in care and other data sent is critical to determining where system is breaking down.

HEDIS Rates, IHP 2016

Measure	MPL	IHP Rate
Breast Cancer Screening		64.38%
Cervical Cancer Screening		52.17%
Timeliness of Prenatal Care		79.48%
HbA1C Adequate Control (<8)		53.29%
HbA1C Poor Control (>9)		35.63%
Diabetic Eye Exam		57.20%
Well Child Visit		71.76%
Combo 3		70.66%

**THANK YOU, on behalf of SFCCC,
CPCA, our member health centers,
and the patients we serve!**



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