Alternative Payment and Advanced Care Model

Learning Exchange

Portland, Oregon
August 5, 2016
Context and Background

Organizational Background
The Oregon Primary Care Association (OPCA) is the membership association for Oregon’s 33 Federally Qualified Health Centers, also known as community health centers (CHCs). Oregon’s community health centers operate more than 200 sites statewide to deliver integrated medical, dental and behavioral health services to many of the state’s most vulnerable communities.

National Context
For many years, the national community health center network has collaborated to improve the health outcomes of vulnerable populations. From the Health Disparities Learning Collaboratives to a range of local, regional and national projects to support Patient-Centered Medical Home (PCMH) implementation, the nation’s Federally Qualified Health Centers have demonstrated an enthusiasm for peer learning and partnership to promote shared discovery and dissemination of best practices in payment, policy and practice transformation.

Building on the foundations of the PCMH implementation efforts of the last ten years, and responding to the current trends in health system payment and practice change, it is imperative that CHCs are able to demonstrate and improve their value to survive in the rapidly arriving world of value-based pay. Success in an environment of value-based pay must be driven not only by a deep commitment to improving the lives of the communities we serve, but also the capacity to answer the question of what CHCs provide for the revenue they receive from the Bureau of Primary Health Care and health insurers.

OPCA maintains a longstanding commitment to anticipate and respond to opportunities for health system improvement through strong partnership with Oregon CHCs and national collaborators. The Alternative Payment and Advanced Care Model (APCM) Learning Collaborative is OPCA’s most recent program for assisting Oregon CHCs to improve access and health outcomes for vulnerable Oregonians, while reducing system costs and providing a bridge to value-based pay. As others prepare to transition to Alternative Payment arrangements in their own states, many states around the country have expressed interest in learning from OPCA as an early adopter; OPCA receives ongoing requests for information, tools and technical guidance.

Nearly 400,000 Oregonians receive their care at a community health center, including one in four people on the Oregon Health Plan.
Since 2010, OPCA has been leading the development and implementation of an Alternative Payment Methodology (APM), in partnership with Oregon’s state Medicaid office. The purpose of the APM is to provide participating clinics with a payment approach that is detached from the face-to-face provider visit, allowing for much greater flexibility in transforming the care model to support population health. The APM program began with a pilot group of three clinics and has now grown to include 14 out of Oregon’s 33 Community Health Centers. OPCA’s APM arrangement is the first of its kind in the nation.

OPCA’s participation in the Safety Net Medical Home Initiative from 2008 to 2013 provided the impetus to pursue an alternative payment approach, which went live in July of 2013. After several years of development on the payment side, OPCA created a collaborative learning community in late 2013 to advance transformations in care, expanding APM to become the Advanced Payment and Care Model (APCM).

The learning community “kicked off” in January 2014 with a gathering of national experts in safety net health care for a discussion of the promising clinical practices available under a more flexible approach to payment. In pursuit of OPCA’s mission to lead the transformation of primary care, the next frontier in OPCA’s payment and care model evolution focuses on stronger partnerships with patients and community organizations in order to support individual and community interventions to address the social determinants of health.

OPCA is excited to spread its learning beyond Oregon’s state boundaries and has already shared APCM experience with over 18 states through a combination of on-site visits, webinars, phone calls and email. As additional states advance their own work in payment and care model innovation, they encounter the typical complexities of system change and have expressed a great deal of interest and excitement at the opportunity to learn from OPCA and from each other. In an effort to more systematically and efficiently respond to requests for information and to share the insights of the past 5 years of experience, OPCA hosted the first APCM Learning Exchange with PCA partners from around the country in the summer of 2016.
Event Summary

Participants
OPCA hosted colleagues from 6 Primary Care Associations from around the country for a one-day Learning Exchange focused on the next frontiers in care transformation and the alternative payment arrangements that support this evolution. Primary Care Association colleagues joined the Learning Exchange from Colorado, Washington, Missouri, Indiana, Wisconsin and the District of Columbia.

Goals
- Share key insights and guidance from the Oregon APCM experience.
- Engage the PCA partners in Learning Exchange with OPCA and each other regarding their own state efforts to transform care and payment.
- Begin exploring the opportunities for ongoing shared learning between PCAs that are working on payment arrangements similar to Oregon’s, as well as care model transformation under this new approach to payment.

APCM Learning Exchange
Key Topics

Alternative Payment
- Financial Model Details
- Developing an Accountability Plan
- CHC Readiness Assessment, Opt-In and Onboarding

Advanced Care
- Transformation Strategies
- Social Determinants of Health Interviewing and Intervention
- Documenting New Visit Types
- Maintaining a Patient-Centered Approach
- CHC Assessment and Data Capacity

OPCA’s North Star
is our vision of Achieving Health Equity for All
Highlights

Over the course of the day, OPCA staff shared insights, lessons learned and key information about the strategic, relational and technical details of the Alternative Payment and Advanced Care experience in Oregon.

OPCA's major takeaway points for the PCA participants included:

- **Know your North Star.** Be clear about why you are undertaking payment transformation and use that clarity to maintain alignment as you proceed.

- **Go big or go home.** As a PCA, you have to be ready to build capacity and fully commit to shepherding payment and care transformation in partnership with the CHCs in your state. This type of work requires significant investment of resources and should be planned for accordingly.

- **Relationships are everything.** In order to initiate and sustain safety net health system transformation, PCAs must promote partnership with health centers, State Medicaid authorities, other payers, HIT partners and patients. Strong alliance with these stakeholders is critical to success.

OPCA prepared a library of guidance documents and tools to share at the APCM Learning Exchange. These documents are available for download by clicking on the Dropbox link below. The library includes a slide deck providing a comprehensive overview of OPCA’s APCM journey, along with detailed descriptions of major considerations in payment and care model transformation, as well as tools from the APCM Learning Community.

Click here to access OPCA’s library of guidance documents.
Key Takeaways
Putting care transformation front and center is critical for achieving the mission of the CHC movement, yet often takes a back seat to payment transformation.

Gathering with other PCAs to share experiences, opportunities and challenges relating to supporting system transformation is invigorating and highly valued.

Although many unanswered questions remain about best practices, Social Determinants of Health interviewing and interventions are an important frontier for health centers and PCAs.

Next Steps
Each of the Primary Care Associations arrived at the APCM Learning Exchange with unique political and organizational circumstances in their respective states. Although there was no uniform state-level next step identified as a result of the Learning Exchange, all of the participants expressed an increased recognition of the importance of deepening focus on the care model side of the transformation equation.

One PCA identified the importance of assuring clarity within their network about their North Star priorities and alignment between their mission, policy and care efforts. Another PCA described their interest in using a focus on care as a clinician engagement strategy, as well as the importance of staying focused on adaptive leadership at the PCA level, rather than getting mired in the technical details of system change. Other PCAs concluded that a stronger emphasis on the relationships required to facilitate payment and care reform would be a critical next step in their state, as well as careful thinking about how to move from current payment arrangements to an APM that best supports progress towards health equity for the patients served by their CHC partners.

All of the state participants agreed that gathering with peers was energizing and inspiring. Participants felt re-invigorated in their system transformation efforts, with a particular excitement around renewing focus on care model change. Some of the collective next steps identified by the PCAs included interest in further shared learning on OPCA’s APM model and care model transformation under the APM, integrating Social Determinants of Health into care model transformation, as well as practice coaching models for PCAs interested in supporting this work.

Planning is underway for a second gathering in early 2017, with the possibility of adding a few additional primary care associations to the group. The intention for the second event is for OPCA to provide additional details about the methods for developing the APM, as well as giving the group the opportunity to spend additional time sharing lessons from all of the states.
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Many Thanks

Contact us:
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