Michigan Multipayer CPC+ Comprehensive Primary Care Plus

Characteristics of Michigan's High-Performing Practices

Key Findings

Presentation to The Rhode Island Clinical Strategy Committee
May 2021

Methods: Four Pathways

1. Literature review to identify national high-performers;

2. Compilation of existent processes used by subcommittee member organizations

3. Michigan CPC+ Performance Study identification of high-performers (performance in top 20th percentile for **both** ED and inpatient utilization) with site visits and interviews

4. National Leader site visits and interviews

High Performing Michigan Practice Study Design: Methods

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- Two rounds of data collection
- Methods refined over time with a preference for use of multipayer data
- Maternity visits were excluded from assessment
- Large and small practice differentiation
- Limitations: 1) claims data only; 2) practice size definitions varied by round; 3) unadjusted for patient risk (proxy comparisons of median patient age and HCC)

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National Leaders and Innovators Interviews

- ChenMed
- Iora Health
- Duke
- Healthcare Partners
- Central Ohio Primary Care Physicians
- Concerto
- VillageMD
- Oak Street
- Geisinger
- Stanford
- Ochsner
- Dartmouth
- Agilon
- Kaiser
- Harvard

***Groups identified in red represent on-site visits**

Summary of the characteristics of high performing practices

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1. Physician Engagement

- Physician engagement drives patient and practice team engagement and nimbleness in adopting innovations to improve care regardless of setting or affiliation (large/small; independent/system-owned)

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2. Co-located engaged teams

- Co-located, engaged teams with care management at the core are key. The size of team does not matter but co-location does. Most all groups are doing daily huddles. In some of the practices and systems visited, teams literally bumped into each other during the course of a day given the close quarters. Seeing each other frequently throughout the day seemed to prompt additional opportunities for inter-team dialogue and communication.

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3. De-burdening the providers

- Offloading routine tasks (e.g., medication refills, screening tools, gap closures) from the PCP workstream frees physicians to focus on patient needs and championing team-based care. When practices' teams "ready" the PCP for a productive visit with a patient, PCP satisfaction increases and so do outcomes.

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4. Availability and responsiveness

- Responsiveness to patient needs mattered more than extended hours. Extended hours were not useful to patients if they are consistently filled or do not accommodate an urgent need. Time-sensitive clinical response to patient queries is much more important.

Summary of the characteristics of high performing practices

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5. Robust and visible performance reporting

- Performance reporting integrated into the culture of the practice with posted results and discussion at meetings or huddles drives attention to and accountability for performance. Sharing practice and provider-level performance motivated improvement.

Summary of the characteristics of high performing practices

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6. Care management

- All practices had well-integrated triggers for identifying patients that would benefit from interventions (e.g., care management, self-management programs; remote patient monitoring; etc.). Triggers varied widely but identify the patient subpopulation for care management activities.

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Challenges

- Behavioral health
- Patient engagement
- Getting actionable data
- Alignment of physician compensation with value-based design
- Taking interventions to scale

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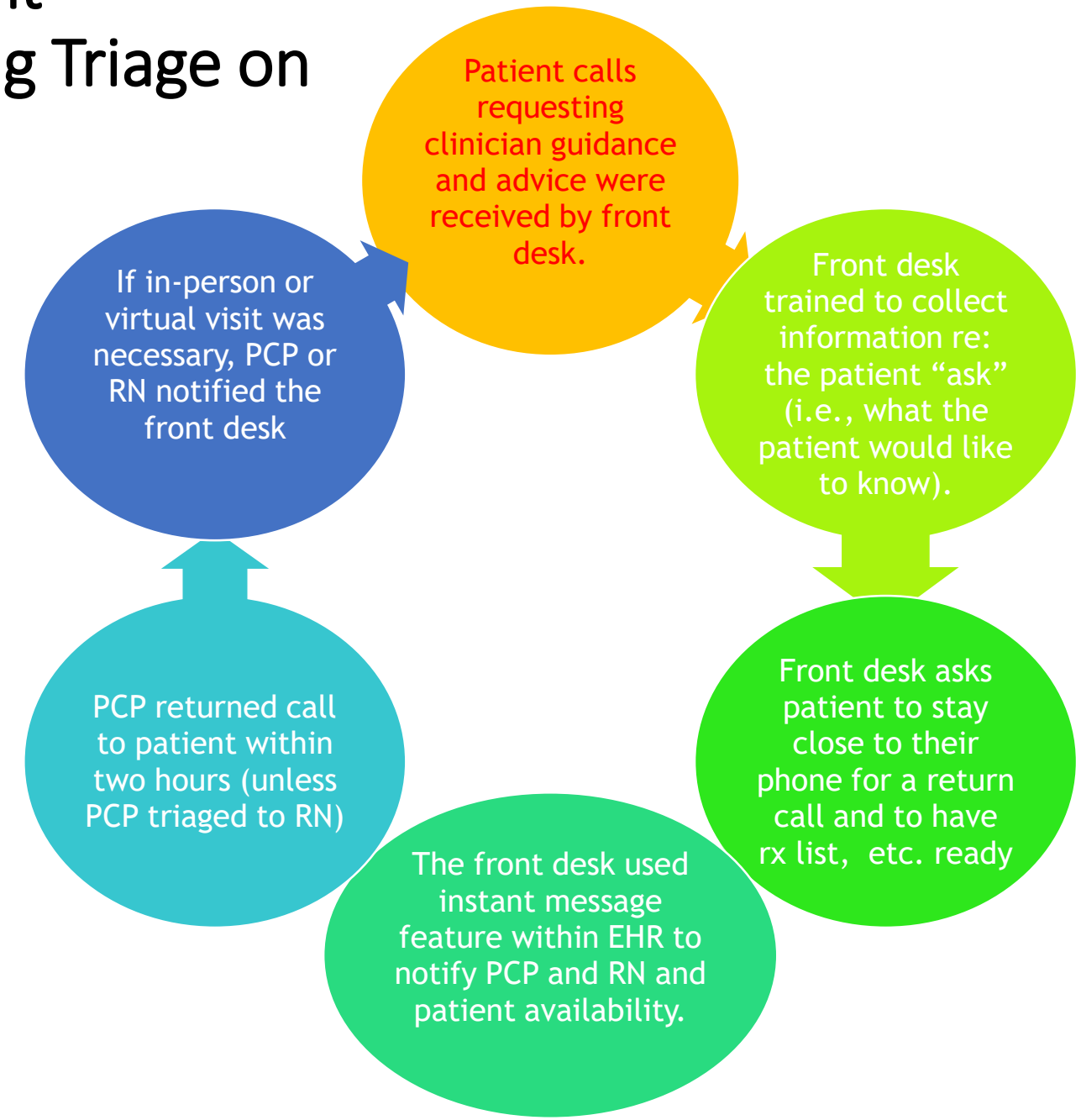
Translating Findings into Clinical Practice Change

- Curriculum Committees
- Action Tools
- Short, Compelling Videos

Action Tool Example: Patient Responsiveness Via "Flipping Triage on Its Head"



Design Influences

Practices need readily usable tools (flowcharts; checklists; etc.)

The more practices know about the workflow of high-performing practices, the more that they can apply it

Action Tool Example: The Five "C"s of Physician Compensation

Design Influences

Alliterative or pneumonic devices are easy to remember

Providing a framework for thinking through the key factors gives practices and PCPs a way to assess themselves

Accompanying self-assessment allows practice to collect feedback

The "Five C's" of Physician Engagement: Values, preferences and needs differ from person to person and understanding the factors that matter to physicians in your organization helps to understand how to catalyze and support provider success. Factors that might be key to physicians in your organization include:

1) Compensation: Money and physical reward can be a motivator but has not generally shown to be a primary contributor to engagement. Some physicians are highly compensation-driven and some not at all.
2) Control: Creating programs and innovations in vacuums or silos and expecting that they be followed is a fool's errand. For physicians to be engaged in implementation, they must be engaged in design from the outset.
3) Competence: If you are asking physicians to do something that they don't think has to do with providing great care for their patients, it can be viewed as an arbitrary or merely administrative task. Ensure that there is a link to the provision of meaningful and effective care to new programs and innovations.
4) Collegiality: Physicians tend to learn best from other physicians (e.g, the "white coat to white coat" model). Having a physician champion or colleague who is viewed as a thought leader can be a powerful catalyst for change. This creates an opportunity for champion physicians to share their experience with pilot implementation and ensure that the providers' voice is incorporated in new program design.
5) Competition: Physicians tend to be highly competitive and data matters to them. Openly sharing dashboard performance, and the like in an unblended way both engenders a competitive spirit and enables practices and physicians to learn from top performers.

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What's Next on Our Radar?

- Payment Reform
- Health Equity
- Addressing the Sunsetting and Revenue Loss of CPC+

Questions?

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If you have questions or would like more information about the study and findings, please contact
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