

primarycare

HEALTH PARTNERS

Toby Sadkin, MD
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Primary Care Prospective
Payment Model
Within A Vermont ACO
February 9, 2021



Our Practices

About PCHP

In the 1980s, many of the medical offices of Primary Care Health Partners (PCHP) were part of Community Health Plan (commonly known as CHP). Later, California-based Kaiser Permanente purchased the CHP offices and managed them until Kaiser decided to leave the northeast in 1999. In January 2000, a group of primary care physicians formed PCHP with offices in both New York and Vermont. This created the largest privately-owned primary care medical group in the state of Vermont. Since 2000, PCHP has been expanding our services to more communities in New York and Vermont.

www.pchpmd.com

New York

Plattsburgh Primary Care

Vermont

Brattleboro Primary Care-Adult

Brattleboro Primary Care-Pediatrics

Mt. Anthony Primary Care

St. Albans Primary Care

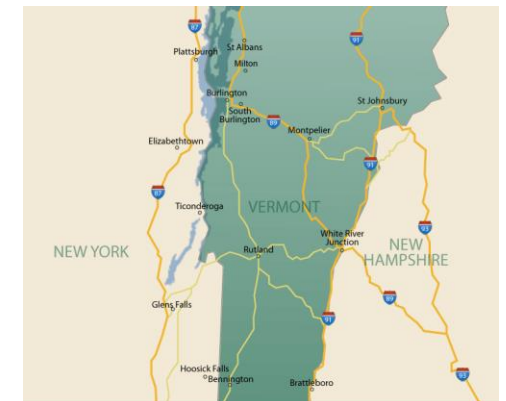
Timber Lane Pediatrics

Timber Lane Pediatrics Milton

Timber Lane Pediatrics North

VT: 25,500 patients

NY: 3,000 patients



Our Mission

We are a group of physician-owned, independent primary care practices. Through our patient centered medical home model*, we work collaboratively to provide compassionate, accessible, high quality healthcare. We believe that through this work we can enhance the well-being of our patients, and the quality of health in our communities.

**Patient-centered medical home model—a model for primary care which provides a team based approach to comprehensive, coordinated, accessible care with accountability for quality and safety and with a focus on education and self-management tools to help patients take an active role in their health and well-being.*

Our Vision

Primary Care Health Partners will remain an independent physician-owned model for integrated quality health care. We will strive to remain adaptable, resilient and fiscally responsible. We will stay at the forefront of primary care using an evidence-based approach and embrace quality improvement tools and new technologies. As healthcare evolves, we will continue to advocate for independent primary care at local, state, and national levels.

Our Core Values

Patient and family-centered care

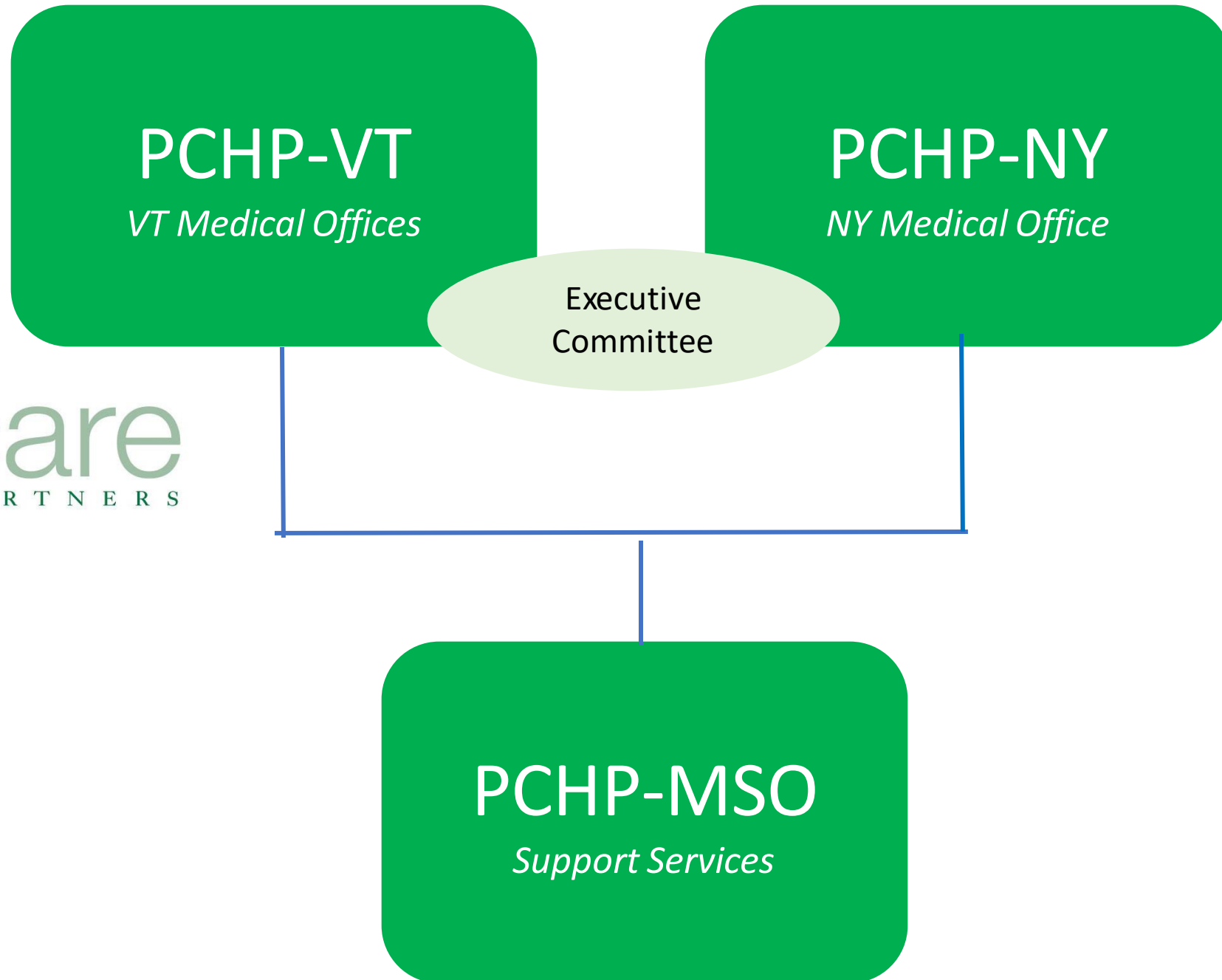
- Compassion
- Collaboration
- Prevention
- Wellness

Cost effective quality care

Hhealth education and advocacy

Practices that are independent, adaptable, and community-oriented

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Accountable
Care
Organizations

To join, or not to join-
That is the question





At the table



vs.

On the table



all in

Board of Managers

Finance Committee

Population Health Committee

Pediatric Clinical Advisory Committee

Patient and Family Advisory Committee

Primary Care Working Group







CPR

Comprehensive Payment Reform

Pilot Project to breathe life into independent primary care

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29% of active patients are
under prospective
payment model

- Specific to Medicare, Medicaid, Blue Cross Exchange Plans
- Initial Program (2018):
 - Pilot program with expressed intent all independent primary care practices would do better under this model
 - ACO and participants actively engaged in financial modeling and analysis
 - Capitation payment based historical fee for service with enhanced payment to help support care coordination and population health management
 - Capitation includes risk adjustments with different factors used for adults versus kids.
 - Develop and report on a quality improvement project (Diabetic Group Visit, Increase Access to Medicare Wellness Visits, Patient Portal Enrollment for Pediatric Patients, Hypertension Control)
- Risk Introduced but COVID Waived (2020)
 - 15% of Capitation Payment at risk based on performance against quality measures
- Risk Re-introduced by Placing Population Health Mgmt Component at Risk (2021)

For all
Primary Care
Practices

(CPR and non-CPR)



Population Health Management

Downside Risk -
\$1.50 pmpm

Upside Potential -
\$3.00 pmpm



Care Coordination

Lead Care Coordinator -
\$80 pmpm

Team Member -
\$60 pmpm

Care Conference -

- Lead \$300/yr
- Team \$150/yr



Value Based Incentive Fund

Funded through
Hospital ACO Payer
Payments

Distributions based on
attribution but evolving
to factor quality
performance

- Challenges
 - Data Analysis
 - Attribution
 - Better Off/Worse Off
 - Timeliness of Data – Difficult to act upon and be accountable based on stale data
 - Not all practices benefit or will benefit equally
 - Time...must be seated at the table



- Million Dollar Question...what is the right capitation rate?

- It's all about the relationship.





Questions?

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