Patient Centered Specialty Practice

--Getting ready for MACRA

Xiaoyan Huang, MD, MHCM, FACC
President-Elect, Medical Staff
Providence Heart Clinic, Portland, Oregon
Poll Question #1

What kind of practice are you in?

A. Solo practice
B. Single specialty, private group practice
C. Multi-specialty, private group practice
D. Employed by hospital
E. Employed by health system
F. Industry
G. Academic
Outline

- MACRA is here, which pathway will you take?
- Will Patient Centered Specialty Practice (PCSP) help you prepare for MACRA?
- How will achieving PCSP recognition benefit your practice?
- What does it take to achieve PCSP recognition?
Outline

- MACRA is here, which pathway will you take?
- Will Patient Centered Specialty Practice (PCSP) help you prepare for MACRA?
- How will achieving PCSP recognition benefit your practice?
- What does it take to achieve PCSP recognition?
Poll Question #2

Which MACRA pathway will your practice chose to participate?

A: Merit-based incentive payment system (MIPS)
B: Alternative payment model (APM)
C: Not sure
A “Cardiocentric” View of MACRA*

<table>
<thead>
<tr>
<th>Pathways</th>
<th>Risk to practice</th>
<th>Implementation Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MIPS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Quality</td>
<td>+/-</td>
<td>✔ PQRS, VM</td>
</tr>
<tr>
<td>• Resource use</td>
<td>+/-</td>
<td>? QRUR</td>
</tr>
<tr>
<td>• Clinical practice improvement</td>
<td>None</td>
<td>? PCSP</td>
</tr>
<tr>
<td>• Meaningful use</td>
<td>None</td>
<td>✔ EHR incentive</td>
</tr>
<tr>
<td><strong>APM</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• ACO</td>
<td>+++</td>
<td>+++</td>
</tr>
<tr>
<td>• PCMH</td>
<td>++</td>
<td>NA</td>
</tr>
<tr>
<td>• Bundled payment</td>
<td>++</td>
<td>++</td>
</tr>
</tbody>
</table>

*Based on Draft CMS Quality Measure Development Plan, December 18th, 2015
Challenges of APM

• High administrative and implementation cost
• Questionable multi-payer applicability
• Difficulty in patient and cost attribution
• Practice already assumes significant risk
• Existing APMs mostly primary care oriented
• Very limited specialty payment models
• Access to specialty services may again be rationed
Advantages of MIPS Pathway

• Standardized metrics and reporting
• Multi-payer applicability
• Nimble and adaptable
• No need for capital investment
• Clinical practice improvement makes sense and is much needed
Outline

- MACRA is here, which pathway will you take?
- Will Patient Centered Specialty Practice (PCSP) help you prepare for MACRA?
- How will achieving PCSP recognition benefit your practice?
- What does it take to achieve PCSP recognition?
What is PCSP?

• A set of Patient Centered Specialty Practice Standards issued by NCQA in 2013
• Following NCQA’s very successful Patient Centered Medical Home recognition
• 6 Standards, 22 Elements, 5 of which are Must-Pass
• Single site vs. corporate application
Background: Medical Neighborhood
How do we transform from this...to that?
Rationale for PCSP

• Specialty care accounts for the majority of health care cost
• Redesigning primary care is necessary but not sufficient to address fragmentation
• Holding primary care solely accountable for cost raises the specter of gatekeeping
• Building PCSP is vital to the success of patient-centered medical neighborhood

Will PCSP prepare you for MACRA?

**PCSP Standards:**
1. Track and Coordinate Referrals
2. Provide Access and Communication
3. Identify and Coordinate Patient Populations
4. Plan and Manage Care
5. Track and Coordinate Care
6. Measure and Improve Performance

**MACRA Clinical Practice Improvement:**
- Expanded practice access
- Population management
- Care coordination
- Beneficiary engagement
- Patient safety and practice assessment
- Participation in an APM
How we built our medical neighborhood:

- PCP clinics
- PCMH
- Pilot specialty clinics PCSP
- Expansion to corporate level PCSP
- Formation of ACO
- Connectivity with other ACOs
Outline

- MCRA is here, which pathway will you take?
- Will Patient Centered Specialty Practice (PCSP) help you prepare for MACRA?
- How will achieving PCSP recognition benefit your practice?
- What does it take to achieve PCSP recognition?
5 Examples...
1. Improve referral tracking (PCSP 1)

- Implemented referral tracking software: *ProviderConnect*
- PCP clinics 17 (120 providers)
- Specialty clinics 75 (620 MDs, 24 specialties)
- Across different EHRs
- Referral sent 10,000
- Patients referred 8,700
- Watch our demo: [https://youtu.be/Qh75Nq-9O_M](https://youtu.be/Qh75Nq-9O_M)
2. Standardize referral response (PCSP 1)

- Consultation, follow up, procedural note template for standard format of communication
- Appropriate documentation meeting appropriate use criteria, quality metric requirements
- Bundled payment documentation
- Precise documentation for appropriate risk coding and billing
3. Expand patient access (PCSP 2)

- Care Team formation
- Efficient workflow
- From 2013 to 2015:
  - 33% increase in new patient seen
  - 12% increase in follow up visits
4. Improve test tracking and care coordination (PCSP 5)

- Standardize workflow and documentation
- Track tests until results are available, flagging and following up overdue results
- Flag abnormal test results to the clinician
- Documented communication of test results with patients/family
- Documented communication of test results with PCP
5. Improve patient satisfaction (PCSP 6)

- Provider training
- CG-CAHPS Survey
- Feedback Box
- On-line rating

<table>
<thead>
<tr>
<th>CAHPS</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Top Box</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>See provider within 15 min of appt</td>
<td>89.7</td>
<td>89.5</td>
<td>91.7</td>
</tr>
<tr>
<td>Rate provider 0-10</td>
<td>83.9</td>
<td>84.0</td>
<td>85.6</td>
</tr>
<tr>
<td>Recommend this provider office</td>
<td>92.3</td>
<td>91.7</td>
<td>92.0</td>
</tr>
<tr>
<td>Access to Care</td>
<td>65.9</td>
<td>63.2</td>
<td>66.5</td>
</tr>
<tr>
<td>Test Results</td>
<td>80.2</td>
<td>77.2</td>
<td>81.7</td>
</tr>
<tr>
<td>Physician Communication Quality</td>
<td>93.3</td>
<td>93.1</td>
<td>-</td>
</tr>
<tr>
<td>Office Staff Quality</td>
<td>96.4</td>
<td>96.2</td>
<td>96.5</td>
</tr>
</tbody>
</table>
Outline

- MACRA is here, which pathway will you take?
- Will Patient Centered Specialty Practice (PCSP) help you prepare for MACRA?
- How will achieving PCSP recognition benefit your practice?
- What does it take to achieve PCSP recognition?
Keys for successful PCSP project:

- Physician champion and dedicated project manager are vital
- Dedicated time for the project
- Standardization of workflow
- Care Team organization
- Detailed documentation of workflow process
- Ability to report key practice data
- Meaningful use report
Potential challenges

• Time commitment of project leaders
• Lack of organizational support
• Lack of detailed data reporting ability
Summary of benefits of PCSP

• Guides specialty clinic transformation to prepare for MACRA
• No need for capital or staffing investment
• Versatility and multi-payer applicability
• A blueprint for optimizing the core business of specialty practice
• Standardizes workflow, data reporting
• Improves referral tracking, care coordination, patient satisfaction, access
• Improves quality of care, provider satisfaction and staff engagement
Poll Question # 3

Do you think your practice will work on Patient Centered Specialty Practice (PCSP) recognition?

A: Yes
B: No
C: Not sure
Project Team

Lesley Jones Larson
Hannah Berg
Kara Rapp

Laura George
Donna McClellan
Michelle Penn