

Advanced Primary Care 2022 Measurement Pilot

Advanced Primary Care: A Shared Standard

The Purchaser Business Group on Health's (PBGH) California Quality Collaborative (CQC) has defined a shared standard of Advanced Primary Care (APC). Developed through a multi-stakeholder process that included input from purchasers, health plans, providers and patients, CQC's shared standard, defined from the patient's perspective, includes two components:

- **Attributes:** Articulate the highest order care processes that reflect high-value and high-quality primary care. The attributes allow flexibility for practices to design care tailored to their patients' needs. These attributes were selected with the understanding that many other foundational elements and processes are in place to achieve such a standard.
- **Measures:** A narrow set of measures reflecting the patient's outcomes and experience of care with a provider that has implemented advanced primary care attributes.. Performance across the suite of measures will allow purchasers and patients to identify practices delivering APC and provide a path for development of alternate payment models. Selected measures can be used by any payer type and are aligned across performance and measurement reporting and payment programs within California and nationally.

2022 Measurement Pilot

In order to recognize high-quality primary care, purchasers are seeking to transition from a process-orientated approach, such as demonstrating a completed checklist of activities, to one recognizing the outcomes and experience of care patients receive. For example, as part of Covered California's contract revision for 2022, qualified health plans are required to participate in an APC pilot utilizing CQC's measures. The results of the pilot will inform future contracting requirements to increase APC practices within health plan networks.

The pilot program will leverage existing statewide data infrastructure (Integrated Healthcare Association's Align.Measure.Perform programming) to assess practice-level performance across the suite of APC measures. By applying a quality threshold approach, IHA will be able to identify individual practices delivering advanced primary care and the concentration of those practices within each health plan's network. IHA will disseminate pilot results directly to health plans and share aggregated findings with participating purchasers.

Practice-Level Assessment

The APC measurement pilot will leverage existing data infrastructure within the State to assess practice-level performance. To achieve this goal, claims and supplemental data currently submitted to IHA for health plan and provider organization assessment will be leveraged to identify and attribute performance to individual primary care practices. CQC and IHA have identified several different approaches for practice attribution using a combination of clinician and practice identifiers, including National Provider Identifiers (NPI) and billing information (practice address, Tax Identification Number). The attribution model includes two stages, the first attributing individual members to their associated primary care clinician; second, attributing clinician data to their practice. To confirm viability and select the preferred attribution model, CQC and IHA intend to test each approach utilizing historical claims data. The testing process will also outline, if necessary, any supplemental reporting required of health plans or provider organizations to support the pilot.

Finally, given the more granular level of assessment, i.e. primary care practices, the pilot will aggregate data across purchasers (e.g. Covered California and non-Covered California lives) and health plans to increase visibility to a larger proportion of any individual practice's panel. This approach will provide more meaningful results to all parties and address issues related to small denominators that may impact practice-level assessment.

Pilot Timeline

