California Quality Collaborative

CQC Webinar | Q&A

Measuring Advanced Primary Care in California: Pilot Results and the Path Forward

Thursday, December 7, 2023 | 11 a.m. – 12 p.m. PT

Webinar Recording & Presentation Slides

Next Steps for the Work:

1. What are the plans for the spread of this initiative?

A key component of spread is encouraging payers and purchasers to adopt the Advanced Primary Care (APC) Measure Set in their performance programs. The APC Measure Set will be reviewed each year to keep abreast of industry direction and new measures may be tested for future inclusion. The California Advanced Primary Care Initiative intends to conduct statewide APC practice-level measurement annually to identify and publicly recognize practices that demonstrate advanced primary care.

2. What lessons learned can be readily translated for other regions?

Bringing stakeholders together to agree on a shared definition of advanced primary care, including common measures, can accelerate adoption. Aggregating data across populations for a comprehensive view of performance helps reduce burden and support performance improvement. Aligning with national direction is helpful.

3. What would you do differently?

Include other payer types in combination with the commercial population from the start. Consider practice identification and member attribution algorithms in the context of contracting to make the use of the measure set for incentive payments more straightforward. Focus more on clinical data exchange upfront contributing to more complete and accurate results.

4. a. How can we help providers, even some very sophisticated ones, to embrace registries and the Population Health Management (PHM) model?

b. Are there best practices for how to "retrain" a large number of physicians towards a value orientation? I believe they are willing, but we need to get specific on what we want them to do

differently.

The muscle memory of doing things the way they have always been done can be quite strong. It is important to effectively make the case and show the the value in building connections to other systems and shifting to a PHM-based process. Doing so will ultimately help providers operate more smoothly and efficiently, enhance resources and bring back more joy in work. For payers, showing tailored modeling with a providers' own data can be effective in making that case (e.g., showing projections of dollars or resources gained or time saved based on their own data and utilization).

5. What Data Exchange Standards and Requirements exist? Are we moving to alignment?

Data exchange standards and requirements are emerging both nationally and in California. Examples include the United States Core Data for Interoperability, Fast Healthcare Interoperability Resources, the California Data Exchange Framework (agreement for exchange between health organizations) and the Health Care Payments Database, which has adopted the All-Payer Claims Database Common Data Layout). A standardized format reduces the burden for data submitters and supports the exchange and combining of data.

Quality Improvement:

1. What analysis is being done to assess the underlying factors that contribute to performance to determine an improvement strategy?

CQC and other organizations provide technical assistance where coaches go in and assess how a practice could operate more efficiently, including reviewing workflows, systems, processes and data to create a tailored plan with milestones.

2. What is the most efficient and timely approach for everyone to meet quality metrics and address patient care gaps?

Having fast data feedback loops that enable providers to see their gap areas and performance is a helpful driver for improvement. Access to platforms that provide fast or real-time feedback is a way to encourage this.

3. How can patients leverage their own data to support their health and well-being?

Patients can take advantage of support tools like apps that enable them to check their health data, such as recent vaccinations. Providers and payers who have patient apps can use them to

steer patients to come in for checkups, vaccines, screenings, etc., either as general messaging to all (e.g., get your flu shot) or potentially tailored messaging to come in and fill a gap if the tool has the right system connections.

4. Can we develop resources to facilitate movement toward APC by region, rather than by individual practice, provider, etc.?

Payer and/or purchaser alignment at the regional level to support combining data and/or shared technical assistance is one way to create this and an example is the California Advanced Primary Care Initiative.

5. What's the biggest challenge you see in quality improvement (QI) programs?

They involve change management — and effective change management always comes down to people, relationships and motivation. It is easier to motivate and change behavior in a way that sticks when a trust and bond has been formed. It is much easier to achieve that in person, which is more costly. The most effective QI work is done with an in-person component, tailored coaching and views of data that underscore where improvement potential lies.

6. Rewarding practice improvement also helps engage providers as they help improve the quality of the data over time and improve. Maybe consider "most improved" as a measure of excellence to lead to increased investment as well?

Thank you for the idea. The same health plans who supported the APC Measurement Pilot have designed a payment model that does award improvement on measures in the APC Measure Set.