

Integrated Primary Care



Definition

For DOH “Integrated Primary Care” refers to the use of an alternative payment model to incentivize and support primary care providers to delivery high quality and well-coordinated care, in particular to patients with chronic illness. Payment models for integrated primary care, sometimes called “patient-centered medical home,” or “advanced primary care,” typically offer an enhanced rate or per-member per-month (PMPM) supplemental payment to primary care practices to perform health care services that are typically not reimbursed, but could make a significant difference in the health status of patients.

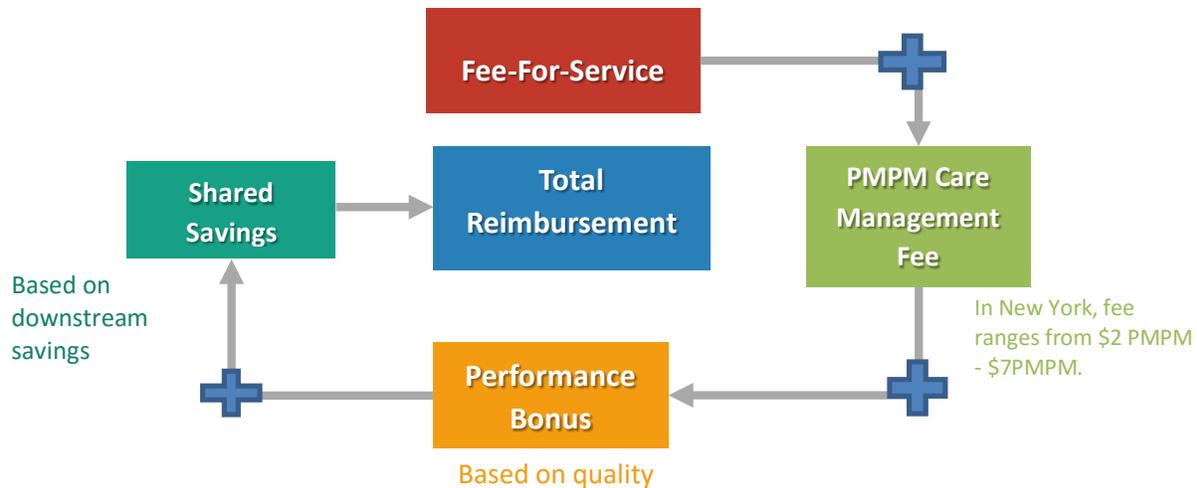
For example, some models pay a PMPM care management fee that allows practices to hire and use care managers to help manage the health of a chronically ill patient panel. In some cases, in addition to enhanced and/or supplemental payments, practices are given the opportunity to share in savings generated for the total cost of care for patient panels, and/or bonus payments based on provider quality performance.

Examples in Use¹

Thirty practices in the Adirondack Region of New York are participating in the CMS Multi-Payer Advanced Primary Care Practice Demonstration Program, where primary care practices receive a \$7 PMPM care management fee to cover care coordination, improved access, patient education and other services to support the chronically ill from Medicare, Medicaid and commercial payers. They also receive a bonus based on performance on clinical outcome quality measures. In order to continue to receive enhanced payments, the practices had to achieve Level 2 or 3 NCQA recognition, use an electronic prescribing system, participate in a disease registry and expand access for patients.

In one year, practices were able to reduce inpatient admissions by 8%, ED visits by 9% and have over 60% of patients report they had the best possible provider.

An Example Integrated Primary Care Payment Model



Payment Mechanism

Integrated primary care payment models are *typically* fee-for-service, with supplemental per member payments that might be made monthly or quarterly. Incentive payments for performance on quality measures are typically delivered as a lump sum payment at the end of the performance year, but could be administered as an enhanced fee-for-service payment for the following year. Practices could also receive a capitated payment for most or all primary care services.

Benefits

The benefits of an integrated care model are well documented and include decreases in the cost of care, reduction in unnecessary services (e.g., ED visits and readmissions), improvements in population health status, access to care and patient satisfaction.²

Operational Implications

Primary care practices need to transform their model of care delivery. This typically requires provision of **practice transformation support**, in the form of coaching and/or a learning collaborative. A common but imperfect marker of transformation is **NCQA certification**. NCQA is an organization that certifies the operational practices, processes and policies a primary care office has in place.

Practices also need data – from payers, from their EHRs and from other providers. An adequate **health information infrastructure** is necessary for primary care to adequately manage the health and costs of their patient panels.

In order to effectively treat patients using a patient-centered approach, primary care practices typically need to **expand access** to treatment by offering appointments during non-traditional hours like weekends or evenings. Expanded access can help reduce unnecessary visits to emergency departments.

Becoming an integrated primary care site, may require the **addition of key clinical staff**, including nurse care managers and possibly behavioral health providers. These clinical staff members play an important role in addressing the challenges of high risk patients and overcoming obstacles to adoption of necessary health behaviors.

Quality Measures

Performance on quality measures can influence the payment to a primary care practice. Typically in integrated primary care programs, quality measures may include utilization measures (e.g., emergency department visits and readmissions within 30 days), clinical process measures (e.g., cancer screening), clinical outcome measures (e.g., blood pressure control, cholesterol control) and patient experience measures. Performance measures can cover both adult and pediatric populations.

Risk Models

Integrated primary care payment models usually do not involve downside risk for the total cost of care, but may offer shared savings. If practices assume downside risk, it is usually only for primary care services through primary care capitation arrangements.