



MOVING FROM VOLUME TO VALUE

Federal Support to Help Primary Care Practices Benefit from Practice Transformation

In 2015, the Centers for Medicare and Medicaid Services (CMS) announced that by 2018, at least 50% of U.S. health care payments would be linked to quality and value through alternative payment models (APMs).ⁱⁱ This brief provides an overview of four federally-funded initiatives designed to support primary care providers' transition to or participation in APMs:

- 1** The Quality Payment Program under MACRA;
- 2** Comprehensive Primary Care Plus;
- 3** The Transforming Clinical Practice Initiative (TCPI) of the Centers for Medicare and Medicaid Innovation (CMMI); and
- 4** The EvidenceNOW initiative of the Agency for Healthcare Research and Quality (AHRQ).

“A major thrust of our efforts is to create an environment in which hospitals, physicians, and other providers are rewarded for delivering high-quality health care and have the resources and flexibility they need to do so.”

– Sylvia M. Burwell,
U.S. Secretary of Health & Human Servicesⁱ

1 Quality Payment Program

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) created the Quality Payment Program, which: (1) repeals the Sustainable Growth Rate (SGR) formula; (2) streamlines multiple quality reporting programs (Meaningful Use, the Physician Quality Reporting System (PQRS), and the Value-Based Payment Modifier) under the new Merit-based Incentive Payment System (MIPS); and (3) provides incentives and bonus payments for qualifying participation in Advanced APMs.ⁱⁱⁱ Most clinicians will be subject to MIPS,ⁱⁱ a pay-for-performance system for Medicare Part B providers that will link fee-for-service payments to quality and value. CMS has said it is possible they will delay implementation of MIPS beyond the proposed 2017 launch date to allow time to address the burden the program's requirements place on small independent practices.^{iv}

To prepare for eventual participation in MIPS, practices should review their EHRs' capacity to generate quality measures.

- For more information on the Quality Payment Program: <http://tinyurl.com/MACRAMIPS>

Note: Federally Qualified Health Centers are not subject to the Quality Payment Program.

2 Comprehensive Primary Care Plus (CPC+)

The goals of CPC+ are to improve the quality of care patients receive and patients' health, and to spend health care dollars more wisely. Participating practices will be eligible for incentives based on changes to the way they deliver care, focusing on: (1) Access and Continuity; (2) Care Management; (3) Comprehensiveness and Coordination; (4) Patient and Caregiver Engagement; and (5) Planned Care and Population Health.ⁱⁱ In New York State, CPC+ is open to practices in the North Hudson-Capital Region. Practices in this region are invited to submit their applications for this five-year initiative between August 1 and September 15, 2016. CMS will select up to 5000 practices nationwide based on their readiness for transformation. CPC+ will launch on January 1, 2017.

- For more information on CPC+, including the Request for Applications and eligibility requirements: <http://tinyurl.com/cms-cpcplus>

Note: Federally qualified health centers are not eligible to participate in CPC+.

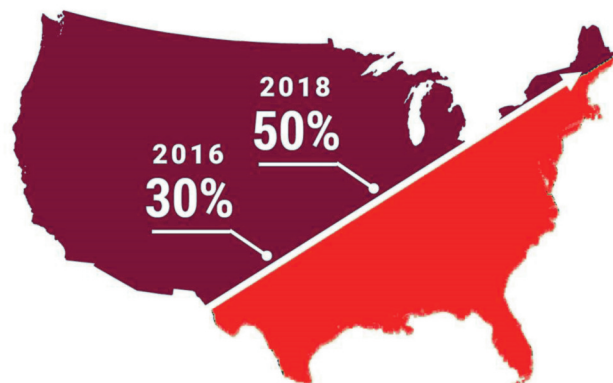
ADOPTION OF ALTERNATIVE PAYMENT MODELS (APMS)

SOURCE: "CMS Innovation and Care Delivery System Reform," presented by Darren DeWalt, MD, MPH, Director, Learning and Diffusion Group, Center for Medicare and Medicaid Innovation, at the Annual Meeting of AHRQ EvidenceNOW Grantees, June 10, 2016, Rockville, MD.

2016
30% In 2016, at least 30% of U.S. health care payments are linked to quality and value through APMs.

2018
50% In 2018, at least 50% of U.S. health care payments are so linked.

These payment reforms are expected to demonstrate better outcomes and lower costs for patients.



Better Care, Smarter Spending, Healthier People

FEDERAL SUPPORT FOR BUILDING INFRASTRUCTURE FOR TRANSFORMATION

Two significant programs fund practice facilitation in primary care practices as a way to help them achieve sustainable practice transformation and position themselves to join APMs. CMMI's Transforming Clinical Practice Initiative (TCPI) and AHRQ's EvidenceNOW initiative represent major investments in building a quality improvement infrastructure for primary care practices.

3 Transforming Clinical Practice Initiative/ The Greater New York City Practice Transformation Network

Over the next four years, TCPI will help 140,000 clinician practices nationwide improve on quality and transition to APMs. There are three TCPI-funded Practice Transformation Networks in New York State. The Greater New York City Practice Transformation Network (GNYC-PTN), led by NYU School of Medicine, provides technical assistance to approximately 1900 clinicians, beginning with leadership engagement and team-based care and moving toward advanced stages of population management, care coordination, and patient and community engagement. NYU's partners in the network are the Community Health Care Association of New York State (CHCANYS), the NYU Clinically Integrated Network, the Primary Care Information Project (PCIP) of the New York City Department of Health and Mental Hygiene, and Azara Healthcare. The New York State Practice Transformation Network (NYSPTN) is a collaboration of the New York eHealth Collaborative, Finger Lakes Health Systems Agency, and the New York State Department of Health. Finally, the Care Transitions Network for People with Serious Mental Illness is a partnership of the National Council for Behavioral Health, Montefiore Medical Center, Northwell Health, the New York State Office of Mental Health, and Netsmart Technologies.

■ For more information about TCPI:
<http://tinyurl.com/cms-tcpi>

■ For more information about the Greater New York City Practice Transformation Network:
<http://tinyurl.com/gnycptn>

4 EvidenceNOW/HealthyHearts NYC

AHRQ's EvidenceNOW initiative aims to advance heart health in primary care and build critical infrastructure to help smaller primary care practices apply the latest medical research in the care they provide. HealthyHearts NYC, led by NYU School of Medicine with partners PCIP and CHCANYS, is one of seven EvidenceNOW cooperatives nationwide working to implement practice facilitation in small primary care practices to help them achieve and sustain their practice transformation goals. The nearly 300 small primary care sites participating in HealthyHearts NYC receive a 12-month on-site practice facilitation intervention that utilizes a range of organizational development, project management, quality improvement, and practice improvement methods to build the practices' internal capacity for quality improvement.

■ For more information on EvidenceNOW:
<http://tinyurl.com/ahrq-evnow>

■ For more information on HealthyHearts NYC:
<http://tinyurl.com/healthyheartsnyc>

NOTES

ⁱ Burwell S.M., Setting Value-Based Payment Goals—HHS Efforts to Improve U.S. Health Care, *N Engl J Med* 2015; 372:897-899, Mar. 5, 2015.

ⁱⁱ "CMS Innovation and Care Delivery System Reform," presented by Darren DeWalt, MD, MPH, Director, Learning and Diffusion Group, Center for Medicare and Medicaid Innovation, at the Annual Meeting of AHRQ EvidenceNOW Grantees, June 10, 2016, Rockville, MD.

ⁱⁱⁱ "EvidenceNOW MACRA/MIPS Factsheet," Agency for Healthcare Research and Quality (AHRQ), 2016.

^{iv} Muchmore, S., "Slavitt suggests MACRA could be delayed," *Modern Healthcare*, July 13, 2016.

HealthyHearts NYC and the **Greater New York City Practice Transformation Network** are initiatives of the Department of Population Health at NYU Langone Medical Center. The Department of Population Health is working to bridge the worlds of medicine and public health, leading research to improve the health of populations in New York City and around the globe and educating students to become leaders in healthcare delivery, health policy and public health. Rising healthcare costs, persistent health inequality, and changing insurance and payment models demand that we unite the knowledge and expertise of medicine and public health. As a department of population health at an academic medical center, we are uniquely situated to bring together these two fields. We partner with front-line practices, community groups and public health institutions to conduct research aimed at solving pressing questions in the areas of healthcare delivery science, medical ethics, health behavior change, comparative effectiveness, epidemiology, biostatistics, health policy and evaluation, early childhood development, community health work and health equity, and tobacco, alcohol and drug use and treatment.

To learn more about the work being done by the Department of Population Health, please visit us on the NYU Langone Medical Center website at: www.med.nyu.edu/pophealth

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