DPC as THE Advanced Alternative Payment Model

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Submit your questions to: aafp3.cnf.io

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Learning Objectives

- Gain an understanding of the CMS Transforming Clinical Practice initiative (TCPi) and how the Practice Transformation Network (PTN), including direct primary care (DPC), will affect clinical practice.
- Comprehend the impact that the national network of DPC practices can have on employer contracts and optimizing patient outcomes and practice success.
- Appreciate the value of aggregate practice data on influencing health policy and scalability of direct primary care.

Things are changing….

- Lots of physicians are opting out of Medicare due to ACA and other changes including meaningful use/MACRA/MIPS
- Nationally, policy makers are realizing that they are desperate to cut costs and to keep providers for the aging population
- Enter Direct Primary Care-Initial data suggests the model could improve quality and reduce overall costs more than any other proposed Advanced Payment Model under MACRA

The Transforming Clinical Practice Initiative

- Secretary Burwell announced $843 million TCPI Grant Initiative in 2014
- Only 29 Practice Transformation Networks were to be awarded nationally out of thousands of applications
- The Consortium on Southeastern Hypertension Control (COSEHC) is a not for profit based at Wake Forest University whose main mission historically has been Quality Improvement in the area of Cardiovascular Disease
- Our network of DPC practices, Access Healthcare Direct has practices in 33 states with a heavy concentration in the Southeast
- COSEHC applied for the TCPI grant with a key component being a DPC PTN and comparinh and contrasting the advanced practice models to it.

DPC PTN?

- COSEHC Awarded $15.8 million to be a practice transformation network and to facilitate project with an original target of 4000 providers
- In the grant, Access Healthcare Direct and the Direct Primary Care Medical Home Association (DPCMH.org) were tasked with transforming Practices to a Value Based Direct Primary Care Model
- Largest data collection effort for DPC ever with standardized free clinical outcome extraction and analysis through Symphony Performance Health and MD Insight
- End Game is to make DPC one of the Advanced/Alternative Payment Models under MACRA with DPC memberships reimbursed for patients that choose to pay a DPC practice directly

Why are practices participating in this?

- Practices paid an incentive for participating
- Up to 20 hours of free CME Category 1
- Counts for Part 4 MOC as a QI project for ABFM and ACP
- Could be entry point to CMS pilot to pay for DPC monthly fees without coding or billing
- Free software to analyze your data (MD Insight)- passive data collection if willing EMR
- Free tools to optimize your practice
- Free education/seminars to help you be successful in DPC
- Being included in the largest uniform data gathering on the DPC practice model and possibly be included in publications

Myths and Rumors that are out there…..

- CMS gets your individual identifiable practice data
- CMS has a hidden agenda to undermine DPC
- Physicians that participate will have to code or submit claims
- Payment is not directly from patient to practice-
- You have to do anything differently about how you practice in the DPC model than you do now
- “I did DPC to get away from all of the hassles and regulation and billing and this would put me right back in the middle of it.”

AES Question

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How many of you are in favor of HSAs being allowed to be used to make payments to DPC practices?

a. Yes
b. No

How many of you would be in favor of a DPC HSA type account funded by CMS that would allow patients to pay for their membership fees?

a. Yes
b. No

Why the difference? Why would you favor use of an HSA type account used for DPC but not if that account was funded by CMS

a) It is more of a direct payment from an HSA even if the employer funds it
b) You trust the government less than employers
c) You just want to be opposed to Medicare having anything to do with helping patients pay for their DPC fees
d) You think there is a conspiracy theory that CMS is out to get DPC

What does this really mean? What implications does it have?

- This will help keep physicians independent and:
- Get people off the sideline in high Medicare/Medicaid demographics to try DPC.
- Truly alter the way physicians are paid in a good way- Patients choose their physician based on free market competition and the relationship between the physician and the patient is a direct payment-the difference is that CMS may have given the patient an account to pay for this care in a similar way that employers fund HSAs.
- Ideally, prior authorizations and any gatekeeping would also be eliminated for Medicare patients in this model

Does CMS have a hidden agenda?

- Many of the names they have given recent value based care models are actually knockoff names for DPC (CPC+, Direct Provider Contracting, Chronic Care Management)
- However,- imitation is the most sincere form of flattery- they do not want to undermine DPC, they want to see it flourish because it can save them a ton of money!

Why policy makers want DPC to succeed

- Upcoming Publications that will establish DPC as THE Value Based Care Model and the preferred model for Primary Care Delivery:
- The data so far-
    - Hospital Readmission
    - ER visits
    - Chronic Disease Management
    - Patient Satisfaction
    - Malpractice
    - Cost Savings (premiums, utilization, downstream)

Which patients could benefit?

- Medicare
- Dually Eligible Medicare/Medicaid
- CHIP-children
- Almost 50% of people nationally are under some sort of government insurance program
- Rural, Poor, and Elderly

Why would you be against those patients being able to get reimbursed that come to your practice?

- The direct relationship is the same. You operate your DPC practice as you would normally and give patients the care you normally would.
- The patient picks you as their DPC provider and pay you directly-no accounts receivable, no claims to submit. You would not even need to know which patients were getting reimbursed/funded.
- The reimbursement/payment/funding to the patient to pay for your services is between them and CMS- **you are not in a triangle**.
- Your job remains great patient care-not bureaucracy

Will there be any strings attached at all?

- **Everybody wants data**-everyone is always so anxious to contract with employers- well they want data too.
- Make it as unobtrusive and passive as possible so that physicians do not have to do anything different for these patients versus any other DPC patient
- Have a trusted third party rather than CMS collect and aggregate the data-then deliver reports to CMS on regional and state level providing quality and costs information

What if I do not want any of my data submitted anywhere or if I do not want to participate with my Medicare patients?

- Then you can still wholeheartedly support DPC practices that do choose to submit data and participate
- You can isolate yourself totally if you choose-but Value Based Care is here to stay- and pretty soon it will not just be CMS and employers wanting data- patients will soon be demanding it too.
- There is nothing mandatory about this program for any practice or patient. Only DPC practices that want to have their patients get DPC fees reimbursed by CMS would have to participate.

The Success of the COSEHC IMPACT PTN

- There are 29 Practice Transformation Networks nationally
- The director of the TCPI initiative recently said that this PTN was the most successful one nationally and was serving as a role model for the others
- Over 4600 providers are enrolled with the only substantial DPC cohort nationally out of all of the PTNs
- The Director of the TCPI said at a national meeting recently in New Orleans that “DPC would be one of the Alternative Payment Models under MACRA” due in large part to this project

Recent Developments

- CMS Request for Information on “Direct Provider Contracting”
- Several organizations submitted responses including ours
- Insist on not “being roped back into the same ole grind again”
- The two hands are starting to talk to one another…..

How to receive more information

****Send an email to accesshealthcaredirect@gmail.com to request to be part of the DPC IMPACT Project**

www.accesshealthcaredirect.com –free to join network

www.DPCMH.org Direct Primary Care Medical Home Association -free membership and resources available from this not for profit. This will also list updates on the project.

Follow @innovadoc on twitter for latest grant and DPC updates

Download "Access Healthcare Direct" free **app** from iTunes/Google –request to participate through app

Questions?

Submit your questions to:
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Don’t forget to evaluate this session!

Contact Information

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