

Primary Care Transparency Workgroup Report and Recommendations

November 30, 2017

Background and Problem Statement

The Department of Health's Health Innovation in Pennsylvania (HIP) plan outlined several key strategies to enhance price and quality transparency for Pennsylvania consumers. One of these strategies was to convene stakeholders from across Pennsylvania to streamline and standardize primary care providers (PCP) reporting requirements across payers and regulators, establish consistent operational channels for clinical data capture, help enable multi-payer alignment of value-based payment around common measures, and incorporate PCP transparency into tools for consumer selection of PCPs and/or health plans.

The Pennsylvania Insurance Department established the Primary Care Transparency Workgroup to address the following "problem statement" which describes the issues and barriers that the Department of Health identified through their Price and Quality Workgroup, convened as part of the HIP plan development.

- There is insufficient transparency for consumers, providers, payers, employers, and policy makers leading to inefficient decision-making and measurement uncertainty.
- As health systems shift from volume-based to value-based payment models, there is a growing need to accurately measure quality and quality improvement.
- While the need and utilization of quality measurement grows, there remains a lack of consistency across payers.
- Without consistent measures, providers experience unnecessary administrative burden for quality reporting and as a result measures are not achieving the full potential of their incentives to improve care.

Primary Care Transparency Workgroup Charter

The Department provided the following charter to direct the workgroup's efforts in developing recommendations to address the problem statement.

- Determine recommended path to primary care transparency
- Convene payers and providers to streamline and standardize PCP reporting requirements across payers and regulators
- Research options for leveraging standardized reporting to support other areas of the Health Innovation in Pennsylvania Plan, such as the transition from volume to value-based payment and achieving price and quality transparency

Summary of Workgroup Activity

The workgroup held its first meeting on October 21, 2016, and met once every other month on average thereafter for approximately 12 months. The workgroup conducted a comprehensive measure scan of

all available and in-use primary care measures and compared these across various public/private payer programs and incentive/pay-for-performance plans. While the list of existing measures was quite substantial, the actual performance data for these measures was often proprietary, inaccessible and non-standardized. The workgroup concurred that there is a lack of accessible, multi-payer information on quality for ambulatory care providers in the Commonwealth, and that increasing the availability of such information would help consumer decision-making and allow primary care providers who do not currently have access to this information to better track and benchmark their performance. Workgroup members generally agreed that the Commonwealth can assist in addressing this gap by aggregating and distributing standardized quality data. The following guiding principles were expressed and agreed to by the workgroup members:

- Metrics that are already collected for federal, state or other reporting purposes should be used to the greatest extent possible, in order to minimize reporting burden on providers.
- Metrics and attribution methods should be aligned, where feasible, across payers to ensure data comparability.
- Data should be risk-adjusted and take into consideration the payer mix to reflect a provider's patient population/panel.

With these principles in mind, the workgroup established the recommendations below.

Recommendations

1. The Commonwealth should establish a set of primary care quality metrics that are commonly collected by payers and currently reported to third parties, either for accreditation or to meet federal reporting requirements, and use that core set as the foundation for primary care transparency efforts. See *Primary Care Measures Inventory* for the workgroup's recommended core set of metrics.
2. The Commonwealth should require insurers to use an established, objective patient experience assessment tool (e.g. CG-CAHPS 2.0 12-month, CG CAHPS 2.0 visit, CG-CAHPS 2.0 PCMH, CAHPS for ACO, etc.) to collect patient feedback at the physician group level.
3. The Commonwealth should regularly collect these metrics from commercial and government payers and aggregate them at the physician group level. The Commonwealth should ensure that the metrics are measured identically across payers, and that payers use comparable methods to attribute patients to providers.
4. The Commonwealth should aggregate the metrics across payers and make the metrics publicly available on a website for both consumers and providers to reference. Aggregation, analysis and reporting may be accomplished using internal Commonwealth resources or may be contracted to an independent nonprofit entity.
 - a. If the Commonwealth is unable to devote the resources to establish a website, the Commonwealth should, at a minimum, make each physician group's non-risk-adjusted metrics available to that physician group, as well as to Pennsylvania payers.
 - b. It is recommended that the Commonwealth use a risk-adjustment strategy to account for variation in local resources, individual patient risk, and payer mix. However, there is

currently no industry consensus (nor agreement within the workgroup) on a recommended risk adjustment strategy.

5. The Commonwealth should encourage insurers to incorporate these metrics into their online provider lookup/selection and “shoppable” care tools, where feasible and appropriate.
6. The Commonwealth should also use the reported metrics to calculate regional and state averages for use as benchmarks, and should share those benchmarks in conjunction with the physician group metrics.
7. The Commonwealth should educate consumers and providers on how to interpret these metrics as well as their limitations.
8. The Commonwealth should establish an advisory board to annually review and recommend updates to the metrics and patient experience assessment tool(s).
 - a. The advisory board should include representatives from provider, payer, employer, academic and patient stakeholder groups.
 - b. The advisory board should evaluate the effect/impact (if any) of increased primary care transparency within the Commonwealth.
 - c. The advisory board should regularly assess the need for changes in the metrics, definitions and/or methodology and make appropriate modifications.

Workgroup Co-Chairs

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