

## Workforce Strategies for Primary Care

By: HMA Primary Care Workforce Strategy Team

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## ■ YOUR PRESENTERS



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- **Welcome and Overview**
- **Poll**
- **Documentation and Data Tools**
- **Maintaining Financial Viability**
- **Primary Care Capitation**
- **Question and Answer**
- **Closing**

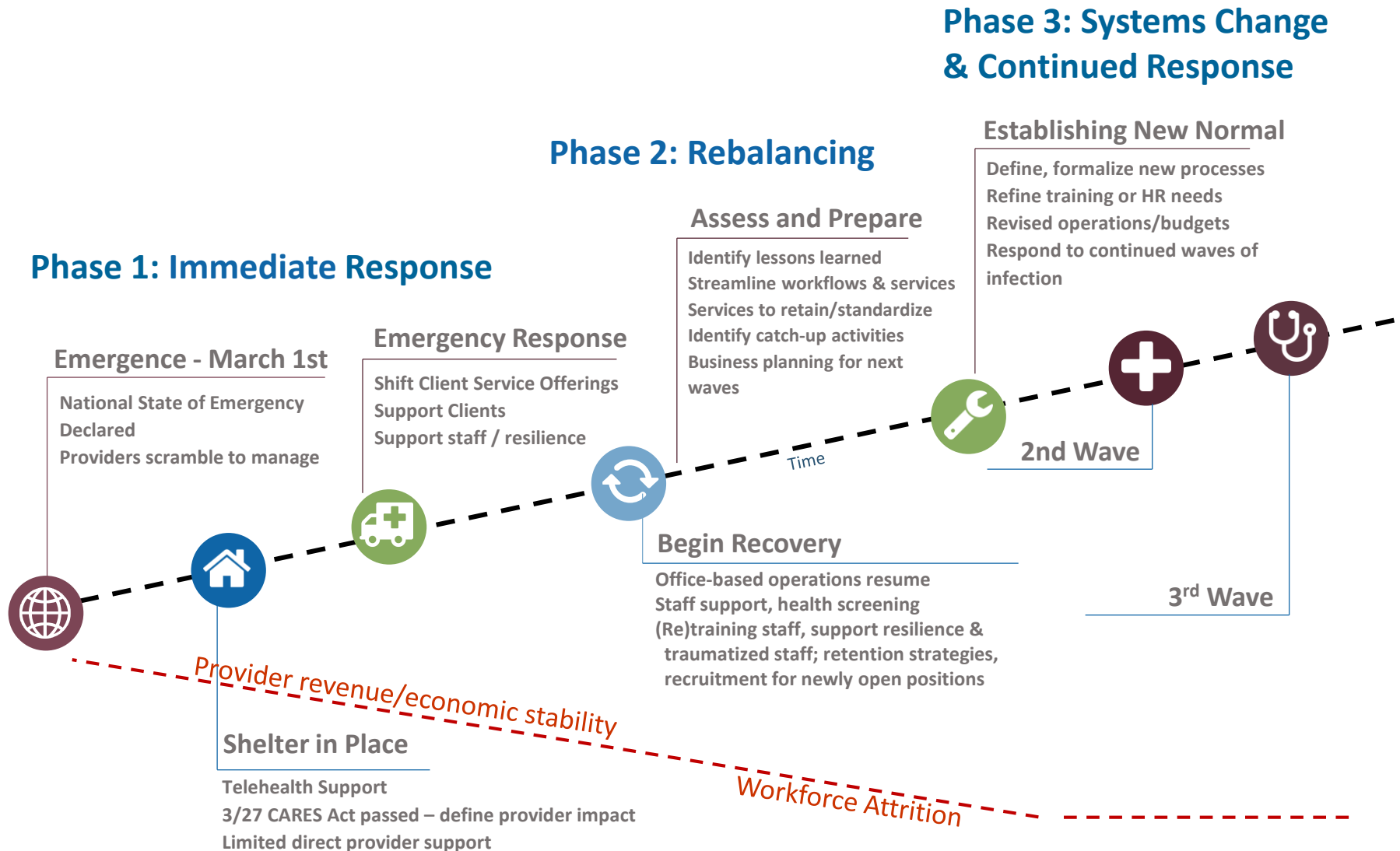


# Webinar Agenda

**A note to participants:**

**Please use the Q&A and chat functions  
to submit questions and comments**

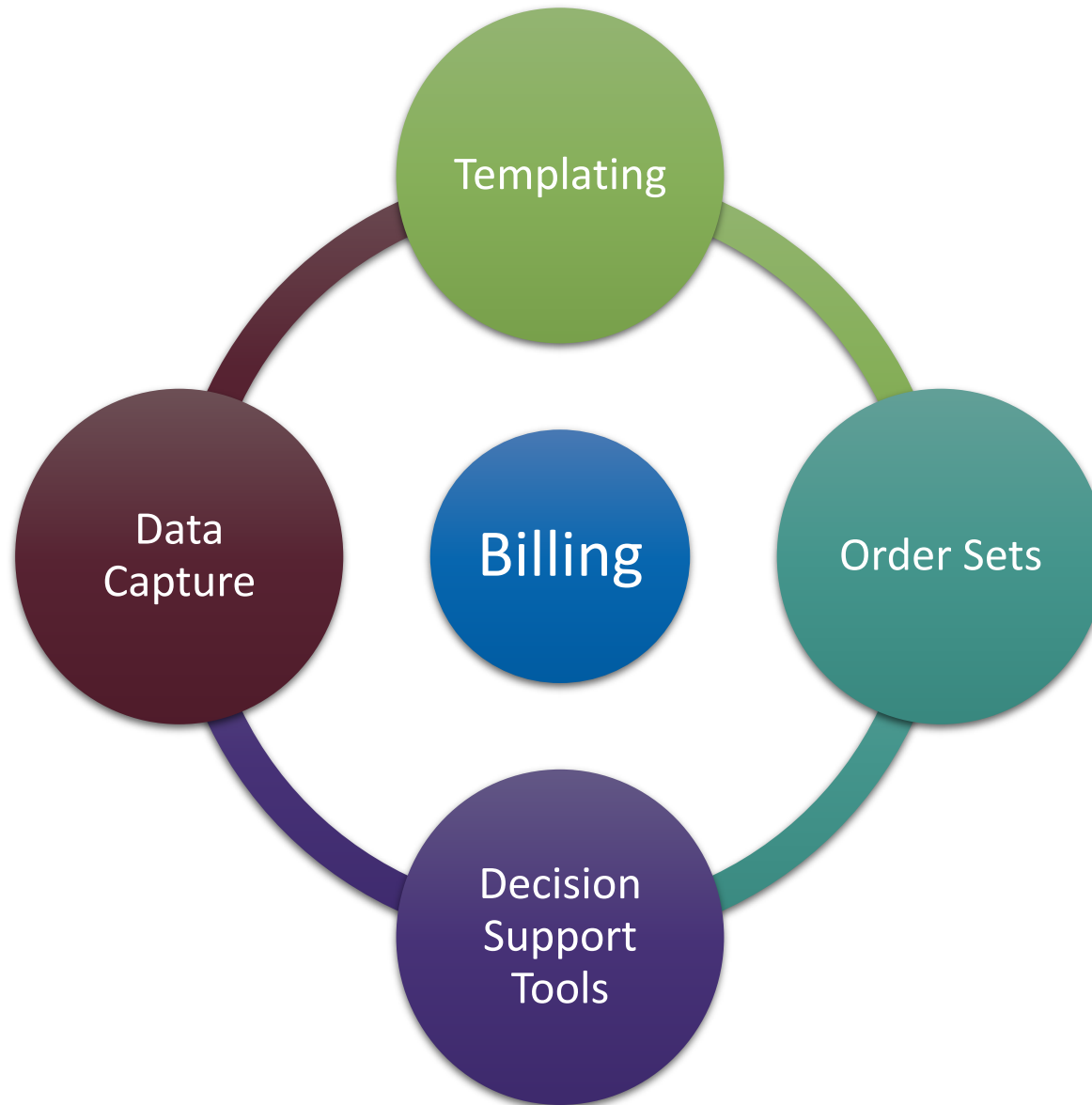
# BUSINESS DEVELOPMENT TRAJECTORY



**Please take a moment to respond to  
our brief poll.**

(It will appear on your screen momentarily)

# Documentation and Data Tools





## ■ DOCUMENTATION TEMPLATING

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- **Templates to reflect updated documentation needs**
- **Attestation statements**
- **Ensure appropriate templates to capture telehealth visits**
- **Enhanced intake forms for social screenings, travel history, etc.**
- **Optimize EMR to capture discrete data elements**

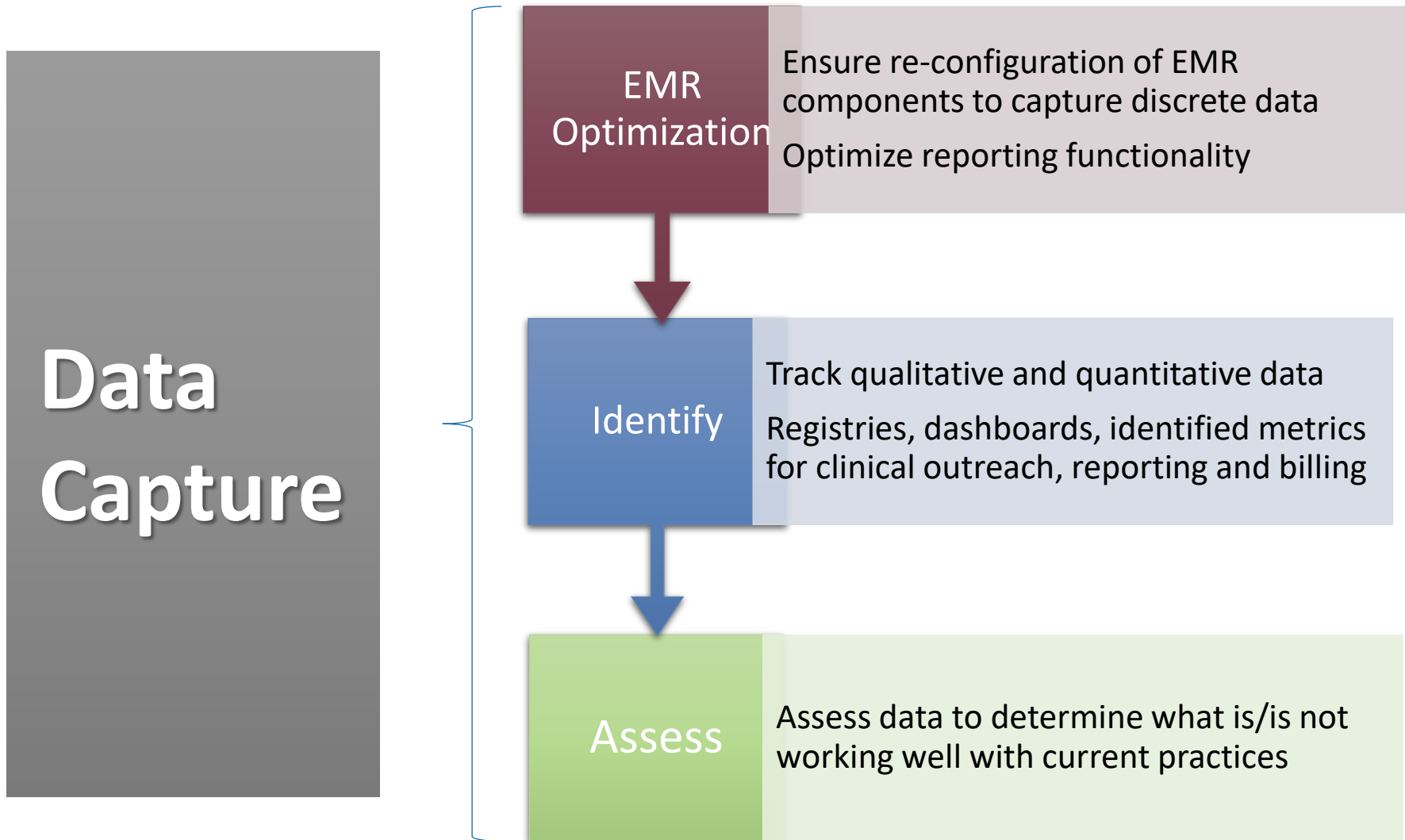


- Encourages best practice, evidence-based care, and avoidance of care gaps
- Assists with ensuring adherence to accurate clinical and billing protocols
- Improved efficiency, cost-benefit, and provider and patient satisfaction
- Order sets

## ■ ORDER SETS

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- Establish new 'order sets' to reflect updated clinical protocols and billing
- Allows for straightforward provider workflows for ordering (CPOE)
- Prevents accidental omission of components
- Helps with accuracy, consistency and completeness of billing





# Maintaining Financial Viability

Supporting Alternative Payment Models  
in the New Normal

## ■ PRIMARY CARE CAPITATION AND USE OF THE FULL CARE TEAM

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- Have you lost team members because they felt their talents were being under-utilized?
- Do your clinicians feel they are doing work that only they can do?
- What is the number one provider performance metric in your practice?
- What is the hardest position to recruit and retain in your practice?
- Do you get excited about a new way to improve patients' health only to be told that it's not financially feasible?

## ■ THE LIMITATIONS OF RECENTLY EXPANDED TELEHEALTH RULES

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- Currently only approved for the emergency period (Renewed July 23, 2020 for a 90-day extension beyond July 25, 2020)
- Virtual patient care may be billed using video or audio
- Although preferable, video telehealth use often not applicable due to patient access to a device, broadband internet or an affordable data plan
- Restricts billable to certain clinically licensed professionals even when use of other care teams may be preferable
- Doesn't provide funding for some remote monitoring devices like home BP monitors, digital thermometers and simple pulse oximeters

## ■ CHALLENGES WITH A FEE-FOR-SERVICE (FFS) CHASIS

- FFS reimbursement is based on volume of services not value or outcomes
- Current reimbursement structure limits innovation and ability to offer other high value services, including virtual access to primary care when clinically appropriate
- Payments based on “billable” visits restricts optimal use of the care team model and reduces care team capacity to care for more individuals





# HCP LAN Category 4

## Primary Care Capitation

## ■ CAPITATION FOR PRIMARY AND PHYSICAL BEHAVIORAL HEALTH CARE

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- Provides the unique opportunity to focus not on what is reimbursable, but rather on what our patients need:
  - Longitudinal primary care
  - From the safety and convenience of their homes
  - As clinically appropriate
  - Using the most appropriate member of the care team.

## CALCULATION OF A CAPITATED FQHC APM

(PPS Rate in Baseline Year) X (# of Billable Encounters for Empaneled Medicaid Members in Baseline Year)

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# of empaneled Medicaid Member Months in Baseline Year

**= PER MEMBER PER MONTH APM RATE\***



\*rate is inflated annually by current trend rates; broken into State and MCO portions

- States have an Alternative Payment Methodology (APM) option
- APM must equate to at least as much as PPS on a per visit basis (partial capitation without the usual risk)
- Incentives and risk arrangements for non-PCP services do not affect PPS equivalency
- Each FQHC/RHC can choose to keep PPS or transition to APM

## ■ APM APPEAL TO THE MEDICAID AGENCY AND MCOS



Improves primary care access for Medicaid beneficiaries and MCO members



Focuses on population health, high value care, and improving patient outcomes



Increases provider satisfaction and strengthens the primary care workforce



Invests in primary care and reduces avoidable hospital utilization



Incentivizes team-based care models



Budget neutral to the state and MCO for primary care costs/beneficiary while potentially reducing total cost of care



# Questions and Answers