



Studying Oregon's Alternative Payment Methodology Pilot

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Oregon's APM Pilot

In 2013, OPCA and the State launched the the the APM demonstration pilot in 3 health systems

- Goal: Shift incentive from volume of visits toward provision of high quality, patient-centered care
- Visit-based rate (PPS) converted to a capitated per-member per-month rate
- Since 2013, 5 additional phases of clinics have joined APM; now includes 13 of Oregon's 32 CHCs



Aligning payment with care

Alternative Payment and Advanced Care Model (APCM)

“...encourages care teams to address root causes of illness and well-being in the lives of their patients.”

(Oregon Primary Care Association)

“...allows clinics to innovate the model of care and engage patients in ways not billable under PPS.”

(Oregon Health Authority)

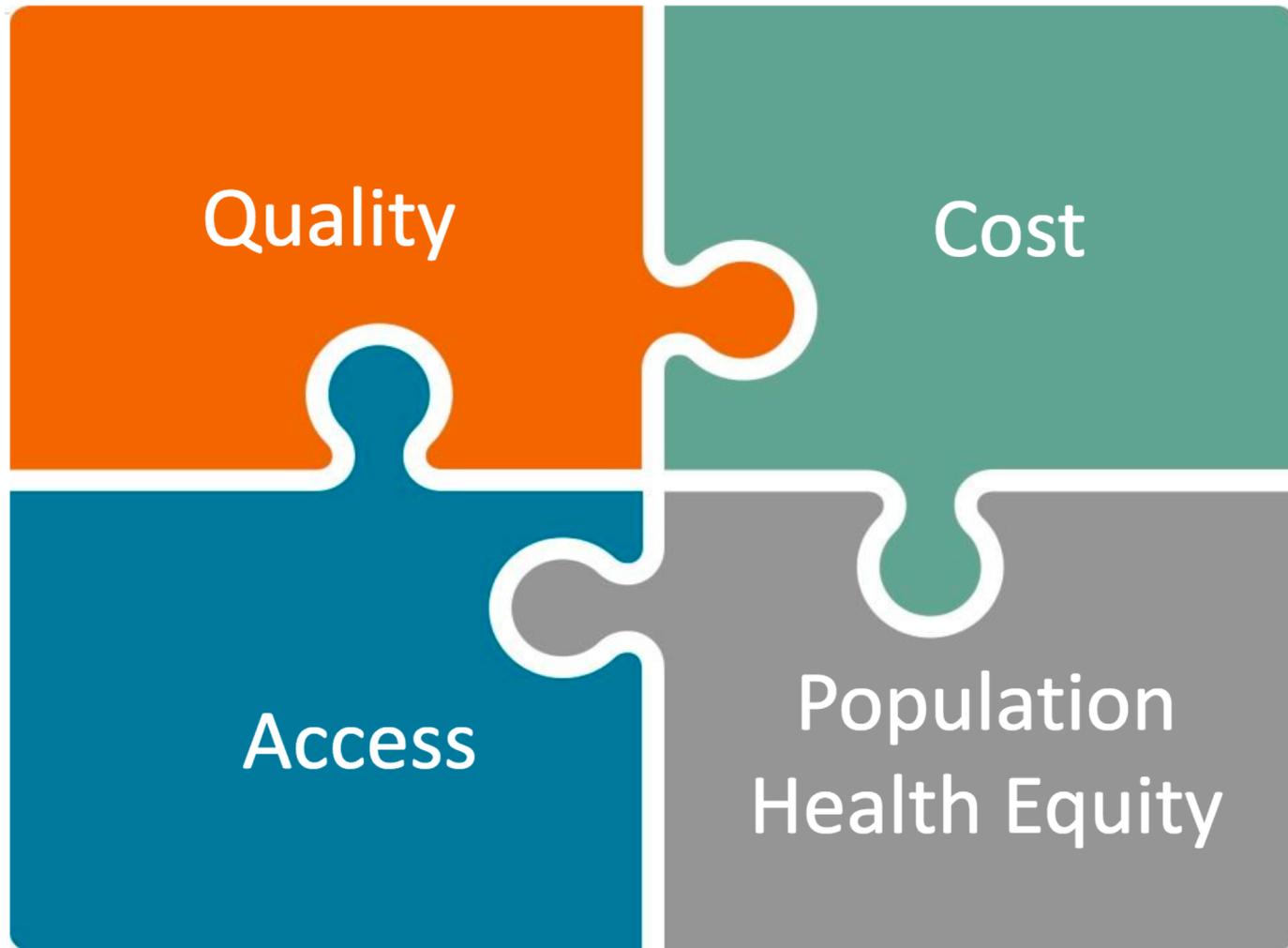
“The hope is that APM will enable us to make the clinic a place people come to stay healthy...rather than a place they come only when they are sick.”

(CHC clinician)

APCM and social care integration

- ✓ APCM allows CHCs to understand and respond to the non-medical circumstances that influence their patients' health.
- ✓ Focus on quantifying prevalence of social needs and actions taking to address those needs.
 - Social needs screening (PRAPARE)
 - Actions taken to address social needs (enabling services, Care STEPs)
- ✓ OCHIN created EHR tools to capture these data

Oregon APCM metrics



For more information: <https://www.orpca.org/APCM/Jan%20F2F%20-%20Intro%20Slides.pdf>

Documenting alternative ways of providing care: *Care Services that Engage Patients (Care STEPs)*

New Visit Types

- Online Portal Engagement
- Health and Wellness Call
- Home Visit (Billable Encounter)
- Home Visit (Non-Billable Encounter)
- Advanced Technology Interactions

Education, Wellness and Health Promotion

- Gaps in Care Outreach
- Education Provided in Group Setting
- Exercise Class Participant
- Support Group Participant
- Health Education Supportive Counseling

Coordination and Integration

- Coordinating Care: Clinical Follow Up and Transitions in Care Settings
- Coordinating Care: Dental
- Behavioral Health and Functional Ability Screenings
- Warm Hand-Off

Reducing Barriers to Health

- Social Determinants of Health Screening
- Case Management
- Accessing Community Resource/Service
- Transportation Assistance

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Studying APCM in Oregon

A Mixed-Methods Evaluation of Payment Reform in Oregon's Community Health Centers

Goal: To study real-time changes happening in Oregon Community Health Centers as a result of APM implementation

Setting: Phase 1 APM CHCs (3 health centers, 10 practices)

Methods: Site visits, qualitative interviews, practice-change surveys, observation of OPCA APCM Learning Collaborative

Funding: Robert Wood Johnson Foundation

Cottrell EK, Hall J, Kautz G, Angier H, Likumahuwa-Ackman S, Sisulak L, Keller S, Cameron D, DeVoe J, Cohen D. Reporting from the Front Lines: Implementing Oregon's Alternative Payment and Care Model in Community Health Centers. *The Journal of Ambulatory Care Management*. 2017 Oct/Dec;40(4):339-346.

Origins In Oregon: The Alternative Payment Methodology Project

Craig Hostetler, Laura Sisulak, Erika Cottrell, Jill Arkind, Sonja Likumahuwa

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Findings: Practice-level changes (Phase 1 clinics)



Attributing
patients,
documenting
care delivery



Adding new
roles,
re-organizing
care teams



Re-designing
schedules,
diversifying
patient
encounters

Changes in Payment → Changes in way that care is organized and patients are engaged

Findings: APCM implementation is hard

- ✓ Changing payment doesn't automatically translate into changes in care
 - Need for leadership and vision
 - Resistance to change (on part of clinic and patients)
 - Need for training and education about new model
- ✓ New reporting requirements
 - Patient attribution
 - Documenting Care STEPs
 - Variation between clinics (and even within clinics)
 - New workflows, figuring out what counts, remembering to document

Next steps: Quantitative study (eCHANGE)

Goal: To assess pre-post changes in measures of utilization and quality and overall costs to the Medicaid program

Setting: Phase 1-3 APM CHCs

Methods: Prospective observational design using matched controls

Funding: Agency for Healthcare Research & Quality (AHRQ)

Principal Investigator: John Heintzman, MD, MPH, OHSU

Angier H, O'Malley JP, Marino M, McConnell KJ, Cottrell EK, Jacob RL, Likumahuwa-Ackman S, Heintzman J, Huguet N, Bailey SR, DeVoe JE. (in press) Evaluating Community Health Centers' Adoption of a New Global Capitation Payment (eCHANGE) Study Protocol. *Contemporary Clinical Trials*. 2017;52:35-38.

Challenges of APCM research

- Hard to isolate impact of APM from other policy changes (e.g. ACA, PCMH initiatives)
- Selection bias (clinics volunteered to adopt APM)
- As more CHCs adopt APM, harder to find matched controls for comparison
- Limitations of EHR data
- Additional qualitative data collection would be useful, but harder to fund
- Policy and research timelines are different

Oregon APCM is a “bridge to value-based pay”

“Putting in place value-based pay, without a way to account for patient differences beyond how severe their medical condition is, could set up a rush away from serving homeless or other complex patients.”
(APCM leader)

