

IBM Watson Health

Your health IT partner
for Comprehensive
Primary Care Plus



Contents

- 02 Introduction
- 03 Multi-payer partnership framework
- 03 Eligibility for the CPC+ program
- 03 Information technology partnership framework
- 04 IBM Watson Health's solutions and commitment to the CPC+ goals

Introduction

In April 2016, the Centers for Medicare & Medicaid Services (CMS) announced the launch of an advanced, risk-based primary care initiative—the Comprehensive Primary Care Plus (CPC+)—as a means to transition from fee-for-service (FFS) to value-based care delivery and payment models. The goals of the CPC+ are to help:

- Advance care delivery and payment and help reduce costs and unnecessary utilization.
- Accommodate practices at different levels of transformation readiness.
- Achieve delivery reform in population health and chronic disease management.

The CPC+ program builds on and integrates insights from the previous Comprehensive Primary Care initiative, such as a focus on practice readiness, aligned payments, performance-based incentives and robust data sharing, and is expected to save up to \$2 billion in healthcare expenditures by 2022.¹

The CPC+ program is a five-year model that began in January 2017. The program consists of two tracks of care delivery requirements and payment methodologies, which allows options for primary care practices with varying levels of practice transformation experience to participate. CMS selected 2,893 primary care practices for both tracks; nearly 1400 practices in Track 1 and slightly more than 1500 practices in Track 2 across 14 regions: Arkansas, Colorado, Hawaii, Greater Kansas City Region of Kansas and Missouri, Michigan, Montana, New Jersey, North Hudson-Capital Region of New York, Ohio and Northern Kentucky Region, Oklahoma, Oregon, Greater Philadelphia Region of Pennsylvania, Rhode Island, and Tennessee.

Like the original initiative, practices that elect to participate in either track of the CPC+ program can implement a care delivery framework based on five care functions. These functions include:

- Access and Continuity
- Care Management
- Comprehensiveness and Coordination
- Patient and Caregiver Engagement
- Planned Care and Population Health

Practices are evaluated on quality measures, utilization measures, and patient experience measures, taken from the nationwide Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys and eventually, in Track 2, patient reported outcome measures. For a list of the 2017 clinical quality measures and those that IBM® Watson Health™ supports today, see *Figure 2* on page 5.

More than 1500 practices are participating in Track 2 and are eligible for greater payment incentives for providing more comprehensive services, assuming risk for patients with complex medical, behavioral health and psychosocial needs and completing comprehensive assessments of their resources. Track 2 also allows for a greater flexibility for the delivery of care outside of office visits.

Multi-payer partnership framework

CMS has engaged with a selection of provisional payers within the 14 regions to form the Payer Partnership. CMS has entered into a Memorandum of Understanding with each payer to help ensure alignment of payment models for each track. Both tracks consist of a care management fee and a performance-based incentive payment in addition to the underlying fee-for-service structure (see *Figure 1* below). For Track 2 practices, there will be an incremental transition over the five years to move to a partial fee-for-service and partial alternative payment method in the form of a quarterly lump sum. Practices may keep upfront performance-based incentive payments if they meet annual performance thresholds based on patient experience, quality and utilization.

Eligibility for the CPC+ program

Providers seeking to participate in the CPC+ program submitted their application by September 15, 2016. Providers demonstrated eligibility through their use of certified electronic health record technology (CEHRT), by practicing within one of the 14 designated regions, having care delivery models that incorporate panel attribution/patient assignment, providing 24/7 access, and engaging staff in quality improvement activities. Eligibility for Track 2 also required care delivery using care plans, follow-up post ED or hospital discharge, integration with community-based resources and a letter of support from a health IT vendor.

Information technology partnership framework

CPC+ requires a strong commitment from health IT vendors to accommodate the focus on population health and care coordination. Practices applying for CPC+, specifically Track 2, required a letter of support for each of its health IT vendors. Also, 19 health IT vendors for selected Track 2 practices have signed a Memorandum of Understanding with CMS to demonstrate their commitment to the program goals. In addition, health IT vendors must help CPC+ practices meet six health IT technical requirements. (See *Figure 4* on page 7).

	Care management fee	Performance-based incentive payment	Underlying payment structure
Track 1	\$15 average	\$2.50 opportunity	Standard fee-for-service
Track 2	\$28 average; including \$100 to support patients with complex needs	\$4.00 opportunity	Reduced fee-for-service with "Comprehensive Primary Care Payment"

Figure 1: Three payment options to support practice transformation²

IBM Watson Health's solutions and commitment to the CPC+ goals

As the CPC+ program requires the provision of claims-based cost and utilization data at the practice and patient-level, IBM Watson Health tools and solutions are primed to manage claims-based data and support opportunities for improving utilization. With IBM Watson Health's recent acquisition of Truven Health Analytics, Phytel® and Explorys®, Watson Health offers several population health solutions, clinical integration platforms, care management solutions and other tools that align with requirements for both Tracks 1 and 2 across each key CPC+ program function and strategy (see *Figure 3* on page 6). These offerings also provide risk stratification, predictive analytics and cognitive computing.

Watson Health has expressed its willingness to work with CPC+ practices to achieve the initiative's care delivery objectives and plans to participate alongside practices, payers and other stakeholders in learning activities managed by the CMS Innovation Center. Watson Health is committed to the Quadruple Aim of supporting clinicians to help improve quality of care, reduce costs, increase patient engagement and improve provider and care team experience.

CPC+ eCOM Requirements Summary

eCQM Performance Period	CY2017 (January 1–December 31, 2017)
First eCQM Submission Period	Begins January 1, 2018
eCQM Version	eCQM version published as the April 2016 annual update
eCQM Reporting Method	Attestation or QRDA 3 using direct EHR or a certified EHR data submission vendor, or as may be specified by CMS

CPC+ eCQM Set – 2017 Performance Period

CMS ID#	NQF#	Measure Title	Measure Type/ Data Source	Domain	IBM Phytel Measure	IBM Explorys Measure
Report 2 of the Group 1 outcome measures						
CMS159v5	0710	Depression Remission at Twelve Months	Outcome/eCQM	Clinical Process/Effectiveness	Y	N
CMS165v5	0018	Controlling High Blood Pressure	Outcome/eCQM	Clinical Process/Effectiveness	Y	Y
CMS122v5	0059	Diabetes: Hemoglobin A1c (HbA1c) Poor CONTROL (>9%)	Outcome/eCQM	Population/Public Health	Y	Y
Report 2 of the Group 2 complex care measures:						
CMS156v5	0022	Use of High-Risk Medications in the Elderly	Process/eCQM	Patient Safety	N	Y
CMS149v5	N/A	Dementia: Cognitive Assessment	Process/eCQM	Clinical Process/Effectiveness	Y	N
CMS139v5	0101	Falls: Screening for Future Fall Risk	Process/eCQM	Patient Safety	Y	Y
CMS137v5	0004	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Process/eCQM	Clinical Process/Effectiveness	N	N
Report 5 of the 10 remaining measures (choice of Group 3 and remaining Groups 1 and 2 measures):						
CMS50v5	N/A	Closing the Referral Loop: Receipt of Specialist Report	Process/eCQM	Care Coordination	N	N
CMS124v5	0032	Cervical Cancer Screening	Process/eCQM	Clinical Process/Effectiveness	Y	Y
CMS130v5	0034	Colorectal Cancer Screening	Process/eCQM	Clinical Process/Effectiveness	Y	Y
CMS131v5	0055	Diabetes: Eye Exam	Process/eCQM	Clinical Process/Effectiveness	Y	Y
CMS138v5	0028	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Process/eCQM	Population/Public Health	Y	Y
CMS166v6	0052	Use of Imaging Studies for Low Back Pain	Process/eCQM	Efficient Use of Healthcare Resources	N	Y
CMS125v5	2372	Breast Cancer Screening	Process/eCQM	Clinical Process/Effectiveness	Y	Y

Figure 2: CPC+ Clinical Quality Measure Requirements³

CPC+ Functions and Strategies

	Access and continuity	Care management	Comprehensiveness and coordination	Patient and caregiver experience	Planned care and population health
Watson Health offerings	24/7 Access Care team e-visits Extended hours	Risk stratification Event triggers Care planning	High volume/cost Follow ups Behavioral health Psychosocial needs	Patient/Family Advisory Council Self-management support	Measure and act on care needs Weekly team meetings
IBM Watson Care Manager	Tracks 1, 2	Tracks 1, 2	Track 2	Tracks 1, 2	Tracks 1, 2
IBM Phytel Insight	Track 1	Tracks 1, 2			Tracks 1, 2
IBM Phytel Coordinate	Tracks 1, 2	Tracks 1, 2	Track 2	Tracks 1, 2	Tracks 1, 2
IBM Phytel Outreach	Track 1	Tracks 1, 2			
IBM Phytel Outreach Plus	Track 1	Tracks 1, 2		Tracks 1, 2	
IBM Phytel Transition	Tracks 1, 2	Tracks 1, 2	Track 2	Tracks 1, 2	
IBM Explorys Measure	Track 1	Track 1	Tracks 1, 2		Tracks 1, 2
IBM Explorys Inform	Track 1	Track 1	Tracks 1, 2		Tracks 1, 2
IBM Explorys SuperMart	Track 1	Track 1	Tracks 1, 2		Tracks 1, 2
IBM Explorys Registry	Track 1	Track 1	Tracks 1, 2		Tracks 1, 2
IBM Explorys Population Assessment					Track 1

Figure 3: IBM Watson Health solutions align with requirements for Tracks 1 and 2 and across key CPC+ program functions and strategies

The table below outlines how Watson Health offerings can support Track 2 participants with advanced Health IT.

Track 2 Health IT Technical Requirements						
	Risk-stratify practice site patient population; Identify and flag “patients with complex needs”	Produce and display eCQM results at the practice level to support continuous feedback	Systematically assess patients’ psychosocial needs and inventory resources and supports to meet those needs	Document and track patient reported outcomes	Empanel patients to the practice site care team	Establish a patient focused care plan to guide care management
	<ul style="list-style-type: none"> – Assign risk score – Sort patients by score – Update risk score – Flag patients 	<ul style="list-style-type: none"> – View eCQM – Frequent measure update – Actionable results 	<ul style="list-style-type: none"> – Electronically assess patients’ psychosocial needs – Adopt certified health IT that meets the 2015 Edition criterion 	<ul style="list-style-type: none"> – Administer a survey – Store and track patient responses, and score results longitudinally – View patient responses in the EHR or other IT tool 	<ul style="list-style-type: none"> – Assign each patient to a care team or practitioner – Sort and review the patients by assignment – Assigned providers should be visible in the patient record 	<ul style="list-style-type: none"> – Electronically capture the following care plan elements – Customize, update and capture last review date of care plans – Incorporate relevant care management triggers – The care plan should be available to the patient on paper and electronically
Watson Health offerings						
Watson Care Manager	X	X	X	X		X
Phytel Insight	X	X			X	
Phytel Coordinate	X				X	
Phytel Outreach Plus	X				X	
Explorys Measure		X			X	
Explorys Inform		X			X	
Explorys SuperMart		X			X	
Explorys Registry	X	X			X	

Note: Based on initial descriptions, our products will support these requirements; however, there are details in the final regulation that will need further evaluation. Additionally, Watson Health offerings currently support CPC+ measures and is committed to building out more measures through the duration of CPC+, as resources permit. Please note that some of the CPC+ measures are aspirational and Watson Health will work with CMS and the practices to figure out how best to capture the data to provide accurate results.

Figure 4: Watson Health offering alignment: Track 2 health IT technical requirements

Footnotes

1. Dickson, V. Red tape may tank new CMS primary-care payment model. Modern Healthcare: April 2016. Accessed September 2016: <http://www.modernhealthcare.com/article/20160413/NEWS/160419970>

2. CMS Center for Medicare and Medicaid Innovation. CPC+ Advancing the delivery and payment for primary care. 2016b. Accessed September 2016: <https://innovation.cms.gov/Files/x/cpcplus-modeloverviewslides.pdf>

3. Center for Medicare and Medicaid Innovation. Comprehensive Primary Care Plus (CPC+) Request for Applications. Version: 3.1. July 2016. Accessed September 2016: <https://innovation.cms.gov/Files/x/cpcplus-rfa.pdf>

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Produced in the United States
of America, January 2017

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