



Transforming Clinical Practice Initiative

Annual Performance Report Year 3

General Instructions

The purpose of the TCPI Annual Performance Report is to assist PTNs to assess progress towards accomplishing the goals and objectives of participation in TCPI and to inform CMS on the awardees action in meeting the specific Terms and Conditions of the Noah.

PTNs are required to submit the Commitments and Progress Update (CPU) Q12 to the Healthcare Communities Portal **no later than** October 30, 2018.

This Annual Performance Report and a copy of the Commitments and Progress Update (CPU) Q12 must be submitted together, to Grant Solutions, **no later than** December 30, 2018.

Note: Section A should be no more than three pages.

Consortium for Southeastern Hypertension Control (COSEHC)

Annual Performance Report Year 3

December 17, 2018

Transforming Clinical Practice Initiative (TCPI)

Section A

Management and Operations

Directions: In this section, describe how Cooperative Agreement funds were used, initiative progress and successes, challenges, risks and opportunities encountered during this performance year related to management and operations. Include lessons learned during the performance year. Please do not remove or alter the questions in this document, as responses are entered.

Please include, as much as possible and as appropriate, the following specific language in your analysis:

- Describe how Cooperative Agreement funds were used, project/model progress and barriers and delays encountered.
- Provide progress on challenges identified at the end of performance year 2 and lessons learned during performance Year 3.

Utilization of Cooperative Agreement Funds

- **Practice Engagement:** Continued to utilize travel funds to attend on-site meetings with enrolled practices' team members. To identify priority site visits, we used our quarterly analysis of transformation status and clinical performance to hone in on practices with lagging progress, significant care gaps, or specific areas of need respective to their expected improvement. Meetings were used to re-assess practice needs, re-align on transformation strategies, and jointly establish and activate specific action plans to achieve measurable performance. The ultimate goal of the on-site visits was to accelerate transformation toward exemplary practice status.
- **Practice Facilitation:** Facilitation to our practices continues with a particular emphasis on ensuring that strategies and resources propel practices to phases 4 and 5 by improving patient outcomes, reducing unnecessary utilization, creating a culture of quality improvement, and engaging patients.
- **Data Connectivity, Data Retrieval, Analytics:** The ongoing ingestion of data and analytics for each practice continues through our Population Health Technology. Generation of clinical reports for the practice and the PTN, as well as integrated functionality for ongoing assessment of measure outcomes and clinical variations at the patient level, continues to be instrumental in motivating practices.
- **Design, Production, and Distribution of Practice-level Dashboards:** These dashboards are distributed on a quarterly basis and integrate current transformation phase data, milestone gaps, and clinical measure performance. The goal is to promote transparency of easily understood qualitative and quantitative markers for success under APMs.
- **Webinars and Regionally-based Peer-to-Peer Interactive Sessions:** We leverage peer-to-peer communication to drive best practice adoption and joint decision-making, including our annual collaborative with over 200 practice leaders, providers, and quality team members participating.

- **Substance Abuse Disorder/Behavioral Health Physician-led Advisory Sub-committee:** The committee strengthens our clinical approach by identifying guidelines, protocols, and workflow tools that assist PTN practices as they integrate care for behavioral health and substance use disorders into physical health settings.
- **Care Management Collaborative Series:** We established a new, remote working session series for small, mid-size, and large practices to work together with a PTN leadership expert in identifying best practices and strategies to enable successful care management.
- **Rapid-cycle PDSA Clinical Action Plan (CAP) Initiative:** By targeting reductions in clinical care gaps, this initiative was immensely successful and resulted in sustainable growth in achieving goals.
- **Multi-Platform Billing & Coding Educational Series:** We continue to implement eLearning modules providing actionable strategies and best practice guidelines to maximize revenue and care quality through clinical documentation improvement.
- **External Resources:** Connection with external advisors and third parties to facilitate the utilization of resources in the medical neighborhood, and to provide PCMH services.

Project/Model Progress:

- Our project model is progressing well. We have met or exceeded the majority of our committed measure targets, and expect to achieve all commitments by the end of Year 4.
- Clinical improvement across the PTN has been impressive, with significant increases in high-impact clinical measure performance compared to baseline.
- The majority of our practices have transitioned out of Phase 2. We expect 87% of our enrolled and graduated practices, representing 658 sites, will have achieved Phase 3, 4, or 5 by the end of 2018. 258 practice sites have graduated into Alternative Payment Models as of December 31, 2018, and we expect to meet our target goal of 75% of our practices, enrolled in APMs by the end of Year 4.
- We have executed innovative pilot projects and programs with the SANs including ABIM, APA, AMA, ABFM, as well as other resource groups. Successful pilots and engagements are brought to scale across our entire network based on the quantified impact on our measures.
- Best practice sharing has been a valuable and exciting strategy of our model. We feature best practices as identified via our population health data analytics and evaluation processes, supported by frequent touch-points with our practice facilitation and advisory team. We host webinars and presentations that spotlight these best practices and include the providers and their staff as faculty.
- Our frequent and regular practice touch bases continue as a primary strategy for improving and sustaining performance. Practice facilitators have an excellent rapport with practices through well-developed, collaborative facilitation and an acute understanding of their needs and constraints. Monthly action plan reviews are used to define targeted strategies, resources, and tools. These goals are in alignment with practice priorities/goals, payer expectations, and the practice culture. This high-touch model is supplemented by on-site visits to accelerate our work where needed.
- Data Transparency is an essential component of our model. Practices have direct access to the population health platform allowing them to view and close gaps in care, as well as monitor their performance towards evidence-based target goals. In addition, customized quarterly dashboards are provided to our practices to identify key clinical care gaps and opportunities for progress.
- As mentioned under the “Use of Cooperative Agreement Funds” section, our rapid-cycle PDSA Clinical Action Plan initiative has been successful in helping practices learn to start small to create meaningful changes, as they develop or enhance their continuous quality improvement framework.

- For our practices, education and facilitating calls with subject matter experts on APMs and QPP have become integral components of our model during this past year.

Barriers/Delays Encountered:

- Our PTN continues to have difficulty in the ability to export clinical data from select cloud-based EHRs to our population health tool. Therefore, we have had to engage in other methods of evaluating practice-specific clinical performance, which lack the robust functionality provided by our Population Health IT platform.
- We are unable to evaluate cost savings in Medicare/Medicaid population as the only payer reports that have been available to us is from commercial payers.
- We recently revised our utilization measure commitments because our initial commitments were made early in TCPI when we expected a higher Medicare population, however more than half of our patient population is enrolled in commercial products, making our initial commitments unrealistic.

Provide progress on challenges identified at the end of performance year 2 and lessons learned during performance Year.

- **Limited/Inconsistent Practice Engagement:** We still have a few disengaged practices due to staff turnover and defined higher priorities.
 - Mitigation Strategy: We have spent time on-site and have had focused discussions about their interest/ability to progress. They will be re-evaluated by the end of January 2019, to determine if they should be terminated if they have not re-engaged.
- **Post-MIPS Termination from our PTN:** We were concerned that some of our PTN practices which were not eligible for MIPS in 2018 would disenroll, however that did not happen. We have however seen practices join APMs prematurely, exposing them to new risks and organizational challenges. To assist these practices, we have provided education and coaching from our PTN leadership subject experts as guidance for their preparation of these models.

Lessons learned during Performance Year 3 include:

- Rapid cycle testing is an effective method to propel results
- Practices and providers enjoy showcasing their successes
- Data access and transparency such as benchmark reports are necessary for continuous quality improvement. Engagement by the team is critical if performance is going to change
- Frequent touch bases help maintain engagement and performance improvement
- Evaluating practices by identifying missing gaps and milestones helped our PTN leadership team prioritize and target practice interventions to move practices to the next transformation phase(s)
- Site visits provided a much broader perspective to our PTN leadership on the practices' culture, their needs, their patient population, and their challenges
- The need to assist many of our practices to understand APMs and make the connection to "value-based care delivery" and its potential impact on reimbursement or payment

Section B

TCPI Commitments and Progress Update (CPU)

Directions: Upload a copy of the TCPI CPU Q12 in Grant Solutions. Review and ensure the CPU accurately reflects progress through September 30, 2018.

- Please ensure that your network’s approach to cost savings reported under Aim 4 in the CPU is well-documented, clear, and consistent with data reported under the other aims (unless you are using an approach that directly measures spending).
- **If the October 2018 one-page review of your cost savings methodology and reporting was not considered well-documented or other inconsistencies were noted, please ensure your network’s Q12 CPU provides additional information and/or alignment with other aims.**
- **Your network can use the free-text fields in the CPU for documenting your cost savings methodology, or you can provide separate more detailed information to TCPI_eval@mathematica-mpr.com (cc’ing your Project Officer).**

Section C

Report submitted by

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