



iPatientCare helps Dr. Abdul Kabir  
meet the CPC+ requirements

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*Better Outcomes, Reduced Costs, Meaningfully*

## About Practice

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An Internal Medicine Practice based in Southeast Michigan, Dr. Abdul Kabir cares for around 4500 patients, including 1500 Medicare Patients. The practice has a team of 1 Physician, 1 PA, 1 LPN, 4 Medical Assistants and 2 Front Desk administrators. Primarily, an outpatient setting, they also do inpatient hospital and nursing-home work.

## Introduction:

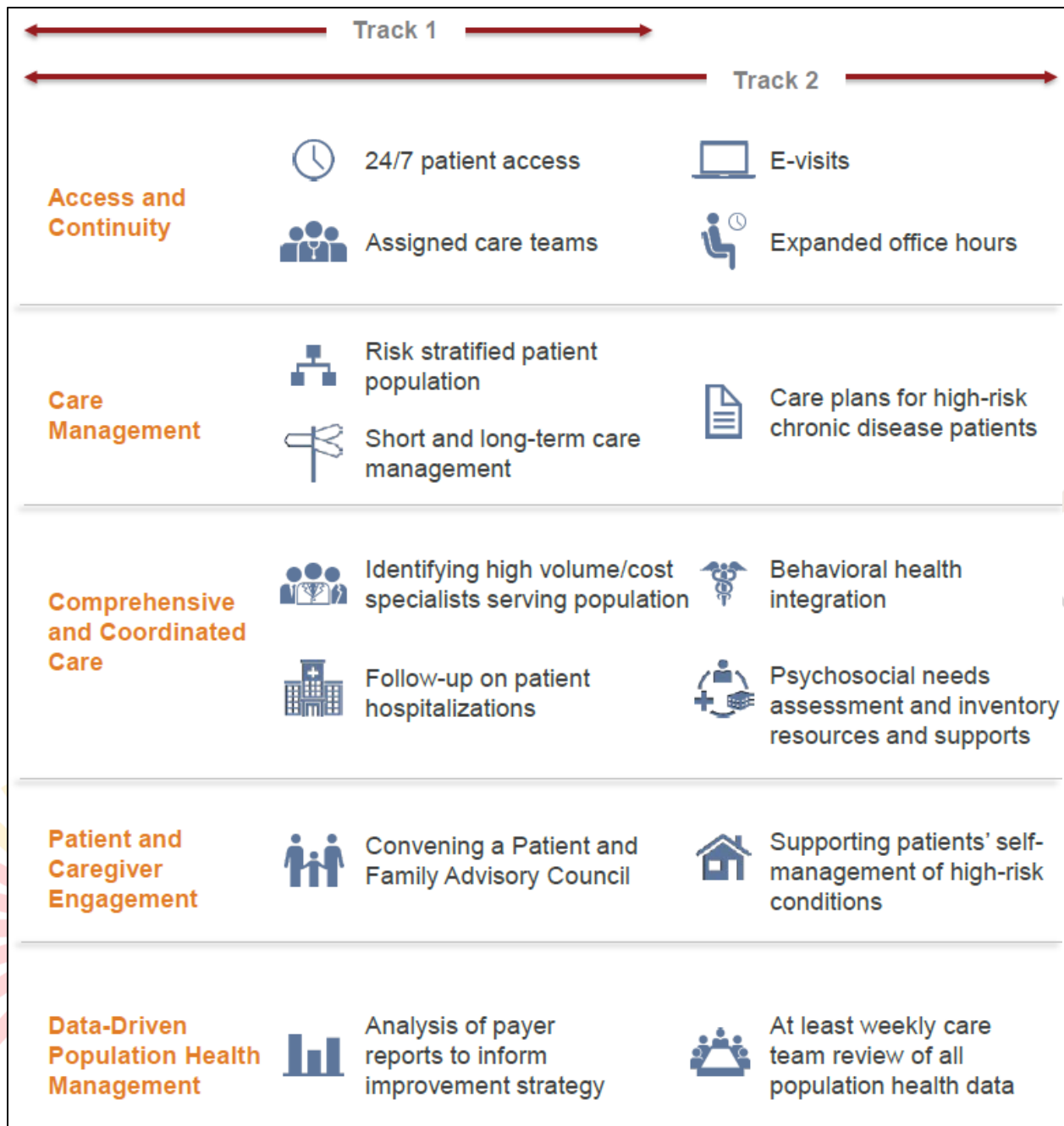
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The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) ended the Sustainable Growth Rate formula, making way for a new framework Quality Payment Program (QPP) for rewarding health care providers for giving better care,- not just more care. Under the QPP, there are two pathways (1) Merit-based incentive payment system (MIPS) and (2) Advanced Alternative Payment Model (APM). Advanced APMs offer greater rewards for taking on some risk related to patient outcomes.

Comprehensive Primary Care Plus (CPC+) is one such Advanced APM. CPC+ is a national advanced primary care medical home model that aims to strengthen primary care through regionally-based multi-payer payment reform and care delivery transformation.

CPC+ consists of two primary care practice tracks with incrementally advanced care delivery requirements and payment options to meet the varied needs of the primary care practices in the United States (U.S.). Practices in both tracks will make changes in the way they deliver care, centered on key Comprehensive Primary Care Functions:




- (1) Access and Continuity
- (2) Care Management
- (3) Comprehensiveness and Coordination
- (4) Patient and Caregiver Engagement
- (5) Planned Care and Population Health



**Fig 1: CPC+ Requirements**

**CPC+ consists of three payment elements to support the delivery of comprehensive primary care:**

1. **Care Management Fee (CMF):** Both tracks provide a non-visit-based CMF paid per-beneficiary-per month (PBPM). The amount is risk-adjusted for each practice to account for the intensity of care management services required for the practice’s specific population. The CMFs will be paid to the practice on a quarterly basis.
2. **Performance-Based Incentive Payment:** CPC+ will prospectively pay and retrospectively reconcile a performance-based incentive based on how well the practice performs on patient experience measures, clinical quality measures, and utilization measures that drive total cost of care.
3. **Payment under the Medicare Physician Fee Schedule:** Track 1 continues to bill and receive payment from Medicare FFS as usual. Track 2 practices also continue to bill as usual, but the FFS payment will be reduced as a portion of their Medicare FFS payments will be shifted to a quarterly lump sum payment called Comprehensive Primary Care Payments (CPCP). Given the expectations that Track 2 practices will increase the comprehensiveness of care delivered, the CPCP amounts will be larger than the FFS payment amounts they are intended to replace.

	 Care Management Fee (PBPM)	 Performance-Based Incentive Payment (PBPM)	 Underlying Payment Structure
<b>Track 1</b>	\$15 average	\$2.50 opportunity	Standard FFS
	Paid prospectively on a quarterly basis	Paid prospectively on an annual basis; must meet quality and utilization metrics to keep incentive payment	Regular Medicare FFS claims payment
<b>Track 2</b>	\$28 average; including \$100 to support patients with complex needs	\$4.00 opportunity	Reduced FFS with prospective “Comprehensive Primary Care Payment” (CPCP)
	Paid prospectively on a quarterly basis	Paid prospectively on an annual basis; must meet quality and utilization metrics to keep incentive payment	CPCP paid prospectively on a quarterly basis; Medicare FFS claim is submitted normally but paid at reduced rate

**Fig 2: CPC+ Payment Model**

Dr. Kabir’s practice has been working with Accountable Care Organization (ACO) Shared Saving Program for over 3 years. They are also a Patient-Centered Medical Home under Blue Cross Blue Shield of Michigan and part of the Hospital Leadership for value-based purchasing for 3 years. All of these programs focus on improving Patient Access, Quality and reducing cost. When the Comprehensive Primary Care Plus was announced, it made perfect sense for Dr. Kabir to apply since they were already complying with most of the requirements. Dr. Kabir says “CPC+ has been a lifeline to us as an independent practice and it ensures our future success. We were already involved with Blue Cross Blue

Shield of Michigan with Patient Centered Medical Home and were working towards improving access and quality. CPC+ augments and improves on the capabilities of the PCMH. The CPC+ program offers financial support and gives us the ability to hire more qualified staff and allocate resources to improve patient access. It focuses on comprehensiveness of care and better coordination of care. The program encourages practices to use EHR and make data driven decisions to improve patient outcome.” Dr. Kabir applied for and got selected for Track 1 of CPC+. But after reviewing the application, CMS advised Dr. Kabir to apply for Track 2. CMS also warned them that Track 2 had more stringent requirements and required commitments from the EHR vendors. The doctor should be prepared to switch EHR if their EHR does not support the requirements of Track 2.

Dr. Kabir has been using iPatientCare for years now and was confident that iPatientCare is in perfect position to meet the challenges for the future. Hence, without a second thought, he applied and got selected for Track 2.

## The Challenge:

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The challenges of CPC+ can be broadly categorized into two: Enhancing the Care Delivery and EHR support. CPC+ required expanded hours, identifying high-risk patients and integrating Behavioral health. Dr. Kabir already had expanded weekend hours. However, he needed to add morning hours and late evening hours. Finding the right people who fit into his organization and culture was a challenge for Dr. Kabir. He also needed his EHR to be more efficient, support all payer registry, and provide numerous templates, reports, dashboards. iPatientCare had most of these, but the practice was not aware of it. Learning and incorporating these capabilities was another challenge since they are a busy practice and could not devote much time.

## The Solution:

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To increase the Care Delivery, Dr. Kabir hired a new Licensed Nurse Practitioner to do case management. He also has a Ph.D. Psychologist visit once a week. Dr. Kabir says “30% of Primary care patients have behavioral health issues like anxiety and depression. You can’t take care of body if you don’t take care of the mind. For a patient with frequent ERUs, Chronic Pain, substance abuse, once they are treated for their behavioral health issues, their bodily symptoms improved, they became more involved with their care, and outcomes were better.”

iPatientCare already had most of the capabilities required by Dr. Kabir built into the EHR. iPatientCare had already signed an MOU and Global Letter of Support to CMS, as mandated for supporting the Track 2 Practices. iPatientCare already had the capabilities to define several templates and scoring forms like the PHQ Depression Screening, AUDIT-C Alcohol Screening, etc. A visit from iPatientCare’s CEO boosted Dr. Kabir’s confidence in the company, and he started working closely with the iPatientCare’s Team of Software Engineers and implementers to understand what was already there and provide his inputs to make the EHR more efficient and user friendly by developing the required reports, registry, dashboards and templates. iPatientCare’s Quality Improvement Consulting (QIC) team has configured all the required Clinical Quality Measures in the Practice’s Dashboard so that they can review their

performance in real-time. iPatientCare QIC team also started sending out monthly feedback reports highlighting the areas of improvements. Dr. Kabir says “iPatientCare has been a partner with us for CPC+ from Day 1. They have provided us with analytical and technical support and are helping in improving efficiencies in workflow and capturing data through EHR.” Some of the things iPatientCare is working on are risk stratification of patients with color coding patients in different risk categories, making care plan for chronic conditions and using case management for care coordination. iPatientCare has a dashboard that can give a snapshot of quality measures which drills down to generating reports that can be used to improve quality, help with gap closures and do patient outreach.

Simultaneously, iPatientCare Engineers were working towards getting certified on ONC 2015 Edition Requirements of (i) Care Plan, (ii) Social, Behavioral and Psychological Data and (iii) Clinical Quality Measures – filter which are required for CPC+ Track 2 practices from January 2018. iPatientCare has successfully obtained the ONC 2015 Edition Certifications for the Base EHR modules, MU Stage 3 modules and those required by CPC+.

## The Results:

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Value-based payment models focus on Quality and Utilization (cost). Since utilization is outside the scope of EHRs, we can only measure Quality improvements using EHR. When Dr. Kabir started in January, most of the Clinical Quality measures were in red. Within 6 months, they were able to achieve most of them. Under CPC+, the practice has to submit minimum 9 Clinical Quality Measures and have to achieve a score of 70 percentile on at least 6 measures or 30 percentile on all 10 measures (9 eCQM and 1 CAHPS Summary Score) to retain the full amount of the Performance-based incentive Payment for Quality. Dr. Kabir says “Working with iPatientCare team of Software Engineers was the key. CPC+ deals with EMR-extract data, generate reports and utilize the valid and meaningful reports to improve patient care outreach and close gaps in patient care.”

## Conclusion:

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Dr. Kabir says “Future of healthcare is changing. We are moving from volume to value based care. CPC+ program helps practices by providing education and financial support to move towards value based care. iPatientCare has been a good partner in implementing these goals and creating the tools and templates that are needed to be successful in the future. The future physician practices will depend upon providing high quality care with excellent patient satisfaction and appropriate utilization of resources which result in better patient outcomes and lower cost.”

One of the strategic objectives of Quality Payment Program is to increase availability and adoption of Advanced APMs. With many of the physicians opting for the easy way out to avoid the MACRA penalties in 2019, it is the right attitude combined with the right software and a highly committed and involved vendor team that ensures that you are well prepared for the future.