HIE Population Health Toolbox: Primary Cares Initiative

CMS' Primary Cares Initiative emphasizes payment model innovation by meeting providers and health organizations where they are and supporting the transition to value-based care. All five models are built on lessons learned from prior models (NG ACO, CPC+, etc.) and use risk-sharing arrangements with capitation mechanisms. As this initiative provides a flexible venue to take on more risk, even for entrants new to alternative payment, it is anticipated to be one of the more popular innovation models. Health Information Exchanges (HIEs) offer the longitudinal patient record and comprehensive population health analytics that enable successful participation.

MODEL PRINCIPLES	HIE ROLE
Patient care access and care continuity	On-demand access to patients' longitudinal health records and provider messaging to support coordinated care.
Care management	Predictive analytics that stratify populations based on risk of high future costs and sentinel events to provide proactive, targeted interventions.
Care coordination	Technology that systematically track orders and referrals to prevent redundancies and patient harm events.
Patient and caregiver engagement	Real-time, comprehensive information from all care team members at the bedside to drive active provider-patient partnerships.
Population health management	Automate performance monitoring and improvement end to end (extract, aggregate, monitor, report) by providing technology and analytics that convey morbidity patterns, support improvement efforts and meet reporting requirements.

Proposed Measure Sets by Track

Patient Care First
Risk Groups 1 & 2

- Acute Hospital Utilization
- Diabetes Poor Control
- Blood Pressure Poor Control
- Advance Care Plan
- Colorectal Cancer Screening
- CAHPS Survey

Patient Care First
Risk Groups 3 & 4

- Advance Care Plan
- Total Per Capita Cost
- Days at Home
- 24/7 Access to a Practitioner
- CAHPS Survey

Direct Contracting

- Risk-Standardized, All Condition Readmission
- All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions
- Advance Care Plan
- Days at Home
- ACO CAHPS Survey

CMS has provided the opportunity to transition to value-based care at a level of risk that is comfortable. Healthcare organizations have the contractual relationships and eligibility to participate. Clinicians have the power to change care delivery. HIEs have the positioning to support all three and transform our healthcare system.