

Framework for Integration of Whole Person Care

Payer & Public Program Functions

INTEGRATE

- Support to advanced cohorts
- Research & development
- Linked financial management & IT systems
- Comprehensive payment models
- Scaling

- Integration
- Functions centralized across organizations
- Customized structures & processes

Full Integration

System

COORDINATE

- Value-based & other enhanced payments
- Coordinated enterprise initiatives
- Shared accountability
- Linked services/care
- Data sharing
- Aligned measurement

- Inter-organizational arrangements
- Aligned arrangements

Prompt Access to Care, Including BH

Comprehensiveness & Care Coordination Across PC & BH

Organization

Patient-team Partnership

Population Management

Community of Care Linked to BH & Social Supports

- Market & network-based

COOPERATE

- Multiple organizations & grants
- Extension service framework
- Broad-based "on ramp"
- Cross sector & institution cooperation
- Enterprise specific initiatives

Engaged Leadership Supportive of Integration & Change

Data-driven Improvement

Empanelment

Team-based Care

Clinic

Population

Person

Population

The Colorado Multi-Payer Collaborative

Background

The Colorado Multi-Payer Collaborative (Collaborative) is a multi-payer network fostering collaboration between public and private health care payers to strengthen primary care. Established in the spring of 2012, the Collaborative originated as part of the Centers for Medicare and Medicaid's Comprehensive Primary Care (CPC) initiative. At its inception, the Collaborative consisted of ten payer organizations, both regional and national, and public and private, working together to coordinate efforts and support CPC practices. The Colorado Multi-Payer Collaborative is committed to building on the foundation laid by this early work to expand and support primary care transformation throughout the state.

Organizational Membership

The Colorado Multi-Payer Collaborative currently includes four national, four regional payers, and one public payer:

- Aetna
- Anthem Blue Cross/Blue Shield of Colorado
- Cigna
- Colorado Access
- Colorado Choice Health Plans
- Colorado Department of Health Care Policy & Financing
- Humana
- Rocky Mountain Health Plans
- United Healthcare

Antitrust Statement

The Colorado Multi-Payer Collaborative operates in compliance with federal and state antitrust laws. In the course of its activities, no financial information from participating payers is shared.

During meetings and other activities, including all formal and informal discussions, each participant refrains from discussing or exchanging information regarding competitively sensitive topics. Such information includes, but is not limited to:

- PMPM
- Shared savings
- Information about market share, profits, margins, costs, reimbursement levels, or methodologies for reimbursing providers, or terms of coverage

Success

The Collaborative uses the following definition of success to guide their work together:

A shared commitment to increased quality, improved efficiency, higher value, and continuous improvement and diffusion of innovative and successful strategies

through increased system accountability, improved health outcomes and experiences for patients and providers, and decreased total cost of care.

As the Collaborative evolves, it intends to revisit and amend this vision to ensure its currency and utility.

Collaborative Work

The Collaborative currently meets monthly to work on organizational alignment and consistency among payers in support of practice transformation and improved patient outcomes. Across Colorado, many other stakeholders, networks, and organizations continue to work on health reform as well. The Collaborative continues to seek opportunities to interact, share lessons, and coordinate with these other efforts. The Collaborative is currently working with the following initiatives:

Comprehensive Primary Care (CPC) Initiative

The Comprehensive Primary Care (CPC) initiative is a four-year multi-payer initiative designed to strengthen primary care. It was designed and initiated by the federal Centers for Medicare and Medicaid Innovation at CMS. Since CPC's launch in October 2012, CMS has collaborated with commercial and State health insurance plans in seven U.S. regions to offer population-based care management fees and shared savings opportunities to participating primary care practices to support the provision of a core set of five "comprehensive" primary care functions. The CPC initiative is testing whether provision of these functions at each practice site — supported by multi-payer payment reform, the continuous use of data to guide improvement, and meaningful use of health information technology — can achieve improved care, better health for populations, and lower costs, and can inform future Medicare and Medicaid policy.

The Colorado Multi-Payer Collaborative supports this work by coordinating resources and support for participating CPC practices, including technical assistance, an aggregated data platform, and other foundational supports.

Data Aggregation

A majority of payers participating in the Multi-Payer Collaborative provide a data sharing tool to participating CPC practices that aims to enhance and improve delivery of care to Colorado residents, as well as reduce overall cost of care. Prior to this project, providers received multiple reports from each health plan and had to log on to several different websites to access patient data, making it cumbersome and inefficient to coordinate a patient's care. The Multi-Payer Collaborative has contracted with Rise Health to provide a reporting and analytical tool called Stratus™ – a single source for patient-level information that can help care providers save time and resources, and enable them to spend more time with patients.

Stratus allows care providers to access their patients' claims data from one website. Rise Health has partnered with Colorado's Center for Improving Value in Health Care and other state and local entities to build the tool and help ensure a comprehensive approach to data aggregation.

State Innovation Model (SIM)

Colorado SIM is a broad-based reform initiative that includes both public and private sector investments in comprehensive, whole person care. Colorado SIM is focused on behavioral health integration with primary care. Recognizing the need for a strong foundation of whole person care, and core competencies for effective integration, Colorado SIM will offer a wide range of transformation support related to leadership, process improvement, team-building, data use, measurement, care coordination, empanelment and stratification, and population health management. Colorado SIM will be designed to include offerings of value to practices at every phase of transformation.

Colorado payers, both public and private, are working together to develop a framework for achieving whole person care through comprehensive practice transformation (see attached). Using this framework, payers will be expanding value-based payments within their own networks to practices engaged in transformation activities, and meeting specific milestones. Practices will be able to participate to advance their knowledge and demonstrated ability to support this model of care, at the level that makes the most sense to them. A wide range of participants, from practices in the early stages of transformation to groups with extensive transformation experience, will be included in the initial cohort. An additional financial stipend will be paid by the Colorado SIM Office to participating practices in consideration of their decision to undertake this course of work.

The SIM Office will select practices participating in Colorado SIM. Payers will direct their own investments toward the sources of care that are most likely to produce a return — which are associated with intermediate and advanced practice competencies in the framework. Colorado payers are also working to align their payment, measurement and data sharing processes in a way that will help practices, similar to what the Multi-Payer Collaborative accomplished with the CPC initiative. It is anticipated that practices who participate in Colorado SIM, and persist in advancing through components of the model, will greatly improve the likelihood of receiving enhanced funding from both private and public payers. Practices will also likely create additional capacity to serve larger groups of patients more efficiently — which can improve sustainability and financial performance even in the absence of reformed payment.

A Message from the Collaborative

The process of change is challenging, uncertain, and risky, but correlated with many potential rewards for both providers and patients. Colorado payers are working collaboratively to support this process of change with equivalent uncertainty and risk. The most important part of the process is to take the first step forward, and then to continue forward movement.

The process of change also requires the Collaborative to be nimble and to adjust according to changes in the Colorado market and health care landscape. As a result, the work of the Collaborative, and this document, will continue to evolve.