

## Measuring Progress Toward Primary Care Goals (1/17/23)

Pillar	Operational Element	Example of Approach	Data Type	Source	Examples of Data Element(s)/Measures
<b>First Contact</b>	Modality – how the patient interacts with or accesses primary care (i.e., face-to-face interaction, and/or be via telephone, email, online appointments, telehealth, etc.)	CAHPS Q #4-#10: All regard whether a visit was in-person, phone or video and success using modality	Survey	CAHPS Clinician & Group Survey Version: Adult Visit Survey 4.0	CAHPS Q #4-#10:
		Define primary care services; calculate the proportion of those services delivered in various care settings	Claims	APCD	CPT Code; Place of Service Code
	Personnel involved – who is the provider receiving or engaging with the patient: a physician/nurse practitioner, nurse, care coordinator, or another team member	Define primary care services; Define primary care providers; calculate the proportion of those services delivered by clinician type	Claims	APCD	Taxonomy Code
		Level of first contact – is it defined as the patient seeing her/his individual physician/ nurses practitioner or health care professional or assigned care team?	Define and apply primary care attribution; calculate the proportion of those services delivered by the same health care professional and/or health care professionals within the same organization	Claims	APCD
	Conditions or situations when it is appropriate to approach primary care as the first place of contact	CAHPS Q #2: Is this the provider you usually see if you need a check-up, want advice about a health problem, or get sick or hurt?	Survey	CAHPS Clinician & Group Survey Version: 3.1	Question #2
	Instead of individual provider, assigned care team	Define and apply primary care attribution; calculate the proportion of those services delivered by the same health care professional and/or health care professionals within the same organization	Claims	APCD	Requires developing and applying attribution to a provider directory. Fields necessary will include member ID, provider ID, date of service, CPT code.
	Timeline to first contact (i.e., same day, on-demand or expanded office hours )	CAHPS Q #8: In the last 6 months, when you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed?; CAHPS Q #6:In the last 6 months, when you contacted this provider’s office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed?	Survey	CAHPS Clinician & Group Survey Version: 3.1	Question #6, #8
Referral from hospital to primary care					

## Measuring Progress Toward Primary Care Goals (1/17/23)

Pillar	Operational Element	Example of Approach	Data Type	Source	Examples of Data Element(s)/Measures	
Comprehensiveness	Scope of services offered	CAHPS Q #2: Is this the provider you usually see if you need a check-up, want advice about a health problem, or get sick or hurt?	Survey	CAHPS Clinician & Group Survey Version: 3.1	Question #2	
		Analyze claims to see variation in scope of services provided by PCPs, for example the % performing minor procedures etc.	Claims	APCD	CPT code; Taxonomy code	
	Spectrum of population needs	CAHPS Q #2: Is this the provider you usually see if you need a check-up, want advice about a health problem, or get sick or hurt?	Survey	CAHPS Clinician & Group Survey Version: 3.1	Question #2	
	Adopted approach to care (i.e., 'holistic' encompassing bio-psycho-social aspects, 'cradle to grave', etc.)					
		Depth and breadth of conditions managed by the primary care team (i.e., if cancer or chronic condition, to which extent can primary care handle these), based on the prevalence of health concerns/conditions in the population served	CAHPS Q #2: Is this the provider you usually see if you need a check-up, want advice about a health problem, or get sick or hurt?	Survey	CAHPS Clinician & Group Survey Version: 3.1	Question #2
			Chronic condition quality measures, admissions, readmissions, ED, ASCs Use Prometheus or a similar tool to create chronic condition episodes of care. How often are these episodes managed by PCPs v. specialists; Does the data show differences in cost, use of services or outcomes?	Claims	APCD	PQIs, AHU, EDU, PCR, CBP, CDC
				Claims	APCD	Will require developing episodes for chronic conditions similar to how Wear the Cost uses episodes to look at differences in specialist procedures. Would want to better understand why MHCC has not used the chronic condition episodes to date.
		Integrated behavioral health	Analyze utilization of recommended BH screenings, psych collaborative care; performance on BH quality measures;	Claims	APCD	CPT Codes such as 99409, 99492, 99493, 99494, 3351F, 4004F, G9903, H0002, T1023; Quality measures such as FUM, COU.

## Measuring Progress Toward Primary Care Goals (1/17/23)

Pillar	Operational Element	Example of Approach	Data Type	Source	Examples of Data Element(s)/Measures
	Social needs	% of PCPs contractually-required to provide IBH services in exchange for non-FFS payment	Contractual information	Excel/supplemental data collection	Not yet available in MD; DE example available
		% of PCPs contractually-required to provide connections to social services in exchange for non-FFS payment	Contractual information	Excel/supplemental data collection	Not yet available in MD; DE example available
		Rates of SDoH screening	Claims	APCD	G9919: Screening Performed and Positive and Provision of Recommendations; G9921: Positive Screening Without Recommendations; G9920: Screening Performed and Negative
Co-location of services					
Coordination	Links between primary and secondary/tertiary levels of care	Readmission rates	Claims	APCD	PQIs, AHU, EDU, PCR, CBP, CDC
	Links between primary care and behavioral health	Analyze utilization of recommended BH screenings, performance on BH quality measures; use of psych collaborative care codes;	Claims	APCD	PQIs, AHU, EDU, PCR, CBP, CDC
	Links between primary care and social/community health care settings	% of PCPs contractually-required to provide IBH services in exchange for non-FFS payment	Contractual information	Excel/supplemental data collection	Not yet available in MD; DE example available
		% of PCPs contractually-required to provide connections to social services in exchange for non-FFS payment	Contractual information	Excel/supplemental data collection	Not yet available in MD; DE example available
		Rates of SDoH screening	Claims	APCD	G9919: Screening Performed and Positive and Provision of Recommendations; G9921: Positive Screening Without Recommendations; G9920: Screening Performed and Negative
Referral and counter-referral processes					

## Measuring Progress Toward Primary Care Goals (1/17/23)

Pillar	Operational Element	Example of Approach	Data Type	Source	Examples of Data Element(s)/Measures
	Workforce managing coordination and transitions of care Technologies leveraged to improve coordination (including levels of interoperability within and across different systems), and monitoring systems	Chronic condition quality measures, admissions, readmissions, ED, ASCs <b>Measure Use of CRISP?</b>	Claims	APCD	PQIs, AHU, EDU, PCR, CBP, CDC
	<b>Caregivers/family part of care planning</b>				
	Long term care management for chronic disease	Chronic condition quality measures, admissions, readmissions, ED, ASCs	Claims	APCD	PQIs, AHU, EDU, PCR, CBP, CDC
<b>Co-location of or easy access to additional services</b>					
<b>Links between primary care and specialist referral rates (not just processes)</b>					
Continuity	Type of continuity (e.g., relational, management, informational etc.)	CAHPS Questions #3, #11,#12,#13; how long have you been going to this provider? How often did this provider listen, explain things in a way you could understand, seem to know important information about your medical history.	Survey	CAHPS Clinician & Group Survey Version: 3.1	CAHPS Questions #3, #11,#12,#13
	Level of continuity (e.g., individual physician/nurse practitioner or practice level)	Define and apply primary care attribution; calculate the proportion of those services delivered by the same health care professional and/or health care professionals within the same organization	Claims	APCD	Requires developing and applying attribution to a provider directory. Fields necessary will include member ID, provider ID, date of service, CPT code.
	<b>Context for continuity (e.g., person-focused or disease-focused)</b>				
	Advanced care planning	Analyze use of advanced care planning CPT codes	Claims	APCD	CPT Codes 99497, 99498
Continuity should be based on physician led teams	% of PCPs contractually-required to offer team-based care in exchange for non-FFS payment	Contractual information	Excel/supplemental data collection	Not yet available in MD; DE example available	