Measuring Progress Toward Primary Care Goals Draft (2/24/23)

Pillar	Operational Element	Example of Approach	Priority (Y/N)	Source	Rationale
First Contact	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.)	Define primary care services; calculate the proportion of those services delivered in various care settings	Y	APCD	Typically, states use CPT codes, Taxonomy codes and Place of Service codes to define primary care. In this approach, the analyst would first define primary care using the CPT codes and modifiers, taxonomy and place of service codes and then review the proportion of services that occurred at each primary care place of service.
	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	Y	APCD	Typically, states use CPT codes, Taxonomy codes and Place of Service codes to define primary care. In this approach, the analyst would first define primary care using the CPT, taxonomy and place of service codes and then review the proportion of services that were provided by each primary care taxonomy, which is the code that represents the specialty. While taxononomy codes offer a high level of granularity regarding speciality and subspeciality, the claim does not always reflect the provider who actually rendered the service.
	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 primary care; calculate the proportion of those services delivered by the same health care professional and/or health care professionals within the same organization	Y	APCD	Typically, states use CPT codes, Taxonomy codes and Place of Service codes to define primary care. In this approach, the analyst would first define primary care using the CPT, taxonomy and place of service codes and then review the proportion of services that were rendered by the same provider or providers working together in a care team. The analyst could use the billing provider ID and Practitioner Tax ID to better understand when services were rendered by providers working for the same organization. However, a provider directory with organizational affiliation would allow for more accuracy and completeness.
	Instead of individual provider, assigned care team	Define primary care; calculate the proportion of those services delivered by the same health care professional and/or health care professionals within the same organization	Y	APCD	Typically, states use CPT codes, Taxonomy codes and Place of Service codes to define primary care. In this approach, the analyst would first define primary care using the CPT, taxonomy and place of service codes and then review the proportion of services that were rendered by the same provider or providers working together in a care team. The analyst could use the billing provider ID and Practitioner Tax ID to better understand when services were rendered by providers working for the same organization. However, a provider directory with organizational affiliation would allow for more accuracy and completeness.

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Comprehensiveness	Scope of services offered	Analyze claims to see variation in scope of services provided by PCPs, for example the % performing minor procedures etc.	Y	APCD	In the analysis, the analyst would show the distribution of services provided by providers with a primary care taxonomy. This analysis could answer questions such as what percentage of providers with a taxonomy code defined as primary care perform a defined set of minor procedures or other defined set of services. It could also provide insight what percentage of primary care providers' utilization or total billed dollars are included in those services.
	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	Chronic condition quality measures, admissions, readmissions, ED, ASCs	Y	APCD	Comparing primary care providers' performance on certain nationally-standardized measures to specialists' performance on the same measures can inform which conditions primary care providers are best positioned to manage. One potential challenge: Not all of these measures are designed to be risk adjusted. It is possible that patients with more complex cases would be more likely to seek the care of a specialist.
	Integrated behavioral health	Measure primary care providers performance on standardized measures of quality related to behavioral health	Y	APCD	While imperfect, measuring performance on these quality measures may help improve understanding of how well patients' behavioral health needs are being addressed in the primary care setting.
		Analyze utilization of psych collaborative care codes and other BHI codes	Y	APCD	Measuring how frequently primary care providers are collaborating with behavioral health clinicians and psychiatrists can create a better understanding which BH conditions are being managed in primary care and how frequently. It is important to note that this type of collaboration may also be occuring less formally and therefore, not documented in billing.
		Analyze utilization of recommended BH screenings	Y	APCD	Measuring the use of these screenings can create a better understanding of how frequently they are being performed. It is important to note that since providers are often not reimbursed for these screenings, they may be being performed and not coded.
		Rates of SDoH screening	Y	APCD	Measuring the use of these screenings can create a better understanding of how frequently they are being performed. It is important to note that since providers are often not reimbursed for these screenings, they may be being performed and not coded.
	Links between primary and secondary/tertiary levels of care	Readmission rates	Y	APCD	Measuring rates of readmissions can help develop an understanding of how well different primary care providers, specialists and healthcare facilities are communicating with one another.

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Coordination	Links between primary care and behavioral health	Measure primary care providers performance on standardized measures of quality related to behavioral health	Y	APCD	While imperfect, measuring performance on these quality measures may help improve understanding of how well patients' behavioral health needs are being addressed in the primary care setting.
	Links between primary care and behavioral health	Analyze utilization of psych collaborative care codes and other BHI codes	Y	APCD	Measuring how frequently primary care providers are collaborating with behavioral health clinicians and psychiatrists can create a better understanding which BH conditions are being managed in primary care and how frequently. It is important to note that this type of
	Links between primary care and behavioral health	Analyze utilization of recommended BH screenings	Y	APCD	Measuring the use of these screenings can create a better understanding of how frequently they are being performed. It is important to note that since providers are often not reimbursed for these screenings, they may be being performed and not coded.
		Rates of SDoH screening	Y	APCD	Measuring the use of these screenings can create a better understanding of how frequently they are being performed. It is important to note that since providers are often not reimbursed for these screenings, they may be being performed and not being coded.
	Workforce managing coordination and transitions of care	Rates of readmissions	Y	APCD	Measuring rates of readmissions can help develop an understanding of the success of efforts to coordinate care and manage care transitions.
	Long term care management for chronic disease	Chronic condition quality measures, admissions, readmissions, ED, ASCs	Y	APCD	Primary care providers performance on nationally-standardized quality measures can provide insight into their ability to care for patients with chronic conditions.
Continuity	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	Y	APCD	In this approach, the analyst would attribute patients to primary care providers and then use the billing provider ID and Practitioner Tax ID to better understand when services were rendered by providers working for the same organization. However, a provider directory with organizational affiliation would allow for more accuracy and completeness.
	Advanced care planning	Analyze use of advanced care planning CPT codes	Y	APCD	Measuring use of these services may help improve understanding of how often advanced care planning is occurring.

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Continuity	Continuity should be based on physician led teams	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	Y	APCD	In this approach, the analyst would attribute patients to primary care providers and then use the billing provider ID and Practitioner Tax ID to better understand when services were rendered by providers working for the same organization. However, a provider directory with organizational affiliation would allow for more accuracy and completeness. One caution is some members of the care team may not be billing for services and therefore, some team-based care may be missed under this approach.