Measuring Progress Toward Primary Care Goals (2/10/23)

Pillar	Operational Element	Example of Approach	Data Type	Source	Examples of Data Element(s)/Measures	HCCD Field Name, NCQA Measure Name or CAHPS Question	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.)	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:	(4) Was your most recent visit with this provider in person? (Y/N); (5) Was your most recent visit with this provider a video visit? (Y/N); (6) Did you need instructions from this provider's office about how to use video for this visit? (Y/N); (7) Did this provider's office give you all the instructions you needed to use video for this visit? (Yes, definitely/Yes, somewhat/No); (8) During your most recent visit, was the video easy to use? (Yes, definitely/Yes, somewhat/No); (9) Was your most recent visit with this provider by phone? (Y/N); (10) During your most recent visit, were you and this provider able to hear each other clearly? (Yes, definitely/Yes, somewhat/No)	These questions ask the patient whether the visit the was in-person, via video or phone and follow-up questions regarding the success of the visit from a technology perspective (i.e. easy to use the technology, able to hear).
		Define primary care services; calculate the proportion of those services delivered in various care settings	Claims	APCD	CPT Code; Taxonomy Code; Place of Service Code	P035 Procedure Code; P036 Modifier I; P037 Modifier II; P031 Place of Service; D009 Practitioner/Supplier Speciality- 1	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 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	Claims	APCD	CPT Code; Taxonomy Code, POS	P035 Procedure Code; P036 Modifier I; P037 Modifier II; P031 Place of Service; D009 Practitioner/Supplier Speciality- 1	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	Claims	APCD	Fields necessary will include member ID, provider ID, place of service, date of service, CPT code, and billing provider ID and practitioner Tax ID. Analysis would benefit from a provider directory that includes organizational affiliation.	C002 Member ID; P048 Servicing Provider Individual National Provider Identifier (NPI) Number; P029 Service From Date; P030 Service Thru Date; P035 Procedure Code; P036 Modifier I; P037 Modifier II; P038 Servicing Practitioner ID; P031 Place of Service; T032 Practitioner National Provider Identifier (NPI) Number used for Billing; P012 Practitioner Federal Tax ID; D009 Practitioner/Supplier Speciality- 1	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.
	Conditions or situations when it is appropriate to approach primary care as the first place of contact	Review diagnoses codes on claims for office visits and other services performed by primary care providers and specialists. Identify patients for whom the visit or service is the first time the diagnosis code has appeared for the patient. In consultation with the literature and stakeholders, identify diagnoses that could be more frequently treated first in a primary care setting.	Claims	APCD	CPT Code; Taxonomy Code, POS, diagnosis	P035 Procedure Code; P036 Modifier I; P037 Modifier II; P031 Place of Service; D009 Practitioner/Supplier Speciality- 1; P019 Diagnosis Code 1	This analysis would allow stakeholders to develop a better understanding of how frequently patients are using primary care as the first place of contract and for which diagnoses. It is likely primary care could be used as the first contact more frequently. The data and information from the literature and stakeholders can help identify the highest priority areas. Communications could then be developed to support patients in more frequently accessing primary care first for these conditions.
	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	Claims	APCD	Fields necessary will include member ID, provider ID, place of service, date of service, CPT code, and billing provider ID and practitioner Tax ID. Analysis would benefit from a provider directory that includes organizational affiliation.	C002 Member ID; P048 Servicing Provider Individual National Provider Identifier (NPI) Number; P029 Service From Date; P030 Service Thru Date; P035 Procedure Code; P036 Modifier I; P037 Modifier II; P038 Servicing Practitioner ID; P031 Place of Service; T032 Practitioner National Provider Identifier (NPI) Number used for Billing; P012 Practitioner Federal Tax ID	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.
	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	(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? (Never/Sometimes/Usually/Always); (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? (Never/Sometimes/Usually/Always)	This series of questions asks patients from their perspective whether their access needs where met.

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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.	Claims	APCD	Taxonomy Code, CPT Code	D009 Practitioner/Supplier Speciality- 1; P035 Procedure Code; P036 Modifier I; P037 Modifier II	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.
	Spectrum of population needs	Review diagnoses codes on claims for office visits and other services performed by primary care providers. In consultation with the literature and stakeholders, identify diagnoses that could be more frequently treated in a primary care setting.	Claims	APCD	CPT Code; Taxonomy Code, POS, diagnosis	P035 Procedure Code; P036 Modifier I; P037 Modifier II; P031 Place of Service; D009 Practitioner/Supplier Speciality- 1; P019 Diagnosis Code 1	This analysis would allow stakeholders to develop a better understanding of how frequently patients are using primary care to address which health needs.
	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	(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? (Y/N)	This question provides insight into the proportion of patients who view their primary care provider as the provider they go to "usually" when they have a problem.
		Chronic condition quality measures, admissions, readmissions, ED, ASCs	Claims	APCD	PQIs, AHU, EDU, PCR, CBP, CDC	C002 Member ID; P048 Servicing Provider Individual National Provider Identifier (NPI) Number; P029 Service From Date; P030 Service Thru Date; P035 Procedure Code; P036 Modifier I; P037 Modifier II; P038 Servicing Practitioner ID; P031 Place of Service; D009 Practitioner/Supplier Speciality- 1; Acute Hospital Utilization (AHU); Emergency Department Utilization (EDU); Plan All-Cause Readmissions (PCR); Controlling High Blood Pressure (CBP); Comprehensive Diabetes Care (CDC); Prevention Quality Indicators;	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.
		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	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.		Comparing primary care providers' performance managing cost and utilization on certain episodes of care (e.g., diabetes, hypertension, asthma) compared to specialists' performance on the same types of episodes can inform which conditions primary care providers are best positioned to manage.
	Integrated behavioral health	Measure primary care providers performance on standardized measures of quality related to behavioral health	Claims	APCD	FUM, COU	Follow-Up After Emergency Department Visit for Mental Illness; Risk of Continued Opioid Use	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	Claims	APCD	CPT Codes 99492, 99493, 99494, 99484	P035 Procedure Code; P036 Modifier I; P037 Modifier II; P031 Place of Service; D009 Practitioner/Supplier Speciality- 1; P019 Diagnosis code 1	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
		Analyze utilization of recommended BH screenings	Claims	APCD	CPT Codes such as 99409, 3351F, 4004F, G9903, H0002, T1023;	P035 Procedure Code; P036 Modifier I; P037 Modifier II; P031 Place of Service; D009 Practitioner/Supplier Speciality- 1;	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	Claims	APCD	G9919: Screening Performed and Positive and Provision of Recommendations; G9921: Positive Screening Without Recommendations; G9920: Screening Performed and Negative	P035 Procedure Code; P036 Modifier I; P037 Modifier II	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	Claims	APCD	PCR	Plan All-Cause Readmissions - NCQA	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.
	Links between primary care and behavioral health	Measure primary care providers performance on standardized measures of quality related to behavioral health	Claims	APCD	FUM, COU	Follow-Up After Emergency Department Visit for Mental Illness; Risk of Continued Opioid Use	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	Claims	APCD	CPT Codes 99492, 99493, 99494, 99484	P035 Procedure Code; P036 Modifier I; P037 Modifier II; P031 Place of Service; D009 Practitioner/Supplier Speciality- 1; P019 Diagnosis code 1	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

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Coordination	Links between primary care and behavioral health	Analyze utilization of recommended BH screenings	Claims	APCD	CPT Codes such as 99409, 3351F, 4004F, G9903, H0002, T1023;	P035 Procedure Code; P036 Modifier I; P037 Modifier II; P031 Place of Service; D009 Practitioner/Supplier Speciality- 1;	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	Claims	APCD	G9919: Screening Performed and Positive and Provision of Recommendations; G9921: Positive Screening Without Recommendations; G9920: Screening Performed and Negative	P035 Procedure Code; P036 Modifier I; P037 Modifier II	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	Claims	APCD	Plan All-Cause Readmissions - NCQA	Plan All-Cause Readmissions - NCQA	Measuring rates of readmissions can help develop an understanding of the success of efforts to coordinate care and manage care transitions.
	Technologies leveraged to improve coordination (including levels of interoperability within and across different systems), and monitoring systems	Measure Use of CRISP?					
	Long term care management for chronic disease	Chronic condition quality measures, admissions, readmissions, ED, ASCs	Claims	APCD	PQIs, AHU, EDU, PCR, CBP, CDC	Acute Hospital Utilization (AHU); Emergency Department Utilization (EDU); Plan All-Cause Readmissions (PCR); Controlling High Blood Pressure (CBP); Comprehensive Diabetes Care (CDC)	Primary care providers performance on nationally-standardized quality measures can provide insight into their ability to care for patients with chronic conditions.
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	(3) How long have you been going to this provider? (Less than 6 months/ At least 6 months but less than 1 year/ At least 1 year but less than 3 years/ At least 3 years but less than 5 years; 5 years or more); (11) In the last 6 months, how often this provider explain things in a way that was easy to understand? (Never/Sometimes/Usually/Always); (12) In the last 6 months, how often did this provider listen carefully to you? (Never/Sometimes/Usually/Always); (13) In the last 6 months, how often did this provider seem to know the important information about your medical history? (Never/Sometimes/Usually/Always)	These questions can provide insight from the patients' perspective on continuity of care including how long the patient has been visiting the provider, how well the provider listens and explains information and how well the provider seems to know the patient's medical history.
	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.	C002 Member ID; P048 Servicing Provider Individual National Provider Identifier (NPI) Number; P029 Service From Date; P030 Service Thru Date; P035 Procedure Code; P038 Servicing Practitioner ID	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	Claims	APCD	CPT Codes 99497, 99498	P035 Procedure Code; P036 Modifier I; P037 Modifier II;	Measuring use of these services may help improve understanding of how often advanced care planning is occurring.
	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	Claims	APCD	Requires developing and applying attribution to a provider directory. Fields necessary will include member ID, provider ID, date of service, CPT code.	C002 Member ID; P048 Servicing Provider Individual National Provider Identifier (NPI) Number; P029 Service From Date; P030 Service Thru Date; P035 Procedure Code; P038 Servicing Practitioner ID	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.