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Jefferson Health Begins Its Comprehensive Primary Care Plus Journey

The Jefferson Health System is a large health enterprise in the Philadelphia Metropolitan area, composed of 14 hospitals, that employs hundreds of primary care physicians in more than 100 primary care practices. In 2017, Jefferson Health embarked on an exciting new journey to transform its outpatient practices. As part of the Affordable Care Act, the Center for Medicare and Medicaid Services (CMS) created The Innovation Center. The Center was set up to test innovative payment and delivery system models that may show promise for maintaining or improving the quality of care in Medicare, Medicaid, and the Children's Health Insurance Program (CHIP), while slowing the rate of growth in program costs. The original Comprehensive Primary Care (CPC) program was initiated in 2012 with a grant from the Innovation Center. The purpose was to explore whether outpatient quality outcomes could be achieved through improvements in infrastructure in outpatient practices. After some promising early outcomes, CMS decided to move forward with the second phase of the project, entitled Comprehensive Primary Care plus (CPC+). Nationwide approximately 3,000 primary care practices and 13,000 clinicians were chosen to take part in CPC+ in the fall of 2016. Sixty-one owned Jefferson Health primary care practices and 3 affiliated sites were chosen as part of this group to take part in the CPC+ program and benefit from this 5-year program.

Each office practice at Jefferson Health chose one of two tracks, with an almost equal distribution of the two types across the enterprise. Track 1 was chosen by practices that were able to meet minimum requirements, while Track 2 was chosen by practices that were farther along in their transformational journey. While the program is sponsored by CMS, the structural reforms provided have to improve the care provided for all patients in a practice -- including those with commercial insurance. Regardless of the track, the program is designed to change how patients are managed in order to improve the clinical quality, health care costs, and patient experience. There are five specific domains that need to be addressed to remain in the program (Table 1).

Table 1. Program domains

Access and Continuity	Requires that practices engage in activities such as 24-hour patient access and assigning care teams to patients. Practices must also offer electronic visits and expanded office hours beyond traditional times.
Care Management	Requires stratification of the entire population into different risk categories based on their clinical condition. High-risk patients, who are more likely to have poor health outcomes, are required to take part in a comprehensive care management program.
Comprehensive Coordination	Includes formulating discharge follow-up planning and using behavioral health services to improve health outcomes.
Patient and Caregiver Engagement	Requires the formation of a patient family advisory council (PFAC) to involve the patient in feedback about the transformation process occurring in the practice. This domain also supports creation of self-management tools for patients with high-risk conditions.
Planned Care Population Health	Ensures the practice is analyzing payer reports including the CPC+ feedback reports that are provided quarterly by CMS. The practice is obligated to schedule a weekly care team meeting with a focus on quality health improvement.

Timing of the CPC+ program was advantageous for Jefferson Health as it continues to integrate the expansion of different campuses into its growing health system. It was paramount for the system to coordinate its efforts across all of its campuses to further the integration journey, so a centralized structure was formulated to act as the control center.

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The central structure included key administrative and clinical leaders from the respective campuses to facilitate a central strategy with local control of implementation. A CPC+ project director was hired to oversee the entire project and ensure standardization and communication amongst the campuses.

A Jefferson population health retreat early in the process led to the formation of several subcommittees to meet the CPC+ requirements. The integrated behavioral health committee, whose role is to create a centralized approach to behavioral health, will equip current and newly hired practice-embedded behavioral health specialists with the tools to improve the health of patients whose chronic diseases are adversely affected by their underlying psychosocial ailments. The Care Management Committee is working diligently to ensure that there is a standardized plan to address the high-and rising-risk patients, who are not only the most vulnerable but are also the most costly in the system. The Quality Committee is working to ensure the successful reporting of the electronic clinical quality metrics (eCQMs) that are required to be reported to CMS as part of the CPC+ requirements. Finally, the Primary Care Innovation Committee is ensuring that a portion of the granted funds are spent at the local practices on innovative ideas that will not only improve care but also improve the satisfaction and efficiency of the clinicians providing the care. The Innovation Committee has proposed additional positions that will help the system reach quality goals: documentation scribes and advanced medical assistants who will allow clinicians to spend less time documenting the visit and more time providing expert clinical decision making based on the patient's medical problems. Additionally, Ambulatory Pharmacists will assist in improving the quality of medical management of patients with complex and low-value medication regimens, as well as to enhance the use of high-value medications.

As outlined above, the first year of the CPC+ program has seen some incredible success in formulating structure and process that have moved the integration of Jefferson Health's primary care practices in a positive direction. Strategic planning for the future has focused on meeting specific financial and quality goals. As the program progresses, the mandate is that it will move beyond process and get to a place of improved health care value as well as improved patient and provider satisfaction.

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