How to Get Paid for Your Population Health Program: Part 2

written by Dave Halpert | June 24, 2015

If you've written off population health initiatives as too expensive, think again. Pay for Performance means just what it says: you need to demonstrate better outcomes than your peers if you expect to reap benefits from Medicare. And, if you fall behind, you'll risk ACO losses or Value-Based Payment Modifier (VBPM) penalties.

As we discussed last week, by focusing on Medicare's programs and reimbursable Medicare Wellness Visits, your organization can build a solid foundation for your population health program—and get paid for it.

Medicare's new Chronic Care Management Services offer another cost-effective way to build out your population health program. And Effectiveness Research is essential to defining what really works, so that all your time and money aren't wasted. Let's take a closer look at these next two steps:

Step 3: Use Medicare-reimbursed CCM Services for Ongoing Management

It's almost reflexive—when asked how to monitor patients' progress going forward, the response is often, "Bring 'em in." It sounds so easy, but we all know it isn't, nor is it feasible or necessarily desirable. Provider's schedules are already tight, and most patients don't have the time or resources (including transportation) for frequent visits whose only purpose is to monitor results. Furthermore, visits that exceed what's allowed will not be covered, meaning that the patient needs to pay out of pocket for ongoing monitoring—not a great incentive.
So, how to monitor ongoing progress (and intervene, if necessary) without cutting into your

own revenues or passing the costs to the patient? Medicare has created a potential solution, called Chronic Care Management (CCM) Services. CCM Services enable providers to bill Medicare for non-face-to-face services each calendar month to coordinate care for patients with multiple chronic conditions (including the four targeted in Medicare's P4P programs). This program is newly approved for 2015, and many are just beginning to realize how valuable it can be. Here's how CCM Services can help you:

- Maintain ongoing contact with your patients, giving you the chance to act sooner.
- Get reimbursed for time spent updating results. By entering results directly into your system, you won't need to deal with data interfaces, scanned and non-searchable documents, or other technical headaches.
- Rely on other clinicians (not limited to physicians) to perform CCM Services, without impact on your reimbursement.
- Ensure that your patient is attributed to you—the time and effort you spend on improving your patients' health will benefit your VBPM, not someone else's.
- Create a stronger bond between you and your patients through increased contact.
- Get back in the driver's seat as your patient's primary care provider. Patient feedback regarding visits to other providers (including the ones you've referred them to) means that you don't have to wonder whether the patient actually went, and your patients' feedback on the experience may be useful.

There are some rules to follow (including patient consent), as well as some instances where a patient may not be eligible, so review the CCM Services Fact Sheet from CMS before commencing.

To get the most out of CCM Services, work with your Registry. You should be able to identify patients in need of the services, enroll them and track all CCM services, as well as the effect on outcomes. The information you are documenting is very specific, and you'll want to look back on what happened after your actions. The right Registry will have tools either to populate that information retrospectively through routine data collection and integration, or to enable you to enter exactly what occurred and when.

Step 4: Track Results of Your Population Health Efforts through Effectiveness Research

The question now is whether you are making progress across your targeted population, or whether you're falling into the "anecdotal evidence" trap.

Your Registry can help—if it has Effectiveness Research. Your Registry should be able to show your patients' results over time, using either a standard measurement (such as Hemoglobin

A1c) or something you've designed together (e.g., a functional status assessment for patients with osteoarthritis).

You should also be able to track results across your population and even compare whether one action led to different results. For the same reasons that you and your team have created different plans of care for different patients, it's important to use and track multiple methods to create a population-wide change.

Working together, you and your Registry can implement specific initiatives over limited sets of patients and compare the results. For example, of the patients who were overdue for a specific screening, where did you see a better response: the group who were sent letters or the group who received calls? Did your tobacco users have greater rate of cessation after pharmacologic therapy or after group education?

The ability to deploy a population health initiative over a small population before implementing it on a grand scale can save you time, effort and money. Avoid throwing money at an intervention that produces little to no change (or worse, creates an adverse reaction) through systematic effectiveness research.

Growing the Program From Here to Fruition

The transition from service-based reimbursement to reimbursements based on outcomes will be challenging. However, there are ways that you can use the existing fee schedule to your advantage—improving outcomes does not need to come at your expense.

The right Registry partner will help you identify the patients at the greatest risk, document the effects of your actions and help you to determine—for your specific population—what works and what does not.

Revenue from Medicare Wellness Visits and ongoing maintenance through CCM Services can support you as you go. Meeting performance in outcome-based measures and reduced spending through decreased admissions will pay off down the road, either through Shared Savings or an improved Value-Based Payment Modifier.

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