

**MULTI-PAYER ADVANCED PRIMARY CARE PRACTICE DEMONSTRATION
EVALUATION**

INTERVIEW PROTOCOL

Payers

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Introduction

Thank you for making time to speak with us today. As we mentioned in our email to [name of our contact in their practice / clinic / hospital], we are researchers from RTI, the Urban Institute, and the National Academy for State Health Policy (NASHP), evaluating the Multi-Payer Advanced Primary Care Practice (MAPCP) Demonstration. We'd like to focus on learning about the period after Medicare joined the state's initiative and your thoughts on the future. Since we're asking about a number of different periods of time, we have created a visual timeline and logic model to differentiate each time period [*show the respondent the state's timeline and logic model*].

We are also particularly interested in the impact of the initiative on Medicare and Medicaid beneficiaries generally and special populations (such as those dually eligible for Medicare and Medicaid) specifically. We understand that some changes are system wide and may not affect these groups differently, but other changes that payers or practices make may be tailored to these groups to some degree and have different impacts on these patient populations.

We'd like your candid views about this initiative. We want to assure you that we will not quote you by name without getting back in touch with you to get your permission first. We would like to record our conversation, to ensure our notes from today are complete. Is this OK with you? Do you have any questions before we start the interview?

Background

[Try to obtain as much of this information as possible through Googling, and/or our initial phone call to schedule the interview.]

1. *[Before Visit]* What is your role at [name of payer]?
2. *[Before Visit]* How long have you been with [name of payer]?
 - a. *[Before Visit]* Have you been involved in [name of state]'s [state-specific name of PCMH initiative] since Medicare joined the initiative in [2011/2012]?
3. We understand that [name of payer] joined [name of state]'s [state-specific name of PCMH initiative] in [month/year].
 - a. What motivated [name of payer] to join this multi-payer initiative?
4. How *would* you describe the goals of [name of state]'s [state-specific name of PCMH initiative]?
 - a. Did those *goals* change after Medicare [and Medicaid (if joined at the same time)] joined the initiative in [2011/2012]? If so, how?
 - b. What are [name of payer]'s goals for participating in the initiative?

- i. How are these goals similar or different from the goals of [name of state]’s [state-specific name of PCMH initiative]?
- 5. What risks does *participation* in [name of state]’s [state-specific name of PCMH initiative] bring to [name of payer], if any?
 - a. What are your plans for mitigating those risks?
- 6. *[Before Visit]* Has [name of payer] participated in similar medical home initiatives in other states?
 - a. *[If so:]* How has [name of payer]’s participation in these other states’ initiatives shaped what [name of payer] is doing as part of [name of state]’s [state-specific name of PCMH initiative]?
 - b. *[If not:]* Why not?

Medical Home Program Features

- 7. Before [2011/2012]—when Medicare [and Medicaid (if joined at the same time)] became *involved*--what major changes did [name of payer] make as a result of its involvement in [name of state]’s [state-specific name of PCMH initiative]?
- 8. Did *Medicare* [and Medicaid (if joined at the same time)]’s entrance into [name of state]’s [state-specific name of PCMH initiative] affect any aspect of [name of payer]’s participation? If so, how?
- 9. From [*name of payer*]’s perspective, what are the benefits and drawbacks of Medicare [and Medicaid (if joined at the same time)] now being involved in [name of state]’s [state-specific name of PCMH initiative]?
- 10. What *additional* changes did [name of payer] have to make now that Medicare [and Medicaid (if joined at the same time)] is involved, if any?

Payment

- 11. *[Before Visit]* How do you compensate practices for your insured patients participating in the [state-specific name of PCMH initiative]? Please describe your payment model.
 - a. Are there other payment mechanisms [name of payer] uses to incentivize medical home development and practice performance?
- 12. Were there any other major changes related to provider payment and medical homes that [name of payer] tried to make prior to [2011/2012]—when Medicare [and Medicaid (if joined at the same time)] became involved in this initiative--but was unable to implement?
 - a. *[If so:]* Please briefly describe.
 - b. *[If not:]* Why not?

13. What has been your experience so far in implementing the practice payment model for the [state-specific *name* of PCMH initiative]?
 - a. What has worked well?
 - b. What hasn't worked so well?
 - c. How did you resolve any challenges?
14. How important is it to [payer] that all the participating payers make equal contributions to the initiative, in *terms* of payments, resources, etc.?
15. [Optional] What are the strengths and weaknesses of the payment approach being used in [name of state]'s [state-specific name of PCMH initiative] today?
 - a. Are practices responding to non-financial incentives, such as improving their reputation with other provider groups or preparing to participate in an ACO?

Practice Transformation

[Note to interviewer: try to ask about (1) the time it took to implement any practices changes discussed; and (2) the cost of implementing or sustaining any practices changes discussed]

16. We understand your state uses [name of the state's medical home assessment or recognition tool]. What role did [payer] have in selecting or developing that tool?
 - a. To what extent do you feel the tool selected accurately assesses primary care practices medical home capabilities?
 - b. Do you receive this medical home assessment or recognition information?
 - i. [If yes] How do you use it? For example, do you use it to determine practice payment levels or to guide learning collaborative activities?
17. In your opinion, were the [state-specific name of PCMH initiative] payments paid to practices for the past [number of years the multi-payer medical home initiative has been operating prior to Medicare's (and Medicaid's, if applicable) entrance] years before [2011/2012]—when Medicare [and Medicaid (if joined at the same time)] joined the initiative—enough for practices to fully implement the medical home infrastructure? Why or why not?
 - a. Now that Medicare [and Medicaid (if joined at the same time)] has joined the [state-specific name of PCMH initiative], does this additional reimbursement now provide enough resources to practices for them to further develop and maintain their medical home infrastructure?

18. *[Before Visit]* Do these new [state-specific name of PCMH initiative] payments to practices—implemented in [2011/2012]—increase or decrease the number of participating practices, and in turn, patients served? Why or why not?
19. How do practices participating in [state-specific name of PCMH initiative] use the medical home payments they receive from [payer] and other participating payers? For example, do they use it to hire new staff, expand office hours, or purchase or upgrade health IT?
 - a. Are any of these medical home services they provide targeted to Medicare and/or Medicaid beneficiaries or special populations of patients? Special populations can include: Medicare and Medicaid dual eligibles; children; racial and ethnic subgroups; people living in rural or inner-city areas; and persons with chronic illnesses, mental illnesses, and disabilities.
20. In your opinion, do the [state-specific name of PCMH initiative] payments that have been in place (since CMS joined the initiative in [2011/2012]) incentivize improvements in clinical processes and patient outcomes (i.e., promote efficient service utilization, care quality improvements, patient experience and satisfaction, care transitions and coordination)?
 - a. *[Optional]* Why or why not?
 - b. *[Optional]* Are there any differences for Medicare beneficiaries, Medicaid beneficiaries, and special populations?
21. What activities has your [plan / organization] undertaken to support participating practices or the [state-specific name of PCMH initiative] in general? For example, have you solicited member input on the medical home model or provided information to members on their medical home?, Have you provided more timely or user-friendly data? Care coordination or disease management support? Support for learning collaboratives? Practice coaches or consultants?
 - a. Which of *these* activities have been most helpful to participating practices?
 - b. Have you reached out to or undertaken any activities with consumers and [beneficiaries / plan members] *served* by participating practices? If so, please describe. If not, why not?
22. What activities has your [plan/organization] undertaken to support community health networks/teams or other community resources or linkages between primary care practices and these networks/teams or other community resources? For example, do you work directly with state and local social service agencies such as housing departments, office of aging, or transportation services for the disabled?
 - a. How do encourage and help support primary care practices' efforts to create linkages to and work with these community health networks/teams or other community resources?

23. Since the state initiative began, how successful has the [state-specific name of PCMH initiative] been in getting practices to change the way they deliver care, particularly improving access, care coordination and transitions, and making linkages with community health resources?
- a. What impact is Medicare's participation having, or what additional impact do you anticipate?

Health Information Technology

24. What state and/or federal health IT-focused projects or programs does [payer] participate in? (e.g., Health Information Exchange grants to the state, Beacon communities)
25. What has [payer] done to support [medical home / health care home] practices in health IT implementation or upgrade? For example, does the [payer] have any financial incentive for practices to implement or upgrade their electronic health record (EHR) and/or electronically exchange data with the plan and other providers?
26. To what extent are EHR requirements and quality measures used by [state-specific name of PCMH initiative] aligned with the Medicare and Medicaid Meaningful Use (MU) measures? For example, have stage 1 MU requirements to collect demographic information, provide on-line access to patients, or report particular clinical quality measures been incorporated into the medical home assessment or recognition criteria?

Outcomes

[Note to interviewer: (1) Try to ask respondents to identify medical home features that contributed to the observed impacts, or features that could be added to the initiative to improve outcomes. (2) More specific examples of impacts to care might be discussed during the interview. For example, referrals to community resources and specialists are examples of care coordination. Other more specific examples that may be discussed in this section are: timeliness and continuity of care, coordination with specialists (physician and mental health), medication reconciliation, discussion of current and potential changes to a patient's drug regimen, shared decision-making, patient self-management, provision of information such as test results to patients in a way that is easy to understand, health literacy, discussion of patient medical history, proactive care (e.g. generating lists of patients who need to come in for an office visit), and active reminders about tests, treatment, and/or appointments.]

27. Since the initiative began in [year that the state initiative began], what impacts has the [state-specific name of PCMH initiative] had on [payer]'s [beneficiaries / plan members]?
- a. Is there evidence of improvements in:
 - i. Access to care?
 - ii. Coordination of care? (e.g., care transitions)

- iii. Patient and family participation or behavior? (e.g., patients engaging more in decisions and managing their care)
 - iv. Increased delivery of preventive services? (e.g., cancer screenings, smoking cessation, weight management, influenza vaccination)
 - v. Reduced use of acute care? (e.g., emergency department visits, hospitalizations, readmissions)
 - vi. Improved health care quality or patient safety?
 - vii. Patient experience and/or satisfaction?
- b. To what extent do you see similarities or differences in impact on Medicare, Medicaid, and special populations, versus the privately or commercially insured?
- i. Other?

Performance Reports and Feedback

28. Do you collect any quality or safety data from the practices participating in [name of state]'s [state-specific name of PCMH initiative]?

[If not:]

a. Why not?

[If yes:]

b. What data do you collect?

i. Do you collect any **preventive service use data**? If so, which ones? For example, cancer screening, smoking cessation, weight management, influenza vaccination, or pneumonia vaccination?

ii. Do you collect any **safety data** or in other ways support patient safety activities and measurement? For example, do you measure and monitor follow-up after hospital discharge or medication reconciliation?

iii. How aligned is your plan and states' clinical quality measure and other reporting requirements aligned with those required for other CMS programs?

c. What do you do with the data you collect?

d. What structures have been put in place to ensure the accuracy of practices' data?

29. Does [name of organization] provide data to participating practices on their performance (e.g., quality of care your patients are receiving, costs your patients are generating, or their utilization of health care services)? (For example, statistics on their patients' hospital or nursing home admissions or readmissions)?

[If not:]

a. Why not?

[If yes:]

a. What performance data do you provide?

i. Which of these data did you report prior to [2011/2012]—before Medicare joined the [state-specific name of PCMH initiative]?

ii. Which of these data (if any) did you begin reporting after [2011/2012]--when Medicare [and Medicaid (if joined at the same time)] joined the [state-specific name of PCMH initiative]?

b. How often do you provide these data to participating practices?

c. How are the data reported (e.g., via website, reports)?

d. How do you expect the practices to use these data? In reality, do they use the data and, if so, how do they use it (e.g., for quality improvement purposes)?

e. Are there any special issues or challenges to the plan or practices reaching Medicare or Medicaid beneficiaries or special populations? Please describe briefly.

Beneficiary Experience with Care

30. *[Before Visit] [Optional]* Have you conducted, or do you plan on conducting, a patient experience survey among your [members / beneficiaries]? We are particularly interested in any survey that may more specifically assess aspects of the medical home, such C-G CAHPS or the newly developed PCMH CAHPS.

Wrap-up

31. *[Before Visit]* Is [payer] conducting data analyses or evaluations, independent of any analyses or evaluations being conducted by the state or CMS? Why or why not?

a. What outcomes does [name of payer] need to see for it to be willing to extend or expand its participation in the [state-specific name of PCMH initiative]?

i. How long will it wait for these outcomes to be observed before it will make a decision about whether to continue or terminate its participation in the [state-specific name of PCMH initiative]?

- b. Do you believe the [state initiative] is generating savings for [name of payer]?
 - i. *[If so:]* For what types of services are you seeing cost savings?
 - ii. [If not:] Why not?
- 32. What opportunities do you foresee in the near future through [name of payer]’s participation in the [state-specific name of PCMH initiative]?
 - a. *[Optional]* What challenges do you anticipate?
- 33. What lessons has [name of payer] learned so far from the experience of this initiative—either since it began, or since Medicare joined?
 - a. What would [name of payer] have done differently, knowing what it knows now?
 - b. *[Optional] [If needed:]* Are there any aspects of the [state-specific name of PCMH initiative] that your organization or the state is considering changing?
- 34. What would be your advice to CMS and the state if [name of state]’s [state-specific name of PCMH initiative] was extended or expanded to another state?
- 35. In the next year, what are the key implementation issues you’ll face related to the [state-specific name of PCMH initiative]?
- 36. *[Optional]* In the next year, what are the key developments (outside of the [state-specific name of PCMH initiative]’s control) that might affect the implementation of this initiative? (For example, implementation of health reform generally, tight state budgets, other health care market developments?)
- 37. Is there anything else about [name of state]’s [state-specific name of PCMH initiative] and its impact on [name of payer], your primary care provider network, or [beneficiaries / plan members] that we haven’t covered that would be important for our team to know?