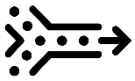
# Key Takeaways

## Panel: Preparing for Alternative Payment Models in Primary Care

### Practices are concerned about MACRA and how it will affect them, which contributes to existing burnout and change fatigue

It is difficult to assure providers that MACRA and the Quality Payment Program aren't just more "boxes to check." There is the need for technical assistance and someone to help practices connect the dots. Change is a personal decision, and practices need to have conversations about the right way to implement changes. We must also recognize and deal with change fatigue. Providers may not want to be paid differently or learn another way of doing things. Some may just retire, and there is a provider shortage already. We need to focus on ways to combat provider burnout.

"I am concerned that providers are going to leave the business. We have a real workforce issue. One is the lack of people to do the jobs we already need, and the lack of training opportunities. But there is also a baby boomer population leaving practice, thinking *I've had enough of this, I don't want to get paid differently, I am going to retire early*." – Dr. Ron Stock



### There are existing efforts to build upon, like CPC+ and PCPCH

Existing initiatives like Comprehensive Primary Care Plus (CPC+) and the state's Patient-Centered Primary Care Home (PCPCH) program complement MACRA. As a multi-payer initiative, CPC+ offers a real forum for the kind of alignment that can help practices adopt meaningful changes. Oregon began PCPCH in 2011 and Portland State University recently published an evaluation of the first three years. They found there was $240 million in savings to the system, and that cost savings went up from year to year as clinics figured out how to do this work.[1]

"Under [the original] CPC only three of our clinics were accepted, but we implemented changes across all of our sites, to standardize between clinics and advance our movement into the value-based world. That has led to a number of value-based contracts with national and regional payers." – Michael Whitbeck, Administrator

[1] Implementation of Oregon's PCPCH Program: Exemplary Practice and Program Findings (September 2016) http://www.oregon.gov/OHA/HPA/CSI-PCPCH/Documents/PCPCH-Program-Implementation-Report-Final-Sept-2016.pdf

## Practices and providers want a payment strategy that allows them to focus on high-quality care, and data to help them manage cost and quality.

Providers want a payment strategy that lets them focus on patient care. An aligned payment strategy from payers would put the focus on providing the right care, at the right time, in the right place for a clinic's whole patient population. In addition to flexible payment models, practices are ready to take on reducing costs, but they need access to the right data, and the resources to understand and use that data, to do that effectively.

"From a practice standpoint we'd like to see a single payment strategy that isn't fee-for-service… for example, if you are paid prospectively, practices are free to design care that meets patient's needs and not design care around what gets them paid." – Dr. Evan Saulino

"As an administrator I need cost data. With that I can talk to higher-priced partners to let them know how they impact my value contracts in primary care." – Michael Whitbeck, Administrator

## For more key takeaways and materials from the conference, visit: www.q-corp.org/MACRAPlaybook