

Coming Soon: new APM section of the CHCANYS website with resources and updates for CHCANYS members.

Clinical Innovation and the APM

The transition from fee-for-service payment to a capitated APM not only encourages health centers to promote value instead of volume, but also provides the financial flexibility necessary to implement an innovative, holistic, patient-centered care model.

As the California Health Care Foundation outlined in their [June 2020 survey of health center experiences in value-based arrangements](#), the APM models employed in Oregon, Washington, Illinois, and Minnesota yielded improved patient outcomes across a variety of measures. Health centers screened more patients for depression and colorectal cancer, reduced social risk factors impacting health, decreased no-shows, and oversaw decreases in unnecessary admissions and readmissions.

This new care model is flexible around both encounter types and the care team. An APM supports telehealth, telephone, and home visits in addition to in-person encounters. Non-traditional visit types such as nutrition counseling, exercise classes, health education, and group visits can all be employed to best serve patient needs by a health center funded through a capitated APM. The APM care model allows health centers to fully leverage the skillset of a diverse clinical staff comprised of not only physicians, NPs, and PAs, but also nurses, counselors, social workers, community health workers, dietitians, and pharmacists, by freeing health centers from the billing considerations that limit care options under the status quo.

Increased flexibility means patients can receive services where, when, and how they prefer, through mutual decision making with their provider. It also means health centers can more fully address social needs such as food insecurity and transportation issues where they intersect with patient health and wellness.

CHCANYS APM Workgroup and Clinical Committee Breakout

A group of clinical and financial health center leaders have convened regularly since 2019 as a CHCANYS APM Workgroup to lead development of the statewide APM. As part of this work, a clinical subgroup developed care model principles that the APM and accompanying accountability measures will support. These principles include:

- Building on the Patient-Centered Medical Home concepts that have been the basis of much quality improvement work and health information technology investment in New York FQHCs. Implementation of PCMH principles is constrained in a billable provider, visit-based system – an FQHC APM will facilitate actualization of the NYS PCMH care model.
- Enhanced patient access through telehealth, virtual visits, and care beyond the traditional provider visit with an expanded care team working to the tops of their licenses.
- Practice transformation to support care management, care coordination, behavioral health integration, and implementation of evidence-based best practices.

The APM care model embodies developments such as telehealth expansion, data-driven population health, and changing patient service expectations—hastened by the Covid-19 pandemic—by positioning health centers to succeed in the new normal.

APM Accountability Plan

The CHCANYS clinical APM subgroup has developed initial recommendations for Accountability Plan reporting to demonstrate the value of care provided under an APM as traditional billable volume

decreases. These recommendations include alignment with existing requirements, initial reporting categories for clinical quality, cost, and patient and provider satisfaction, and an iterative process to develop new measures around patient access and health center innovation. As health centers evolve the care model to best suit patient needs and thrive under an APM, so too will accountability reporting evolve to best demonstrate the value of care provided by health centers.

Next Steps

- CHCANYS will continue to refine the APM model in Reimbursement Committee and APM workgroup in anticipation for discussions with the State.
- VBP Pathmarking Event, April 2021
- APM Summit, May 2021

Questions?

If you have any questions or APM topics you would like addressed, please send them to Bethany Wolfe, Director of Health Center Reimbursement (bwolfe@chcanys.org). We will address questions in a future APM newsletter and/or an APM webinar.