



Care Excellence Award Methodology

Advanced Primary Care

PBGH Advanced Primary Care Designation Framework

Purchaser Business Group on Health (PBGH) and its members released the Common Purchasing Agreement (CPA) for Advanced Primary Care (APC) in September 2021 to articulate a clear set of purchaser priorities and accountability expectations of health plans and providers. Having set those standards, employers needed a way to identify practices that meet them. PBGH developed the Care Excellence Award to publicly identify the practices that meet these quality, equity and access standards.

The Care Excellence Award sets a high bar for patient care. It is designed to recognize practices providing exceptional, equitable, whole-person care. Based on best practice, industry data, expert input and PBGH's California Quality Collaborative multi-payor initiatives to help promote APC in California, the standards are evidence based and achievable. It is anticipated that most practices would not meet criteria initially, making this award a distinguishing honor and designation that shows performance to achieve components of advanced primary care, such as:

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1. Person and family-centered

 2. Relationship-based

 3. Accessible

 4. Comprehensive (including integrated behavioral health and assisting with social needs)

 5. Team-based

 6. Integrated

 7. Coordinated (including referring to high-value specialists and transitions between different care settings)

 8. Equitable

All practices that are licensed to provide primary care services per relevant state and national regulations are eligible for the designation. Practices will be evaluated on both health outcomes data, and processes that enable specific components of advanced primary care.

Given the rigor of evaluation, many practices may not receive an award, however for those that do, there are three possible award tiers. The highest two tiers are granted by location:

Award Levels



Bronze

Has data infrastructure in place to evaluate performance across entire clinic's patient population in aggregate, which can then be used to drive quality improvement efforts that may be needed as identified through the evaluation process. Organization shows positive results in aggregate for the region on APC core measure set, and a commitment with dedicated resources to implement a documented plan to achieve next award level.

Silver

Top-tier performance on APC core measure set at a clinic location level, and site visit shows that some milestones consistent with advanced primary care are met, with others in progress.

Gold

Each clinic demonstrates high performance on APC measures and principles, with exemplary and consistent performance when looking over time and in specific patient segments. All milestones consistent with advanced primary care are met.



Overview of Process

The overall evaluation process takes approximately three months and includes both data review and on-site evaluation. Critical requirements are the ability to receive and share data and site visits to validate. Participating practices receive detailed feedback on performance as well as the opportunity to connect with quality improvement support related to their results.

Methodology Overview

Timing of assessment

Assessments will be done typically at the start of the calendar year using last calendar year's data. If contracts with employers or payor entity start or end on different dates that necessitate other timing, then rolling 12-month data will be used.

Data assessments will be done on an annual basis. In-person site visits will be done every three years. Exceptions can be made to more frequent assessments at the request of clinic entities or purchasers, but the requesting entity would need to cover cost of time and travel associated with an additional assessment.

Award year will reflect the year of the assessment. In cases where the initial assessment is done after October, the award year will reflect the next year. This does not change timing of the reassessment, which will be typically done at the start of the next calendar year after 12 months has passed from the initial assessment. Exceptions will be made based off of arrangements for additional assessments.

Data assessment

To be considered for an award, each organization must at least have data infrastructure and capabilities to report on the entire clinic population. This should include both any attributed population based off any value-based or prospective payment arrangements. For clinics that also have fee-for-service arrangements, any patient that has been seen in the last 12 months should also be included. The entire clinic population must be considered for award status.

Contact info@pbgh.org to learn more.