PRIMARY CARE REFORM COLLABORATIVE (PCRC)
Meeting
Monday,
March 18th, 2024 3:00 pm - 5:00 pm
Hybrid (Anchor location DHSS Chapel)

Meeting Attendance and Minutes

Collaborative Members:

Present	Organization
Dr. Nancy Fan, Chair	
Senator Brian Townsend,	Chair Senate Health & Social Services
Kevin Ohara	Highmark Delaware
Deborah Bednar	Aetna
Faith Rentz	State Benefits Office/DHR
Maggie Norris-Bent	Westside Family Healthcare
Christine Vogel (Proxy for Trindade Navarro)	Department of Insurance (DOI)
Dr. Rose Kakoza	Delaware Healthcare Association
Andrew Wilson	Division of Medicaid, and Medical Assistance
Steven Costantino	Division of Health and Social Services
Dr James Gill	Medical Society of Delaware

Meeting Facilitator: Dr. Nancy Fan

Commission Members Absent: Commissioner Trinidad Navarro *(*Department of Insurance (DOI), Vacant (Delaware Nurses Association), Representative Kerri Evelyn Harris (House Health & Human Development Committee).

Health Care Commission Staff: Dionna Reddy (Public Health Administrator I), Elisabeth Massa (Exec Director Delaware Health Care Commission), and Sheila Saylor (Admin). Colleen Cunningham Senior social Service Administrator)

Call to Order

Dr. Fan called the meeting to order at approximately 4:35 p.m. A quorum was not present due to technical issues with the Webex link. Dr. Fan reviewed the housekeeping items and informed attendees to send their name, email contact, and organization affiliation (if applicable) to dionna.reddy@delaware.gov or write in the meeting chat box. Dr. Fan asked for attendees to keep their computer/phone on mute unless commenting. All attendees were informed that the meeting will be recorded for minutes.

Dr. Fan began the meeting by sharing her March medical and social perspective. With March being women's history month, Dr Fan referenced her college major in History of Medicine. Dr Fan shared her interested in the history of women's medicine, both as an OBGYN and women physicians. Dr. Fan shared that March was also Colon Cancer Awareness month. Dr. Fan encourages that since colon cancer is one of the top 3 cancers in the United States for women to get routine exams.

Final recommendations for Strategic Priorities and Delaware Enhanced PC Payment Model

Dr. Fan discussed the summary recommendations of strategic priorities through 2024-2025. She elaborated that strategic priorities did not have a deliberate end date. Dr. Fan asked for weigh in on the development with the workgroups and the achievement of strategic priorities. Dr. Fan mentioned that the first two priorities should be grouped together, and that the workgroup should work on the same priorities of payment attribution. Dr. Fan asked the PCRC to keep in mind a strategic plan that would include: who is doing the work and the oversight for it. Dr. Fan encouraged both public and private collaboration though enhancing any current policies for primary care investment as well as any future policies and initiatives to help with primary care investment.

Dr. James Gill added his support to the current workgroup. Dr Gill stated that supporting the priority is the easier part and how we implement it is the harder part. Dr Gill feels that the Payment attribution committee was in alignment with the strategic priority. He added that it was a reasonable action item.

Dr Fan stated that the strategic priorities 1 and 2 will be grouped together into a payment and

attribution workgroup. Dr. Fan encouraged participants of interests, roughly 5-7 people to email Dionna Reddy. Dr. Fan mentioned the workgroups will meet outside of the public meetings. Dr. Fan elaborated on the 3rd Strategic priority. The PCRC should promote and advocate for quality measures aligned across payers based on the highest cost of care drivers. Dr. Fan stated that the PCRC previously established a quality metrics work group, focused on developing a set of metrics for the actual Delaware enhanced primary care model. Dr. Fan added that the previous workgroup was not looking broadly with the quality metrics. Dr. Fan added the quality metrics that should be considered, would be a universal set based on the highest cost of care drivers. The second component includes how it relates to cost of care; as a cost of care drivers? Dr. Fan suggested that we would add support to the work group by revision the quality metric but charging them with a different prospective and focus. Dr. Fan asked for the original metric workgroup to reconvene and for 5-7 people who are interested to email Dionna Reddy. Dr. Fan moved on to the 4th strategic priority. The PCRC will develop a more comprehensive communications strategy, such as an annual report, to increase transparency around the vision, goals, and progress of the PCRC. Dr Fan added that developing an annual report stemmed from not having a lot of awareness of what the primary care reform collaborative does as well as what our goals and priorities are.

Cristine Vogel stated that some of the strategic priorities came from the stakeholder feedback. Cristine asked by chance, did the stakeholder let us know what was missing or what they were looking for? Cristine Vogel inquired if they want information pushed out to them instead of searching for it and where was the gap?

Dr fan added that there is no information being provided up. She added that HMA diagnostically which was useful. Because if you don't know then you wont be going to look for it. The question is if we are providing information at the PCRC then what information can we provide. She stated the last annual report was in 2021. We can do a cumulative annual report but what would the PCRC feel is more forward facing other than the meetings and presentation.

Dr. James Gill commented that communication and transparency is hard for the PCRC members because we are here. Dr Gill added that we don't want to create more work for people who feel that this is insufficient and that we need to find out where the gaps are. Dr James Gill agreed with Cristine in finding out what people want.

Dr. Fan stated she didn't want to create a survey. But maybe Henrietta or Claymont centers may not know what is going on and that we can create a broad survey for informational areas of interest. Dr. Fan clarified that meetings are recorded for minutes only. Dr Fan elaborated that we would like to attach the presentation prior but sometimes they are not ready. Dr Fan. stated that we will post all public minutes and presentation after the PCRC meetings. Dr Fan adds that the comprehensive communication strategy. Particularly with the comprehensive part is about the transparency around the visioning goals.

Maggie Bent stated that there's a lot of different avenues and different smaller associations like family practitioner associations can we start to work with them? She added that if you want to get buy in, we, we kind of have to start to show up the old school way, whether it be virtual or in person and talking about what the vision is and the goals.

Dr. Fan agreed that that was a great idea, and that this particular workgroup would be smaller with a group of 3 people with the possibility of switching around. Dr fan asked if there was any support with Maggie's recommendation.

Dr. James Gill agreed yes.

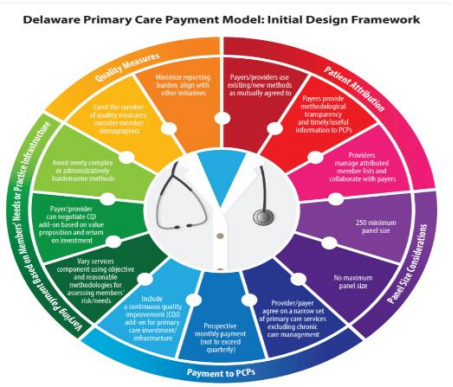
Dr. Fan went into the fifth recommendation. The PCRC should explore a more inclusive strategy across the spectrum (i.e., employed practices, ACOs, etc.) to reflect the needs of all practices within primary care specialties. Dr. Fan elaborated that this would be a new workgroup. Dr. Fan stated this workgroup would include looking at other practices not necessarily on the collaborative.

Cristine Vogel stated that the 5th strategic priority can be taken in so many directions as it related to primary care.

Dr James Gill also agreed and mentioned the possibility of the group finding that the collaborative is already inclusive, but it would be good to look into.

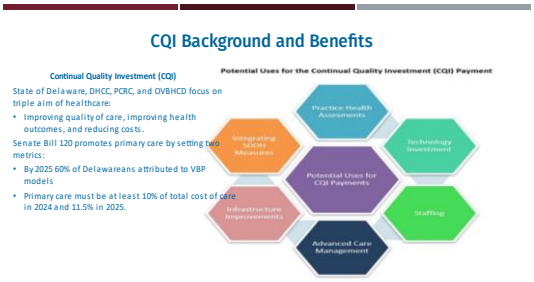
Maggie Bent elaborated that the workgroups are the pipeline to getting the work done.

Dr. Fan summarized take ways of the strategic priorities to be completed in 2024-2025. Dr Fan encouraged those who were interested in any workgroup to contact Dionna by April 3rd 2024.



HMA- Executive Summary

Dr. Fan explained The Executive Summary was sent out to the PCRC collaborative and will be made public once they have given the final review. Dr. Fan gave a brief overview of the CQI and SQI.



Dr. James Gill mentioned that he had three areas he would like to add to the discussion regarding the executive summary. Dr. James Gill stated his first point. Every person should be assigned to a primary care, if we move forward with this model. They should be paid a captivated PMPM to take care of the services. The one primary care would get the PMPM and is expected to take care of these issues for whatever the amount it turns out to be. Dr. James Gill added further clarity stating distribution to multiple offices wont work. Dr. Gill continued to elaborate on his final topic which was 30$ PMPM presented by HMA sounds relatively very small.

Dr. Fan stated the concept that HMA provided paralleled so much variation with the difficulty of attribution. Dr Fan added that OVHB and Cristine Vogel may have touched on this topic as well. Dr Fan elaborated that the 10-30 was kept broad because that is what the data supports for the SQI. The amount does not cover for primary care investment, it would include still your well visits other risk management. Dr Fan agreed with Dr Gill that all payments should have a strong attribution process so that they can be qualified for the higher end.

Dr. Gill agreed that attribution is difficult but if we are going to do the model everyone needs to be attributed. Dr James Gill stated if we cannot attribute everyone, we can't do the model.

Dr. Fan asked Tyler and Dr Mullins to add his comments about attribution and this model.

Tyler Blanchard Aledade, clarified attribution crops up in every contract so that everyone has a different attribution methodology. There are claims based methodologies. There are prospective, the patient can choose their own attribution to their own PCP. There are models where the payer assigns the patient to the PCPC. The claims based can have different look back periods. To Dr Gills point the patient can be receiving care before the attribution flag turns on, in any of the methods that are used.

Dr. Sarah Mullins added the same logistics of the per member per month in Delaware is shifting and the attribution, not perfectly matching continues to be challenges. Dr Sarah Mullins mentioned that even in Maryland the MDPCP program is shifting attribution. Dr Mullins agrees with the point that there is no perfect solution and that is why there is so many versions of it.

Dr Fan encouraged the Collaborative to be on the same page with practices and payers in terms of awareness. Dr fan stated that both sides can improve if attribution is improved.

Ronald Menzin stated when talking about attribution you need to couple it with services rendered and whether that is really the model your expecting.

Dr. Fan elaborated that The Delaware Enhanced Payment Model which will have the CQI and SQI but the PMPM may have the most variability because of attribution.

Dr fan asked that if anyone else from the PCRC had comments to add please provide by March 25th 2024. Dr Fan explained that the report will have more direction.

Daniel Nemet (Health Management Association) added in agreement with Dr. Fan that the full report will be distributed by the end of the month for review.

Next steps Workgroups Legislations

Dr Fan explained SB 120 has a sunset coming up in 2025. Dr. Fan encouraged that if we wanted to enhance the work of the PCRC or SB 120 it could be discussed at this level.

Dr James Gill stated yes, we needed regulation at an absolute minimum so that things don't sunset. Dr James Gill added that the medical society would be talking to Senator Townsend about ideas for legislation. The HB 350 is not directly related to SB 120 but more indirectly.

Senator Townsend added that he fully supports lifting the sunset and figuring out the interplay of HB 350 which is equally important as it relates the PRCR ongoing roles.

Review and Approve February 12, 2024, Meeting Minutes Approval

Dr. Fan asked if there were any edits or comments for the February 12, 2024 meeting minutes. Hearing none, a motion was made to approve minutes by James Gill and Stephen Costantino seconded. PCRC members unanimously accepted the minutes.

Conclusion

The next PCRC meeting is scheduled for Monday, April 15th, 2024, from 4:30pm -6 pm. This meeting will be hybrid.

Anchor Location:

The Chapel
Herman M. Holloway Sr. Health and Social Services Campus
1901 N. DuPont Highway
New Castle, DE 19720

PUBLIC COMMENT

No public comments.

Meeting Adjourned at 5:22 PM

Public Meeting Attendees 3/18/2024

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