



PRIMARY CARE REFORM COLLABORATIVE (PCRC)

Meeting

October 7, 2024

3:00 p.m. - 5:00 p.m.

Hybrid (Main Administration Building Conf Rm 198)

Meeting Attendance and Minutes

Collaborative Members:

Present

Dr. Nancy Fan, Chair
Senator Bryan Townsend
Kevin O'Hara
Deborah Bednar
Faith Rentz
Maggie Norris-Bent
Cristine Vogel
Dr. Rose Kakoza
Andrew Wilson
Steven Costantino
Dr. James Gill

Organization

Delaware Health Care Commission
Senate Health & Social Services Committee
Highmark Delaware
Aetna
State Benefits Office/DHR
Westside Family Healthcare
Department of Insurance (DOI)
Delaware Healthcare Association
Division of Medicaid & Medical Assistance
Department of Health and Social Services
Medical Society of Delaware

Meeting Facilitator: Dr. Nancy Fan, PCRC Chair

Collaborative Members Absent: Vacant (Delaware Nurses Association) and Steven Constantino (DHSS)

Health Care Commission Staff: Elisabeth Massa (Executive Director) and Sheila Saylor (Administrative Specialist III)

Call to Order

Dr. Fan called the meeting to order at approximately 3:05 p.m. A quorum was present. Dr. Fan reviewed the housekeeping items, and informed attendees to write their name, email contact, and organization affiliation (if applicable) 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.

Review and Approve July 15, 2024, Meeting Minutes Approval

Dr. Fan asked if there were any edits or comments for the July 15, 2024, meeting minutes. Hearing none, a motion was made to approve minutes by Dr. Rose Kakoza, Delaware Healthcare Association, and seconded by Kevin O’Hara, Highmark Delaware.

The July 15, 2024 minutes are available for review on the [DHCC Website](#).

Office of Value-Based Health Care Delivery - A Review of Primary Care Scorecards

Cristine Vogel (DOI) presented a review of Primary Care Scorecards. Her goal was to introduce Primary Care Scorecards, share examples of other state scorecards, and consider opportunities for Delaware.

Ms. Vogel began with the national perspective because that is how the concept of a Scorecard started in 2021. The national report was from the 2021 National Academies of Science Engineering and Medicine (NASEM), *Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care*. This report offered 5 recommendations that called for the state to pay for primary care teams, not doctors for services, ensure that high-quality primary care is available, train primary care teams where people live and work, design IT that serves the patient, family and care team, and ensure that high-quality primary care is implemented.

Ms. Vogel reviewed the principal guidelines for the measures proposed in the 2021 NASEM report. The measures should be previously developed. They should be few, easily understood by the public, and consistent over time. The data should be collected regularly, comprehensively, and preferably publicly available. The measure should be available at the national and state level to engage policymakers.

Ms. Vogel showed examples of scorecards from Virginia, New York, and Massachusetts the states with Primary Care Scorecards. She reviewed their information and stated that each state has differences but there was consistency with the financials, access to primary care, and the workforce. The scorecards are a year old, so no state has experience in how well the data is being used, but just getting the data in one place is the main goal at the beginning. States use publicly available data and state-customized survey data for the scorecards, such as Milbank Memorial Fund Health of US Primary Care Baseline Scorecard, Commonwealth Fund, State All Payer Claims Databases, County Health Rankings, CDC, Health Insurance Surveys, and other public health data resources.

Ms. Vogel discussed Primary Care Scorecard considerations for Delaware. If Delaware decides to pursue this, how can Delaware integrate existing data from initiatives such as the Benchmark Trend Report (spending and quality data), CostAware, Primary Care Investment data, and publicly available data? Is Delaware at a point now where Delaware should begin developing a

scorecard to start measuring primary care? What data does Delaware have available? Ms. Vogel stated that Delaware has expenditure data because Delaware currently measures commercial, fully insured markets with other payers to be added in the future. The DHCC has a subcommittee collecting workforce data and the PCRC would need a presence from these members to have input on measures they would like tracked. For performance and access or other measures, the PCRC would have to gather a group of stakeholders and discover which measures are the most likely available and most meaningful for Delaware.

Dr. Jim Gill, Medical Society of Delaware, gave accolades to Ms. Vogel for the presentation and thought that moving toward the general concept of a scorecard made sense. He thought that the PCRC should compare within the state as opposed to other states. He gave the example, that we are measuring the commercial fully insured market, but we're not completely measuring it because the regulation excluded people who are deemed by the payers to not be in value-based programs, which doesn't include all the fully insured markets.

Dr. Fan asked Ms. Vogel do you feel that most of the scorecards you saw were data analyzed and then they internally developed policy analysis and policy recommendations. Ms. Vogel answered the scorecard developers are not the same people pushing the policy or working on the program. Dr. Fan discussed how a scorecard could be a great tool used for transparency and data collection.

Dr. Mike Bradley, Dover Family Physicians, remarked that he hoped that we could use the scorecard for quality measures across all insurance companies unifying the measures.

Dr. Fan asked the Collaborative if the scorecard was something useful and something the PCRC wanted to pursue and who would be accountable for making up the metrics for the Primary Care Scorecard. Dr. Fan asked for a show of hands for the Collaborative member wanting to pursue the scorecard. There were no objections or abstentions. Dr. Gill wanted to make sure everyone understood the difference between a scorecard and quality measures being that a scorecard is the big picture and quality measures are specific. Dr. Fan expanded stating that the scorecard is a statewide data presentation on the status of specific measures that should be decided on with the entire Collaborative while the quality metric a subset of the broad goal (scorecard), would be best accomplished in workgroups. The scorecard is a guideline when starting to implement measures.

The Collaborative decided that the three measures for the scorecard would be expenditures, capacity, and performance. The Collaborative's goal is to present the scorecard in 2026.

The Office of Value-Based Health Care Delivery - A Review of Primary Care Scorecards presentation is available on the [DHCC Website](#).

PCRC Workgroup Updates

Dr. Fan gave a brief update sharing the names of the stakeholders associated with each of the four workgroups (Value-Based Care Model, Quality Measures and Provider Benchmarks, Communications and Practice Model).

Value-Based Care was the first update. Dr. Fan introduced Cristine Vogel as the new chair of this workgroup. Dr. Fan showed the current membership and stated that the overarching goal of this workgroup is increasing multi-payer participation and investment in primary care spending.

Dr. Fan highlighted that the outcome of the first VBC meeting was establishing workgroup goals. The workgroup established these four goals. To focus on increasing multi-payer participation and alignment in VBC initiatives. Ensure buy-in for Primary Care (PC) spending and the importance of practice transformation. Develop strategies to align attribution and payment models across different payors. Work on policies that promote PC investment and maintain or reduce overall healthcare costs.

Some other discussion from the workgroup meeting was improving provider engagement and education regarding VBC. The challenges of data integration. Measuring cost savings, patient outcomes, and benefits of data sharing. Outcomes and Metrics – how to measure the “success” of a VBC model. How to collect real-time data. Provider readiness and IT support for practices, and the importance of real-time data and IT infrastructure so practices can be successful.

Dr. Fan charged the VBC workgroup with how they are going to incorporate the enhanced primary care model worked on by HMA and the PCRC within their goals regarding multi-payer alignment.

The next workgroup update was the Practice Model. Dr. Fan stated that they do not have a chair, so she was chairing this workgroup. The Practice Model workgroup is a clinician workgroup. The workgroup felt that primary care might not be reflective of the work of the PCRC and that the PCRC should explore a more inclusive strategy across the spectrum of practice models (i.e., employed practices, ACOs, etc.) to reflect the needs of all practices within primary care. The workgroup would like to provide recommendations for clinical management, such as care coordination and comprehensive patient-centered care for VBC models.

The workgroup discussed the need to decrease administrative burden and cost. The group felt that there should be more billing transparency from both payors to practices and from health care systems as employers for the work of their employed practices. Educate practices regarding practice transformation and success in value-based care citing that if more practices understood practice transformation it would incentivize all practices to participate in VBC.

The Communication workgroup was the next update. They have not met yet due to a DHCC staff member on extended leave however, Maggie Norris-Bent (Westside Family Health), and Mark Thompson (Medical Society), are currently working on goals for the workgroup.

The Quality Measures workgroup was the final update. The workgroup has not met yet. The workgroup will take the original metrics developed in 2022 and the newly developed pediatric measures and see if these measures are still relevant. If they are still relevant, how useful would they be to a universal quality metrics set? The group is hopeful to capture if the practice population would be engaged in VBC using these metrics. In addition, if any other metrics need to be incorporated.

The PCRC Workgroup updates are available on the [DHCC Website](#).

Open discussion:

Current CMS/Medicare Primary Care Initiatives

Dr. Fan discussed new CMS/Medicare Primary Care Initiatives published in an article in Health Affairs by the National Primary Care Collaborative.

AHEAD is a state total cost of care (TCOC) model that seeks to drive state and regional healthcare transformation and multi-payer alignment, with the goal of improving the total health of a state population and lowering costs. There are three states in the initial cohort with 4 more scheduled to join this fall. These states were provided grants to help them move AHEAD forward.

The ACO PRIMARY Care Flex is a HYBRID payment model for 2025 for both prospective payments and fee-for-service payments. This is for practices that are a Medicaid Shared Service Provider (MSSP) practice a 5-year program.

Medicare Physician Fee Schedule has a new draft rule establishing monthly prospective payments for chronic condition management focusing on care coordination and integration. Tyler Blanchard (Aledade) shared that they have applied for this in other markets, and since it was the first year CMS was offering this payment model, they were waiting to see how the experience goes. Mr. Blanchard stated that prepaying some shared savings allows for some upfront investment in practices and ACO infrastructure that isn't currently possible in the MSSP program. However, there are some challenges in operationalizing the model. Anthony Onugu (United Medical) commented that there are 4 components to the reimbursement system and that the base rate for reimbursement is county-based. Mr. Onugu stated that the rate is queued in the direction of physicians and in deficient or HPSA areas. He said their interest is preliminary because they would like for CMS to provide data to enable a comparison between what currently exists and what CMS is proposing. Their decision to participate if selected, will be based on the data. Dr. Fan asked if the ACO needs to apply and be selected to participate in the new Medicare Physician Fee Schedule program. Mr. Onugu said yes. Dr. Fan asked if an ACO is allowed to be in the primary care flex model and still receive payments required for care management as a monthly prospective payment or would that exclude you from the new draft rule. Mr. Onugu answered no, and the program is designed to lead to an enhanced

reimbursement over and above the current and future physician fee schedule. Mr. Blanchard added that there is a lot of flexibility in how each ACO can implement the new fee schedule. They plan on testing the new fee schedule in the markets they are considering creating the ability to increase the reimbursement opportunity for an annual wellness visit, or for a transitional care management visit that helps prevent readmissions that would be in addition to the normal fee-for-service amount. Dr. Fan confirmed that the ACO cannot be in both the AHEAD program and MSSP programs.

The next model Dr. Fan spoke about was the Medicare Advantage Plans supporting advanced primary care with population health payments. Dr. Fan stated that she understood Medicaid Advantage Plans have low reimbursement and payment for primary care so she didn't know how this supports advanced primary care but there was not enough detail in the article.

Making Care Primary Model that the Center for Medicare and Medicaid Innovation (CMMI) is testing in NC, NJ, NM, NY, MI, MA, WA. CMMI is providing grants to particular states to help them develop concepts and ideas that could be sustainable to their state for prospective payment primary care models.

Dr. Fan presented opportunities that she felt that the article CMS/Medicare Primary Care Initiatives published in Health Affairs by the National Primary Care Collaborative presented. We could align payment models with commercial carriers and State programs with CMS initiatives. Another concept is comprehensive policy across all State programs such as PCRC, Health Care Spending and Quality Benchmark, Diamond State Hospital Cost Review Board, and Health Resources Board. The last opportunity Dr. Fan thought would be additional stakeholders. Who else needs to be in this conversation at the workgroup level or the primary care reformed collaborative level? Dr. Fan asked for feedback regarding these opportunities to make recommendations to the state.

Ms. Vogel stated that with the new administration coming in we could provide information to the administration about this group of professionals, where we feel the hot spots are, what we've accomplished, and where we'll need their help to move forward. Dr. Fan agreed and she would like to have an annual report highlighting recommendations from the past and opportunities for the future to present to the new administration.

Next Meetings

Dr. Fan discussed the meeting schedule for 2025 and stated that if the PCRC needed to add additional meetings based on need, that would be acceptable.

- March 3, 2025
- June 2, 2025
- September 8, 2025
- December 8, 2025

Public Comment

None

Adjourn

The meeting adjourned at 4:30 p.m. The next PCRC meeting is scheduled for Monday, March 3, 2025, from 3:00 p.m. - 5:00 p.m. This meeting will be a hybrid.

Anchor Location:

Main Administration Building
Conf Rm 198
Herman M. Holloway Sr. Health and Social Services Campus
1901 N. DuPont Highway
New Castle, DE 19720

Public Meeting Attendees

Name	Organization
Anthony Onugu	United Medical
Brendan McDonald	Highmark
Bria Greenlee	Government Relations
Brian Frazee	DHA
Brittany Danoski	Trinity Health
Cathleen Tinker	
Chris Haas	DOI
Christina Bryan	Delaware Healthcare Association
Craig Schneider	HMA
David Bentz	DHSS
David Cruz	Nemours
Emma Rourke	Freedman Health
Emmanuel Markantone	Highmark
Faith Rentz	DHR
Gaurav Nagrath	HMA
Jason Hann-Deschaine	Jason Hann-Deschaine Pediatricians
Jen Moyer	Home Instead Senior Care
Katherine Impellizzeri	Aetna
Kristen Ryan	Med Psych Services
Lara Brooks	Brooks Law
Laura Knorr	Aetna
Lauren Graves	
Lisa Gruss	Medical Society of Delaware

Lori Ann Rhoads
Megan Werner
Megan Williams
Michelle Adams
Mike Bradley
Saoirse Laing
Stephanie Hartos
Susan Conaty-Buck
Suzanne Lufadeju
Tanisha Merced
Tyler Blanchard
William Ott

Medical Society of Delaware
Delaware Academy of Medicine
DHA
Westside Family Health
Dover Family Physicians
ACFC
DHR
UD
Delaware First
DOI
Aledade
CVS Health