PRIMARY CARE REFORM COLLABORATIVE (PCRC)
Meeting
Monday,
April 15th, 2024 4:30 pm - 6:00 pm
Hybrid (Anchor location DHSS Chapel)

Meeting Attendance and Minutes

Collaborative Members:

Present	**Organization**
Dr. Nancy Fan, Chair	
Senator Bryan 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
Cristine 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
Rep. Kerri Evelyn Harris	Chair Health & Social Services Committee

Meeting Facilitator: Dr. Nancy Fan

Commission Members Absent: Commissioner Trinidad Navarro *(*Department of Insurance (DOI), Vacant (Delaware Nurses Association); Cristine Vogel Department of Insurance (DOI)

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 4:31 p.m. A quorum was present. 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.

Review and Approve April 15th, 2024, Meeting Minutes Approval

Dr. Fan asked if there were any edits or comments for the April 15th, 2024 meeting minutes. Hearing none, a motion was made to approve minutes by Stephen Costantino and seconded by Rose Kakoza.

PCRC Business

Dr Fan began with a discussion of cadence for the PCRC meetings. Dr Fan referenced communication as one strategic priorities for the PCRC. Dr Fan gave an example of the PCRC annual report which was previous produced in 2018-2019. Dr Fan stated that the annual report would be a great way to be transparent. Dr Fan added that the Colorado PCRC Annual Report is published every year. CO Primary Care Payment Reform Collaborative Fifth Annual Recommendations Report - Feb 2024.pdf - Google Drive . Dr. Fan stated that DE PCRC annual report can be formatted in a similar fashion to Colorado's annual report. Dr. Fan suggested the annual report to include strategic priorities and policy recommendations. Dr Fan referenced Colorado annual report as a streamlined way to communicate the PCRC activities. Dr. Fan added that Colorado has had very good policy recommendations and that their PCRC is structured very similar to ours in that they offer policy recommendations and do not have any regulatory authority. Dr. Fan stated this year Colorado specifically discussed behavior health integration. Dr Fan added that the Delaware PCRC does not have to have a theme, and we can discuss specifically what we are trying to achieve.

Cadence of Meetings

Dr Fan stated that she wanted to establish with the PCRC members a cadence for the PCRC meetings. Dr Fan elaborated that the meetings had been ad hoc month by month and in the past quarterly. Dr Fan asked the PCRC how frequently the PCRC would like to meet. Dr Fan stated that there are many needs still to be met with the PCRC and their will be workgroups that will be reporting for updates. Dr Fan asked what the cadence should be while offering her proposal of monthly meeting until June and then going to quarterly meetings. Dr Fan discussed an email survey going out to the PCRC which would help set the cadence for the PCRC meetings.

Dr. James Gill stated that the cadence depended on what we will be focusing on. Dr. Gill referenced the Primary Care Bill main goals. Dr. Gill stated the primary goal was to increase primary care. The secondary goal was to increase spend in non-professional services. The thrd goal was to move towards value-based models. Dr Gill stated that we have focused on almost all of the third goal. Dr. Gill added he was surprised that none of that was in the report.

Dr. Fan asked if Dr. Gill was referencing the HMA Report.

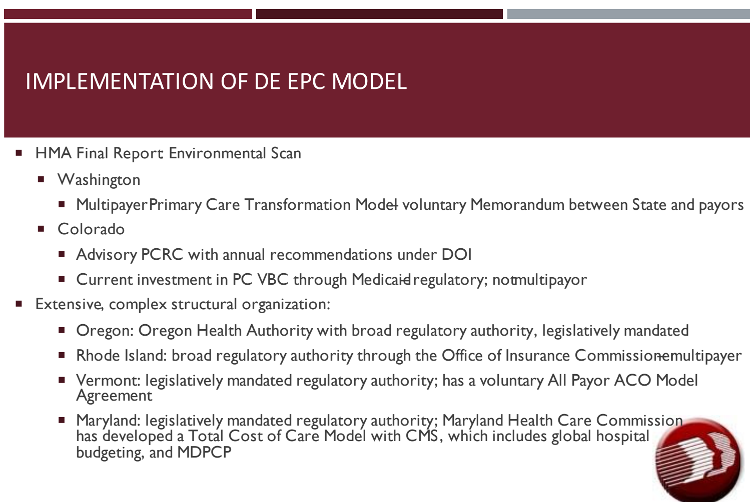
Dr Gill stated it was the report from the Delaware Health Care Commission. He added its reference of how we are doing with primary care reform. Dr Gill elaborated if the focus of the PCRC is not the focus of the law, which was to increase primary care or the second goal to limit increase on spend in hospitals. He stated that if those were true, then it should have been reflected in the report and he didn't think we needed to met that often.

Dr Fan commented that we were discussing the annual report for the PCRC which has not come out yet. Dr. Fan stated Dr Gill was referencing the HMA Report that was specifically for the primary care model. Dr Fan also added for clarity this was not an annual report for the PCRC. Dr. Fan elaborated the example for Colorado was a framework for the PCRC. Dr. Fan added that the PCRC was not formulated by SB 120 and it is not the primary charge of the PCRC. Dr. Fan stated that it is a key priority. The PCRC was formulated by SB227 in 2018 and it included all elements of the Primary Care Reform and included behavior health integration. Dr. Fan stated that the word spend is a broad concept that conflicts with the goals of primary care. Dr. Fan added the reason why she mentioned the annual report for the cadence of meetings because it would help the PCRC refine what we need and where we need to be going. Dr. Fan stated that the annual report would include building around Delaware enhanced primary care and how we would like to adapt a multi payer system. Dr. Fan stated that we can discuss the cadences at this meeting, or we can send out a survey.

Dr Gill agreed that he misunderstood the Colorado report and added the cadence would depend on what goals the PCRC focuses on. Dr. Gill elaborated that if we focus on value-based models we should meet less because he doesn't feel the urgency. Dr. Gill stated that if we discussed funding into primary care he would recommend to meet more often because that is very urgent and important.

Dr. Fan added that the focus of the meetings are to build on the strategic priorities some of which will be done in the work groups. Dr. Fan stated that a survey be sent to help and the PCRC members decide on a schedule, but the May and June meeting will still stand.

Implementation of the DE EPC Model



Dr Fan stated that the first thing that needs to be discussed is governance for implementation. Dr. Fan stated that when you look at other states they have used one or two methods either regulatory or regulatory by legislation. Dr. Fan stated that for Washington hybrid value-based model is a voluntary memorandum between the state and commercial payers within the state. Dr. Fan added that the program started in 2023 and there is no real data behind it.

Dr. Fan discussed Colorado which has an advisory PCRC under the department of insurances and the current primary investment is primary care value-based case though Medicaid and it is by regulatory not multi payer meaning any commercial payer who wants to participate is usually voluntary. Dr. Fan advised that the other extensive structural organizations have been around the longest and referenced Rhode Island, Vermont and Maryland. For Example, Maryland health care commission developed the total cost of care model with CMS. Dr Fan added this included a global hospital budgeting, and the MVCP program. The global hospital budgeting came first, then they developed a total cost of care model and are legislatively mandated. Dr. Fan stated that Vermont has a voluntarily all payer ACO model vs regulatory authority. Dr. Fan stated that Rhode Island has very broad regulatory authority but that the office of health insurance commissioner is a very specific health insurance office, and it is multiplayer. Dr Fan added that Oregon started with just the Oregon Health Authority, and they have a specific line for primary care investment, but the Oregon health authority has a broad regulatory authority. Dr Fan added these are examples of other states who have been able to move the ball forward. Dr. Fan added we have the legislative mandated SB120, but we recognize that the deficiencies are that it is only applicable to a very small market the commercial all fully insurance market and therefore it may not have the kind of impact that the PCRC would like to see for primary care investments.
Dr. Fan discussed the challenges for the implementation is that the enhance primary care model is broad, some people feel as though it is restrictive, and the concerns of how quickly their uptake from actual practices and the cost. Dr Fan added that we recognize the total hybrid cost does not include all cost of primary care. We recognize it is EMN codes with a very broad concept of continuous quality investment. Hopefully the cost would be 11.5% and the data behind it would have to come from the OVBH after the rate filings. Dr. Fan asked the PCRC for comments about the challenges and how we could be successful and effective in implementing Delaware enhance primary care model.
Deb Bednar reflected on Dr Fans comments regarding moving forward with the hybrid model what exactly are you thinking when you say that.
Dr Fan stated the perspective of the enhance primary care model is that the hybrid model is a prospective payment model for a specific set of EMN codes plus it has a practice transformation upfront payment with the CQI. Dr Fan added, in addition to that that there is still a fee for service component to it that does not cover well visits, care management fees and other EMN codes that would be still paid along a fee for service model.
Dr. Mike Bradley added he agrees with the goals that are being set. Dr Bradley stated that the major challenge is getting more covered lives in the program, unless we can do that as a practicing physician he would be doing a lot of work for 10% of his patients. Dr Bradley stated unless we can get the major insurers to voluntarily go along with the suggestions and bring in the state health employees and Medicaid, then we are spending a lot of time and money for a very small increase in outcome.
Dr James Gill added that we are only talking about 10% and even for the 10% we have done very little or nothing in terms of getting the payments to doctors in practice. Dr James Gill added we should put everything on hold until we have state employees and Medicaid.
Dr Fan asked what vehicle Dr Gill would recommend to have broad based uptake.
Dr James Gill recommending to stop meeting because we are not accomplishing our goals and until at a minimum we have the state employees and Medicaid be required to be apart of the program we should not move forward. Dr Gill stated that it may have to be legislative even if we come up with a great model.
Dr Mike Bradley agreed that we need the support of a governor who is going to support the legislation through as well as the insurance companies who agrees that this is what we should be doing.
Senator Bryan Townsend added to the discussion that he understands the sentiment of the PCRC given what is currently happening in health care policy and health care administration. He added that he does not know what the prospects are for additional legislation. Senator Townson confirmed that there are

2.5 months left in the legislative session. He added the legislation on this issue does not have to come solely from the PCRC or with the PCRC analysis. He added that he is hoping that there are things that can be done that may create better prospect in the coming months and not just in the 2025 legislative session.

Strategic Priorities

Dr Fan began the discussion with two strategic priorities.

1. The PCRC should focus ***on increasing multi-payer participation*** and buy in for primary care spending.
2. The PCRC should inform policies that will work ***on primary care investments, without increasing overall health care costs.***

Dr Fan stated that Washington, Oregon, Vermont, Rhode Island, and Colorado have used limiting cost growth in different sectors of health care delivery. Dr. Fan added that there are different models presented. Dr Fan asked Kevin O Hara, and Deb Bednar have payers seen a difference in how they have been able to use primary care investments.
Kevin O Hara stated that he will share that information at a later point.
Debra Bednar stated she was able to get some limited feedback, Oregon is still voluntary and that a growth rate has been established. Debra Bednar added that it continues to be a challenge in primary care. Debra Bednar discussed how Maryland has been regulated for some time and they have seen how the spend actually runs lower than it does nationally.
Kevin Ohara commented with a question for clarity on the essential ask, have those efforts lead to any savings towards primary care?
Dr Fan clarified that the ask is besides keeping health care cost down were they able to see any flow of savings towards other areas of health care cost such as primary spend.

Multi-payor engagement - AHEAD and CMS ACO Flex Model

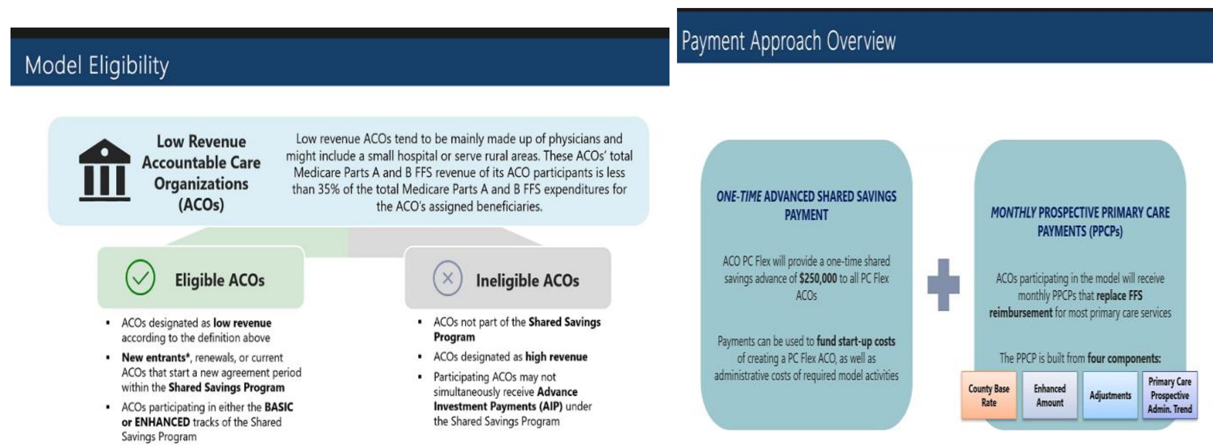
Dr Fan gave a brief overview on the AHEAD Model. AHEAD is a state total cost of care (TCOC) model that seeks to drive state and regional health care transformation and multi-payer alignment, with the goal of improving the total health of a state population and lowering costs. Under a TCOC approach, a participating state uses its authority to assume responsibility for managing health care quality and costs across all payers, including Medicare, Medicaid, and private coverage. States also assume responsibility for ensuring health providers in their state delivery of high-quality care, improve population health, offer greater care coordination, and advance health equity by supporting underserved patients. The AHEAD Model will provide participating states with funding and other tools to address rising health care costs and support health equity.
Dr. Fan asked the PCRC members if they felt the AHEAD model fits in with what we would promote.
Dr. James Gill agreed that this is something that we should pursue. He stated that the concept of Ahead is global and includes Medicaid, Medicare. He added this sounds like something we should pursue.

Dr. Bradley asked how to mandate all payer or is it a voluntary system? Dr Bradley added overall it looks like a good model. Dr. Bradley concluded that the details are how do we do it.
Stephen Costantino commented there are a lot of tools to this AHEAD model. The two major ones are huge investment in primary care which is led by Medicare. Stephen Costantino stated the AHEAD model is multi payer not all payer, but Medicaid must be aligned. Stephen Costantino added other side is hospital global budget. Stephen Costantino stated they are tied, and this is not just a primary care model. Stephen Costantino added you cant do one without the other and you have to have a global

budget piece to this for hospitals as well as the primary care side.
Dr. Fan told Stephen Costantino his point was very well taken.
Stephen Costantino added that the government is picking 8 states in 3 different cohorts.
Dr. Fan added interesting enough CMS has come out with a completely practice based program called the ACO Primary Care Flex model. Dr. Fan thanked Cristine Vogel for proving the information despite being able to attend today's meeting.

The ACO Primary Care Flex Model is a new Program from CMS

- ACOs that participate in the Model will jointly participate in MSSP and Flex
- Traditional Medicare beneficiaries assigned to participating practices.
- Receive a one-time Advanced Shared Savings Payment for infrastructure payment ($250,000)
- Monthly Prospective Primary Care Payment (PPCP) based on practice population that will replace FFS.
    - Purpose – improve reliability of revenue and move away from FFS.
- Practices will continue to submit claims, but CMS will "zero out" claims for primary care services.
- ACOs will distribute the PPCP to their PCPs, including FQHCs, and will be encouraged to distribute via a capitated basis.



Kevin Ohara asked Dr Fan if this program was already live.
Dr Fan stated that she didn't think it was already live yet.
Kevin O Hara stated he was wondering about adaption and that this model does validate some of the solutions we can up with.

Stephen Costantino stated in the group chat that this program roles out January 1, 2025.
Dr Fan went over the ACO timeline and added that this program has generated a lot of interest in the ACO community. Dr. Fan stated ideally it would move practices towards a value based care and help them be more successful.
Dr. James Gill added that this is mostly about the ACO's and not individually practices. He added the ACO's will apply to do this and then seeing who participates or not. The big issues is that they will receive a captative payment but the question is how much. He added the second question would be how.
Dr Fan agreed that this is one very specific way to look at investing in primary care. She stated that man of the concepts are concepts that we have supported. She stated she understands Dr Gills concerns. Dr Fan stated this was a step in the right direction. Dr Fan challenged the PCRC that if the overall sentiment from the survey is that this is not the best recommendation to move the PCRC forward, then her follow up question would be what would be your recommendations. She stated that the survey would not be public and that would be aggregated data. She asked the PCRC to be honest while completed the survey.
Dr. Fan opened the meeting up for public comment. Seeing none, hearing none, Dr Fan concluded the meeting.

Conclusion

The next PCRC meeting is scheduled for Monday, May 13th, 2024, from 3:00pm -5:00 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 4/15/2024

Display Name	Affiliation
Brian Townsend	Chair Senate Health & Social Services
Cari Miller	Labcorp
Chris Morris	Nemours
Cunningham, Colleen (DHSS)	Delaware.gov
DR Mike Bradley	
Deb Bednar	Aetna
Elisabeth Massa	Delaware.gov

Jen Moyer	Aetna
Jim Gill	Medical Society of Delaware
Katherine Impellizzeri	Aetna
Kevin OHara	Highmark
Kristin Dwyer	Nemours
Loftus, Jason (Cigna)	Cigna
Markowitz, Keith	Cigna
Megan Werner	Westsidehealth
Menzin, Ronald	Cigna
Mike Pellin	Aetna
Mike Pellin	Aetna
Nancy Fan, MD	Chair
Reddy, Dionna N (DHSS)	Delaware.gov
Rentz, Faith L. (DHR)	State Benefits Office/DHR
Rep. Harris	Delaware.gov
Rep. Harris	Delaware.gov
Rose Kakoza	Christian Care
Sarah Mullins	Aledade
Sarah Stowens	Christiana Care
Stephanie Hartos (DHR)	Delaware.gov
Steven Costantino DHSS	Delaware.gov
Elisabeth Massa	Delaware.gov