



**PRIMARY CARE REFORM COLLABORATIVE (PCRC)  
Meeting**

Monday, December  
11, 2023 3:00pm -  
5:00pm

Hybrid (Anchor location DHSS Chapel)

**Meeting Attendance and Minutes**

**Collaborative Members:**

**Present**

Dr. Nancy Fan, Chair  
Dr. James Gill  
Dr. Rose Kakoza  
Kevin O'Hara  
Steven Costantino (*Proxy for Secretary M. Magarik*)  
(DHSS)  
Senator Bryan Townsend  
Deborah Bednar  
Faith Rentz  
Christine Vogel (*Proxy For Trindade Navarro*)  
Theodore Mermigos

**Organization**

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

**Meeting Facilitator:** Dr. Nancy Fan

**Commission Members Absent:** Commissioner Trinidad Navarro (Department of Insurance (DOI)), Vacant (Delaware Nurses Association), and Representative Melissa Minor-Brown (House Health & Human Development Committee)

**Health Care Commission Staff:** Dionna Reddy (Public Health Administrator I) and Colleen Cunningham (Social service Administrator)

## Call to Order

Dr. Fan called the meeting to order at approximately 3:06 p.m. It was determined a quorum was not present and voting on the meeting minutes will occur at the next meeting. Dr. Fan asked public attendees to virtually sign-in by placing their name and affiliation in the chat box; public attendees were also informed that they can email this information to [dionna.reddy@delaware.gov](mailto:dionna.reddy@delaware.gov).

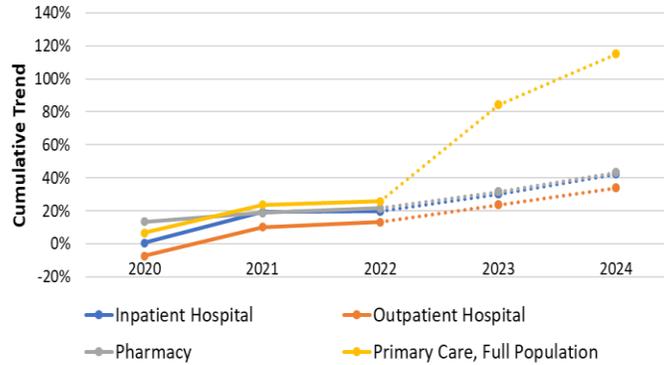
### **Update – Office of the Value-based Health Care**

Christine Vogel, Director of the Office of Value Based Health Care, began her presentation with an overview of the 2023 Primary Care Investment Requirements. Christine started off by sharing the highlights from 2023 which included the following focus areas:

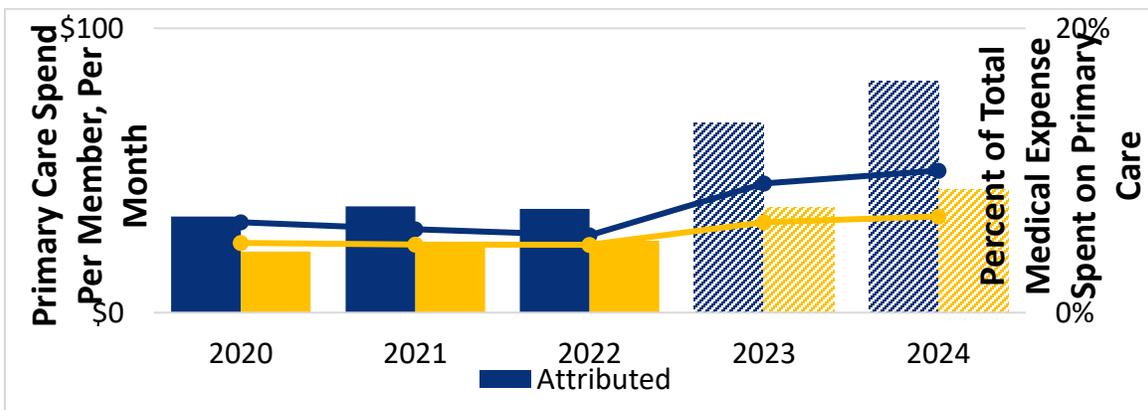
- Most plans on target to meet the required **8.5%** for the attributed population.
- 2023 projections indicate **\$42 M** spent on total primary care (full population), this is up from \$28.5 M in 2022
- Nearly **\$4 M** have been paid out to primary care practices engaged in care transformation, YTD
- Carriers increasing amount of payment associated with risk settlement arrangements which delays investment and compliance evaluation.

Market	Aetna	Cigna	Highmark	United HealthCare
Individual	✓	--	✓	--
Large Group	✓	✓	✓	✓
Small Group	--	--	✓	✓

Among Delaware’s fully-insured population, growth in primary care investment, is outpacing spending increases in other key service categories including hospital and pharmacy as more of the health care dollar shifts to primary care. Carrier makeup shifted over the years presented due to new market entrants.



For 2023, the commercial, fully-insured population primary care spending is projected to reach 9% of total medical expense for patients attributed to a primary care provider in care transformation, and 6% for the full population.



As more providers move to value-based payment, a growing portion of primary care investment is paid through risk settlement payments – the shared savings that providers receive when costs are lower than expected. These payments are typically made six to nine months after the performance period.

Nearly 40% of Delaware primary care providers reported in carrier data, were affiliated in some way with a health system. Health System provider groups received approximately 70% of care transformation payments, \$2.8 million, YTD. Physician Provider Group received \$1.1 million, YTD. ACOs are counted in this category. Lastly, Christine shares the highlights of 2024 in the following areas:

- Affordability Standards Data Submissions were due in June 2023 and September 2023.
- Most carriers plan to be on target reaching primary care investment of 10% in plan year 2024.
- Carriers are increasing amount of non-claims payment associated with risk settlement arrangements.

Looking forward in April 2024, OVBHCD will request another round of Year to Date, actual data. Work with new carriers (AmeriHealth and AmBetterHealth) and the data submission template. In addition to OVBHC plans to collaborate with carriers and providers to assist with improving attribution as well as collaborate with carriers and providers to determine meaningful measures

associated with primary care quality and value.

**Update- Delaware Primary Care Value Based Payment Model**

Health Management Associates, Kyle Edrington led the presentation and discussed of how CQI payments should be determined. A mechanism for reporting the CQI spent needs to be developed. CQI PMPM will vary by provider size in the beginning of the program. As the program continues other metrics could be introduced to tier the CQI PMPM.

**CQI in Delaware: Implementation Considerations**

**Workgroup Responses for CQI Implementation:**



**Implementation Considerations**

- A mechanism for reporting the CQI spent needs to be developed.
- CQI PMPM will vary by provider size in the beginning of the program.
- As the program continues other metrics could be introduced to tier the CQI PMPM.



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**Potential CQI Programs**

	Small Practice	Large Practice
Practice Health Assessments	Tracking and enforcing screening completion.	Practice identifies resources for patients and families.
Technology Investment	Data exchange of last practice or claims data. Could be maintained by a 3rd party.	Telehealth integration and portal upgrades.
Staffing	Retention incentives: financial compensation, improved working conditions, additional support.	Hiring additional staff: non-medical personnel, nurse practitioners, community workers.
Advanced Care Management	Practice identifies resources for patients and families.	Practice identifies resources for patients and families.
Infrastructure Improvements	Purchase additional common equipment and tools to improve client flow efficiency.	Telehealth integration and portal upgrades.
Integrating SDOH Measures	Tracking and enforcing screening completion.	Including Z codes in claims data.

- Providers have different needs due to size
- Recommended CQI PMPM payments are tiered by practice size.
  - Small defined as having < 5 providers.



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Dr James Gill shared his perspective on the CQI concepts. He shared his perspectives with the collaborative and gave a overview with three highlighted focus points detailing how CQI use and payments should be determined. Most of the CQI should be used by practices to best fit the needs of its population, rather than the proscribed. To the extent that guidelines will be determined by the PCRC, the committee determining that must include who knows best- the practices. So whether it's a strategic planning committee or other committee, that group should include representation from independent practices – at least one physician owner leader and one administrator manager from independent practices. Payments for CQI must flow directly to these practices via their TIN. Whether independent practices, hospital owned or other, following patients and physicians/ clinicians to whom the patients are attributed.

### **Ahead Model Update**

Dr Fan Gave a short update on the Ahead Model and that the first cohort request for application has come out from CMS with the application deadline is March 2024. Stephen Constantino, Director of Health Care Reform for the State of Delaware, shared his perspective on the Ahead update. He added that primary care investment is significant and requires global budgeting. Both pieces should be considered to vet the model.

### **Conclusion**

The next PCRC meeting is scheduled for Monday, January 22, from 3:00-5:00pm. This meeting will be virtual.

### **PUBLIC COMMENT**

No public comments.

### **Public Meeting Attendees**

Ainsley Ramsey	Health Management Assoc.
Anthony Onugu	
Bria Greenlee	
Caitlin Henkel	Health Management Assoc.
Cari Miller	LabCorp
Chris Haas	
Christina Bryan DHA	
Christopher Morris	Nemours
Daniel Nemet	Health Management Assoc.
Deb Bednar	Aetna
Dr Sarah Mullins	
Gaurav Nagrath	Health Management Associates
Harner, Andrew	EverNorth
Jennifer Moyer	Aetna
Joanna Powers	Health Management Assoc
Katherine Impellizzeri	Aetna
Kristin Dwyer	Nemours
Keyan Javadi	Health Management Assoc.
Kim Gomes	
Kyle Edrington HMA	Health Management Assoc.
Laura Knorr	Aetna
laura	Aetna
Lauren Graves	Christiancare
Leah White	Aetna
Lincoln Willis	
Lisa Gruss	Medical Society Delaware
Mary Jo Condon	Freedman Healthcare
Megan Williams	

Megan Williams  
Meghan Walls  
Meredith Mayeri  
Michael Bradley DO  
Rebecca Byrd  
Rentz, Faith L. DHR  
Ryan, Kirsti  
Stephanie Hartos  
Tyler Blanchard  
Will London

Nemours  
Mercer

Cigna Healthcare

Aledade  
Aledade