PRIMARY CARE REFORM COLLABORATIVE (PCRC) Meeting

Monday, December 12, 2022
4:00pm-6:00pm
Virtual WebEX Meeting

Meeting Attendance and Minutes

Collaborative Members:

Present	**Organization**
Dr. Nancy Fan, Chair	Delaware Health Care Commission (DHCC)
David Bentz	Office of the Secretary
Dr. James Gill	Medical Society of Delaware
Dr. Rose Kakoza	Delaware Healthcare Association
Kevin O'Hara	Highmark
Steven Costantino *(Proxy for Secretary M. Magarik)*	Department of Health & Social Services (DHSS)
Cristine Vogel *(Proxy for Commissioner Navarro)*	Department of Insurance (DOI)
Faith Rentz	State Benefits Office/DHR
Deborah Bednar	Aetna
Senator Bryan Townsend	Senate Health & Social Services Committee
Dr. Rita Meadows	Delaware Nurses Association

Meeting Facilitator: Dr. Nancy Fan

Commission Members Absent: Maggie Norris-Bent, Westside Family Healthcare
Vacant Seat: Director of the Division of Medicaid and Medical Assistance (DMMA)

Health Care Commission Staff: Elisabeth Massa (Executive Director), Stephanie Hartos (Public Health Administrator)

CALL TO ORDER

Dr. Fan called the meeting to order at approximately 4:05 p.m. via WebEx. It was determined a quorum was present. 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 stephanie.hartos@delaware.gov.

ACTION ITEM: SEPTEMBER MEETING MINUTES

Dr. Fan asked if there were any edits or comments for the September 2022 meeting minutes. Hearing none, a motion was made to approve. The minutes were accepted with no comments.

UNIVERSITY OF DELAWARE: PRIMARY CARE STUDY

Dr. Fan presented on the most recent University of Delaware Primary Care Study, which can be found at pcpdelawarestudy2021.pdf. This study was primary conducted by Dr. Tibor Toth's team at the University of Delaware, with collaboration from the Department of Public Health. 799 of 2687 eligible primary care physicians participated in this survey. This study did not include behavioral health specialists.

Relevant findings from this study were:

- In the next five years, only 58% of respondents from Kent County Kent stated they will be in active in practice; these numbers are 69% for Sussex County, and 71% for New Castle County.
- 77% of responding physicians completed their residency training in the Mid-Atlantic region.
- 73.3% of Sussex County physicians and 59% of New Castle County physicians use non-physician providers in their practice (meaning Certified Nurse Midwives, Physician Assistant's, Nurse Practitioners, etc.).
- 78-90% of the practices surveyed responded that they accept new patients, Medicare, and Medicaid, however, this percentage is much lower in Kent County.

DELAWARE PRIMARY CARE PAYMENT MODEL: WORKGROUP UPDATES

Dr. Fan, Chair of the Payment and Attribution and Care Coordination workgroups, began this presentation by reminding the PCRC that the purpose of these workgroups is to create and stand up a value-based delivery model that is tied to an alternative payment model.

Payment and Attribution

The alternative payment model being developed for the PCRC centers on prospective payments, overlaid with fee-for-service. A main priority for the Payment and Attribution workgroup was to determine what types of services would be going into the monthly, prospective payments. The two prospective payments for this model are called the Standard Quality Investment (SQI) and the Continual Quality Investment (CQI). The SQI payment contains a set of E&M codes (see below) that will be tied to certain quality metrics. Any E&M codes not included in this bundle can be billed as traditional fee-for-service.

Standard Quality Investment (SQI) Payment

New or Established Patient Office or Other Outpatient Visit 99201-99205 (New 10-60 Minutes) 99212-99215 (Established 10-40 Minutes)
Prolonged Patient Service or Office or Other Outpatient Service; 30-60 Minutes 99354- 99355
Physician Telephone Evaluation 5-30 Minutes 99441
Physician Online Evaluation and Management Service 99444
Prolonged Patient Service Without Direct Patient Contact 30-60 Minutes 99358-99359

Care Coordination Workgroups

The CQI, the second prospective payment, is meant to support practice infrastructure and transformation activities. Some examples of uses for the CQI are:

- Population health assessments
- Staffing
- Advanced Care management
- Technology investment
- Infrastructure improvements
- Integrating Social Determinants of Health (SDOH) screenings and measurements

The exact payment amounts for both prospective payments has not yet been determined.

Quality Measures and Benchmarks

Cari Miller, Chair of the Quality Measures and Benchmarks Workgroup, presented two sets of quality metrics that are being recommended for this model: one for adult populations, and one for pediatrics. Each set of metrics contains clinical measures, utilization measures, and SDOH measures. Below are the recommended metrics for adult populations.

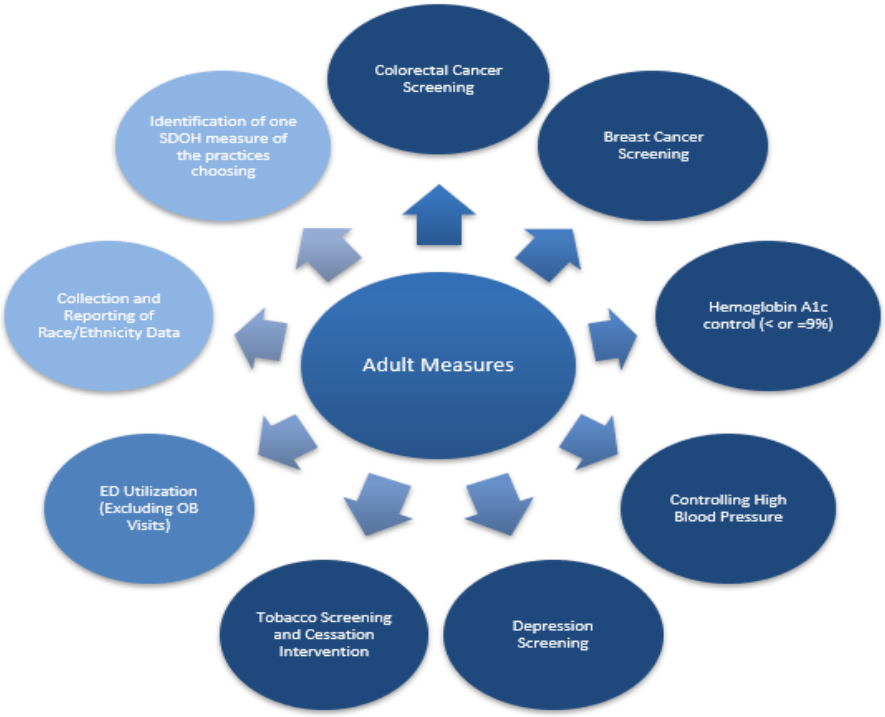

Figure 1: The dark-blue circles represent clinical measures, medium-blue represents utilization measures, and light-blue represents SDOH measures

Additional recommendations for this model are to eventually phase out a number of the clinical metrics and enhance SDOH and patient experience metrics. Year 1 should be considered "Pay for Reporting" only.

Comments from PCRC members are that these measures do not accurately reflect value-based healthcare and that this model is not as advanced and evolved as they would have hoped. Steven Costantino (DHSS) noted that not all practices should be taking on this level of risk, so we should not be directing significant portions of this model to smaller practices as we may lose the "big picture".

OFFICE OF VALUE BASED HEALTH CARE DELIVERY (OVBHCD) UPDATE

Cristine Vogel, the new Director for the OVBHCD, presented an update on 2022 affordability standards and compliance from commercial payers. Due to the SB120 legislation, the following five components are required for fully-insured commercial health plans:

Requirements	Description
1. Medicare Parity	Reimburse at least as much as Medicare for primary care and chronic care management services.
2. Primary Care Investment	Reach minimum, annual thresholds for providers in care transformation programs.
3. Care Transformation	Target including 75% of primary care providers in care transformation programs by 2026.
4. Price Growth Limits	Limit price growth for hospital and other non-professional services to better align with growth in the overall economy.
5. APM Adoption	Expand meaningful alternative payment model adoption by making healthcare providers more accountable for spending and value.

As of now, all carriers are projecting to be in compliance with all requirements set forth by SB120. The OVBHCD estimates primary care investment will increase approximately $8 million *more* in 2023 with the passage of SB 120 than it would have without passage of the legislation. The OVBHCD estimates savings of $2 million to $12 million in 2023 due to limits on price growth for non-professional services. As of now, less than half of healthcare spending for Delaware fully-insured commercial members is tied to a fee-for-service only contract.

Cristine reminded the PCRC that the Primary Care Investment requirement, meaning the requirement of 8.5% of total health care spend being attributed to primary care, going up to 11.5% by 2025, is currently only being calculated by the OVBHCD to those Delawareans that are attributed to a practice that is participating in care transformation.

Mary Jo Condon, Freedman Healthcare representative and former acting Director for the OVBHCD, responded to questions about current primary care spending that the OVBHCD's definition of primary care has slightly expanded, now including items such integrated behavioral health and minor procedures (such as wart removal), which can be seen in the slight increase of previously reported primary care spending data. As for shared savings payments, commercial payers can count 8.5% of shared savings payments to their total primary care spend without providing the OVBHCD with an attestation. If they would like to count more than 8.5% of their shared savings towards their primary care spend, they must go out to those specific provider organizations that received the payment(s) and that provider organization must tell the OVBHCD what types of primary care investment they made.

Dr. Jim Gill commented that recent studies have shown that participating in value-based programs has shown no association with outcomes, and that changing the direction of the SB120 legislation to only

increase primary care spend for practices participating in these programs and other care transformation activities is the wrong path and will drive more providers out of the primary care space.

CONCLUSION

PCRC members should reach out to Dr. Fan or Stephanie Hartos with comments regarding the 2023 meeting schedule. If no additional meetings are requested, the PCRC will continue meeting on a quarterly basis throughout 2023, with the next meeting taking place virtually on **Monday, March 13, 2023** from 4:00-6:00pm.

PUBLIC COMMENT

Dr. David Donahue, an Internal Medicine physician in North Wilmington, commented that their practice lost two physicians in 2022- they both left for direct primary care. They are struggling and the dramatic changes to SB120 is disheartening.

Dr. Michael Bradley commented that for the three care transformation requirements, that a practice either be in a carrier transformation program, have NCQA classification, or utilize the Delaware Primary Care Payment Model when available, any practice not in the first two should be added into the new model and be taught how to transform their practices. That way they would get increased funding right away.

Cheryl Mongillo, a primary care practice manager, commented that these models are too complicated and smaller practices are drowning. It is a struggle hiring new primary care physicians and the mid-levels are getting severely burned out.

Dr. David Krasner, a primary care physician, stated that trying to recruit new providers is nearly impossible. No one is taking new patients and payments for primary care services have gotten worse.

Senator Bryan Townsend responded that he will take these comments into consideration going into this legislative session.

Public Meeting Attendees

Lori Ann Rhoads	Medical Society of Delaware
Mary Jo Condon	Freedman Healthcare
Dr. Susan Conaty-Buck	University of Delaware
Lincoln Willis	The Willis Group, LLC.

Dr. Anthony Onugu	United Medical, LLC.
Dan Bair	Mercy Health
Dr. Michael Bradley	Medical Society of Delaware
Sarah Stowens	ChristianaCare
Sharandeep Singhota	University of Maryland Medical Center
Megan Richards	Aetna
Brooke Nedza	Aetna
Tyler Blanchard	Aledade
Leah White	Aetna
Christina	DEHA
Dr. William Ott	Aetna
Robert Varipapa	CNMRI: Neurology, Sleep Medicine, MRI
Cheryl Mongillo	Family Practice Associates
Barry Dahllo	ChristianaCare
Meredith Tweedie	ChristianaCare
James Trumble	Tidal Health
Lauren Knorr	Aetna
Dr. Debbi Zarek	ChristianaCare
Dr. David Donohue	Progressive Health Project
Kristin Dwyer	Nemours
Dr. Sarah Mullins	Aledade ACO
Michael North	Aetna
E. Lewis	Hamilton Goodman Partners
Katherine Impellizzeri	Aetna
Mike Pellin	Aetna
Mollie Polland	Nemours
Jen Fahringer	Aledade, ACO
Cari Miller	Lab Corp
Jason Hann-Deschaine	ChristianaCare
Dr. David Krasner	