



## PRIMARY CARE REFORM COLLABORATIVE (PCRC)

### Meeting

July 15, 2024

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

Hybrid (Anchor location DHSS Chapel)

### Meeting Attendance and Minutes

#### Collaborative Members:

Present	Organization
Dr. Nancy Fan, Chair	Delaware Health Care Commission
Senator Bryan Townsend	Senate Health & Social Services Committee
Kevin O'Hara	Highmark Delaware
Deborah Bednar	Aetna
Faith Rentz	State Benefits Office/DHR
Maggie Norris-Bent	Westside Family Healthcare
Cristine Vogel	Department of Insurance (DOI)
Dr. Rose Kakoza	Delaware Healthcare Association
Andrew Wilson	Division of Medicaid & Medical Assistance
Steven Costantino	Department of Health and Social Services
Dr. James Gill	Medical Society of Delaware

**Meeting Facilitator:** Dr. Nancy Fan, PCRC Chair

**Collaborative Members Absent:** Vacant (Delaware Nurses Association); Rep. Kerri Evelyn Harris (Chair Health & Human Development Committee)

**Health Care Commission Staff:** Elisabeth Massa (Executive Director), Dionna Reddy (Public Health Administrator I), and Sheila Saylor (Administrative Specialist III)

#### Call to Order

Dr. Fan called the meeting to order at approximately 3:00 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](mailto: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 May 13, 2024, Meeting Minutes Approval**

Dr. Fan asked if there were any edits or comments for the April 15, 2024, meeting minutes. Hearing none, a motion was made to approve minutes by Senator Bryan Townsend and seconded by Kevin O' Hara.

## **PCRC Workgroup Updates**

A brief update was made 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).

## **Final 2023 Primary Care Spend**

Cristine Vogel, representing the Office of Value-Based Health Care Delivery (OVBHC), presented the final 2023 primary care investment results. The key takeaways included:

*Total Investment:* The state's overall investment in primary care increased by 8% compared to 2022, which aligned with the planned targets set by the collaborative. This growth was largely attributed to successful implementation of value-based care models, as well as a higher focus on preventive services.

*Improved Access to Services:* Primary care providers reported a 12% increase in patient engagement, particularly in underserved communities. This resulted from greater access to telemedicine services and enhanced care coordination.

*Provider Retention Challenges:* Despite the positive outcomes in patient access, a significant challenge was noted in provider retention. The increased administrative burden linked to value-based contracts led to some providers opting out of participating in the program, particularly in rural areas.

*Quality Metrics Improvement:* Key health outcomes improved, particularly in areas such as chronic disease management (diabetes, hypertension), with over 20% of patients showing measurable improvement in health markers. Preventive care screenings also rose by 15%.

*Cost Containment:* There was a modest reduction in overall healthcare costs, primarily in hospital readmissions and emergency department visits, which dropped by 10% and 8%, respectively. However, Vogel highlighted that cost containment efforts were not as robust as expected, citing the need for improved alignment between primary care incentives and patient outcomes.

Ms. Vogel shared lessons learned from 2023 investment:

1. **Alignment of Incentives:** While the investment increase was successful, the need for better alignment between financial incentives and measurable outcomes remains a priority. Many payors and providers expressed frustration with the complexity of current value-based models.

2. **Administrative Burden:** One major takeaway was the need to streamline administrative processes. The current system's complexity is leading to burnout among providers, particularly smaller practices, which can impede the expansion of primary care services.

3. **Telehealth Adoption:** Telemedicine proved to be a valuable tool, particularly in expanding access to care in rural areas. However, there is a need for better integration of telehealth data into the primary care workflow to ensure consistency and quality of care.

4. **Focus on Retention and Support:** Retaining providers, especially in underserved regions, must become a primary focus moving forward. The collaborative will need to explore additional support mechanisms, such as loan repayment programs and reduced paperwork, to encourage provider participation in primary care reform.

5. **Holistic Care Models:** The shift to holistic and patient-centered care models showed promise but requires further development. The integration of behavioral health and social services into primary care was identified as a critical step forward for better patient outcomes.

Dr. James Gill, Medical Society of Delaware, asked what specific measures are being taken to address provider burnout in the value-based model. Ms. Vogel acknowledged that administrative burdens are significant and ongoing, and efforts are being made to streamline reporting and provide additional support for providers. By addressing these lessons, the PCRC aims to refine its approach for 2024 to ensure greater provider engagement and more effective use of resources.

Senator Bryan Townsend asked how will SB 120 ensure that funds are equitably distributed, especially in underserved areas to emphasize the need for equitable allocation of primary care spending. Ms. Vogel and Mr. Kevin O'Hara noted that health equity metrics have been introduced, but more work is required to ensure underserved populations benefit from the increased funding.

### **Payors' Forum**

Each payor representative provided an update on the adoption and progress of value-based care models, focusing on payment reform and quality improvement initiatives.

#### ***Highmark Delaware - Kevin O'Hara***

**Transition to Value-Based Contracts:** Highmark Delaware successfully transitioned over 60% of its network providers to value-based contracts by the end of 2023. Many of these providers are engaged in shared savings models, where they can receive financial incentives for improving patient outcomes and reducing unnecessary spending.

Key Outcomes: Highmark reported a 10% reduction in hospital readmissions and a 12% increase in preventive care services, particularly in screenings for chronic conditions such as diabetes and hypertension.

Challenges: Mr. O'Hara highlighted ongoing struggles with smaller practices adapting to the administrative complexities of value-based contracts. Highmark is working on simplifying reporting requirements and providing additional technical assistance to these practices.

#### ***Aetna - Deborah Bednar***

Expansion of Value-Based Care Programs: Aetna has expanded its value-based care programs, now covering 55% of their primary care network. This expansion includes integrating behavioral health services into primary care, with over 40% of value-based contracts now encompassing mental health screening and treatment.

Quality Improvements: Aetna observed significant improvements in patient outcomes for chronic disease management. For instance, diabetes management success rates rose by 15%, and emergency room visits dropped by 8%.

Telehealth Utilization: Aetna reported a 20% increase in telehealth utilization, particularly for behavioral health services, which has reduced barriers for patients seeking mental health care.

Challenges: Ms. Bednar noted challenges with consistency across provider networks, particularly in rural areas. Aetna is working to enhance provider training and support to ensure uniformity in delivering care.

#### ***Division of Medicaid and Medical Assistance - Andrew Wilson***

Focus on Underserved Populations: The Delaware Medicaid program has made substantial progress in implementing value-based models, especially in serving vulnerable populations. 40% of Medicaid primary care providers are now participating in value-based programs.

Health Equity Focus: The Medicaid program has introduced health equity metrics to address disparities in care for low-income and minority communities. Preliminary data shows improvements in access to care for these populations, particularly in preventive services.

Challenges: Mr. Wilson emphasized the difficulty in balancing the need for cost savings with the goal of improving health equity. Medicaid is working on refining its payment models to better serve underserved communities without increasing provider burden.

Dr. Gill highlighted the burden on small practices. Mr. O'Hara and Ms. Bednar responded by outlining their ongoing efforts to simplify reporting requirements and provide technical assistance.

Maggie Norris-Bent (westside Family Healthcare) asked what role community health workers (CHWs) can play in supporting value-based care in underserved areas. The PCRC members

discussed the role of CHWs in expanding access to preventive services and improving patient engagement. Payors and policymakers agreed on the importance of integrating CHWs into primary care reform efforts.

Faith Rentz (State Benefits Office) asked how telehealth can be better integrated into value-based models to improve patient outcomes which focused on the challenges of telehealth adoption. Payors responded that while telehealth has been successful, especially for behavioral health services, further integration of data and standardized processes are needed to ensure continuity of care.

Mr. Wilson asked if there are any plans to offer more financial incentives to smaller or rural providers to encourage participation in value-based models. Payors agreed that more financial support and incentives are needed and that this is an area they are actively exploring.

Senate Bill 120 (SB 120) Discussion

Dr. Fan gave an overview of SB 120, noting it is a pivotal piece of legislation in Delaware's healthcare reform, was passed to establish spending benchmarks for primary care. The law mandates that payors allocate a certain percentage of healthcare spending to primary care services, with the goal of strengthening the role of primary care in the state's healthcare system. Dr. Fan mentioned the key provisions of SB 120 spending benchmarks, payors must ensure that primary care spending constitutes at least 11.5% of total healthcare expenditures by 2025.

### **Public Comment**

The Pediatric Accountability Care Organization provided public comment.

### **Adjourn**

The meeting adjourned at 4:58 p.m. The next PCRC meeting is scheduled for Monday, September 16, 2024, from 3:00 p.m. - 5:00 p.m. 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 Meeting Attendees**

William Ott

William Wilson

Tanisha Merced

Susan Conaty-Buck  
Stephanie Hartos  
Sharia Elliott  
Sarah Stowens  
Sarah Mullins  
Roseann P. Velez  
Rhonda Price  
Pete Rowland  
Pamela Price  
Mike Pellin  
Michelle Davis  
Mary Jo Condon  
Mark Landis  
Margaret Hegeman  
Lori Ann Rhoads  
Laura Knorr  
Lara Brooks  
Kristin Dwyer  
Kevin Leonard  
Katherine Impellizzeri  
Judy Dimauro  
Jessica Kinsey  
Jen Moyer  
Edward Foster  
Donna Gunkel  
Diane Bohner  
David "DT" Tyler  
David Cruz  
Mike Bradley  
D. Ahmed  
Colleen Yezek  
Chris Morris  
Chris Haas  
Bria Greenlee  
Bobbi  
Anthony Onugu  
Angela Perry