



# PRIMARY CARE REFORM COLLABORATIVE (PCRC) MEETING

JULY 21, 2025

# WELCOME

# AGENDA

- I: Call to Order
- II: Review and Approve PCRC June 23, 2025, Meeting Minutes
- III: Current State of PCRC
- IV: Goals for Improving Access to Health Care
- V: Value-Based Care Strategies
- VI: Public Comment
- VII: Adjourn



# CALL TO ORDER

- Dr. Neil Hockstein, Chair
- Senator Bryan Townsend, Senate Health & Social Services Committee
- Representative Nnamdi Chukwuocha, Chair, House Health & Human Development Committee
- Andrew Wilson, Division of Medicaid and Medical Assistance
- Dr. Jason Hann-Deschaine, Medical Society of Delaware
- Dr. Rose Kakoza, Delaware Healthcare Association
- Michelle Devern, Delaware Nurses Association
- Kevin O'Hara, Insurance Carrier
- Steven Costantino (Designee for Cabinet Secretary Josette Manning)
- Stephanie Hartos, State Employee Benefits Committee
- Deborah Bednar, Insurance Carrier
- Maggie Norris-Bent, FQHC
- Cristine Vogel (Designee for Insurance Commissioner Trinidad Navarro)





# REVIEW AND APPROVE PCRC JUNE 23, 2025, MEETING MINUTES



## CURRENT STATE OF PCRC

# CURRENT STATE OF THE PCRC: BACKGROUND

SBI20 addresses Delaware's primary care crisis:

- Statewide shortage of primary care resources
- Need for purposeful investment in primary care to improve outcomes and reduce overall healthcare costs
- Shift away from unsustainable healthcare spending models

Delaware Health Care Commission is tasked with convening the Primary Care Reform Collaborative (PCRC). The PCRC is responsible for:

- Developing recommendations to strengthen the primary care system
- Monitoring uptake of value-based care (VBC) models
- Advising on a Delaware Primary Care Model that:
  - Increases participation in alternative payment models (APMs)
  - Rewards care that reduces disparities and address social determinants of health

# CURRENT STATE OF THE PCRC: CHALLENGES

Challenges faced by the PCRC:

- PCRC lacks authority to compel payers to take up the payment model
- Current structure makes it difficult for the PCRC to reach consensus on implementation
- Patient population size: SB120 only covers ~10% of Delaware's patient population, which is too small to make a noticeable difference for providers and payers are less willing to collaborate when it is a small population size.
- Current focus has been on VBC model but have lost sight of original goal to improve access and primary care sustainability
- Difficulty with involving Medicaid and State Employee Benefits
- Concerns with primary care investment metrics (see next slides)

# CURRENT STATE OF THE PCRC: CHALLENGES FROM PRIMARY CARE INVESTMENT METRICS

## Concerns with Primary Care Investment Results:

- Concerns that the current approach is “broken,” with issues in carving out high-cost outliers, and physician administered drugs. Carriers using different methodology and results not comparable.
- Population is still very small, making it difficult to achieve meaningful results for primary care providers.
- PCPs report that they do not feel the impact of the additional PMPM funds





# GOALS FOR IMPROVING ACCESS TO HEALTH CARE

# GOALS FOR IMPROVING ACCESS

- Main focus should be improving access and recruiting primary care providers to Delaware. There is a need for short, intermediate, and long-term solutions to increase access.
  - Recruit providers and ensure transparency with data.
- Better access to waiver programs, frictionless licensure processes, and holistic approaches to financial incentives.



# VALUE-BASED CARE STRATEGIES

# POTENTIAL VALUE-BASED CARE STRATEGIES

- Innovation zone: flipping the perceived weakness of the state's small population into a strength for pilot initiatives with payers.
- Need for multi-payer strategy:
  - *The current share of the population we are talking about is insufficient to convince insurers to transform their programs and PCPs to transform their workflows to make value-based payments successful.*
  - *Therefore, the initial focus to move from design and deliberation to implementation is to develop a multi-payer strategy.*
- CMMI AHEAD Model
- Global budgets
- Leveraging OVBHCD more effectively
- Impacts of federal legislation
- Sunsetting SBI20 and current structure of the PCRC and developing a new governance plan



# DISCUSSION



# PUBLIC COMMENT



ADJOURN

# APPENDIX:

## 2024 PRIMARY CARE INVESTMENT RESULTS

	2024 Primary Care Investment (Attributed to Care Transformation Programs)				
	Primary Care Spend %	Primary Care Payments	Total Primary Care Spend PMPM	Care Management PMPM	DE Members (Attributed)
<b>Aetna</b>	<b>6.6%</b>	\$4,277,800	\$70	\$9	5,080
<b>Cigna</b>	<b>10.9%</b>	\$1,381,700	\$69	\$2	1,670
<b>Highmark</b>	<b>9.5%</b>	\$28,885,200	\$76	\$34	31,600
<b>UnitedHC</b>	<b>3.6%</b>	\$136,800	\$51	\$8	220
New to Market, Year 1 Implementation					
AmeriHealth	<b>3.8%</b>	\$1,094,100	\$5		5,800
Delaware First	<b>2.0%</b>	\$5,000	\$16		86
		<b>\$35.7 Million</b>			<b>44,456</b>