PRIMARY CARE REFORM COLLABORATIVE (PCRC) Meeting

Monday, April 11, 2022
4:00pm-6:00pm
Virtual WebEX Meeting

Meeting Attendance and Minutes

Collaborative Members:

Present	**Organization**
Dr. Nancy Fan, Co-Chair	Delaware Health Care Commission (DHCC)
Representative David Bentz, Co-Chair	House Health & Human Development Committee
Dr. James Gill	Medical Society of Delaware
Dr. Rita Meadows	Delaware Nurses Association
Dr. Rose Kakoza	Delaware Healthcare Association
Kevin O'Hara	Highmark
Steven Costantino *(Proxy for Secretary M. Magarik)*	Department of Health & Social Services (DHSS)
Mary Jo Condon *(Proxy for Commissioner Navarro)*	Department of Insurance (DOI)
Steve Groff	Division of Medicaid & Medical Assistance
Faith Rentz	State Benefits Office/DHR
Maggie Norris-Bent	Westside Family Healthcare
Deborah Bednar	Aetna

Meeting Facilitator: Dr. Nancy Fan (Co-Chair)

Commission Members Absent: Senator Bryan Townsend, Co-Chair

Health Care Commission Staff: Elisabeth Massa (Executive Director), Stephanie Hartos (Public Health Administrator 1)

CALL TO ORDER

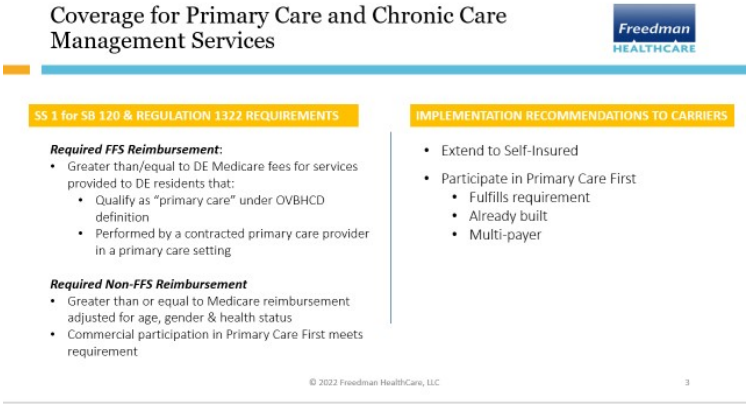
Dr. Fan called the meeting to order at approximately 4:04 p.m. via WebEx. It was determined a quorum was present. Dr. Fan asked public attendees to virtually sign-in by placing their name and affiliation in the chat box; public attendees were also informed that they can email this information to stephanie.hartos@delaware.gov.

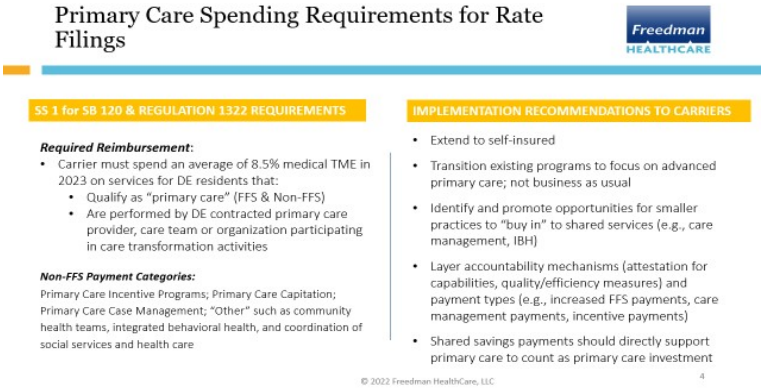
ACTION ITEM: MARCH MEETING MINUTES

Dr. Fan asked if there were any edits or comments for the March 2022 meeting minutes. Hearing none, Steven Costantino made a motion to approve. Kevin O'Hara seconded the motion to approve. The minutes were accepted with no comments.

OFFICE OF VALUE BASED HEALTH CARE DELIVERY UPDATE

Mary Jo Condon provided an update for the Office of Value Based Health Care Delivery (OVBHCD) on their regulations regarding SS1 for SB120. The final regulation is expected to be published May 1st, making the regulation effective date on May 11th. A bulletin, template, and filing instructions will be released on May 13th. The OVBHCD will measure compliance with SS1 for SB120 through the carrier submitted templates. DOI and the OVBHCD are currently doing technical assistance with the carriers to ensure they are well prepared to comply with these regulations come this summer once when their rates are due. The following shows the regulation requirements as well as a few of the implementation recommendations for carriers.





Mary Jo also discussed how much investment will need to increase over time in order to meet the required primary care spend. This includes potentially increasing fee-for-service to approximately 150% of Medicare as opposed to 100%, adding and/or increasing care management payments, pay for performance or shared savings payments, and infrastructure payments.

As far as limits on the carriers, rate filings must not include aggregate unit price growth for nonprofessional services that exceeds the greater of Core CPI + 1%. In accordance with the lookback period, price increases for nonprofessional services in the carrier rate filings will not be able to exceed 3.7%. Carriers will need to provide outreach to impacted providers as soon as possible as DOI will be enforcing those limits in this rate filing year. DOI does have the ability under SB120 and other legislation to review specific contracts with providers, and if needed, DOI will be reviewing those contracts to see whether or not there are providers who are making it difficult for carriers to meet their regulatory obligations or put patient assets at risk.

Dr. Fan asked if the OVBHCD has reached out to any providers to see how they will feel about these new regulations. Mary Jo responded that they have had a call with providers at the beginning of this process and have had two extensive public comment periods to receive additional input.

This is a collaborative process and all parties (providers, carriers, hospital systems, etc.) will need to work together and be supportive in order to achieve the primary care spending targets set forth in SS1 for SB120.

PRESENTATION- NATIONAL ACADEMIES OF SCIENCE, ENGINEERING, AND MEDICINE (NASEM) REPORT

Dr. Fan and Dr. Gill introduced our guest speaker, Dr. Robert Phillips, who presented on the latest NASEM report titled, *Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care.* Dr. Phillips is a practicing family medicine physician who has taken a national leadership role with the objective of reforming primary care across the U.S.; this presentation is specifically focusing on reforming payment in primary care. This report is available to be viewed at Implementing High-Quality Primary Care | National Academies.

The Statement of Tasks for this report was to develop an implementation plan to build upon the recommendations from the 1996 IOM report. There is also an intention to connect up to international efforts around improving primary health care. This report defines high-quality primary care as:

> *The provision of whole-person, integrated, accessible, and equitable health care by interprofessional teams that are accountable for addressing the majority of an individual's health and wellness needs across setting a through sustained relationships with patients, families, and communities.*

Dr. Phillips informed the collaborative that primary care is the only sector of the health care system for which we have evidence that it improves health equity and mortality. Instituting primary care as a common good needs public policy, but also requires oversight and monitoring. Not just holding primary care clinicians accountable, but the system as well. Below shows the 5 objectives for achieving high-quality primary care:

Nearly 95% of all physician offices currently use fee-for-service (FFS) as their method of payment, and the COVID-19 pandemic exacerbated financial pressures on these practices. Other developed countries spend nearly 50% more on primary care than the U.S., and it's related to much better outcomes.

Actions discussed in this report are:

- Payers should evaluate and disseminate payment models based on their ability to promote the delivery of high-quality primary care, not short-term cost savings.
- Payers using fee-for-service models for primary care should shift toward hybrid reimbursement models, making them the default over time. For risk-bearing contracts, payers should ensure that sufficient resources and incentives flow to primary care.
- CMS should increase overall portion of health care spending for primary care by improving Medicare fee schedule and restoring the RUC to advisory nature.
- States should facilitate multi-payer collaboration and increase the portion of health care spending for primary care.

Measurements are also discussed in the NASEM report, and the overarching theme is that measures used in primary care will only be effective if they align with what its purpose is, and function are. Additional information on measures that matter can be found at Measures that Matter | The Center for Professionalism and Value in Health Care.

It was recommended that a Primary Care Scorecard be developed in Delaware to measure accountability of health systems, and also measure how policy can be improved to achieve our goals.

UPDATE ON THE PAYMENT AND ATTRIBUTION WORKGROUP

The Payment and Attribution Workgroup is currently being staffed by DHCC's consultant, Mercer, with Fred Gibison serving as the chair. This workgroup has met twice so far, and recommendations are already being made for Delaware's Primary Care (PC) model. One of the first elements that was tackled was attribution, which is quite a complicated topic. After discussion amongst the payers and providers in the workgroup, it was decided that no specific attribution methodology will be recommended by this workgroup, though some form of attribution is required for the model. Payers and providers can continue to use their established methodologies and attribution strategies. The workgroup does recommend that payers be transparent with practices about their attribution methodologies, as well as providing timely data and being responsive to PCP needs. On the PCP side, it is recommended that they actively monitor their attribution lists and know who is being attributed to their practices. These recommendations are not yet complete.

The next item for discussion was what to do with panel size. The workgroup determined that yes, this model should contain a minimum panel size, and after comparing various other models across Delaware and other states, it was determined the minimum panel size should be 250 attributed members. The Commission discussed if this is a good idea as having a minimum panel size could exclude certain practices from getting the help they need. A minimum panel size is important to have as this PC model has a level of inherent risk which may result in smaller practices losing money as opposed to benefiting from it. Due to Delaware's small population, no maximum panel size was recommended at this time.

Future workgroup meetings will discuss the monthly payment rate (what's included, methodology frequency, etc.), risk adjustment, and other aspects of the PC model. The Payment and Attribution Workgroup has two more meetings scheduled for the time being, those are for April 27th and May 11th. Fred will update the PCRC on the progress of this workgroup at the next PCRC meeting.

Fred clarified to the collaborative that this PC model is not a mandate and only provides recommendations to payers and providers. This is only one tool in the toolbox and can be adjusted to meet the needs of the providers should they choose to use this model in their practice.

UPDATE ON THE CARE COORDINATION WORKGROUP

Dr. Nancy Fan will be serving as the chair of the Care Coordination Workgroup for the time being. The first care coordination meeting will be held Thursday, April 14th. This workgroup will focus on community health teams, infrastructure payments and development, and ensuring that patients are receiving high quality care under the guidance of the new PC model.

CONCLUSION

The next PCRC meeting is scheduled for Monday, May 16th from 4:00-6:00pm via WebEx. The next Care Coordination Workgroup will be held Thursday, April 14th from 4:00-5:30pm. Payment and Attribution

has two meetings scheduled on Wednesday April 27th and May 11th from 2:00-3:30pm. These workgroup meetings are not on the public meetings calendar, though if any collaborative members are interested in attending or have ideas for discussion within the workgroups, they can reach out to stephanie.hartos@delaware.gov to receive more information.

PUBLIC COMMENT

No public comments were received

The meeting was adjourned around 5:40pm.

Public Meeting Attendees

Dr. Sarah Mullins	Aledade ACO
Pam Price	Highmark BCBS
Nicole Freedman	Morris James
Mike Pellin	Aetna
Fred Gibison Jr.	Mercer
Joe Schaller	Mercer
Esther Mays	Mercer
Megan Richards	Aetna
Bryan Gordon	Christiana Care
Christina Haas	Delaware Department of Insurance
Wendy Beck	Highmark
Kim Gomes	ByrdGomes
Lincoln Willis	Medical Society of Delaware
Cari Miller	LabCorp
Vinayak Sinha	Freedman HealthCare LLC
Alisa Pritchard	Delaware Department of Insurance
Mike North	Aetna
Katherine Impellizzeri	Aetna
Dr. Bob Phillips	American Board of Family Medicine
Dr. Susan Conaty-Buck	University of Delaware
Mollie Poland	
Kevin Hancock	