Primary Care Reform Collaborative:

September 21, 2020

Virtual Meeting Housekeeping Items

- Members self identify for roll call
- Public please send your name and email contact to Read.Scott@delaware.gov
- Please keep your computer/phone on mute unless you have a comment to make and if you are not on visual, please identify yourself
- ▶ This meeting will be recorded for minutes

Agenda:

- Approval of Minutes
- OVBHCD/ Technical Subcommittee Update
- Points of Interest
- Practice Transformation and Goal-setting
- ► Future Meetings

OVBHCD UPDATE

Points of Information

- ► CMS proposed 2021 Fee Schedule
 - Open comment period through October 5, 2020
 - ► Increase in office E/M codes
- DCHI Employer Workgroup
- DCHI Primary Care Forum
 - https://email.dehealthinnovation.org/?hs_preview=NGzhKhuE-34743779246

PCRC Workplan Practice Transformation Goal Setting

Goal Setting: SB 227

- ▶ Role of PCRC:
 - Stabilize and promote PC foundational
 - Annual recommendations reflective of policy
- Defining Value Based Care
 - Advanced Primary Care
 - Quality, Utilization, Cost
- Funding: Approaches to Achieving Affordability
 - LAN payment models
 - Reallocating Funds
- Oversight
 - Regulatory>>>OVBHCD
 - Does that include monitoring the "market"
 - Legislative Mandate to achieve goals

Approaches to Achieving Affordability



Domain	Definition	Examples
Total cost of care benchmarks	Mandated healthcare spending growth target, typically with hearings, performance improvement plans if failure to meet targets	DE benchmark of 3.5% for 2020
Primary care spend targets	Mandated primary care investment as a percentage of total healthcare spending	RI 11% primary care spend target; CT 10% by 2025
Enhanced rate review and other payer reforms	Consumer subsidies; limits on rate increases, cost sharing; minimum MLR, Rx pricing legislation, surprise billing legislation	RI limits hospital rate increases to Medicare price index plus one percentage point
Market consolidation monitoring	Analysis of change in quality, cost, and access due to changes in the market	MA, CT conduct Cost and Market Impact Reviews on proposed consolidation
Alternative payment model adoption targets	Mandated requirements on APM adoption, quality incentive payments, provider risk- sharing, global budgets	OR to require 70% of Medicaid payments to be for value-based contracts by 2024

Past Proposals



CATEGORY 1

PEE FOR SERVICE -NO LINK TO QUALITY & VALUE



CATEGORY 2

FEE FOR SERVICE -LINK TO QUALITY & VALUE



Foundational Payments for Infrastructure & Operations

(e.g., care coordination fees and payments for HIT investments)

в

Pay for Reporting

(e.g., bonuses for reporting data or penalties for not reporting data)

C

Pay-for-Performance

(e.g., bonuses for quality performance)



CATEGORY 3

APMS BUILT ON FEE-FOR-SERVICE ARCHITECTURE

A

APMs with Shared Savings

(e.g., shared savings with upside risk only)

в

APMs with Shared Savings and Downside Risk

(e.g., episode-based payments for procedures and comprehensive payments with upside and downside risk)



CATEGORY 4

POPULATION -BASED PAYMENT

A

Condition-Specific Population-Based Payment

(e.g., per member per month payments, payments for specialty services, such as oncology or mental health)

3

Comprehensive Population-Based Payment

(e.g., global budgets or full/percent of premium payments)

C

Integrated Finance & Delivery System

(e.g., global budgets or full/percent of premium payments in integrated systems)

4N

Capitated Payments NOT Linked to Quality

3N Risk Based Payments NOT Linked to Quality

n.org/workproducts/apm-refresh-whitepaper-final.pdf

Additional Considerations

- Multi-Payor Alignment Plan Year 2022
- Quality as Defined by Outcomes
 - Measureable outcomes reflecting investment in PC
 - Separating Process from Outcomes
- Coordinating with current Infrastructure
 - Benchmarking Process (Total Cost of Care)

Care/Practice Transformation

- ▶ Patient Centric, comprehensive
- Leveraging existing Infrastructure
 - Early enablers larger compensation for adopting VBC
 - Risk sharing
 - ▶ ACOs, team based care, PCMH
- Moving the current % of practices into VBC/APM
 - Aggregators/conveners, shared resources to facilitate change
 - Prospective payments

PCRC Workplan

PCRC

- September level setting
- October December
 - Defining VBC
 - Funding defining approaches to Affordability
 - Oversight

OVBHCD

- October Data Collection/DHIN
- November- provisional Affordability Standards
- December review highlights of Affordability Standards Report

Future Meetings:

- THIRD MONDAY OF EACH MONTH:
- **10/19/20**
- **11/16/20**
- **12/21/20**