



## PRIMARY CARE REFORM COLLABORATIVE (PCRC) Meeting

Monday, March 13, 2023

4:00pm-6:00pm

Virtual WebEX Meeting

### Meeting Attendance and Minutes

#### Collaborative Members:

##### **Present**

Dr. Nancy Fan, Chair  
Dr. James Gill  
Dr. Rose Kakoza  
Kevin O'Hara  
Steven Costantino (*Proxy for Secretary M. Magarik*)  
Tanisha Merced (*Proxy for Commissioner Navarro*)  
Senator Bryan Townsend  
Dr. Rita Meadows  
Maggie Norris-Bent  
Theodore Mermigos

##### **Organization**

Delaware Health Care Commission (DHCC)  
Medical Society of Delaware  
Delaware Healthcare Association  
Highmark  
Department of Health & Social Services (DHSS)  
Department of Insurance (DOI)  
Senate Health & Social Services Committee  
Delaware Nurses Association  
Westside Family Healthcare  
Division of Medicaid and Medical Assistance

**Meeting Facilitator:** Dr. Nancy Fan

**Commission Members Absent:** Representative Melissa Minor-Brown, Chair of the House Health & Human Development Committee; Deborah Bednar, Aetna; Faith Rentz, State Benefits Office/DHR

**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 4:04 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](mailto:stephanie.hartos@delaware.gov).

#### INTRODUCTIONS



Dr. Nancy Fan introduced the two new PCRC members, Representative Melissa Minor-Brown and Theodore Mermigos, as well as a new support vendor for the PCRC, Health Management Associates (HMA). Representative Melissa Minor-Brown serves as the Chair of the House Health & Human Development Committee, and Theodore Mermigos is currently serving as the Interim Director for the Division of Medicaid and Medical Assistance (DMMA).

### **ACTION ITEM: DECEMBER MEETING MINUTES**

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

### **LEGISLATIVE UPDATE**

Senator Bryan Townsend provided an update to the PCRC on Senate Bill 31, a clean-up bill to correct an error made in previous legislation. This legislation makes things harmonious again between individual plans, group of blanket plans and the State plan. Senate Bill 31 passed the Senate in January and will hopefully pass the House in March or April.

### **UTILIZATION OF TELEHEALTH TO EXPAND PRIMARY CARE ACCESS**

Dr. Jim Gill presented an overview on what it means to have virtual healthcare in the primary care sector. Telemedicine is becoming increasingly popular due to its increase in patient access, convenience, reduced travel/waiting room time, and increased comfortability for some patients. Dr. Gill spoke of his experience implementing telemedicine in 2016, which has been a good option for his office in situations such as following up on behavioral health problems, reviewing abnormal labs, and some routine monitoring of chronic conditions such as diabetes or hypertension. The COVID-19 pandemic greatly increased the use of telemedicine to approximately 60% of all visits in his practice; this number has since gone down and is now at approximately 20% of all visits.

A study by AAFP Graham Center found that 36% of primary visits are appropriate for virtual care. Dr. Gill spoke of the four "C's" of primary care: first contact care (access), coordinated care, continuity of care, and comprehensive care. The presentation then moved to discussing what exactly is the right balance of virtual primary care. There are concerns of losing sight of the "personal" aspect of primary care, which can also reduce continuity and comprehensiveness. Dr. Gill concluded his presentation by appreciating the benefits of virtual primary care, while also noting there is a real risk of potentially harmful effects if not used appropriately. Virtual primary care needs to be used in adjunct with in-person primary care, not in replacement of.

ChristianaCare representatives Sharon Anderson and Dr. Vishal Patel spoke of ChristianaCare's virtual primary care program. This program has been up and running for 4 years and is continually growing;



patient satisfaction is extremely high, and Sharon Anderson stated that it transforms the way you access health care and the way you think about health care.

Dr. Vishal Patel, a physician board certified in both internal medicine and pediatrics, stated that this is a digital-first model as the majority of care can be done virtually, with the option to see a provider in-person as needed. This model increases the amount of time providers spend with their patients, even if it is not done in person. This model has allowed ChristianaCare providers be able to work with more individuals in various locations and has increased overall access to primary care.

### **OFFICE OF VALUE BASED HEALTH CARE DELIVERY (OVBHCD) UPDATE**

Cristine Vogel, Director for the OVBHCD, presented an update on 2023 affordability standards and compliance from commercial payers. This presentation focused on projections and challenges surrounding the 2023 primary care investment, challenges regarding hospital and provider reimbursement, and potential opportunities to move value-based care forward.

Cristine started off by announcing that 2023 projections show 7% primary care investment of total medical spend, as well as non-fee-for-service primary care spend being projected at \$11 million; an \$8 million increase from 2022.

A challenge we are seeing regarding the increase in primary care spend is that only 10% of the estimated Delaware health care market is commercial fully insured. This is a significant concern as the requirements set forth by Senate Bill 120 only apply to commercial fully-insured, meaning this legislation is not going to have the same impact as we were originally hoping for. This also means that practices with low attributed fully-insured members may be reluctant to invest in value-based infrastructure. There is also a lack of multi-payer alignment, which is going to increase administrative burden on practices who want to use value-based payment models.

The main challenges Cristine discussed:

- The fully-insured portion is too small to drive change alone.
- Self-insured individuals may lack access to “aligned value-based” care.
- Separate hospital/physician fees for self and fully insured are under consideration.
- A growing concern is the potential bifurcation of the market.

The presentation concluded by discussing the following opportunities to curb these challenges:

- Consider ways to include additional payer types and funding mechanism (e.g., Medicaid, self-funded).
- Consider creative solutions for carriers with low membership counts to offer non-FFS programs.
- Consider opportunities to provide certain care transformation activities in a more “centralized” manner (for smaller practices).



- Consider expanding OVBHCD’s ability to require financial amounts within categories of Non-FFS activities or how investment is spread across providers.
- Consider policy options to enhance physician fee-for-service reimbursement (avoid Medicare parity from being ceiling).

### **PRIMARY CARE SCORECARD- NASEM RECOMMENDATIONS**

Dr. Nancy Fan began discussion on the Primary Care Scorecard, which was created out of the recommendations from the recent NASEM report. NASEM updated the definition of primary care to the following:

*“High quality primary care is 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 settings and through sustained relationships with patients, families, and communities.”*

From the primary care scorecard presentation, it was stated that fee-for-service may encourage overtreatment of patients and does not support care provided by interdisciplinary teams. Capitation may encourage under use of resources. Hybrid models, while they tend to be more complex, have been found to outperform the latter two mechanisms and has been shown to produce better outcomes. That is what the PCRC is attempting to integrate with the new Primary Care Payment Model that is currently being developed by workgroups and DHCC staff.

The PCRC has been primarily focused on what Delaware’s barriers are to payment reform. Delaware was the third state to enact any kind of legislation regarding primary care reform, but we still have a long way to go. Data provided by the OVBHCD has been extremely helpful in looking at what commercial payers are doing in the realm of primary care transformation and what barriers we are facing that were previously not as well known.

Steven Costantino, Director of Health Care Reform for the State of Delaware, made a comment that Medicaid is a very good payer for primary care and is the number one payer for long term care. That being said, it is not an “apples to apples” conversation about incorporating Medicaid into any primary care reform legislation or program as it has fiscal impacts on the entire state and Medicaid is pulling their weight for primary care spending, as well as covering other medical costs that many other states do not currently cover.

### **CONCLUSION**

The next PCRC meeting is scheduled for Monday, April 24<sup>th</sup>, from 4:00-6:00pm. This meeting will be virtual.



## **PUBLIC COMMENT**

No public comments.

## **Public Meeting Attendees**

Cristine Vogel	OVBHCD
MaryJo Condon	Freedman Healthcare
Dr. Susan Conaty-Buck	University of Delaware
Kyle Edrington	Health Management Associates
Gaurav Nagrath	Health Management Associates
Ainsley Ramsey	Health Management Associates
Lincoln Willis	The Willis Group, LLC.
Dr. Anthony Onugu	United Medical, LLC.
Dan Bair	Mercy Health
Lara Brooks	CVS/Aetna
Dan Bair	Mercy Health
Dr. Vishal Patel	ChristianaCare
Sarah Stowens	ChristianaCare
Megan Richards	Aetna
Leighann Hinkle	State of Delaware
Tyler Blanchard	Aledade
Leah White	Aetna
Christina	DEHA
Meredith Tweedie	ChristianaCare
David Bentz	DHSS
James Trumble	Tidal Health
Megan Williams	DEHA
Lauren Knorr	Aetna
Sam Haut	Delaware Live
Karen Wilding	Nemours
Sharon Anderson	ChristianaCare
Kristin Dwyer	Nemours
Dr. Sarah Mullins	Aledade ACO
E. Lewis	Hamilton Goodman Partners
Katherine Impellizzeri	Aetna
Mike Pellin	Aetna
Mollie Polland	Nemours
Jen Fahringer	Aledade, ACO



Cari Miller  
Kim Gomes  
Kristin Dwyer  
Zeba Gello  
Chevonne DaSilvio-Nash

Lab Corp  
Byrdgomes  
Nemours  
Aledade ACO  
Nemours