



PRIMARY CARE REFORM COLLABORATIVE (PCRC) Meeting

Monday, April 24, 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*)

Cristine Vogel (*Proxy for Commissioner Navarro*)

Senator Bryan Townsend

Dr. Rita Meadows

Theodore Mermigos

Representative Melissa Minor-Brown

Deborah Bednar

Faith Rentz

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

Division of Medicaid and Medical Assistance

House Health & Human Development Committee

Aetna

State Benefits Office/DHR

Meeting Facilitator: Dr. Nancy Fan

Commission Members Absent: Maggie Norris-Bent, Westside Family Healthcare

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 4:06 p.m. via WebEx. It was determined a quorum was present later in the meeting. 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 13 MEETING MINUTES

Dr. Fan asked if there were any edits or comments for the March 2023 meeting minutes. Hearing none, a motion was made to approve. The minutes were accepted with no comments.

OFFICE OF VALUE BASED HEALTH CARE DELIVERY (OVBHCD) UPDATE

Cristine Vogel, Director for the OVBHCD, presented an update on 2023 affordability standards with a Quarter 1 update and market forces review. The presentation began with a review of the 2023 Primary Care Investment Projections highlights, which detail the following:

- 2023 projections show 7% Primary Care Investment of Total Medical Spend (\$40 million), total population
- Non-FFS primary care spend is projected at \$11 million, an \$8 million increase from 2022
- Non-FFS PMPM increased from \$3 to \$11 (2022 and 2023 respectively); for members attributed to care transformation, up to \$29 PMPM

For the Quarter 1 progress report, Cristine informed the PCRC that most providers have been deemed to be participating in care transformation activities. More members are being attributed to those providers and there is estimated to be a slightly higher proportion of primary care spend via non- Fee-for-service (FFS). They have seen some increases in non-professional price growth, however, all required payers remain in compliance with the SB 120 mandate. Some carriers are experiencing difficulty in developing these types of programs, which is leading to discussions that they may require expansion of standards to define providers in care transformation.

Additional primary care spending in the fully-insured market has been successful. FFS reimbursement has improved with parity being met. Non-FFS has increased so providers can begin and continue value-based care tactics. Cristine reminded the PCRC that increasing primary care spending alone likely will not save money or provide value as it is currently structured, it needs to be paired with other interventions, which unfortunately falls outside of the scope of the OVBHCD at this time.

As far as Delaware's market forces, Delaware still has one of the highest health care costs in the nation, however, commercial fully-insured premiums are decreasing. For this year, we have two additional carriers offering coverage on the individual market, which will be a good thing. What the State really needs is more multi-payer alignment as fewer than 10% of patients have coverage through fully-insured commercial insurance.

Proposed next steps from the OVBHCD are to:

- Develop a strategic plan
- Convene an intra-agency working group (DMMA, OVBHCD, SEBC)



- Explore opportunities to coordinate and expand on existing population-based payment efforts (Medicaid ACO, Affordability Standards requirement, Medicare MSSP)
- Review Centers for Medicare and Medicaid Services Innovation Center payment model program opportunities and consider how the Delaware model could bring coordination to these efforts

Steven Costantino, DHSS Director of Health Care Reform, asked Cristine if when they say “non-FFS primary care”, does that always mean a value-based arrangement. Cristine confirmed that non-FFS, by their definition, does not always mean a value-based arrangement. It can be a quality incentive program, care management, or even a risk program, among others. There is no code set for these programs, meaning there is nothing you can charge for.

DELAWARE PRIMARY CARE PAYMENT MODEL – UPDATE

PCRC vendor, Health Management Associates, provided an update on the Delaware Primary Care Payment Model, specifically the two prospective payments, Standard Quality Investment (SQI) and Continual Quality Improvement (CQI). The payment methodology was discussed recently at a Payment and Attribution Workgroup meeting as well.

Both the SQI and CQI were determined to be prospective payments that would be distributed to providers on a per-member, per-month (PMPM) basis.

PCRC members recommended meeting with large commercial payers, such as Highmark, as well as State Employee Benefits to get a more accurate picture of the current fully-insured market and update the SQI payment methodology and dollar amount to reflect that. HMA and PCRC Chair, Dr. Fan, agreed.

HMA then went into the recommendation for the CQI payment, which is to be paid in addition to the SQI on a PMPM basis to help improve practice infrastructure and move practices into a more value-based set up. The recommendation for this payment is to tier it by practice size, with a small practice being one that contains fewer than 5 primary care providers. The percentages listed would be that of the SQI payment. This can be expanded more in the future.

CQI Grid	2024		2025	
	Small	Large	Small	Large
% of SQI	10%	5%	10%	5%

The CQI payment is not currently tied to quality, though that could change in the future.



PCRC SURVEY AND NASEM RECOMMENDATIONS

Dr. Fan had sent a survey to all PCRC members asking them about the recent NASEM recommendations that were discussed at the March 13 PCRC meeting. Only 7 members had completed the survey, and some of the results were:

- 6 out of 7 respondents agreed that in a total cost of care increase, the cost should not be passed on to the patient/consumer.
- 6 out of 7 respondents agreed that there should be an effort to decrease inpatient cost, though an additional comment was made that this should not be the responsibility of the PCRC.
- 4 out of 7 respondents agreed that the PCRC should recommend that the certification of PCMH level of care not be limited to only NCQA certification and can qualify for higher reimbursement if the practice meets certain parameter.

This survey will be re-sent to all PCRC members and discussed more fully at the next PCRC meeting when there is a higher response rate.

CONCLUSION

The June 12 PCRC meeting is being rescheduled to June 5. This meeting will be hybrid. A meeting location and online link will be sent to the group and posted on the Public Meetings Calendar when finalized.

PUBLIC COMMENT

No public comments.

Public Meeting Attendees

Mary Jo Condon
Lori Ann Rhoads
Gaurav Nagrath
Dr. Anthony Onugu
Sarah Stowens
Tyler Blanchard
Christina
David Bentz
Dynita Crawley
Daniel Nemet

Freedman Healthcare
The Medical Society
Health Management Associates
United Medical, LLC.
ChristianaCare
Aledade
DEHA
DHSS
MLHS
HMA



Lauren Knorr
Kristin Dwyer
Kathy Kleese
Brooke Nedza
Alessandra Campbell
Angel Pannell
Dr. Sarah Mullins
Sharan Singhota
Katherine Impellizzeri
Tanisha Merced
Linda Micai-Manning
Jen Fahringer
Cari Miller
Chevonne DaSilvio-Nash

Aetna
Nemours
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HMA
Highmark
Aledade ACO
Nemours
Aetna
State of Delaware, DOI
Tidal Health
Aledade, ACO
Lab Corp
Nemours