PRIMARY CARE REFORM COLLABORATIVE (PCRC) Meeting

Monday, June 13, 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
Steve Groff	Division of Medicaid & Medical Assistance
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)
Faith Rentz	State Benefits Office/DHR
Deborah Bednar	Aetna

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

Commission Members Absent: Maggie Norris-Bent, Senator Bryan Townsend

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 4:02 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: MAY MEETING MINUTES

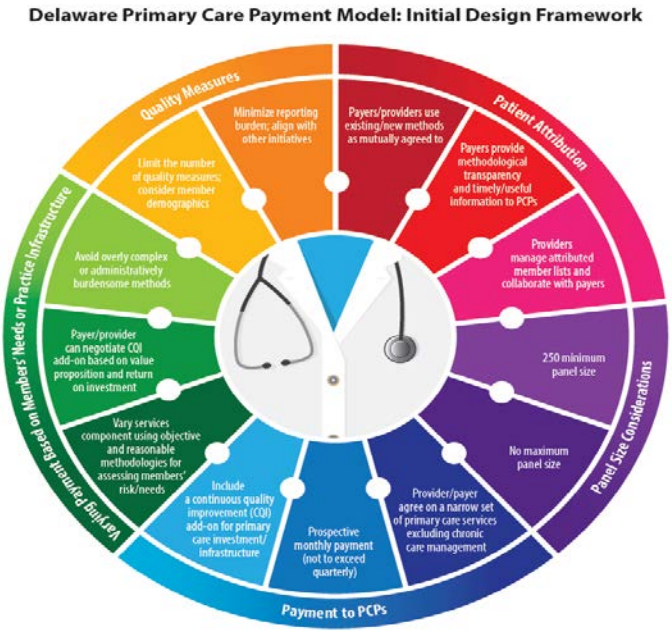
Dr. Fan asked if there were any edits or comments for the May 2022 meeting minutes. Hearing none, Steven Costantino made a motion to approve. Dr. Jim Gill seconded the motion to approve. The minutes were accepted with no comments.

OFFICE OF VALUE BASED HEALTH CARE DELIVERY UPDATE

Mary Jo Condon provided an update for the Office of Value Based Health Care Delivery (OVBHCD)/Department of Insurance (DOI). The ACA plans (individual and small group) have a deadline to submit by July 15th; the filing deadline for large group is September 1st. No additional updates at this time.

PRESENTATION ON DELAWARE'S PRIMARY CARE DELIVERY MODEL

Fred Gibison (Mercer) and Dr. Nancy Fan (Chair) presented the finalized Version 1 of Delaware's Primary Care Payment Model; this model was developed by the Payment and Attribution (P&A) and Care Coordination workgroups over the past 10 weeks.



Fred began the discussion by reviewing the wheel itself; the outer ring of the wheel covers the major concepts of the model. The wedges within these segments document the recommendations from the workgroups. Some recommendations are more detailed than others as this is still mostly a "framework" to be negotiated between payers and providers.

Beginning with *Patient Attribution*, the P&A workgroup decided that payers and providers should utilize their current attribution methodology or mutually agree on a upon new methodologies for this model; the workgroup also specified that payers should be transparent with providers on how their attribution methodology works and provide timely updates/answers to questions. The providers should actively manage their attribution lists and monitor which patients are assigned to them.

The next segment of the model in *Panel Size*; the workgroups recommended a minimum panel size of 250 attributed patients. There was no maximum panel size recommended for this model. Is it important to remember that there is a "transfer of risk" on providers when receiving flat monthly payments, so smaller offices may not benefit as much as larger provider groups as the risk is higher with less patients.

The next concept is *Payment to PCP's*. The P&A workgroup recommended a per member per month (PMPM) payment rate but not to exceed quarterly (PMPQ); meaning payers/providers can decide on either payment frequency. These payments will be prospective. The workgroup's both recommended a narrower set of services included in the prospective payments; they also recommended to <u>not</u> include any chronic care management codes. A second payment was also recommended for this model called a Continual Quality Improvement (CQI) payment. This payment would not necessarily be tied to claims data, but an investment in primary care infrastructure to help support and grow practices to advance overall primary care. This would not necessarily be coded as a CPT code.

Kevin O'Hara (Highmark) asked if this model is assuming capitation or if there is flexibility to assume something different. Dr. Fan responded and said this model does not specifically mention capitation as they would like to hold on to some flexibility. What they are recommending is a set payment rate (PMPM of PMPQ) between payer and provider for a selected list of services.

The fourth segment of this model is *Varying Payment Based on Member's Needs or Practice Infrastructure.* The workgroups recommended that at least the service component of the prospective monthly/quarterly payment should be varied based on objective and reasonable methodologies for assessing member's risk and needs. The methodologies used would need to be negotiated between payer and provider. Basically, higher risk patients should amount to a higher monthly/quarterly payment for providers as they require more services. The CQI payment can be varied as well based on the practices needs. The workgroups also recommend avoiding overly complex or burdensome methodologies to simplify the process for both payers and providers.

The final segment of this model is titled *Quality Measures*. There is a third workgroup in development called Quality Measures and Benchmarks who will take on this segment, though they have not yet begun meeting. The other two workgroups did agree that the number of measures should be limited, and the measures should align with the specific primary care practice. They would also like to minimize the reporting/administrative burden and align with other initiatives when possible.

Dr. Fan informed the Collaborative that these workgroups will continue meeting to improve the model and add more detail for version 2.0.
Dr. Gill (Medical Society of Delaware) stated that he would like to see this model be more detailed (what exactly the services are, how much the payment is, etc.) and that smaller practices may have difficulty negotiating with payers. He suggested that ACO's negotiate with the payers on behalf of the practices.

Kevin O'Hara (Highmark) commented that they are incentivized to meet the required increase in primary care spend (8.5% for this year) and that they are currently developing payment models that do match up with what was presented today. They do also do some negotiations with ACO's, however, the ACO's cannot act as a mechanism to negotiate for underlying fee for service costs. It could also be cumbersome to negotiate with ACO's for hundreds of PCP contracts. Deb Bednar (Aetna) agreed but also noted that there are many practices with less than 250 attributed lives and the goal should be to get them all on a level playing field.

Steven Costantino (DHSS) asked if there is a minimum Aledade ACO uses to for attributed members in a practice, Tyler Blanchard (Aledade) responded that there is not a minimum.

ROUNDTABLE WITH ACCOUNTABLE CARE ORGANIZATIONS (ACO'S)

An ACO roundtable with the following members convened to provide feedback on this new model and answer questions for Commission members:

Tyler Blanchard, Aledade
Daniel Bair, Mercy Health
Dr. Daniel Elliott, Christiana Care
Dr. Anthony Onugu, United Medical LLC

Tyler Blanchard suggested keeping the model simple, concise, and achievable. Also, alignment across payers is very beneficial as it simplifies the process and has better outcomes. Aledade is in 40 states; they do not negotiate fee-for-service (FFS) in Delaware or in most other states, though there are occasionally exceptions.

Daniel Bair asked if there is intent to have ACO's involved in this work; Dr. Fan responded that we would like to have ACO's involved, specifically for items such as community health teams and shared resources. Mercy Health also does not often negotiate FFS, though it has happened before. Daniel B. also noted that we may want to consider adding an unnecessary utilization metric in the CQI payment. Dr. Fan asked if the CQI payment could be big enough for smaller practices to not have to join an ACO; Daniel B. responded that it is not likely.

Dr. Daniel Elliot agreed that we need to keep this model as simple as possible; it would also be unrealistic to negotiate this practice by practice, payer by payer, so there needs to be more details. There is also a financial element missing from this model that needs to be addressed; someone needs to take authority over cost efficiency.

Dr. Anthony Onugu agrees with Dr. Gill that this model needs to be more prescriptive; his ACO does also have experience negotiating contracts for primary care practices in value-based programs. Dr. Onugu also mentioned that advancing primary care practices needs to go beyond just the financial aspect, there are outside factors/resources needed to truly drive this effort.

Mary Jo Condon noted that the OVBHCD is also open to evaluating primary care investments made outside of the traditional FFS manner; the investments need to specifically be in support of primary care and not more broad health care delivery.

CONCLUSION

The next PCRC meeting will take place virtually on Monday, September 12 from 4:00-6:00pm. The three PCRC workgroups (Care Coordination, Payment and Attribution, and Quality Measures and Benchmarks) will be meeting throughout the remainder of the calendar year.

PUBLIC COMMENT

No public comments were received. The meeting was adjourned at 5:42pm.

Public Meeting Attendees

Nicole Freedman	Morris James
Fred Gibison Jr.	Mercer
Christina Haas	Delaware Department of Insurance
Lori Ann Rhoads	Medical Society of Delaware
Cari Miller	LabCorp
Katherine Impellizzeri	Aetna
Zachary Peters	CVS Health
Meredith Tweedie	Christiana Care
Tanisha Merced	Delaware Department of Insurance
Gabby Costagliola	Willis Towers Watson
Pat Redmond	Nemours
Anthony Onugu	United Medical, LLC
John Van Gorp	Bayhealth

Jaclyn Iglesias	Willis Towers Watson
Laura Knorr	Aetna
Christina Crooks Bryan	Delaware Healthcare Association
Tyler Blanchard	Aledade ACO
Pam Price	Highmark
Dr. Sarah Mullins	Aledade ACO
Michael North	Aetna
Mollie Poland	Nemours
Dr. Daniel Elliot	Christiana Care
Daniel Bair	Mercy Health
Karen Wilding	Nemours
Kemal Erkan	United Medical, LLC
Wendy Beck	Highmark
Heather Hallman	UPMC
Delaney McGonegal	