

# Primary Care Reform Collaborative Technical Subcommittee

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# Agenda

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- ▶ Review data analytics strategy to inform Affordability Standards development
- ▶ Share primary care spend analysis process to date and definitions
- ▶ Review results of PCRC analysis of primary care professional claims
- ▶ Discuss how primary care spend analysis will inform development of affordability standards

# Data Sources to Inform Our Work

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- ▶ Publicly available data
- ▶ DHIN Healthcare Claims Database
- ▶ Data collected through the questionnaire and rate review process
- ▶ Benchmark data (when its available)

# Provisional Affordability Standard Domains (ASD) for Delaware

1. Primary Care Investment Target



**Today's  
focus**

2. Provider Rate Review within the  
Payer Rate Review Process

3. Alternative Payment Model Targets

# Provisional Approach:

## Primary Care Investment Target

1.

Calculate “direct” and “indirect” primary care spend (FFS & non-FFS) using data from DHIN, benchmark, and rate filings



2.

Target incremental increases (e.g. X % of total cost of care) in direct primary care spend for X years, or until X% primary care spend



3.

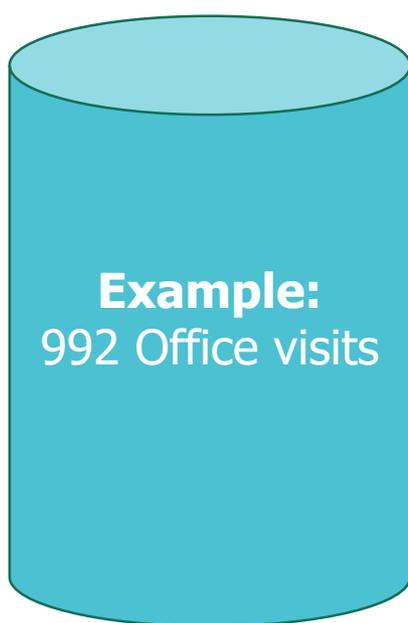
Reporting on strategy, programs, accountability augments data



# Direct and Indirect Primary Care Spending

## DIRECT

*Funds flow clearly to primary care provider*



**Fee for Service**



**Non-Fee for Service**

## INDIRECT

*Funds flow typically to larger entity for distribution*



**Fee for service**



**Non-Fee for Service**



# In Development with DHIN

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## **OVBCHD DHIN Data Request**

- Measuring facility fees for primary care services
- Understanding payment rates for primary care services by payer type (Medicare, commercial)



# Delaware Health Care Commission/Primary Care Reform Collaborative Analysis of Primary Care Professional Claims



# Background and Context



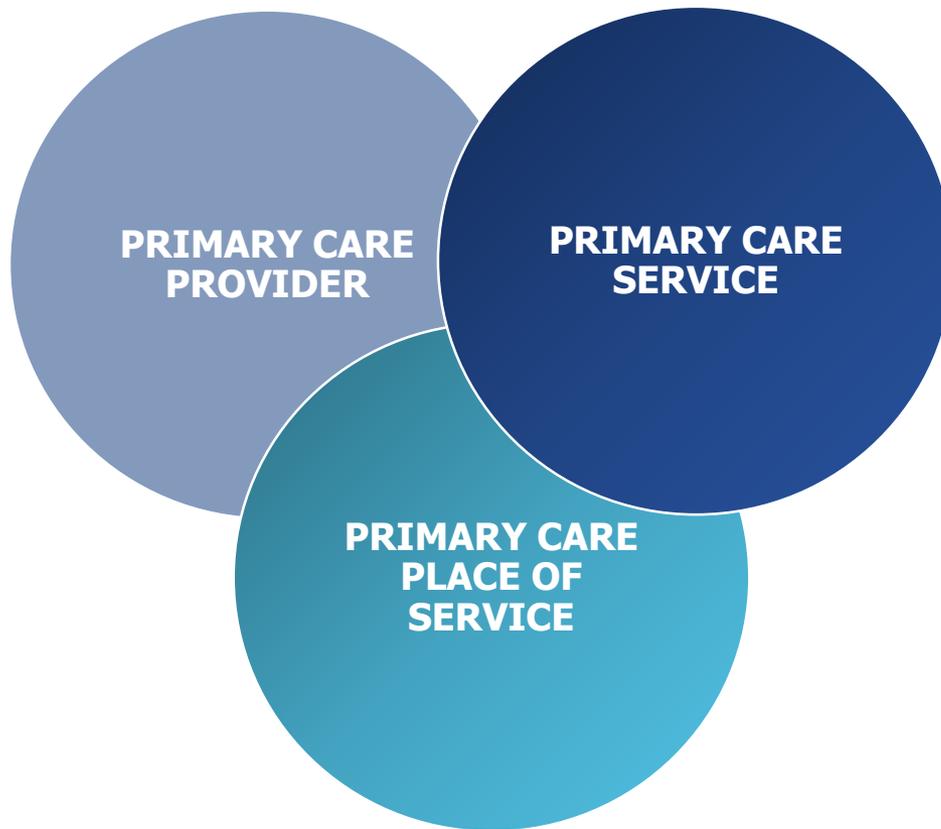
- **Background:** In late 2019, the Health Care Commission requested DHIN perform an analysis of primary care spending in DE in collaboration with the Primary Care Reform Collaborative
- **Goal:** Measure claims-based spending on primary care professional services using the Delaware Health Information Network Health Care Claims Database
- **Process:** DHIN, FHC and representatives of the PCRC worked collaboratively to develop the technical specifications for the analysis and compile results
- **Dissemination:** Considering the alignment with the tasks of the subcommittee, Drs. Fan and Gill felt it would be helpful for the subcommittee to review the results before presenting to the PCRC

# Dimensions for Today



- ▶ By year (2017, 2018, 2019)
- ▶ Delaware residents, by age and gender
- ▶ By primary care provider specialty, informed by definition in statute
- ▶ For primary care delivered in DE and in surrounding states
- ▶ For narrow and broad definitions of primary care professional services, informed by national and other state analyses
- ▶ For traditional (office, FQHC) and non-traditional places of service (retail clinic, telehealth)

# Primary Care at the Center



This analysis defines “primary care” as when a primary care provider performs a primary care service in a primary care place of service.

# Definitions: Primary Care Provider



## **PROVIDER SPECIALTY TAXONOMY CODES INCLUDED:**

207Q00000X	Family Medicine
207QA0505X	Family Medicine, Adult Medicine
207QG0300X	Family Medicine, Geriatric Medicine
208D00000X	General Practice
207R00000X	Internal Medicine
207RG0300X	Internal Medicine, Geriatric Medicine
208000000X	Pediatrics
363L00000X	Nurse Practitioner
363LA2200X	Nurse Practitioner, Adult Health
363LP0200X	Nurse Practitioner, Pediatrics
363A00000X	Physician Assistant
363AM0700X	Physician Assistant, Medical
363LF0000X	Nurse Practitioner, Family
363LG0600X	Nurse Practitioner, Gerontology
363LP2300X	Nurse Practitioner, Primary Care

# Definitions: Primary Care Provider



## WHY THESE SPECIALTIES:

### 1) Consistent with Delaware Statute:

Title 18, 3342B (a)(4): Primary care means health care provided by a physician or an individual licensed under Title 24 to provide health care, with whom the patient has initial contact and by whom the patient may be referred to a specialist and includes ***family practice, pediatrics, internal medicine, and geriatrics.***

### 2) Aligned with National “De Facto” Standard:

“Most agree that ***family medicine, general internal medicine, general pediatrics, and general practice*** are primary care specialties. Some may argue that geriatrics, adolescent medicine, and gynecology also can be primary care specialties.” [Milbank Memorial Fund: Standardizing the Measurement of Commercial Health Plan Primary Care Spending](#)

# Definitions: Primary Care Provider



***What about physicians with multiple subspecialties (e.g. Internal Medicine and Internal Medicine – Gastroenterology)?***

- Used only primary taxonomy
- Used practice site names to inform manual removal of some providers clearly not practicing primary care

***What about nurse practitioners and physician assistants? Even those without a subspecialty may work in subspecialty offices.***

- Used only primary taxonomy
- Used practice site names to inform manual removal of some providers clearly not practicing primary care
- Total dollars ***billed*** by NPs and PAs was relatively small as a percent of total primary care spending.

# Definitions: Primary Care Service



## **PROCESS FOR DETERMINING WHICH CURRENT PROCEDURAL TERMINOLOGY CODES TO INCLUDE:**

- 1) Reviewed 10 CPT code level definitions for primary care (e.g. Milbank, other states)
- 2) Created narrow and broad definitions
  - ▶ Narrow definition consistent with Milbank
  - ▶ Broad definition adds in more than 2 dozen other codes commonly used in other states (e.g. care coordination, virtual visits, vaccine administration)
- 3) Reviewed other CPT codes frequently billed by primary care providers in DE
  - ▶ Added 6 codes for services identical to those already included in narrow definition (FQHC visits, vaccine administration)
  - ▶ Largest categories of dollars billed by primary care providers but not included in our list (minor procedures, immunization products)

# Definitions: Primary Care Services



## CPT CODES INCLUDED IN NARROW DEFINITION:

<i>Procedure Code</i>	<i>Description</i>
99201-99205	Office or outpatient visit for a new patient
99211-99215	Office or outpatient visit for an established patient
99241-99245	Office or other outpatient consultations
99339-99340	Domiciliary or rest home multidisciplinary care planning
99341-99345	Home visit for a new patient
99347-99350	Home visit for an established patient
99381-99385	Preventive medicine initial evaluation
99386-99387	Initial preventive medicine evaluation
99391-99395	Preventive medicine periodic reevaluation
99396-99397	Periodic preventive medicine reevaluation
99401-99404	Preventive medicine counseling and/or risk reduction intervention
99411-99412	Group preventive medicine counseling and/or risk reduction intervention
99420	Administration and interpretation of health risk assessments
99429	Unlisted preventive medicine service
99495-99496	Transitional care management service
G0402	Welcome to Medicare visit
G0438-G0439	Annual wellness visit

# Definitions: Primary Care Services



## ADDITIONAL CPT CODES INCLUDED IN BROAD DEFINITION:

<i>Procedure Code</i>	<i>Description</i>
90460-90461	Immunization through age 18, including provider consult
90471-90474	Immunization by injection/oral/intranasal route
98966	Non-physician telephone services
98967-98968	Non-physician telephone services
98969	Online assessment, mgmt services by non-physician
99324-99328, 99334-99337	Domiciliary or rest home Custodial Care
99354-99355	Prolonged Service Office Visit
99358, 99359	Prolonged Service Office Visit
99406-99409	Smoking and tobacco use cessation counseling visit
99441	Telephone Evaluation and Management
99442, 99443, G2010	Telephone calls for patient mgmt
99444	Non-face-to-face on-line Medical Evaluation (being replaced with three new codes we may want to include in the future)
G0008-G0010	Administration of vaccine
G0444	Annual depression screening
G0463	Hospital Outpatient Clinic Visit (Medicare)
G0502-G0507	Care management
S9117	Back to School Visits
T1015, G0467, G0468	Clinic visit, all-inclusive(FQHC)
99492-99494	Psychiatric Collaborative Care
99483	Cognition Assessment
99487,99489,99490, G0506, G0511	Chronic Care Management

# Definitions:

## Primary Care Place of Service



### PLACE OF SERVICE CODES INCLUDED IN TRADITIONAL & EXPANDED POS

Place of Service Code(s)	Place of Service Name	Place of Service Description	Traditional or Non-Traditional
11	Office Location	Office Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis	Traditional
71	Public Health Clinic	A facility maintained by either State or local health departments that provides ambulatory primary medical care under the general direction of a physician.	Traditional
50	Federally Qualified Health Center	A facility located in a medically underserved area that provides Medicare beneficiaries preventive primary medical care under the general direction of a physician.	Traditional
17	Walk-in Retail Health Clinic	A walk-in health clinic, other than an office, urgent care facility, pharmacy or independent clinic and not described by any other Place of Service code, that is located within a retail operation and provides, on an ambulatory basis, preventive and primary care services.	Expanded
20	Urgent Care Facility	Location, distinct from a hospital emergency room, an office, or a clinic, whose purpose is to diagnose and treat illness or injury for unscheduled, ambulatory patients seeking immediate medical attention. (Effective January 1, 2003)	Expanded
02	Telehealth	The location where health services and health related services are provided or received, through a telecommunication system. (Effective January 1, 2017)	Expanded
12	Home	Location, other than a hospital or other facility, where the patient receives care in a private residence.	Expanded

# Percent Spending on Primary Care



COMMERCIAL		MEDICAID		MEDICARE ADVANTAGE	
2018	2019	2018	2019	2018	2019
<b>5.5%</b>	<b>5.6%</b>	<b>6.3%</b>	<b>6.1%</b>	<b>4.7%</b>	<b>4.9%</b>

No Rx in denominator



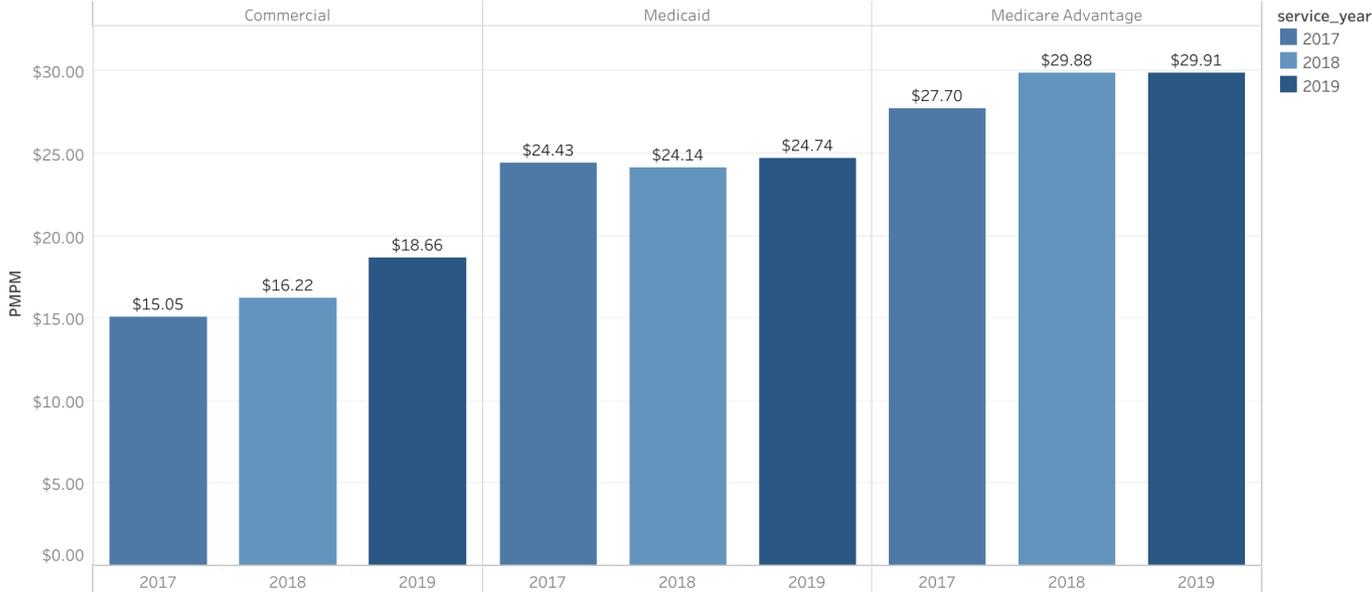
	COMMERCIAL		MEDICAID		MEDICARE ADVANTAGE	
	2018	2019	2018	2019	2018	2019
Child	<b>13.5%</b>	<b>13.4%</b>	<b>9.5%</b>	<b>8.8%</b>	n/a	n/a
Adult	<b>4.2%</b>	<b>4.3%</b>	<b>4.5%</b>	<b>4.2%</b>	n/a	n/a
Senior	<b>3.4%</b>	<b>3.6%</b>	n/a	n/a	<b>4.7%</b>	<b>4.9%</b>

# Percent Spending on Primary Care



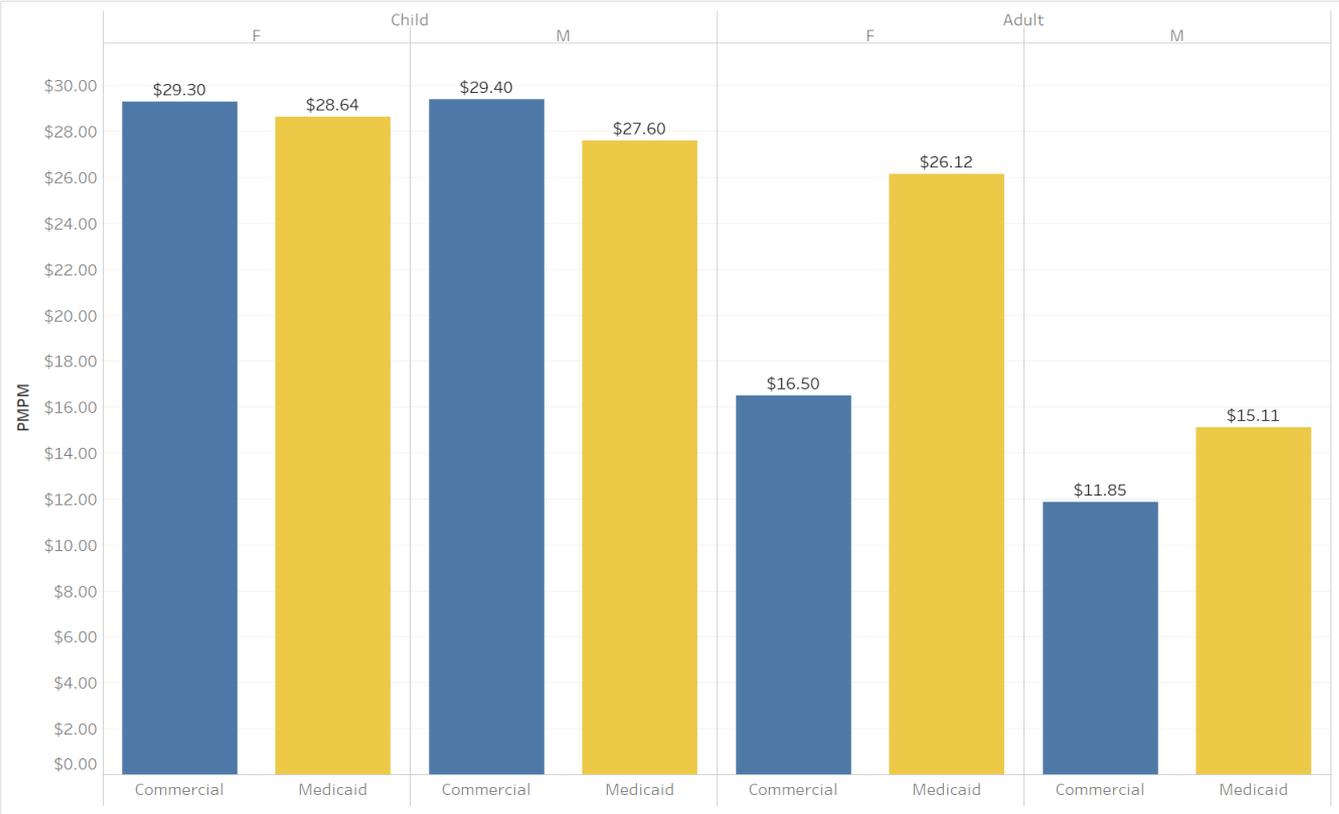
	DHIN Commercial 2017-2019	SBO Primary Care Spend Analysis 2018-2019	Milbank, PCP A, primary care service only, PPO plans
With Rx in denominator	3.5%-3.6%	3.8%	4.3% (3.0-5.4)

# PMPM Primary Care Spending by Payer Type, Year



Commercial payers increased fee for service spending on primary care professional services 24% from 2017 to 2019.

# PMPM Primary Care Spending by Age, Payer Type and Sex



Spending on primary care for adult females was higher than adult males.

Analysis also showed that primary care spending was nearly identical for male and female children and seniors.

# PMPM Spending on Various Primary Care Services



For the first run, we wanted the “narrow” definition to be as consistent with Milbank as possible.

In future analyses, we should consider eliminating the narrow v. broad categories or group like services together

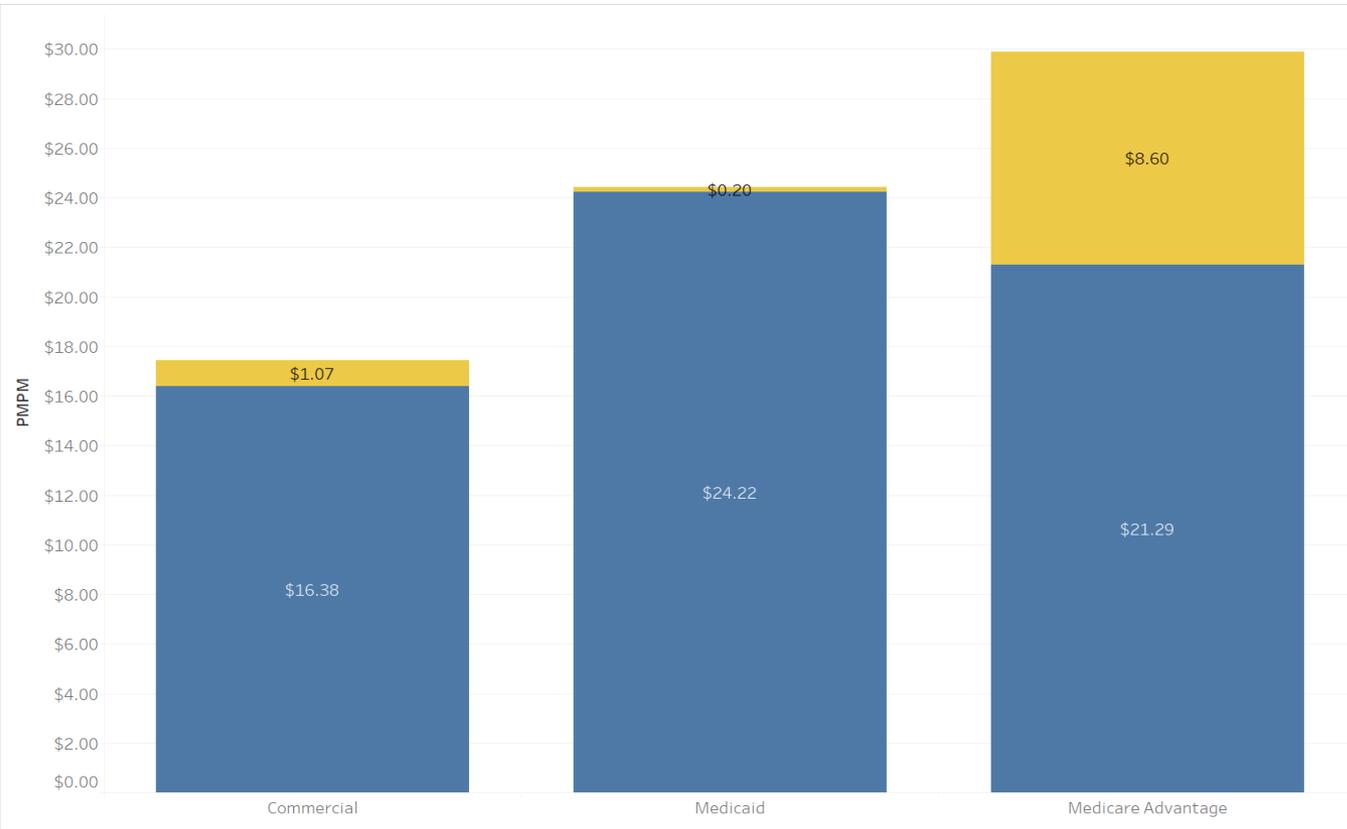
# PMPM Spending on Various Primary Care Services



For the Medicare Advantage population, chronic care management services comprised the largest share of spending in the “broad” category.

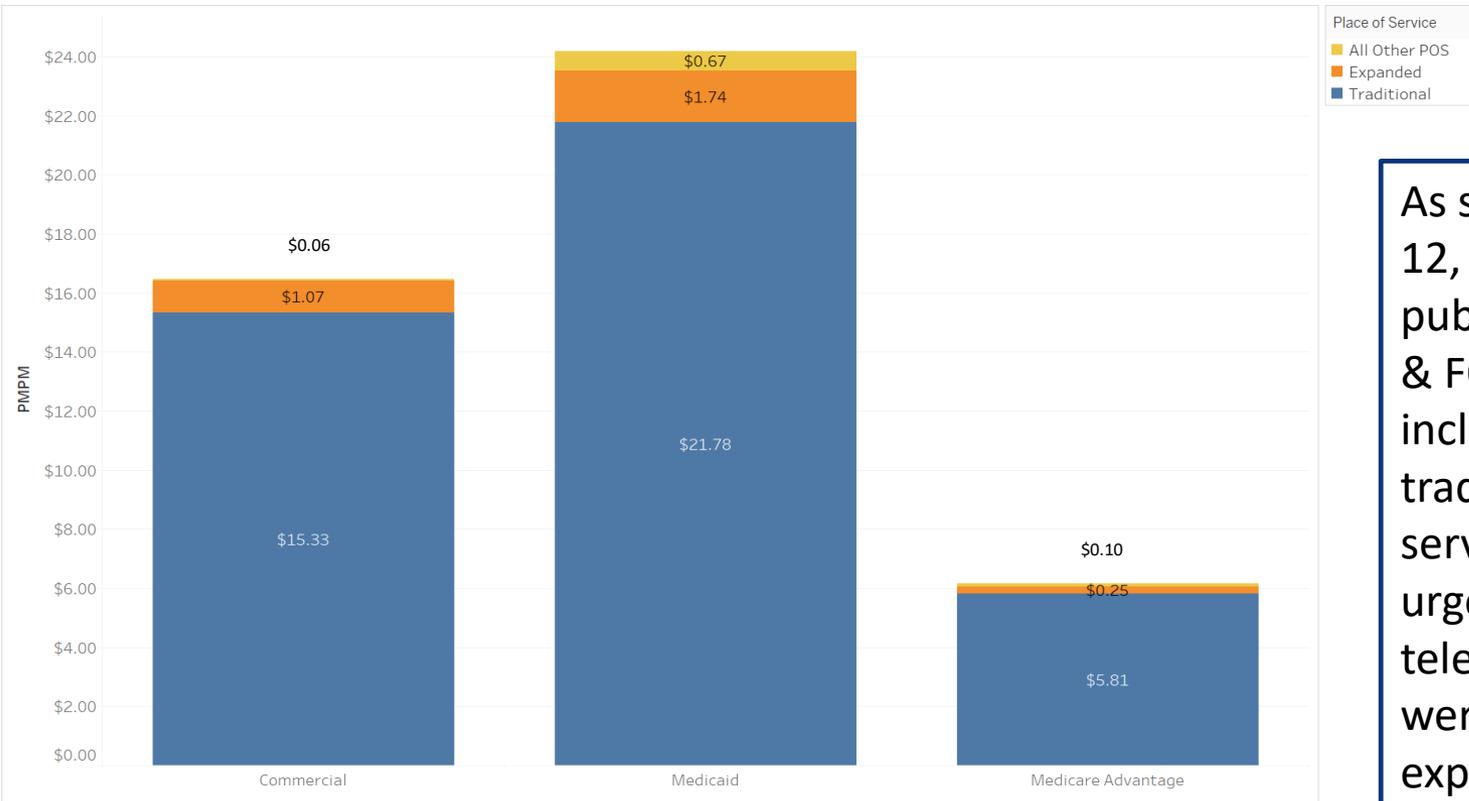
2018 and 2019 data  
\*Includes only seniors

# Primary Care Spending Billed by Physicians, NPs & PAs



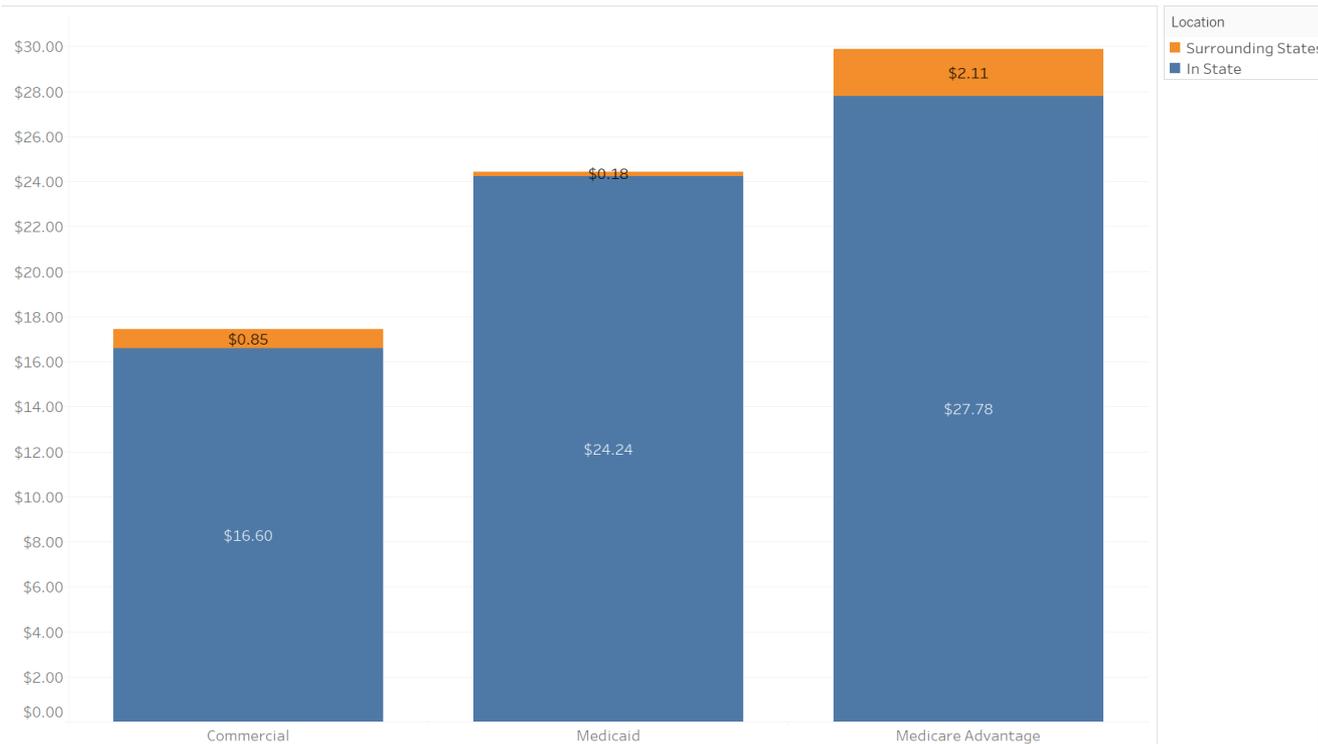
The differences shown here across payers are likely more an artifact of variation in billing practices than care delivery.

# Primary Care Spending by Place of Service



As shown on slide 12, physician offices, public health clinics, & FQHCs were included in traditional places of service. Retail, urgent care, telehealth and home were included as expanded.

# PMPM Primary Care Spending by State of Care Delivery



The vast majority of primary care was delivered by primary care providers located in Delaware.

Medicare Advantage beneficiaries spent the most on primary care in surrounding states.



# Next Steps for Development of Affordability Standards



# Next Steps

- ▶ Collect indirect primary care spending through payer questionnaire
- ▶ Complete primary care facility fee analysis
- ▶ Include all direct and indirect primary care spend analysis
- ▶ Set target for incremental increases in primary care to achieve by 2025
  - States typically aim to achieve 10-12% primary care spending as a percent of total cost of care
  - Primary care spend percentage typically increases ~1% a year
  - Consider guidelines on portion of increased investment that can flow through indirect primary care

# How to Reach Us

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