UPDATES

Primary Care Reform Collaborative

Dr. Nancy Fan, DHCC and PCRC chair



PCRC December 12, 2022

- University of Delaware Primary Care Study
- PCRC Workgroups- Update
 - Payment and Attribution- Dr. Nancy Fan
 - Care Coordination- Dr. Nancy Fan
 - Quality Measures and Benchmarks- Cari Miller
- Department of Insurance Office of Value Based Health Care Delivery- Update
- 2023 Meeting Schedule- Discussion

Delaware Primary Care Payment Model: Initial Design Framework

Quality Measures Minimize reporting burden; align with other initiatives

Avoid overly complex or administratively burdensome methods

Payer/provider can negotiate COI add-on based on value proposition and return on investment

variting parment Based on Members' Needs or Practice Infrastry. Vary services component using objective and reasonable methodologies for assessing members' risk/needs

Include a continuous quality improvement (CQI) add-on for primary care investment/ intrastructure

Prospective monthly payment (not to exceed quarterly)

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Payment to PCPs

Payers/providers use existing/new methods as mutually agreed to **Payers provide**

Patient Attribution methodological transparency and timely/useful information to PCPs

> Providers manage attributed member lists and collaborate with payers

> > ^{Panel} Size Considerations 250 minimum panel size

No maximum panel size

Provider/payer agree on a narrow set of primary care services excluding chronic care management

Standard Quality Investment (SQI) Payment

New or Established Patient Office or Other Outpatient Visit 99201-99205 (New 10-60 Minutes) 99212-99215 (Established 10-40 Minutes)

Prolonged Patient Service or Office or Other Outpatient Service; 30-60 Minutes

99354-99355

Physician Telephone Evaluation 5-30 Minutes 99441

Physician Online Evaluation and Management Service 99444

Prolonged Patient Service Without Direct Patient Contact 30-60 Minutes 99358-99359

Potential Uses for the Continual Quality Investment (CQI) Payment



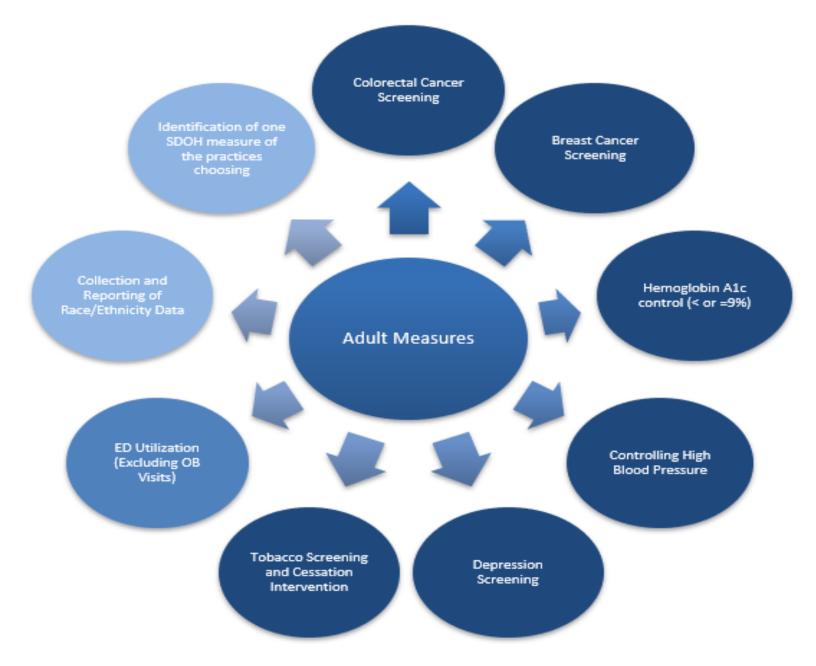


Figure 1: The dark-blue circles represent clinical measures, medium-blue represents utilization measures, and light-blue represents SDOH measures

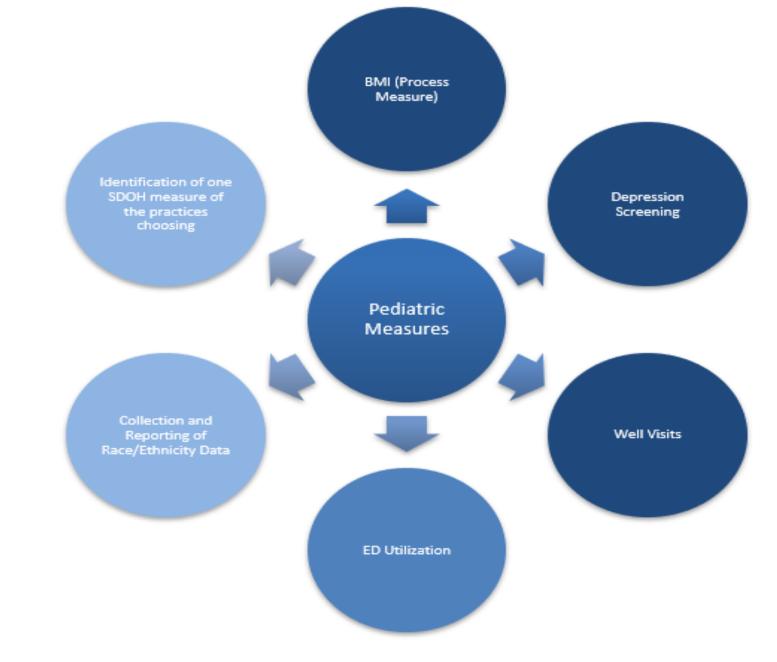


Figure 2: The dark-blue circles represent clinical measures, medium-blue represents utilization measures, and light-blue represents SDOH measures

Five Requirements for Fully-Insured Commercial Health Plans

Requirements	Description
1. Medicare Parity	Reimburse at least as much as Medicare for primary care and chronic care management services.
2. Primary Care Investment	Reach minimum, annual thresholds for providers in care transformation programs.
3. Care Transformation	Target including 75% of primary care providers in care transformation programs by 2026.
4. Price Growth Limits	Limit price growth for hospital and other non-professional services to better align with growth in the overall economy.
5. APM Adoption	Expand meaningful alternative payment model adoption by making healthcare providers more accountable for spending and value.

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2023 Meeting Schedule

- Currently, the PCRC is meeting virtually on a quarterly basis.
- Should the PCRC decide to continue that cadence, the following 2023 schedule is proposed:
 - March 13, 2023, 4:00-6:00pm
 - June 12, 2023, 4:00-6:00pm
 - September 11, 2023, 4:00-6:00pm
 - December 11, 2023, 4:00-6:00pm
- All meetings will continue to be virtual until informed otherwise.