



PRIMARY CARE REFORM COLLABORATIVE (PCRC) Meeting

Monday, May 16, 2022

4:00pm-6:00pm

Virtual WebEX Meeting

Meeting Attendance and Minutes

Collaborative Members:

Present

Dr. Nancy Fan, Co-Chair
Representative David Bentz, Co-Chair
Senator Bryan Townsend, Co-Chair
Dr. James Gill
Dr. Rita Meadows
Dr. Rose Kakoza
Kevin O'Hara
Steven Costantino (*Proxy for Secretary M. Magarik*)
MaryJo Condon (*Proxy for Commissioner Navarro*)
Faith Rentz
Deborah Bednar

Organization

Delaware Health Care Commission (DHCC)
House Health & Human Development Committee
Senate Health & Social Services Committee
Medical Society of Delaware
Delaware Nurses Association
Delaware Healthcare Association
Highmark
Department of Health & Social Services (DHSS)
Department of Insurance (DOI)
State Benefits Office/DHR
Aetna

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

Commission Members Absent: Maggie Norris-Bent, Steve Groff

Health Care Commission Staff: Elisabeth Massa (Executive Director), Stephanie Hartos (Public Health Administrator 1)

CALL TO ORDER

Dr. Fan called the meeting to order at approximately 4:00 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. Dr. Fan also informed the collaborative that PCRC meetings will remain virtual for the time being.

ACTION ITEM: APRIL MEETING MINUTES



Dr. Fan asked if there were any edits or comments for the April 2022 meeting minutes. Hearing none, Dr. Gill made a motion to approve. Kevin O'Hara seconded the motion to approve. The minutes were accepted with no comments.

OFFICE OF VALUE BASED HEALTH CARE DELIVERY UPDATE

MaryJo Condon provided an update for the Office of Value Based Health Care Delivery (OVBHCD)/Department of Insurance (DOI). The final regulations have been published and are available on their website, [Office of Value Based Health Care Delivery \(OVBHCD\) - Delaware Department of Insurance - State of Delaware](#). This website also contains the data collection template and bulletin for payers to guide them through the data submission process.

Rate filings for individual and small group markets are due June 15th. Rate filings for the large group market were extended out to September 1st.

UPDATE ON THE PCRC WORKGROUPS: PAYMENT & ATTRIBUTION AND CARE COORDINATION

Fred Gibison, Chair of the Payment and Attribution workgroup, provided an update from the latest meeting on May 11th. The discussion began by finalize the payment structure for this model, which is a two-piece prospective payment for practices. The first piece being a bundled payment for primary care services, commonly known as a PMPM, with the second payment being a Continual Quality Improvement (CQI) payment to support infrastructure, quality improvement, and other elements that are not necessarily tied to a CPT code.

The workgroup also had a discussion about risk adjustment and focused on the merits of varying the payment. The workgroup decided that yes, the payments should be varied (specifically the services component), but did not as a workgroup come to a recommendation on specific ways to vary the payment. The workgroup discussed having a minimum for the CQI payment, with the payers and providers having the ability to negotiate a higher monthly CQI based on the services provided at the practice.

Dr. Fan attended this meeting as a representative of the Care Coordination workgroup and led a conversation on quality measures and milestones for the PC Model. It was a consensus among both workgroups that in order to effectively decide on methods of payment and care coordination, there needs to be some metrics in place to ensure the payers are getting the value needed from these monthly (or quarterly) payments. Overall thoughts were for the first year, the measures would just be for the purpose of baseline information and would not be eligible for incentives or penalties. There is also a desire to move away from solely using HEDIS measures and bringing more of a focus to the overall quality and outcomes for patients. There was agreement that a limited number of measures would be



beneficial and that there should be consistency across payers, so the providers are not being pulled in multiple directions.

Dr. Gill asked Fred and Dr. Fan who exactly has the responsibility of deciding what the monthly payment should be for the practices and how will it be adjusted. Fred responded that the purpose of the Payment and Attribution workgroup was not to provide a dollar amount for the PMPM or CQI payment. The specific monthly payment would be decided through negotiations between the payers and providers once they determine what exact services it would cover. Dr. Fan responded that a strong constraint to this was the short time frame. For the first year, this model is a bit high level with a lot of flexibility due to the quick turnaround. There is a recommendation in this model stratify the payment based on some level of patient risk.

For the Care Coordination workgroup, Dr. Fan stated that a lot of the discussions and components came from the MDPCP program as the structure and focus on community health teams fits in well with our needs. These features will likely not be incorporated into our model until version 2.0, which will hopefully come out next year for the 2024 rate filing year.

SS1 for SB120: MANDATE FOR PROVIDER COMPLIANCE

Dr. Fan began the conversation around the second component of the PCRC's mandate regarding provider compliance. Out of the verbiage from SB120, the PCRC shall develop and monitor compliance with alternative payment models that promote value-based care. Some of this information does align with the OVBHCD, though this is a separate responsibility for the PCRC that we will need to begin working on in the upcoming months and years.

Dr. Gill asked if this work falls under the Quality Measures and Benchmarks workgroup. That workgroup was formed primarily to focus on the quality and measurement component of the PC Model, not necessarily of the second part of the mandate which is to monitor compliance. Some of this can be incorporated under that workgroup, but not all of it. We already have some regulatory guardrails for the payers, though we need to be able to make sure both sides are being compliant while also being able to monitor what type of value-based care is being provided.

Dr. Fan asked the group if this is something we would like to do retrospectively. Most of this data would come from the payers at first but it would give us a baseline of what we have been able to achieve and where we need to go. There will always be a bit of a lookback, but the question is when should we start looking at this data. MaryJo noted that it would be very helpful if this data collection process worked together with what DOI will already be doing as there is a bit of overlap. Collecting more data from the providers would compliment nicely with the data they are already collecting from the payers. Kevin O'Hara (Highmark) agreed. DOI collects both retrospective and prospective data from payers.



It was decided to start collecting data in January 2023 on provider compliance with a lookback period from 2022. This data will include how many individuals are in a value-based payment model and what exactly those models entail. Future conversations can look at different timeframes and what kind of outcomes we are getting.

CONCEPTS OF ADVANCED PRIMARY CARE DELIVERY

The PCRC briefly discussed driving the investment in primary care and how we can best advance outcomes outside of just having patients in value-based payment models and providing practices with a PMPM. The following slide show some overall goals:

A slide with a blue gradient background and a green square in the top right corner. The title "Goals of Primary Care Reform:" is in white text. Below the title is a bulleted list of goals in green text.

- ▶ Increase PC investment and move away from FFS
 - ▶ Payer compliance
- ▶ Decrease admin burden and advance practice transformation
 - ▶ Provider incentives and compliance
- ▶ Improve access, preventive care, close care gaps

Possible metrics we can use to analyze how well primary care is advancing is measuring ER utilization, transitional care, social determinants of health assessments, patient wellness education and health promotion, and behavioral health integration. While these are desirable measurements, they are often very difficult to measure and not all of these services are billable and have CPT codes.

CONCLUSION

The next PCRC meeting will take place virtually on Monday, June 13 from 4:00-6:00pm. The finalized first version of the PC Model will be presented at that time.

PUBLIC COMMENT

No public comments were received. The meeting was adjourned at 5:27pm.

Public Meeting Attendees

Nicole Freedman

Morris James



Mike Pellin
Fred Gibison Jr.
Megan Richards
Christina Haas
Wendy Beck
Lori Ann Rhoads
Cari Miller
Mike North
Katherine Impellizzeri
Zachary Peters
Meredith Tweedie
Tanisha Merced
Gabby Costagliola
Pat Redmond
Anthony Onugu
John Van Gorp
Jaclyn Iglesias
Laura Knorr
Christina Crooks Bryan

Aetna
Mercer
Aetna
Delaware Department of Insurance
Highmark
Medical Society of Delaware
LabCorp
Aetna
Aetna
CVS Health
Christiana Care
Delaware Department of Insurance
Willis Towers Watson
Nemours
United Medical, LLC
Bayhealth
Willis Towers Watson
Aetna
Delaware Healthcare Association