Primary Care Reform Collaborative: PC

June 15, 2020

Agenda:

- Approval of Minutes
- Data/ Technical Subcommittee
- Workplan
  - Benchmarking report
  - OVBHCD
  - Funding recommendations
- Legislative Update
- Future Meetings

DATA/TECHNICAL SUBCOMMITTEE

- Responsibilities:
  - Will work directly with OVBHCD
  - Reports back to PCRC
- Jackie Ball – Aetna
- Lisa Schaffner - Highmark
- Jamie Clarke – Nemours
- Dr. James Gill
- Large Employer/self insured representative

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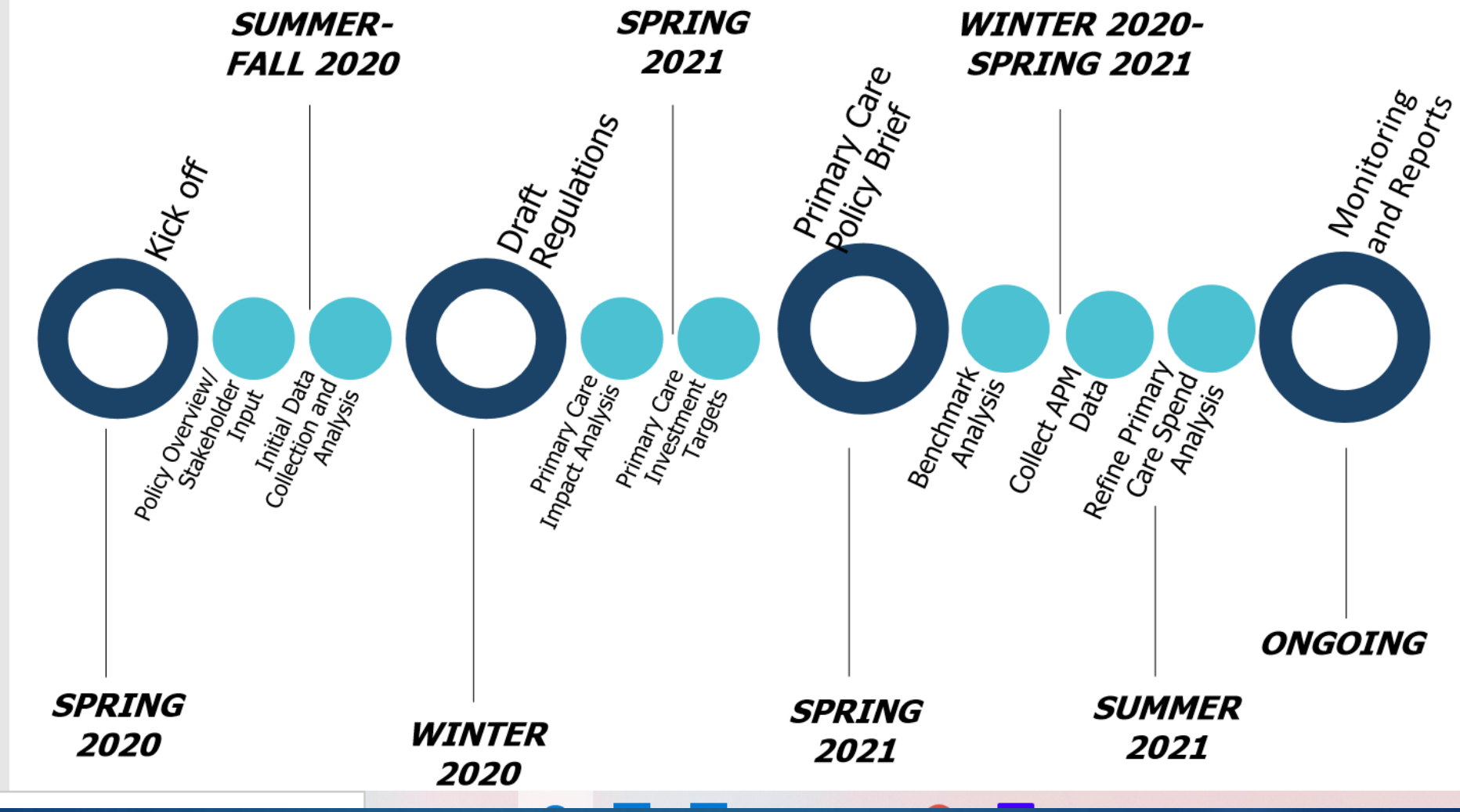
Project Timeline

Freedman HEALTHCARE



Next Steps for PCRC

- Defining the data driven metrics: value, accountability, risk
- PC post COVID>>Funding proposals
  - Innovative, flexible and sustainable
  - Telehealth
  - APM – upfront investments
- Capacity including addressing lack of parity for BHI and non-physician clinicians
- DHIN presentation

Current Comments:

- Determine and monitor outcome measures to evaluate the benefit of increasing PC investment
- Develop a broad "inclusive" definition of Primary care in terms of health care specialties/ professionals
- Assist/Issue to the Insurance Commissioner an annual report on increasing primary care investment
- Use of DHIN to measure PC investment and monitor amount of PC spend with claims and non-claims based payments
- Collaborate with "provider partners" to reallocate funds, on an increasing scale, which have been contributing to a higher cost of care

Current Comments: Increase PC spend without increasing overall health care costs

- Reduce spend on hospital inpatient services to the same level in PA
  - Decrease hospital rates by 10% of Medicare rate each year until 190% as that in PA, probably over 5 yrs
  - Overall represent decrease 1% in total spend to be shifted to PC spend

Current Comments: Increase PC spend without increasing overall health care costs

- Global Reference Based Pricing
  - Montana: 2016>>234% Medicare rates across all service types with $13.6 m savings/3 yrs
  - Oregon: 2017 legislation effective 2020>>200% Medicare
  - North Carolina: 2019, effective 2020
    - 155% of Medicare hospital inpatient/200% for critical access hospitals
    - 200% for hospital outpatient/ 235% for critical access
    - 160% Medicare for professional services

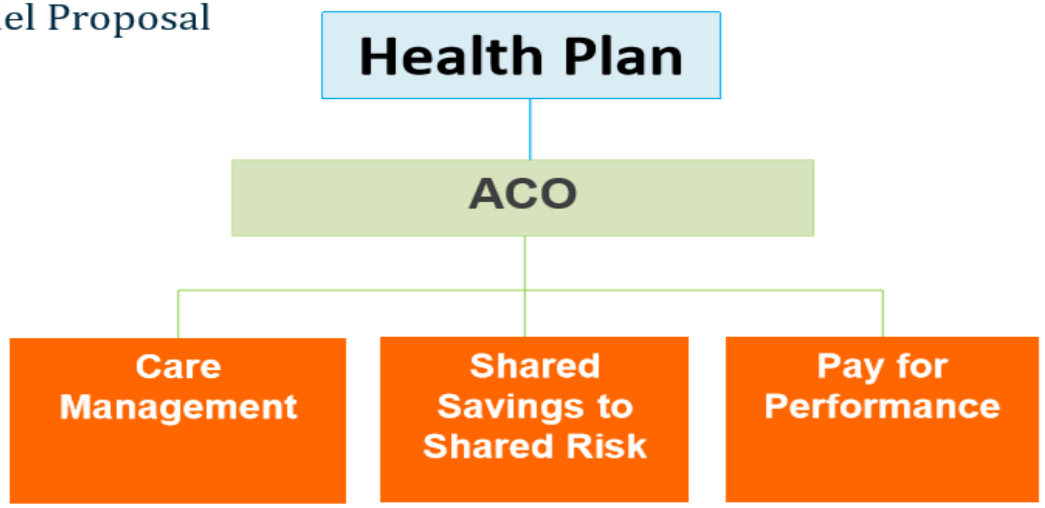
PAST PROPOSALS:

Delaware Primary Care Funding Model Proposal

Proposed Funding Model

3 funding streams:

1. **Delegated** Care Management Fees
2. **Shared Savings**
3. **Pay for Performance**



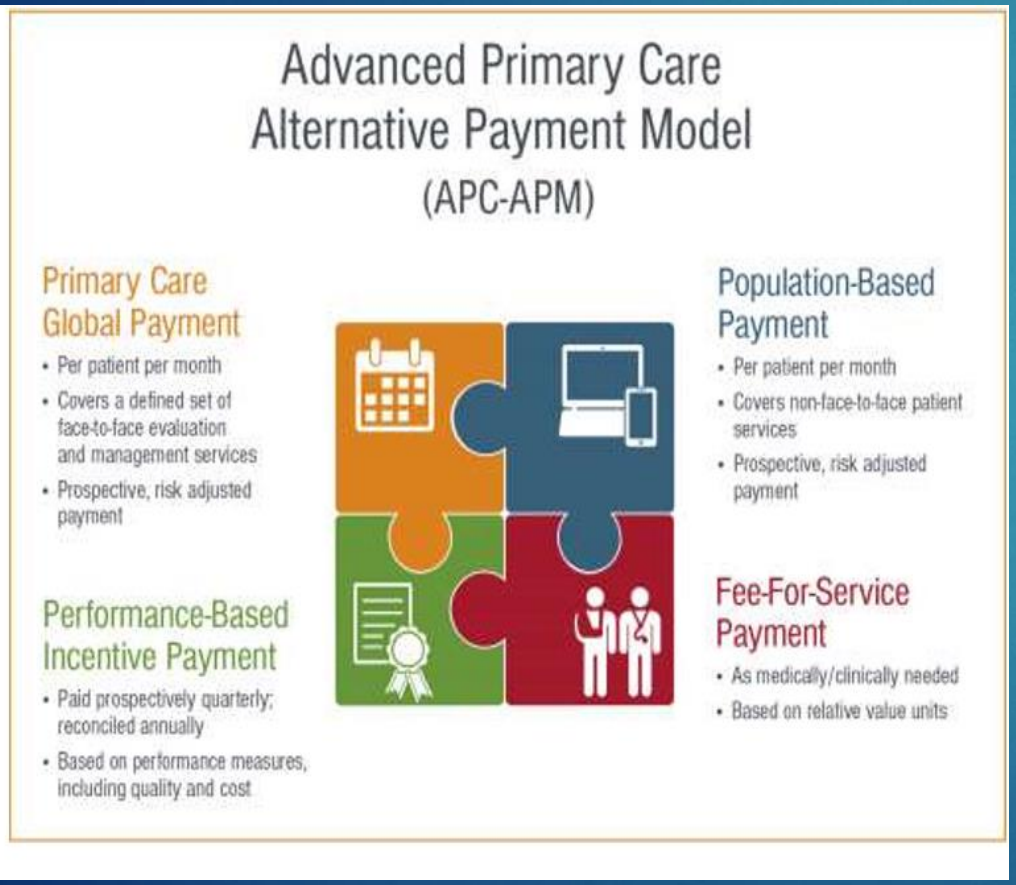
- Upfront PMPM CM Fees with task accountability
  - Used to fund CM staffing and infrastructure
  - Amount related to % premium with both a cost of service and ROI perspective
  - Included as an expense in calculating shared savings/risk pool

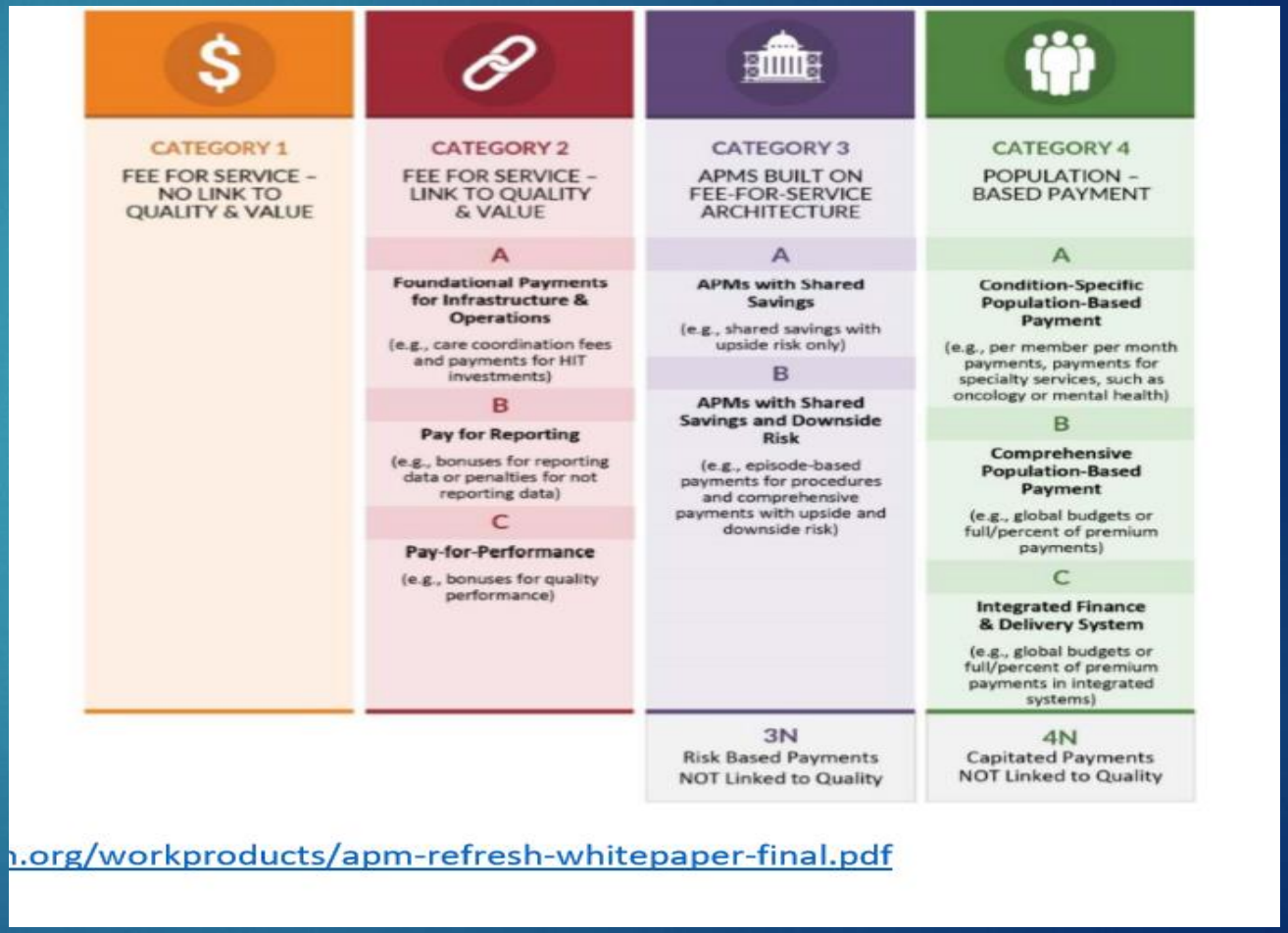
- Savings split between ACO and Plan
- Transition to Shared Risk over Time
- Stop-loss for high dollar cases
- Risk corridor when transition to risk
- Quality gate
- Guard against price increases eliminating savings from improved utilization

- Key measures associated with Plan withhold or quality goals
- Metric choice aligned across payers for similar populations
- Number of metrics allows providers to focus their QI programs
- Improvement and attainment goals achievable

Past Proposals

AAFP APC-APM





.org/workproducts/apm-refresh-whitepaper-final.pdf

Future Meetings:

- THIRD MONDAY OF EACH MONTH:
- 7/20/20
- 9/21/20
- 10/19/20
- 11/16/20
- 12/21/20