



# Primary Care Reform Collaborative:

September 21, 2020

# Virtual Meeting Housekeeping Items

- ▶ Members – self identify for roll call
- ▶ Public – please send your name and email contact to **Read.Scott@delaware.gov**
- ▶ Please keep your computer/phone on mute unless you have a comment to make and if you are not on visual, please identify yourself
- ▶ This meeting will be recorded for minutes

# Agenda:


- ▶ Approval of Minutes
- ▶ OVBHCD/ Technical Subcommittee Update
- ▶ Points of Interest
- ▶ Practice Transformation and Goal-setting
- ▶ Future Meetings

# OVBHCD UPDATE

# Points of Information

- ▶ CMS proposed 2021 Fee Schedule
  - ▶ Open comment period through October 5, 2020
  - ▶ Increase in office E/M codes
- ▶ DCHI Employer Workgroup
- ▶ DCHI Primary Care Forum
  - ▶ [https://email.dehealthinnovation.org/?hs\\_preview=NGzhKhuE-34743779246](https://email.dehealthinnovation.org/?hs_preview=NGzhKhuE-34743779246)





PCRC Workplan  
Practice  
Transformation  
Goal Setting

# Goal Setting: SB 227

- ▶ Role of PCRC:
  - ▶ Stabilize and promote PC – foundational
  - ▶ Annual recommendations reflective of policy
- ▶ Defining Value Based Care
  - ▶ Advanced Primary Care
  - ▶ Quality, Utilization, Cost
- ▶ Funding: Approaches to Achieving Affordability
  - ▶ LAN payment models
  - ▶ Reallocating Funds
- ▶ Oversight
  - ▶ Regulatory>>>OVBHCD
    - ▶ Does that include monitoring the “market”
  - ▶ Legislative Mandate to achieve goals

# Approaches to Achieving Affordability



Domain	Definition	Examples
Total cost of care benchmarks	Mandated healthcare spending growth target, typically with hearings, performance improvement plans if failure to meet targets	DE benchmark of 3.5% for 2020
Primary care spend targets	Mandated primary care investment as a percentage of total healthcare spending	RI 11% primary care spend target; CT 10% by 2025
Enhanced rate review and other payer reforms	Consumer subsidies; limits on rate increases, cost sharing; minimum MLR, Rx pricing legislation, surprise billing legislation	RI limits hospital rate increases to Medicare price index plus one percentage point
Market consolidation monitoring	Analysis of change in quality, cost, and access due to changes in the market	MA, CT conduct Cost and Market Impact Reviews on proposed consolidation
Alternative payment model adoption targets	Mandated requirements on APM adoption, quality incentive payments, provider risk-sharing, global budgets	OR to require 70% of Medicaid payments to be for value-based contracts by 2024



# Past Proposals



# Additional Considerations

- ▶ Multi-Payor Alignment – Plan Year 2022
- ▶ Quality as Defined by Outcomes
  - ▶ Measureable outcomes reflecting investment in PC
  - ▶ Separating Process from Outcomes
- ▶ Coordinating with current Infrastructure
  - ▶ Benchmarking Process (Total Cost of Care)

# Care/Practice Transformation

- ▶ Patient Centric, comprehensive
- ▶ Leveraging existing Infrastructure
  - ▶ Early enablers – larger compensation for adopting VBC
  - ▶ Risk sharing
  - ▶ ACOs, team based care, PCMH
- ▶ Moving the current % of practices into VBC/APM
  - ▶ Aggregators/conveners, shared resources to facilitate change
  - ▶ Prospective payments

# PCRC Workplan

## PCRC

- ▶ September – level setting
- ▶ October – December
  - ▶ Defining VBC
  - ▶ Funding – defining approaches to Affordability
  - ▶ Oversight

## OVBHCD

- ▶ October – Data Collection/DHIN
- ▶ November- provisional Affordability Standards
- ▶ December – review highlights of Affordability Standards Report



# Future Meetings:

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