PRIMARY CARE REFORM COLLABORATIVE (PCRC) Meeting

Monday, September 12, 2022
4:00pm-6:00pm
Virtual WebEX Meeting

Meeting Attendance and Minutes

Collaborative Members:

Present	**Organization**
Dr. Nancy Fan, Co-Chair	Delaware Health Care Commission (DHCC)
Representative David Bentz, Co-Chair	House Health & Human Development Committee
Steve Groff	Division of Medicaid & Medical Assistance
Dr. James Gill	Medical Society of Delaware
Dr. Rose Kakoza	Delaware Healthcare Association
Pam Price *(Proxy for Kevin O'Hara)*	Highmark
Steven Costantino *(Proxy for Secretary M. Magarik)*	Department of Health & Social Services (DHSS)
Mary Jo Condon *(Proxy for Commissioner Navarro)*	Department of Insurance (DOI)
Faith Rentz	State Benefits Office/DHR
Deborah Bednar	Aetna
Senator Bryan Townsend	Senate Health & Social Services Committee
Maggie Norris-Bent	Westside Family Healthcare

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

Commission Members Absent: Dr. Rita Meadows, Delaware Nurses Association

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

CALL TO ORDER

Dr. Fan called the meeting to order at approximately 4:02 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.

ACTION ITEM: JUNE MEETING MINUTES

Dr. Fan asked if there were any edits or comments for the June 2022 meeting minutes. Hearing none, Dr. Jim Gill made a motion to approve. Faith Rentz seconded the motion to approve. The minutes were accepted with no comments.

MARYLAND PRIMARY CARE PROGRAM (MDPCP)

Dr. Howard Haft, Senior Medical Advisor for the MDPCP program, presented the program to the PCRC as the three PCRC workgroups; Payment and Attribution, Care Coordination, and Quality Measures and Benchmarks, have based many of the recommendations for the Delaware Primary Care Payment Model on the success of this program.

Dr. Haft began the presentation by describing Maryland's "why" behind the model. Particular reasons they developed the model the way they did is to address the enormous disparities in value-based care, the disparities in health outcomes and quality, the rapidly increasing health care cost, and the burnout/lack of providers. With the rise of chronic disease and health equity issues in our nation, it is imperative they acted quickly and developed a program to adequately address these issues and improve overall primary care. Stakeholder input for this program began in 2015 during plans for the Total Cost of Care contract they had with the federal government, and the program officially launched Track 1 with a single Medicare payer in 2019. This program has now expanded throughout Maryland and has recently added health equity payments. In 2023, Track 3 will officially be added, which will add Medicaid as an aligned payer. This model is designed to be all-payer, but the initial financial support came from the federal government.

The MDPCP model has multiple tracks, with payments progressing for each track the practices move to. Medicare payments were built on the framework of CMMI's CPC+ program, with additional payments for complex care. All payments are risk adjusted, except those for health equity (also known as HEART payments). Payment incentives for Track 1 and 2 of this model include a Care Management Fee, Performance-Based Incentive Payments, Comprehensive Primary Care Payment (Track 2 only), and Health Equity Advancement Resources and Transformation payment.

As of now, 2/3 of all eligible primary care practices in Maryland utilize this program, and it is still growing year over year. Track 1 is going to be retired in the upcoming years as most practices have move past the initial phase and have entered Track 2. Tracks are required to transition over time to continue building the abilities and resources of the practices enrolled. A few practices have already "graduated out" of the program and have used the tools and resources they gained to become self-sufficient enough to not require the additional support. This program has been very successful and continues to evolve and gain positive traction throughout the state.

COLLABORATIVE STATUS UPDATE

Dr. Nancy Fan, Chair of the PCRC, provided a general collaborative status update to provide a level-setting on what the goals of the SB 120 legislation are and what progress is being made on primary care sustainability and transformation. The Department of Insurance (DOI) Office of Value Based Health Care

Delivery (OVBHCD) has a significant role in this work as increasing the required commercial spending for primary care services for practices enrolled in a value-based payment models is a significant portion of the legislation and will greatly impact the primary care landscape in Delaware. As far as the PCRC, we want to build a value-based payment model that is not only sustainable, but also innovative. We want to make sure the type of care we are offering with this model is patient centered, but at the same time, does not increase administrative burden on the practices. The current goal of the workgroups is to have this model ready to be offered for health plans 2024 as the rate filings for 2023 have already been completed.

WORKGROUP UPDATES

Quality Measures and Benchmarks

Cari Miller, Chair of the Quality Measures and Benchmarks workgroup, provided an update to the PCRC on the latest workgroup recommendations and the progress made over the past three meetings. The primary goals of this workgroup are to:

- Develop detailed quality metrics for Delaware's new Primary Care Payment Model
- Determine metrics for DHCC to monitor provider compliance with value-based payment models
- Develop recommendations for a dashboard for monitoring provider compliance with value-based payment models

The workgroup recommends the following quality metrics be considered for Delaware's Primary Care Payment model. It is not required that the payer and/or provider agree to this full list of metrics, however, the workgroup recommends sticking to this list as closely as possible.

	Measure	Population
1.	Colorectal Cancer Screening	Adult
2.	Breast Cancer Screening	Adult
3.	Hemoglobin A1c control (< or =9%)	Adult
4.	Statin Therapy for Patients with Diabetes	Adult
5.	Statin Therapy for Patients with Cardiovascular Disease	Adult
6.	Controlling High Blood Pressure	Adult
7.	BMI (Process Measure)	Adult and Pediatric
8.	Depression Screening	Adult and Pediatric
9.	Tobacco Screening and Cessation Intervention	Adult
10.	Well Visits	Pediatric

Dr. Jim Gill commented that 10 metrics is still a bit too many and that the measures listed are old-school HEDIS measures that do not adequately reflect health care quality. Dr. Gill recommended using

measures that focus on comprehensiveness, continuity, and access as those focus more heavily on health care quality.

Dr. Fan responded that the first-year metrics contain a lot of "low-hanging fruit" to ensure that practices who do not currently participate in any value-based care can adopt the model and feel able to meet the goals and recommendations in Year 1. There will be additional buckets and payments for advanced care practices to continue evolving and potentially receive a higher incentive. Exact buckets and payment amounts have not been determined.

Payment and Attribution/Care Coordination Workgroups

Dr. Nancy Fan, Chair of the Payment and Attribution and Care Coordination workgroups, presented an update on the progress of both groups. For the Payment and Attribution workgroup, their primary goal at the moment is to determine what services would all be included in a monthly prospective payment bundle. The workgroup recommends the following E&M codes for the bundle; the exact monthly payment amount has not yet been determined.

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

The Care Coordination and Payment and Attribution workgroups are both also working on developing a second monthly payment for practices that will focus on quality and infrastructure improvement.

OFFICE OF VALUE BASED HEALTH CARE DELIVERY (OVBHCD) UPDATE

Mary Jo Condon, Director of the OVBHCD, provided an update to the PCRC on the implementation of SB 120 and the related rate regulations. Mary Jo started by reminding the PCRC and other public members of the following requirements of the legislation:

- Maintain Medicare Parity
  - For Fee-for-Service and Non-Fee-for-Service Payments
- Increase Primary Care Investment as a Percentage of Total Spend
  - 2022 requirement = 8.5%
  - Stairstep increases to 11.5% by plan year 2025
  - Investment focused on DE residents and PCPs participating in care transformation
  - Carriers should move 75% of DE PCPs into care transformation programs by 2026
- Limit Non-Professional Price Growth
  - 5.5% in 2023
- Expand Alternative Payment Model Adoption
  - Carriers to transition to fixed payment methodologies for inpatient/outpatient facility services
  - 50% of total cost of care in shared savings contracts and 25% of total cost of care in shared savings contract with downside risk by 2023; only applies to carriers with 10k DE members

The small group rate review process has been completed by the OVBHCD, and the large group rate review is currently underway. DOI has been meeting with the carriers on a quarterly basis to monitor progress and ensure compliance, and they can say that the projections look good at this time, though DOI/OVBHCD will continue meeting with the carriers on a regular basis to ensure those projections come to fruition. Mary Jo also reminded the PCRC that increased investment in primary care requires PCPs to engage in care transformation, which may look like:

- A carrier primary care incentive program
- The Delaware Primary Care Model, which is currently in development
- The National Committee for Quality Assurance (NCQA) Patient-Centered Medical Home certification program
- Any other standards as may be added by the Department and communicated annually to carriers by annual notice

Dr. Jim Gill asked if payers have to pay 8.5% for primary care for all Delaware residents; Mary Jo clarified that the increased primary care spend is for Delaware residents who are attributed to primary care providers in care transformation.

CONCLUSION

The next PCRC meeting will take place virtually on Monday, December 12 from 4:00-6:00pm. The three PCRC workgroups (Care Coordination, Payment and Attribution, and Quality Measures and Benchmarks) will continue meeting throughout the remainder of the calendar year.

PUBLIC COMMENT

No public comments were received. The meeting was adjourned.

Public Meeting Attendees

Lori Ann Rhoads	Medical Society of Delaware
Dr. William Ott	Aetna
Megan Richards	Aetna
Tyler Blanchard	Aledade ACO
Dr. Sarah Mullins	Aledade ACO
Michael North	Aetna
Mollie Poland	Nemours
E. Lewis	Hamilton Goodman Partners
Katherine Impellizzeri	Aetna
Mike Pellin	Aetna
Steve Schuh	State of Maryland
Jen Fahringer	Aledade, ACO
Corryn Brown	Oliver Wyman
Cari Miller	Lab Corp
Ragenea Thompson	United Health Care
Howard Haft	State of Maryland