

Primary Care Reform Collaborative Meeting

Monday, June 15, 2020

5:00-7:00 p.m.

<https://www.freeconferencecall.com/wall/nfanmd>

Online Meeting ID: nfanmd

Audio/Call-In Number: (978) 990-5000

Access Code: 528022

Meeting Attendance

Collaborative Members:

Present:

Senator Bryan Townsend, Co-Chair
Dr. Nancy Fan, Co-Chair
Representative David Bentz, Co-Chair
Dr. Veronica Wilbur
Kevin O'Hara
Dr. James Gill
Christopher Morris
Steven Costantino (Proxy for Hon. Kara Odom Walker)
Leslie Ledogar
Steve Groff
Dr. Christine Donohue Henry
Dr. Jeffrey Hawtof
Faith Rentz
Hon. Trinidad Navarro
Dr. Michael Bradley
John Gooden
Mike Gilmartin

Organization:

Senate Health & Social Services Committee
Delaware Healthcare Commission
House Health & Human Development Committee
Next Century Medical Care/ Delaware Nurses Association
Highmark Delaware
Medical Society of Delaware
Aetna
Department of Health & Social Services (DHSS)
Department of Insurance
Division of Medicaid & Medical Assistance
Christiana Care/Delaware Healthcare Association
Beebe Healthcare/ Delaware Healthcare Association
State Benefits Office/DHR
Department of Insurance
Dover Family Physicians/Medical Society of Delaware
MDavis, Inc./DSCC
MDavis, Inc./DSCC

Absent:

Margaret Norris-Bent
Leslie Verucci

Organization:

Westside Family Healthcare
Delaware Nurses Association

Staff:

Juliann Emory

Juliann.Emory@delaware.gov

Attendees:

Ayanna Harrison
Elisabeth Massa
Pamela Price
Sascha Brown
Dr. Sarah Mullins
Mollie Polland
Elizabeth Staber
Katherine Impellizzeri

Organization:

Department of Health and Social Services/DHCC
Department of Health & Social Services/DHCC
Highmark
Aetna
Stoney Batter Family Medicine
Nemours
Aetna
Aetna

Tyler Blanchard
Jackie Ball
Mary Jo Condon
Bryan Gordon
Vinayak Sinha
Anthony Onugu
Kim Gomes
Rebecca Byrd
Debbie Hamilton
Claudia Kane
Lisa Zimmerman
Cheryl Heiks
Meredith Tweedi
Dr. Susan Conaty-Buck
Michael North
Elisabeth Zubaca
Anthony Graves

Aledade
Aetna
Freedman
ChristianaCare
Freedman
United Medical
ByrdGomes
ByrdGomes
Hamilton Goodman Partners
Delaware Center for Health Innovation
Department of Health and Social Services
Delaware Health Care Facilities Association
ChristianaCare
University of Delaware
Aetna
Hamilton Goodman

The meeting was called to order at 5:05 p.m.

Welcome

The meeting convened at 5:05 p.m. via web conference platform FreeConferenceCall at <https://www.freeconferencecall.com/wall/nfanmd>. Dr. Fan welcomed all attendees and reminded them the meeting would be recorded. Members announced their presence as record of attendance. A quorum was confirmed. Public attendees were asked to submit their name and affiliation to Read Scott via email (Read.Scott@delaware.gov). Dr. Fan briefed members on the meeting agenda and transitioned the meeting to the approval of the May minutes.

Approval of May 2020 Minutes

Dr. Fan asked the members if they had any comment on the draft minutes from the Primary Care Reform Collaborative meeting, held on May 8, 2020. Dr. Christine Donohue Henry shared that she had an addition to be made to the minutes. She read her addition to the members and agreed to send the text to Dr. Fan via email and copy Ayanna Harrison. Dr. Fan asked if the members were comfortable with approving the minutes with the understanding the corrections would be made. The members agreed this would be acceptable. Steven Costantino motioned to approve the minutes as amended; Dr. James Gill seconded the motion. The motion to approve was unanimously carried. Approved minutes for the May 8, 2020 meeting can be viewed here: https://dhss.delaware.gov/dhss/dhcc/files/pccmeetingminutes_05082020.pdf.

Dr. Fan reported that hearing no edits or additions to the Annual Report it has been posted on the DHCC website. If members need to reference or review the report they can do so by visiting the DHCC website (https://dhss.delaware.gov/dhss/dhcc/files/collabrptfinal2020_050820.pdf). She provided an update on the formulation of the subcommittee. Four members have been identified: Jackie Ball –Aetna, Lisa Schaffner – Highmark, Jamie Clarke – Nemours, and Dr. James Gill. Dr. Fan shared that it has been difficult to identify a member to represent a large insurer self-employer. Dr. Fan spoke with Faith Rentz and after some discussion they both agreed it would be a good idea to present this issue to the Collaborative and request recommendations. Recommendations can be sent Dr. Fan and Read Scott. During the discussion it was suggested that a representative from the Chamber of Commerce be included on the subcommittee. Kevin O’Hara agreed that reaching out to the Chamber of Commerce was a good idea. Dr. Fan transitioned the call to Leslie Ledogar to present on behalf of Department of Insurance (DOI).

Update on Department of Insurance/Office of Value-based Healthcare Delivery

Leslie Ledogar provided an update on their work with the Office of Value Based Health Care (OVBHCD). She started by recapping the work that has been accomplished to date. In May, the DOI consultant, Freedman, was introduced to the Collaborative. Freedman gave a presentation that included their outline of proposed activities, context and background on what other states are doing, and review of Delaware priorities. Based on these discussions Freedman has established the following four goals: Improve health care value; Reflect DOI and stakeholders' priorities; Create a sustainable, incremental process positioned to evolve as care transformation efforts mature; and Comply with OVBHCD and DOI statutes.

Ms. Ledogar shared how impressed she has been with Freedman. The OVBHCD began their work by developing provisional affordability standard approaches. These standards are currently under review at DOI and they will be shared with the Collaborative during a future meeting. Freedman has met with several key stakeholders and they plan to continue to schedule meetings in the coming weeks. Ms. Ledogar reports that Freedman will use DHIN as the key data source. The Department's Deputy Attorney General and DHIN's general council have met with Freedman. The OVBHCD is confident an agreement will be reached soon. Ms. Ledogar also shared that Freedman recently met with the Delaware Health Care Commission staff to discuss the Health Care Spending and Quality Benchmark process and a possible collaboration to avoid duplication of effort. The meeting yielded suggestions for data collection methodology (defined specifications for primary care spend) that will assist both DHCC and OVBHCD. Currently the OVBHCD is working on developing templates for their data collection.

Ms. Ledogar reported that next steps require some guidance from the Collaborative. The first, is to obtain some guidance on the division of responsibility between the PCRC and the OVBCHD. The Collaborative will offer strategic vision for care transformation. OVBHCD will provide targets and measure progress. Lastly, the payers and providers will plot their own course to achieve targets.

Ms. Ledogar also asked for input from the Collaborative to confirm the membership of the data collection subcommittee. The work of the subcommittee is instrumental in helping to collect the data to identify the numerator in the overall equation of total spend and how much will be spent on primary care. Ms. Ledogar read the current membership and thanked them for their participation. Members were asked to submit their contact information. Ms. Ledogar shared her support for the suggestion to contact the Chamber of Commerce for recommendations. Ms. Ledogar concluded her update by reviewing their plans for next steps. She reported that they plan to collect data and review the primary care spend. They also plan to draft agendas for the technical subcommittee. Lastly, they plan to design affordability standards templates. This task is pending a review to determine if this is feasible.

Dr. Fan emphasized the importance of alignment between the Collaborative and the subcommittee. She added that the relationship between the two will be interchangeable. Dr. Fan asked Freedman if they were aware of the Collaborative's definition for primary care spend before presenting their suggestion to DHCC staff for the Benchmarking process. She also asked if Freedman believed the metrics PCRC agreed on for expenditures are metrics they are willing to use or are they looking for something broader. Ms. Ledogar reported that the OVBCHD plans to review the metrics with the technical subcommittee. She addressed the first question by stating that primary care spend definition was taken directly from the statute. She invited Ms. Condon to elaborate. Ms. Ledogar explained that can bill for t. They decided not to include claims submitted by other physicians providing primary care services. While these claims can be billed as primary care OVBHCD felt it would be too deep of a dive. Ms. Condon added that she worked with Dr. Gill on behalf of PCRC to develop a claims-based definition of primary care spending, leveraging the work that has been done nationally and work completed by the Primary Care Collaborative and the Millbank funds. They are waiting for enhancements to DHIN to supply Dr. Gill and PCRC

with the final analysis. The work completed was in alignment with the content in the regulations. She continued to report that they worked with DHCC Benchmark team to replicate that same claims-based for primary care and as a result the PCRC, DHCC and OVBHCD are all aligned. The analysis the PCRC, OVBHCD and Benchmark will all be based on the same claims-based definition. In addition to the claims-based definition are the dollars that don't move through claims. These are the care management fees and other types of non-claims-based dollars. This data is currently being collected through the Benchmark process. The OVBHCD would like to align as much as they can with the Benchmark process. The definition that is currently being used is consistent with national standard for the definition of primary care spend. Three things need to be in line to be considered primary care spend: Primary Care Provider, CPT codes that align with the national standard, and primary care place of setting (office, telehealth visit, etc.). Dr. Fan asked if the subcommittee plans to provide monthly updates. She also asked if they planned to submit a formal report on the work that has already been completed. Ms. Condon stated that the enhancements they were waiting for at DHIN have been completed. They are finalizing the work and hope to have something at the end of the month. She emphasized the fact that the data is property of the Collaborative. She continued to state that members were free to share with the OVBHCD, but it is not required.

Mr. O'Hara asked if the Collaborative was obligated to adopt the definition as described by Freedman. Dr. Fan stated that the work completed was done with the assistance of Dr. Gill and should be consistent with recommendations in the annual report. She added that she did want to obtain specifics from the OVBHCD to confirm. Ms. Condon reported that the definition is based on the national standard. O'Hara was satisfied with the response and wanted to clarify that the Collaborative has the ability to review and approve. Ms. Condon agreed with the clarification and reported the OVBHCD will have a report to share during the next meeting. Dr. Fan thanked Ms. Condon and Ms. Ledogar and transitioned the discussion to the Benchmarking process.

Benchmark

The Delaware Health Care Commission released preliminary baseline June. Secretary Walker gave an overview presentation during the June Health Care Commission meeting. report came out in June. Sec Dr. Fan invited Steven Costantino to provide the Collaborative with a summary overview. Steve Costantino began by reminding the Collaborative that the report includes preliminary data and at no point should it be compared to other data. He continued by stating the report was released to promote transparency. The data was presented as it was received from payors. Mr. Costantino reported that a tremendous amount of information was learned during the process. He highlighted several numbers that were questioned (primary care spend and admin). The primary care spend total is reported as 13.5%. This total is much higher than the national average. Mr. Costantino explained that data collection methodology did not provide a specific definition, therefore the reported claims were inconsistent across payers. DHCC has made several modifications to the methodology. Mr. Costantino shared that the timing of the implementation of the OVBHCD was perfect as it allowed for a discussion on aligning the definition of primary care spend. DHCC recently met with DOI and Freedman to discuss standardizing data collection methods, more specifically the primary care spend specifications. This code level definition of primary care will ensure payer's reporting is consistent and avoid under or over reporting. Dr. Gill met with Mr. Costantino to discuss his concern with the primary care spend calculation. Mr. Costantino shared the efforts DHCC is taking to avoid under of over reporting. Mr. Costantino reminded the Collaborative that the report includes aggregate data. He emphasized one of the benefits of analyzing aggregate data is the ability to have a broader look, as it the data is not as deep or granular. Mr. Costantino concluded by sharing that DHCC will be recollecting CY2018 data with the collection of CY2019. Dr. Fan thanked him for his update and reminded members of the Collaborative that the Benchmark Preliminary data report can be found on the DHCC website, along with the overview presentation given by Secretary Walker. She encouraged the members to review the report. Elisabeth Massa stated data submission deadline for the payor's is September 1, 2020. Analysis of the data will be completed during the fall and DHCC anticipates releasing the first trend data report within the first quarter of 2021.

Dr. Gill added that the general primary care spend across the county is averaging around 5%. In Delaware, primary care reimbursement is lower than the rest of the country. He added that total spend is higher in Delaware than the rest of the country. Considering these numbers Dr. Gill anticipated Delaware's Benchmark data being closer to 4%. He added that Faith Rentz has reported their calculation at or around 4%.

Dr. Gill asked Chris Morris or Kevin O'Hara if they had an insight regarding the high primary care spend calculation that was reported in the Benchmark data submission. Mr. O'Hara understood the specifications were clear and agreed upon. He stated that he would not be able to comment without reviewing the actual data and the methodology that was used to pull the data. He agreed with the importance of investigating the situation. Several questions were discussed among members: Will the recommendations from PCRC be aligned with Benchmark? Was the definition broader? Did the definition include services that PCRC did not include? O'Hara reiterated that he was not sure what was included in the data submission and he would need to review the data before commenting. He understood the definition was pulled from the legislative definition of primary care. Mr. Morris agreed with Mr. O'Hara's comment regarding the definition. He also agreed to review the codes and calculations submitted by Aetna for the Benchmark process. Mr. O'Hara revisited a comment made earlier in the discussion, asking for clarification regarding limiting the definition to specific CPT codes and place of service. He shared that he did not agree with these exclusions.

Tentative PCRC work plan with focus on funding

Dr. Fan transitioned the meeting to a discussion regarding the development of a work plan. She stated that to date the Collaborative has chosen to work from concept to concept. Now that the OVBHCD has started to outline their plans, she felt it would be good practice for the Collaborative to do the same.

Developing a work plan that is aligned with the OVBHCD would improve the working relationship between the two groups. Dr. Fan reviewed Freedman's timeline, highlighting their current focus; policy review, stake holder input, and initial data collection/analysis. Dr. Fan shared that the project reported earlier, involving Dr. Gill and Ms. Condon is independent of the work being done by the OVBHCD. This project was a request of the Collaborative. The OVBHCD will begin their official work by doing an initial data analysis, working closely with DHIN and collaborating with DHCC and the benchmark process. They will release draft regulations within the next six months. As they move into Spring of next year, they will conduct a primary care impact analysis and investment targets. Looking at their timeline of the next six to twelve months. Some past suggestions included: establishing a goal for PC spend, discussing the data on PC spend realizing OVBHCD will do similar in the fall., determining the data drive metrics (refer to annual report), determining funding solutions with a special look at payers unspent dollars from post-COVID and then in the Fall comparison of the 2019 primary care spend. Lastly, Dr. Fan asked if members were interested in DHIN presenting recommendations to the Collaborative. Dr. Fan emphasized the importance of infusing the work of OVBHCD by establishing a set of priorities and goals. She continued to state that the work of PCRC should parallel the work of OVBHCD.

Dr. Fan reviewed the responses submitted by Collaborative members regarding funding care transformation. She asked how the members wanted to move towards identifying a funding strategy and timeline for implementation. Dr. Gill stated that he believed it would take some time for everyone to agree on metrics and measurements. He continued by acknowledging the importance of this work while reemphasizing the urgency of increasing primary care spend in the immediate future. He suggested the Collaborative focus initial efforts towards developing strategies to ensure this happens quickly. He stated there is an immediate need to have a significant increase starting in January 2021, regardless if care transformation is in place yet. The pandemic has had a major impact on primary care and as a result, practitioners are suffering, especially private practices that do not function with large reserves. He reiterated

the need to move quickly and emphasized the decision on how to fund the model, cannot hold up increasing primary care spend.

Ms. Condon stated that the OVBHCD approached the work by reviewing the PCRC recommendations made to date. Based on previous reports and releases they were under the impression that there was consensus around primary care spend. They are developing affordability standards in the areas consensus was achieved. She continued to state that they did not expect that the Collaborative would need to revisit the topic. She asked for clarification on the matter, adding the Department of Insurance (DOI) is reviewing the specifics of the approach now.

Dr. Fan stated that all members agree on primary care increase. She asked about the possibility of working with an alternate payment model that assumes some risk. She added that accepting risk does not have to be a first step for all practices. She emphasized the importance of defining next steps. She asked members to list discussion topics that need to be covered in order to come to an agreement. She added that the only element that has not been addressed is capacity. This is becoming more of an issue in light of the pandemic. Dr. Fan charged members with identifying and outlining next steps (topics, plan, parameters). She added that once next steps have been decided the Collaborative will need to agree on how they are addressed.

Mr. Morris stated that he was under the impression that members had provided some proposals and identifying some of the next steps. Dr. Fan agreed and stated that while proposals were submitted and comments were suggested, robust discussions have not taken place. She provided an example, pointing out a recommendation regarding how to fund proposals were very broad. She asked members if they felt the work had been completed. Dr. Donahue agreed with Dr. Fan, stating the work has not been done. A suggestion was made to identify areas where there was no alignment so the Collaborative can move beyond them. Dr. Fan stated that providers may lose access for patient needs if the Collaborative does not start coming forward with tangible action-oriented recommendations. She also added that the goals of the Collaborative include maintaining access, improving access while not increasing cost. She reiterated that all members agree primary care is foundational and we want to increase the investment. She concluded by asking members which items they would like to work on together.

Mr. Costantino added that the COVID experience in terms of payment has unveiled how vulnerable the fee for service system is under circumstances like a pandemic. He added that other states have accelerated their discussion about capitated arrangements. He shared that he has noticed these discussions are also happening within federally qualified health centers. Dr. Donahue added that they have had the same conversations at Christiana. She shared it is very clear to them, as they move through the pandemic that moving to total cost of care and capitated rates is a direction they should move towards as an organization. She believes there is a benefit for private care providers with some type of alternate payment model with capitation.

Dr. Gill wanted to clarify his concern with the concept of value-based is that the term has been chronically misused. Moving towards a capitated system is not a problem. He submitted a proposal a year ago based on the American Academy of Family Physicians. This proposal, an advanced payment model, included most payments as capitated, with care coordination, quality measures and the last part being the carve outs for unusual procedures. In summary, providers would be paid a certain capitation rate irrespective and performance-based incentive payments (thought of as paying more for value). He stated his issue is with the timeline, adding that members are stuck on value-based pay. There needs to be a movement toward identifying how this will happen. The focus should be increasing the spend to 12%. Dr. Fan stated that the disagreements come when the group begin to review the details. The group has not talked about guardrails, accountability and risk. There has been a divergence of agreement in terms of what level they will accept. Dr. Fan suggested that the group come together and decide what they are willing to propose and work on together. She stated that if the Collaborative could successfully implement a plan it would be much

better than waiting for changes to be released intermittently/piecemeal. All agreed that the developing a workplan would be useful. Dr. Fan asked for members to decide what would drive the workplan, care transformation or next steps more specifically the funding proposals.

Ms. Ledogar stated that a workplan is essential for any organization and it would also be helpful as OVBHCD continues their work. She added that PCRC could leverage the OVBHCD because the level of detail their workplan provides is aligned with PCRC and would help avoid duplication of effort. She referenced the slide that outlined the division of responsibility and stated that PCRC should provide OVBHCD with basic steps and principals and allow them to work on the specific details. The Collaborative has agreed on an increase of 12%. The next steps are to analyze the data to find out if it is feasible. Before concluding, she asked the authors of the statute to explain how the collaborative could draft non-binding regulations.

Dr. Fan asked Senator Townsend and Representative Bentz to provide a comment. Mr. Costantino offered to provide some insight. He stated that in Rhode Island, when legislation was drafted for affordability of standards and the Office of Health Insurance Commission was implemented, most was done by regulation. He was not familiar with the term non-binding regulation. However, he reported that the legislation gave the Health Care Commission the flexibility rather than using prescriptive language. He concluded by stating there is very little mention of affordability standards in Rhode Island laws, it all comes from within regulations.

Leslie Ledogar referenced the language found in SB227 section three that states regulations established will not be deemed mandatory or enforceable requirements. Townsend provided some clarity, stating the language was meant to ensure the final decisions on levels or thresholds would be reserved for the legislature. The Collaborative members engaged in an in-depth discussion regarding the purpose of the language. It was decided to schedule a meeting to continue the discussion at another time. Ms. Ledogar stated that DOI and the OVBHCD will move forward with the 12% unless the Collaborative has strong objections. The OVBHCD will begin analyzing data to determine if this percentage is feasible without increasing total cost of care. She suggested the discussion be covered with the technical subcommittee.

Dr. Fan asked that members with strong feelings share their thoughts otherwise the OVBHCD will move forward. The majority of the members felt the general direction had been agreed upon, however no solid decisions about how to implement had been made. All agreed with the urgent need to improve primary care spend. Some mentioned addressing the excessive reimbursement rate to hospitals as a good beginning point, adding a suggestion for the funds to be funneled back into primary care. The reduction could move at a percentage of 1% or 2% per year. Dr Gill reiterated the necessity to begin the work before providers are forced to drastically reduce their practices or completely close their doors.

Dr. Fan asked the Collaborative to come to an agreement regarding the direction of the workplan. COVID-19 pandemic has added a new perspective, but the work is still present and now more urgent than before. She reiterated her request for members to provide opinions on next steps.

Ms. Condon suggested the members start by documenting the areas of agreement. She shared that as she read through the documentation three areas of agreement stood out very clearly. The first area that she identified was moving more dollars into primary care. The second was increasing the primary care spend without increasing total cost of care. The third area she identified was the need to understand the current alternative payment model (APM) space in Delaware so it can be built upon. She suggested the Collaborative begin by developing next steps within these three areas.

Dr. Gill agreed with using 12% (plus or minus) as starting point, with or without advanced payment, with the key being immediate forward movement towards increasing primary care spend. Dr. Donahue shared that she was eager and prepared to discuss these topics with the OVBHCD. Leslie Ledogar agreed to contact Dr. Donahue to schedule a call. Dr. Wilbur expressed interest in taking part in the stakeholder discussions as a nurse practitioner provider. She reported receiving a survey from DHSS with the purpose of collecting data on the number of nurse practitioners in the state. She added that federal regulations prohibit nurse practitioners from participating in value-based payment models within ACOs. Leslie Ledogar agreed to contact her soon.

Dr. Fan summarized the discussion by restating the areas that had been agreed upon (increasing primary care spend and not increasing total cost of care). Ms. Condon agreed with this summary. Dr. Fan requested the members move their attention to deciding on possible alternative payment models. While discussions surrounding this decision have taken place, members have not agreed upon a final model.

Leslie stated that one of the goals of OVBHCD is to find out the alternative payments being used in Delaware, more specifically, their success with driving primary care. The office plans to conduct some fact-based analysis to determine what is happening in the state. Dr. Fan asked insurers to provide the Collaborative with an update on the current percentages within alternative payment models. She also asked if the deadline had passed for Medicaid ACO applications. Steve Groff stated that the deadline had been extended until June. Mr. O'Hara mentioned that Highmark could provide the data output soon as it had already been prepared and disseminated for another purpose. He agreed to provide number of providers and members in categories 1-4. Mr. Morris stated that he too could provide data output because it had recently been requested by another group. Dr. Fan also asked if both Highmark and Aetna could provide their vision for their ideal target APM participation rates to sustain primary care. After some clarification, Mr. O'Hara agreed to provide this information to the Collaborative. Dr. Fan believes this information would not only help the Collaborative decide on the care transformation they would like to support, but also provide some insight on the payer's perspective regarding their placement in the current environment.

Dr. Fan asked if Collaborative members had additional comments. Before transitioning the meeting to the final agenda time, she agreed to disseminate a summary of the workplan that was discussed today.

Next Steps/ Future Meetings

Dr. Fan reviewed the meeting schedule, announcing the next meeting will be on Monday, July 20th. Meetings have not been held in August in the past, however Dr. Fan stated that one could be scheduled if members felt strongly. There was a brief discussion about the meeting schedule. The workplan for the next two meetings will focus on the care transformation model and how it looks with alternative payment models. Mr. Costantino made a motion not hold a meeting in August. Leslie Ledogar seconded the motion. The motion to approve was unanimously carried. Dr. Fan stated the next two meetings will be held in July and then in September.

Dr. Fan informed the members that the co-chairs are serving on the Health subcommittee of the Governor's Office Pandemic Resurgence Advisory Committee (PRAC). Their purpose is to provide guidance on how the state will address a pandemic resurgence. The committee will review lessons learned and propose guidance on preparation efforts. The PRAC has three subcommittees (Business, Health and Equity). She encouraged members to share the opinions from a primary care perspective. Dr. Fan informed members that anyone wishing to share information from the perspective of primary care could contact the three of them. Before concluding the meeting, Dr. Fan asked if Senator Townsend or Representative Bentz had any additional items to share. Senator Townsend stated that primary care is an essential part of the preparedness plan and he would like to ensure primary care issues discussed in PCRC regarding pandemic response are covered in the committee. Dr. Fan once again encouraged members to contact the co-chairs if they are interested in sharing a message from the PCRC.

Public Comment

Dr. Fan called for public comment. Hearing no comments or other business, the meeting was adjourned at approximately 6:41p.m.

Next meeting

The next Primary Care Reform Collaborative meeting will be held on *Monday July 20, 2020*, from *5:00 p.m. to 7:00 p.m.*