

Primary Care Reform Collaborative Meeting

Monday, July 20, 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

Kevin O'Hara

Dr. James Gill

Sasha Brown (Proxy for Christopher Morris)

Steven Costantino (Proxy for Hon. Kara Odom Walker)

Leslie Ledogar (Proxy for Commissioner Navarro)

Steve Groff

Dr. Christine Donohue Henry

Faith Rentz

Dr. Michael Bradley

John Gooden

Mike Gilmartin

Leslie Verucci

Organization:

Senate Health & Social Services Committee

Delaware Healthcare Commission

House Health & Human Development Committee

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

State Benefits Office/DHR

Dover Family Physicians/Medical Society of Delaware

MDavis, Inc./DSCC

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Delaware Nurses Association

Absent:

Dr. Veronica Wilbur

Dr. Jeffrey Hawtoff

Margaret Norris-Bent

Organization:

Next Century Medical Care/ Delaware Nurses Association

Beebe Healthcare/ Delaware Healthcare Association

Westside Family Healthcare

Staff:

Juliann Emory

Juliann.Emory@delaware.gov

Attendees:

Ayanna Harrison

Elisabeth Massa

Pamela Price

Dr. Sarah Mullins

Elizabeth Staber

Katherine Impellizzeri

Tyler Blanchard

Jackie Ball

Organization:

Department of Health and Social Services/DHCC

Department of Health & Social Services/DHCC

Highmark

Stoney Batter Family Medicine

Aetna

Aetna

Alledade

Aetna

Mary Jo Condon
Bryan Gordon
Anthony Onugu
Kim Gomes
Claudia Kane
Lisa Zimmerman
Dr. Susan Conaty-Buck
Michael North
Patricia Redmond
Kathy Collision
Kent Evans
Bernard Cohen
Brendan McDonald
Matthew Swanson
Jill Hut
Lauren Graves

Freedman
ChristianaCare
United Medical
ByrdGomes
Delaware Center for Health Innovation
Department of Health and Social Services
Delaware Collation of Nurse Practitioners
Aetna
Nemours
Health Planning and Resource Management, DPH/DHSS
USI Insurance Services
AmeriHealth Caritas Delaware
Highmark
Delaware Center for Health Innovation (DCHI)
Delaware Health Information Network

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). Attendees were also asked to keep their computers and phones on mute while not making a comment. Dr. Fan briefed members on the meeting agenda and transitioned the meeting to the approval of the June minutes.

Approval of May 2020 and June 2020 Minutes

Dr. Fan asked the members if they had any comments on the revised May 6, 2020 meeting minutes and the draft minutes from the Primary Care Reform Collaborative meeting, held on June 15, 2020. Dr. Fan explained that the revisions to the May minutes were minor, the final version was disseminated to provide members with a chance to review. There was a motion made to approve; the motion was seconded. The motion to approve was unanimously carried. Approved minutes for the May and June meetings can be viewed on the following links: https://dhss.delaware.gov/dhss/dhcc/files/percmtgminutesfnl_05062020.pdf and https://dhss.delaware.gov/dhss/dhcc/files/percmtgminutes_06152020.pdf

Update from The Office of Value-based Healthcare Delivery (OVBHCD) & the Technical Subcommittee

The meeting was transitioned to the update from Office of Value Based Health Care and Delivery (OVBHCD). Leslie Ledogar began by sharing a message of appreciation from Insurance Commissioner Navarro for the participation of stakeholders who have attended the meetings with the OVBHCD. She added that the content/data collected was extremely informative due to the willingness and candor of the stakeholders. Ms. Ledogar transitioned the presentation over to Mary Jo Condon.

Ms. Condon spent some time discussing the OVBHCD's proposed division of responsibilities. The proposals states that the Primary Care Reform Collaborative (PCRC) will provide strategic vision for care transformation while the OVBHCD will define affordability standards, provide targets and measure progress. Payers and providers will have the flexibility to plot their own course to achieve targets. Ms. Condon thanked the state agencies, payers and providers that participated in the initial meetings and informed the Collaborative that these meeting will continue. The OVBHCD has developed a supplemental data collection template. Data from the templates along with

information gathered from stakeholder interviews will be compiled and used to guide the development of the provisional affordability standards.

The PCRC Technical Subcommittee recently held two meetings in July. Ms. Condon reviewed the subcommittee's future plans and reported that in August they will work with Dr. Gill and Dr. Fan to review primary care spend analysis. The focus of two September meetings will include working with Leslie Ledogar and the Department of Insurance to analyze ACO and health system alternative payment models (APM) landscapes in order to develop a recommendation for implementing an APM target. The OVBHCD will also review cost trends analysis in September. Lastly, Ms. Condon reports that they will provide input on affordability standards' targets in October. She expressed her gratitude to the Collaborative for their time and input and concluded her presentation. Meeting materials for the PCRC Technical Subcommittee can be found here: <https://dhss.delaware.gov/dhss/dhcc/collab.html>.

Primary Care Reform Collaborative (PCRC) work timeline

Dr. Fan transitioned the meeting to discuss the proposed workplan for the PCRC. She stressed the importance of aligning the work of the PCRC and the OVBHCD. The proposed workplan for the PCRC was developed to ensure activities are parallel and complementary. She began with a review the proposed activities for Fall-Winter 2020. Four main activities were discussed: defining the value, accountability and risks of metrics, discussing primary care spend data to reaffirm overall target and lastly care transformation. Members were asked to provide feedback on the proposed activities. Dr. Fan emphasized the importance of deliberately focusing on work around care transformation. The group discussed leveraging ACOs and current PCMH-like practices. Dr. Fan asked if the group felt it was important to include a discussion on developing a certifying body. Before concluding the discussion, she asked members to share any additional topics they would like to be included. Steven Costantino asked for clarification regarding the term "certifying body". Dr. Fan explained that this was included as a follow up to Dr. Gill's presentation about Patient Care Medical Homes (PCMH). Lastly, members discussed the timeline. Dr. Fan asked the members if they felt the timeline was amenable. Dr. Gill asked if the implementation timeline needed to be decided before the group could focus on the spend target. It was affirmed that a decision regarding the implementation timeline could be made after identifying a target spend.

Dr. Fan reviewed the comments provided by members of the Collaborative. Three topics were the focus of the discussion: Determine and monitor outcome measures to evaluate the benefit of increasing PC investment, Collaborate with "provider partners" to reallocate funds, on an increasing scale, which have been contributing to a higher cost of care, and Increase PC investment without increasing total cost of care

The group discussed the suggestion to develop a broad "inclusive" definition of primary care in terms of health care specialist/professional. Dr. Fan reminded members that SB227 did not include OB/GYN or behavioral health. She also mentioned the increased use of behavioral health integration in primary care settings. She asked members to make a decision or vote on this suggestion. She asked the payers if behavioral health embedded in a primary care practices are reimbursed/billed separately. Mr. Costantino reported that unless the practice has a capitated arrangement, services like these are billed outside of primary care. Dr. Fan asked the payers to provide insight on what is included in their primary care spend. Sasha Brown, Aetna reported that behavioral health is not included in their primary care bucket.

Dr. Donohue stated that funds have decreased as utilization has decreased and health care systems are in a very different place than they were six months ago. She emphasized the importance of a collaboration between providers and payers to identify how to reallocate funding. Dr. Gill agreed with the suggestion for a collaboration to begin.

The group began to discuss primary care spend targets. Several members promoted the idea to identify long term and short-term measurements. Dr. Gill suggested the group consider identifying a target for the SB227 primary care

spend definition before working on broadening the definition. He also suggested that different, higher targets be assigned to definitions that include more specialties.

The discussion focus moved to the evaluation of outcome measures. Dr. Fan asked if the Collaborative wanted to add this to their list of recommendations. She suggested language be added to emphasize the benefits of increasing the spend while diligently monitoring and evaluating outcomes. Leslie Ledogar agreed. Dr. Fan asked if members felt it was the responsibility of the Collaborative to determine the measurements. Leslie Ledogar agreed to review the statute. She stated that three years after the statute has been passed, PCRC could propose an amendment to the statute to update OVBHCD's responsibilities. Ms. Condon reminded the group that the Quality Benchmarks are in place and can be utilized to avoid duplication of effort. Mr. Costantino agreed with this observation, stating that an alignment is sensible. Dr. Fan also agreed. She shared that this responsibility was not listed in the statute, but that topic had been discussed in past meetings.

Dr. Fan asked members if they felt it was their responsibility to determine the metrics for the outcome measures. She also pointed out the outcomes typically take three to five years to show change. She suggested the Collaborative consider this while developing the recommendation. The group continued to discuss developing measurements for the next three to five years, the development of a broaden primary care spend definition and a possible collaboration with the payers. Members all agreed that 2020 data will not be indicative of a typical year to determine cost of care spend. Dr. Fan asked Steven Costantino if the benchmark will include 2020 data in their trend report. Mr. Costantino reported that the current data collection from payers only includes 2018 and 2019 data. He mentioned that during a Hepatitis outbreak, Massachusetts considered the data to be an anomaly. He stated Delaware would likely do the same. The data will be collected but it will not be considered when evaluating trends in spend. Dr. Gill suggested the Collaborative review Benchmark Quality Measures to ensure data would meet the needs of the outcome's evaluation. He also suggested the group consider defining quality measures on a short-term outlook. He mentioned the use of the Four Cs (access to care, coordination, and continuity of care) and added, using intermediate measures could provide parameters until long-term measures could be evaluated. Dr. Fan agreed with the idea to develop short-term intermediate measurement goals. Steve Groff stated that it is important to ensure we are developing true outcomes and not processes. Dr. Fan agreed with this suggestion as well.

Ms. Ledogar asked about the idea to broaden the primary care spend definition. Ms. Condon reminded the Collaborative of how closely the OVBHCD worked with DHIN and DHCC to define primary care spend calculation to align data analyses. Mr. Constantino agreed and shared that now that the 2018 and 2019 data is underway, any changes to the definition would disrupt the process.

Kevin O'Hara shared his insight on Highmark's primary care spend as it relates to behavioral health services. He shared that in his understanding these services are not included in their primary care spend calculations. He added that a possible exception would be if the services were provided by a primary care practitioner. Mr. O'Hara asked for more clarification on the scope of the request. He suggested the group continue this conversation during a future meeting. All agreed to analyze data for the narrow definition before attempting to broaden the definition. Ms. Condon added that the definition of primary care spend was developed from the details within the statute. The list of services included were consistent with the 10 CPT codes used nationally and by Millbank. She agreed to share their process in detail during a future PCRC meeting.

Dr. Fan reviewed the Collaborative's next steps. Once again, she asked if the Collaborative wanted to include development of measurements to the list of responsibilities. She asked the members to consider working on this in the following months. Hearing no objections Dr. Fan transitioned the meeting to the next agenda item.

Update: Alternative Payment Models

Dr. Fan stated that care transformation work will be linked to alternative payment models. She asked members to consider how they can leverage the work that has already been done in the APM landscape. Dr. Fan stressed the need for members to decide if they would support a PCMH or team-based care model. She encouraged the members to put thought into how they will provide guardrails. Dr. Fan asked that members send comments or feedback directly to her. She agreed to compile a plan in time for the September meeting. The discussion returned to thoughts around adopting a certifying body. Dr. Gill stated that leveraging current ACOs makes sense as long as appropriate measures are adopted and measures in the NCQA are avoided. He added that he felt it was fair for practices moving in the direction of team based and PMCH like models to receive increased payments of 20% or more.

Dr. Donohue stressed the importance of not adding to cost outcomes. She stated that the measures will speak for themselves and will have some degree of risk. Mr. O'Hara stated that measurable outcomes and efficient standards are necessary. He agreed to provide the group with feedback during a future meeting. Dr. Gill stated that if metrics are utilized correctly, they will not add to administrative duties, unlike NCQA methods. He stated that it would take at least two years to see documented change. He suggested the group develop a measurement that can be used soon. He also suggested the group consider other options, like paying everyone equally for the next two to three years until measures can be utilized, developing measures that can be used now or wait two to three years to see if receive increased payments. Mr. O'Hara reported that this data is currently collected by payers and can be provided for evaluation. Dr. Gill clarified his statement explaining that he was referencing measurements closer to the Four C's. Mr. O'Hara was under the impression he meant the percentage of compliance with diabetes medication. Dr. Gill stated that the goal is to measure the level of improvement by creating better outcomes. Dr. Fan recommended the discussion be continued in the future. The group can review different scenarios keeping in mind the goal is to incorporate these measures without increasing administrative cost. She repeated the suggestion to separate health outcomes from process outcomes. Members agreed to review the pros and cons and identify next steps during a future meeting.

At this time, Dr. Fan reviewed a slide previously presented by Faith Rentz. The slide outlines work from Art Jones and John Hopkins graduation students. Dr. Fan gave a brief summary of the slide content, highlighting category three and stating that it has greater investment and includes shared savings with downside risk. Category 4 includes capitated arrangement that is close to global budget payments. She reported that when a casual survey of payers was taken, it showed low provider participation rates. There was a discussion on the vision for health care payments and care transformation in Delaware. Dr. Fan asked about Highmark's goals. She asked if they wanted to move providers from category two to three or from category three to four. Mr. O'Hara responded stating that Highmark allows risk to the extent the practice is ready. Their goal is to ensure the success of their providers/practices. He added that global payments are geared toward larger employers or health systems. Steve Groff mentioned that access has been correlated with visits to the Emergency Room. Mr. O'Hara presented Highmark's LAN categorization slide. The slide included a three-year snapshot of each LAN category. He mentioned that COVID had caused a disruption in price ability and desire to move into category 3a or 3b specifically. Mr. O'Hara shared that category 3a is their shared savings model. It is their paid for performance component.

Dr. Fan invited Sasha Brown to present information from Aetna. Ms. Brown shared Aetna's spend from 2017 to 2020. Dr. Fan noted a considerable jump between 2017 and 2018. Ms. Brown shared that Aetna's goal is similar to Highmark's in that they want to meet providers where they are to ensure success. During this year they made a concentrated effort to saturate the market with their BBC plan. Aetna's LAN spend includes primary care physicians, commercial and Medicare dollars. Ms. Brown shared that 60% of their value-based contract is in LAN2.

Dr. Fan concluded this section by adding that the review of the current landscape of alternative payment models. She asked the Collaborative if they want to continue to have a goal for 60% of all Delawareans to be in a value-based payment model. There was some discussion on the whether the Collaborative will move forward with measuring by providers or by membership. Dr. Fan asked for additional comments from the members.

Ms. Ledogar asked if Aetna and Highmark could share barriers, they have identified for reasons practices to move to level 3b. She wondered if the reason was inability to reach contract agreements or dealing with providers who are not ready. Mr. O'Hara stated that when they are working with larger health systems, they are afforded some latitude due to their size. However, when they work with smaller provides and there is not as much data because there is not as much membership or attribution, they are limited with what they can and can't do. He added that they can overcome this barrier with the use of aggregators and ACOs like organizations within the marketplace. The real barrier is they don't want to see deals fail adding no one wins when they fail. Ms. Brown agreed with Mr. O'Hara's reasoning. She added that their goal is to meet providers where they are. They strive to get smaller practices and move them up the continuum of BBC programs. Mr. Costantino asked if payers could calculate the percent of the total spend paid on APMs. Dr. Fan asked if the payers could come back with that information. She asked payers to let her know offline if this request is possible. There were no additional comments.

Primary Care Reform Collaborative's status of work in relation to COVID pandemic

Dr. Fan reports that telehealth has been reimbursed due to an Executive Order written by the Governor. Insurance Commission Navarro worked hard to make this happen. Senator Townsend and Representative Bentz, HB348 was passed, extending the reimbursements of telehealth through June/July 2021. Dr. Fan asked if they wanted to comment. Representative Bentz shared the bill extends most of the emergency order. He did report that there were some rollbacks based on lessons learned. It breaks down barriers allowing for easier access and it also keeps boarders opens for mental health providers to practice in Delaware.

Dr. Fan continued by presenting topics that have surfaced since the annual report in March. She wanted to obtain feedback from the members on whether they would like to add them to our workplan. She encouraged members to mindful about how we can leverage the use and acceptance of telehealth and expand it within the work that they are doing. She shared that her experience with telehealth has been positive. She also mentioned the negative consequences related to shutdowns and if we need to come to that level and again and we discuss access for patients with chronic illness. She is grateful to both Senator Townsend and Representative Bentz for their work on the bill. The newly passed bill allows for some cushion to serve populations that are facing access to care barriers. She encouraged the Collaborative to identify ways to promote, support and expand it so it can be a continued aspect when we discuss value-based payment model and apart of care transformation. Dr. Donohue agreed with Dr. Fan and shared how valuable video and telephone visits have been. She also thanked Senator Townsend and Representative Bentz for their efforts. She added that ChristianaCare is considering, not necessary just alternate visits that are fee for service based, but there is a lot that can be done via secure texting or monitoring devices remotely that even further drive down that overhead cost and perhaps optimize care to a greater extent. She encouraged the Collaborative care delivery models as we are planning for primary care offices and practices of the future.

Dr. Fan encouraged members to open the link included on the slide. It details Walgreens' plans to open a Village MD in Houston, Texas. This opening follows their recent pilot project that placed primary care physicians in 4-7 locations. It was successfully and they are now moving to place duplicate this in 700 stores nationally. The clinics will do more than vaccines and nutritional counselling, they will focus on disease management and chronic care management. Dr. Fan suggested the Collaborative take this work into account when envisioning next steps for possible care delivery models.

Dr. Donohue shared that the most interesting piece of this is they have identified a gap in care based on consumer needs. She added that the traditional model of primary care may not be what every consumer wants. Delaware should make sure we are delivery based on our needs. Dr. Fan agreed stating that we are talking about access and convenience.

Dr. Fan invited Kent Evans from the Delaware Center for Health Innovation to join the meeting to provide insight on how to engage large self-insured employers. She highlighted the need to educate these employers about the benefits of primary care. Educating them on the benefits of primary care may lead to a greater rate of the adoption of alternate payment models and increased use of care coordination. It may also increase their willingness to participate in data analysis inflection regarding primary care spend. Determining primary care spend is difficult without the participation of self-insured/ERISA employers, due to their large number of lives covered. Dr. Fan mentioned that the benchmarking process has shown that voluntary participation can be successful. At this time, she asked if members were interested in establishing a taskforce. She continued by presenting the responsibilities of the task force: goal setting, policy research, establishing education/outreach framework and collaborating with partners (Chamber of Commerce, DCHI, DHCC, Large employers, etc.). The focus of the outreach activities would include: increasing awareness of benefits of Primary Care, alternate payment models and telehealth, increasing education and awareness with ultimate goal of increased participation in plans with investments in primary care, and lastly, increasing the voluntary participation in data collection/analysis in efforts to establish primary care spend and decreasing total cost of care.

Kent Evans mentioned that ERISA self-insured health and welfare plans have been involved in conversations about primary care and the dynamic of its changes. He reports that discussions have included innovative care delivery models like the CVS/Walgreens practice pilots and the telehealth centers housed within supermarkets. He also mentioned Walmart's plans to include clinics with primary care providers, labs and imaging. He stated employers are motivated to investigate other models to ensure their employees have access to care. Large employers are looking for and beginning to access data that is available around the country on the importance of primary care. Several employers have found that as primary care decreases, the cost of care increases. Employers in the larger self-insured space understand the importance of primary care and want to avoid the disappearance or limited access of this care. He continued to explain there is an understanding that primary care is going to change and grow, and there is a willingness to invest to ensure its stability. He concluded by sharing that DCHI is in the process of establishing a workgroup. They are engaging with self-insured employers and the employees who are open to having educational sessions in the fall. The workgroup will seek to continue these sessions into 2021 to align with the common renewal/effective dates in January 1st and July 1st. The workgroup will continue the conversations in order to meet the needs of the employees, give them the appropriate education, obtain their feedback and attempt to serve as a bridge during the communication processes.

Faith Rentz agreed with Mr. Evans and added that as they move into the fall and the latter half of the year, they are also attempting to engaging in conversations with other large self-insured employers.

Mike Gilmartin, MDavis CFO, added that their organization is a part of the well health captive and they attend primary care educational sessions. He shared the incentive program established to encourage employees to participated in preventive care. If an employee seeks preventative care, they receive points towards various rewards. In the past they have offered a free month of employee benefits. Dr. Fan asked if their incentive plan has produced positive outcomes. Mr. Gilmartin reported that their educational efforts for the employer has been successful, however the educational efforts for the employees needs to be improved. He concluded his comment by sharing that this is their first year centering the program around preventive visits as opposed to biometric screenings. He added that currently only 23% of employees are doing annual office visits. Dr. Fan expressed her gratitude for sharing his insightful comments with the Collaboration.

Dr. Fan asked the members if it was beneficial to have an engagement taskforce with these goals or should the Collaboration be aware of these activities and serve as a support. Faith Rentz commented there is value in state employers sharing lessons learned. Regarding educational efforts, her experience has led her to believe that the larger investment should be in educating the members and helping them understand the benefits of the primary care. She is willing to share examples that have been successful. She added that she has along with data to show the impact that it has had in increasing the utilization of primary care.

Dr Fan asked if the Collaboration is interested in collaborating with DHCI or if they would prefer to align efforts and activities while having no specific roles and responsibilities. Faith Rentz commented that within the State of Delaware there are limited opportunities to interact with other self-insured employers. She was hoping to gain a sense of the level of interest of other self-insured employers' readiness and willingness to have these conversations. Mike Gilmartin reported he is willing to participate in conversations. MDavis has found their conversations with other similar organizations in the country to be very beneficial.

Leslie Ledogar commented that partnering with large self-insured employers would provide a big piece of the puzzle. The partnership would provide the Collaboration with a better idea of total spend within the state and not just over plans that they have jurisdiction over. She wanted to emphasize that the request to partner did not include a request for data. Sharing information would provide an idea of their direction and vision and the different innovative policies that are implementing.

Kent Evans added that their current workgroup includes employers from around the state. These employers are on the cutting edge, but they also need information and education to assist them with understanding the health care system operations and the associated costs. The pandemic has slowed their progress, but their workgroup is engaged in the process.

Dr. Susan Contay, Delaware Collation of Nurse Practitioner's provided her insight on developing innovate care models. Dr. Contay shared that she is a not only a primary care practitioner, but she is also a consumer informaticist. She looks at health care technology used by practitioners to equip their patients to improve the care they receive. Nurse Practitioners have been working within the pharmacy realm (combining primary care practitioners with pharmacist). She suggested members consider including pharmacist as allies when considering care models. The Office of the National Coordinator for Health Information Technology (ONC) established the Cures Act. This ruling was designed to give patients and their providers secure access to health information. Dr. Contay encouraged the members to consider this information as they look for opportunities that include patients helping themselves to help providers give them the best possible care. Dr. Fan thanked Dr. Contay and the members for their participation in the discussion. She agreed to compile information and share during the next meeting.

Public Comment

Dr. Fan called for any additional public comments. Hearing no comments or other business, the meeting was adjourned at approximately 7:06p.m.

Next meeting

The next Primary Care Reform Collaborative meeting will be held on *Monday September 21, 2020*. This meeting will likely be virtual.