

Primary Care Reform Collaborative Meeting

Monday, September 21, 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
Christopher Morris
Steven Costantino (Proxy for Sec. Molly Magarik)
Leslie Ledogar (Proxy for Commissioner Navarro)
Steve Groff
Dr. Christine Donohue Henry
Dr. Michael Bradley
John Gooden
Mike Gilmartin
Leslie Verucci
Dr. Veronica Wilbur
Faith Rentz

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
Dover Family Physicians/Medical Society of Delaware
MDavis, Inc./DSCC
MDavis, Inc./DSCC
Delaware Nurses Association
Next Century Medical Care/ Delaware Nurses Association
State Benefits Office/DHR

Absent:

Dr. Jeffrey Hawtoff
Margaret Norris-Bent

Organization:

Beebe Healthcare/ Delaware Healthcare Association
Westside Family Healthcare

Staff:

Read Scott

Read.Scott@delaware.gov

Attendees:

Eschalla Clarke
Ayanna Harrison
Pamela Price
Dr. Sarah Mullins
Elizabeth Staber
Katherine Impellizzeri
Tyler Blanchard
Jackie Ball
Mary Jo Condon

Organization:

Department of Health and Social Services/DHCC
Department of Health and Social Services/DHCC
Highmark
Stoney Batter Family Medicine
Aetna
Aetna
Alledade
Aetna
Freedman

Jim Gomes	ByrdGomes
Lisa Zimmerman	Department of Health and Social Services
Dr. Susan Conaty-Buck	Delaware Collation of Nurse Practitioners
Michael North	Aetna
Matthew Swanson	Delaware Center for Health Innovation (DCHI)
Jill Hut	Delaware Health Information Network
Bill Howard	BDC – Health
Jill Hutt	Delaware Health Information Network
Lori Ann Rhodes	Medical Society of Delaware
Shay Scott	Henrietta Johnson Medical
Mollie Polland	Nemours
Vinayak Sinha	Freedman
Sasha Brown	Aetna
Dr. Larry Glazerman	Highmark
Debra Norris	University of Delaware
Maggie Norris Bent	Westside
Lauren Graves	
Virani Kumarpal	
Laura Willis	
Elizabeth Lewis	
Kiara Newton	

The meeting was called to order at 5:00 p.m.

Welcome

The meeting convened at 5:00 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 July 2020 Minutes

Dr. Fan asked the members if they had any comments on the draft minutes from the Primary Care Reform Collaborative meeting, held on July 20, 2020. Dr. Jim Gill mad a motion to approve; the motion was seconded by Leslie Ledogar. The motion to approve was unanimously carried. Approved minutes for the July meeting can be viewed here: https://dhss.delaware.gov/dhss/dhcc/files/pcrcmtgminutes_072020.pdf.

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

The meeting was transitioned to the first agenda item, the update from Office of Value Based Health Care and Delivery (OVBHCD). Leslie Ledogar was excited to report that the work to establish provisional affordability standards has been moving forward and they have continued to meet with stakeholders. She expressed appreciation to the participating stakeholders on behalf of the Department of Insurance and Insurance Commissioner Navarro and reported that Mary Jo Condon would be sharing the update presentation. Ms. Condon began her presentation by outlining the three provisional affordability standards (Primary Care Investment Target, Provider Rate Review within Payer Rate Review Process and Alternative Payment Model Targets). The first standard she reviewed involves the investment targets. Ms. Condon shared that specific targets or pace at which the changes will occur have not been determined. This work is ongoing. The presentation continued with a review of the second provisional

affordability standard. This standard is to determine the appropriate rate of increase for non-primary care services in order to achieve the goal of increasing primary care investment while simultaneously achieving the state policy goal of not exceeding the benchmark. The third, involved alternative payment model targets. Ms. Condon reports that the OVBHCD is working to determine the accurate pace in which to move the health care market to more alternative payment models. Ms. Condon is aware of the collaborative's plan to discuss this topic in the coming months. She also reported on the progress of the PCRC Technical Subcommittee. She shared that the group had completed three of their five meetings. The subcommittee meeting discussions have been robust. They have covered a variety of topics, like the best way to calculate primary care spend and strategies being employed in different states on how to approach different payment model targets. The upcoming meeting will focus on provider rate reviews as part of the payer rate review process. She took a moment to thank all of the payer's partners who submitted their supplemental data templates. They have begun to review the data and to date they are pleased with the quality of the submissions. They will work to complete the analyses of the data. Ms. Condon added that she is looking forward to sharing aggregate data with the collaborative.

Ms. Condon reports that they have met with over 20 stakeholders, with several agreeing to meet on more than one occasion. She added that the process has yielded positive responses and once again expressed her appreciation for the continued support of their partners.

The presentation included a review of the future plans of the OVBHCD. Ms. Condon shared that they will continue to collect data and obtain input from stakeholders and the PCRC Technical subcommittee. The next steps include developing provisional targets and the implementation of an input and feedback process. The targets will be finalized and published for public comment. Lastly, Ms. Condon shared they will be integrating the targets into the rate review process within Department of Insurance. This work will all occur over the next several months.

Ms. Condon provided some insight on their thoughts about Primary Care Spending. They have identified two separate components for the Primary Care Spend: Direct and Indirect. Direct funds flow to the primary care provider. She shared an example of this type of funding in a fee-for-service payment is office visits. An example for non-fee-for-service payment would be a care management payment. The Indirect funds flow to the larger entities for distribution. She went on to explain that this essentially means only a portion of these funds are going to the primary care provider and the larger entity is using the funds to support care delivery in other ways. She listed examples as a facility fee that accompanying a primary care office visit payment (in hospital-based setting). A risk settlement payment was shared as an example of a non-fee-for-service indirect cost.

Dr. Bradley asked for clarification of the fee-for-service facility fee provided to the larger entities. He questioned why hospital-owned outpatient practices, not based in the hospital, are paid facility fees along with an E/M code by insurance companies while independent practices are not receiving a facility fee. Mary Jo Condon responded by providing a short description of how OVBHCD intended to capture facility fees in their proposed target. There has been much discussion on this topic both locally and nationally. She shared the official language, stating that there is a facility component added into the professional fee. She added that because they have little visibility if any as to what percent of the facility fee makes it back to the provider, it is likely only a portion of the indirect funds would count towards a primary care investment target. She informed the members that they are working with providers to get a sense of how they are allowing providers to bill for facility fees. This information will assist them with accurately capturing these funds and allow them to determine what percent is appropriate to include in the primary care investment target. Rhode Island has a similar concept for indirect funds. The Rhode Island primary care investment target is 10.7% and they allow 1% of that to be generated through their definition. Members continued to discuss the dilemma. Dr. Fan stated that the question and issue is valuable, but she wasn't certain a solution could be fully addressed during this discussion. Steven Costantino added the "why" is a large philosophical question. He

added that the issue is found outside of Primary Care, in areas like imagining centers. He had a question about non-claims revenue. He reported that CMS recently announced their 2019 ACO results. He congratulated Alledade for their shared savings. He stated that depending on the ACO, the percentage of payments being received by providers or the percentage the ACO keeps can vary. He asked Ms. Condon how they plan to allocate these funds.

Ms. Condon thanked Mr. Costantino for his question and responded by sharing they have adopted identified buckets from the benchmark process. The benchmark utilizes a variety of different types of buckets for non-claims payments. They are working through what goes into direct vs. indirect. Their preliminary thinking was to place payments where primary care providers only receive a portion go into “Indirect”. Quality targets and efficiency targets go into “Direct”. Steven Costantino reports that many ACOs give a large portion back to primary care providers. Ms. Condon stated that the opaqueness makes it difficult to view. She agreed that a lot depends on the organization. In their research to date they have not seen a lot of commercial payers with significant risk settlements fees. There may be some time to consider options and adjust in the future.

Ms. Condon stated that currently they are reviewing payer rate filings and they have developed supplemental data collection template on affordability standards. They have also been accessing a variety of publicly available data sets. She added that much progress has been influenced by stakeholders. Lastly, she shared their plans for presenting to PCRC in the coming months. In October, they will present the data they have collection from the Department of Insurance template and the DHIN data requests. In November, they will present the provisional affordability standard targets. In December, they plan to review highlights of affordability standards report. Dr. Fan opened the meeting for questions or comments. Hearing none she transitioned to the next agenda item.

The Office of Value Based Delivery’s full presentation can be viewed here:

<https://dhss.delaware.gov/dhss/dhcc/files/pcrcovbhcdupdt092120.pdf>

Meeting materials for the PCRC Technical Subcommittee can be found here:

<https://dhss.delaware.gov/dhss/dhcc/collab.html>.

Points of Information

CMS 2021 Payment Schedule

Dr. Fan stated that she wanted to provide the collaborative with a review of the initiatives that they are undertaking. She announced that the CMS proposed 2021 Fee Schedule. She added that the open comment period will run through October 5, 2020. She also reported that there was an increase in E/M codes, with a decrease in surgical specialties to compensate for their budget neutral. She reminded the collaborative members that SB227 states any increase in their fees should be comparative to rates here in Delaware by legislative mandate.

DCHI Employer Workgroup

Dr. Fan transitioned the discussion to the Delaware Center for Health Innovation (DCHI) Employer workgroup. She pointed the members attention to a document that was disseminated in their meeting materials, titled “Employer Workgroup Charter Draft” (<https://dhss.delaware.gov/dhss/dhcc/files/dchiempwrkgrpchrterdrft092120.pdf>). She announced that the Primary Care Reform Collaborative has decided to partner with DCHI to develop plans to initiate employer education. One of the first major topics to be covered will be primary care and identifying strategies to promote and sustain primary care. The educational series will emphasize primary care promotion and the fact that sustaining its presence not only leads to healthy outcomes but also employer cost savings.

DCHI will begin by developing an educational framework that will likely be held virtually through the next year. PCRC will support the initiative by providing the educational content for the sessions. She is hopeful the partnership will assist the collaborative with entering a dialogue with the self-insured large employer community about the benefit of making greater investments in primary care and moving away from fee-for-service to value

based care with higher reimbursement. Dr. Fan invited Faith Rentz to share additional thoughts. Ms. Rentz felt that the summary provided was thorough. Dr. Fan encouraged the members to visit the link on the presentation (https://email.dehealthinnovation.org/?hs_preview=NGzhKhuE-34743779246) to view the DCHI workgroup information. She is optimistic about combining the efforts of the collaborative with DCHI.

DCHI PC Forum

Dr. Fan announced that DCHI will be holding a Primary Care Forum on the October 22nd. The registration is free. It will be a virtual event; however, it will be interactive. Art Jones from HMA is one of the presenters. Dr. Fan reminded the members that Mr. Jones has facilitated several of the PCRCs conversations in 2018 and 2019. He has also assisted with helping the collaborative shape their conversations regarding Primary care. The second half of the Forum will be a payer panel. The Forum's goal is to gain a deeper understanding of how the COVID-19 pandemic has impacted healthcare. They will cover future implications and discuss how to identify opportunities to build investments to strength primary care. Dr. Fan also stated that they will spend some time discussing what has been useful, what worked and what did not work.

Dr. Veronica Wilbur asked if the Forum will be recorded because she is unable to attend on this day. Dr. Fan shared that the meeting was purposefully scheduled during the evening hours to ensure providers could attend. Matthew Swanson shared that organizers intend to record and archive the Forum.

Leslie Ledogar revisited the topic of the CMS 2021 proposed fee schedule. She asked if anyone on the call is anticipating commenting on the CMS 2021 fee schedule. Dr. Fan shared that some specialties on a national level will be commenting but she was not certain about anyone locally. Ms. Ledogar reported that statute language states SB227 expires three years from the date of inception and the change may not be in affect before expiration (June 27, 2021). Dr. Fan thanked Ms. Ledogar for highlighting this very important point. She invited Representative Bentz or Senator Townsend to provide comment. Senator Townsend shared that he does not believe there is a desire to remove this statute. He added that there is a sunset in place, and he would propose to have it removed.

Ms. Ledogar addressed Senator Townsend and highlighted one of the introductory statements in the bill, "Primary care spend reimbursement helps stabilize the market while the OVBHCD completes their work". Senator Townsend stated that the goal wasn't to discontinue after the OVBHCD work was complete adding it provides support that is critical to primary care. Dr. Fan agreed and added that it is understood that there are components of SB227 and HB116 that we need to ensure continue, and it is important asked what measures need to take place to ensure it remains. Ms. Ledogar expressed appreciation and added that she was excited about the long-term perspective. The discussion continued as the group spent some time clarifying the sunset date in 2021. Dr. Fan wrapped up the topic by stating that unless there is opposition within the group about the intent of pay parody with CMS or difficulties in continuing that component then she believes the collaborative has the right individuals in place to be able to continue the work to ensure the investment and sustainability of primary care. Representative Bentz added that unless they receive a strong case to the contrary, he doesn't think it will be discontinued. He also does not anticipate issues with taking action to remove the sunset. Dr. Fan thanked Representative Bentz for his comments.

Practice Transformation and Goal Setting

Dr. Fan opened the discussion of practice transformation and goal setting by asking the members for their opinions on the future direction of the collaborative. All members were asked to come to this evening's meeting with ideas and ready to discuss together as a group. She moved into a discussion about goals and touched on SB227. The bill states that the role of the collaborative is to stabilize and promote primary care and provide annual recommendations that are reflective of policy. The collaborative was also tasked with providing annual

recommendations that could be moved to policy. The members have discussed value-based care. The bill specifically states that 60% of Delawareans will be enrolled value-based plans. Dr. Fan mentioned that the collaborative has been bogged down with different ideas/definitions of “value based”. She suggested that we discuss the commonly used terms and recognize they mean different things to different people. She shared her opinion that value-based care is a health care delivery mode not a payment model or reimbursement model. One concept of value-based care models is advanced primary care. Advanced primary care includes components of team based and patient centered homes. Other value-based care needs incorporate quality, utilization and cost. She asked if the group thought oversight for regulatory components or other legislative mandates are needed to achieve the identified goals. She added that she is not suggesting it needs to be either or and added that it could be also be combination of them both.

At this time Dr. Fan reviewed the LAN payment models. She mentioned that there has been some delay in developing clear plans as the collaborative has been unable to move past the options. Dr. Gill pointed out that LAN payment model concepts make sense, however the graphs illustrate the entire health care system not primary care specifically. He believes this may be one of the reasons the group has been delayed in developing concepts. He added that if the collaborative would like to discuss LAN payments it should be in terms of how it relates to primary care.

Dr. Fan asked Aetna and Highmark if the data they presented during the previous meeting was specific to primary care. Mr. O’Hara responded by sharing that the Highmark data was specific to primary care but some data around cost savings and quality metrics did touch on delivery that did not happen in a primary care setting. The calculations included all costs. He added that the lens by which they presented the LAN stratification was for primary care providers. Ms. Sasha Brown responded on behalf of Aetna. She reported that the data presented from Aetna was not specific to primary care, adding the LAN models encompassed health systems. Dr. Fan asked if the data was presented on that level because it is difficult to attribute claims to providers. Both Mr. O’Hara and Ms. Brown agreed.

Dr. Fan reviewed a summary of the various approaches to achieving affordability standards. She reminded the group of the past discussions regarding total cost of care benchmarks, primary care spend target, and consideration of a mandate spend investment. The recommendation from SB227 for primary care investment is 12%. The collaborative has not set a spend investment target to date. She added that there is still more work to be done before an exact percentage can be set (i.e. OVBHCD work). The collaborative’s first annual report included discussion on whether to implement an oversight on hospital rate spending. Dr. Fan pointed out that this discussion had not been brought up within this particular committee. The discussion continued as Dr Fan moved down the list of approaches to achieving affordability standards. There was some discussion about the dept of coverage in past meeting on the remaining approaches (enhanced rate review and other payer reforms, market consolidation monitoring and alternative payment models).

Dr. Fan also reviewed the approach of adoption targets. She reported that SB227 states 60% of Delawareans should be in value-based contracts. Steven Costantino shared details about Oregon’s unique methodology. He stated that Oregon has 16 coordinate care organizations (CCO), which are generally geographically designed across the state. He added that their delivery method on Medicaid is unique and that their CCOs are MCO-like. This is unlike how states deliver Medicaid. He concluded his comments by added that their 70% it is likely similar to Delaware but without the ability to review the actual contract, he is unable to confirm any details. He added that within Delaware’s 60% there is movement across the LAN continuum however the penalties are different in terms of meeting thresholds and a quality component is included. Dr. Fan thanked him for his insight.

Steve Groff emphasized how difficult it is to compare states when it comes to Medicaid plans. Oregon is the only state that defines their benefits each year based on a spending target as opposed to other states that have a defined set of benefits in their plan. Leslie Ledogar clarified the intent of the slide, stating that it was shown as an example and not for comparative purposes. Steven Costantino mentioned that Oregon has an active Primary Care Collaborative and they have done some excellent work. He suggested that some research be done to find out how Oregon approaches topics like primary care and value and quality. Mary Jo reports that Oregon has a target in place. She added that they include several providers (OB/GYN and Behavioral health) that are not in Delaware's definition. Dr. Fan continued by sharing that Oregon moved their ACOs to Patient-centered Medical Homes (PCMH) by legislative mandate. They conducted a pilot and found that they had better outcomes and increased savings. She added that Oregon has a heavy investment in primary care, using a unique approach.

Dr. Fan commented that she shared the slide with the intention of illustrating the various tools that can be used. She suggested that members begin to consider where Delaware can be most successful. She emphasized the importance of ensuring our primary care investment is tied to the work of the benchmark. She added that the goal is to ensure primary care has a focus and is able to increase even if we are working to minimize the total cost of care spending. She charged the members with deciding on the focus of the collaboration. She asked if the group wanted to focus on identifying the spend. The recommendation has been 12%. This can be something they work on in the new year. She also mentioned continuing the work to develop a payment model. The collaborative could spend some time building upon their work and moving towards implementation.

Dr. Fan reviewed the four categories that have been discussed in the past. She referenced the presentation slide and stated: Category 1 is fee for service, Category 2 is fee for service linked to quality and value, Category 3 is a mix of shared savings and some downside risk, Category 4 is population based risk that has a large amount of risk taking. She suggested that the collaborative participate in another survey. This survey will focus on identifying which categories they will place their focus. Dr. Veronica Wilbur and Kevin O'Hara agreed with the idea to conduct another survey. Dr. Fan stated that it was a good place to start even if the survey results highlight some disparities.

Steve Groff asked if Dr. Fan could disseminate a draft survey to the members for review beforehand. He stated that feedback could help ensure members agree on the definition of terms. If they ensure there is consensus of definitions, their answers will align. He added that many times the members are not using the same lexicon. Dr. Fan agreed and ask if members feel that there does not need to be a definition of value-based model verses a reimbursement model. There was some discussion on the need to define concepts before moving forward. Dr. Veronica Wilbur commented that in terms of definition the collaborative could consider viewing value-based care as a model verses it being a payment. She suggested this may be the reason they have gotten stuck in the past. Dr. Fan agreed that separating the concepts would be very helpful. Steve Groff commented that he is not how sure we can discuss value in a definition without including outcome and cost. He added that in his opinion, value equals cost and delivery. Dr. Fan agreed, adding some define value as quality, utilization and cost. She stated that the concept of cost is not necessary payment. She agreed to send out a draft of the survey for review and another document with statements that define value-based care.

Leslie Ledogar asked how the survey fits into the work already completed by the Office of Value-based Care and Delivery. Dr. Fan agreed that this was a good point. She added that including these plans in the survey is a good idea. She emphasized the importance of ensuring PCRCs work aligns with OVBHCD. Ms. Ledogar mentioned the regulation language in SB227. She read the section referencing the propagating regulations while lacking the ability to mandate. She asked if the OVBHCD would like to receive guidance from PCRC.

The discussion moved to the topic of multiplayer alignment. Dr. Fan mentioned that realistically it will be difficult to plan in 2021 to affect impactful change due to the pandemic and the possible severity of the flu season. She does not want to make recommendations that are not aligned with the environment. She also asked if the collaborative could work on the definition of quality as defined by outcomes. She highlighted the that the concept mentioned by Steve Groff that includes separating process metrics from health outcomes metrics. Lastly, she emphasized the importance of ensuring that the work of the collaborative is in coordination with current infrastructure (i.e. the quality and spending benchmarks).

The discussion transitioned to care and practice transformation. Dr. Fan shared that she has spoken with several groups about their definition of care transformation. She reported that she has heard an overarching need that patient centric for primary care is comprehensive, such as early enablers. She stated that another concept involves moving the current percentage of practices into value-based care models and alternative payment models. She mentioned the concept of promoting and aligning concepts that include aggregators or conveners. She also highlighted the possibility of shared resources that help facilitate change.

Dr. Fan reviewed the workplan for the next six months. September will involve level setting. Through the months of October and December, the collaborative will address the three key areas (defining value-based care, approaches to affordability and oversight) and establish recommendations for 2021. She agreed that the plan was work intensive and stated that a subcommittee or taskforce may need to be formed in order to complete this work.

Mary Jo Condon shared that in the initial phase, the OVBHCD has been thinking about building their work into the Department of Insurances existing rate review process. The Department of Insurance's already current processes. She wanted the collaboration to know that they intend to incorporate the target that they are working on to date, into the existing rate review process.

Before concluding the meeting, Dr. Fan asked if the members felt like anything was missing from the workplan. She encouraged them to send any ideas to her separately.

Dr. Fan shared the next three future meetings (10/19, 11/16 and 12/21). She reminded members that meetings are held on the third Monday of each month from from 5-7pm. She also mentioned that future virtually meetings will likely be switched to the State's Webex platform. Lastly, she reminded the members what should be done if they are unable to attend a meeting and would like to send a proxy. She asked that she and Read be notified at least a week in advance. She added that the notification should include the name of the person they are sending if they plan to use a proxy.

Public Comment

Dr. Fan called for any additional public comments. Hearing no comments or other business, the meeting was adjourned at approximately 6:32p.m.

Next meeting

The next Primary Care Reform Collaborative meeting will be held on *Monday October 19, 2020*.