Primary Care Subgroup Meeting
October 26, 2021

OHS
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Office *of* Health Strategy

Roll Call

Public Comment (2 minutes/person)

Approval of the September 28th Meeting Minutes

Agenda

Welcome and Roll Call	Office of Health Strategy	1:00 PM
Public Comment	Members of the Public	1:05 PM
Approval of the September 28th Meeting Minutes—Vote	Members of the PCSG	1:15 PM
Continuation of Roadmap Development	Bailit Health	1:20 PM
Next Steps and Wrap-up	Bailit Health	2:55 PM
Meeting Adjournment	All	3:00 PM

Continuation of Roadmap Development

Highlights from the September meeting

- The Subgroup continued its review of OHS' proposal for a prospective primary care payment model, and reviewed four alternative payment models proposed by Subgroup members and stakeholders. Subgroup member feedback included:
  - Preferences for the proposed prospective payment model and the alternative model that restricts prospective payment to common E&M codes.
  - Emphasis that any selected model should be as simple as possible for primary care teams to implement and allow insurers and providers to negotiate the terms.
  - Expressed concerns for any administrative burden on providers.
  - Caution around social risk adjustment given its complexity, poor data, and inconclusiveness related to race adjustment.

Today's agenda

1. Review primary care spend data analysis and make recommendations to OHS' Cost Growth Benchmark Technical Team for primary care spending targets for 2022-24.
2. Review and provide feedback on a Roadmap high-level implementation plan that outlines responsibilities of OHS, payers and practice teams over the next two years.

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Directive to develop a primary care spending target

- Executive Order #5 directs the Executive Director of OHS to:
  - "…monitor health care spending growth across all public and private payers and populations in Connecticut…",
  - "…convene a Connecticut Cost Benchmark Technical Advisory Board to assist her in developing such benchmarks…" and
  - ensure "such health care cost growth benchmarks shall account for current primary care spending and **set targets within each annual benchmark for increased primary care spending as a percentage of total health care expenditures to reach a target of *10% by calendar year 2025*.**"

In 2020 it was unclear what Connecticut was spending on primary care

- Four separate analyses had been performed to calculate what percentage of total healthcare spending has gone to primary care.
  - The measured populations, time periods and methodologies varied across the three efforts.
  - As a result, it was not surprising that their results have varied too.
- Last summer the OHS Technical Team recommended, and OHS adopted, a standard methodology for defining and measuring primary care longitudinally.
  - OHS adopted a narrow definition for target purposes, and a broad definition for monitoring purposes.

Primary care spend data analysis: *methodology* (1 of 4)

1. Primary care provider:

	Definition: Narrow
Included Providers (in outpatient settings*)	• MDs and DOs: Internal Medicine when practicing primary care, Family Medicine, Pediatric and Adolescent Medicine, Geriatric Medicine when practicing primary care • NPs and PAs: when practicing primary care
Excluded Providers (among others)	• OB/GYN and midwifery • Behavioral health • Emergency room physician • Naturopathic health care provider

*Including but not limited to private practices, primary care clinics, FQHCs and school-based health centers

Primary care spend data analysis: *methodology* (2 of 4)

2. Primary care services:

	Definition 1: Narrow
Included Services	• Office or home visits • General medical exams • Routine adult medical and child health exams • Preventive medicine evaluation or counseling • Telehealth visits • Administration and interpretation of health risk assessments • Behavioral health risk assessments, screening, and counseling, if performed by a PCP • Immunizations • Hospice care • Preventive dental care and fluoride varnish • Pediatric dental risk assessments • Home visits for newborns • Routine, non-specialty gyn. services, if performed by a PCP
Excluded Services	• Routine primary care and non-specialty gynecological services delivered by OB/GYNs and midwifery • Minor outpatient procedures • Inpatient care • ED care • Nursing facility care • Practice-administered pharmacy

Primary care spend data analysis: *methodology* (3 of 4)

3. Primary care payments:
   - "Allowed" claims to calculate service-based payments.
   - NESCSO's definition of non-service-based payments, which includes:
     - care management, PCMH infrastructure, pay-for-performance, shared savings distributions, capitation, episode-based payment, EHR/HIT infrastructure, COVID-19 support payments (if feasible) and other (e.g., supplemental workforce payments, loan forgiveness for training providers, flu clinics).
4. Total payments:
   - The definition of total spending used for the cost growth benchmark, but excludes long-term care spending.

NESCSO = New England States Consortium Systems Organization

Primary care spend data analysis: *methodology* (4 of 4)

5. Population:
   - The population measured for the cost growth benchmark and used by NESCSO, i.e., in-state residents and all providers (in-state and out-of-state).

6. Payers:
   - Commercial, Medicaid and Medicare

Primary care spend data analysis: *findings*

Market	2018 Primary Care Spend Percentage	2019 Primary Care Spend Percentage
Commercial	5.2%	5.1%
Medicaid	9.2%	9.4%
Medicare FFS	2.5%	3.1%
Medicare Advantage	5.8%	5.2%
Total	**5.4%**	**5.5%**

Note: One insurer is in the process of resubmitting its data. It is possible, but quite unlikely that the total % could change as a result of the resubmitted data.

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Recommendations for primary care spend targets for 2022-24: *other states' methods and targets*

- Rhode Island had a baseline of 5% and a regulatory requirement of 10%. It elected to require a one percentage point increase for each of five years.

Recommendations for primary care spend targets for 2022-24: *options for consideration*

- **Option 1**: Divide the difference between 2019 baseline performance and the 10% 2024 target by four.
  - (10%-5.5%)/4 = 1.1%/yr., *or* **6.6%**, **7.7%** and **8.8%** for the years 2022-24
    - Pros: simple to administer and explain
    - Cons: assumes 2021 performance equals 2019 performance, provides short notice of 2022 target ('25 value has been known)

Recommendations for primary care spend targets for 2022-24: *options for consideration*

- **Option 2**: Make initial increments smaller than later increments to give commercial insurers more time to pivot.
  - e.g., **6.0%**, **7.0%** and **8.5%** for years 2022-24
    - Pros: recognizes insurers have yet to commit to the target
    - Cons: assumes 2021 performance equals 2019 performance, a little harder to explain to audiences

For discussion

- What questions and reactions does the group have?
- Which option does the group prefer to recommend to OHS?

The Roadmap will define an implementation plan with activities starting in 2022

- The Roadmap implementation plan will describe who will be responsible for what actions and by when to successfully implement the functions and processes to advance primary care as defined by the Primary Care Subgroup.
- The plan will describe implementation activities starting in 2022.
- Today's discussion is focused on a high-level implementation plan that outlines responsibilities of OHS, payers and practices over the next two years.

Year One (2022) implementation activities (1 of 3)

OHS Implementation Activities
1. Obtain commitment from commercial insurers to achieving the primary care spend target and to the Roadmap.
2. Develop recommendations for how practices should invest additional primary care payments.
3. Develop Roadmap operational details, including: • interpretive guidance for core practice team functions so that practices know what is expected of them and OHS' third-party contractor can objectively assess core practice team function mastery, and • final recommended implementation parameters for the primary care payment model.
4. With advice from OHS' Quality Council, define a subset of primary care measures, derived from OHS' Core Measure Set, that insurers will use in all primary care practice value-based contracts.
5. Develop and release an RFP for an OHS-contracted third party to implement the OHS primary care program and contract for services.

Year One (2022) implementation activities (2 of 3)

OHS Implementation Activities
6. With an OHS-contracted third party, design the following processes: • practice application process, practice initial assessment, practice coaching central curriculum for all practice coaching sources, practice recognition process, practice biennial evaluation for continued recognition, learning collaborative(s) curriculum
7. Develop and implement a communications strategy for OHS' primary care program.
8. Assess any policy (or other) barriers to achieving Roadmap objectives and determine actions required.
9. Design a Roadmap monitoring and evaluation plan to assess each element of the Roadmap: • How will OHS know if it is succeeding along the way (process measures)? • How will OHS know if it succeeded (outcome measures)?

Year One (2022) implementation activities (3 of 3)

Payer Implementation Activities
1. Commit to increasing primary care payment up to the target and to supporting Roadmap implementation, and take necessary follow-up steps. 2. Ensure that quality incentive opportunities are substantial, i.e., no less than 10% of total practice revenue, and achievable. 3. Prepare systems to administer voluntary primary care prospective payment model.
Practice Organization Implementation Activities
1. Participate in educational activities regarding the OHS primary care program.

Year Two (2023) implementation activities

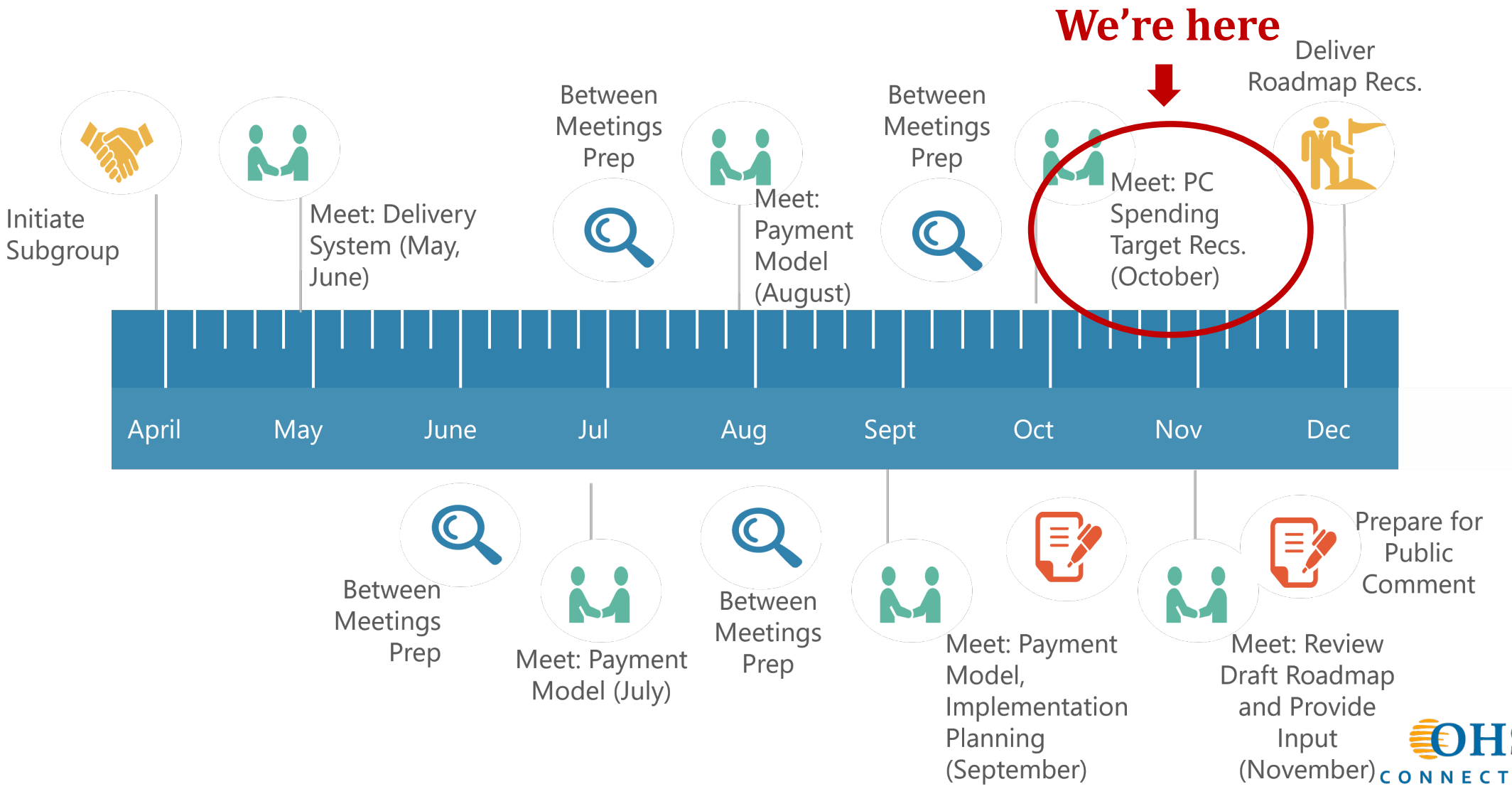
OHS Implementation Activities
1. Implement the primary care Roadmap. 2. Begin accepting practice applications to become OHS-recognized. 3. Begin Roadmap monitoring and evaluation. 4. Engage with insurance carriers to ensure primary care commitments are followed through. 5. Engage with primary care practices to understand practice experience with the OHS primary care program.
Payer Implementation Activities
1. Participate in the OHS primary care program 2. Engage with OHS to report on performance re: Roadmap commitments
Practice Organization Implementation Activities
1. Apply and participate in OHS primary care program to become OHS-recognized. 2. Engage with OHS to report on practice experience with OHS' program.

For discussion

- Does the group have feedback or reactions to offer regarding the implementation plan?
- Do you identify other key implementation activities that are missing?

Next Steps and Wrap-Up

Subgroup 2021 process and timeline



Next steps

- OHS is finalizing a draft Roadmap that it will share in advance of the November meeting for Primary Care Subgroup review and comment.
- The next Primary Care Subgroup meeting is scheduled to take place on November 16 at 1pm. ***Please come ready to share your feedback on the Roadmap.***


THANK
YOU