Primary Care Subgroup Meeting
November 16, 2021

Agenda

Welcome and Roll Call	Office of Health Strategy	1:00 PM
Public Comment	Members of the Public	1:05 PM
Approval of the October 26th Meeting Minutes—Vote	Office of Health Strategy	1:15 PM
Review Primary Care Spending Target Recommendations	Bailit Health	1:20 PM
PCSG Feedback on Draft Roadmap	Bailit Health	1:50 PM
Next Steps and Wrap-up	Bailit Health	2:55 PM
Meeting Adjournment	Office of Health Strategy	3:00 PM

Roll Call

Public Comment (2 minutes/person)

Approval of the October 26th Meeting Minutes

Today's discussion topics

1. Review recommendations for primary care spending targets for 2022-24.
2. Review and provide feedback on the draft Primary Care Roadmap for strengthening and sustaining primary care in Connecticut.

Medicaid Primary Care Spend Calculation

- Since our last meeting, OHS received updated information for Medicaid's primary care spend calculation.
- The updated percentage for 2019 is 7.9%.
  - This is lower than the 9.4% figure we reported last month.
- As a result, the statewide (cross-market) percentage for 2019 is 5.3%.
  - This is lower than the 5.5% figure reported last month.

Last month OHS presented two possible options for primary care spending targets for 2022-24

Option 1: Divide the difference between 2019 baseline performance and the 10% 2024 target by four.

- (10%-5.3%)/4 = 1.2%/yr., *or* **6.5%**, **7.7%** and **8.8%** for 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)

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; gives more time for increased investment to occur
- Cons: assumes 2021 performance equals 2019 performance, a little harder to explain

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OHS heard the following feedback from Subgroup members on the presented options

- A few members expressed a preference for Option #1 due to:
  - the simplicity of the calculation
  - larger upfront payments that would occur if payers met the target
- Other members did not voice a preference; some didn't feel comfortable doing so.

Today, OHS would like to offer a third option for Subgroup consideration

- Set the 2022 target at 5.3%, the baseline level calculated for 2019.
- Make (near) equal increases in the target for years 2023, 2024 and 2025.
  - **5.3%**, **6.9%**, **8.5%** and **10%** for years 2022-25

Rationale for the Recommendation

1. Any 2022 target will provide short notice to insurers who have already negotiated contracts with primary care organizations for 2022.
2. OHS' primary care program, as defined within the draft Roadmap, is not planned to begin until 2023.
3. Setting an unrealistic target for 2022 won't benefit anyone.

For discussion

- What reactions does the group have to this new option?

OHS requests your feedback on the draft Roadmap prior to a public comment period (1 of 2)

- The strategies contained in the Roadmap are informed by Subgroup discussions since April 2021.
- OHS' Roadmap is multi-payer in orientation:
  - commercial market-focused, but
  - aligned with Medicaid
- The Roadmap is complementary to the primary care spending target and presents strategies to advance high-quality primary care delivery and payment for primary care.
  - It is also complementary to the Cost Growth Benchmark. Increased primary care investment is to be financed by slower spending growth elsewhere.

OHS requests your feedback on the draft Roadmap prior to a public comment period (2 of 2)

- Roadmap strategies include:
  1. Core function expectations of primary care practice teams
  2. Resources and supports to help practice teams master the core function expectations
  3. Methods to assess and recognize practice team performance
  4. Common parameters for and the provision of voluntary payment options for primary care

Primary Care Subgroup feedback on OHS' Roadmap

- We now solicit your feedback in the following order:

I. Background and process

II. Roadmap elements:

1. Core function expectations of primary care practice teams
2. Resources and supports to help practice teams master the core function expectations
3. Methods to assess and recognize practice team performance
4. Common parameters for and the provision of voluntary payment options for primary care

III. Structural barriers to high-quality primary care and related actions

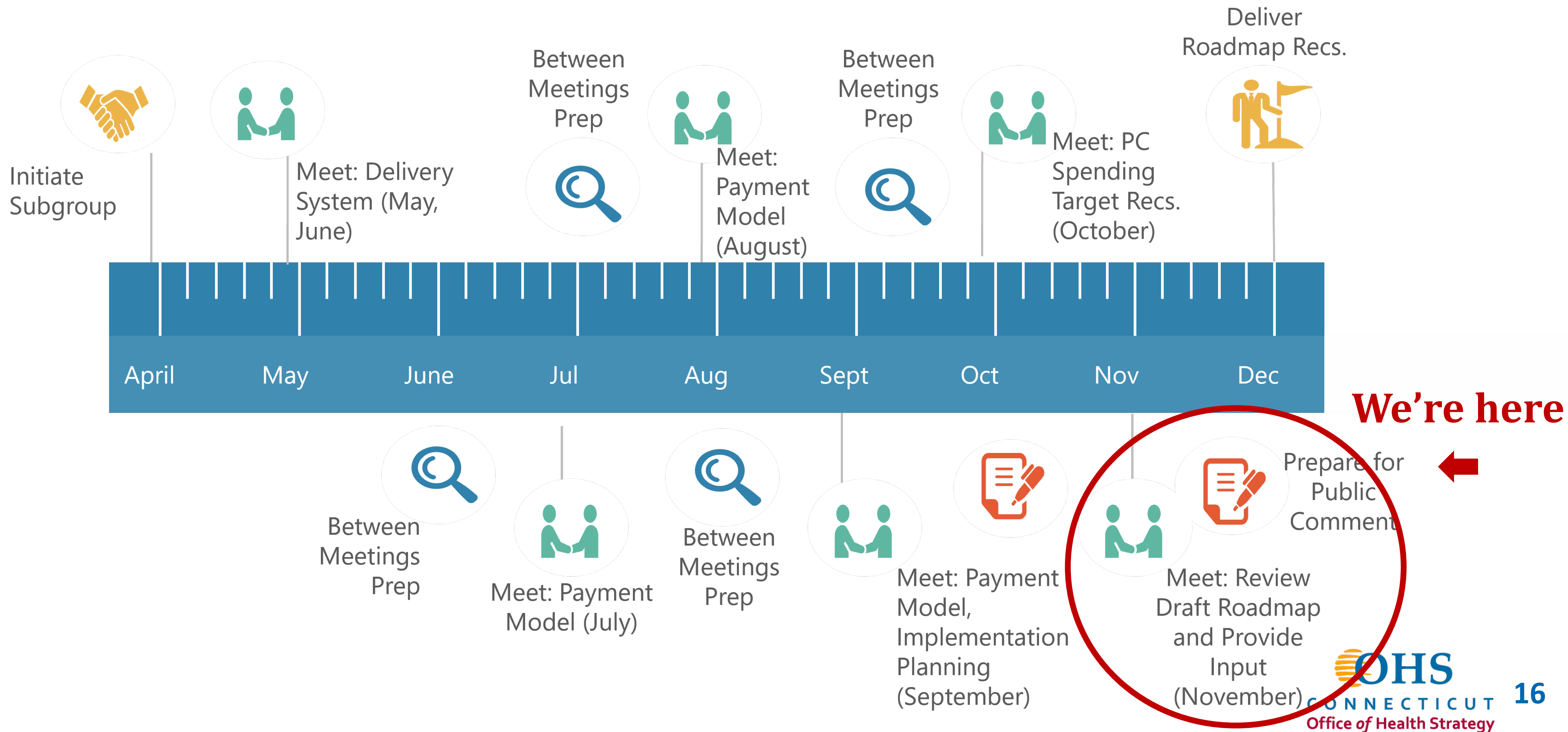
IV. Roadmap implementation plan

V. Primary care workforce development

VI. Other

Next Steps and Wrap-Up

Subgroup 2021 process and timeline



Next steps

- OHS will release the Roadmap for public comment in December and continue ongoing engagement with stakeholders to seek final input.
- The Roadmap will be finalized once public and stakeholder feedback has been reviewed and addressed.

Appendix

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 is 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

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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

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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.

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.