



PRIMARY CARE REFORM COLLABORATIVE (PCRC) MEETING

MARCH 3, 2025

WELCOME

AGENDA

- I. Call to Order
- II. Review and Approve: PCRC Meeting Minutes (October 7, 2024)
- III. Workgroup Updates
- IV. Office of Value-Based Health Care Delivery - Primary Care Investment Update
- V. Review of PCRC Annual Report
- VI. New Business
- VII. Next Meeting
- VIII. Public Comment
- IX. Adjourn



CALL TO ORDER

- Dr. Nancy Fan, Chair
- Senator Bryan Townsend, Senate Health & Social Services Committee
- Representative Nnamdi Chukwuocha, Chair House Health & Human Development Committee
- Andrew Wilson, Division of Medicaid and Medical Assistance
- Jason Hann-Deschaine, MD, Medical Society of Delaware
- Dr. Rose Kakoza, Delaware Healthcare Association
- Vacant, Delaware Nurses Association
- Kevin O'Hara, Highmark Delaware
- Steven Costantino (Proxy for Secretary Josette Manning)
- Faith Rentz, State Benefits Office/DHR
- Deborah Bednar, Aetna
- Maggie Norris-Bent, Westside Family Healthcare
- Cristine Vogel (Proxy for Insurance Commissioner Trinidad Navarro)



REVIEW AND APPROVE MEETING MINUTES

- PCRC October 7, 2024, Meeting Minutes



WORKGROUP UPDATES

In the fall of 2024, the PCRC reorganized the workgroups as follows:

- Value-Based Care Model Workgroup
- Practice Model Workgroup
- Quality Metrics Workgroup

Health Management Associates (HMA) provides Subject Matter Expertise and project support for PCRC workgroups



WORKGROUP UPDATES: VALUE-BASED CARE MODEL

Value-Based Care (VBC) Model Workgroup

- Chair, Cristine Vogel (Department of Insurance Office of Value-Based Health Care Delivery)
- Goals:
 - Focus on increasing multipayer participation and alignment in VBC initiatives.
 - Ensure buy-in for primary care spending and importance of practice transformation
 - Strategies to align attribution and payment models across different payors
 - Work on policies which promote primary care investment and maintain or reduce overall health care costs.



WORKGROUP UPDATES: PRACTICE MODEL

Practice Model Workgroup

- Chair, Dr. Nancy Fan
- Goals:
 - Decrease administrative burden and cost.
 - Billing transparency from both payors to practices and from health care systems as employers for the work of their employed practices.
 - Educate practices regarding practice transformation and success in VBC.
 - Ideas to incentivize all practices to participate in VBC.



WORKGROUP UPDATES: QUALITY METRICS

Quality Metrics Workgroup

- Chair, Cari Miller (Lab Corps)
- Goal:
 - Promote and advocate for quality measures aligned across payers based on the highest cost of care drivers.



WORKGROUP UPDATES: INTER-WORKGROUP MEETING

- PCRC's three workgroups (Value-Based Care Workgroup, Quality Metrics Workgroup, and Practice Model Workgroup) met on January 29 to share their progress and priorities for 2025.
- Purpose: Ensure alignment between the workgroups and avoid redundancy in work.
- Discussion following the workgroup chairs' reports focused on setting performance targets, aligning quality measures across payers to reduce provider burden, and regulatory and legislative strategies to ensure the sustainability of primary care VBP.
- Next Inter-Workgroup Meeting TBD



OFFICE OF VALUE-BASED HEALTH CARE DELIVERY – PRIMARY CARE INVESTMENT UPDATE

Cristine Vogel (Director, Office of Value-Based Health Care Delivery)

Advanced Primary Care Initiative Updates

March 2025



Cristine Vogel, MPH
Director, Office of Value-Based Health Care Delivery

**Delaware Department of Insurance - Office of Value-Based
Health Care Delivery**



1. California Advanced Primary Care Initiative
2. New Medicare codes for Advanced Primary Care Management



The CA Advanced Primary Care Initiative (CA Quality Collaborative & Integrated Healthcare Assoc)

- Comprised of a group of CA-based payers, voluntarily partnered to support providers in strengthening primary care delivery
- 18-month demonstration, up to 30 independent primary care practices to test the payment model, build capabilities, and improve outcomes
- Health plans will offer two similar versions of a value-based payment model, practices may be paid under one or both depending on which health plans they have contract
- Both invest revenue into the practice and reward improvement and strong performance on the “advanced primary care measure set”

Element 1	Element 2	Element 3
Direct Services Payment Three Tracks: A – FFS B-Basic Capitation C-Intermediate Capitation	Population Health Mgt. Payment <ul style="list-style-type: none">• Prospective, adjusted payment (PMPM)• Attributes: outreach, follow ups, transitions of care, etc.	Performance Incentive Payment Rewards practice performance on common measure set



Starting in 2025, the Medicare Physician Fee Schedule introduced Advanced Primary Care Management (APCM) codes. These codes simplify care management billing by bundling services into a monthly payment model, eliminating time-based billing requirements. APCM codes build on existing care management programs and support value-based care, including:

- Principal care management
- Transitional care management
- Chronic care management

The new set of coding and payment for APCM services are stratified into three levels based on an individual's number of chronic conditions:

Level 1 (G0556): one chronic condition

Level 2 (G0557): two or more chronic conditions

Level 3 (G0558): two or more chronic conditions and status as a Qualified Medicare Beneficiary

Providers need to meet Performance Measurement requirement

REVIEW PCRC ANNUAL REPORT



PRIMARY CARE REFORM
COLLABORATIVE REPORT
2024



SUMMARY OF ANNUAL REPORT

- First one since 2020, which was for work of 2019
- Part of the work assigned to Communications Workgroup
- Review of legislative actions: SB 227, SB116, and SB 120
- Development of Current PCRC Priorities: In 2018, the PCRC established the core concepts driving its mission, which included:
 1. Ready access to quality primary care is essential for the health of the community and is the foundation for an effective health delivery system.
 2. Delaware continues to have a crisis in primary care access across much of the state.
 3. The low investment in primary care services in Delaware has been a primary factor in the development of this crisis.
 4. The continuing lack of access to primary care contributes to the high total cost of healthcare.



SUMMARY OF ANNUAL REPORT

HIGHLIGHTS OF SS 1 FOR SB 120 AND RELATED REGULATIONS

Rate Filing Year	Plan Year	Minimum % Total Cost of Medical Care Spent on Primary Care
2022	2023	7%
2023	2024	8.5%
2024	2025	10%
2025	2026	11.5%

SUMMARY OF ANNUAL REPORT

- Incorporation of recommendations from 2021 NASEM report: “Implementing High quality Primary Care”
- Delaware Enhanced Primary Care Payment Model
- Collaboration with Office of Value Based Health Care Delivery
- Review of 2024 work
 - Strategic Priorities
 - Workgroups



SUMMARY OF ANNUAL REPORT: CONCLUSIONS AND NEXT STEPS

- Promoting adoption of hybrid payment model>>Enhanced Primary Care Payment Model
- “The legislative history of the PCRC is evidence that the Collaborative will need to seriously consider supporting the use of the legislative and regulatory process as the most effective mechanism to make significant progress. The members of the PCRC represent a range of stakeholders and may need to participate with a greater level of engagement and collaboration to achieve these goals and produce consensus recommendations for effective policy.”
 - Effective engagement and consensus: In person meeting
- Promoting Primary Care Scorecard
 - Who is responsible?
 - Timeline of development



NEW BUSINESS



FUTURE MEETINGS

- June 2, 2025
- September 8, 2025
- December 8, 2025





PUBLIC COMMENT



ADJOURN

Next PCRC Meeting:
Thursday, June 2, 2025
3pm – 5pm
Hybrid