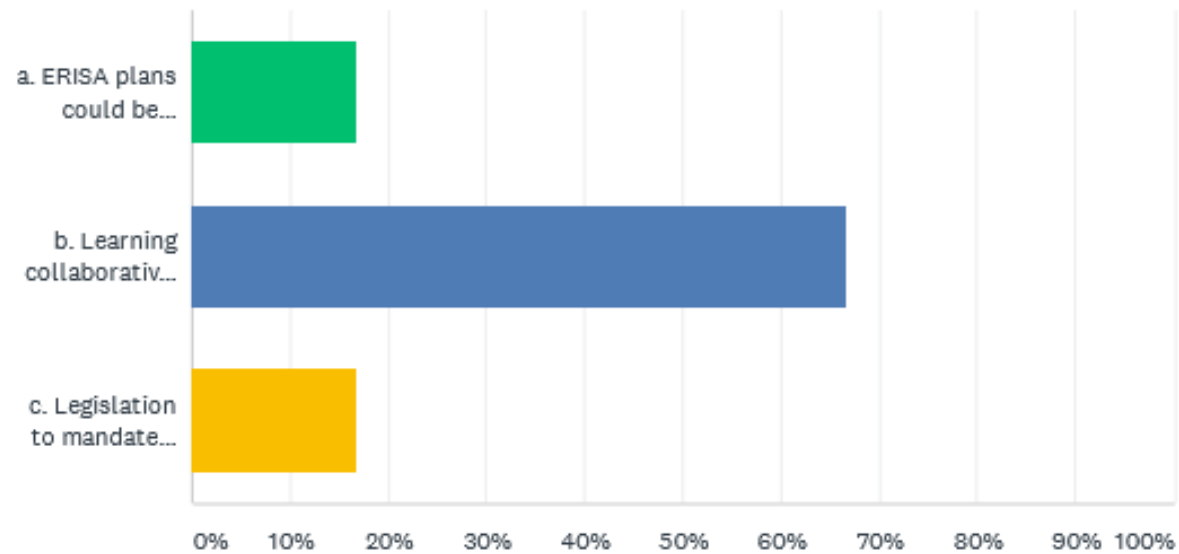




Care Model and Certification Survey Results

Q1 The Collaborative has discussed that accessing claim based data from ERISA plans is a challenge. Without ERISA plan data, the all claims database will be incomplete. Please select the answer that you believe is the best approach. If you believe all of the items need to be considered, please indicate it in your comments.

Answered: 12 Skipped: 0



ANSWER CHOICES	RESPONSES
a. ERISA plans could be financially incentivized to submit data to the APCD	16.67% 2
b. Learning collaborative to educate self-insured organizations regarding the goal of sustaining primary care and the use of the APCD	66.67% 8
c. Legislation to mandate submission of data to APCD	16.67% 2
TOTAL	12

#	COMMENTS (OPTIONAL):	DATE
1	Based upon the Supreme Court case from VT, it doesn't sound like this can be mandated.	12/31/2019 2:30 PM
2	We suggest that ERISA-applicable plans be encouraged to contribute data to ensure that the database is as complete as possible, and for the good of the overall project. We look forward to hearing how the successful bidder for the Director of the Office of Value Based Health Care Delivery has tackled this issue in her/his experience with health care innovation.	12/30/2019 3:42 PM
3	Education on the goal of sustaining primary care is not needed. Just the use of the APCD.	12/25/2019 2:18 PM
4	Incentivized by the state or insurance companies.	12/23/2019 1:27 PM
5	In the end, legislation may be necessary, but the collaborative approach should start with education and hopefully cooperative care. However, given ERISA is a federal mandate, I am not sure that the states can do anything to get the data.	12/22/2019 3:26 PM

Q2 Please include any general comments related to the APCD and ERISA plans.

Answered: 5 Skipped: 7

#	RESPONSES	DATE
1	Inclusion of ERISA plans should be pursued but we should be prepared to move forward regardless of their participation.	12/30/2019 9:33 PM
2	Understanding the interface between ERISA-regulated plans and DOI-regulated plans is important to moving the APCD discussion forward.	12/30/2019 3:42 PM
3	A well-developed value-proposition could be successful in getting ERISA plans to participate in the APCD.	12/27/2019 2:06 PM
4	Who are the largest self insured organizations in Delaware? The State? U of D? Can insurance carriers provide us with this information.	12/23/2019 1:27 PM
5	Business, as usual, is not an option - open access (to appropriate practitioners) of the information is critical to success.	12/22/2019 3:26 PM

Q3 Please include any general comments related to the work completed by Primary Care Collaborative here.

Answered: 3 Skipped: 9

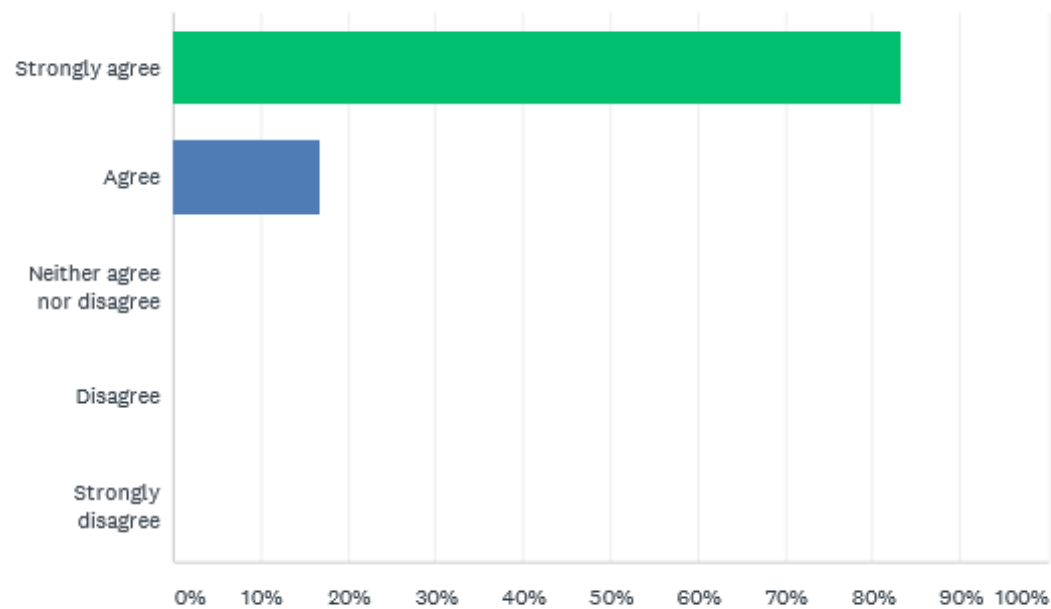
#	RESPONSES	DATE
1	The Commissioner is please to be a member of the PCC and looks forward to contributing on a going forward basis.	12/30/2019 3:42 PM
2	Heading in the right direction.	12/23/2019 1:27 PM
3	I would question the inclusion of cultural diversity in the group - how do our initiatives dovetail with the Delaware SHIP goals, and is that important? We need to maintain the forefront that this is about patient care. There are too many regulations now, let's not make the mistake of fixing a problem with a problem. DHIN is a perfect example of not sharing information yet charging a lot for the limited-service to struggling practitioners.	12/22/2019 3:26 PM



ERISA and APCD Survey Results

Q1 Please indicate the rate in which you agree with this statement: "Primary Care is foundational to health care delivery in Delaware"

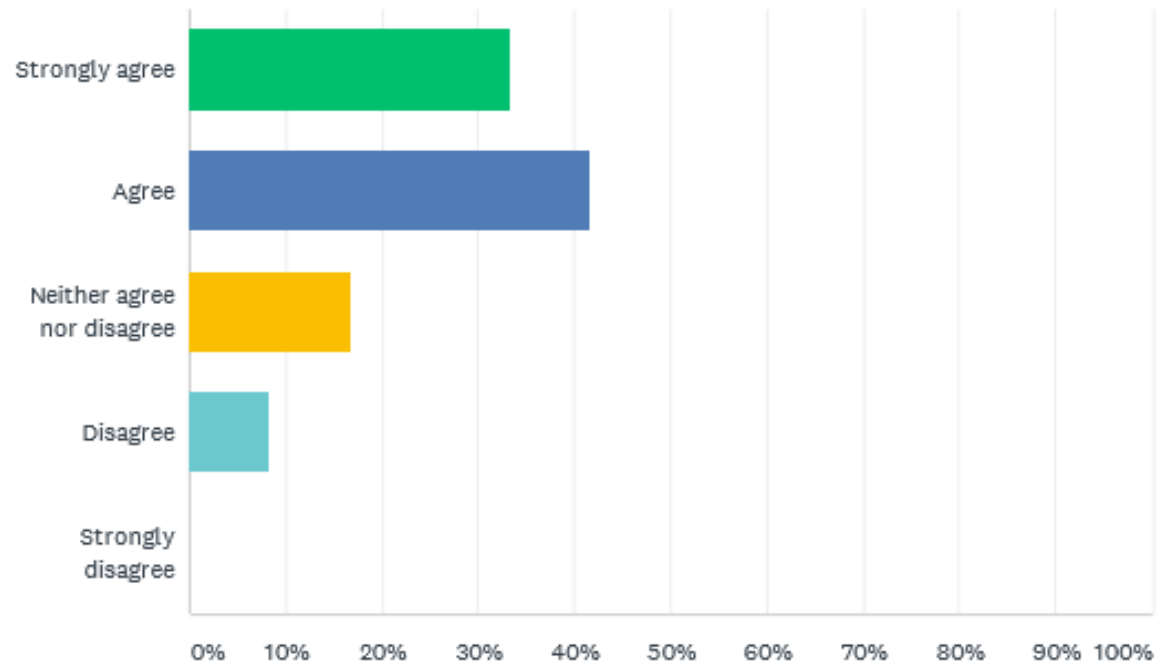
Answered: 12 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	83.33%	10
Agree	16.67%	2
Neither agree nor disagree	0.00%	0
Disagree	0.00%	0
Strongly disagree	0.00%	0
TOTAL		12

Q2 Please indicate the rate in which you agree with this statement: "The core values of the Patient Center Medical Home should be the framework that support valued based payment."

Answered: 12 Skipped: 0

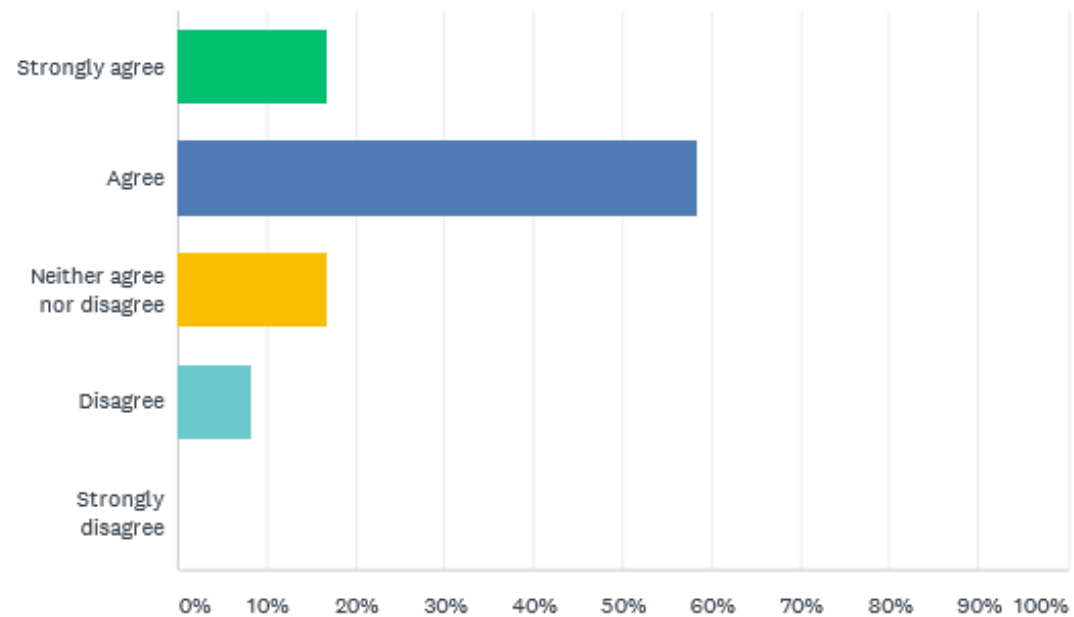


ANSWER CHOICES	RESPONSES	
Strongly agree	33.33%	4
Agree	41.67%	5
Neither agree nor disagree	16.67%	2
Disagree	8.33%	1
Strongly disagree	0.00%	0
TOTAL		12

#	COMMENTS (OPTIONAL):	DATE
1	we should make sure that we consider variations of the PCMH, including the Joint Commission Primary Care Medical Home accreditation.	1/5/2020 2:21 AM
2	There needs to be a consideration for ALL healthcare providers to create a team. The meaning here is that independent practices still exist but are often excluded from many aspects of PCMH principles. We all want to provide the best care, no one provider is better than the whole as long as the team is inclusive and NOT related to a physical location or entity.	12/21/2019 10:47 PM

Q3 Please indicate the rate in which you agree with this statement: "Other care models than PCMH type should be considered"

Answered: 12 Skipped: 0

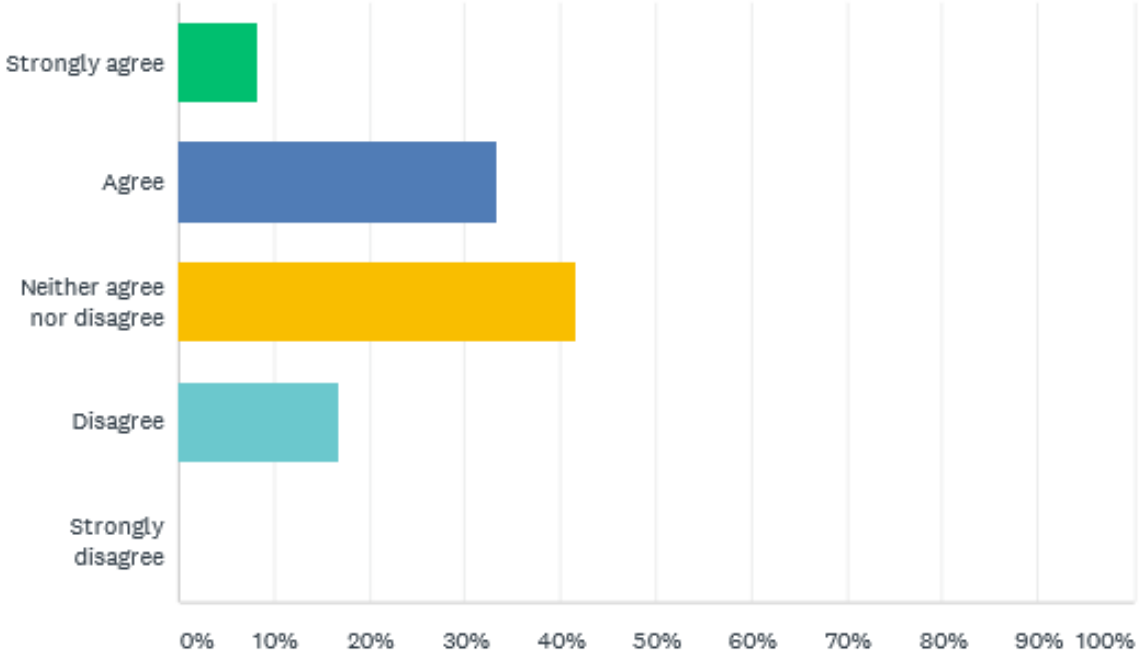


ANSWER CHOICES	RESPONSES	
Strongly agree	16.67%	2
Agree	58.33%	7
Neither agree nor disagree	16.67%	2
Disagree	8.33%	1
Strongly disagree	0.00%	0
TOTAL		12

#	COMMENTS (OPTIONAL):	DATE
1	Other models of care may better address the components discussed above, we need to take the location out and create virtual teams that allow patient choice in their care.	12/21/2019 10:47 PM

Q4 Please indicate the rate in which you agree with this statement:
"Delaware should develop a NCQA-like certifying body."

Answered: 12 Skipped: 0

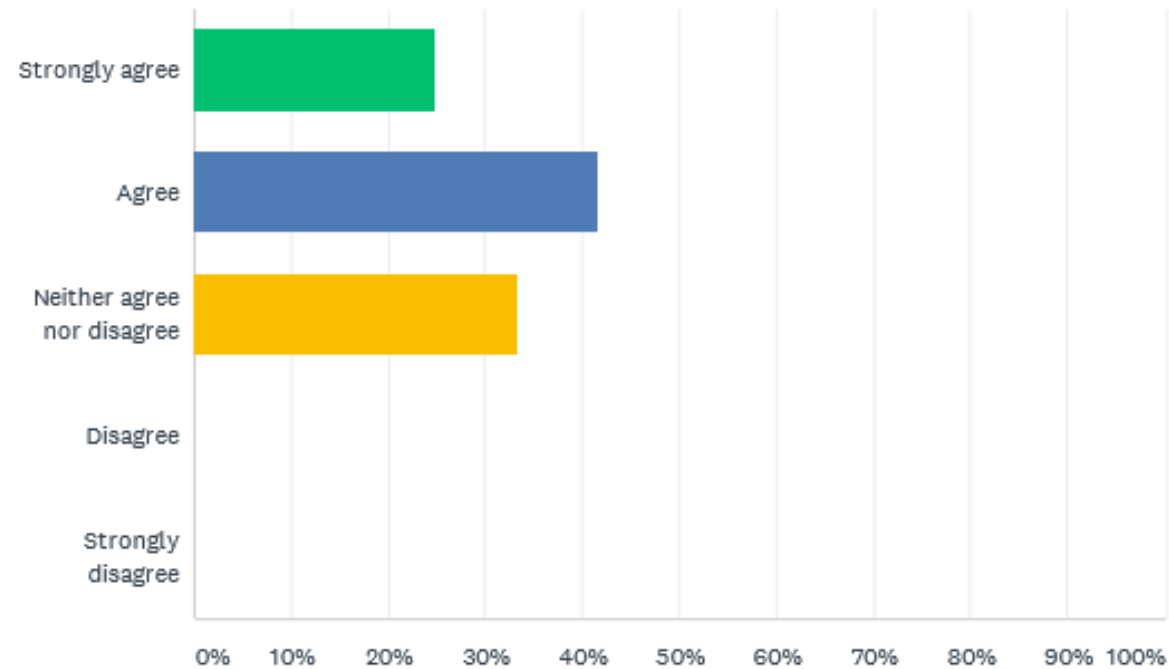


ANSWER CHOICES		RESPONSES
Strongly agree		8.33% 1
Agree		33.33% 4
Neither agree nor disagree		41.67% 5
Disagree		16.67% 2
Strongly disagree		0.00% 0
TOTAL		12

#	COMMENTS (OPTIONAL):	DATE
1	While I believe it would be important to have a Delaware-specific certifying body, we do need to consider what it would take to sustain this effort in the future. Perhaps its more of a certification review board.	1/5/2020 2:21 AM
2	Maybe in the future, but I don't think we are even close to creating an entity like NCQA before we consider the implications for all practitioners.	12/21/2019 10:47 PM

Q5 Please indicate the rate in which you agree with this statement:
"Additional payment incentives could be adopted for practices with PCMH-
like core values and practice infrastructure"

Answered: 12 Skipped: 0

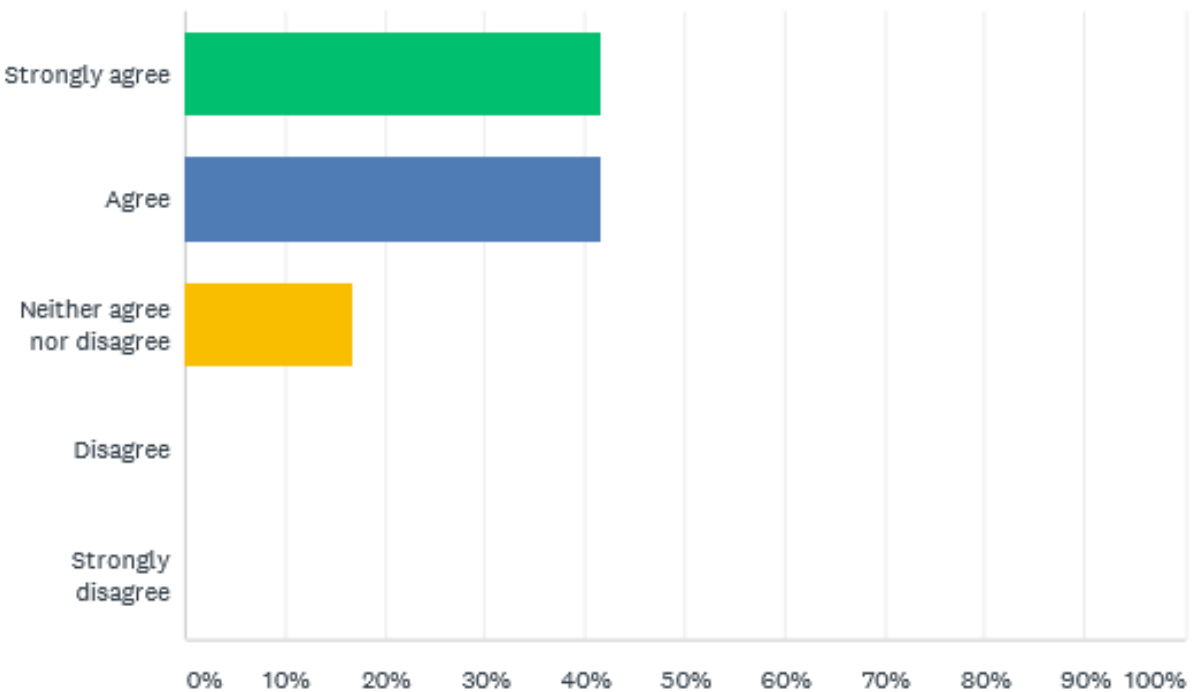


ANSWER CHOICES	RESPONSES	
Strongly agree	25.00%	3
Agree	41.67%	5
Neither agree nor disagree	33.33%	4
Disagree	0.00%	0
Strongly disagree	0.00%	0
TOTAL		12

#	COMMENTS (OPTIONAL):	DATE
1	If there is additional reimbursement, base it on the quality of care, not the 'numbers' of patients treated.	12/21/2019 10:47 PM

Q6 Please indicate the rate in which you agree with this statement : "To transition practices away from FFS to alternative value based payment models could include both upfront investments with prospective payments and risk based incentive payments (Primary Care First model)"

Answered: 12 Skipped: 0

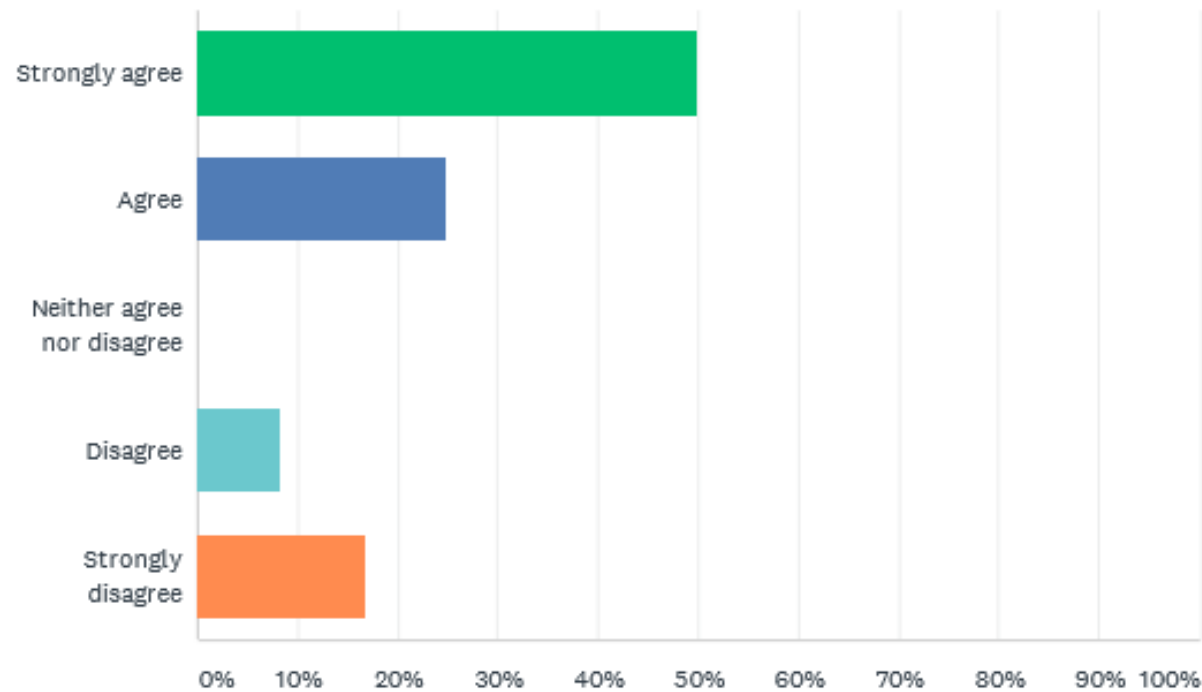


ANSWER CHOICES	RESPONSES	
Strongly agree	41.67%	5
Agree	41.67%	5
Neither agree nor disagree	16.67%	2
Disagree	0.00%	0
Strongly disagree	0.00%	0
TOTAL		12

#	COMMENTS (OPTIONAL):	DATE
1	This model seems to be more appropriate to include all types of practitioners and sites.	12/21/2019 10:47 PM

Q7 Please indicate the rate in which you agree with this statement:
"Increased prospective payments should be tied to risk and value based
payment models"

Answered: 12 Skipped: 0

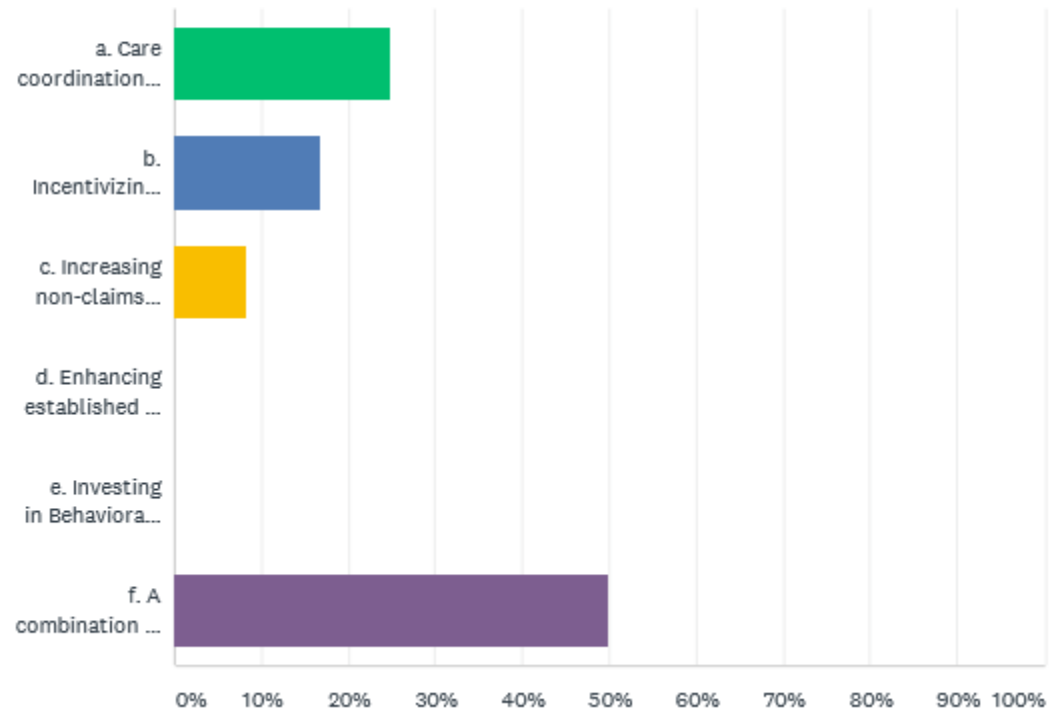


ANSWER CHOICES	RESPONSES	
Strongly agree	50.00%	6
Agree	25.00%	3
Neither agree nor disagree	0.00%	0
Disagree	8.33%	1
Strongly disagree	16.67%	2
TOTAL		12

#	COMMENTS (OPTIONAL):	DATE
1	This is only makes sense if the practice can take on risk. FQHCs are prohibited from taking on downside risk.	1/5/2020 2:21 AM
2	Until we have a fair system of reimbursement, I would not agree with this statement. As independent primary care and new at that, we are in no position to accept risk unless included in the care team (doesn't occur right now)	12/21/2019 10:47 PM
3	Not until the second or more likely third year of any program	12/21/2019 2:26 PM

Q8 Building a sustainable primary care practice infrastructure that drives value and accountability is critical. For a practice that is mature and has implemented elements of a patient centered medical home, where should the investment in primary care be allocated? Select the best answer. We have included a comment field to add comments, if you feel it is necessary.

Answered: 12 Skipped: 0

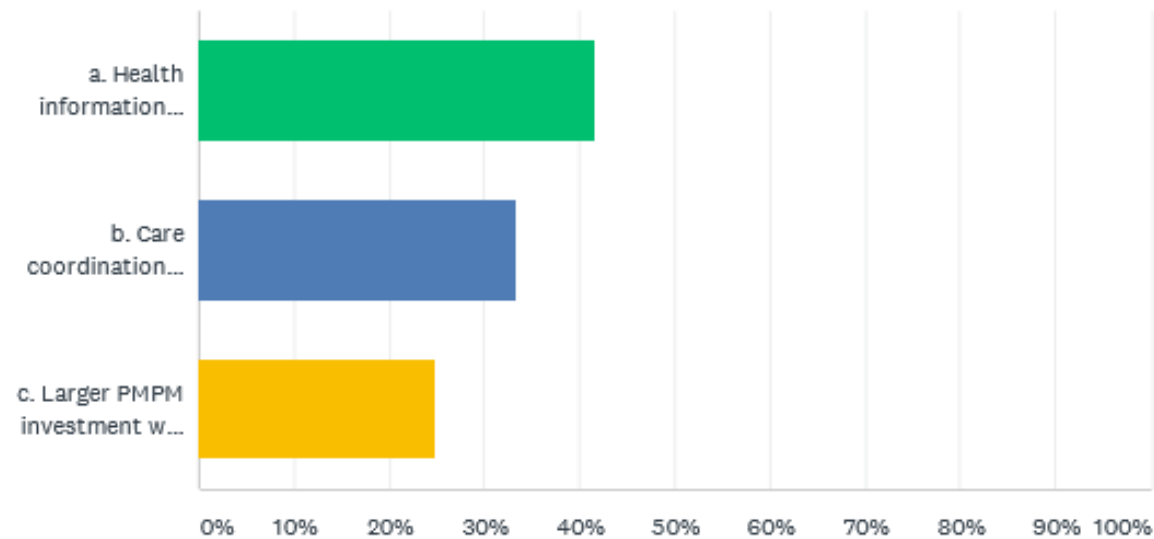


ANSWER CHOICES	RESPONSES	
a. Care coordination payments	25.00%	3
b. Incentivizing practices towards risk-based value payment models with upfront investment, e.g. greater PMPM but needs to meet a cost-saving benchmark	16.67%	2
c. Increasing non-claims payments	8.33%	1
d. Enhancing established HIT for greater interoperability	0.00%	0
e. Investing in Behavioral Health integration with bundled payments	0.00%	0
f. A combination of a/b/c with the practice at risk if does not meet an established cost saving benchmark	50.00%	6
TOTAL		12

#	COMMENTS (OPTIONAL):	DATE
1	option e should also be considered	12/27/2019 2:04 PM
2	I would pick A and D...without interoperability, getting quality data is onerous on practices.	12/22/2019 1:54 PM
3	Answered the question as a 'non-mature' primary care	12/21/2019 10:47 PM

Q9 Building a sustainable primary care practice infrastructure that drives value and accountability is critical. For a practice that has NOT implemented elements of patient center medical home, where should the investment in primary care be allocated? Select the best answer. We have included a comment field to add comments, if you feel it is necessary.

Answered: 12 Skipped: 0



ANSWER CHOICES	RESPONSES
a. Health information technology, e.g. EHR, use of DHIN	41.67% 5
b. Care coordination payments	33.33% 4
c. Larger PMPM investment with focus on established chronic disease protocols; use of innovative staff with community health workers or expanded social work, behavioral health or transitional care staff	25.00% 3
TOTAL	12

#	COMMENTS (OPTIONAL):	DATE
1	In other practices that have demonstrated their commitment to value based care.	12/31/2019 2:18 PM
2	similar to q8, a & b also important and should be considered. Depending upon practice, a & b could be best answer	12/27/2019 2:04 PM
3	The access to additional care team members is essential to proceeding with patient-centered care.	12/21/2019 10:47 PM
4	None of the above	12/20/2019 7:26 PM

Q10 Please answer the following questions related to risk and value. (1) In value based payment models, does accountability equal risk?; and (2) who should assume risk - the insurance payers, primary care practices, or both? Please explain.

Answered: 8 Skipped: 4

#	RESPONSES	DATE
1	1) I think what you mean by this question is whether primary care practices being accountable for good care "counts" as risk, as opposed to requiring financial risk. If this is the question, then the answer is yes. 2) Similarly, I'm not quite sure where this question is going. If you are asking who should be accountable, then I think primary care should be accountable for the things that primary care can be accountable for - providing high-quality, accessible, continuous and coordinated care. They should not be accountable for things they have little or no control over, i.e., overutilization and/or cost of care for things that other doctors or institutions provide. It has always perplexed me that we are so focused on holding primary care docs accountable for costs, while those who are responsible for the high cost and over-utilization (i.e., hospitals, proceduralists and some specialists) have essentially no accountability. This is the core reason for our poor and expensive health care system. We need to fully fund primary care, which will improve quality and reduce cost. If we want to reduce cost further, then we need to stop over-paying for hospital and procedural services	1/3/2020 9:11 PM
2	Accountability should be commensurate with risk —ie, a primary care practice alone would have difficulty controlling total costs of care, so risk should be mitigated. However, primary care can control inpatient/ED utilization and could be at risk for that measure, similar to primary care first model	12/31/2019 2:18 PM
3	1. No 2. Both	12/30/2019 9:31 PM
4	1. accountability is a component of risk; 2. both	12/27/2019 2:04 PM
5	1. Accountability does not equal risk. This is the reason why healthcare spend is going up. The system needs to also be accountable to each other. As a profession we need to be BOTH cost conscious and quality conscious 2. Both ... as in #1 EVERYONE has to be accountable to our patients and assume risk.	12/22/2019 1:54 PM



6	1) No, accountability does not equal risk -- practices can be accountable, but why should they assume the risk for social determinants beyond their control. An example is using surrogate markers for diabetes, where the practitioner has to take accountability for an outcome where the patient is not adherent. 2) Whom should assume the risk - that is a hard question - if the allotment of appropriate resources to primary care exist, then co-assumption of risk is necessary, but how about risk from the patient side? Once again, there is a huge piece missing in addressing the social determinants of care.	12/21/2019 10:47 PM
7	Both if appropriate for the Primary Care Practice	12/20/2019 7:26 PM
8	collaboration between both- insurance carries need to demonstrate value to their plan sponsors who are funding these arrangements so PCPs need to have reimbursement tied to delivering value	12/20/2019 7:05 PM

