



PRIMARY CARE REFORM COLLABORATIVE

MAY 13TH, 2024



AGENDA

- I. Call to Order
- II. Board Business -April 15th 2024, Meeting Minutes Approval
- III. Cadence of meetings
- IV. Where are we and where do we want to go
- V. Next Meeting



CALL TO ORDER

- Dr. Nancy Fan, Chair
- Senator Bryan Townsend, Senate Health & Social Services Committee
- Representative Kerri Evelyn Harris, Chair House Health & Human Development Committee
- Andrew Wilson, Division of Medicaid and Medical Assistance
- Dr. James Gill, 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)



BOARD BUSINESS

- April 15th 2024, Meeting Minutes Approval



CADENCE OF MEETINGS SURVEY

1. How often would you like the PCRC Meetings to occur?

[More Details](#)

● Monthly	3
● Quarterly	4



ANNUAL REPORT 2020

- While SB227 has provided a fragile stability for some aspects of primary care, there needs to be much more significant change in how primary care is delivered, including investments to help current practices thrive; enhancements for our existing and future workforce and bending the cost curve with alternative payment models. The expansion of the Primary Care Reform Collaborative invested all stakeholders in what it means for primary care to be foundational to health care delivery in Delaware. Aligning the stakeholders, including payors, providers, employers and the State on how to build primary care beyond survival and through sustainability into a successful “cornerstone” of health care delivery in Delaware will continue to be the bulwark of the Collaborative. The development of the Office of Value Based Health Care Delivery provides an essential framework for data collection, analysis and policy research that is crucial to the development of an overarching primary care policy.



SB 120

- (1) The Commission shall, in coordination with the Primary Care Reform Collaborative established under § 9904A of this title, monitor the uptake and compliance of primary care providers with value-based care delivery models, including advising and approving a Delaware Primary Care Model designed to do both of the following:
 - a. Achieve targets for value-based care through increased participation in alternative payment models that are not paid on a fee for service or per claim basis and include quality and performance improvement requirements.
 - b. Reward primary care services that are designed to reduce health disparities and address social determinants of health
- (2) The Commission shall develop, and monitor compliance with, alternative payment models that promote valuebased care. The Commission may do all of the following:
 - a. Review and incorporate the Office of Value-Based Health Care Delivery's, established under § 334 of Title 18, analyses of primary care spending and affordability standards to achieve primary care targets without increasing costs to consumers or the total cost of care.



WHERE ARE WE AND WHERE DO WE WANT TO GO

1. Is the PCRC the correct structure to meet our goals and objectives?

[More Details](#)



WHERE ARE WE AND WHERE DO WE WANT TO GO

2. If no, what is your recommendation for changing the PCRC?

3 Responses

ID ↑	Name	Responses
1	anonymous	Increase representation of providers, reduce for payers
2	anonymous	I think it is difficult to develop and plan for primary care reform in public. Having meetings in public forums makes having challenging conversations difficult and people tend to stay in their silos reluctant to challenge certain ideas. Having a smaller group really dig deep on the issues and develop a plan may allow things to move forward more quickly.
3	anonymous	I think the fact that the meetings are public impedes the ability to have more challenging conversations that are necessary to advance the work. A smaller, private group can more readily and quickly develop a proposal that could be brought to a larger group for refinement etc. I also think we need to scope the work more narrowly. I worry that we are putting forward ideas that don't have a clear execution arm.



PCRC STRUCTURE

- Dr. Nancy Fan, Chair
- Senator Bryan Townsend, Senate Health & Social Services Committee
- Representative Kerri Evelyn Harris, Chair House Health & Human Development Committee
- Andrew Wilson, Division of Medicaid and Medical Assistance
- Dr. James Gill, 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)



WORKGROUPS

- Payment and Attribution
 - Focus on increasing multi-payer participation and alignment
 - Buy in for primary care spending: ? *Investment in practice transformation*
 - Inform policies that will work on primary care investments, without increasing overall healthcare costs
- Quality Metrics and Benchmark
 - Promote and advocate for quality measures aligned across payers based on highest cost of care drivers
 - ?*care coordination tools?*
- Communications
 - Develop a more comprehensive communications strategy, e.g. annual report, to increase transparency around the vision, goals and progress
- Practice Model
 - Explore a more inclusive strategy across the spectrum (of primary care delivery) to reflect the needs of all practices



WHERE ARE WE AND WHERE DO WE WANT TO GO

3. If yes, did you provide input on the cadence of meetings for the remainder of 2024?

[More Details](#)

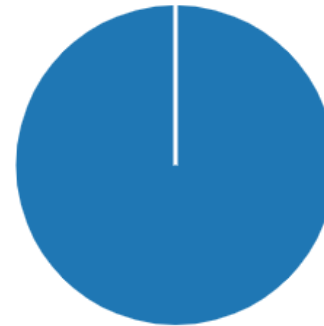


WHERE ARE WE AND WHERE DO WE WANT TO GO

4. Are you and/or your organization invested in supporting primary care as foundational to a sustainable, effective health care delivery system which is accessible, affordable, quality care with improved health outcomes?

[More Details](#)

● Yes	4
● No	0



WHERE ARE WE AND WHERE DO WE WANT TO GO



5. What additional information/support do you feel is needed to advance the strategic priorities and goals of the PCRC?

4 Responses

ID ↑	Name	Responses
1	anonymous	We need accurate information about what payments are going to independent primary care relative to what SB 120 intended and required. Right now we do not have that and what is presented gives the incorrect impression that things are working well when they clearly are not.
2	anonymous	We need to define our focus--the scope has felt too broad and beyond our span of control.
3	anonymous	It is important to manage expectations about the cost of primary care reforms and that solutions are not immediate. Intermediate, gradual steps with a long-term goal are impactful and realistic for the PCRC to consider.
4	anonymous	I believe we need to define what concrete outcome we can achieve given the boundaries of the legislation (fully insured) and also identify who/how the recommendations we make will be implemented.



PUBLIC COMMENT



NEXT MEETING

MONDAY June 17th, 2024

TIME: 3:00pm – 5:00pm

Anchor Location:

The Chapel

Herman M. Holloway Sr. Health and Social Services Campus

1901 N. DuPont Highway

New Castle, DE 19720





THANK YOU