



## PRIMARY CARE REFORM COLLABORATIVE (PCRC)

### Meeting

May 13, 2024

3:00 pm - 5:00 pm

Hybrid (Anchor location DHSS Chapel)

### Meeting Attendance and Minutes

#### Collaborative Members:

##### Present

Dr. Nancy Fan, Chair  
Senator Bryan Townsend  
Kevin O'Hara  
Deborah Bednar  
Faith Rentz  
Maggie Norris-Bent  
Cristine Vogel (Proxy for Trindade Navarro)  
Dr. Rose Kakoza  
Andrew Wilson  
Steven Costantino  
Dr. James Gill  
Rep. Kerri Evelyn Harris

##### Organization

Delaware Health Care Commission  
Senate Health & Social Services Committee  
Highmark Delaware  
Aetna  
State Benefits Office/DHR  
Westside Family Healthcare  
Department of Insurance (DOI)  
Delaware Healthcare Association  
Division of Medicaid & Medical Assistance  
Department of Health and Social Services  
Medical Society of Delaware  
Health & Human Development Committee

**Meeting Facilitator:** Dr. Nancy Fan

**Commission Members Absent:** Commissioner Trinidad Navarro (Department of Insurance (DOI), Vacant (Delaware Nurses Association); Rep. Kerri Evelyn Harris (Chair Health & Human Development Committee)

**Health Care Commission Staff:** Elisabeth Massa (Executive Director), Dionna Reddy (Public Health Administrator I), and Sheila Saylor (Administrative Specialist III).

#### Call to Order

Dr. Fan called the meeting to order at approximately 3:03 p.m. A quorum was present. Dr. Fan reviewed the housekeeping items and informed attendees to send their name, email contact, and organization affiliation (if applicable) to [dionna.reddy@delaware.gov](mailto:dionna.reddy@delaware.gov) or write in the meeting chat box. Dr. Fan asked for attendees to keep their computer/phone on mute unless commenting. All attendees were informed that the meeting will be recorded for minutes.

**Review and Approve April 15th, 2024, Meeting Minutes Approval**

Dr. Fan asked if there were any edits or comments for the April 15, 2024, meeting minutes. Hearing none, a motion was made to approve minutes by Steven Costantino and seconded by Senator Bryan Townsend.

**Cadence of meeting survey**

Dr. Fan began with a review of the cadence of meeting survey results. Dr. Fan proposed June, September, December for 2024. She asked for the PCRC to vote on 2025.

2025 Option A	2025 Option B
Jan 2025	March 2025
April 2025	June 2025
June 2025	September 2025
September 2025	December 2025
December 2025	

Dr. Fan asked the PCRC if they had any thought on option A or B.

Faith Rentz (DHR) agreed with option B. Faith Rentz recommended that along with B she would recommend having the March meeting earlier in the month. Faith Rentz stated from a legislative standpoint the legislature is not in session for most of February because of the joint finance hearings.

Kevin O’Hara agreed with Faith Rentz.

Cristine Vogel (DOI) agreed with option B but had an issue with quarterly unless the subcommittees work in between. Cristine Vogel stated if the DHCC would do their annual report in the fall for the new administration they would have to have the annual report completed by September for new governor.

Dr. Fan stated that she assumed that the subcommittees would be working in-between and will send updated.

Mr. Costantino added that if we wanted to have a meeting in-between, we can still meet.

Dr. Fan agreed that Mr. Costantino was correct. Dr. Fan added to Ms. Vogel comment that as the Chair of the DHCC they have made it a strategic priority to give the new administration a foundational report. Dr. Fan stated there will be a draft in September for review. Dr Fan added four meetings a year would require attendance and participation. Dr. Fan asked for a motion to approve the cadence

of the meeting of option B for 2025 meeting being March, June, September, and December. Ms. Rentz motioned to approve with Kevin O'Hara providing a second for the motion to approve.

### **Annual Report 2020**

Dr. Fan read an excerpt from the 2nd annual report in 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. Dr Fan added that this was the primary mandate legislation created for the PCRC in the 2018 general assembly legislation. Dr Fan added moving forward the SB120 expanded the concept of what the PCRC would do. Dr Fan referenced SB120:

(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 value-based 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.

Dr. Fan presented the next question for is the PCRC the correct structure to meet the goals and objectives of the PCRC. This survey was sent to the PCRC members. Dr. Fan added that we have 13 members and 4 votes.

### **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](#)

Yes 1  
No 3



Dr. Fan asked the PCRC to weigh in again on the survey by raising their hands if they agreed the PCRC is the correct structure to meet the goals and objectives. Dr. Fan provided the current PCRC structure by listing the PCRC members.

### PCRC STRUCTURE

- Dr. Nancy Fan, Chair
- Senator Bryan Townsend, Senate Health & Social Services Committee
- Representative Kerri Evelyn Harri, 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)



Yes 6 No Abstain 2

The PCRC began a discussion regarding the vote. Ms. Vogel added her comment since being in attendance for over a year the Collaborative has not moved forward. Ms. Vogel questioned the structure may have barriers to moving forward and therefore her hand was not raised.

Dr. Mike Bradley commented that the Collaborative is as good as it is going to be. He added that the Collaborative does not have the power to follow through with the recommendations that they are making. He questioned if the recommendations would go to the Legislature or a regulatory body. Dr. Bradley stated the PCRC provided recommendations that only effect a small portion of patient population.

Dr. Fan went to the next slide to elaborate on the comments from survey question two.

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.

Dr. Fan responded to the recommendations. Dr. Fan stated that we cannot hold private meetings. Dr. Fan added we can do surveys online but then we must vote on them in public. Dr. Fan added if the biggest concern for the PCRC members is the fact that the meetings are public then we need a recommendation as to where the PCRC would live. Dr. Fan stated that it would not have any legislatures on it. Dr. Fan stated that 6 of the PCRC members are public members and by statute the meeting would have to be public. Dr. Fan added that this collaborative does not sunset. Dr. Fan asked the PCRC if this was the correct membership for this collaborative.

Ms. Vogel asked if membership meant stakeholders. Ms. Rentz asked where we stood with employer representatives? Dr. Fan stated the employers were eliminated in the SB 116 because they were asked to be removed. Ms. Rentz commented this is a position to potentially bring back. Mr. Costantino added that we know self-insured plans generally are not included which limited the impact. Mr. Costantino stated it would be nice to have a large employer to understand the work and investments of primary care. Mr. Costantino agreed to this being an area of improvement. Dr. Fan stated the original PCRC included three providers and the employer representative. Dr. Fan elaborated that quarterly meetings are hard to stay invested in this work and referenced Ms. Vogel original point. Senator Townsend added that John Gooden head of M Davis would be willing to participate. Senator Townsend stated if we are engaged in conversations and decisions that included the employers we can explore having other voices at the table.

Dr. Fan continued to the voting of the if the PCRC felt that the current memberships included the correct stakeholders/ organizations.

Yes 6 No        Abstain 2

Dr. Fan encourages that a follow up survey will be sent with the following questions.

- 1) What is the PCRC lacking or missing?
- 2) Who would you like to add or take away?
- 3) What is the optimal working number to have in the PCRC?

Dr. Fan encouraged the public to send all PCRC public comments to [Dionna.reddy@delaware.gov](mailto:Dionna.reddy@delaware.gov)

Dr. Fan continued to elaborate on the next slide.

- 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.

Dr. Fan asked the group if anyone had any questions or comments. Ronald Menzin stated the outcomes of improving value show that by having stronger primary care we are achieving higher results through utilization metrics whether its admissions, ER use or outcomes of higher vaccinations rates. He stated that payment seems to be limiting those factors as opposed to quality.

Dr. Fan added that these comments are particularly to the Delaware Primary Care Model and as stated previously these are two areas, we have not addressed yet knowing that is a legislative mandate.

Dr. Fan asked the PCRC if these are the correct workgroups to do the work that we have outlined for the Primary Care Reform Collaborative.

Yes 6 No        Abstain 2

Dr. Fan stated there was a majority vote. Dr Fan added that we are re- inviting the previous members and if anyone is interested, please send their names to [Dionna.reddy@delaware.gov](mailto:Dionna.reddy@delaware.gov)

Dr. Fan continued to the next survey question.

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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.

Dr. Fan started by providing her perspectives on the responses to survey question 5. Dr. Fan added that to be effective there needs to be more leverage tools. She added that it was previously stated that in order to move the PCRC forward there needs to be done either legislatively or regulatory. Dr. Fan aggregated that the cost of primary care reform and the benefits need to be reassessed every time we make recommendations. Dr. Fan added that the common census is the leverage we have. Dr Fan asked if there were any additional questions or comments.

Ms. Vogel asked what is the PCRC output for the PCRC to get to the next step from these recommendations, and does everything need to be legislated?

Dr. Fan added in Oregon they make recommendations through legislation and their legislation makes it law.

Dr. Bradley agreed that that is what we should do.

Dr. Fan added that if we go back to the work groups and inform polices that will work on primary care investment without increasing cost. She added we may want to consider customizing the tools we use with a tool. Dr. Fan stated the PCRC oversees deciding how effective this would be.

Ms. Vogel said that Dr. Fan statements are clear, but we need to empower the workgroups with direction.

Dr. Fan agreed with Ms. Vogel. She encouraged both the public and PCRC members to send all recommendations to the DHCC.

### **Conclusion**

The next PCRC meeting is scheduled for Monday, June 17, 2024, from 3:00pm - 5:00 pm. This meeting will be hybrid.

### **Anchor Location:**

The Chapel  
Herman M. Holloway Sr. Health and Social Services Campus  
1901 N. DuPont Highway  
New Castle, DE 19720

### **PUBLIC COMMENT**

No public comments.

### **Meeting Adjourned at 4:22 PM**

### **Public Meeting Attendees 5/13/2024**

<b>Name</b>	<b>Affiliation</b>
Bria Greenlee	
Cari Miller	Labcorp
Chris Haas	DOI
Chris Morris	Nemours
Cristine Vogel	DOI
Dr. Mike Bradley	
Jen Moyer	Aetna
Katherine Impellizzeri	Aetna
Kristin Dwyer	Nemours
Lara Brooks	CVShealth
Laura Knorr	Aetna
Lisa G	Medical Society of Delaware
Lori Ann Rhoads	Medical Society of Delaware
Keith Markowitz	Cigna Healthcare
Ronald Menzin	Cigna Healthcare
Michelle Adams	Westside Family Healthcare

Mike Pellin	Aetna
Sarah Mullins	Aledade
Tanisha Merced	DOI