

# **Primary Care Reform Collaborative Meeting**

Monday, April 6, 2020

5:00-7:00 p.m.

<https://www.freeconferencecall.com/wall/nfanmd>

Online Meeting ID: nfanmd

Audio/Call-In Number: (978) 990-5000

Access Code: 528022

## **Meeting Attendance**

### **Collaborative Members:**

#### **Present:**

Senator Bryan Townsend, Co-Chair  
Dr. Nancy Fan, Co-Chair  
Representative David Bentz, Co-Chair  
Dr. Veronica Wilbur  
Kevin O'Hara  
Dr. James Gill  
Christopher Morris  
Steven Costantino (Proxy for Hon. Kara Odom Walker)  
Dr. Michael Bradley  
Leslie Ledogar  
Hon. Trinidad Navarro

#### **Organization:**

Senate Health & Social Services Committee  
Delaware Healthcare Commission  
House Health & Human Development Committee  
Next Century Medical Care/ Delaware Nurses Association  
Highmark Delaware  
Medical Society of Delaware  
Aetna  
Department of Health & Social Services (DHSS)  
Dover Family Physicians/Medical Society of Delaware  
Department of Insurance  
Department of Insurance

#### **Absent:**

Leslie Verucci  
John Gooden  
Steve Groff  
Dr. Christine Donohue Henry, MD  
Dr. Jeffrey Hawtof  
Margaret Norris-Bent  
Faith Rentz

#### **Organization:**

Delaware Nurses Association  
MDavis, Inc./DSCC  
Division of Medicaid & Medical Assistance  
Christiana Care/Delaware Healthcare Association  
Beebe Healthcare/ Delaware Healthcare Association  
Westside Family Healthcare  
State Benefits Office/DHR

#### **Staff:**

Juliann Emory  
Read Scott

[Juliann.Emory@delaware.gov](mailto:Juliann.Emory@delaware.gov)

[Read.Scott@delaware.gov](mailto:Read.Scott@delaware.gov)

#### **Attendees:**

John Dodd  
Ayanna Harrison  
Jennifer Mossman  
Andrew Wilson  
Elisabeth Massa  
Pamela Price  
Bernard M. Cohen  
Sascha Brown

#### **Organization:**

BDC Health IT  
Department of Health and Social Services /DHCC  
Highmark Delaware  
Morris James  
Department of Health & Social Services  
Highmark  
AmeriHealth Caritas Delaware  
Aetna

Liz Zimmer  
Dr. Susan Conaty-Buck  
Stephanie Myers  
Dr. Sarah Mullins  
Mollie Polland  
Lisa Goodman  
Elizabeth Staber  
Kathleen Hopkins  
Katherine Impellizzeri  
Shay Scott  
Tyler Blanchard

Department of Health & Social Services (DHSS)  
Delaware Coalition of Nurse Practitioners  
AmeriHealth Caritas  
Stoney Batter Family Medicine  
Nemours  
HGP  
Aetna  
AmeriHealth Caritas of Delaware  
Aetna  
Henrietta Johnson Medical  
Aledade

**The meeting was called to order at 5:05 p.m.**

### **Welcome**

The meeting convened at approximately 5:05 p.m. via web conference platform FreeConferenceCall at <https://www.freeconferencecall.com/wall/nfanmd>. Dr. Fan welcomed all attendees and thanked them for the flexibility as the collaboration seeks to continue the work during the unique times.

### **Approval of February 2020 Minutes**

Dr. Fan asked the committee members if they had any comment on the draft minutes from the Primary Care Reform Collaborative meeting, held on February 10, 2020. Dr. Veronica Wilbur requested her full title be added to the minutes. Hearing no further discussion Steven made the motion to approve minutes and Dr. Wilbur seconded the motion. The motion to approve was unanimously carried. View approved February 10, 2020, meeting minutes here: <https://dhss.delaware.gov/dhss/dhcc/files/pccmeetingminutes2102020.pdf>. Dr. Fan transitioned the meeting to the update on the Office of Value Based Health Care Delivery provided by Insurance Commissioner Navarro.

### **Update on Department of Insurance/Office of Value Based Health Care Delivery**

Insurance Commissioner Navarro opened with reporting the Department of Insurance received five bids. The bids were thoroughly reviewed and based on the results the Department of Insurance selected Freedman Health Care to oversee the Office of Value Based Health Care Delivery (OVBHCD). Members of the collaborative and the public can review the executed contract by visiting [mymarketplace.gov](http://mymarketplace.gov).

Insurance Commissioner Navarro, Leslie Ledogar and Dr. Fan held a conference call with Freedman Health Care. This meeting opened with Freedman listening to the goals and priorities of the Department of Insurance regarding the implementation of the OVBHCD. Freedman also took the opportunity to share their plans. Freedman introduced their approach for the first year. They outlined three main goals during the meeting ([https://dhss.delaware.gov/dhss/dhcc/files/devbhckickoff\\_04022020.pdf](https://dhss.delaware.gov/dhss/dhcc/files/devbhckickoff_04022020.pdf), slide 4): Establish Affordability Standards, Establish Primary Care Investment Targets and Total Cost of Care Benchmarking. Leslie Ledogar reviewed the timeline and details regarding specific tasks that will be completed between Spring 2020 and Summer 2021. Commissioner Navarro added that the current crisis may impact the funding for the project in the coming year.

Dr. Fan thanked Ms. Ledogar and the Insurance Commissioner for the update and added that she was impressed with Freedman's vision and purpose. She reported that she and Leslie Ledogar will work together to answer the seven planning logistic questions. Dr. Fan asked the collaboration to consider each of the questions and provide

feedback. She also asked that members review the entire presentation giving special attention to slide 4 and 5. She asked members to provide feedback to her on or before April 17, 2020. She specifically asked that members to provide feedback on the decision to establish a technical subcommittee under the collaborative for the purposes of meeting with OVBHCD.

Dr. Fan asked if members were prepared to vote today. She added that voting today would ensure the recommendation is included in the Annual Report. If the decision is tabled it is unlikely the recommendation will be included in the report and presented to the General Assembly. Dr. Gill commented that he believes the OVBHCD should meet with the collaboration. He also volunteered to be a member of the subcommittee and stated that several members of the collaborative possessed expertise that would be beneficial to the subcommittee. Dr. Fan asked the committee if they wanted to meet with Freedman with all members or if they wanted to establish a subcommittee, adding that members could send a representative from their organization to sit on the subcommittee. Members do not necessarily need to be on the subcommittee.

Dr. Bradley agreed that the collaboration should attend regular meetings with the OVBHCD. He also volunteered to attend the meetings as a subcommittee member. Dr. Bradley went on to state that primary care faced serious issues before the past three weeks and the current crisis has only compounded those issues. He went on to say that without significant change many primary care providers will be employed by large organizations and independent primary care practices will cease to exist. He shared his concern with the timeline.

Dr. Fan shared that the timeline being reviewed is specifically for activities involving the OVBHCD. She continued by stating that two variables should be considered, the funding for the actual office and the urgency of the situation. She shared that everyone recognizes the current crisis has exacerbated the urgency of being able to sustain primary care and make some achievable changes that will ensure primary care providers are present in the next five years. Commissioner Navarro shared that the contract had been adjusted (balanced costs evenly throughout the four years) to ensure funding was available. He added that in the event the proposed timeline activities are completed faster than projected, activities would continue to move forward.

Dr. Fan asked members to vote on two options: Option A- vote today to identifying a subcommittee to work with OVBHCD, Option B - members sending comments about this issue to Dr. Fan on or before April 17<sup>th</sup> to be voted on at the next meeting. Dr. Gill motioned for the vote to be taken today, Kevin O'Hara seconded the motion. There were no objections. Dr. Fan called for a vote. All members present voted in favor. The motion was passed. There were no comments. Dr. Fan suggested the collaboration work out the details via email before April 17<sup>th</sup>. Dr. Fan suggested the committee include three to five members in total, with a primary care provider, and payors. She asked members to share their proposals for the infrastructure of the committee via email before the 17<sup>th</sup>.

### **COVID-19 Updates**

Dr. Fan transitioned to the next agenda item, COVID-19 Updates. She asked members to share their experience regarding the current national crisis. She encouraged members to share the challenges they have experienced during this pandemic and their opinions on how the current crisis could influence the direction the collaboration.

Chris Morris shared that Aetna is working to remove barriers to access care by working with providers to expand telemedicine. He also reports that Aetna has removed member cost sharing for COVID related illnesses. They are spending time with the health systems and hospitals to establish partnerships and identify strategies. He reports concerns have been highlighted about the absence of clinical and population health management. Many are concerned about their ability to reach quality and efficiency metrics during this time. Aetna has also begun to

discuss concerns regarding the long-term impact facing their business: small businesses, layoffs and membership decline. He reports that Aetna is updating their website regularly. He continued to state that it is difficult to gauge the long-term impacts.

Dr. Fan asked if they have noted differences between effects in Delaware and Pennsylvania or national counterparts. Chris shared that he also manages Eastern Pennsylvania. He has noted that the number of cases in Pennsylvania are significantly higher than Delaware. He agreed that the sense of urgency is higher as they do their best to manage the crisis. Dr. Fan asked Mr. Morris if Aetna has noted if the status of independent practices has improved or worsened because of the COVID-19 pandemic. Mr. Morris responded by stating the strategies are different, and the challenges of health systems are different from primary care practices given the available resources. He closed by stating everyone has been impacted by the current crisis.

Kevin O'Hara with Highmark stated he largely agreed with comments shared by Mr. Morris. He added that the past several weeks has been dominated with work to ensure proper support and education around telemedicine and cost share for testing and COVID-19 treatment. He stated that he had heard from health systems and not directly from providers. He continued to state that he senses providers are inundated with treating patients. He added that health care systems have shared their challenges with the drag from receivables in AR. Several questions have been received about the parameters for delivering and billing for telehealth. He shared that as an organization he does not see significant differences in the activities between Delaware and across the rest of their states. He added there is a tremendous amount of coordination with Allegheny Health System. Mr. O'Hara shared that he is unable to share information around the issues of premium collection however he did share that from a business standpoint the company is measuring this closely. He concluded by stating that it is too early to understand how it will impact Delaware.

Dr. Fan asked if Highmark or Aetna has discussed the possibility of loss of access or current covered lives due to the long-term business effect. Mr. O'Hara stated that it was too early to understand the implications of the long-term indicators. Mr. Morris agreed and added that the situation is evolving daily, and it is too early to make any determinations. He concluded by sharing that Aetna is watching and are careful and considerate about.

Dr. Fan asked Steven Costantino as a representative of DHSS if he had anything extra to add regarding access and the ability to provide care for our patients. Mr. Costantino reported that stimulus bill included a 6% matched rate for every six months and this package may extend this but at this time it is not clear at this time. Funds are available for Federally Qualified Health Care Centers and hospitals. Medicaid and Medicare have waived the traditional steps to utilize telehealth. Medicare has also expanded many of their services and Medicaid is in the process of doing the same. Medicaid completed an 1135 waiver and there is also some work to complete an 1113 emergency waiver.

Dr. Gill reports that the pandemic is having a devastating impact on primary care practices. He continued to state that the crisis has exposed existing problems. His practice is operational and has not laid off any staff. In-office visits still occur however, he has seen an increase in telehealth. Dr. Gill added that the increase in telehealth has increased the administrative workload. He also mentioned the services qualifying for reimbursement have decrease 20% and he estimates their revenue will be decreased by 40-50%. Dr. Gill shared that by June, an estimated 60,000 family practices will close or significantly scale back, and 800,000 of their employees will be laid off, furloughed or have their hours reduced as they see a decline in business during the coronavirus pandemic, according to a HealthLandscape (<https://healthlandscape.org/covid19/>) and American Academy of Family Physicians report released Thursday (<https://www.usatoday.com/story/news/health/2020/04/02/coronavirus-pandemic-jobs-us-health-care-workers-furloughed-laid-off/5102320002/>).

Dr. Gill also mentioned that the current crisis has exposed the lack of investments in primary care. He stated that primary care physicians have been underpaid for years and most providers lack the cushion necessary to survive a crisis like the current pandemic. He concluded his statement by sharing areas of hope. He was pleased with the collaboration between providers and the payers. He also mentioned his appreciation for fast-tracking telehealth coverage. Lastly, Dr. Gill reported that the federal loan has been instrumental to his practice. Without this loan his practice would be facing closure.

Dr. Fan asked Dr. Gill if he felt that his participation with an ACO was beneficial. Dr. Gill reported that the ACO he is affiliated with provided a tremendous amount of support with the expansion of telehealth. Aledade has shared helpful information about loan programs, coordinated virtual check-ins and provided other support for providers.

Dr. Bradley reports that two weeks ago over 50% of patients cancelled their appointments. His practice is currently utilizing telemedicine. Patients are registered by medical assistants in the practice. Medical assistants also provide educational support to patients, teaching them how to use the system on their smart phone or desktop. Dr. Bradley reports no terminations of providers in his practice. One of the providers within the practice cares for in-hospital patients. Dr. Bradley reports that this provider no longer sees patients in the practice to avoid cross contamination. He reported that his practice is doing 50-60% of their normal volume and patients do not want to come into the office or patients are unable to connect via the telehealth system. Dr. Bradley shared that his practice was being reimbursed for their telehealth services. He added that telehealth works well but has been challenging as some companies do not cover. He was under the impression that some payers were waiving co-pays. He also reported that some systems show co-pays as pending for some of the state's plans. He also asked payers that were present if it was possible to implement a short-term, temporary waiver on prior authorization.

Dr. Fan asked if Steven Constantino has some insight about how the State Employee Benefits office is handling the issues surrounding the COVID pandemic. Mr. Constantino reported that he has not been informed. Dr. Fan then asked the Department of Insurance about the guidance for self-insured. She commented that there isn't much that can be done at the state level, a federal mandate is necessary. She continued by asking Mr. Morris, Aetna and Mr. O'Hara, Highmark about how their companies are addressing prior authorizations. Mr. O'Hara reported that prior authorization issues have come up recently. Highmark has largely extended the required timing and they are continuing to evaluate other remedies to reduce the amount of administrative burden. He anticipates the new regulations will be announced as they unfold. Dr. Bradley mentioned cost sharing is showing as pending. Mr. Morris reported that Aetna is evaluating issues daily and suggested providers visit their website to remain up to date on changes that are being implemented.

Commissioner Navarro asked to comment on a few of the issues that had been highlighted, specifically copayments and cost sharing. He reported that the Department of Insurance (DOI) sent questionnaires to the four largest insurers in the state. The questionnaire included a request for information on their policy for waiving preauthorization. The DOI has also asked payers to limit their audits and any issues that will delay payments to the providers. Lastly, payers were asked to expedite any pending payments. He also reports that DOI has worked closely with the Governor's Office to assist with the development of emergency orders. He reports that telehealth has been challenging, sharing it is working well in many cases but there are plans that do not cover these services. He reports that telehealth has been successful for primary care, mental health professionals, substance abuse and even Physical Therapy, however it is not feasible for all. DOI is asking that all payers reimburse providers for telemedicine. He added that they have receive complaints from providers stating they

were not reimbursed at the same rate for their telehealth visits. He reported that phone calls are permissible under Title 18, however Title 24 stipulates that providers have to see the patients. DOI is committed to following up on claims or complaints about nonpayment, specifically for telehealth. He concluded by stating they are working with the insurers and reminded members that insurance companies have been affected as well. Commissioner Trinidad Navarro reminded members that the Department of Insurance is fully operational, and providers should contact the office if they are experiencing any issues.

Steven Costantino states that SEBC is using existing guidance similar to Highmark. He also shared that SEBC is waving COVID testing copays and they have also relaxed prior authorization from Aetna and Highmark that apply to the state members. He also stated, while the policy is in place the system may not be updated to reflect the changes. Mr. Kevin O'Hara, Highmark, agreed and reported that all decisions happened quickly, and systems may not have been updated to show the most recent changes.

Leslie Ledogar shared that the Commissioner has released several bulletins (115, 116 and 117), detailing initiatives that have been implemented to address the current issues.

Dr. Veronica Wilbur shared her experience as a Primary Care Nurse Practitioner's office. She reports that her practice is new, having been operating for two years. She mentioned that as a Nurse Practitioner she receives decreased pay, as they are labeled as mid-level providers. They are not receiving copays which affects their bottom line. She reports no layoffs. She also shared that she is hoping telehealth will help to fill the gap. She added that she is looking forward to being reimbursed at the same rate as physicians. She shared that one of her biggest concerns is that some payers don't provide reimbursements because they are considered mid-level. She continued to state that they are transitioning to telehealth in the coming week. Her practice is not currently being charged to use the telehealth platform that is integrated with the electronic health records. Dr. Wilbur reports that her practice services 650 patients and their closure would displace these patients, who are largely covered by Medicaid. She also added that their practice sees a large number of Medicaid patients. She concluded her comments with highlighting the positive outcome of the pandemic being the use of telehealth. She closed by stating she hoped strategies implemented during the crisis like telehealth will be continued moving forward and older more restrictive revenue streams and services are not revisited.

Dr. Fan asked Shay Scott, Henrietta Johnson Medical to comment from the perspective of the Federally Qualified Health Systems. Ms. Scott reports that her experience mirrors what others have reported. Practices have switched to telemedicine. They are monitoring day by day, watching their billing and rates. She did report that they have experienced layoffs within their dental providers, adding they are only providing 8 hours a week for dental. In the past they offered 40 hours. She concluded by stating their situation is similar to what has been reported by others.

Dr. Fan expressed her appreciation to committee members and stakeholders for sharing their experiences. She added that the collaboration is in a unique position to provide a platform to share different perspectives. She closed by stating the crisis is a fluid situation and that everyone is doing their best to ensure the safety of their and ensure their access to care. There were no other comments. Dr. Fan transitioned to the next agenda item.

### **Annual Report**

Dr. Fan transitioned the meeting to the topic of the collaboratives 2020 Annual report. She drew members attention to the proposed draft that was included in meeting materials. Members discussed whether the report should only cover the full year of 2019 or include the first few months of the new year as well. Dr. Fan

mentioned that excluding the two additional months would also exclude several recommendations developed during those two meetings.

She highlighted comments made by members during past meetings. She asked them to review each comment (<https://dhss.delaware.gov/dhss/dhcc/files/pcccollab04062020.pdf>). The comments included the following strategies to increase funding into primary care and increase value-based option:

- Develop new programs and “relax” criteria currently in place
- Use a combination of payments for PC management infrastructure and APM
- Ensure PC investment policies support advanced care delivery care models, e.g. ACOs, CINs
- Encourage contracting with CIN to increase clinicians participating in Value Based contract
  - Not to increase admin burden but modify quality metrics for additional levers for reimbursement
  - Increase CC fees which align with quality and efficiency metrics

Dr. Fan encouraged members to consider the recommendation to utilize ACOs as the core pattern to move forward with value-based models. She also reminded members about the mandate included in SB227 to have 60% of all Delawareans enrolled in a value-based model by 2021. To date the collaborative has not developed a detailed model. She continued to state that if the members did not feel it was their role to develop a model than decisions need to be made to establish an alternate plan to address the mandate and increase funding through increasing participation of value-based models. She opened the floor for comments.

Dr. Gill stated that value-based models could be successful if the Four C’s. He added that in his opinion primary care payment should not be a linked to total cost of care.

Dr. Fan stated that given the current environment, it will be difficult to make a decision on a payment model. She wanted to share information to remind the members that they comments have been discussed during past meetings.

Next, Dr. Fan drew members attention to the recommendations that had been agreed upon during past discussions. Dr. Fan asked that the recommendations be voted on to decide which one will be presented in the Annual Report. The following recommendations were discussed:

- Primary Care is foundational to health care delivery in DE
- Practices which demonstrate a team based or PCMH like delivery of care should have more upfront investment
- Initial increase in upfront investments should be tied to an agreed upon definition of “risk” “accountability” and “value”
  - Increased PMPM, care coordination payments, non-claims payment
- ERISA Plans: Provide a Learning collaborative –creation of subcommittee
  - Voluntary contribution of data -aggregated from TPA or specifications in to APCD

Next, Dr. Fan briefly reviewed the Advanced Primary Care Alternate Payment Model proposals and the comments related to measuring and funding primary care. During the discussion it was suggested that members be given more time to review the recommendations before voting. Dr. Fan mentioned that delaying the approval of the recommendations would delay the finalization of the 2020 Annual Report. There was some concern the report would not be finalized before the convening of the General Assembly.

Dr. Fan once again asked the members about the timeline of the report. She suggested several alternatives; including only the full 2019 calendar year (January 2019 to December 2019); including 2019 and January and February of 2020. She added that there would be no policy or recommendations if the first months in 2020 were excluded. Another other option would be to include January 2019 through May of 2020 and be inclusive. Mr. O'Hara suggested including January and February of 2020. He also suggested adding a statement regarding the pandemic in the opening letter from the chair and co-chairs. Leslie Ledogar suggested including all the work that has been done to date.

Senator Townsend expressed some concern with approving the recommendations in the absence of the members and stakeholders who represent large health care systems. After some discussion it was agreed that due to the current national crisis there was a need to be sensitive and flexible. Senator Townsend suggested the collaborative identify another meeting date and encourage participation from all stakeholders. Dr. Fan agreed. It was decided that all members will have the opportunity to review and approve the annual report before it is finalized.

Dr. Fan transitioned the discussion and asked members to consider the next meeting date. She reminded the collaborative that the General Assembly meets in mid-May. The next meeting date on the calendar is April 20<sup>th</sup>. All agreed April 20<sup>th</sup> is too close, especially given that the pandemic is expected to peak in the coming weeks.

The group continued to discuss options to ensure all members are given an opportunity to review the Annual Report. The members all agreed to postpone the approval of the annual report until all stakeholders have been contacted. Dr. Fan agreed to contact the missing members to assess their availability. She would like to reconvene in the next four to six weeks. Guidance will be shared regarding next steps and expectations for full review of disseminated materials, giving specific attention to the proposed recommendations for the 2020 Annual Report. She asked all members to thoroughly review the information and prepare to provide feedback during the next meeting.

Hearing no other business, Dr. Fan adjourned the meeting at approximately 6:39p.m.

### **Next meeting**

The next Primary Care Reform Collaborative meeting is yet to be determined. Once a date has been identified it will be announced to members via email and posted on the Delaware Health Care Commission website for the public.