

Primary Care Reform Collaborative Meeting

Monday, May 6, 2020

4:00-6:00 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)

Leslie Ledogar

Steve Groff

Dr. Christine Donohue Henry

Dr. Jeffrey Hawtof

Margaret Norris-Bent

Faith Rentz

Leslie Verucci

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)

Department of Insurance

Division of Medicaid & Medical Assistance

Christiana Care/Delaware Healthcare Association

Beebe Healthcare/ Delaware Healthcare Association

Westside Family Healthcare

State Benefits Office/DHR

Delaware Nurses Association

Absent:

Hon. Trinidad Navarro

Dr. Michael Bradley

John Gooden

Organization:

Department of Insurance

Dover Family Physicians/Medical Society of Delaware

MDavis, Inc./DSCC

Staff:

Juliann Emory

Juliann.Emory@delaware.gov

Attendees:

Ayanna Harrison

Elisabeth Massa

Pamela Price

Sascha Brown

Stephanie Myers

Dr. Sarah Mullins

Mollie Polland

Elizabeth Staber

Katherine Impellizzeri

Organization:

Department of Health and Social Services /DHCC

Department of Health & Social Services

Highmark

Aetna

AmeriHealth Caritas

Stoney Batter Family Medicine

Nemours

Aetna

Aetna

Shay Scott
Tyler Blanchard
Jackie Ball
Mary Jo Condon
Bryan Gordon
Vinayak Sinha
Anthony Onugu
Kim Gomes
Rebecca Byrd
Debbie Hamilton
Nicholas Biasotta
Claudia Kane
Elisabeth Lewis
Joe Fitzgerald
Debra Norris
Maureen Camden
Jonathan Kirch
Sheinan Allison

Henrietta Johnson Medical
Aledade
Aetna
Freedman
ChristianaCare
Freedman
United Medical
ByrdGomes
ByrdGomes
Hamilton Goodman Partners
ChristianaCare
Delaware Center for Health Innovation

The meeting was called to order at 5:00 p.m.

Welcome

The meeting convened at 5:00 p.m. via web conference platform FreeConferenceCall at <https://www.freeconferencecall.com/wall/nfanmd>. Dr. Fan welcomed all attendees and informed them of Sen. Townsend's scheduling conflict, adding that he would be joining the call shortly. Members announced their presence as record of attendance. A quorum was confirmed. Public attendees were asked to submit their name and affiliation to Read Scott via email (Read.Scott@delaware.gov). Dr. Fan briefed members on the meeting agenda and transitioned the meeting to the approval of the April minutes.

Approval of April 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 April 6, 2020. Kevin O'Hara shared that he had submitted two minor corrections to Read Scott. Dr. Fan asked if he was comfortable with approving the minutes with the understanding the corrections would be made. He agreed. There was a motion to approve the minutes, Dr. Wilbur seconded the motion. The motion to approve was unanimously carried. Approved minutes for the April 6, 2020 meeting can be viewed here: https://dhss.delaware.gov/dhss/dhcc/files/pccmtgv2_042020.pdf. Dr. Fan transitioned the meeting to member updates related to experiences with the national pandemic COVID-19.

Update from PCRC members regarding COVID-19

Dr. Fan invited the members of the Collaborative representing hospital systems to share their experiences related to the current pandemic. Dr. Hawtoff, detailed BeeBee Health's recent activities. BeeBee has been working closely with Governor's office and the Department of Public Health to provide COVID testing within Sussex county. Dr. Hawtoff reports the BeeBee hospital systems in the county are currently experiencing a surge in both COVID and non-COVID patients. He reports that obtaining personal protective equipment (PPE) has become difficult. He added that according to the Centers for Disease Control and Prevention (CDC) designations, they are in "crisis mode". Despite the challenges they have faced staff are in good spirits. He added information obtained from states all over the country have led the development of stronger treatment plans for COVID patients. The treatment

strategies they have employed have resulted in success, as they have discharged several of their COVID patients. The community support received has been helpful. Telehealth is being utilized by primary care practices and some inpatient care. Transitioning patients to skilled nursing facilities has become one of their largest obstacles. Both COVID and non-COVID patients are affected by the lack of available space in these facilities.

Dr. Donahue, ChristianaCare reports their system has also utilized telehealth to conduct virtual visits. She has been impressed with the actions taken to address immediate issues. She stated that strategies implemented as a result of the crisis will lead to stronger long-term care for the community.

Dr. Wilbur stated that her office continues to utilize telehealth. They have acquired PPE funding. Specialty care has been difficult to obtain. A large number of specialty providers are not offering services. She asked if providers outside of hospital systems can be brought into the strategic planning and informational discussions. Dr. Donahue offered to meet with Dr. Wilbur after the call to provide information on possible resources.

Mr. Groff shared with members that Medicaid has unfortunately experienced 78 deaths. Currently they have 717 confirmed positive cases, 119 members are hospitalized and 150 who are residing in nursing facilities. He also shared the various programmatic changes that his office has initiated. Immediate action was taken to ensure members did not lose health care coverage during this time. Policies were implemented to ensure members maintained their coverage. The FSCRA requirements are more stringent than internal policies, resulting in unforeseen obstacles. Mr. Groff shared that during the course of the emergency they have been prohibited from removing coverage from members, with the exception of a member voluntarily requesting to be disenrolled, death and the members relocated to another state. The new regulations are presenting challenges with normal transitions. He reported that when patients age out of the coverage range and become eligible for Medicare the new requirements prohibit these patients from changing their coverage to a qualified Medicare beneficiary category. He also shared that CHIP premiums have been eliminated, along with premiums for Medicaid for workers with disability. This measure was developed to ensure these members have coverage even if they cannot afford to pay their premiums. Mr. Groff reported they have implemented COVID testing codes and they will continue to rollout updates as needed. They have also expanded the definition of emergency medical benefit to include COVID related care for non-citizens. They have extended all existing prior authorizations, eliminated pharmacy co-pays, including for the Delaware Prescription Assistance program. They have relaxed early refill limits for all prescriptions and certain medical equipment in case members need to have medicine on hand in case they need to quarantine or self-isolate. They have also temporarily waived requirement for signature to pick up prescriptions, to reduce face to face interactions. The status of hydroxychloroquine prescriptions has been changed in order to grandfather in all existing patients. New prescriptions for this medication are not being filled unless the member provides and FDA approved diagnosis code. Prophylactic outpatient use of the medicine will not be covered. Telehealth options have undergone major changes. These options have been greatly expanded with the additional authorities and enforcement discretion allowed by civil rights during this time. Policies have been revised and FAQs have been posted on their website. He encouraged providers to contact their offices if they are having difficulty accessing telehealth options. They suspended all provider revalidations and implemented temporary provider enrollment provisions authorizing them to enroll providers from another states. Lastly, coverage for non-emergency transportation was implemented. Regulatory agencies helped to facilitate access to 28 additional ambulances and crew members from Maryland. Individuals housed in hotels are also provided with transportation. Dr. Fan asked if they had identified a timeline to discontinue the temporary policies they have implemented. Mr. Groff mentioned that many of the advancements made within telehealth will remain, with the exception of the telephone only services and flexibilities around HIPPA requirements. Other changes, like eligibility and cost sharing will last throughout the extent of the national emergency declaration.

Dr. Fan asked Highmark or Aetna if they had conducted an analysis of costs. Mr. O'Hara shared that Highmark's actuary department made a request for him to oversee the collection of health systems cost data. He added that Highmark is in compliance with emergency declarations including waiving of payments for COVID treatment and testing and providing coverage for pre-operative testing. He mentioned he has noticed a large increase in the amount of telehealth access and usage. Anecdotal data suggests providers are experiencing trouble with their elderly patients who lack connectivity to the internet. He encouraged providers to visit Highmark's website to view current telehealth polices. Lastly, he reported Highmark's decision to release advanced payments to providers. These payments are typically disseminated in June. In early April they did an analysis of all providers that are earning under the program. Highmark has paid 80% of what practices were likely to have earned in efforts to support cash flow at the practice level. Dr. Fan thanked Mr. O'Hara and asked if Chris Morris, Aetna had additional comments.

Mr. Morris reports that Aetna is still evaluating long-term cost implications. Their focus has been maintaining their relationships and collaborations for their members and providers. He reports that they have waived all members cost share during this crisis. Liberalization around prior authorizations continue (post-acute and long-term care). They are researching opportunities to accelerate payments. Aetna continues to expand their telehealth services. They expect their telehealth services will continue. Mr. Morris pointed out the positive outcomes that have resulted from patients utilizing telehealth, especially in terms of the quality care members are receiving. He also mentioned the investments providers have made to utilize this service. When the pandemic ends Aetna has plans to work with providers to continue the use of telehealth. Dr. Fan agreed and acknowledged the significant investments made by providers to utilize telehealth systems. Dr. Fan asked if Maggie, Dr. Gill or Dr. Biasotto could provide their perspective.

Dr. Gill shared that one of the positive outcomes of the crisis has been the ability for the healthcare system pull together. He added that the payers have stepped forward to attempt to shore up the system for both private and public payers. He reports that his experiences collaborating with hospital systems have been positive. Dr. Gill stated that issues that have existed within primary care have been highlighted during this crisis. He continued to state that there is a need for more chronic care management. He added that care management costs are not reimbursed. The available PPE loans are helpful, but temporary. Dr. Gill stated that the crisis illustrates the weakness in system that we already knew existed. He mentioned the research conducted by the American Academy of Family Physicians, estimated that 50 to 60 thousand family physicians may be out of business because of this pandemic (representing 25% of primary care physicians in the country). He expressed his concern for Delaware being severely impacted by the loss of primary care providers. He is hopeful the collaboration can facilitate a 12% of total spend, not relying on fee-for-service but having perspective payment in place by January 2021. Lastly, he mentioned the difficulty scheduling patients to receive ancillary or specialty care. He mentions labs and x-ray services have not been widely available and while telehealth can be used in some situations, most specialty care requires face to face appointments. He mentioned that some preparation should be considered so this issue can be avoided when the second wave hits. Dr. Wilbur agreed, sharing she has also faced difficulty obtaining specialty care for her patients.

Dr. Biasotto fully agrees with Dr. Gill and Dr. Wilbur. He shared that he has been thankful he runs a concierge practice. He reports that his office does utilize telehealth, however he added that they do see patients in-house. His practice has implemented the necessary precautions to ensure the safety of their patients and staff. He has been approved for a PPE loan; however, he has not received the funding yet. Dr. Biasotto stated that primary care needs to be boosted. He also voiced his concern with possibly losing primary care providers across the county due to lack of ability to afford practicing. Dr. Fan thanked him for sharing his perspective.

Leslie Verucci shared her perspective from working within a specialty center. She noted telehealth patients that visit their center are being referred directly to the emergency room at higher rates than they have seen in the past. She

added that emergency room visits are very costly to the system and suggested the Collaboration consider evaluating this issue so it can be avoided in the future.

Dr. Donahue shared that ChristianaCare has a COVID ambulatory care center located on their Newark campus with plans to open another one in Wilmington next week. The centers were designed to assist community providers to send their patients that are COVID positive or patients under evaluation for COVID. They provide services for patients who need a hands-on evaluation, lab work, imaging, ultrasounds and prenatal care. Dr. Hawtoff mentioned that BeeBee has established a similar COVID center. Their center provides urgent care/walk-in and scheduled appointments for these COVID patients. They provide labs and imaging. He added that their system has also experienced issues with obtaining specialty care for their patients. Dr. Donahue agreed that more can be done to address this issue.

Faith Rentz provided an update on the activities of the State Employee plan relating to changes and coverage due to the COVID pandemic. She reports that they have largely adopted the required provisions similar to Highmark and Aetna. She added that they are providing telehealth services free of charge to members regardless if the visit is COVID related or not. They have also expanded Employee Assistance program to all employees regardless of their eligibility for health care benefits. They have created a resource page that is accessible to all employees and members to keep them informed of benefit changes. The benefits committee has researched the impact of deferred care, and the related long-term costs. What they have found is the deferred cost will be significant. She thanked Aetna and Highmark for their assistance in providing data on members in their population that are testing positive for COVID, or receiving services related to COVID. They have also noted issues with their disability insured program. Members are not able to get services or treatment for their disability. This is lengthening their time in the program and prohibiting them from coming back to work. Some conditions require procedures, surgery or treatment that they are unable to receive due to the shutdown.

Ms. Maggie Bent, Westside reported that their providers are utilizing telehealth. She added their system was implemented in one week. They have been pleasantly surprised with patients and providers ability to quickly adapt to the system. Ms. Bent stated that under different circumstances it may have taken them a year to implement telehealth. They are providing in-person care on a limited basis. Westside has implemented policies and protocols around cleaning. They divide patients, seeing well visits in the morning and sick patients in the evening. They also have dental practices located within their centers. All non-urgent care has been stopped. They have developed a plan to phase these services in slowly. They have been actively involved with community initiatives. They partnered with BeeBee, Nanco and Bayhealth in Sussex county to provide additional support during screening events. Westside staff provided translation services and connected members of community to social services specific to their needs. She concluded by thanking the payers, especially Medicaid. She continued by stating that these collaborations have brought value to the state of Delaware and that it has been remarkable to see everyone work together. Dr. Fan added that the partnerships that have occurred are evidence the Collaborative can successfully make sustainable changes to the healthcare system. The meeting was transitions to remarks from the Department of Insurance.

Update on Department of Insurance/Office of Value-based Healthcare Delivery

Leslie Ledogar provided an update on the work occurring within the Department of Insurance (DOI). She shared how diligently DOI has been working during the past two months to ensure Delaware residents are able to successfully meet the new challenges brought on by the pandemic. Leslie express her gratitude to the providers and other groups who are serving on the front lines. She also shared Commissioner Navarro's gratitude. As a former officer of the law he is familiar with the sacrifices first responders make in order to provide services to keep communities safe. Ms. Ledogar encouraged members to contact DOI if they need assistance. The DOI is equipped and prepared to assist providers where needed. A comprehensive FAQ list has been posted on the DOI website

along with a series of health-related bulletins. DOI regularly revises the FAQ list to ensure the most up to date information is available to the public. Ms. Ledogar shared that DOI is committed to supporting and providing guidance to consumers and payers. DOI has been instrumental in removing authorizations for testing and treatment of COVID related issues and ensuring telehealth services are reimbursed at the same rate as face to face visits. The department has worked hard to ensure early refills, ambulatory care services and emergency room fees are covered. DOI is also working closely with employers who are dedicated to providing coverage for employees who are not working or working reduced hours. Unemployed residents are eligible to receive coverage via COBRA plans and affordable care act. Ms. Ledogar reported that DOI has noticed an increase in scams as a result they are serving on the Fraud Task Force. She encouraged the members to review materials found on their website that outline how to identify fraud.

Ms. Ledogar was pleased to share their recent work to establish the Office of Value-based Healthcare Delivery. She reported that the contract was signed in April. She shared that DOI is focused on ensuring quality and affordable care for Delaware residents. She expressed her excitement to move forward with Freedman. She stated that the level of expertise Freedman possesses assures the success of the OVBHCD. She concluded her comments by welcoming Mary Jo Condon and the Freedman team.

Mary Jo Condon, Senior Consultant with Freedman briefly introduced herself to the members. She expressed her gratitude for the opportunity to work with DOI and introduced the OVBHCD Program Manager, Vinayak Sinha. She briefed members on the content of her presentation, stating that it would provide them with a high-level overview of their plans to establish the OVBHCD. She reported that her preparation for this work included a thorough review of the meeting minutes, which she felt provided her with valuable information about the work of the Collaborative to date. She began with a review of the project timeline, highlighting their goal to meet with internal and external stakeholders, including Collaborative members. She shared their initial steps would be to obtain access to data, to evaluate the state of affordability, focusing on primary care spend. Ms. Condon outlined the plan to establish draft regulations by winter, emphasizing that the process would be iterative. She stated that the OVBHCD plans to work closely with the Collaborative and subcommittee members to ensure regulations reflect the priorities established during the past several months.

The presentation included various approaches to achieving affordability. Freedman has identified two domains of affordability standards that they believe are core policies (Total Cost of Care Benchmarks and Primary Care Spend targets). Ms. Condon shared some of their experiences working with Rhode Island and Connecticut. She suggested the Collaborative consider segmenting the primary care spend target by payers. She explained that total cost of care can vary based on the nature and needs of the population being served. During her review of materials, she noticed that Delaware was not moving forward with Primary First. She suggested members consider avenues for Medicare to fund their fair share of primary care investment with commercial plans. Ms. Condon also mentioned that since Medicare patients make up a good portion of provider's practices, having upfront dollars and investment is critical to effective practice transformation. She added that the 1332 waiver is another effective means of removing the burden from consumers. She covered other types of affordability standards including price variations, market consolidation monitoring, and supporting or encouraging alternate payment models. She emphasized the importance of thoughtful consideration of alternative payment models as they can carry implications for smaller providers and physician led ACOs.

Ms. Condon shared that national data shows problems often related to price. A figure from the Health Care Cost Initiatives (HCCI), found that 75% of health care spending growth (2014 -2018) was due to price and not utilization. The results of the analysis show the Delaware region as 11% above the national average and rank Delaware as 24th among 112 metro areas. She highlighted the fact that researchers grouped Delaware with other larger metro areas

like Philadelphia. She added that Maryland was shown to be 26% below the national average. Dr. Donohue Henry expressed some concern with the comparison of Delaware to Maryland, stating that it is not a strong comparison.

Ms. Condon continued by emphasizing the possible risk of unintended consequences when implementing affordability standards. She emphasized the need to consider utilizing additional policies to address these possible consequences. She mentioned states often implement quality benchmarks and total cost of care benchmarks to offset the risk of a reduction in quality.

Ms. Condon shared the common attributes of successful programs (slide 9): Multi-payer alignment, Consumer perspective reflected, Strong state multi-agency alignment (collaboration with state Benchmark program), Enforceable pressure on total cost of care, sometimes with focus on hospital prices, Action-forcing events catalyzes change, Effective and robust supplemental data collection, and Provider leadership and buy-in.

Ms. Condon reviewed Freedman's priorities and the role of the Office of Value-based Healthcare Delivery. The first, of the three identified domains, is establishing a Total Cost of Care Benchmark. She continued to explain that OVBHCD will begin to collect data and develop reports regarding carrier investments in health care to monitor and evaluate data from benchmarking process. The second domain is to identify a Primary Care Spend target. The last of the three domain areas is to perform an enhanced rate review and other payer reforms. This work will include establishing affordability standards, for health insurance premiums based on recommendations from the Collaborative.

Ms. Condon concluded her presentation by sharing Freedman's next steps. She shared their intent to work with the Collaboration to develop affordability standards for Delaware. They plan to consider the following: availability of data, existing competitive landscape, desire to regulate, level of multi-stakeholder engagement, complimentary programs, and adapting in a time of uncertainty. Ms. Condon encouraged members to review the state profiles outlined on slides 13 – 19. Dr. Fan thanked Ms. Condon for presenting to the Collaborative. She encouraged members to submit follow up questions to her and copy Ms. Condon. Ms. Condon pointed out that her contact information is located on the final slide of the presentation. Leslie Ledogar also mentioned her availability to speak with members about DOI's upcoming work with Freedman to stand up the OVBHCD. A copy of this presentation, "Delaware Office of Value-based Healthcare Delivery" can be found on the Delaware Health Care Commission website: https://dhss.delaware.gov/dhss/dhcc/files/pcrcstds_04272020.pdf.

The discussion continued with several questions and comments for Ms. Condon from Collaborative members. Steven Costantino shared that the state Healthcare Spending and Quality Benchmark program is in the process of collecting total cost of care data. He asked if Ms. Condon would like to speak with the consultants working on the project. Ms. Condon welcomed the opportunity to meet with the Benchmark program consultant. She stated that a meeting would help avoid duplication of effort. Ms. Condon and Leslie Ledogar both shared their intent to contact Steven Costantino to learn more about the benchmarking process.

Dr. Fan reminded members that the process of standing up the OVBHCD was iterative and Freedman plans remain in close contact with the Collaborative.

Leslie Ledogar reported that the DOI has noted concerning figures. She shared national total health care spending has declined drastically (18% decline) within the first three months of the year. She reassured the members that DOI was aware of the impact the pandemic has had on the health care system. She mentioned that some states have decided to put a hold on their benchmarking process, however DOI and the OVBHCD has agreed to move forward and work together. Dr. Gill agreed with the decision to not put a hold on the process, adding the pandemic has moved primary care from being at risk of collapse to imminent collapse. He emphasized the need for action. He

continued to state that now experts are on board, the Collaborative could move towards putting policies in place to increase payments and upfront investments into primary care.

Approval of Technical Subcommittee

The Collaborative reviewed the proposed recommendations for the technical subcommittee (slide 2). Dr. Fan emphasized the importance of solidifying the composition of the technical subcommittee. She shared that one payor had already recommended a name from their organization to serve on the committee. Before beginning the discussion, Dr. Fan highlighted the need for members of the subcommittee to not only understand data analyses such as claims and actuary but to also have knowledge of the larger concept of affordability concepts, primary care spending and total cost of care spending. She added that members selected for the subcommittee need to not only represent the Collaborative adequately but also be able to report back to the group about the work that is being done. Dr. Fan stated that once the composition details have been finalized the Collaborative can move forward with recommendations. Dr. Fan plans to attend as many meetings as possible.

Mr. O'Hara presented a point of clarification, adding that the purpose of the subcommittee is to work with Freedman to gather data associated with spend and other buckets. Dr. Fan agreed and added that the subcommittee will also serve as a springboard for the concept of affordability and primary care targets

There was a short discussion on the available data sources. Ms. Condon shared their plans to use DHIN and all available public information. She also mentioned exploring the possibility of using information gathered through the benchmarking process.

After some discussion, members agreed to the following details regarding the composition of the subcommittee:

- The subcommittee will be limited to five members
- One technical representative each from Aetna and Highmark
 - Technical expertise includes familiarity with claims, actuary experience or significant knowledge of data and access to actuary data.
- A practitioner/clinician from private practice with technical expertise
- A practitioner/clinician from a health system or large hospital with technical expertise who has the requisite technical expertise
- Someone from a large employer/payor such as Statewide Benefits who has the requisite technical expertise

Members agreed that outside of technical expertise, subcommittee members should understand the policy perspective of the stakeholder group they are representing.

Dr. Gill moved to accept the second proposal. Kevin O'Hara seconded the motion. There was no opposition and the motion unanimously carried.

Mr. O'Hara and Mr. Morris will submit a recommendation for their representatives. Dr. Fan asked members to submit recommendations for the three non-payor members of the technical subcommittee

Approval of 2020 Annual Report

Dr. Fan facilitated a discussion focused on the updated Annual Report. The update included the addition of a letter from the Co-chairmen and references. Several recommendations for edits and additions to the report were discussed. After a lengthy discussion it was proposed to add the following language:

Modification to be added as the last paragraph of the *Executive Summary (page 5)*:

“Finally, the Collaborative recognizes that the COVID-19 pandemic, which continues unabated as this report is being discussed and voted upon, has severely strained the healthcare delivery system locally, nationally and internationally. Providers (both individual and hospital/health system) have operated at a level of financial loss during the pandemic which threatens the viability of some providers and will be an ongoing concern. These concerns will infuse the continued work for the Collaborative”

Modification (bolded text) to 3rd recommendation in ***Executive Summary (page 5):***

3. Initial increases ***that will flow from the movement to value based care*** in upfront investments may be tied to an agreed upon definition of “risk” “accountability” and “value”

A motion to accept changes was made, Leslie Ledogar moved, and Steve Costantino seconded the motion. There was no opposition and the motion unanimously carried.

Before closing the discussion, Collaborative members were encouraged to submit additional modification to Read Scott at Read.Scott@delaware.gov.

Next Steps/ Future Meetings

Dr. Fan reviewed the meeting schedule, announcing the next meeting date was planned for Monday, May 18th. This meeting was scheduled in anticipation of the General Assembly. Dr. Fan reports that this year the Assembly will have an abbreviated schedule, restricted to state budget. After a short discussion it was decided that there was no need to meet this soon. Members who were present agreed to hold the next meeting on June 15th at 5:00pm.

Next, the group discussed important items to be decided before the June 15th schedule. Dr. Fan revisited the decision to create a subcommittee. She asked members to submit recommendations to fill the non-payer positions of the subcommittee. She also reminded members to review the Annual Report and submit any additional edits before the next meeting. Lastly, Dr. Fan emphasized the importance of developing a work plan for the technical subcommittee. She asked members to submit items to be included in the work plan before the next meeting.

The Collaborative agreed upon the following action item dates:

- May 22nd – Members were asked to submit recommendations for the three non-payer members of the technical subcommittee and any additional comments for the revised annual report, which is attached. If there are no other comments received, this will be put on the PCC website as it is the finalized approved report.
- June 1st – Members were asked to submit suggestions for a formal PCRC workplan for the calendar year 2020. Suggestions should be based on the “Next Steps” discussion in the annual report as well the “Next Step” slides from the presentation provided by Dr. Fan’s (slide 4).

Public Comment

Hearing no other business, Dr. Fan adjourned the meeting at approximately 6:08p.m.

Next meeting

The next Primary Care Reform Collaborative meeting will be held on Monday June 15, 2020, from 5:00 p.m. to 7:00 p.m.