



Primary Care Payment Reform Collaborative Meeting

November 14, 2024



Agenda



Housekeeping & announcements

Federal & state updates

Annual report recommendations

Public comment



Meeting Goals & Requested Feedback

GOALS

- Workshop report recommendations

FEEDBACK

- Develop working drafts of recommendation topics/issues



* * Incorporate equity into discussion and recommendations * *



Housekeeping & Announcements



Housekeeping & Announcements

- Meeting minutes - approval of Oct meeting minutes
- Welcome new member



Alexandra Hurst, PhD, LMFT
Practice Manager, Family Health
West Primary Care



Housekeeping & Announcements

- DRAFT 2025 Meeting Schedule posted

Jan 9, 2025

Jul 10, 2025

Feb 6, 2025

Aug 14, 2025

Mar 13, 2025

Sep 11, 2025

Apr 10, 2025

Oct 9, 2025

May 8, 2025

Nov 13, 2025

Jun 12, 2025

Dec 11, 2025

SURVEY

- Meeting cadence
- Spring/summer/fall/winter break



Housekeeping & Announcements

- PCPRC Sunset Review
 - [Sunset Report](#) released on Oct 15
 - Recommendation: Continue the Primary Care Payment Reform Collaborative for seven years, until 2032, and schedule the next sunset review to take place pursuant to section 2-3-1203, C.R.S.
- Next steps
 - COPRRR will present report to selected Senate committee of reference after session starts
 - Opportunity for interested stakeholders to present testimony
 - Committee will vote on whether to accept recommendation and run legislation; if so, bill sponsors assigned
 - Bill introduced, proceeds through legislative process





Federal & State Updates



Federal Updates

- 2025 Medicare Physician Fee Schedule Final Rule - MSSP provisions
 - New “prepaid shared savings” option
 - Changes to financial methodology
 - Apply health equity benchmark to remove barriers for ACOs serving underserved communities, increase incentives to enter and remain in program
 - Finalizing method to account for impact of improper payments in performance year and benchmark expenditures
 - Quality measure reporting
 - Moving to align quality measure reporting with Adult Universal Foundation Measures
 - Policies to promote digital quality measure reporting
 - Summarize comments received related to financial arrangements that could allow for higher risk and potential reward



Federal Updates

- 2025 Medicare Physician Fee Schedule Final Rule - QPP provisions
 - Quality measures - 7 new, 66 substantive changes, 10 removed
 - Changes to cost measure scoring methodology
 - Episode-based cost measures - 6 new, 2 modified
 - Maintained current performance threshold policies (75 points for MIPS)
 - 6 new MIPS Value Pathways (MVPs)
- 2025 Medicare Physician Fee Schedule Final Rule - Primary Care
 - Finalized coding and payment policies for:
 - Advanced primary care management services (24/7 access to care, care plan development)
 - Cardiovascular risk assessment and care management
 - Services to better integrate behavioral health within primary care



Federal Updates

- Rural health care
 - CMMI Report - [Re-imagining Rural Health: Themes, Concepts, and Next Steps from the CMS Innovation Center “Hackathon” Series](#)
 - Lessons from previous models focused on rural health, application to recent model development; potential areas of exploration to support rural communities
 - CMS Office of Minority Health Report - [Rural-Urban Disparities in Health Care in Medicare](#)
 - Summary information highlighting:
 - (1) Rural-urban differences in health care experiences & clinical care;
 - (2) How rural-urban differences in health care experiences & clinical care vary by race and ethnicity;
 - (3) Historical trends in quality of care for rural and urban residents



State Updates

- State 2025-2026 budget presented to Joint Budget Committee
- Legislative session convenes January 8, 2025

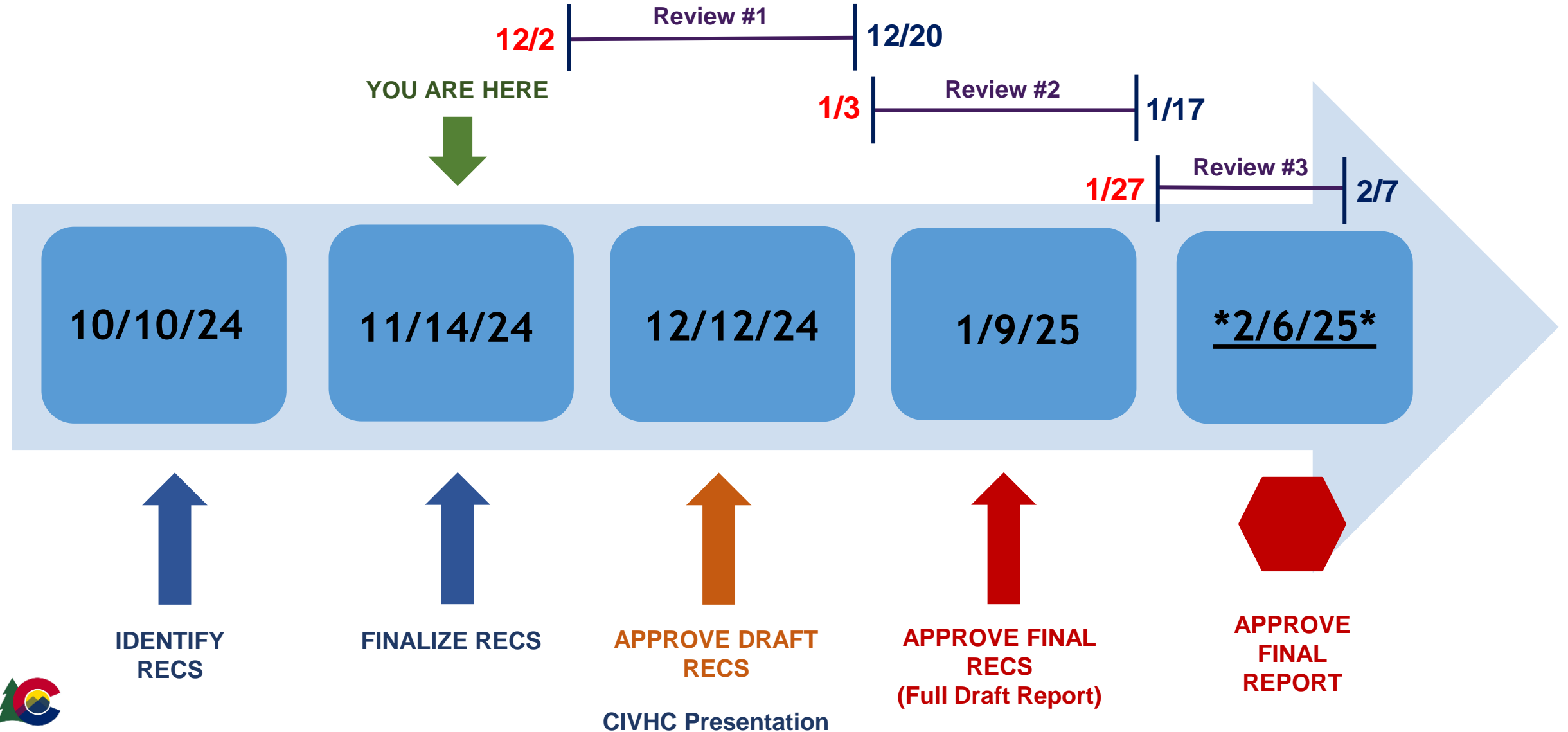




Annual Report Timeline & Process

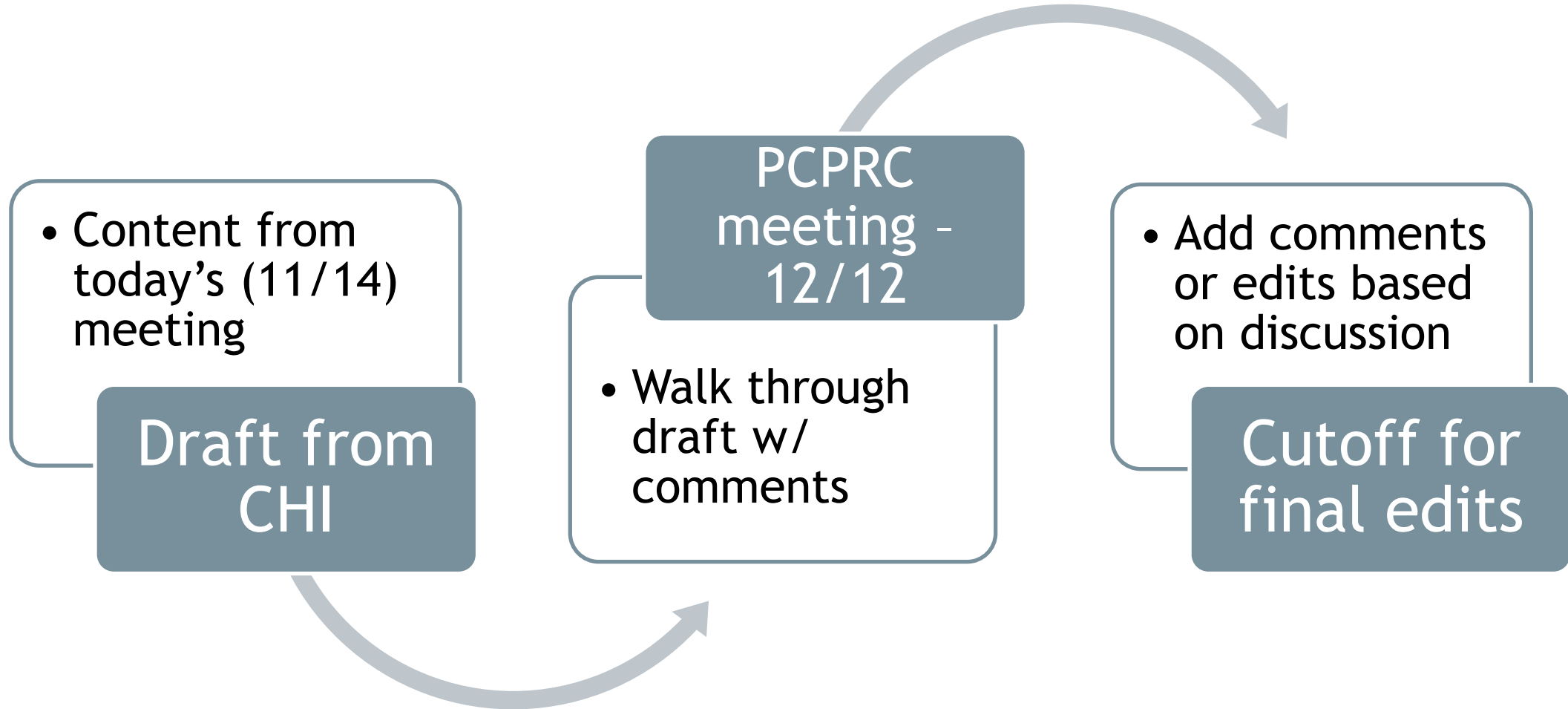


Recommendations Report



Review Period #1

Comments: 12/13 - 12/20



Comments: 12/2 - 12/10





Report Recommendation Topics



Primary Topics

Marketplace Dynamics

- Consolidation - vertical/horizontal integration, private equity, venture capital
- Impacts on primary care
- Current CO landscape

Artificial Intelligence

- Care delivery
- Payment
- Equity lens

Health Equity

- Accountability
- Infrastructure
- Cultural responsiveness
- Data



Additional Topics

- Communicating importance of high-quality primary care
 - NASEM report - continuing the drumbeat
 - Messaging around APMs - patients/consumers, legislators
- Measuring investments & impact on outcomes
 - Are payments going to the right places - care transformation measures
 - Dashboards, score cards - NASEM, Milbank; other states
 - Investment vs spend on primary care



Data - Second Annual Report

- **Data collection at the plan, health system, and practice-level should allow analysis of racial and ethnic disparities**
 - To degree data sources exist, often isolated and incomplete
 - Strategies to improve data collection should be multifaceted and address a variety of questions:
 - Who is collecting the data?
 - Who will it be shared with and why?
 - How will it be shared?
- Predicated on trust; require relationship building, open and transparent communication about needs and uses of such data



Data - Second Annual Report

- Types of data that should be collected:

Accessibility

- Data on social risk factors and underlying drivers crucial to understanding and addressing causes of poor health outcomes
- Increased investments and APMs can play key role by supporting strategies that increase access (extended office hours)
- Payers and providers can engage with policymakers to develop solutions

Health Outcomes

- Data on social risk factors less available, if at all
- To develop payments structures, data need to be actionable and shared between payers and providers
- Intensely personal and sensitive; engage patients and communities

Affordability

- Affordability concerns often heightened for racial and ethnic minorities
- Data on health care affordability should be disaggregated by race and ethnicity and other demographic characteristics



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Future Work

- Consult with DPA, HCPF, and CIVHC
- Advise in development of affordability standards and **targets for investment in primary care**
- In coordination with CIVHC, **analyze the % of medical expenses allocated to primary care**
- Develop a **recommendation on the definition** of primary care
- Report on current insurer practices and methods of reimbursement that direct greater resources and investments toward innovation and care improvement in primary care
- **Identify barriers to the adoption of APMs** by health insurers and providers, and develop **recommendations to address**
- Develop recommendations to increase the use of APMs that are not paid on FFS basis to:
 - Increase investment in advanced primary care delivered by practices that are PCMHs (state or national criteria) or have demonstrated ability to provide high-quality primary care
 - **Align primary care reimbursement** by all consumers of primary care
 - Direct investment toward higher value primary care services with an **aim toward reducing health disparities**
- Consider how to increase investment in advanced primary care without increasing costs to consumers or total costs of care
- Develop and share best practices and technical assistance to insurers and consumers
 - **Aligning quality metrics** as developed in SIM
 - Facilitating **behavioral and physical care integration**
 - **Practice transformation**
 - The delivery of advanced primary care that facilitates appropriate utilization of services in the appropriate setting





Public Comment





Thank you!!

