Primary Care Payment Reform Collaborative Meeting

February 6, 2025

Agenda

- Housekeeping & announcements
- Annual report recommendations
- Federal & state updates
- Priorities for 2025
- Public comment

Meeting Goals & Requested Feedback

GOALS

- Finalize annual recommendations report

- Start identifying 2025 priorities (time permitting)

FEEDBACK

- Finalize all edits, and and vote to approve report!

* * Incorporate equity into discussion and recommendations * *

Housekeeping & Announcements

Housekeeping & Announcements

- Meeting minutes – Jan meeting minutes posted

- Next meeting on March 12 (back to normal schedule)

- PCPRC Sunset Review Scheduled
  - Hearing on **February 27 at 1:30 pm,** Senate Health & Human Services Committee (https://sg001-harmony.sliq.net/00327/Harmony/en/View/UpcomingEvents/20250206/40)
  - COPRRR will present report, opportunity for interested stakeholders to present testimony
  - Committee will vote on whether to accept recommendation and run legislation; if so, bill sponsors assigned
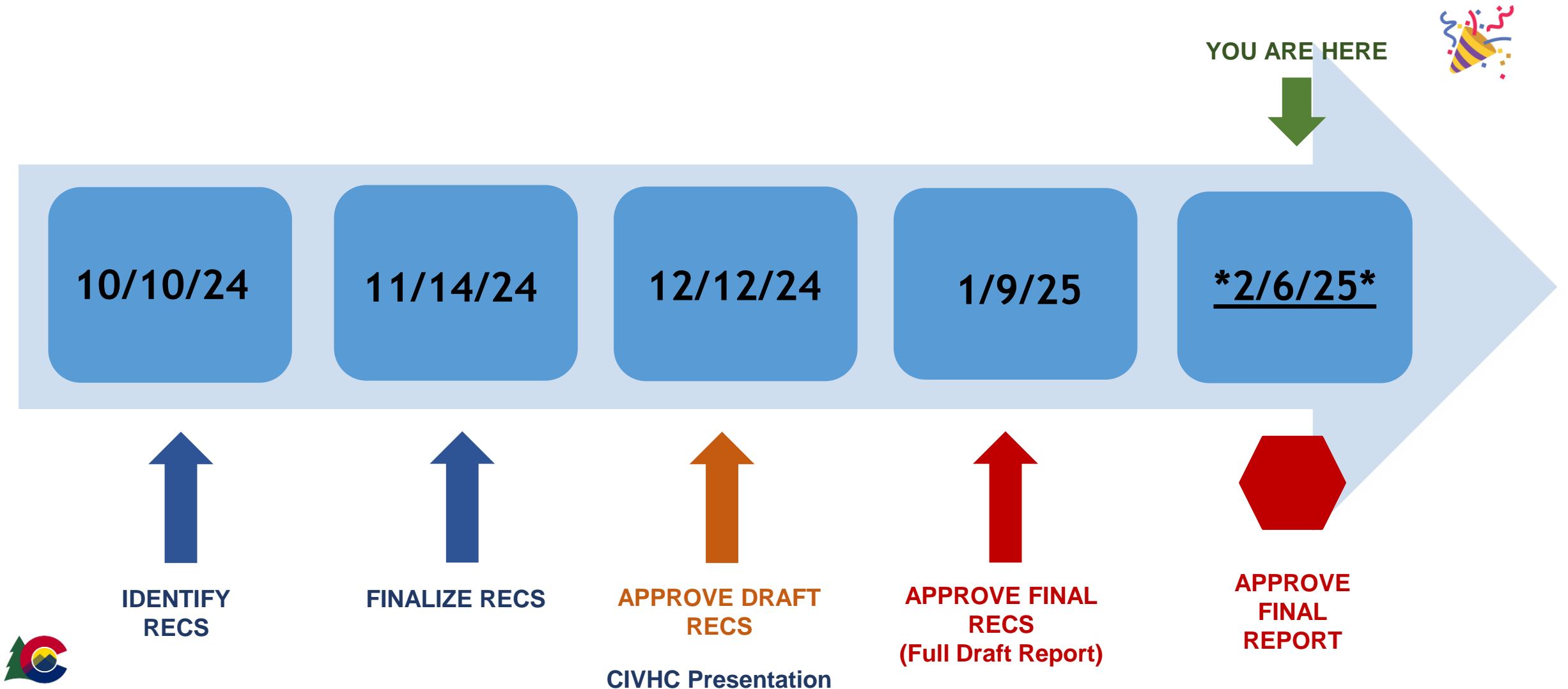 - Bill introduced, proceeds through legislative process

Annual Report Timeline & Process

Recommendations Report

YOU ARE HERE 🎉

| 10/10/24 | 11/14/24 | 12/12/24 | 1/9/25 | *2/6/25* |

IDENTIFY RECS

FINALIZE RECS

APPROVE DRAFT RECS

CIVHC Presentation

APPROVE FINAL RECS (Full Draft Report)

APPROVE FINAL REPORT

PCPRC Standard Operating Procedures & Rules of Order

- ## Proxies
  - If absent, a member may assign a proxy (another member, or person representing their organization)

- ## Decisions and voting
  - Voting conducted by member roll call with a simple majority
  - Formal votes follow Roberts Rules of Order (motion, second, discussion, vote)
  - Quorum of at least one-third of Collaborative members
  - Voting will be allowed via email
  - Minority opinion of vote may issue reasons in writing

Annual Report Recommendations

Organizational Structure

Executive Summary
- Summary and recommendations

PCPRC Background
- Statutory charge
- Impacts to date

Introduction
- Report process
- Key themes

Recommendations
- Marketplace dynamics, AI, health equity

Conclusions
- Future work
- Summation

Acknowledgements & Executive Summary

- Acknowledgements
  - Please check name, credentials, organization

- Executive summary
  - Reaffirm need to strengthen primary care
  - Previous recommendations focused on strategies related to care delivery, including integrated care, and payment mechanisms
  - Significant shifts in primary care landscape, national and state
  - Marketplace dynamics – impacts on providers, payers, and patients
  - AI – great promise, concerns re: how technologies developed and deployed
  - Health equity – core principle that continues to guide work

PCPRC Background

- History

- Statutory charges

- Member composition

- Figure 1 – Impacts to Date

- Sunset – COPRRR summary

Design as stand-alone 2 pager

- Hand-out for policymakers

- Recruitment

- Posted on PCPRC website

Introduction and Key Context

- Summary of previous reports – Figure 1, Appendix

- PCPRC meetings and process

- Additional investment needed because:
  - Physician burnout, low recruitment, workforce challenges
  - Affordability and access challenges heightened by end of PHE/Medicaid unwind
  - Safety net clinics and small, rural, independent practices in tenuous financial state

- PCPRC achievements

- National recognition

- Intro of marketplace dynamics, AI, health equity

Breakout Box:

Public Health Emergency Unwind

CIVHC Data

- Call out absence of self-funded data

- Additional thoughts/comments?
  - Is there data around where people are getting primary care?
  - How much is the market being disrupted in terms of people seeking care?

Figure 2:

Percentage of PC Spending by Payer Type Over Time

Recommendation 1: Monitor the Impact of Marketplace Dynamics on Colorado's Primary Care Practices

Marketplace dynamics that influence primary care practices, particularly consolidation and private equity investments, should be monitored in Colorado. These dynamics have a direct impact on the quality and cost of healthcare. An understanding of marketplace trends is needed to support the primary care workforce and inform future investments in primary care infrastructure.

Recommendation #1 – Marketplace Dynamics

- Consolidation and private equity

- Marketplace data and trends

- Understanding the Colorado landscape

- Negative impacts on payers, providers, and patients
  - Cost of care
  - Quality of care
  - Provider and practice experience

- Role of value-based payment

Breakout Box:

Types of Consolidation

- Horizontal mergers

- Vertical mergers

- Cross-market mergers

- "Soft" consolidation

Recommendation 2: Promote Ethical and Equitable Adoption of Artificial Intelligence

New technology, including artificial intelligence (AI) tools, should be thoughtfully adopted into the primary care setting. Valid concerns about AI accuracy, impacts on practice workflow, and consent over the rapid adoption of this technology should be meaningfully addressed.

Recommendation #2 – Artificial Intelligence (AI)

- Emergence of AI

- Easing administrative burden

- Accuracy and bias

- Inequitable uptake of AI technology

- Patient consent and engagement – SB21-169

- Payment considerations – risk adjustment

Breakout Box:

Key AI Terms

- Artificial Intelligence

- Generative AI

- Bias

Recommendation #3 – Health Equity

Recommendation 3: Evaluate the Progress of Payment Models in Driving Health Equity Actions

Payment models should drive meaningful actions to address health equity. This includes incentivizing evidence-informed actions that improve the quality of care and lead to a reduction in disparate health outcomes. The extent to which payment models are successful in addressing disparities and directing quality improvements in health care should be tracked and used to inform model adjustments.

Recommendation #3 – Health Equity

- Focusing on health equity in payment
  - Data collection
  - Support for culturally responsive care

- Accountability for health equity
  - Elevate the voices of individuals and families alongside experts in the health care field
  - Incentivize action to reduce disparities
  - Focus on whole-person and whole-family care

- Examples of infrastructure to track progress
  - National example
  - Michigan example

- Role of the Collaborative

Future Work

- Utilize APCD to better understand state of APM reporting and impacts
    - Measure progress in adopting APMs in primary care setting

- Increase data transparency
    - Sharing data about primary care and value-based payments in public dashboard

- Explore other important topics as they arise

Federal & State Updates

- ## Stay tuned
  - Executive Orders
  - Cabinet appointments

State Updates

- Legislative updates
  - SB25-010 Electronic Communications in Health Care
  - SB25-017 Measures to Support Early Childhood Health
  - SB25-048 Diabetes Prevention & Obesity Act
  - SB25-118 Health Insurance Prenatal Care No Cost Sharing
  - SB25-126 Uniform Antitrust Pre-Merger Notification Act
  - SB25-152 Health-Care Practitioner Identification Requirements
  - HB25-1002 Medical Necessity Determination Insurance Coverage
  - HB25-1088 Cost for Ground Ambulance Services
  - HB25-1162 Eligibility Redetermination for Medicaid Members

Priorities for 2025

2025 Priorities

- Other state efforts
  - MCP states
  - State dashboards

- PC/AMP spending data
  - Upcoming TA opportunity – data sources, strategies
  - CIVHC presentation on quality measure dashboard at March meeting
  - Hypothesis statements to support CDPHE/CIVHC work

Public Comment

Thank you!!