Primary Care Payment Reform Collaborative Meeting

January 11, 2024

Agenda

- Housekeeping & announcements
- Annual report recommendations
- Public comment

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Housekeeping & Announcements

Housekeeping & Announcements

- Meeting minutes – approve Dec meeting minutes
- Schedule for 2024

	Nov 14, 2024 10:00 AM Mountain Time (US and Canada)
	Dec 12, 2024 10:00 AM Mountain Time (US and Canada)
Meeting ID	856 1865 0554
Passcode	917772

Add to Calendar(.ics) | Add to Google Calendar | Add to Yahoo Calendar

- Send name, credentials, organization to Tara Smith by EOB on 1/15

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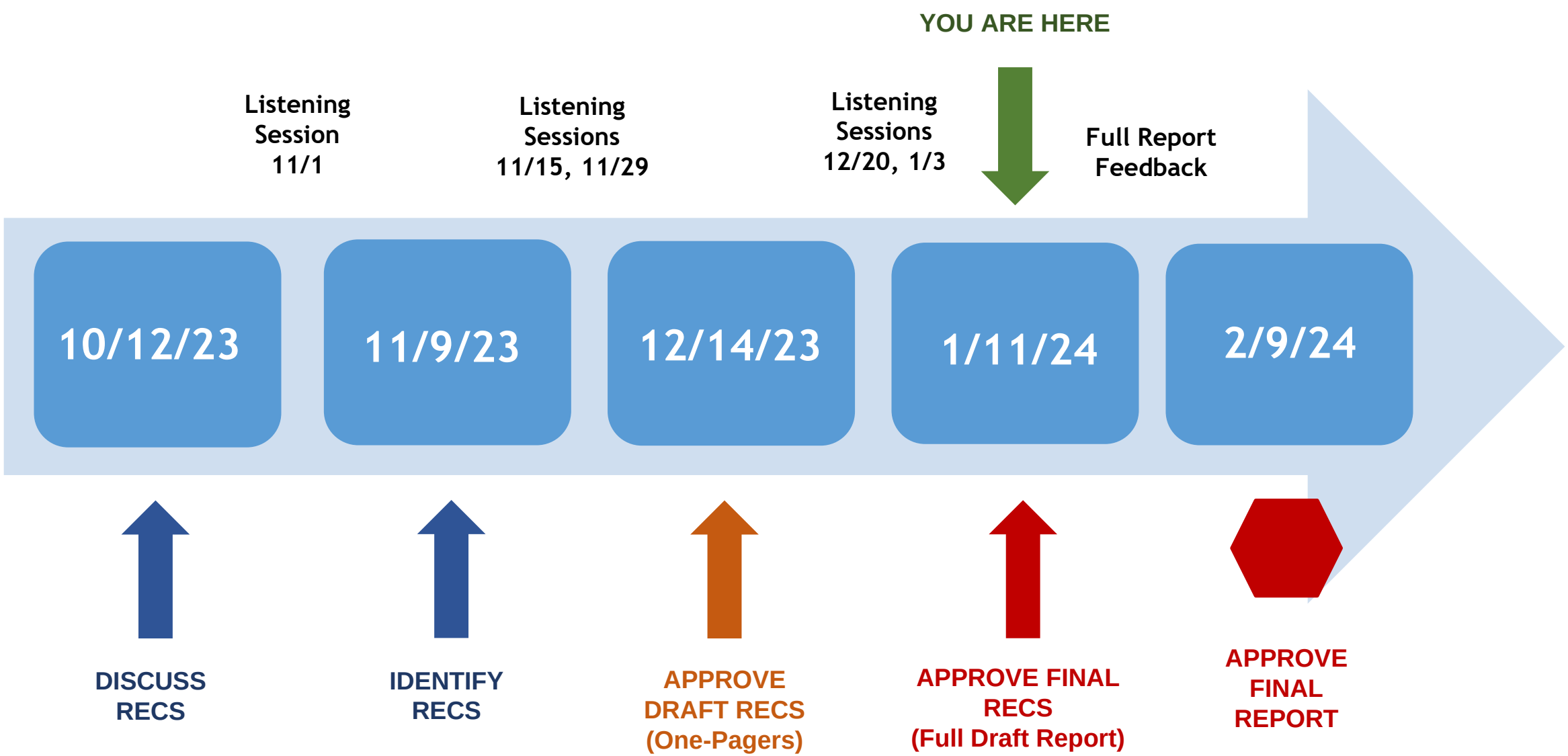
Annual Report Recommendations

Recommendations Report



PCPRC Standard Operating Procedures

- Collaborative may make decisions by informal group consensus or may elect to vote on issues when they determine it's appropriate
- Voting conducted by member roll call with a simple majority; formal votes will follow Roberts Rules of Order (style of motion, second, discussion, and vote)
- A quorum of at least one-third of Collaborative members – either in person, by phone, or via proxy – is required for all formal votes; voting will be allowed via email
- The minority opinion of a vote may issue their reasons in writing, following the majority's recommendation
- Members may assign a proxy (another member, representative from their organization) by email to Division staff prior to the meeting
- If a member is absent and has not identified a proxy, they forgo their opportunity to vote for that meeting

Meeting Goals & Requested Feedback

- Finalize report content
  - Introduction/Framing
  - Payment
  - Health-related social needs (HRSN) & HRSN screening & referrals
  - Workforce
  - Medication-assisted treatment (MAT) in primary care
  - Conclusion
- Specific feedback:
  - Red flags
  - Edits/revisions
  - Critical missing

* * Incorporate equity into discussion and recommendations * *

General Organizational Structure

PCPRC Background	• Statutory charge • Report process and voting
Introduction	• Key themes
Recommendations	• Payment, HRSN/Housing, Workforce, MAT
Conclusions	• Summation • Next steps

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Executive Summary & Introduction/Framing

Exec Summary & Introduction/Framing

- Executive summary
  - Reaffirm need to strength primary care
  - Reasons for focusing behavioral health integration
  - Definition of behavioral health integration
- Previous recommendations related to behavioral health
  - Definition of primary care
  - Behavioral health and primary care should be supported through APMs and other strategies
- Why behavioral health integration
  - Patient perspective – stigma, access to services
  - Provider perspective – prevent burnout
- Financial stability of practices
- Primary care and APM spending (CIVHC report)

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Payment

Recommendation #1 - Payment

Recommendation #1 - Payment

Behavioral health integration should be intentionally/purposefully supported as a component of increased investment in primary care. While increased investment may flow through various mechanisms, shifting from fee-for-service (FFS) to value-based payments can increase the sustainability of integrated behavioral health care models and primary care generally. Key infrastructure components of integrated care delivery that should be prioritized and adequately reimbursed through prospective, value-based payments include: team-based care delivery models that involve an array of behavioral health providers; care coordination activities; and support for developing and sustaining referrals across the spectrum of integrated care delivery.

Recommendation #1 - Payment

- Current payment landscape
  - Medicare, Medicaid, Commercial
- Challenges and opportunities
  - Sustainability, practice transformation support, unclear mandates for large employers
  - Challenging to determine overall cost
  - Self-funded plans an important consideration in Colorado's market
- Supporting team-based care
  - Prospective value-based payments important to team-based care; Kaiser example
  - Must be adequate, additional considerations for pediatrics
- Keeping track of billing codes and investments
  - Billing codes have important role in compensation, used by multiple payers
  - Alignment of codes will help decrease admin burden and improve ability to track spending
- Collaboration with other behavioral health efforts

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Health-Related Social Needs

Recommendation #2 - HRSN

Recommendation #2 – Health-related social needs

Understanding a patient's health-related social needs (HRSNs) is essential to the delivery of whole-person and whole-family care and improved health outcomes. Clinician and non-clinician providers working on integrated care teams should be supported and incentivized to conduct HRSN screening, referrals, and successful connections to needed services. In addition to provider payments for HRSN screening and referrals, it is crucial that systemic-level investments must are also be made to support/sustain a robust network of community and social services that can address and resolve identified social needs. This includes support for an array of resources to meet diverse and complex patient needs, as well as support for increasing the overall capacity and availability of these services.

Recommendation #2 - HRSN

Definitions

- **Health-related social needs (HRSNs).** HRSNs are an individual's unmet, adverse social conditions (housing instability, homelessness, nutrition insecurity) that contribute to poor health and are a result of underlying social determinants of health (conditions in which people are born, grow, work, and age). (Kaiser Family Foundation).
  - HRSN refers to the social and economic needs that individuals and families experience that affect their ability to maintain their health and well-being. They include things such as housing instability, housing quality, food insecurity, employment, personal safety, lack of transportation and affordable utilities, and more. (Oregon)
- **Health-related social needs (HRSN) screening & referral.** Use of a tool(s) that include a set of questions that can be asked by a physician, nurse, social worker, or other health care personnel, to elicit whether a patient has certain unmet social needs; referring patients with identified needs to community resources.

Recommendation #2 - HRSN

- Current payment landscape
  - Medicare, Medicaid, Commercial
- Challenges and opportunities
  - Resources needed for practice transformation – workflows, roles
  - Patient education
  - Availability of resources to meet identified needs
- Supporting HRSN system
  - Systemic investments in community resources
- Connecting with solutions outside of clinic
  - Community care hubs
  - School districts
- HRSN data considerations

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Workforce

Recommendation #3 - Workforce

Recommendation #3 - Workforce

Team-based care delivery is foundational/essential to the delivery of integrated, whole-person and whole-family care and should be supported through value-based payments that allow providers flexibility to adopt integration approaches that are best suited to their practice and patient population needs and have the capacity to improve health outcomes. Payments should support and promote care delivery strategies that incorporate non-clinician providers as part of the care delivery team to strengthen the provision of integrated care that holistically addresses whole-person and whole-family whole health needs.

Recommendation #3 - Workforce

- **Team-based care.** Team-based care is "the provision of health services to individuals, families, [and] their communities by at least two health providers who work collaboratively with patients and their caregivers—to the extent preferred by each patient—to accomplish shared goals within and across settings to achieve coordinated, high-quality care." (Mitchell et al, 2012)
- **Community health worker.** "A community health worker means a frontline public health worker who serves as a liaison between health-care providers or social service providers and community members in order to facilitate access to physical, behavioral, or dental health-related services, or services to address social determinants of health, and who improves the quality and cultural responsiveness of health-related service delivery." (SB23-002).
- **Peer support workers** are people who have been successful in the recovery process and who help others experiencing similar situations. Through shared understanding, respect, and mutual empowerment, peer support workers help people become and stay engaged in the recovery process and reduce the likelihood of relapse. - SAMSHA
- **Promotores or Promotoras de Salud** is a Spanish term used to describe trusted individuals who empower their peers through education and connections to health and social resources in Spanish speaking communities. - MHP Salud

Recommendation #3 - Workforce

- Community health workers and other non-clinician providers
  - Important role in care team
  - Need for systemic investments in recruiting and training
- Current payment landscape
  - Medicare, Medicaid, Commercial
- Provider training
  - Training needed for all providers on integrated care teams
  - Current opportunities for provider training – HB22-1302, Making Care Primary
- Telehealth
  - Means of increasing access to care; value demonstrated during pandemic
  - Equity considerations

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Medication-Assisted Treatment (MAT)

Recommendation #4 - MAT

Recommendation #4 – Medication-Assisted Treatment

The delivery of medication-assisted treatment (MAT) in integrated primary care settings can improve care delivery and health outcomes for patients with mental health and substance use disorder needs. Primary care providers and members of integrated care teams should be supported in offering MAT services through adequate payment that reflects the additional time and training needed to address complex patient needs. Provider and patient education is also important to ensure that stigma and other concerns related to substance use disorder treatment are considered, respected, and addressed.

Recommendation #4 - MAT

Definitions

Medication-assisted treatment (MAT). MAT involves the use of medications, such as buprenorphine and methadone, in combination with counseling and behavioral therapies to address substance use disorders. Food and Drug Administration-approved medication-assisted treatments for substance use disorders cover the following diagnoses: nicotine dependence, alcohol use disorder, and opioid use disorder. Medication-assisted treatment may also include opioid overdose reversal agents.

Recommendation #4 - MAT

- Current payment landscape
  - Medicare, Medicaid, Commercial
- Challenges and opportunities
  - Uncertainty over billing practices, licensure requirements
  - Current reimbursement through E&M codes, some APMs exist, but an evolving area
  - Time associated with providing care
- Supporting training for MAT
  - Training available, but requires time away from clinic/seeing patients
  - Incorporating MAT treatment involves changes to practice workflow, roles
  - Provider and patient training and education to address concerns, stigma
  - Two populations of special concern: adolescents and pregnant persons
- Connecting to MAT resources
  - Providers not offering MAT need to know where to find resources for patients

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Conclusion

Conclusion

- Recommendations in this report build off previous work and recommendations, and offer additional guidance on the integration of behavioral health services into the primary care setting
- As areas of future work:
  - Collaborative looks forward to exploring continued efforts to expand coverage and payment for integrated behavioral health services under APM models
  - Will also continue to explore and assess the scalability and success of current models/programs to bolster HRSN-related care, the primary care workforce, and increase access to MAT

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Thank you!