



Primary Care Payment Reform Collaborative Meeting

January 9, 2025



Agenda



Housekeeping & announcements

Federal & state updates

Annual report recommendations

Public comment



Meeting Goals & Requested Feedback

GOALS

- Finalize annual report recommendations

FEEDBACK

- Finalize report content
- Wordsmithing suggestions
- Determine graphics



* * Incorporate equity into discussion and recommendations * *



Housekeeping & Announcements



Housekeeping & Announcements

- Meeting minutes - approval of Dec meeting minutes
- Next meeting on February 6
- Welcome new member



Kevin Stansbury
Chief Executive Officer
Lincoln Health



Housekeeping & Announcements

- Reminder - 2025 Meeting Schedule finalized

Jan 9, 2025

Feb 6, 2025

Mar 13, 2025

Apr 10, 2025

May 8, 2025

Jun 12, 2025

~~Jul 10, 2025~~

Aug 14, 2025

Sep 11, 2025

Oct 9, 2025

Nov 13, 2025

Dec 11, 2025

Summer Holiday



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](#)



Register: <https://us06web.zoom.us/meeting/register/tZMkdequrT4vHtX-7DQb0V8UY2Y7pW1ljRL4>

Federal Updates

- CMS Quality Conference - March 17-19
 - Registration (virtual and in-person) open on Feb 3
- MIPS Comment Period Open - Wave 7 Measures
 - CMS gathering input on candidate measure concepts to consider for Wave 7 of cost and value measure development
 - Due by January 24, 2025
 - Information available at MMS [Current Public Comment Opportunities](#)
- Open enrollment in Marketplace - through January 15



State Updates

- **First Regular Session of 75th Colorado General Assembly**
 - Started January 8, ends May 7
 - 130 bills introduced
- **CCBHC Planning Grant**
 - HCPF and BHA awarded one-year, \$1,000,000 Certified Community Behavioral Health Clinic Planning Grant for 2025 calendar year
 - Part of state-wide, multi-agency effort to build and expand Colorado's behavioral health system of care
 - Explore how CCBHC model could complement Safety Net System, goal of sustainably funded integrated and accessible behavioral health care

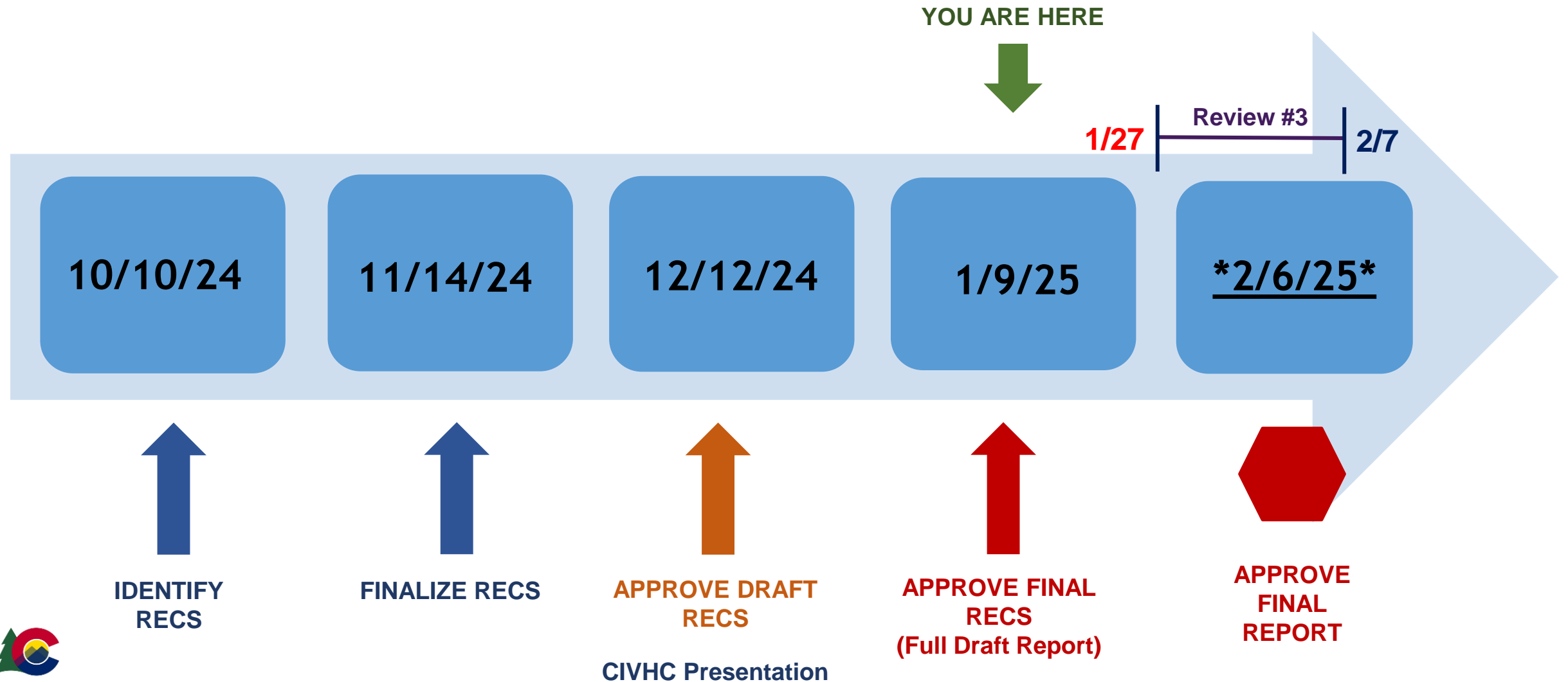




Annual Report Timeline & Process

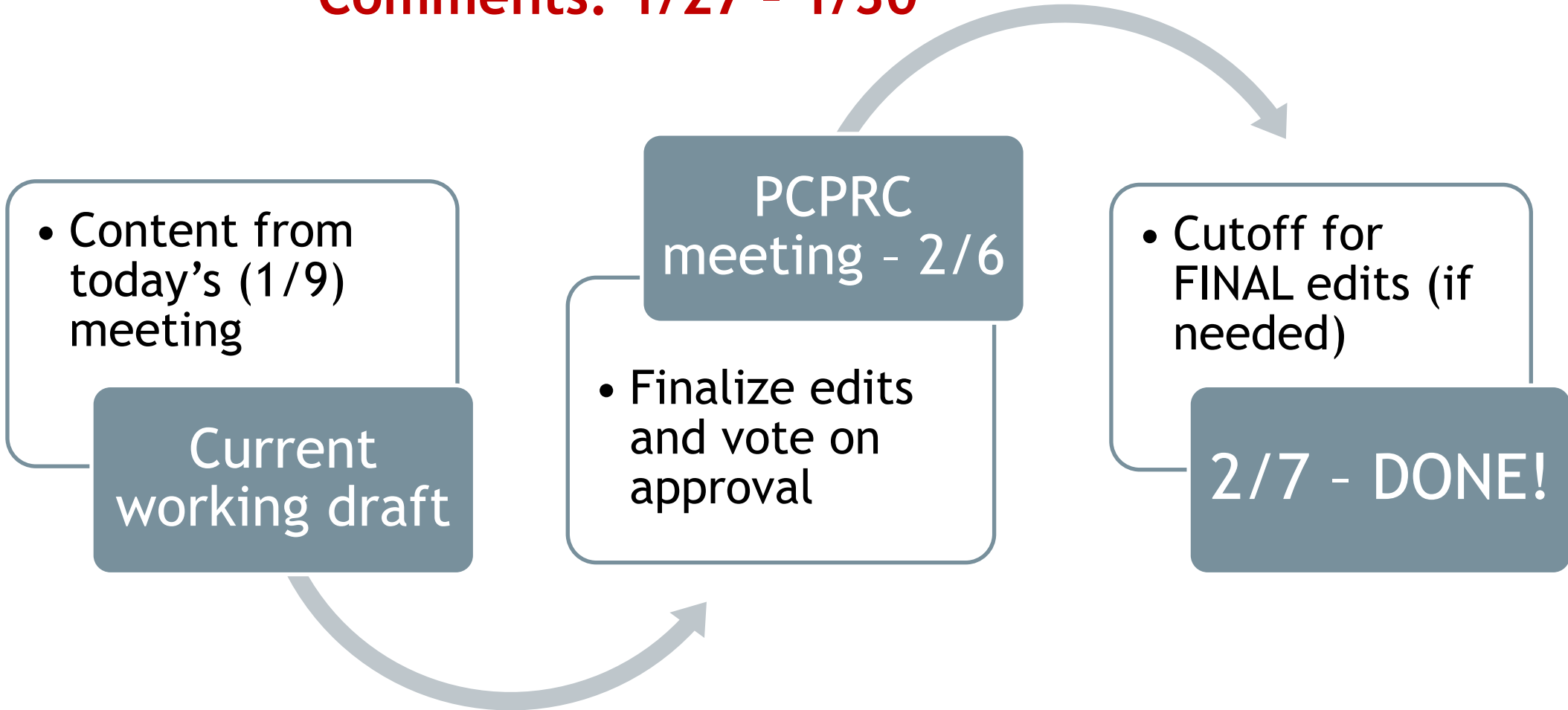


Recommendations Report



Review Period

Comments: 1/27 - 1/30



Comments: 1/10 - 1/17



PCPRC Standard Operating Procedures & Rules of Order

- Proxies

- If absent, a member may assign a proxy (another member, or person representing their organization)
- Email Tara Smith prior to meeting (tara.smith@state.co.us)

- 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
 - Overall, self-funded plans, in which employers pay for their employee health claims directly, are estimated to comprise around 50% of what most Coloradans think of as the “insurance market” (coverage that is not obtained through a public source such as Medicaid, Medicare, or the Veterans Administration)
 - Percentage of self-funded reported to APCD
- 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 - Marketplace Dynamics

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

Marketplace dynamics **that influence of** 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 - Artificial Intelligence (AI)

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

NIST definitions ?



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.

Speak to adjusting payment models to drive health equity based on the outcomes of the data - ?



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 - tie to last year's report
- 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



Additional/Miscellaneous

- Communicating importance of high-quality primary care
- Measuring investments & impact on outcomes
- ACOs - benchmarking, attribution, HRSN, pediatrics
- Independent practices- additional payments, upfront capital for “low-revenue” physician led ACOs, minimum covered beneficiary thresholds
- Multiple CMMI models

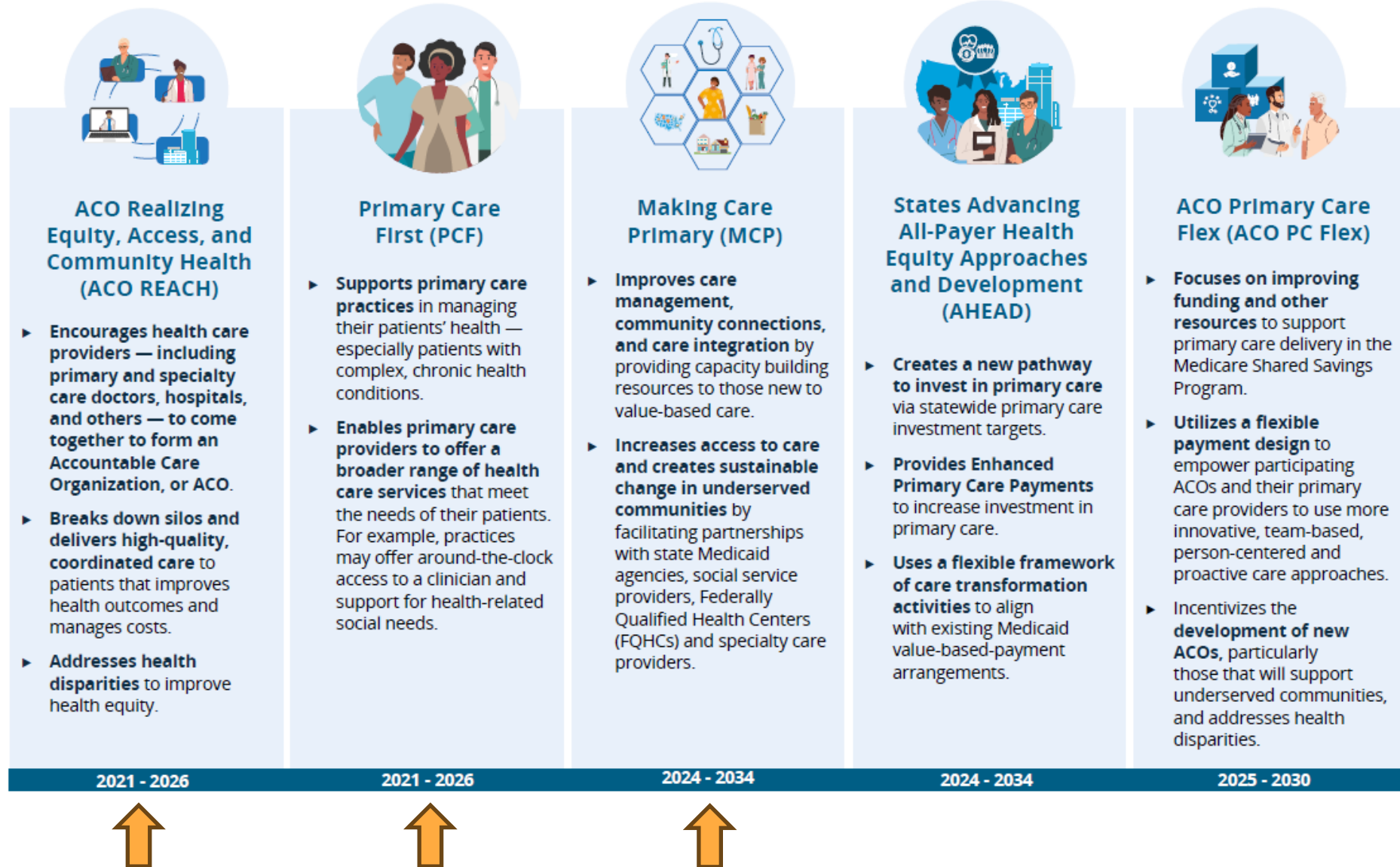


Graphics Check-In

- By section - definitions, figures
- Primary care landscape
 - CMMI models
 - ACOs
 - HCPF - ACC 3.0, APMs (PACT), 1302 grants and report
 - Integrated delivery systems



CMMI Models



Medicare & State ACOs

- Medicare Shared Savings Program
- Community Health Provider Alliance
- Clinical Partners of Colorado Springs
- Banner Health Network
- HealthONE Colorado Care Partners





Public Comment





Thank you!!



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

