Primary Care Payment Reform Collaborative Meeting

February 8, 2024

Agenda

- Housekeeping & announcements
- Annual report recommendations
- Planning for 2024
- Public comment

COLORADO

Housekeeping & Announcements

Housekeeping & Announcements

- Meeting minutes – approve Jan meeting minutes
- Schedule for 2024 – registration link on PCPRC website
- 2024 Legislative Session - ~376 bills introduced
  - HB24-1005 - Health Insurers Contract with Qualified Providers
  - SB24-093 - Continuity of care
  - SB24-080 - Transparency in Coverage
  - Benefit related
    - Obesity & diabetes; infertility; substance use disorders; biomarker testing
  - HB24-1040 - Gender-affirming health care study
  - SB24-059 – Children's Behavioral Health Statewide System of Care

Annual Report Recommendations

Recommendations Report

YOU ARE HERE

Listening Session 11/1

Listening Sessions 11/15, 11/29

Listening Sessions 12/20, 1/3

Full Report Feedback

10/12/23

11/9/23

12/14/23

1/11/24

2/9/24

DISCUSS RECS

IDENTIFY RECS

APPROVE DRAFT RECS (One-Pagers)

APPROVE FINAL RECS (Full Draft Report)

APPROVE FINAL REPORT

Meeting Goals & Requested Feedback

- Finalize report content:
- Specific feedback:
  - Major red flags
  - Limited edits/revisions
  - Critical missing

- Executive Summary
- Colorado's PCPRC
- Introduction & Key Context
- Payment for BHI
- Workforce for BHI
- Health-Related Social Needs
- Medication-Assisted Treatment

NEXT STEPS

ALL FINAL EDITS INCORPORATED

FINAL DESIGN & PRODUCTION

POST ON PCPRC WEBSITE - 2/15

PCPRC Standard Operating Procedures

- 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

COLORADO

Executive Summary

Executive Summary

- Key content:
  - Ongoing commitment to strengthening primary care infrastructure & care delivery system through increased adoption of value-based payments
  - Focus this year on behavioral health integration
    - Continued rise in behavioral health needs
    - Importance of integrated care delivery for increasing access to person-centered, whole-person and whole-family care
    - **Ties to statutory charge**
  - **Integrated care definition**
  - Goals
    - Primary care providers adequately and sustainably paid
    - Payers able to see benefits of investments through improve health outcomes and member experience
    - Patients can more easily access services with reduced stigma
  - **List of this year's recommendations**

Defining PCPRC's Role ("Lane")

- **Recommend** a definition of primary care to the Insurance Commissioner.
- **Advise** in the development of broad-based affordability standards and targets for commercial payer investments in primary care.
- **Coordinate** with the All-Payer Claims Database (APCD) to analyze the percentage of medical expenses allocated to primary care by insurers, Health First Colorado (Colorado's Medicaid program), and Child Health Plan *Plus* (CHP+).
- **Report** on current health insurer practices and methods of reimbursement that direct greater resources and investments toward health care innovation and care improvement in primary care.
- **Identify** barriers to the adoption of alternative payment models by health insurers and providers and develop recommendations to address these barriers.
- **Develop** recommendations to increase the use of alternative payment models that are not fee-for-service in order to:
  - Increase investment in advanced primary care models;
  - Align primary care reimbursement models across payers; and
  - Direct investment toward higher-value primary care services with an aim of reducing health disparities.
- **Consider** how to increase investment in advanced primary care without increasing costs to consumers or increasing the total cost of health care.
- **Develop** and share best practices and technical assistance with health insurers and consumers..

[The recommendations] are offered in accordance with the Collaborative's statutory charge to develop recommendations to advance the use of APMs to increase investment in advanced primary care delivery, which the Collaborative has previously defined to include comprehensive care that focuses on behavioral health integration. In addition, the report discusses current health insurer practices and methods of reimbursement that direct greater resources and investments toward health care innovation, and identifies barriers and opportunities around the adoption of APMs by health insurers and providers to support integrated care delivery.

Approach to Recommendations

- Simplify to amplify (don't bury the lede)
  - Focus on who and what
  - Include when, where, how, and why in narrative
- Active not passive voice
  - Clarity around payments (what type and by whom)
  - Systemic investments vs care delivery (practice/provider) payments

The term payer, as used in this report, refers primarily to health insurers regulated by the Division of Insurance. However, the Collaborative has consistently recognized the importance of private and public payer alignment to the success of APMs and continues to support and advocate for multi-payer alignment around the recommendations in this report and additional strategies to strengthen primary care.

Colorado's Primary Care Payment Reform Collaborative

PCPRC Background

History and Purpose

Statutory charge

Resources & additional materials

Report process

Membership composition

Introduction and Key Context

Introduction/Framing

- Previous report recommendations (complete list – all reports)
- Focusing on behavioral health integration in primary care
  - Previous report highlights – definition (1st report); payment support (3rd report)
  - Why behavioral health integration
    - Patient perspective – stigma, access to services – **updated CHAS data; table**
    - Provider perspective – prevent burnout
    - Financial stability of practices
- Primary care and APM spending (CIVHC report)
  - **Definitions of value-based payments**
  - Primary care as % of all medical spending across all payer types
  - APM spending as % of all medical spending & primary care spending
  - Prospective payments as % of all medical spending & primary care spending
  - Considerations around pediatric investments

COLORADO

Payment

Recommendation #1 - Payment

Recommendation #1 - Payment

Behavioral health integration should be intentionally supported as a key component of increased investment in primary care. Key infrastructure components that should be prioritized and adequately financed through joint, systemic efforts include investments in workforce, interoperable data, broadband access, and other tools needed to deliver high-quality, whole-person and whole-family care. Payers should reinforce and sustain these investments through prospective value-based payments that adequately support team-based care delivery models.

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 financed through joint, systemic efforts include investments in workforce, interoperable data, broadband access, and other tools needed to deliver high-quality and whole-person and whole-family care. Payers should reinforce and sustain these investments must be supported ~~reimbursed through prospective,~~ by value-based payments that adequately support ~~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 (~50%)
- 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

COLORADO

Workforce

Recommendation #2 - Workforce

Recommendation #2 - Workforce

Payers should support and promote team-based 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. Increased payment options for team-based approaches will bolster provider capacity to offer integrated behavioral health services in the primary care setting that will improve patient outcomes.

Recommendation #2 - Workforce

Recommendation #2 - 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.~~ Payers should support and promote ~~Payments for~~ team-based 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. Increased payment options for team-based approaches will bolster provider capacity to offer integrated behavioral health services in the primary care setting that will improve patient outcomes.

Recommendation #2 - 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 #2 - 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

COLORADO

Health-Related Social Needs

Recommendation #3 - HRSN

Recommendation #2 - Health-related social needs

Payers should support and incentivize clinician and non-clinician providers working on integrated care teams to conduct HRSN screening, referrals, and successful connections to needed services. In addition to provider payments for HRSN screening and referrals, systemic-level, cross-sector investments must be made to support and sustain a robust network of community and social services that can address and resolve identified social needs.

Recommendation #3 - HRSN

Recommendation #3 – 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.~~ Payers should support and incentivize 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, cross-sector investments must 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 #3 - HRSN

Definitions

- **Health-related social needs (HRSNs).** HRSNs are an individual's and family'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).

- **Health-related social needs (HRSN) screening & referral.** Use of a tool(s) that include a set of questions, typically evidence-based, 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 #3 - 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

Medication-Assisted Treatment (MAT)

Recommendation #4 - MAT

Recommendation #4 – Medication-Assisted Treatment

Payers should support primary care providers and members of integrated care teams 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

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.~~ Payers should support 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

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
  - **Provider accountability, measuring outcomes of investment**

COLORADO

VOTE

COLORADO

2024 Goals & Priorities

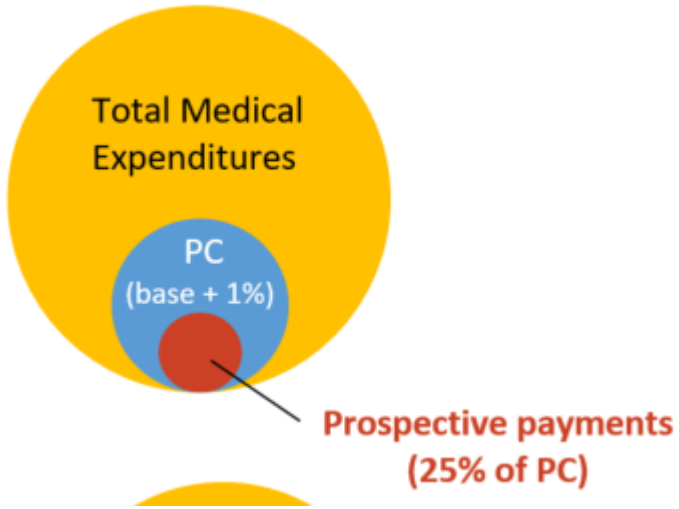
HB19-1233

- 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

Insurance Regulation 4-2-72

Primary Care Investment



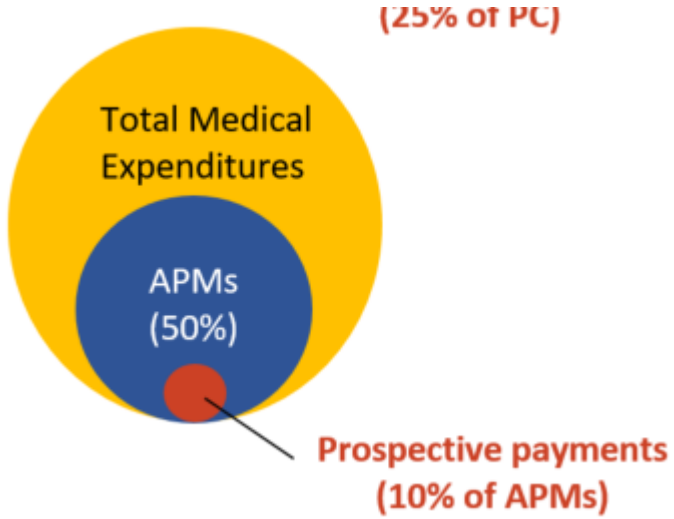
Mandate:

- 1% point increase in 2022 and 2023

Directive:

- 25% primary care expenditures through prospective payments

APM Expenditures



Directive:

- 50% of total medical expenditures in APMs by end of 2022
- 10% of APM expenditures through prospective payments

Insurance Regulation 4-2-96

Risk Adjustment

Providers:

- Methodology
- Interaction with payment

DOI:

- Approach to social risk adjustment

Patient Attribution

Providers:

- Methodology
- Reattribution process

DOI:

- Member education around PCP selection

Core Competencies

Care delivery expectations:

- 3 progressive tracks

DOI:

- Additional care delivery expectations

Quality Measures

Adult & peds:

- Standard specifications

DOI:

- Additional measures and/or deviations

Looking Ahead

- What would you like to see the Collaborative accomplish this year? Through 2025?
  - What are your goals for this work?
  - What will “success” look like in 2025?
- What/how would you like to contribute?
  - What led you to apply?
  - How have you contributed so far?
  - How would you like to contribute in the future?

Goals & Priorities

DOI ideas:

- Primary Care/APM reporting methodology
- Collaboration with BHA, state initiatives
- Connecting with state/national primary care initiatives
- Making Care Primary

OTHER ? ? ?

COLORADO

Thank you!
(and thank you Miranda)