Primary Care Payment Reform Collaborative Meeting

April 11, 2024

Agenda

- Housekeeping & announcements
- Federal & state updates
- 2024 Priorities & Draft Meeting Schedule
- Equity in APMs
- Public comment

Meeting Goals & Requested Feedback

GOALS

- Review feedback on priorities for 2024, and develop game plan and working schedule for upcoming meetings
- Revisit discussion of equity and APMs, recommended approach from 2021
- Identify next steps, follow-up tasks, and/or needed resources

FEEDBACK

- Do we have consensus around key priorities for future discussions?
- Do we have a workable schedule? Too much? Too little?
- Do you still support a step-by-step approach to health equity, or should this frame/framework be revised?
  - If so, where are we in the process, and what are next steps?
  - If not, how would you like to proceed?

* * Incorporate equity into discussion and recommendations * *

COLORADO

Housekeeping & Announcements

Housekeeping & Announcements

- Meeting minutes – approval of Feb and March minutes
- Membership update
  - Application open on PCPRC website
  - DOI to circulate one-page information/recruitment flyer
- Website updates
  - Primary Care Payment Reform Collaborative
  - HB22-1325 – Primary Care Alternative Payment Models
    - Forthcoming reporting guidance
  - Colorado Alternative Payment Model (APM) Alignment Initiative

COLORADO

Federal & State Updates

Federal Updates

- Extension of Medicaid unwinding
  - Special Enrollment Period (SEP) extended from July 31 to Nov 30, 2024
- 2024 CMS Health Equity Conference – May 29-30
  - Register HERE
- ACO Primary Care Flex Model
  - One-time advanced shared payment and monthly prospective primary care payments to low-revenue ACOs
- Transforming Episode Accountability Model (TEAM)
  - Five-year mandatory model; incentivize coordination between care providers during a surgery and services provided during the 30 days that follow
- HHS/HRSA - Loan forgiveness for PCPs/OB-GYNs in rural areas
  - Repayment amount increased by 50%; eligible for up to $75,000 forgiven

State Updates

- 2024 Legislative Session - ~651 bills introduced (27 days left…)
  - HB24-1005 - Health Insurers Contract with Qualified Providers
  - SB24-080 - Transparency in Coverage
  - HB24-1040 - Gender-affirming health care study
  - SB24-059 – Children's Behavioral Health Statewide System of Care
  - SB24-175 – Improving Perinatal Outcomes
  - HB24-1149 – Prior Authorization Requirements Alternatives
  - Benefit related
    - Obesity & diabetes; infertility; substance use disorders; biomarker testing
  - Prescription drugs
  - SB24-093 - Continuity of care

COLORADO

2024 Priorities & Schedule

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

Priority Areas/Themes

APMs

- Barriers to adoption- admin burden
- Status of APMs (current LAN categories and movements)
- Practices that are thriving

Market Dynamics

- VC, PE, consolidation, vertical integration
- Externalities- Medicaid unwinding, VC investment
- Current networks/systems and outcomes

PC Investment

- Increase investment for all payers
- Policy levers for financing (infrastructure) as well as payment for care delivery
- Payment equity – PC and specialists

Equity

- What makes an equitable APM?
- Take next steps in defining and advancing equity

Measurement

- Measure outcomes of initiatives – HRSN, PC investments
- CO primary care scorecard

Other

- Strategy/role/office to coordinate comprehensive PC policy at state level
- Deeper dive on HRSN and collaboration with CBOs

Draft Schedule

APRIL

Equity in APMs

MAY

Impact of venture capital, private equity, consolidation, integration on PC

Market Dynamics

JUNE

Flow of primary care dollars within/outside of "systems" (e.g., ACOs, FQHCs, IDS); rural, independent providers

JULY

Current state of PC investment (CO, other states, national)

PC Investment

AUG

Investment strategies- payment (APMS), infrastructure, team-based care, care coordination (HRSN)

SEPT

* * Review APM Parameters * *

Measurement, scorecard, communications

OCT

Identify recommendations

NOV

CIVHC Report/ Recommendations

DEC

Draft Recommendations

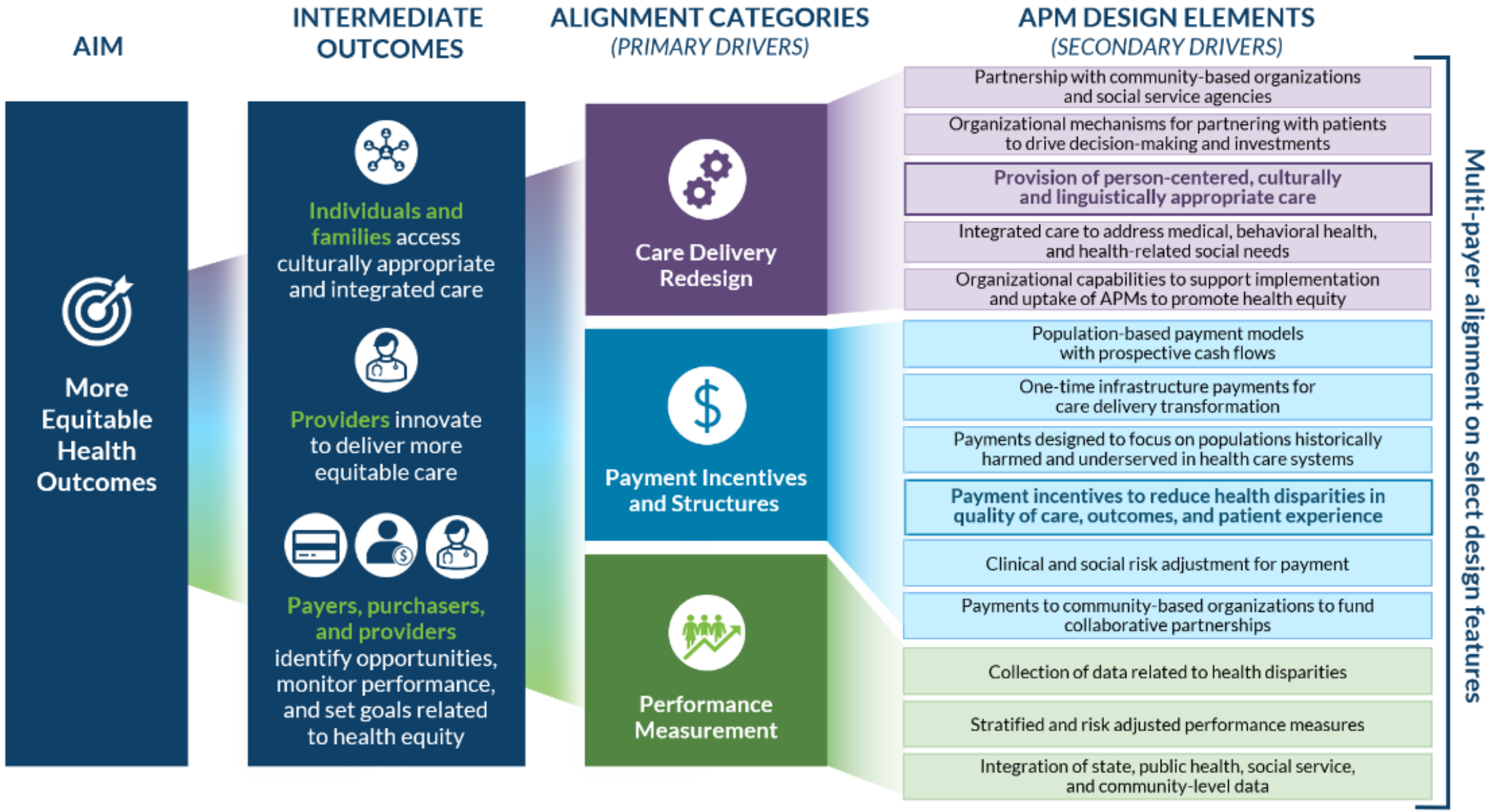
* * * DRAFT Proposal * * *

COLORADO

Health Equity and APMs

Equity Frameworks and Initiatives

National	• HHS, CMS, CMMI • HCP LAN – Health Equity Advisory Team • Milbank, PCC, PCDC
State	• STC Blueprint – CA, AR, NC initiatives • HRSN-related efforts, 1115 waivers • Health equity measures
Colorado	• State agency strategies • Social Health Information Exchange • HB19-1233, HB22-1325



HCP LAN – Health Equity Advisory Team (HEAT) Theory of Change - https://hcp-lan.org/apms-theory-of-change/

Third Annual Report – Dec 2021

- Recommendation 2: Centering Health Equity in PC
  - **Health equity must be a central consideration in the design of any alternative payment model. Value-based payment arrangements should provide resources to support providers and patients in achieving better care and more equitable outcomes.**

Role of Payers & Purchasers

Payers

- Engage members in the development of new models and initiatives and empower them to make key decisions.
- Develop and apply an equity lens to all existing and new payment models and practice transformation initiatives.
- Align payment incentives to reduce health disparities among populations.
- Reduce administrative burden on providers to free up time and resources for community engagement.
- Collect and analyze data by factors including race and ethnicity, as well as social determinants of health factors such as income level, neighborhood, and others to better understand patient populations and measure and track health outcomes. An iterative process will be needed to collect meaningful and reliable data.

Purchasers

- Leverage purchasing power to advance health equity by factoring equity considerations into purchasing decisions.
- Align around common priorities for advancing equity to pull payers and providers in the same direction.
- Engage beneficiaries (i.e., employees, members) in developing equity considerations to inform health care purchasing strategies.
- Partner with payers and providers committed to reducing disparities and improving health equity.
- Forge federal and state partnerships, which are crucial to advancing equitable primary care.

Role of Providers

Providers

- Establish an organizational commitment to improving health equity through an actionable strategic plan.
- Engage patients in developing plans to improve health equity.
- Leverage alternative payment models and other investments to support plans to improve health equity.
- Commit time with patients to develop relationships and trust.
- Commit time to build community connections.
- Lead or participate in implicit bias and cultural competency training.
- Consider changes to business processes to improve equity (e.g., ability to access care after hours).
- Collect and analyze data by factors including race and ethnicity, as well as social determinants of health factors such as income level, neighborhood, and others to better understand patient populations and measure and track health outcomes. An iterative process will be needed to collect meaningful and reliable data.

Role of Patients, Policymakers, Others

Individuals and Families

- Participate in community engagement opportunities when possible.
- Support others in participating in engagement opportunities.
- Hold providers accountable for providing culturally competent care.

Policymakers

- Adopt an anti-racist approach to policymaking.
- Develop and apply an equity lens when evaluating, considering, or drafting legislation and policy.
- Establish common classification categories for collecting and reporting race and ethnicity and other demographic data, in alignment with other state and national efforts.

Associations and Advocacy Groups

- Develop clinician education and Continuing Medical Education programs that address health equity and related concepts.
- Provide grant funding for health equity initiatives developed within the community.
- Offer resources for providers, such as validated and trusted toolkits, that are available in various languages.

Step-by-Step Approach to Centering Equity

Building a Foundation

- Participants recognize disparities, develop shared understanding, and begin to work together

Focusing on Equity

- Participants coordinate targeted actions to reduce disparities and improve health equity

Advancing Equity

- Participants collaborate through shared plans to eliminated disparities and achieve health equity

Step 1 – Building a Foundation for Equity

- KEY ACTIONS:
  - Proposing an initial definition for what constitutes and equitable APM
  - Investing in foundational capabilities for equity
  - Guarding against exacerbation of disparities

Initial definition of an equitable APM

- An equitable APM:
  - Incentivizes comprehensive and customized whole-person or whole-family care, including providing support and resources to eliminate barriers to care and address social needs
  - Guards against the exacerbation of disparities
  - Promote person-centered care

Common vocabulary

- Definitions
  - "**Health equity** means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care." (RWJF)
  - **Whole-person care**: "the coordination of health, behavioral health, and social services in a patient-centered manner with the goals of improved health outcomes and more efficient and effective use of resources." (John Snow, Inc.)
  - **Health disparity**: "A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion." (Healthy People 2020)
  - "**Person-centered care** is defined as care in which patients, families and their care teams form partnerships around high-quality, accessible care, which is both evidence-based and delivered in an efficient manner, and in which patients' and caregivers' individual preferences, needs, and values are paramount." (HCP LAN)

Investing in foundational capabilities

- Data collection
  - In 2020, PCPRC recommended data collection at plan, system, and practice levels should allow analysis of racial and ethnic disparities
  - All parties play a role in collecting this data, but acknowledge difficulties/challenges; requires trust, relationship building, open communication
  - In suggesting development of principles, classification standards, and processes for collecting demographic and other information, should look to similar efforts at the state and national level (NAIC Race and Insurance Committee)
- Cultural competency training, including implicit bias training
  - To avoid redundancy, payers, providers, and other organizations should identify and consider existing training before developing new programs
  - Providers should be incentivized to invest time and resources in other process improvements, such as establishing a community advisory board

Guarding against exacerbation of disparities

- Payers should carefully consider how APMs may exacerbate inequities, such as by disproportionately penalizing physicians serving poorest and most vulnerable populations, and establish guardrails to prevent that from happening
- Payers might also ensure that providers are not excluded from incentives based on their patient populations or payer mixes
- In 2020 report, urged payers to ensure APMs do not penalize or disadvantage providers who serve those with greatest needs and least access to resources
  - Financial incentives must be designed carefully to avoid excluding those providers and therefore their patients from the resources needed to drive progress toward reducing disparities

Next Steps & Guiding Principles

- Future work will explore how to quantify the measurement of cultural competency
  - For example, potentially using patient-reported measures of perceived fairness of care received as a quantifiable measure of cultural competency
- Guiding principles
  - **Elevate the voices of individuals and families alongside experts in the healthcare field** – ensure people impacted by programs intended to improve equity have a role in designing, evaluation, and improving data collection and programs
  - **Incentivize action to reduce disparities** – While payers must first guard against APMs worsening disparities, more advanced models should specifically incentivize providers to take action to reduce disparities
  - **Focus on whole-person care** – Those designing equitable APMs must consider the importance of factors outside the clinic walls, including SDOH such as housing stability, social support, and food insecurity

Step-by-Step Approach to Centering Equity

Building a Foundation

- Participants recognize disparities, develop shared understanding, and begin to work together

Focusing on Equity

- Participants coordinate targeted actions to reduce disparities and improve health equity

Advancing Equity

- Participants collaborate through shared plans to eliminated disparities and achieve health equity

Discussion Questions

- Do you still support a step-by-step approach to health equity, or should this frame/framework be revised?
  - If so, where are we in the process, and what are next steps?
  - If not, how would you like to proceed?
- Follow-up activities around Step 1?
  - Roles & responsibilities
  - Data collection
  - Summary of activities to date (follow-up reports, HB22-1325)
- What would be included in Step 2?
- Specific questions for: CMMI, other states, payers?

Public Comment

COLORADO

Thank you!!