NC Primary Care Payment Reform Task Force | Meeting 1 Minutes

Date: January 19, 2024

Time: 2:00 PM

Location: Virtual via Microsoft Teams

Attendees (42) –

Task Force Members:

1	**Jay Ludlam** - NC Medicaid	**6**	**Dr. Larry Wu** – Blue Cross Blue Shield NC (NC Association of Health Plans - commercial nominee)
2	**Bobby Croom** – NC Department of Insurance	**7**	**Dr. Mark McNeil** - NC Academy of Family Physicians
3	**Christie Burris** - NC Health Information Exchange Authority	**8**	**Hugh Tilson** - NC Area Health Education Centers Program
4	**Cody McKinney** – Western NC Community Health Services (NC Community Health Center Association nominee)	**9**	**Michelle Schmerge** - NC Nurses Association
5	**Dr. Genie Komives** – WellCare of NC (NC Association of Health Plans Medicaid prepaid health plan nominee)	**10**	**Samuel Watts** - State Health Plan

Other Attendees/Guests:

11	**Allison Stewart -** Manatt	**22**	**Elizabeth Kasper -** NC Medicaid	**33**	**Niya Nelson –** NC Medicaid/Accenture
12	**Anna Wadhwani** – NC Medicaid	**23**	**Emma Kate Burns -** NC Medical Society	**34**	**Peter Daniel**
13	**Becki Gray**	**24**	**Emma Sowder**	**35**	**Rachel Bonesteel**
14	**Ben Twilley**	**25**	**Greg Griggs -** NC Academy of Family Physicians staff	**36**	**Shawn Parker -** NC Academy of Family Physicians staff
15	**Dr. Betsey Tilson -** Division of Public Health	**26**	**Dr. Janelle White –** NC Medicaid	**37**	**Sonya Dunn -** State Health Plan
16	**Dr. Brittany Watson –** NC Medicaid	**27**	**Jordan Roberts**	**38**	**Troy Hildreth –** WellCare of NC
17	**Casey Harris** – NC Medicaid/Accenture	**28**	**Justin Clayton**	**39**	**+ 1 803-394-7001**
18	**Charles Johnson**	**29**	**Dr. Kerry Willis -** State Health Plan		
19	**Chris Paterson**	**30**	**Kristen Dubay –** NC Medicaid		
20	**Dylan Frick**	**31**	**Maggie Sauer -** Office of Rural Health		

21	**Elizabeth Hudgins -** NC Pediatric Society	**32**	**Montgomery Smith –** Duke-Margolis Center for Health Policy		

Facilitators:

40	**Gary Swan –** Freedman Healthcare
41	**Julia Sledzik –** Freedman Healthcare
42	**Mary Jo Condon –** Freedman Healthcare

Meeting Minutes:

Agenda

1. Introductions & Timeline Overview
2. Goals & Level-setting
3. National Overview of Primary Care
4. Primary Care Priorities in North Carolina
5. Member Input on Primary Care Definition
6. Wrap Up & Meeting 2 Preview

1. Introductions & Timeline Overview

- Task Force introductions
- Timeline review
    - January 2024
        - Meeting 1: National Overview & Definitions
            - Friday, 1/19 from 2:00 – 3:00 PM
            - Outcome: Goals for primary care and alignment with making care primary
        - Meeting 2: PC Measurement & Benchmarking
            - Wednesday, 1/31 from 8:00 – 9:30 AM
            - Outcome: A working definition how to measure primary care investment and benchmarking
        - Data Review
        - Outline Report
    - February 2024
        - Meeting 3: Measurement & Workforce
            - Wednesday, 2/14 from 8:00 – 9:30 AM
            - Outcome: Close conversations on primary care measurement and benchmarking,
            - and review workforce
        - Meeting 4: Recommendations

- Wednesday, 2/28 from 8:00 – 9:30 AM
- Outcome: Review past work sessions and close open conversations

- Draft Report

- March 2024
  - Finalize Report
- April 2024
  - Report Delivered by April 1st

2. <u>Goals & Level-setting</u>

- Review of legislative charge
- Overview of meeting outcomes over upcoming four (4) meetings

3. <u>National Overview of Primary Care</u>

- Summary of the national landscape and North Carolina payment

4. <u>Primary Care Priorities in North Carolina</u>

- Presentation and vision discussion
- Barbara Starfield pillars of primary care:
  - First-contact accessible
  - Continuous
  - Comprehensive
  - Coordinated
- Summarized Task Force Commentary:
  - We aim to enhance comprehensive primary care services in North Carolina, reinforcing existing frameworks and shaping a future that aligns with our core pillars of primary care.
  - Our objective is not only to increase investment in primary care but to significantly improve the health outcomes for the people of North Carolina.
  - Our definition should guide investment decisions such that we allocate resources toward the desired behavior or the service.
  - We aim to support both urban and rural needs within our definition of primary care.
  - We seek to increase investment to not only improve outcomes but also to guarantee sufficient workforce levels across diverse regions, both rural and urban.
  - Recognizing primary care as a crucial segment of the broader health system, we acknowledge its role in supporting and complementing public health.
  - Given that primary care is currently undervalued for its performance, we advocate for a more equitable distribution of healthcare funding to enhance primary care.
  - Increased investment in primary care is essential for achieving improved health outcomes.

5. <u>Member Input on Primary Care Definition</u>

- Key Decision Points
  - Defining Primary Care
    - Narrow or broad set of providers?
    - Narrow or expanded set of services, or all?
      - Include or exclude behavioral health services and/or providers?

        - Include or exclude OB/GYN services and/or providers?
    - Restrict places of service?
    - Include non-claims spending?
- Summarized Task Force Commentary:
    - There are many challenges related to using provider taxonomy that impact the reliability of provider taxonomy data.
        - One way to help ensure we are identifying primary care providers is to add a primary care place of service and type of service code as part of the definition.
        - Nurse practitioners may pose additional challenges, most states include nurse practitioners in their definitions because of the important and growing role they play in primary care delivery.
- Primary care workforce adequacy will be necessary for primary care systems transformation in North Carolina. Primary care is increasingly delivered in urgent care and retail clinic settings.
    - Urgent care is not continuous, comprehensive nor coordinated. This proliferation is a symptom of the broken system we are trying to fix.
    - Primary care is delivered in primary care offices. Urgent care is by definition episodic and compensated differently than primary care.
    - Retail clinics are episodic and transactional in nature and are not comprehensive.
    - Might want to exclude some places of service or provider types from the definition if that is not where increased spending should occur. Urgent care is an interesting example to consider in this light.
    - In the ideal state, improved access to primary care would obviate the need for retail and urgent care.
- Consensus to remove retail and urgent care?
    - This setting violates many principles of high-quality primary care, it is not continuous, comprehensive, not coordinated. Retail and urgent generally provide a very narrow set of services.
- Do we want to exclude any of the places of service?
    - If the services met the other core categories (type of service and provider taxonomy), Task Force members may be inclined to include the proposed additional places of service.
    - Communities are bringing in Mobile units**.** It would be desirable to capture this in our definition of primary care.
- Should OB-GYNs be included?
    - Yes, to the extent that they provide primary care services in an appropriate primary care setting.
    - All providers should have the same restrictions. FHC will tailor list based on input provided by the group.
- Should behavioral health be included?
    - Yes, to the extent that they provide primary care services in an appropriate primary care setting. FHC will tailor list based on input provided by the group.

6. <u>Upcoming Activities</u>

- Task Force asks

        - Review materials and meeting notes
        - Targeting release of materials one business week in advance of each meeting
    - Freedman Healthcare
        - Begin outlining report
            - Basic structure
            - Draft based on Task Force meetings
        - Data analysis and collection
            - Gather publicly available data
            - Developing details for data collection
- Working agenda for Meeting 2-
    - Recap Meeting 1 - Close Outstanding Items
    - Additional Remarks on Primary Care Definition
    - Data from Public Sources
    - Benchmarking Options
    - State Approaches to Spending Targets
    - Preview of Meeting 3