NC Primary Care Payment Reform Task Force | Meeting 3 Minutes

Date: February 14, 2024
Time: 8:00 AM
Location: Virtual via Microsoft Teams

Attendees (43) - Task Force Members:

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

Other Attendees/Guests:

10	**Allison Stewart -** AmeriHealth Caritas	**26**	**Hilary Campbell -** Duke-Margolis Institute for Health Policy
11	**Anna Wadhwani** - NC Medicaid	**27**	**Dr. Janelle White** – NC Medicaid
12	**Becki Gray -** Blue Cross NC	**28**	**Jordan Roberts -** Blue Cross NC
13	**Ben Twilley –** Cigna	**29**	**Julia Lerche** – NC Medicaid
14	**Dr. Betsey Tilson -** Division of Public Health	**30**	**Kerry Willis** - State Health Plan
15	**Brittany Watson -** NC Medicaid	**31**	**Kristen Dubay** - NC Medicaid
16	**Chris Paterson** - Carolina Complete Health	**32**	**Lisa Shock -** United
17	**Christie Burris -** NC Health Connex	**33**	**Maggie Sauer** - Office of Rural Health
18	**Diego Martinez -** AmeriHealth Caritas	**34**	**Michael Ogden** – Healthy Blue
19	**Dr. William Lawrence** – Carolina Complete Health	**35**	**Niya Nelson** - NC Medicaid/Accenture
20	**Eamonn McAteer –** Blue Cross NC	**36**	**Pamela Perry** – Carolina Complete Health
21	**Elizabeth Hudgins** -NC Pediatric Society	**37**	**Samar Muzaffar -** United
22	**Elizabeth Kasper** - NC Medicaid	**38**	**Shawn Parker** - NC Academy of Family Physicians staff
23	**Emma Kate Burns** - NC Medical Society	**39**	**Sonya Dunn** - State Health Plan
24	**External Dial In**	**40**	**Dr. William Lawrence** – Carolina Complete Health
25	**Greg Griggs** - NC Academy of Family Physicians staff		

Facilitators:

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

Meeting Minutes:

Agenda

1. Meeting 2 Review
2. Current State of the Primary Care Workforce
3. Ongoing Efforts to Address the Primary Care Workforce Adequacy
4. Approaches to Measuring the Primary Care Workforce
5. Wrap Up & Meeting 4 Preview

1. Timeline and Legislative Charge

- 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
- Legislative Charge
  - Provide a national overview of primary care measurement and investment
  - Recommend a working definition of primary care
  - Set the stage for ongoing primary care measurement and investment
  - Recommend primary care investment targets

- Recommend a data collection strategy
- Recommend policies for future legislative opportunities
- Recommend next steps for evaluating primary care workforce adequacy

2. <u>Current State of the Primary Care Workforce</u>

- Current State of the Primary Care Workforce
  - How many primary care providers are there now?
    - How many primary care providers are needed in the future?
  - If there is a primary care workforce gap, what is the gap?
  - What are the major primary care workforce priorities for North Carolina?
    - Are there differences in supply across different regions of the state?
- National Primary Care Physician Shortages
  - Compared to the five-year average, there has been an approx. 9% decrease in the percentage of physicians working in primary care.
  - This data also demonstrates a wide variation by state.
- Projected National Shortage of Primary Care Physicians
  - By 2036, primary care physician specialties will only meet 81% of the need for both metro and nonmetro areas. In nonmetro areas, only 63% of the need will be met.
  - Adequacy is defined as the number of practicing primary care providers compared to the demand for providers.
- Primary Care Physician Workforce by U.S. Region
  - A June 2021 report from the Association of American Medical Colleges estimated a nearly 21% increase by 2023 in the demand for primary care providers in the South.
  - The greatest increase in provider demand is in the South.
  - Task Force identified population growth as a potential reason for the greatest increase in provider demand being in the South.
- One View of NC'S Healthcare Workforce
  - Percentage of Current Primary Care Workforce Needed to Meet 1500:1 Population to Clinician Threshold, 2017-2021 Average, North Carolina
  - Task Force feedback that the map likely overstates the primary care workforce "sufficiency" of some areas in North Carolina, especially for rural areas.
- Percent of NC Physicians, Physician Assistants, and Nurse Practitioners Working in Primary Care
- Future Needs of NC's Healthcare Workforce
  - There is currently a deficit in supply of primary care providers, with 92% of demand met.
  - This is projected to shrink to 88% by 2033.
- Summary of Task Force discussion on whether the data shared reflects members understanding of the current state of primary care workforce adequacy.
  - Consensus that the data seems accurate.
  - Discussed available data on care gaps and health outcomes that arise as a result of primary care workforce shortages.
  - Discussed need to look at the average age of Physicians in primary care especially in rural areas to predict the number of physicians needed.
  - Discussed relationship between good standards and good access.
    - Good standards do not necessarily mean there is good access.

        - As more virtual care options become available, it may become more difficult to accurately capture "access."
    - Discussed North Carolina primary care context:
        - The south tends to have more rural areas and a higher % of Medicaid than many areas.
        - There is county by county HPSA Data that shows how many PCPs are needed by specific county and refer to geographic HPSA vs. population HPSA -- not enough Medicaid, etc. About two years ago, there were around 450 PCPs needed across the state.
        - Discussed concerns from the NC Association of Health Plans that any minimum investment requirement for primary care will not have the desired impact unless there is a mechanism to assure accountability for cost and quality outcomes paired with that investment. Noted that it will be important to understand specifically how that increased investment in primary care will translate into assurance of increased access. Increased use of technology, telemedicine, and rural provider availability are components that might also be measured.
    - Noted that the pay gap between primary care and specialty physicians is likely higher than 30%

      Asked to include data on the economic impact of physicians in a community. It would be ideal to be able to show an economic multiplier on the impact of primary care physicians on a community.

3. <u>Ongoing Efforts to Address Primary Care Workforce Adequacy</u>

- Ongoing Efforts to Address Primary Care Workforce Adequacy
    - For North Carolina, what are existing efforts to support primary care workforce evaluation across the state?
    - For North Carolina, what is going on to build a sustainable and attractive pipeline for the primary care workforce?
- Strategic Investments in Workforce Strategies
    - Primary care physicians earn 30% less than other physicians, on average, and they have among the highest rates of physician burnout.
    - In what ways can defining primary care and setting investment benchmarks help create change to better support health care workers?
        - Address staffing levels and administrative functions to prevent burnout
        - Allow providers to practice at the top of their license to lower barriers to entry
        - Improve data collection to help states make informed decisions
        - Promote pathway programs that offer supports and mentorship
- Workforce Adequacy Example 1 - NC Center on the Workforce for Health
    - A statewide center focused on the collaborative and comprehensive development of NC's workforce with goals to:
        - Ensure sustained efforts to address health workforce issues to ultimately better align the supply of health workers with the demand for those workers.
        - Convene employers, educators, workers, regulators, and others to develop, deploy, monitor, and assess efforts to address health workforce issues.
        - Gather and make available relevant data and policy information to make it actionable and provide technical assistance and guidance to interested parties when acting to address health workforce issues.

        - Provide a forum for interested parties to share best practices and lessons learned.
- NC Health Talent Alliance (Boiling it Down)
    - The TPM process in a nutshell:
        - Collect data from employers & educators
        - Share, analyze, identify priorities with data
        - Partner regularly with employers & educators to respond to priorities and deploy solutions
        - Monitor progress with collaborative and adjust where needed – at state (Center) and local levels
        - Repeat
    - Without a clear plan, these challenges are daunting
    - TPM is the plan—It focuses the approach for everyone and cuts through the noise
- Workforce Adequacy Example 2 – UNC School of Medicine's FIRST Program
    - The Fully Integrated Readiness for Service Training (FIRST) program consists of three parts:
        - A three-year accelerated and enhanced medical school curriculum
        - Directed pathway into an affiliated residency program
        - Three years of service in a rural/underserved community in North Carolina with ongoing support in practice.
    - Upon meeting the academic and professional standards for graduation from medical school, participants will be ranked favorably to match into the NC Residency Program through the National Resident Matching Program (NRMP).
    - UNC Family Medicine will provide ongoing support, mentoring, and opportunities for continuing medical education throughout the three years of service after residency.
- Summary of Task Force Discussion on Other Primary Care Workforce Adequacy Efforts in North Carolina
    - Recognized importance of efforts to meet current need and long-term efforts to build a sustainable workforce pipeline. concerning trends as well. Noted that increasing investment in primary care could help both.
    - Discussed recent health care worker loan repayment legislation. Of the 25 million of new money allocated to loan repayment, 10 million per year for the next two years is specific to primary care and psychiatry.
    - Noted that NC also works with the Sheps Center to track loan repayment recipients' recruitment/retention over time as well as high needs bonus payments
    - Identified that, beyond state money, there is funding from the National Health Service Corps as well as funding from the NCMS Foundation that is specific to primary care.
    - Discussed how including a resource guide for recruiting and retaining physicians from all the agencies providing services might be valuable
    - Noted there are studies that show the difference in retention across programs to compare uptake and retention in rural vs. urban areas

4. <u>Approaches to Measuring Primary Care Workforce Adequacy</u>

- Approaches to Measuring Primary Care Workforce Adequacy
    - In the U.S. broadly and in North Carolina,
        - What data currently exists?

        - Are there any existing recommendations for collection?
            - What would be required to implement these solutions?
- Establishing Principles to Track Workforce Adequacy
    - Apply a common definition of primary care based on taxonomy
        - Track provider demographics
            - Task Force noted the data should align with the method of measuring primary care.
    - Track workforce changes over time using available data
        - Seek to identify variation across professions and geographies
        - Measure workforce pipeline changes over time
    - Apply more sophisticated measurement tools over time
        - Continue to invest in the N.C. Health Information Exchange Authority
        - Build more robust data collection strategies through, plan or provider reporting requirements, an APCD or other mechanisms over time
            - Task Force noted that these strategies may collect more data than is needed for this scope of work.
- Potential Reporting Solutions
    - HRSA Workforce Projections
    - North Carolina Health Professions Data System
- Data Collection Options
    - Current workforce and broader data limitations:
        - May be hard to track workforce trends and devise policy recommendations
        - Publicly available analyses may not provide information we need, e.g., may be hard to determine workforce adequacy drivers
        - Does not tell us who physicians are treating or where they are treating them
        - May be difficult customize reports that meet specific needs
        - May be less complete than more robust data collection solutions e.g., focus of current practice
    - Why states are building their own healthcare data ecosystems:
        - Flexibility to measure and report on a wide array of issues
        - Ability to report on health care spending, utilization and performance
        - Enhance state policy and regulatory analysis
        - Provides a reliable source for health care research and evaluation
- Summary of Task Force discussion on data and reporting solutions
    - Noted that the NC ORH uses surveys to determine level of happiness in a practice, community and practice support received to gain a better understanding of why people stay or leave. In addition, the Sheps Center helps track past the four years.
    - Discussed how the definition of primary care may change over time and noted need to re-evaluate adequacy of primary care definition every few years.
    - Discussed limitations of legislating a definition primary care given that legislative mandates tend to be inflexible.
- Summary of Task Force discussion on need for an all payers claim database
    - Noted that there have been several different use cases for an all-payer claim database brought up across the state and growing support for it.
    - Identified that there is no current way to estimate primary care spend for NC.

- Some members endorsed creation of an APCD while others cautioned that an APCD has not been historically politically feasible and that an APCD may be beyond the current scope of Task Force discussions.
- Discussed need to ensure that any data collection efforts do not substantially increase payer administrative burden and that it is feasible for the payers to meet the data asks.

5. <u>Next Steps</u>

- Upcoming Activities
  - Task Force asks: Review materials and meeting notes
  - Freedman Healthcare:
    - Draft report
      - Update based on Task Force meetings
      - Data analysis and collection
      - Release data collection request
      - Host review and technical assistance sessions
- Meeting 4 (Working Agenda)
  - Meetings Review
    - Definition of Primary Care
    - Investment Proposal
    - Workforce Recommendations
  - Report Overview
  - Timeline and Data Collection
  - Final Comments
- Summary of next steps related to evaluating primary care workforce adequacy:
  - Track quality and access
  - Align with Goals/Charge
  - Recognize that there are robust efforts in NC that looks at workforce data
  - Asks to measure workforce may require investment
  - Look at what longer term systems would like outside of this effort