

North Carolina Primary Care Payment Reform Task Force

Meeting 4: Recommendations Recap

February 28, 2024

Mary Jo Condon, MPPA, Principal Consultant, Project Director

Gary Swan MBA, MHPA, Senior Consultant

Julia Sledzik MPH, Health Policy Analyst

Etiquette for Easy Collaboration

- Mute your microphone when you are not speaking to avoid background noises
- Use of your camera is encouraged
- Raise your hand to make a comment, provide feedback, or offer an idea
- Use the chat box, reactions, and emojis to contribute to the conversation
- Be present and practice active listening, we want to hear your insights
- Be respectful of differences in understanding and perspective
- Hold the tension of both/and thinking, rather than either/or thinking

Agenda

1. Definition of Primary Care 8:15 AM
2. Primary Care Investment Targets 8:30 AM
3. Data Collection Strategy & Ongoing Activities 8:45 AM
4. Measuring the Primary Care Workforce 9:00 AM
5. Wrap Up 9:20 AM

Report Updates

Draft Report

- Delivered to Task Force: March 1st, 2024

Optional Task Force Meeting – Report Review

- Date: March 6th, 2024
- Time: 8:00 – 9:00 AM

Deliver Task Force Written Feedback on Draft

- Deadline: 5:00 PM, March 8th, 2024

Health Plan Voluntary Data Collection: March & April 2024

Legislative Charge

Legislative Requirements (Senate Bill 595)

The Task Force must submit a **report** to the Joint Legislative Oversight Committees on Health & Human Services and Medicaid.

The Report is to include ***findings and recommendations*** that are specific, concrete, and actionable steps that the State and General Assembly can act on.

- 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**
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- Recommend policies for **future legislative opportunities**
- Recommend next steps for evaluating primary care **workforce adequacy**

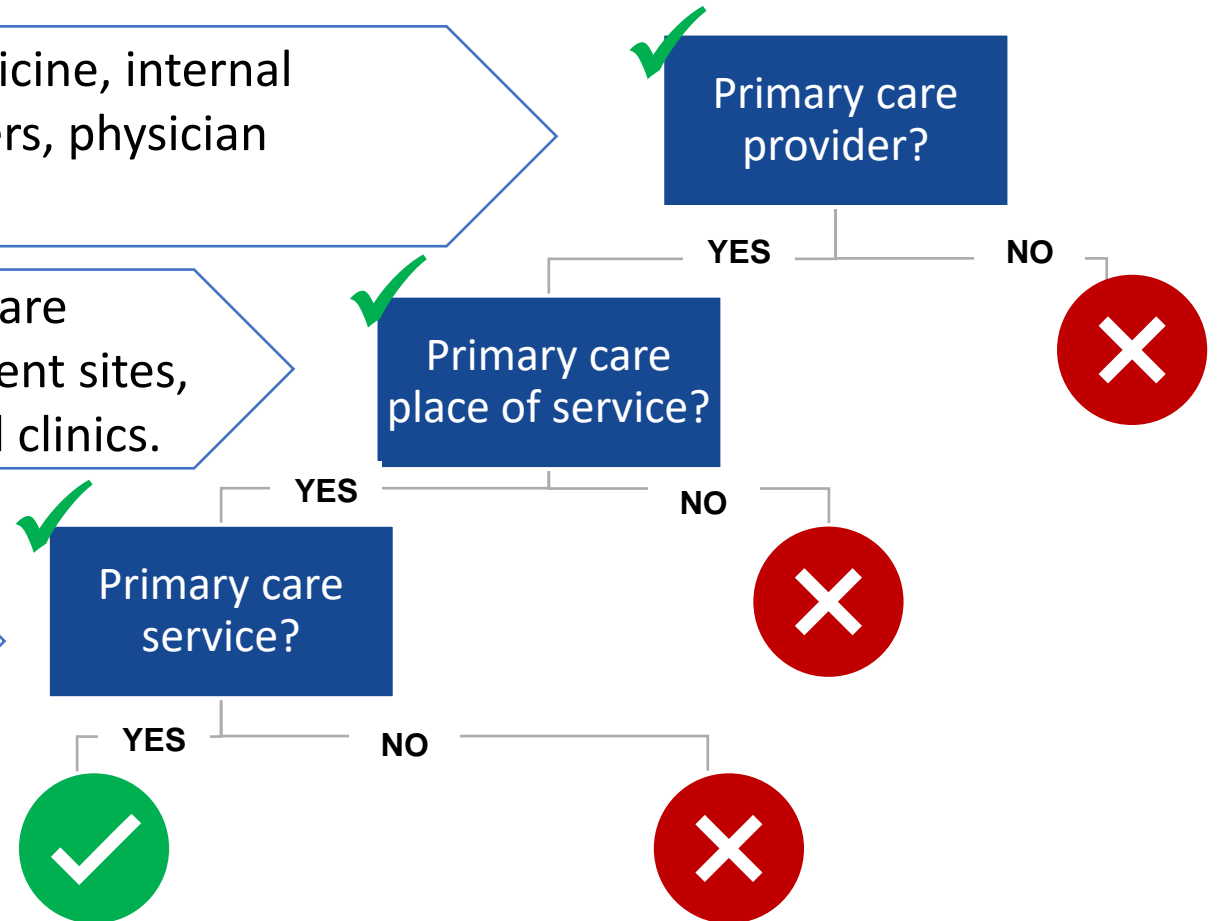
Task Force Recommendation - Definition of Primary Care

A broader definition with some restrictions on place of service to try to capture spend for primary care that aligns with Starfield's four pillars - first-contact accessible, continuous, comprehensive, and coordinated.

Provider taxonomy defined as primary care: family medicine, internal medicine, pediatrics, general practice, nurse practitioners, physician assistants, geriatrics, and gynecologists.

Traditional office visits in clinics and other settings that are someone's home or workplace. Excludes hospital inpatient sites, emergency departments, urgent care centers, and retail clinics.

Core primary care services including family medicine, internal medicine, pediatrics, and general practice and some mental health and OB-GYN services.



Task Force Recommendation - Definition of Primary Care

Types of Providers	Places of Service	Types of Services
<ul style="list-style-type: none"> • Family Medicine • Internal Medicine • General Practice • Geriatrics • Pediatrics • Federally Qualified Health Center • Physician Assistant <ul style="list-style-type: none"> • Medical • Nurse Practitioner <ul style="list-style-type: none"> • Adult Health/Family/Pediatrics/Primary Care • Primary Care & Rural Health Clinics • Adult Medicine • Adolescent Medicine • Behavioral health • OB-GYN 	<ul style="list-style-type: none"> • Office • Telehealth • School • Home • Federally Qualified Health Center • Public Health • Rural Health Clinic • Worksite • Street Medicine (<i>new code</i>) • Homeless Shelter • Indian Health Service • Tribal Facility • Correctional Facility • Assisted Living Facility • Group Home • Mobile Unit 	<ul style="list-style-type: none"> • Office visit • Home visit • Preventive visits • Immunization administration • Transitional care & chronic care management • Health risk assessment • Advanced care planning • Interprofessional consult (e-consult) • Team conference w or w/o patient • Prolonged preventive service • Domiciliary or rest home care/ evaluation • Hospital outpatient clinic visit

Task Force Recommendation - Primary Care Definition Details

- Exclude care delivered in inpatient settings, emergency rooms, urgent cares, and retail clinics and other settings which typically do not provide continuous, longitudinal care
 - Include obstetrics and gynecology (OB-GYN) providers and a limited set of OB-GYN services
 - Include behavioral health providers and a set of behavioral health services delivered in primary care settings
 - Capture non-claims payments as part of future data collection strategies
- ***Task Force Code Set Written Comments***
- Please send comments via email on suggested updates to Gary Swan (gswan@freedmanhealthcare.com) by 5:00 PM on March 1, 2024

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Task Force Recommendation - Primary Care Investment Target

Increase primary care investment 1 percent of total healthcare spending per year i.e. moving primary care spending from an estimated 5.8% of total healthcare spending today to an estimated 6.8% of total healthcare spending in 2025

Decision Point	Task Force Decisions
Single or Multiple Payer Targets?	Single Target for all payers
Target for All Ages or Separate Age Groups?	Single target, but track for all age groups
Percentage of Spend or Defined Amount?	Percent of spend for Total Medical Expenditures
Absolute or Relative Improvement?	Relative Improvement Increase 1% total healthcare spending per year

Task Force Recommendation - Primary Care Measurement and Investment

- Track primary care investment by health plan and market category, i.e. Medicaid, commercial, Medicare Advantage
- Track primary care investment by age group
- Revisit an absolute target such as 10% to 12% of total medical spending after gaining a better understanding of current investment by payer type using the Task Force's definition

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Task Force Recommendation - Data Collection Strategy

Next 0-6 Months

- Currently developing an Excel template for voluntarily collection on primary care spending using the Task Force's definition and the final code set defining primary care.
- Refine the template as needed with input from the Task Force to annually assess progress toward the investment target with minimal data submitter burden

Recommendations for the Future

- Convene stakeholders to explore future data collection options that enhance the state's health information exchange and existing data ecosystem over the next three to five years
- Explore access to federal funding to minimize state resources necessary to develop this infrastructure
- Include NC Medicaid and other data in an integrated data system to enhance policy making and decisions

Task Force Recommendation - Future Legislative Opportunities

- Continue to convene a Task Force as needed to ensure the definition of primary care is updated to reflect changing best practices in primary care delivery and coding
 - Update the composition to reflect the charge of the group
- Fund annual measurement of primary care investment and reporting on progress toward achieving the target
 - Provide authority to collect the necessary data from health plans
- Develop a primary care scorecard to monitor changes in access, quality, and affordability, as well as better understand the impact of new investments
 - Explore federal funding to support development

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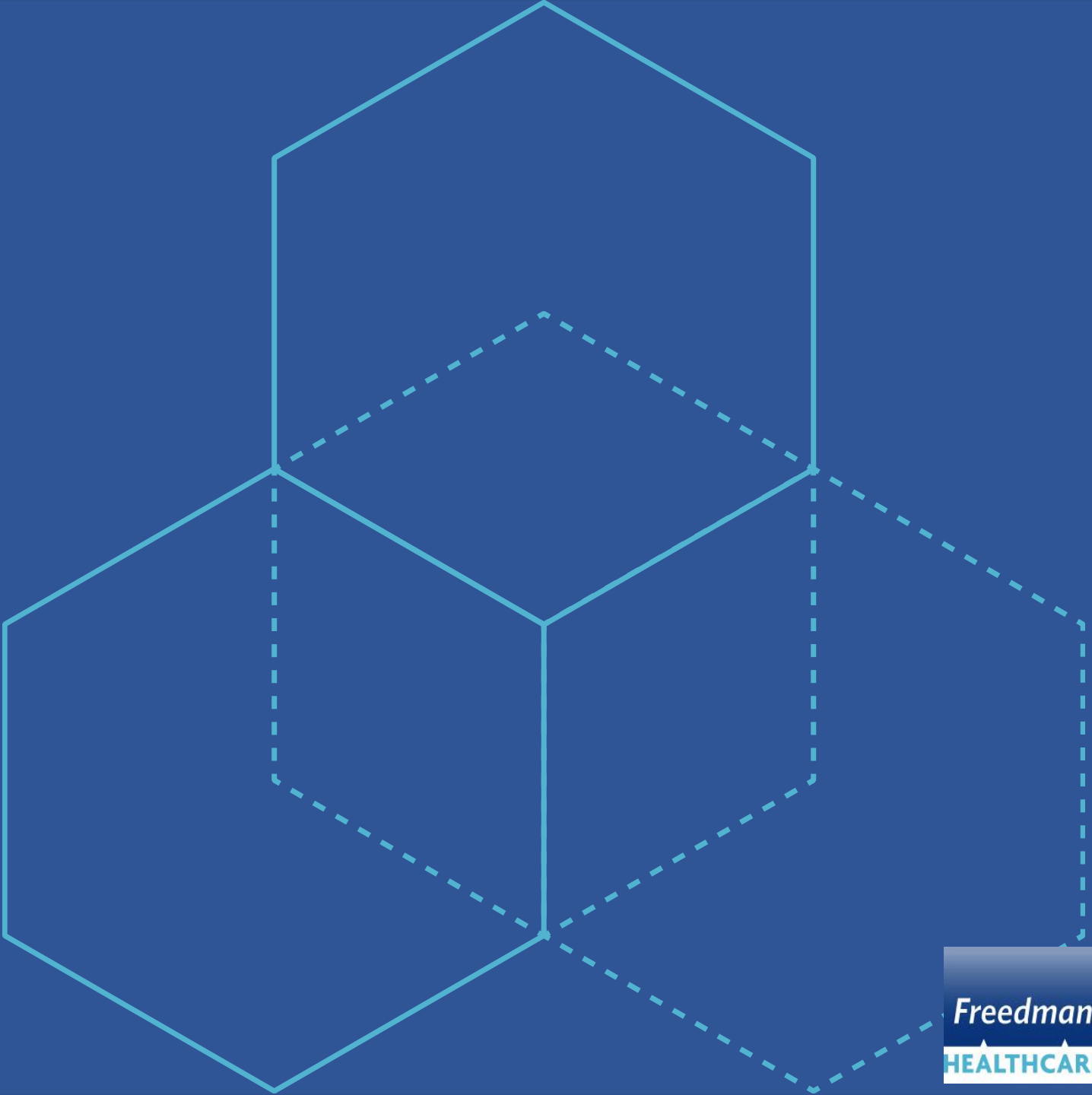
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Task Force Recommendation - Evaluating Primary Care Workforce Adequacy

- Track primary care workforce adequacy in North Carolina:
 - Use existing available data from state data sets and other resources like the Health Professions Data System to meet near-term reporting needs
 - Focus new analyses on understanding variation across provider types, ages, and geographies
 - Incorporate data on the economic contributions of physicians within communities
 - Assess workforce adequacy through the lens of health outcomes and accessibility

Thank You!



Upcoming Activities

Task Force asks

- Review code set and report
- Optional report review meeting

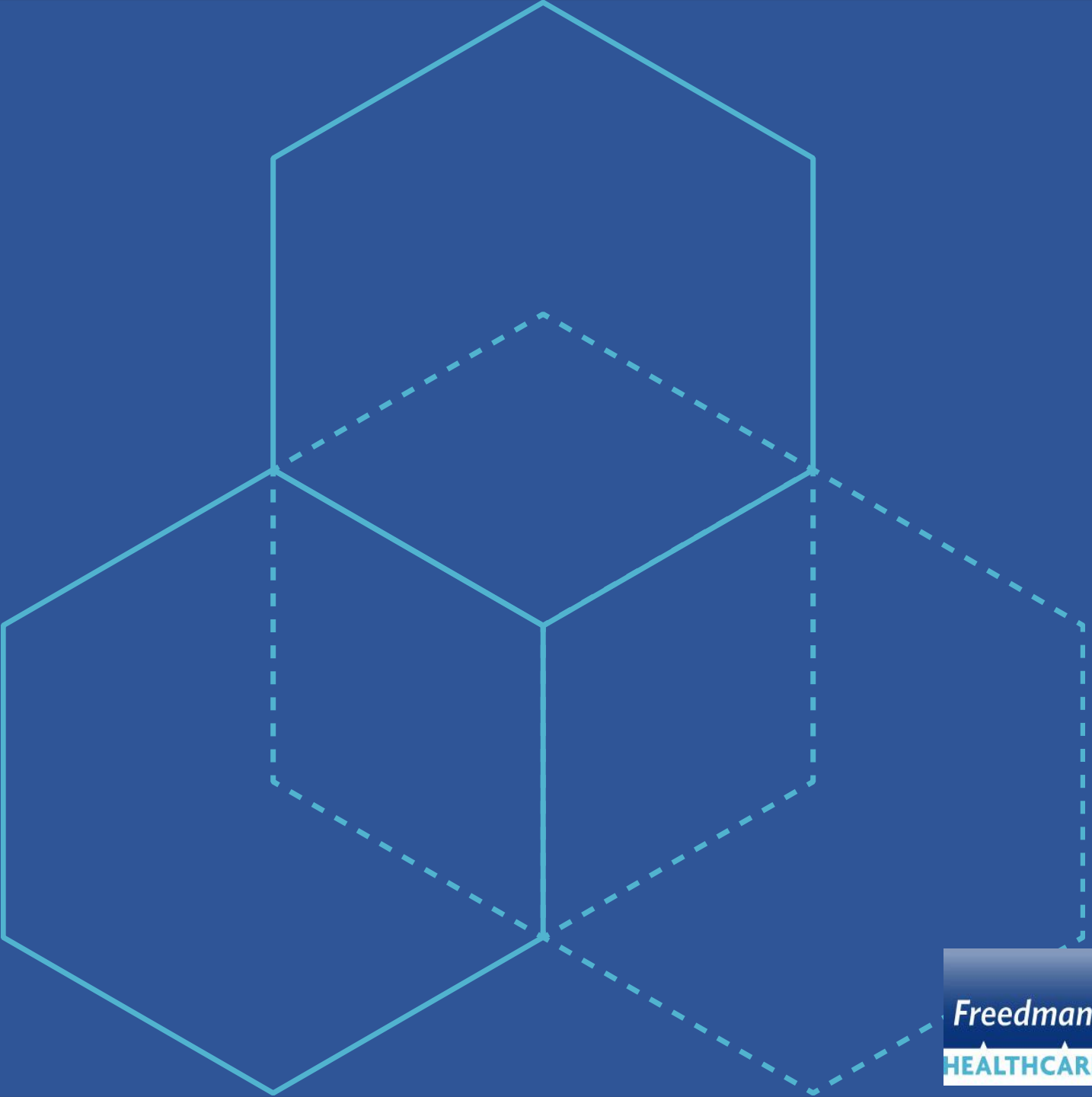
Freedman Healthcare

- Update report based on Task Force meetings
- Submit report
- Data analysis and collection
 - Release data collection request
 - Host review and technical assistance sessions

Task Force Meeting Dates and Times

Meeting	Date	Time
✓ 1	Friday, 1/19	2:00 – 3:30 PM
✓ 2	Wednesday, 1/31	8:00 – 9:30 AM
✓ 3	Wednesday, 2/14	8:00 – 9:30 AM
✓ 4	Wednesday, 2/28	8:00 – 9:30 AM
5	Wednesday, 3/6	8:00 – 9:00 AM

Appendix



How Other States Address Key Decisions

Decision Point	CT	DE	RI	OR	CO
Single or Multiple Payer Targets	Single	Single	Single	Single	Single
Target for All Ages or Separate Age Groups	All Ages	All Ages	All Ages	All Ages	All Ages
Percentage of Spend or Defined Amount	10% by 2025	11.5% by 2025	10.9%	12%	N/A
Absolute or Relative Improvement?	Absolute (Stairstep) 5% → 5.3% → 6.9% → 8.5% → 10%	Absolute (Stairstep) +1.5% per year	Absolute Previously Relative +1% per year	Absolute	Relative +1% per year