North Carolina Primary Care Payment Reform Task Force

Meeting 5: Report Discussion

March 6, 2024

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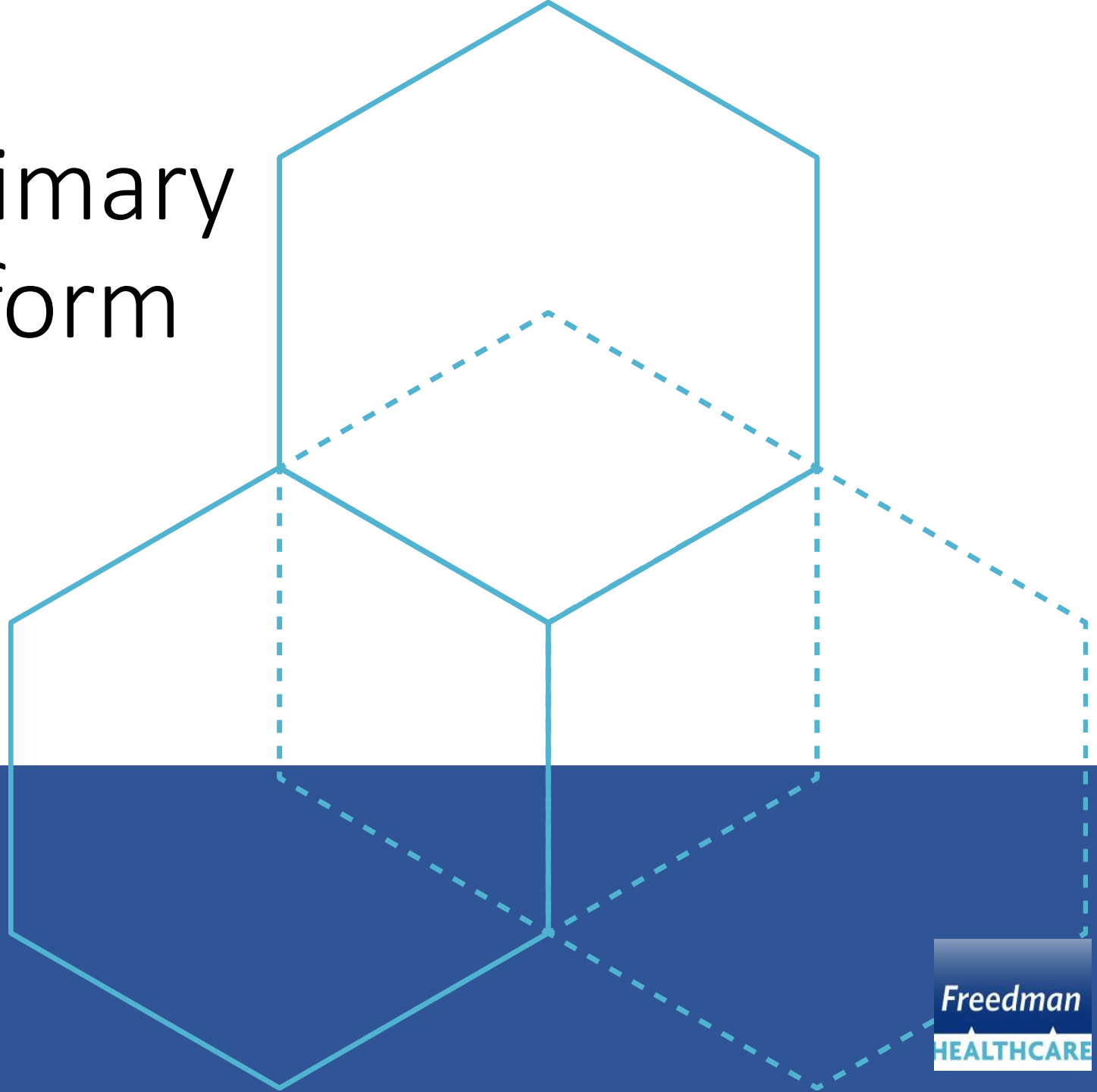

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Agenda

1.	Review of Report Edits and Changes	8:00 AM
2.	Task Force Discussion	8:10 AM
3.	Wrap Up	8:55 AM

This designated time is for Task Force members to discuss proposed amendments and to address questions. The meeting may adjourn ahead of schedule based on the discussion of the Task Force participants.

Edits Based on Task Force Meeting 4

Ongoing Work

- Designate an entity with the authority to recommend policy changes and support implementation of Task Force recommendations

Data Collection and Implementation

- The implementation of the Task Force's recommendations will require data collection
- The report will reflect the Task Force's interest in voluntary data collection

Funding

- The report recognized that funding is required to continue Task Force work
  - Provides estimates of funding

Comments and Questions

Are there any suggested additions or revisions to the section?

- Defining Primary Care in North Carolina
- Setting Investment Targets for Primary Care
- Developing Primary Care Data Collection Strategy and Funding Considerations
- Assessing Primary Care Workforce Adequacy in North Carolina
- Ongoing Work and Future Activities

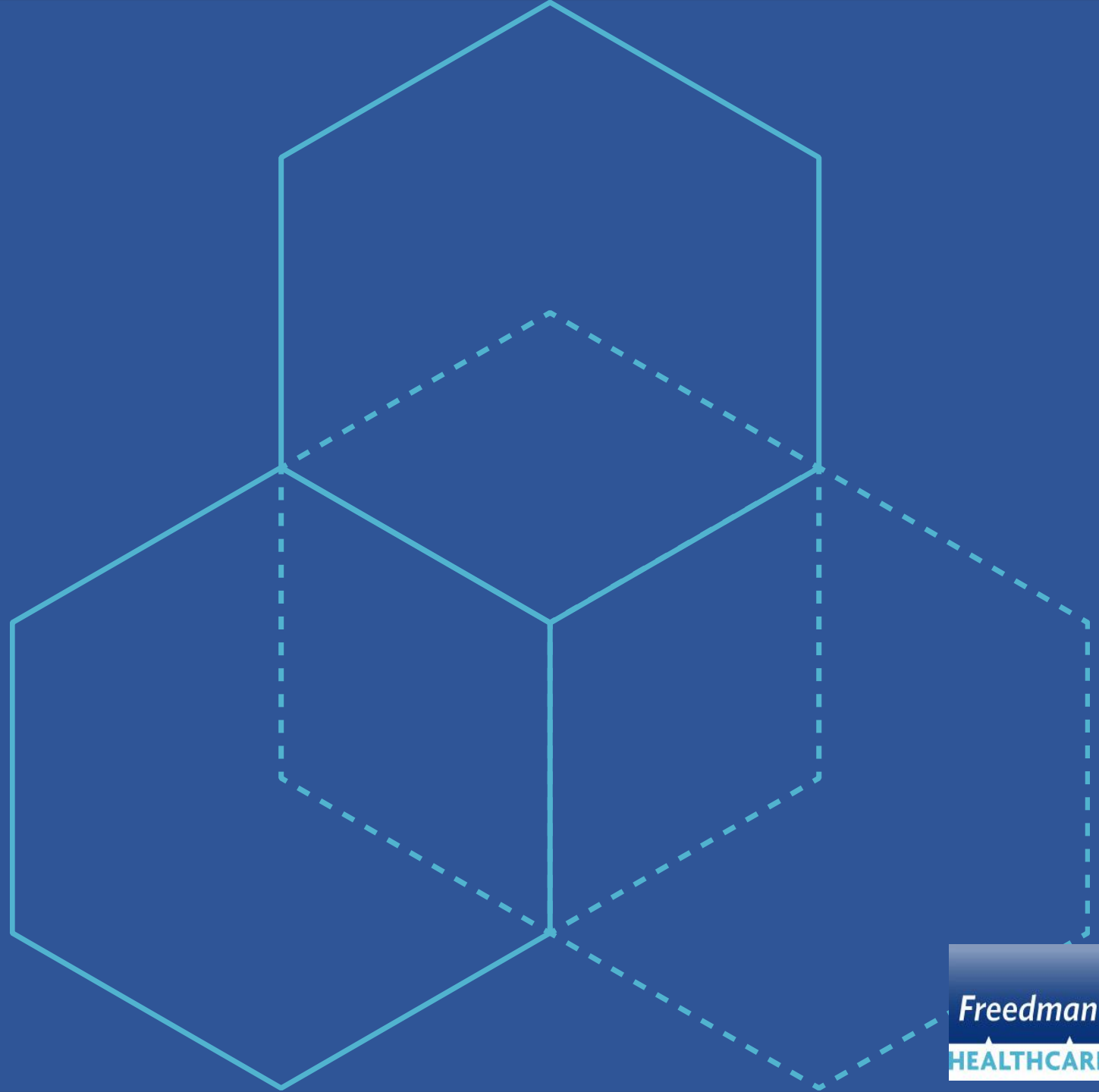
Report Updates

- ***Deadline for Submissions:***
  - Please send your proposed changes to Gary Swan at gswan@freedmanhealthcare.com

Review Process:

- To ensure an efficient review, please submit your edits in Microsoft Word format by either:
  - Summarizing your recommended changes in a separate document, or
  - Using the "Track Changes" feature and/or "New Comment" feature for direct edits
- ***Draft Code Set Modifications:***
  - Should you have suggestions for the draft code set, include them with your submission.

Appendix



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

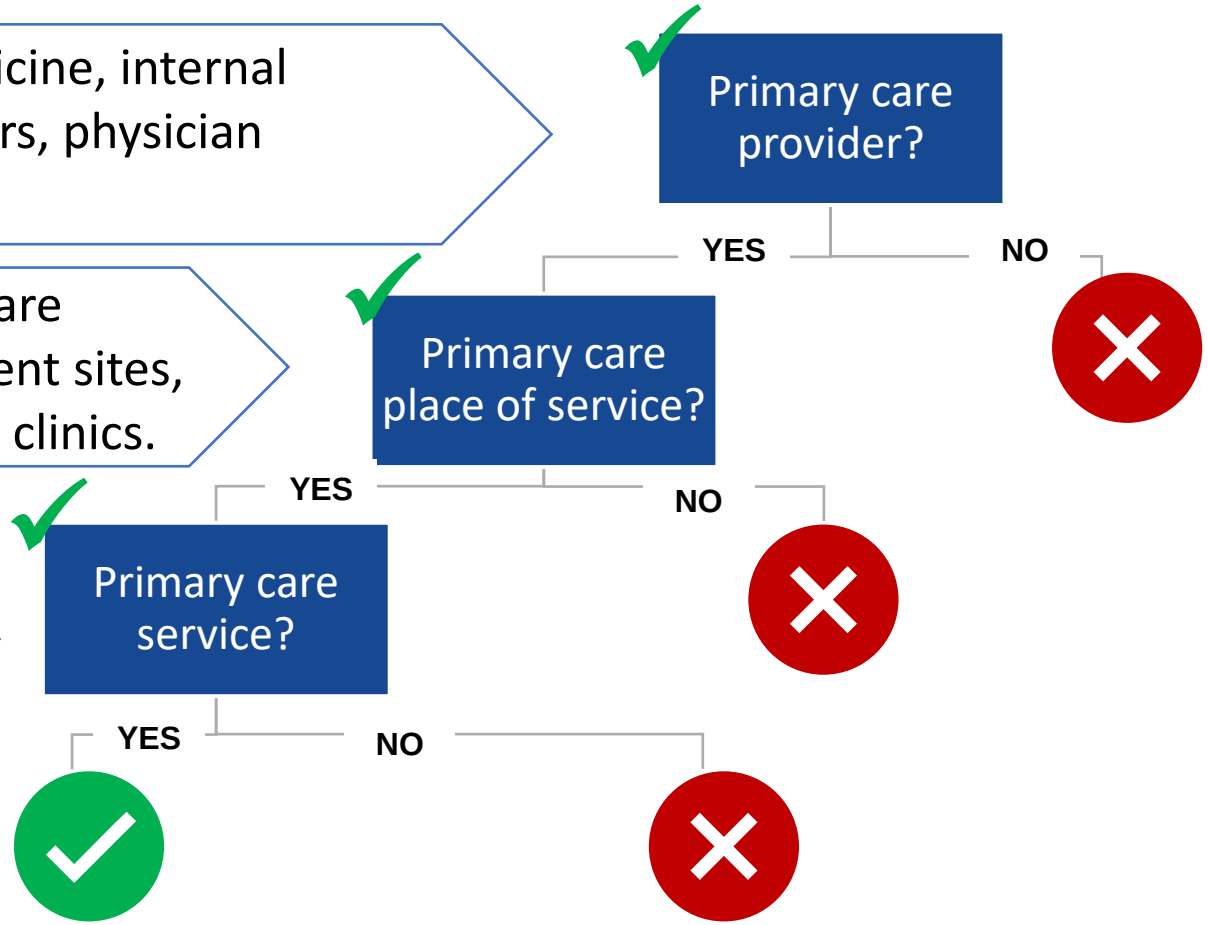
Task Force Recommendation - Definition of Primary Care

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

• Family Medicine
• Internal Medicine
• General Practice
• Geriatrics
• Pediatrics
• Federally Qualified Health Center
• Physician Assistant
  • Medical
• Nurse Practitioner
  • Adult Health/Family/Pediatrics/ Primary Care
• Primary Care & Rural Health Clinics
• Adult Medicine
• Adolescent Medicine
• Behavioral health
• OB-GYN
	• Office
	• Telehealth
	• School
	• Home
	• Federally Qualified Health Center
	• Public Health
	• Rural Health Clinic
	• Worksite
	• Street Medicine *(new code)*
	• Homeless Shelter
	• Indian Health Service
	• Tribal Facility
	• Correctional Facility
	• Assisted Living Facility
	• Group Home
	• Mobile Unit
		• 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

➢ ***Code Set Comments***

- Please send comments via email on suggested updates to Gary Swan (gswan@freedmanhealthcare.com)

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 +1% 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

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

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