CARE TRANSFORMATION COLLABORATIVE RHODE ISLAND

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ADVANCING INTEGRATED HEALTHCARE

Clinical Strategy Meeting: Primary Care Workforce

July 21, 2023

Agenda

ADVANCING INTEGRATED HEALTHCARE

Item	Time
Welcome & Announcements ***Pano Yeracaris, MD, MPH, Chief Clinical Strategist, CTC-RI***	5 min
Taskforce on Primary Care Provider Workforce ***Jeffrey Borkan, MD, PhD, Assistant Dean, Primary Care and Population Management, Professor, Family Medicine, Brown Medicine*** ***Denise Coppa, PhD, APRN-CNP, FNP-C, PCPNP-BC, FAANP, FAAN, Associate Professor, FNP Specialty Track Coordinator, College of Nursing, University of RI***	30 min
Primary Care in MassHealth's Newly Approved 1115 Demonstration: Driving Transformation and Equity with Value-based Payment ***Wayne Altman, MD, Jaharis Family Chair of Family Medicine and Professor, Chair of Family Medicine, Professor, Tufts University***	30 min
Discussion & Questions All	20 min

Announcements

CTC-RI Annual Conference Registration *NOW OPEN*
https://www.eventbrite.com/e/579436378807

- **NCQA Health Equity Accreditation Training Option for up to *50* Participants**

Aging & Health-Related Social Needs Learning & Action Lab with MLPB due July 21st :
https://www.surveymonkey.com/r/Aging-HRSN-Learning-Lab

Demographic Data Collection Pilot due July 28th : https://www.ctc-ri.org/sites/default/files/Call%20for%20Applications-%20Demographic%20Data%20Collection%20Pilot%20updated%207.10.23.pdf

Nurse Care Manager due July 24th: https://www.ctc-ri.org/sites/default/files/Final--%20NCM%20CC%20Training%20Program%20Call%20for%20Applications%202023.pdf

Dementia Call for Apps due Aug 15th: https://www.ctc-ri.org/file/4m-framework-qi-call-applications-final-7-18docx

CTC-RI Conflict of Interest Statement & CME Credits

If CME credits are offered, all relevant financial relationships of those on the session planning committee have been disclosed and, if necessary, mitigated.

Claim CME Credits here:
https://www.surveymonkey.com/r/ZDZS5HG

The AAFP has reviewed 'Advancing Comprehensive Primary Care Through Improving Care Delivery Design and Community Health,' and deemed it acceptable for AAFP credit. Term of approval is from 03/18/2022 to 03/18/2023. Physicians should claim only the credit commensurate with the extent of their participation in the activity. NPs and RNs can also receive credit through AAFP's partnership with the American Nurses Credentialing Center (ANCC) and the American Academy of Nurse Practitioners Certification Board (AANPCB).

Objectives

1. Learn more about the current primary care workforce crisis in RI
2. Provide updates about the multi-disciplinary primary care task force and discuss identified priorities and goals
3. Hear about an innovative legislative proposal developed in Massachusetts for a primary care trust and consider implications for RI

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Taskforce on Primary Care Provider Workforce

July 21, 2023
CTC-RI Clinical Integration Committee
7:30-8:00 am

Care Transformation Collaborative of RI

Agenda

- RI Primary Care Workforce Crisis
- Introduction to Taskforce
- Members
- Charter
- Goals & Action Items
- Role of Taskforce
- Questions & Discussion

CURRENT STATE

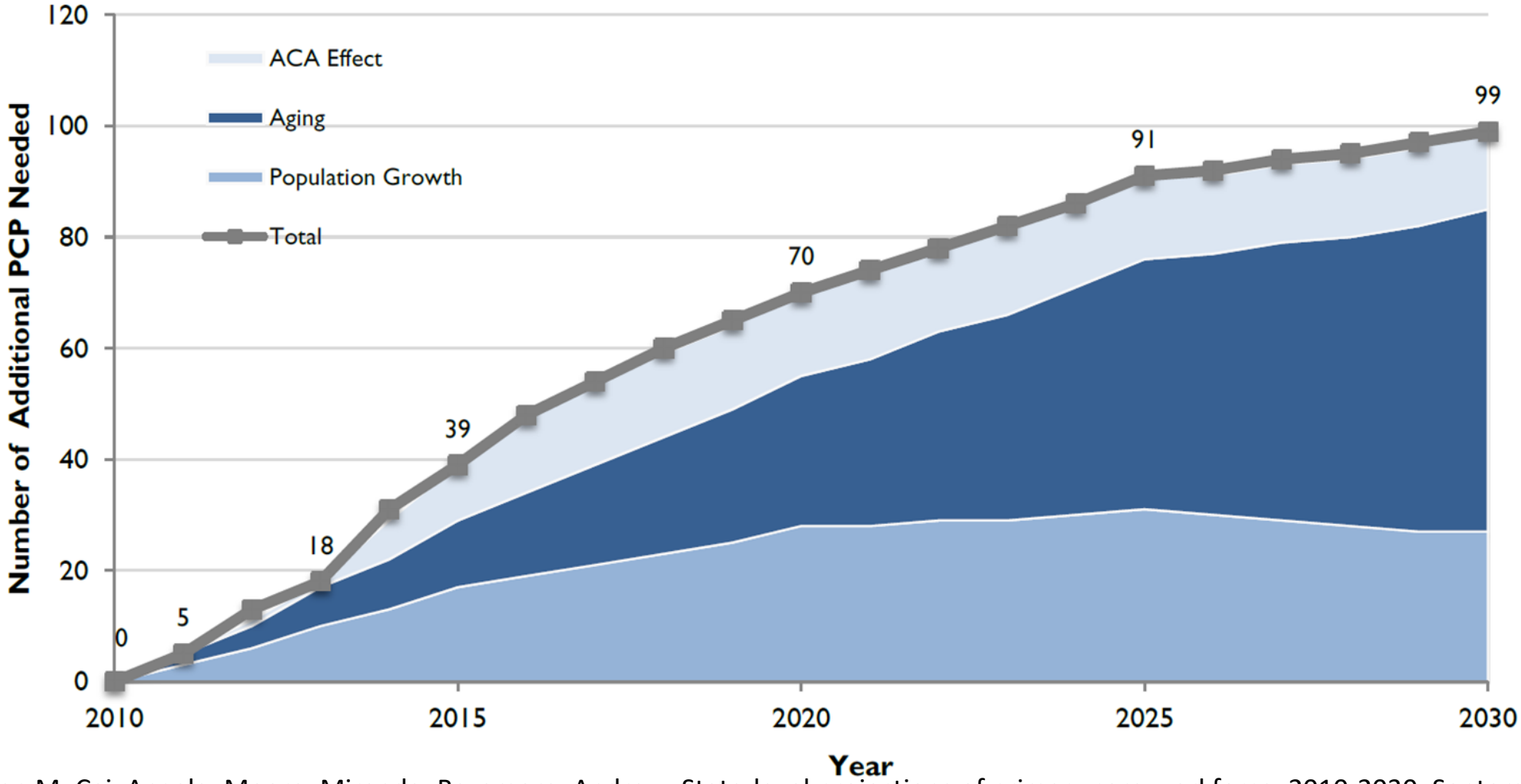
- ***Is the crisis coming or is it already here?***
  - ***What about the effects of Covid, burnout, the great resignation?***

There will not be enough primary care physicians in RI to serve the population and PAs and NPs will not be in sufficient numbers to fill the gap

Burning Platform

- Access to Primary Care in RI is waning and RI is expected have a deficit of almost 100 Primary Care Providers (PCPs) by 2030 – while RI population is growing – increased by 35,576 since 2019
- Burnout/ Moral Injury prevalent among providers and the Pandemic made the situation much worse
  - Some practices did not survive the pandemic shutdown
  - Early retirements, cutting back, and planned retirements
  - EHR/administrative task growth
  - Student debt among trainees is spiraling out of control
- Health Systems Crush
  - Fragility and closure of healthcare systems (Compass Medical, 2023)
  - Competition from for-profits/venture capital
  - Salary disparities –locally, regionally, and nationally

Rhode Island Project Primary Care Physicians Need*



*Petterson, Stephen M; Cai, Angela; Moore, Miranda; Bazemore, Andrew. State-level projections of primary care workforce, 2010-2030. September 2013, Robert Graham Center, Washington, D.C.

Program Directors Survey

- 5 Responses out of 12 sent (from GIM, Int Med/Pediatrics, Pediatrics, Nursing and PA programs)
- Capacity of Programs - 4 to 300
- Training Program Length - 2 to 4 years
- Total Trainees Last Academic Year - 16 to 150
- **Trainees Going into Primary Care - 2 to 35 (20% to 50% of total graduating class)**
- **Trainees Entering Primary Care that Stay in Rhode Island –**
  - **0 from GIM/ Internal Med/Pediatrics;**
  - **5 Nursing**
  - **35 PA**
- 2 out of 5 programs pay preceptors.
- 1 out of 5 programs pay training sites.
- 4 out of 5 programs track information on student diversity

Taskforce Organization

Task Force Co-Chairs

- Jeffrey Borkan, MD, PhD – Assistant Dean for Primary Care – Population Medicine at the Warren Alpert Medical School of Brown University – Task Force Co-Chair
- Denise Coppa, PhD, CNP, FAAN, FAANP, Program Director, Family NP Program at University of Rhode Island – Task Force Co-Chair

- **Project Team:**
  - Debra Hurwitz, MBA, BSN, RN – Executive Director – Care Transformation Collaborative of RI
  - Pat Flanagan, MD – Clinical Director & PCMH Kids Co-Chair – Care Transformation Collaborative of RI
  - Edyth Dwyer, MPA, MPH - Program Coordinator – Care Transformation Collaborative of RI
  - Yolanda Bowes, Program Manager – Care Transformation Collaborative of RI

Taskforce Members

- Michelle Anvar, MD, Division of Primary Care, Brown Medicine
- Rick Brooks, Director of Healthcare Workforce Transformation, EOHHS
- Fadya El Rayess, MD, MPH, Residency Director, Brown Family Medicine
- Julia Harvey, Health Care Advocate, Office of the Attorney General
- Matthew R Harvey, Interim Executive Director, Integra Community Care
- Peter Hollmann, MD, Chief Medical Officer at Brown University Medicine
- Ashley Hughes, MSPAS, PA-C, Program Director, Physician Assistant Program at Bryant University
- Mark Jacobs, MD, Internal Medicine
- Cory King, Health Insurance Commissioner
- Robin Kremsdorf, MD, Interim Program Director at Hasbro Children's Hospital
- Elizabeth Lange, MD FAAP, Co-Director PCMH-Kids, Pediatrician, Waterman Pediatrics/Coastal Medical Lifespan
- Pam Lauria, NP, State Senator at RI State Legislature
- Brian Lurie, MD,MPH, Pediatric Residency Program Director, Hasbro Children's Hospital
- Kelly McGarry, MD, Program Director, General Internal Medicine/Primary Care T Brown Medicine
- Suzanne E McLaughlin, MD, Director, Medicine Pediatrics at Lifespan
- Thomas Meehan, Ph.D., PA-C, Program Director, Physician Assistant Program at Johnson and Wales University
- John Miskovsky, MD, Program Director, Internal Medicine at Roger Williams University
- Elena Nicolella, CEO/President, Rhode Island Health Care Association
- Peter Hollmann MD, Chief Medical Officer at Brown University Medicine
- Matthew Roman, COO, Thundermist Health Center
- Rachel Simmons, MD, Residency Director, Brown Internal Medicine
- Sharon L Stager, DNP, APRN, FNP-BC, Director, Family NP Program at Salve Regina University
- Mariah Stump, MD, MPH, FACP, Co-Chair of Primary Care Physician's Advisory Committee (PCPAC) for RIDOH

Charter

ADVANCING INTEGRATED HEALTHCARE

Charge to the Taskforce:

This Taskforce **convenes leadership** from Rhode Island training programs for **physicians, nurse practitioners, and physician assistants**. The goal is to collaborate with training program leadership, state programs focused on healthcare workforce, and primary care experts, creating a diverse group of experts.

This group will establish best practices for encouraging more primary care engagement, including incentives for trainees and trainers, and **new models of interdisciplinary and team-based care training and strategies for retention of primary care providers in Rhode Island.**

Deliverable: A statewide strategic plan for recruiting, training, retaining and sustaining a primary care provider workforce sufficient to meet Rhode Island's population health needs.

- **Meeting Frequency:** Occur on a monthly basis from January 2023, through January 2024.

Agenda Development and Project Support

Planning Group: A small group will meet monthly to develop meeting agendas and send out to the Taskforce.

Project Team: CTC-RI team includes Debra Hurwitz, Executive Director, Patricia Flanagan MD, Clinical Director, and Edyth Dwyer, Program Coordinator.

Processes:

Actions of the Taskforce will be consensus driven, with discussions, documents, or surveys used to collect responses from invitees. When votes required, we will count one vote per RI training program.
Meeting documents will be sent about one week in advance to the monthly meeting and follow up documents will be emailed to invitees. There will be some instances where we ask invitees to review documents in between monthly meetings.

Strategic Goals Identified

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Goal #1	Reform and increase payments, incentives, and salaries to primary care providers to create parity with other specialties and regionally
Goal #2	Identify data sources on primary care providers to establish a baseline and provide ongoing monitoring of the effectiveness of the plan
Goal #3	Increase the recruitment of medical students, medical residents and NP and PA trainees entering primary care - Reduce Tuition and Student Debt for those providers going into Primary Care in RI
Goal #4	Expand Primary Care Provider Workforce Diversity, Equity, and Inclusion
Goal #5	Increase the funding for training Primary Care Providers and the number of high-quality Primary Care training sites
Goal #6	Enhance onsite clinical training in advanced patient-centered medical home (PCMH) principles such as team-based care, integrated behavioral health, practice transformation, and payment reform for training sites

Taskforce Action Plan Options

- Lead - Initiate/Originate Activities
- Partner - Align/Monitor initiatives promoted by other groups in RI
- Collaborate - Promote/Support initiatives led by other groups in RI

What we want to do:

Focus on the work we can do as educators, trainers, and academics – while coordinating with those working on other elements of the conundrum

- 6 key goal areas identified
- Need to examine the data
- Determine the target audience
- Drill down into objectives and action items for each goal

ACTION ITEMS: Tuition and Loans

- Increase dissemination of information about loan repayment programs, and help PCPs navigate the system – short term
- Increase funding for existing programs that are available to PCPs (e.g., direct state investment in the Rhode Island Health Professional Loan Repayment Program) – short term
- Maximize the eligibility of providers to access existing loan repayment programs (e.g., organizational policies that could be tweaked that would then allow for employed providers to apply for loan repayment) – medium term
- Explore the need for supplemental loan repayment programs that can reach PCPs that cannot currently access loan repayment programs and/or programs that can target specific subspecialities, increased workforce diversity, etc. – long term

Legislative Package for RI Legislative Session 2024

- Package of "asks" that would influence training, taking a primary care job after training in RI, and retention
- All primary care provider types
- Argument to sustain the current sites/preceptors and increase

Data

- Robert Graham Center - Number of Primary Care Providers in RI and projected shortage (https://www.graham-center.org/content/dam/rgc/documents/maps-data-tools/state-collections/workforce-projections/Rhode%20Island.pdf)

- OHIC-Quality Institute-RIDOH: determining the active primary care workforce based on the All Claims Data Base and RIDOH licensure

- Rick Brooks/EOHHS: workforce data base (just includes NPs for now)

- CTC-RI Primary Care Provider Trainee Survey (physicians, NPs, PAs) - with the initial data

Recap

- Current Status of Taskforce
  - Agreement on Charter & Membership
  - Development and agreement on Goals
  - Efforts underway to get reliable data
  - Early consideration of Action Items
  - Application for first grant completed
  - Communication plan [TBD]

- Taskforce Schedule:
  - 2nd Wednesday of the month, 8-9am

Discussion

- Where to put the emphasis/energy in terms of the goals?
- Who are our major allies?

Primary Care for You (PC4You)

S750

An Optional Primary Care Payment Model

Wayne Altman, MD *(he/him)*
Founder, MAPCAP (MA Primary Care Alliance for Patients)
Professor and Chair of Family Medicine, Tufts University School of Medicine

Overarching Goals of PC4You Legislation

1. Decrease health inequities and begin dismantling systemic racism in healthcare

2. Double Primary Care Investment in Massachusetts

3. Switch predominant payment model for Primary Care from Fee For Service (FFS) to a monthly prospective payment in order to align incentives with patient-centeredness and team-based care

Working toward…

Primary Care as a public good for every resident of Massachusetts

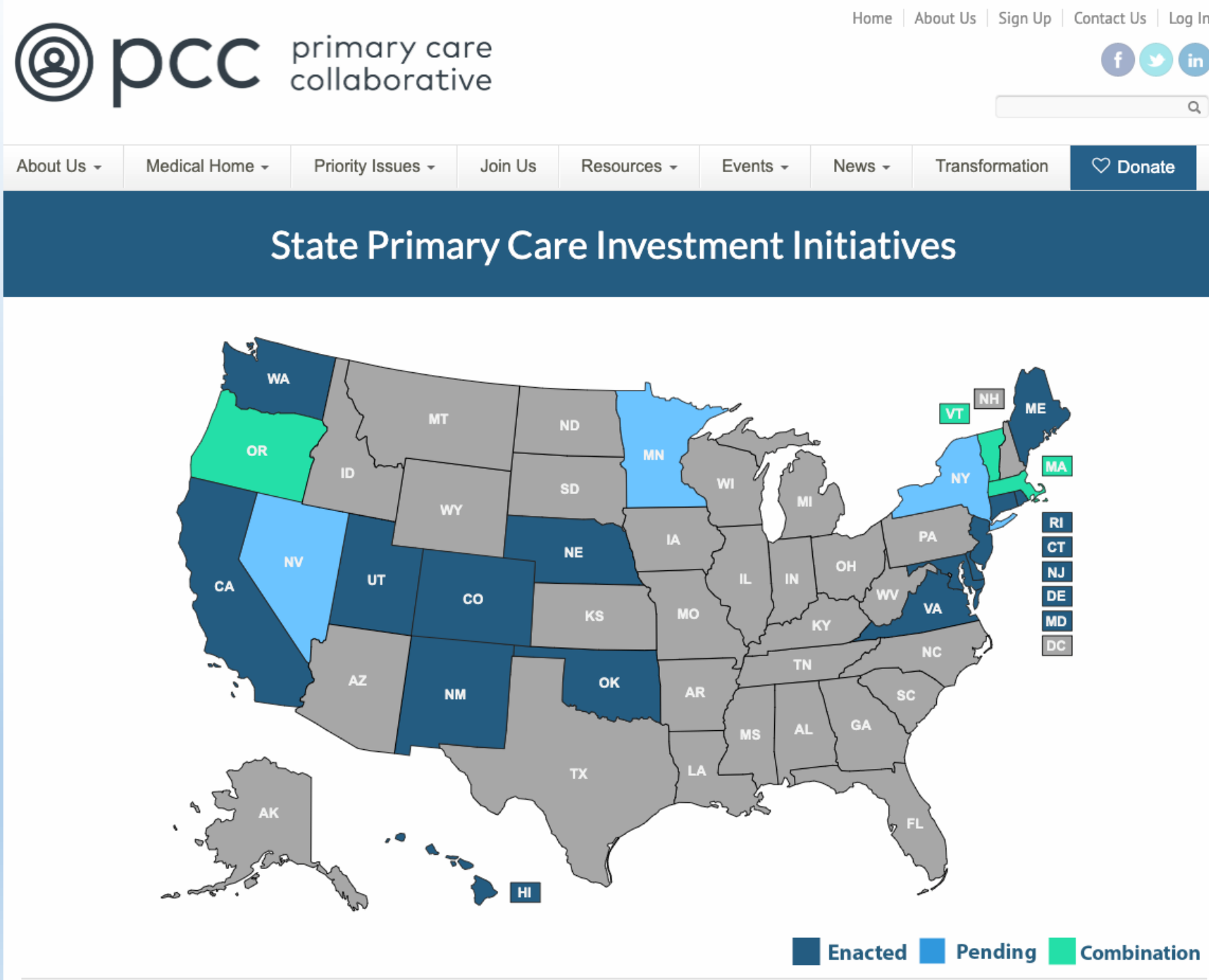
2021 NASEM Report

Medicare for All → Primary Care For All

National Momentum

We are not alone

https://www.pcpcc.org/primary-care-investment/legislation/map



MAPCAP

MA Primary **C**are **A**lliance for **P**atients

- MMS (March 2019): PC Transformers
- Primary Care Collaborative (PCC) in Washington DC
- Health Policy Commission meetings
- Governor Baker Proposed 30% increase in PC Investment (Nov 2019)
- COVID-19 Pandemic
- Proposal for doubling Primary Care Investment AND replacing FFS with a prospective monthly PC payment
- 200 signatures: CEOs, Deans, diverse stakeholders, PCPs
- Task Force → Working Groups (PMPM, Risk, Quality, Employers)
- **Legislative Solution: PC4You (S.750)**

PC4You Working Group Participants

- Wayne Altman, MD: Founder of MAPCAP, Professor & Chair of Family Medicine at TUSM
- Peggy Burns: Patient Advocate
- Ron Adler, MD, President-Elect, Massachusetts Academy of Family Physicians
- Barbara Spivak, President-Elect, Massachusetts Medical Society
- Renee Crichlow, MD: CMO, Codman Square HC; VC of Health Equity, Dept of FM, BUSM
- Lloyd Fisher, MD: President of MA Chapter of American Academy of Pediatrics
- Susan Edgman-Levitan, PA, ED of John D. Stoeckle Center for Primary Care Innovation at MGH
- Katherine Gergen Barnett, MD: VC of PC Innovation and Transformation, BUSM
- Zirui Song, MD, Associate Professor of Health Care Policy and Medicine at HMS
- Russ Phillips, MD: Director, Center for Primary Care, Harvard Medical School

PC4You Legislation
The Burning Platform

1. Fee-For-Service (**FFS**) incentivizes volume rather than value which has a negative impact on consumers and workforce

2. Our current healthcare system creates large **inequities** [3-5]

3. The **exorbitant cost of healthcare** is devastating to individuals, families, and businesses [1,2]

4. This unprecedented moment in time requires a new model and **non-incremental change**

5. **Primary Care is the only healthcare component where an increased supply is associated with improved population health[17-21] and decreased inequities [12-16]**

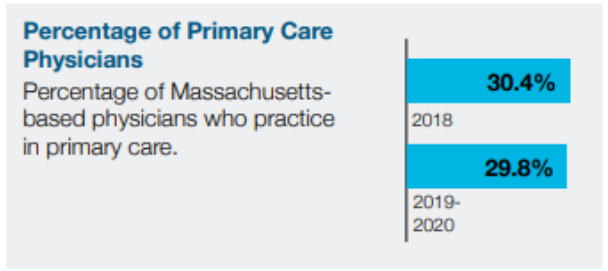
6. Inadequate **Primary Care Pipeline** [11]

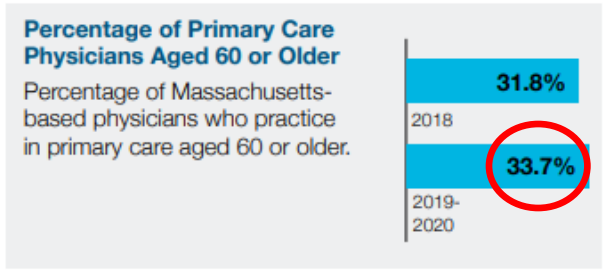
FINANCE CAPACITY ACCESS CARE EQUITY

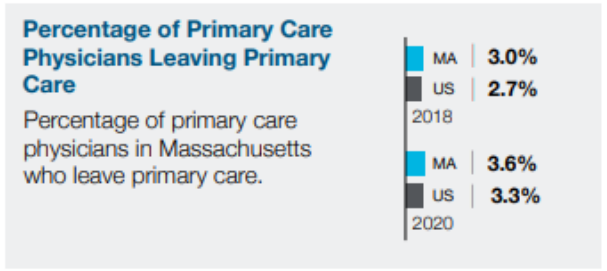
New MA PC Dashboard

CAPACITY

Metrics focused on the primary care workforce and pipeline





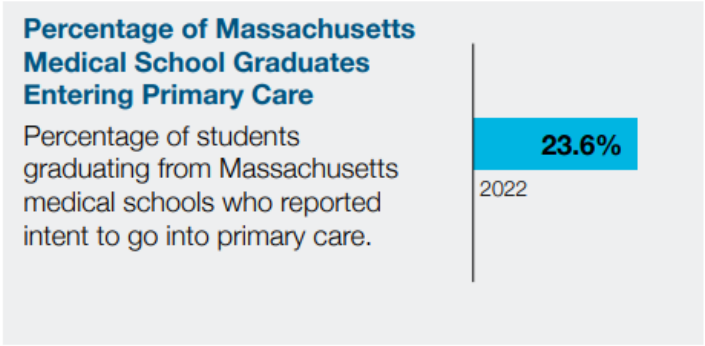


1. PCP proportion of physician workforce is falling

2. PCP physician workforce is relatively old; retiring soon

3. PCPs are leaving PC

So … How's the pipeline

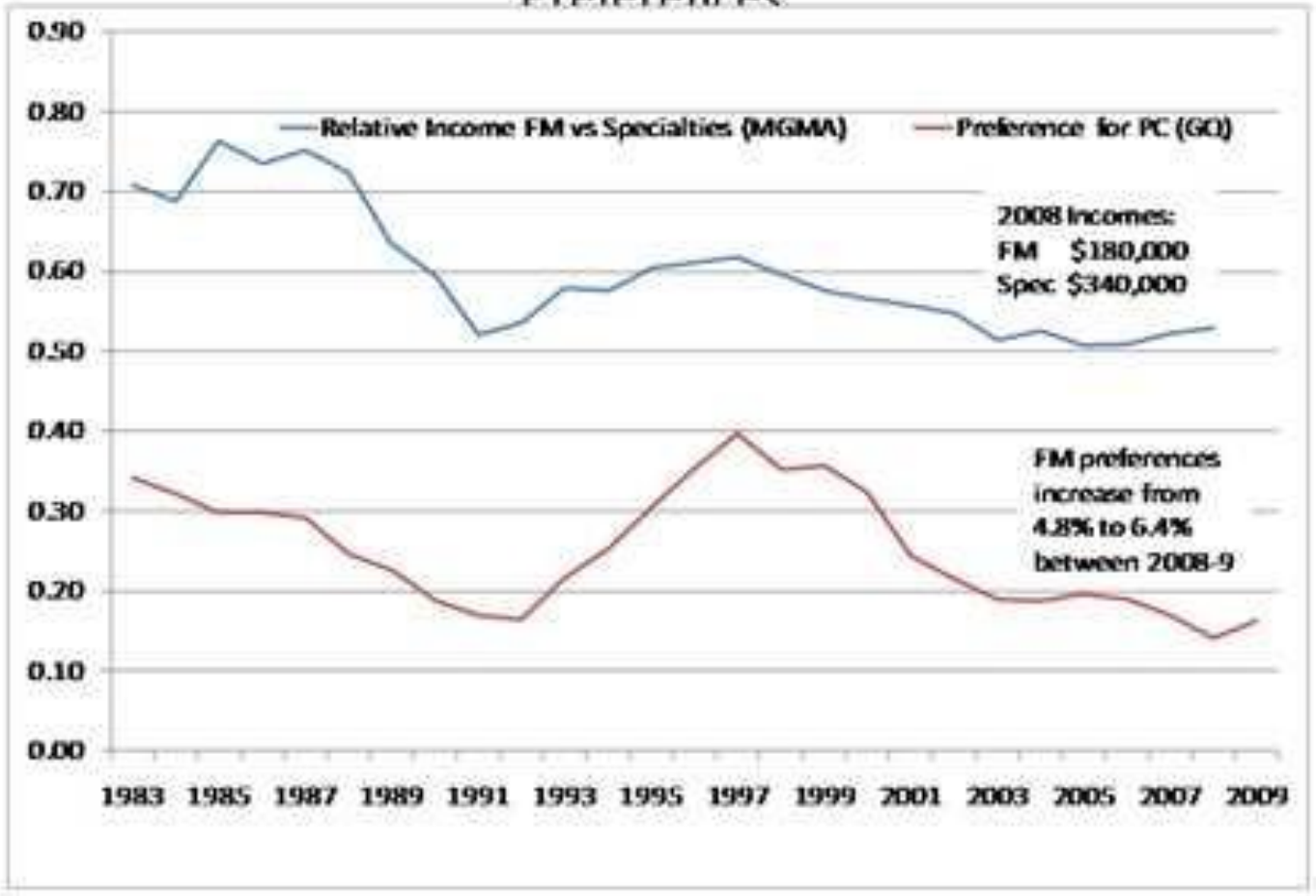


mhqp Massachusetts Health Quality Partners
www.mhqp.org

CHIA
www.chiamass.gov

Current Evidence on Physician Incomes and Preferences

The Ratio of Mean Primary Care Physician Income to Mean Specialty Income



Primary Care Council (reports to HPC Board)

1. Executive Director of the Health Policy Commission or a designee (Chairs Committee)
2, 3. Chairs of Joint Committees on Healthcare Financing (from the Senate and House) or designees
4, 5. Two appointees from the Governor: a primary care patient and a parent of a primary care patient
6. Secretary of Executive Office of Health and Human Services (EOHHS) or designee
7. Commissioner of Insurance
8. 1 member from the MA Primary Care Alliance for Patients (MAPCAP)
9. 1 member from the Mass Academy of Family Physicians (MassAFP)
10. 1 member from the MA Chapter of the American Academy of Pediatrics (MC-AAP)
11. 1 member from the MA Chapter of the American College of Physicians (MC-ACP)
12. 1 member from the Massachusetts League of Community Health Centers
13. 1 member from Health Care For All Massachusetts (HCFA)
14. 1 member from the Massachusetts Medical Society (MMS)
15. 1 member from the Association for Behavioral Healthcare
16. 1 member from the Massachusetts Association of Physician Assistants (MAPA)
17. 1 member from the Massachusetts Coalition of Nurse Practitioners (MCNP)
18. 1 member from the Massachusetts Association of Health Plans (MAHP)
19. 1 member from Blue Cross Blue Shield of Massachusetts (BCBSMA)
20. 1 member from the Massachusetts Health and Hospital Association (MHA)
21. 1 member from Associated Industries of Massachusetts (AIM)

Primary Care Investment Targets

Year 1: 8%

Year 2: 10%

Year 3: 12%

Beyond: 12-15%

MA HPC Annual Reports and Hearings

- Annual Public Hearings held by HPC examining PC spend by both the state and by healthcare organizations
- Ensure PC spend benchmarks are being reached
  6% → 8% → 10% → 12% → 12-15%
- Annual report that includes the above items as well as the healthcare growth benchmark established by the MA HPC

Primary Care Monthly Prospective Payment

Commercial payers will be required to offer PC4You, allowing all practices and health systems to opt in to this model if they wish. The Primary Care Council will determine the definition of Primary Care and will consider both the CHIA definition as well as the commonly accepted Millbank Memorial Fund definition of Primary Care.

- PCPs' (NPs, PAs, MDs) baseline monthly payment to be established by the PC Council based on PC expenditures from the previous two years, and the state average of PC expenditures (consider averaging these two values to create a baseline).

The PC Council will establish a model that may resemble the following:

- Year 1: 30% increase in PC Investment (baseline x 1.3) in line with Governor Baker's 2019 Proposal
- Year 2: Opportunity to increase baseline PMPM up to 65% based on investment in PC Transformers
- Year 3: Opportunity to double baseline PMPM based on level of investment in PC Transformers

- Quality and Risk multipliers of PMPM that are the same for all payers

Investment in Primary Care Transformation

Targeted investment in primary care transformation activities
Will require attestation by each practice (subject to random audits)

- Integrated Behavioral Health[17,23]
- Community Health Workers[24]
- Addiction Care (MAT)[18]
- Health Coaches/Peer Recovery Coaches[25, 26]
- Care Managers[27]
- Group Visits[28]
- TeleHealth[29, 30]
- Direct Investment in Health-Related Social Needs[31]
- Medical Interpretation Services[32]
- Home Care[33]
- Palliative Care[34]
- Extended Office Hours[35]
- Additional Time with patients[35]
- Urgent Care/Walk In Availability[35]
- Patient Advisory Groups[36]
- Pharmacy Consultants[37]
- Medical Scribes[38]

Evidence-Informed Point System for PC Transformers

PC Transformer	Improved Patient Outcomes	Patient Experience/Increased patient time	Primary care workforce experience	High Cost to Pratice (2x weight in HC/HE score)	High Effort (1x weight in HC/HE score)	High Cost/High Effort Total	Decreased TME	**Calculated Score**	**Group Consensus Score**	**Differential (Calculated Score - Group Consensus Score)**
Community health workers	5.0	4.0	3.0	5	5	5.0	4.0	**4.2**	**4.0**	**0.2**
SDoH investments	5.0	4.0	3.0	5	5	5.0	4.0	**4.2**	**3.0**	**1.2**
Collaboration with pharmacists	5.0	4.0	4.0	5	1	3.7	4.0	**4.1**	**2.0**	**2.1**
PC-BH integration	4.0	5.0	4.0	4	5	4.3	3.0	**4.1**	**5.0**	**-0.9**
Med-Assisted Treatment	5.0	4.0	4.0	3	4	3.3	4.0	**4.1**	**5.0**	**-0.9**
Telehealth	5.0	4.0	3.0	4	2	3.3	4.0	**3.9**	**2.0**	**1.9**
Medical Interpreter Services	5.0	5.0	2.0	4	1	3.0	3.0	**3.6**	**3.0**	**0.6**
Home care and remote monitoring	4.0	4.0	1.0	5	4	4.7	3.0	**3.3**	**5.0**	**-1.7**
Medical scribes	1.0	5.0	5.0	2	3	2.3	3.0	**3.3**	**2.0**	**1.3**
Health coaches	5.0	5.0	2.0	1	3	1.7	2.0	**3.1**	**3.0**	**0.1**
Care managers/ SW	3.0	5.0	3.0	2	4	2.7	2.0	**3.1**	**3.0**	**0.1**
ACP & PC palliative care	3.0	4.0	2.0	1	3	1.7	4.0	**2.9**	**3.0**	**-0.1**
Group visits	3.0	5.0	2.0	1	3	1.7	2.0	**2.7**	**2.0**	**0.7**
Population Health	2.0	4.0	2.0	3	3	3.0	2.0	**2.6**	**2.0**	**0.6**
Walk-in/same-day/urgent care	3.0	3.0	2.0	1	1	1.0	3.0	**2.4**	**2.0**	**0.4**
Weekend, evening, early AM	2.0	3.0	2.0	1	2	1.3	3.0	**2.3**	**3.0**	**-0.7**
Patient advisory group	2.0	5.0	2.0	1	1	1.0	1.0	**2.2**	**1.0**	**1.2**

Investment in PC Transformation

- **PC Transformers each assigned a number of points** by the PC Council, based on the evidence that it improves patient health and experience, improves clinician experience, and reduces cost to the system
- **Menu of options** that allows each practice to **customize** which transformers are most appropriate for their practice and their patient population
- Three Tiers (based on total points: **Bronze, Silver, Gold** (aligns with Masshealth)
- **Attestation** with criteria established by PC Council for each transformer
- **Re-evaluated every three years** by PC Council that reports to **MA HPC**.

MassHealth 1115 Waiver

- Application for new 1115 waiver submitted (begins 4/1/2023)
- To inform processes on tiering, quality, and risk, the PC Council will use the MassHealth systems as a guide

- Five overarching goals (consistent with PC4You)[51]

1. Value-Based Care
2. Primary Care, Behavioral Health, Children
3. Health Equity
4. Sustainable mechanism to fund safety net
5. Simplify system, including behavioral health

Risk and SDOH

Risk formula to be established by the PC Council with the goals of increasing fairness and equity; [40] plus limiting opportunities for gaming and cherry picking.

Age/Sex

- Removes gaming and administrative burden[42]
- Adopted by BCBS in some of their new products

Neighborhood Stress Score (NSS)

- Accounts for social determinants of health[43]
- Builds on MassHealth ACO model[44]
- Similar models being used in UK, New Zealand

PCALS (Primary Care Activity Levels): 1, 2 PLUS Diagnoses and Medications

Quality Measurement/P4P

- Establish a menu of 10 Quality Measures
  - Must be appropriate for a primary care setting
  - Must be evidence (peer-reviewed) that the implementation of these measures improves health
  - Must be patient-centered

- Choose five measures from this menu of 10
  - At least two of the five measures must be based on patient experience
    - Collaboration
    - Access
    - new ABFM Measures based on continuity and comprehensiveness
  - One of those two measures must be PCPCM [46, 47]

- Consider collaborating with the EOHHS Quality Measure Alignment Task Force

- Consider a measure that rewards clinicians/practices for a high % of patients “touched” each year (not OVs).

- Work toward Standardizing measures across MassHealth and commercial payers

Total Medical Expense (TME)

- Not appropriate as an incentive for PCPs who do not have an adequate influence on TME
- PC4You is not an ACO

No Cost Sharing

- Primary Care not applicable to deductibles
- No copays for Primary Care Services

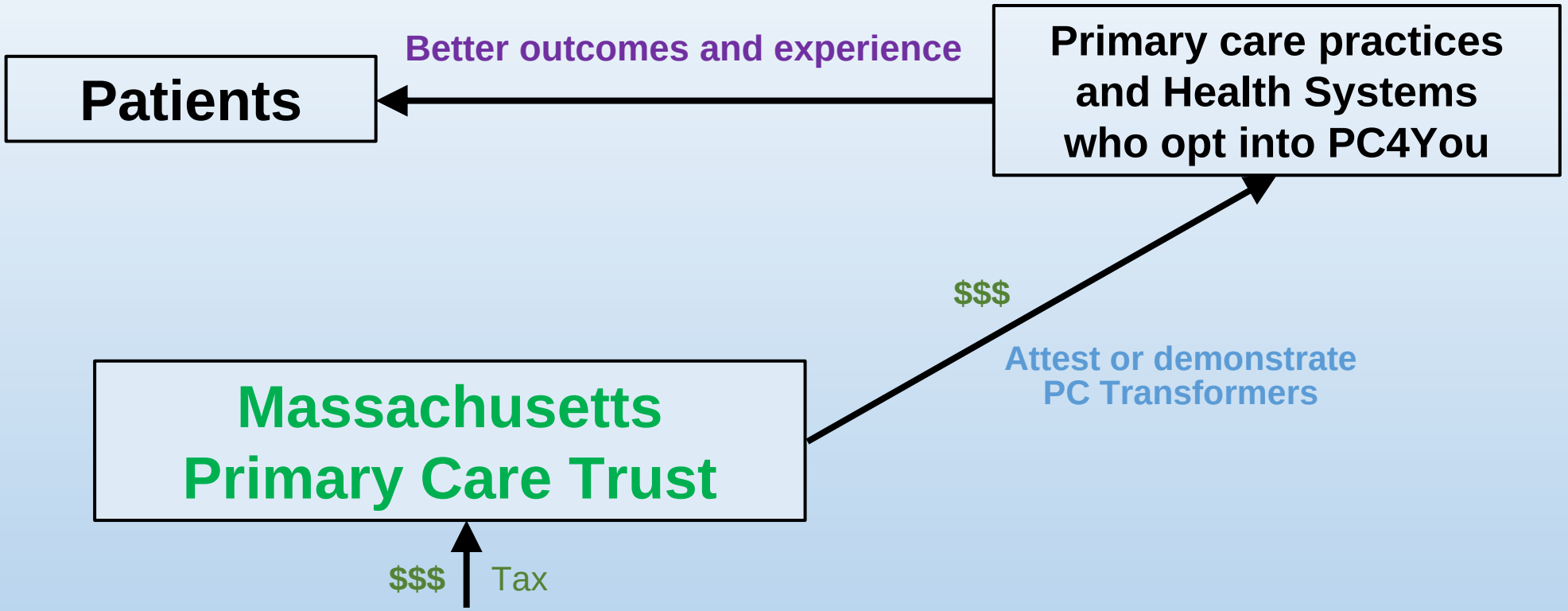
Behavioral Health

- PC4You aligns with MassHealth's focus on behavioral health from its most recent request to amend its 1115 Demonstration[52]
- Increase investment and access to Behavioral Health Care, resulting in:
  - Screening in Primary Care setting
  - **Integrated Behavioral Health**
  - Care for common mental illness
  - **Treatment of Addiction**/OUD/Support for waiver training
  - **Case management**/coordination
  - **Increased time to spend with patients**
  - Flexibility in how we care for patients and interact with patients
  - Better care coordination and health outcomes for patients with chronic disease and mental illness[53-56]

Community Health Centers

- CHCs will receive a monthly payment per commercial patient that is no less than their PPS (**Prospective Payment System**) rate
- **CHCs are ahead of the game** with many of the PC Transformers[57,58]
- **# of visits** is the current currency in CHCs; there is a desire to change this
- **Value-based care** is preferred by CHCs
- PC4You would support CHCs by **increasing commercial revenue**
- Excellent relationship between MassHealth and C3/CHCs
- Collaborating with Mass League and C3

Massachusetts Primary Care Trust (administered by HPC)



Use of taxes gets around self-insured vs. fully-insured distinction; self-insured would choose this as they would not want to pay twice for primary care

Funds Flow

- Participating practices paid by MA PC Trust for **commercial patients only**
- Trust bills Payers for members who are part of participating practices, using the PC4You payment model
- Commercial Payers given credit for money sent to PC Trust (**MLR**).
- Trust administered by the MA **Health Policy Commission** (HPC).
- Consider office-based procedures (derm, gyn, joint injections, and vaccines) as a **small FFS carve-out** (paid on top of monthly prospective payment).
- Consider a reimbursement mechanism to **reward specialists for formal e-consults and telephone "curbside" consults**. This helps patients and PCPs and decreases TME while rewarding specialists for work they are performing that has traditionally gone unrewarded.

How to insure that the PC4You $$$ actually gets to clinicians/practices

- 95% of Primary Care PMPM flowing into an organization from PC4You required to go to Primary Care practices (as opposed to health systems/IPAs/ACOs)
- Consider legislating that algorithms for reimbursing PCPs must be panel-based; not RVU or productivity-based
- Enforced through **Audits** by HPC
  - Consider an audit system that is random for small practices/mandatory for large systems
  - Practices/Systems not in compliance will be forced to rectify the identified discrepancy on the audit or leave the PC4You payment model

PC Trust funds can also be used for…

- Support smaller practices with PC Transformation
- Support Evaluation of PC4You (outcomes and cost) for a minimum of 10 years
- Consider ARPA Funding for these two above ideas

Doubling Primary Care Investment while keeping MA TME flat

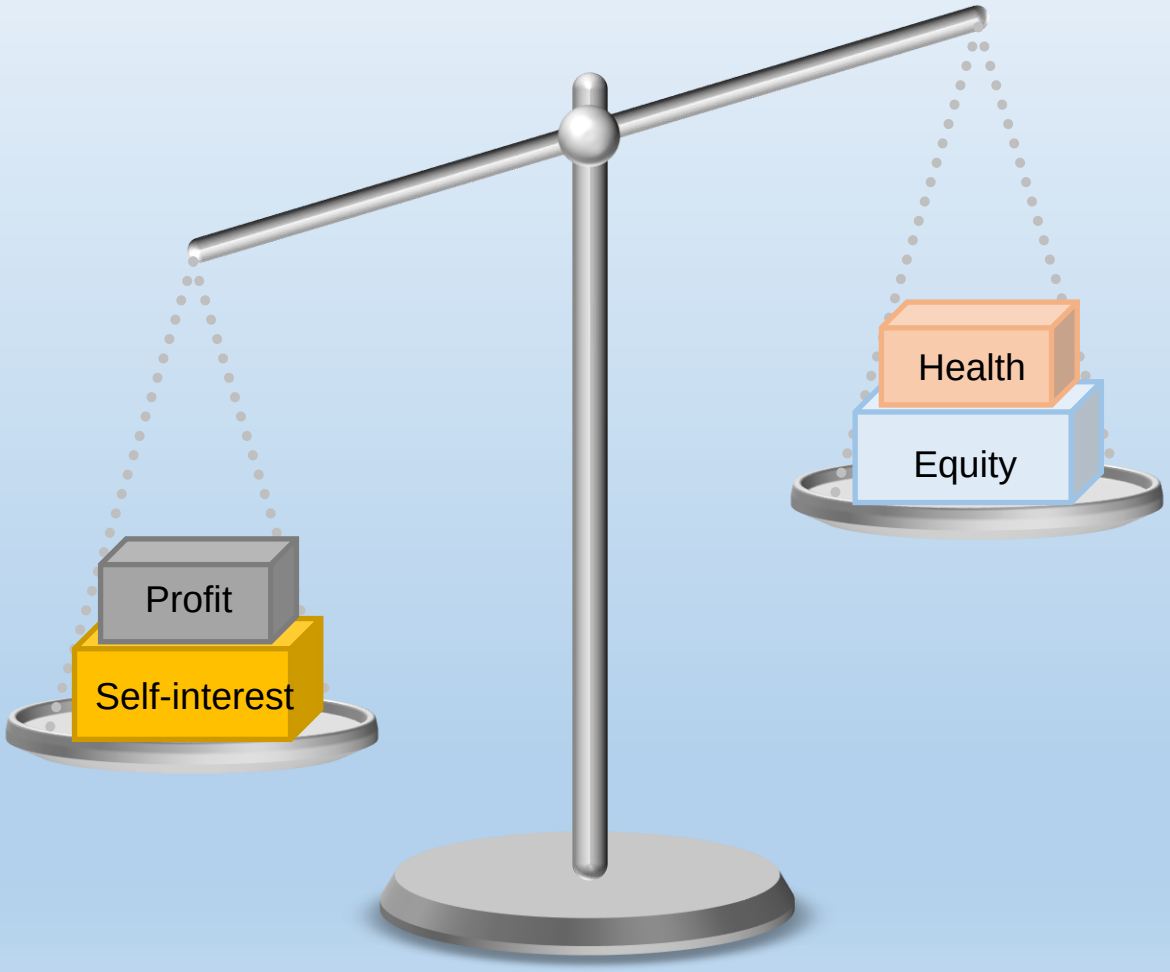
Ideas to Consider

- ROI from doubling PC investment may take several years (eliminate waste)
- Slight cap on rate of price growth for large hospital systems
- Tax on Commercial Insurance Surplus
- Tax on Large Health System/Payer reserves or excess reserves
- Tax for Profit Health Systems
- Tax Pharma/PBMs

Endorsements

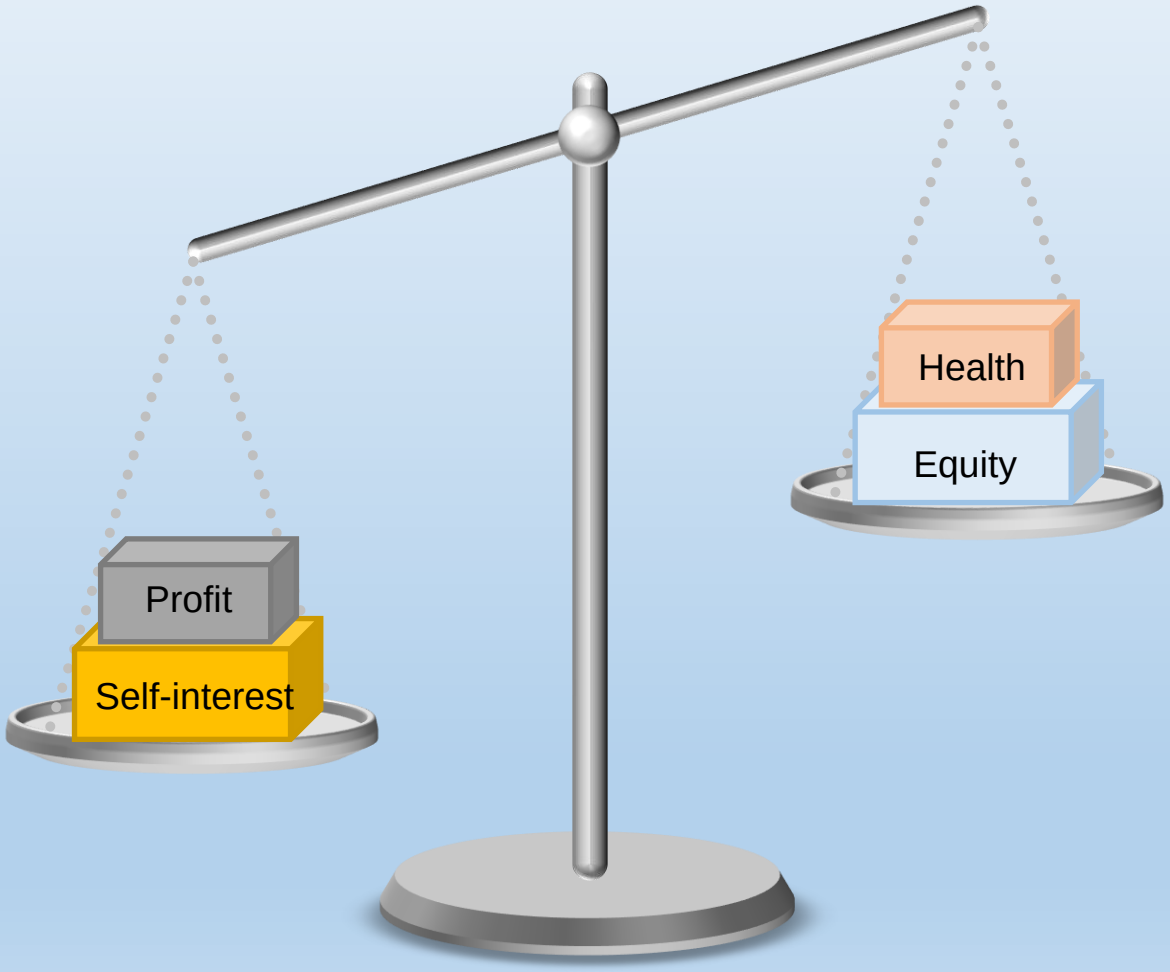
- Massachusetts Medical Society
- UMASS Memorial Health Care (Eric Dickson, MD, CEO)
- Health Care For All (HCFA)
- Massachusetts Academy of Family Physicians (MassAFP)
- Massachusetts Chapter of the American Academy of Pediatrics (MC-AAP)
- Massachusetts Chapter of the American College of Physicians (MC-ACP)
- Massachusetts Association for Mental Health (MAMH)
- Massachusetts Association of Physician Assistants (MAPA)
- Massachusetts Coalition of Nurse Practitioners (MCNP)

Current System



Current System

PC4You



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Primary Care For You (PC4You)

Questions?

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Quintuple Aim

Triple Aim, 2008, IHI:

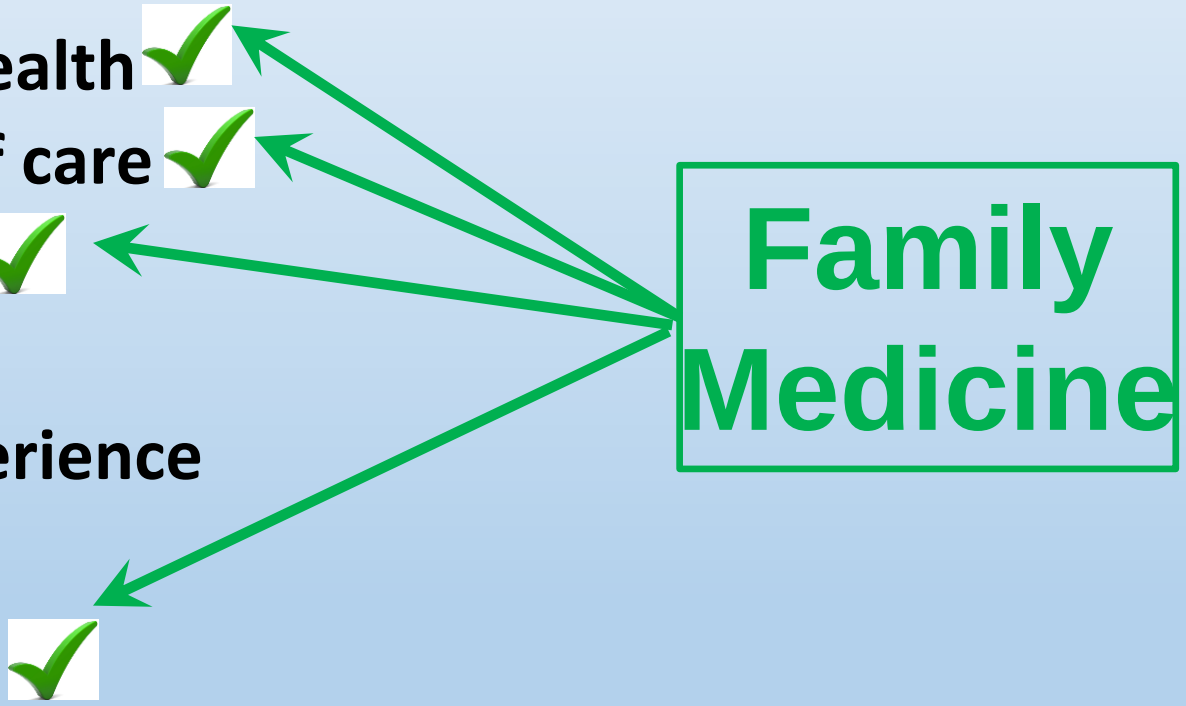
- **Improve population health** ✓
- **Enhance experience of care** ✓
- **Reduce/Control costs** ✓

Quadruple Aim, 2014:

- **Improve provider experience**

Quintuple Aim, 2022:

- **Advance health equity** ✓



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