

# Clinical Committee Meeting

## MEETING INFORMATION

- Date: Tuesday, May 21, 2019
- Location: Zoom Call
- Computer: <https://zoom.us/j/370299378>
- Phone: 1-646-558-8656
- Code: 370299378#

## ATTENDEES

- Nancy Fan
- Traci Bolander
- Donna Gunkel
- Robert Monteleone
- Julane Miller-Armbrister
- Kathy Willey
- Megan Williams
- David Bercaw
- Doug Tynan

## AGENDA

- Call to order
  - a. Approval of March Minutes
  - b. Committee Charter
- Discussion: DCHI Structure and Priorities / Strategies
- Discussion: CMS Primary Care First Model Options
- Primary Care Collaborative Report
  - a. Formal Clinical Committee Response
- Committee Updates
  - a. Patient and Consumer Committee
  - b. Payment Work Group
  - c. BHI Work Group and START
- Public Comment
- Adjournment

## **SUMMARY OF DISCUSSION**

### **Call to Order**

- March Meeting Minutes approved unanimously. Note there was no April Clinical Committee Meeting.
- The Clinical Committee Charter edits were tweaked and will be sent digitally to the Committee for final approval.
- The Committee Charter will be presented (with committee approved edits) to the Board for approval at the June meeting.

### **\*Action Items**

- Send charter edits to Committee members for final approval.
- Committee members asked to confirm preference to meet via Zoom.

### **Discussion: DCHI Structure and Priorities / Strategies**

#### Discussion Points:

- Overview of DCHI restructuring plan presented with focus on ensuring operational support for committees and to advance the work of the board.
- Review of the Board recommendations for the clinical committee, including soliciting greater involvement from pharmacy community.
- Members agreed that adding a clinical pharmacist could bring added value to the work of promoting team-based care and developing new clinical pathways.
- Discussion of recommendation for all committees to develop specific metrics to monitor impact of the committee in furthering health care transformation.
- The clinical committee has established key areas of focus in the revised charter. Goals and metrics should be aligned with each.

### **\*Action Items**

- Recommend what perspective should be added: clinical pharmacist and provide recommendation to the group.
- Review the Clinical Committee's Key Areas of Focus and propose goals and metrics for discussion by the group.

### **Discussion: CMS Primary Care First (PCF) Model Options**

- Based on CPC+ program but the Primary Care First Model is open to providers at the practice level.

- Webinars have been available to share information about the initiative, but it is complex and there are still a lot of questions. Many are not aware of the webinars that have been available.
- Committee members agree there is value in DCHI Clinical Committee partnering with the Payment Work Group and others to host a forum on the PCF Model.
- Recommendation to possibly partner with ACOs but also ensure inclusion of others.
- Members agreed there is a sense of urgency to educate DE providers about the initiative. Despite possible impact of the summer on attendance, there is agreement the forum should be held in the summer, possibly July in lieu of the July Clinical Committee meeting.

**\*Action Items**

- Julane and Nancy will confirm with DCHI Payment Work Group co-chairs their interest in partnering to host the forum.
- Julane will follow up with DCHI Executive Committee to ensure support for the forum and to seek other partnerships to support the event.

**Primary Care Collaborative Report**

Discussion Points:

- PCC meetings have involved a broad sector of interested parties with detailed discussion. However, the current committee has a legislative focus in order to advance the work.
- Senate bill S116 introduced.
- It sets up an infrastructure for the PCC. (Bullet point # 2 in the recommendations.)
- It will expand the composition of the PCC to 15 members with designated seats to be filled by organizations like the Medical Society and with representation from health care systems.
- DCHI does not have a seat on the expanded PCC.
- A fiscal note to the legislation will fund the Office of Value Based Health Care Delivery (OVBHCD) which will be under the auspices of the Department of Insurance.
- If the bill is not passed, the office will not become a reality without the necessary funding to support it.
- The OVBHCD will coordinate and oversee the work of the PCC and oversee and enforce that investments are within the benchmarking process.

- Support from DCHI clinical committee can add value to help move the bill. Important to provide a letter stating either support, neutrality or opposition.
- Question if other primary care professional groups are eligible to have a representative on the PCC committee other than those selected by the Medical Society, i.e. representatives from the AFP. Thought is that all other organizations fall under the Medical Society. But if other groups have recommendations for members, they should propose them.
- If we add support for the S116 based on the premise that investment in primary care produces overall savings across the system, we need the data to show this. Doug offered that the data is available

### Recommendations for Formal Clinical Committee Response

- Clinical committees supportive of S116 with following recommendations:
  - Expand membership from 15 to 17. Include DCHI representative and a consumer rep.
  - Incorporate Donna's comments in the Clinical Committee's recommendations:
    - Insurance plans need to be able to provide timely reports to support the value based alternative payment models. Timely reporting is important to allow ACOs and providers to make changes in real time to impact their outcomes and incentives.
    - Reimbursement should be paid at the same or similar rate regardless of the place of service (i.e. Non-emergent care received in an ER should be reimbursed at a similar rate to that of a patient who went to an urgent care or primary care provider.)
  - Add support for comparable rates to be reflected in regulations.
  - Creating the infrastructure through S116 (creation of the OVBHCD) is needed to create and advance a clear path toward achieving a 12% investment in primary care.
  - Add that the PCC should be mindful of the potential impact on specialists and that there is a need to understand what the spend is to determine overall impact on all levels.

### **\*Action Items**

- Nancy will draft a response based on the recommendations.
- Committee asked to review the draft response / comment and approve.

- Julane will follow up with the DCHI Executive Committee regarding process for board review and submission of response in advance of next DCHI Board meeting.

## **Committee Updates**

### Patient and Consumer

Written update provided for review.

### Payment Work Group

Discussion Points:

- Traci provided an overview of the groups' progress in developing a template for collecting VB payment data.
- The initial focus is on collection of data from primary care providers.
- Goal is to collect data to understand the status of VBP in DE and the projected penetration in 3yrs, 5yrs.
- Work group members are actively engaged in the creation of the template as well as in developing common definitions to ensure uniform data collection.
- The intent is for Clinical Committee members to have an opportunity to review and comment on the template.

### BHI Work Group and START

Discussion Points:

- Update on DCHI's meeting with The Substance Abuse Treatment and Recovery Transformation (START) Program team.
- The START RFP is to be re-issued shortly. The original RFP was cancelled to allow for possible greater interest and response rates.
- DCHI's goal is to explore possible collaboration with START to support the BHI payment initiative.

### **\*Action Items**

- Follow-up with DCHI Executive Committee to pursue ask of START regarding the BHI payment initiative.

### **Public Comment**

- None

## **Meeting Adjourned**

### **Next Scheduled Meeting:**

July 16, 2019 5:00pm – 7:00pm

DTP

1 Innovation Way

DTP Conference Room

Newark, DE