Delaware Center for Health Innovation
clinical committee

Clinical Committee Meeting

MEETING INFORMATION

- Date: Tuesday, March 19, 2019
- Location: 1 Innovation Way, Newark, DE 19711

ATTENDEES

- Nancy Fan
- Alan Greenglass
- David Bercaw (phone)
- Traci Bolander
- Donna Gunkel
- Julane Miller-Armbrister
- Robert Monteleone
- Sara Slovin (phone)
- Kathy Willey
- Megan Williams (phone)

AGENDA

- Call to order
    a. Approval of January Minutes
    b. Committee Charter
- Primary Care: Updates and Discussion
    a. Primary Care Collaborative Report
        i. Formal Clinical Committee Response
    b. Primary Care Physicians in Delaware 2018 Survey
- BHI Status Report and Next Steps
- DCHI Board and Stakeholder Open Form
    a. Recap of 2018-2019 Focus; Goals & Status
    b. Preliminary Report for Continued Path Forward
- Discussion: Administrative Burden for Physicians
- Public Comment
- Adjournment

SUMMARY OF DISCUSSION

Call to Order

- January Meeting Minutes approved unanimously. Note there was no February Clinical Committee Meeting.
- Committee Charter will be presented to the Board for approval.

Primary Care: Updates and Discussion

Primary Care Collaborative Report

Discussion Points:

- The Board is looking for the Clinical Committee to come up with a response to the report.
- There were 5 main recommendations in the report
- The Clinical Committee should provide commentary on the recommendations. What's missing? What will work?
- Need to frame Committee recommendations into something that can be used and is meaningful.
- Need to identify any alternatives to the report recommendations.
- The next step for the collaborative is legislative proposal.
- There needs to be federal or state funding to support the heavy lift for PCPs.
- Need to reduce administrative burden. It should be an area of payment, but it's not recognized.
- Aetna has been noticeably quiet.
- PCPs need reimbursement – payment per member per month.
    - Bad idea to try to legislate this amount as it will require annual updates, but the concept is strong.
- Behavioral Health and Women's Health are loosely alluded to in SB 227.
- What do we count as primary care spend? What services are incorporated?
- We have to stand clear on the concern that legislative decision might happen without clear definitions and data to support recommendations.
- It is imperative that others are allowed to take part in some of the lift required to draft legislation.
- DCHI should act as a convener of a group that makes those decisions.
- Need to repurpose work that DCHI has completed since inception.

***Action Items**

- **Formal Response**

- **Reference white paper**
- **Provide definitions**
- **To move conversation forward there should be more collaboration on administrative burden, payment mechanism, workforce, and all-payer approach**
- **Identify opportunities to partner / integrate efforts.**
- **DCHI will help convene partners in support of the Primary Care Collaborative**

Primary Care Physicians in Delaware 2018 Survey

Discussion Points:

- Survey is completed every 5 years.
- Worth looking at those PCPs who were employed vs private-practice.
- When you look deeper at the numbers, the outlook is bleak.
- The PCP population is aging.
- Big move to hospitalists and concierge.
- Need to be innovative. Primary care may not look the same in the future. Maybe the model needs to change to look more like urgent care or 1 PCP and several NPs, PAs, etc.
- Recognition that the response rate was about 30%. Self-report surveys usually are low.
- We need stronger data to make policy recommendations.
- Health Care Commission is looking at how to mandate the survey – tie it to licensure?
- We need to increase the pipeline – stronger promotion and utilization of DIMER, State Loan Repayment (state funded not just federally funded), etc.
- There was no data on the breakdown between urgent care and non-urgent care. Need to see how many people are doing continuity practice.
- Deficiencies in demographics - location of practice varied between home addresses and work addresses.

BHI Status Report and Next Steps

Updates

- Shared feedback of the value of BHI SIM Cohorts and importantly the limitations of payment to continue that work.

- Payers shared their current policies and practices relative to payment for BHI.
- There is very limited action happening outside of the health systems.
- The Group reached overall agreement about the importance of integrated care and significantly about the need to find solutions to sustain it.
- Findings demonstrated overall payor current billable code support for direct service codes in the primary care setting but extremely limited pathways for the continuum of true integrated care.
- There is preliminary agreement and commitment from Medicaid to plan for and pilot opening specific collaborative care codes as an initial and immediate step to enhance BHI payment in the short-term. Medicaid will take the lead in this, with the MCO's agreeing to follow "state Medicaid guidance" over the next several months. Other payers are already reimbursing for some of the collaborative care codes, while some are not. All are open to exploration. It is notable that there was also very limited current "piecemeal" reimbursement for the critical component parts that might bridge the gap until if/when collaborative codes are available.
- Need to develop realistic short-term interventions to keep progress moving forward.
- Collaborative codes will help control cost and improve access to care
- Codes are billed on PMPM – still less expensive than if those patients seek emergency care
- ROI is slow – need to figure out how to support investment as things move forward
- Board and Payment Committee decided this work is important enough for DCHI to stay involved and that there should be a group that continues to look at it.
- There should no longer just be payers at the table. The health systems need to be involved.
- Resources are needed to support this work.
- DCHI would like to partner with the START initiative (work on opioid abuse) and leverage their relationship with HMA.

Discussion Points:

- The relationship building that has developed out of the BHI work has been incredible.

- Need to look into legislative support – Lieutenant Governor Bethany Hall-Long
- Use opioid work as a gateway

DCHI Board and Stakeholder Open Forum

Recap of 2018-2019 Focus; Goals & Status

- There is a **universal desire** to continue the work of DCHI as a convener and forum for broad-based inclusion and involvement
- The value of DCHI is not as a designated authority – it is that it creates communication, visibility, awareness, alignment, collaboration across critical statewide stakeholders.
- By virtue of the **diversity** of the Board, its stakeholders, its **collaborative origins** and its **broad engagement**, DCHI is already established as a **natural convener**.
- DCHI endeavors to:
    - Convene stakeholders to foster transparency, involvement, and broad-based input to inform policy and initiatives aimed at achieving healthcare transformation;
    - Explore and promote evidenced-based pathways toward instituting policy and sustainable practices, to influence long-term systemic focus and support for comprehensive change;
    - Promote on-going undertakings to strengthen primary care and the integration of healthcare transformation initiatives aimed at engaging PCPs in new models of care and value-based payment models for a holistic approach to transformation;
    - Support integration of clinical and community approaches to addressing social determinates of health as an essential tool for improving population health; and
    - Advise DHSS/HCC and other governing bodies to effect payment reform planning and implementation, as well as its impact across multi-sectors of the health landscape, inclusive of patients and consumers.

Preliminary Report for Continued Path Forward

- Priority Areas
  - Access
  - Care Coordination
  - Practice Transformation
  - Independent Practices
  - Integration-BHI
  - Innovation
- Areas to Affect
  - Children and Schools
  - Community
  - Committee Structure
  - Consumers/Patients
  - Providers
  - Social Determinants of Health
  - Workforce
- Means
  - Committees– Innovate different approaches to committee structure
  - Communication
  - Data
  - Education/Training/Learning Collaboratives
  - Funding
  - Innovation
  - Integration
  - Knowledge
  - Partners and Representation

Discussion Points:

- The strongest need was around supporting private practice and practice transformation
- Support for providers
- Look at committee structure
- Develop workforce at high school level to build pipelines
- Integrate work across committees – specifically clinical / payment and clinical / workforce
- Data surfaced as a big concern
- Improve education and learning collaborative opportunities

- More collaboration with other organizations
- Keep work patient-centered
- Add someone from the Pharmacy Association to the Committee
- A lot of focus on social determinants – ties clinical work to healthy neighborhoods work
- Need to consider new ways to communicate and hold meetings
- Dr. Lee is presenting updates on the Health Care Claims Database at the April Health Care Commission Meeting

***Action Item**

- **DCHI will dive deeper on observations from the data analysis**

DISCUSSION: ADMINISTRATIVE BURDEN FOR PHYSICIANS

Discussion Points:

- Discussed during the Primary Care: Updates and Discussion

PUBLIC COMMENT

- None

Meeting Adjourned

Next Scheduled Meeting:

May 21, 2019 5:00pm – 7:00pm
DTP
1 Innovation Way
DTP Conference Room
Newark, DE