

Primary Care Strategy Committee

Opportunities to reduce administrative burdens

Strategy	Opportunity	Considerations
<i>Reduce administrative burden:</i> Credentialing, privileging, and enrollment barriers	Create a common credentialing program	Need to be able to regulate
<i>Reduce administrative burden:</i> Simplify quality metrics	Consider using Patient-Centered Primary Care Home (PCPCH) tier as a single quality measure for quality incentive payments	Need to be able to regulate
	Systematically consider administrative burden placed on primary care when identifying quality incentive metrics for Medicaid and other programs	None
	Reduce manual documentation requirements for all quality measures	Need to be able to regulate
	Identify and require all payers to use a limited common set of metrics and specifications that considers the impact of incentive measure requirements on primary care	Need to be able to regulate
	Where possible, shift CCO metric reporting burden to CCOs instead of PCPs, including upstream and home-grown measures	Medicaid only
	Pause requirement for practices to collect race, ethnicity, language and disability (REALD) and sexual orientation and gender identity (SOGI) data that could be collected by OHA or CCOs and other payers	OHA guidance
	Require that quality metrics (if used) are studied for impact on patient centered outcomes and retired if no supporting data can be found	None
<i>Reduce administrative burden:</i> Reform prior authorization	Eliminate the use of automatic prior authorization (PA) denials.	Need to be able to regulate
	Implement a gold card program that exempts physicians who earn an exemption from future PA requirements for common services within their practice or patient population.	Need to be able to regulate

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	Require specialists, rather than the primary care providers, to submit needed information (CPT codes, diagnosis, etc.) once the referral is made.	Need to be able to regulate
	Implement an efficient process to approve standard and effective medications. This could involve PA reform.	Need to be able to regulate