

# Primary Care Payment Reform Collaborative

## April 14, 2021 Meeting Summary

### Meeting Attendees

- *Collaborative:* Carolyn Anderson (MountainView Medical Center), Diana Bianco (Artemis Consulting), Tanveer Bokhari (Umpqua Health Alliance), Bill Bouska (Samaritan Health, InterCommunity Health Network CCO), Joy Conklin (Oregon Medical Association), Dawn Creach (Creach Consulting), Bill Dwyer (Moda Health, Eastern Oregon CCO), Eleanor Escafi (Cambia Health Solutions), Kevin Ferrua (Yamhill Community Care Organization), Scott Fields (OCHIN), Kristan Jeannis (OHSU), Jen Johnstun (Siskiyou Health Center), Mary Kjemperud (CareOregon), Lisa Ladd (WVP Health Authority), Doug Lincoln (Metropolitan Pediatrics), Lynnea Lindsey (Legacy Health), Cat Livingston (Health Share of Oregon), Colleen Reuland (Oregon Pediatric Improvement Partnership), Deborah Rumsey (Children's Health Alliance), Christa Shively (Providence Health Plans), Christi Siedlecki (Grants Pass Clinic), Martha Snow (Oregon Rural Practice-based Research Network), Danielle Sobel (Oregon Primary Care Association), Megan Viehmann (OHSU Richmond), Khalid Wahab (Aetna), Rich Williams (Oregon Academy of Family Physicians), Gayle Woods (Oregon Department of Consumer & Business Services).
- *OHA:* Mohamad Abdidias (Division of Equity & Inclusion), Summer Boslaugh (Transformation Center), Tom Cogswell (Transformation Center), Chris DeMars (Transformation Center), Amy Harris (PCPCH Program), Lisa Krois (Transformation Center).
- *Other:* Sam Barber (Oregon Academy of Family Physicians), Richard Gibson (Comagine), Esther Kim (Oregon Health Equity Alliance).

### Meeting Materials

- [Meeting recording](#)
- [Agenda](#)
- [Meeting slides](#)
- [Handout: Incorporating equity discussion guide.](#)

### Meeting Goals

- Review Collaborative 2018 recommendations on the payment model and behavioral health contracting and determine next steps

### 1. Update on recommendations for incorporating health equity into payment reform and the work of the Collaborative.

- Diana Bianco gave a brief update on the Collaborative's recommendations for incorporating health equity into payment reform. This discussion started last year, feedback was gathered from Collaborative members, and recommendations were refined (though they are not yet final). There is a real desire and intent to not burden providers through these recommendations.
  - One of the themes that emerged from the recommendations was the use of Traditional Health Workers (THWs). OHA Division of Equity & Inclusion staff will be presenting on THWs and payment reform at the June Collaborative meeting.
  - Bill Bouska volunteered to share a CCO perspective on the use of THWs at the June meeting.
- Colleen Reuland shared that age was recently added to the OHA health equity definition.

## **2. Status of Collaborative's 2018 recommendations**

### *Review recommendations:*

- Chris DeMars reviewed the collaborative's 2018 recommendations covering primary care payment model components. See [meeting slides](#) for details and notes below:
  - The four payment models listed on slide one are included in CPC+.
  - Slide two shows the recommended amount that would be spent within a year in a VBP payment category by payers.
  - Slide three includes a breakdown of all four payment components, by year.
  - Slide four covers the phase-in timeline for payers. Recommendations were for all payers in the State of Oregon. The goal was to spread the model to all payers and all clinics across the state. All payers would be responsible for adopting these targets.
- Summer Boslaugh reviewed the Collaborative's 2018 recommendations for primary care behavioral health integration; which included three options (see slide five).
- Chris DeMars clarified that the intent was for every payer line of business to adopt the 2018 recommendations and would encompass total dollars spent. Reporting by payer would also include the percentage of primary care spending.

### *Current environment:*

- Diana Bianco presented on how this work has been affected by external changes to the health system, since 2018. This included:
  - Lack of infrastructure support via the legislature.
  - End of CPC+.
  - The COVID-19 pandemic.
  - CCO 2.0 Value-based Payment (VBP) policy changes.
  - Emergence of the VBP Compact and Sustainable Health Care Cost Growth Target work.

### *Next steps:*

- Diana Bianco reviewed options for supporting this work moving forward, through the Collaborative. This included:
  - Continue to support and implement 2018 recommendations.
  - Engage in the VBP Compact with a primary care focus.
  - Promote alignment of the behavioral health payment model (which aligns with HB 3108, sponsored by Representative Prusak).
- There was significant discussion around the Collaborative's role moving forward. This included a discussion around what the Collaborative was originally charged to do via legislation. Chris DeMars clarified that there were three charges for the Collaborative when it was created in 2015: 1) increase investment in primary care (without increasing the total cost of care), 2) improve payment reimbursement models, and 3) align payment models across the state.
  - Disappointment was expressed by multiple Collaborative members at the lack of progress made on the 2018 recommendations.
- There was discussion around VBP implementation among payers and providers
  - Chris DeMars responded that implementation could be tracked through the All Payer All Claims (APAC) payment arrangement file. However, OHA would need to design a monitoring system for the behavioral health payment model component.
  - There was support for capturing behavioral health data, but concern that there is not capacity in the behavioral health sector to capture population data.

- Concern was expressed that a VBP that uses a global budget that includes non-healthcare spending marginalizes kids with complex healthcare needs.
- The problem of VBP at the practice level not changing how individual providers are paid was raised.
- There is provider and payer hesitancy to incorporate VBPs. For providers the concern is often lack of willingness to take on additional risk (and want to continue to get paid through fee-for-service). There is also provider confusion around VBPs, as well as the myriad of groups (e.g., Oregon Health Leadership Council, 889, Primary Care Payment Reform Collaborative) who are working to address this issue. A reason for the hesitancy can be a disagreement over payment models.
- Participants noted that provider hesitancy is also due to practices being on the edge financially prior to COVID; the situation is worse now. This could be eased by focus on implementing the recommendation for increased payment to providers. Multiple payment models are also a barrier. Primary care is asked to do a lot, such as coordination with dental and REALD data collection. Concern was expressed that behavioral health payment is insufficient and is not mentioned in the Sustainable Healthcare Cost Growth Target work.
- There was interest among meeting participants in ensuring the Collaborative's voice is heard at the VBP Compact Workgroup. This could include leveraging the Collaborative's 2018 recommendations when participants engage with the Compact. Diana will be facilitating the VBP Compact workgroup. Note: The VBP Compact currently has 44 signatories, including the largest payers and health systems, CCOs and some larger clinics. However, the Workgroup has not yet met.

### **3. Public comment**

- There were no public comments made during this meeting.

### **4. Summary and next steps**

- OHA would like to develop a statement of work for the Collaborative for the rest of the year to include payment reform and health equity recommendations, and how the Collaborative can influence VBP conversations happening in other groups, including the VBP Compact Workgroup.
- The following Collaborative members volunteered to participate in a small group meeting to develop this scope of work: Khalid Wahab, Deborah Rumsey, Lynnea Lindsey, Bill Dwyer, Dawn Creach, Colleen Reuland and Danielle Sobel. A meeting will be set for this work.
- The next Collaborative meeting will take place on 6/9 from 11 a.m.-1 p.m.