



# Primary Care Payment Reform Collaborative Meeting

January 9, 2025



# Agenda

- Housekeeping & announcements
- Federal & state updates
- Annual report recommendations
- Public comment



# Meeting Goals & Requested Feedback

## GOALS

- Finalize annual report recommendations

## FEEDBACK

- Finalize report content
- Wordsmithing suggestions
- Determine graphics



**\* \* Incorporate equity into discussion and recommendations \* \***



# Housekeeping & Announcements



# Housekeeping & Announcements

- Meeting minutes - approval of Dec meeting minutes
- Next meeting on February 6
- Welcome new member



**Kevin Stansbury**  
Chief Executive Officer  
Lincoln Health



# Housekeeping & Announcements

- Reminder - 2025 Meeting Schedule finalized

Jan 9, 2025	<del>Jul 10, 2025</del>
Feb 6, 2025	Aug 14, 2025
Mar 13, 2025	Sep 11, 2025
Apr 10, 2025	Oct 9, 2025
May 8, 2025	Nov 13, 2025
Jun 12, 2025	Dec 11, 2025

Summer Holiday



	Nov 14, 2024 10:00 AM Mountain Time (US and Canada)
	Dec 12, 2024 10:00 AM Mountain Time (US and Canada)
Meeting ID	856 1865 0554
Passcode	917772



[Add to Calendar\(.ics\)](#) | [Add to Google Calendar](#) | [Add to Yahoo Calendar](#)



Register: <https://us06web.zoom.us/meeting/register/tZMkdequrT4vHtX-7DQb0V8UY2Y7pW1ljRL4>

# Federal Updates

- CMS Quality Conference - March 17-19
  - Registration (virtual and in-person) open on Feb 3
- MIPS Comment Period Open - Wave 7 Measures
  - CMS gathering input on candidate measure concepts to consider for Wave 7 of cost and value measure development
  - Due by January 24, 2025
  - Information available at MMS [Current Public Comment Opportunities](#)
- Open enrollment in Marketplace - through January 15



# State Updates

- **First Regular Session of 75<sup>th</sup> Colorado General Assembly**
  - Started January 8, ends May 7
  - 130 bills introduced
- **CCBHC Planning Grant**
  - HCPF and BHA awarded one-year, \$1,000,000 Certified Community Behavioral Health Clinic Planning Grant for 2025 calendar year
  - Part of state-wide, multi-agency effort to build and expand Colorado's behavioral health system of care
  - Explore how CCBHC model could complement Safety Net System, goal of sustainably funded integrated and accessible behavioral health care

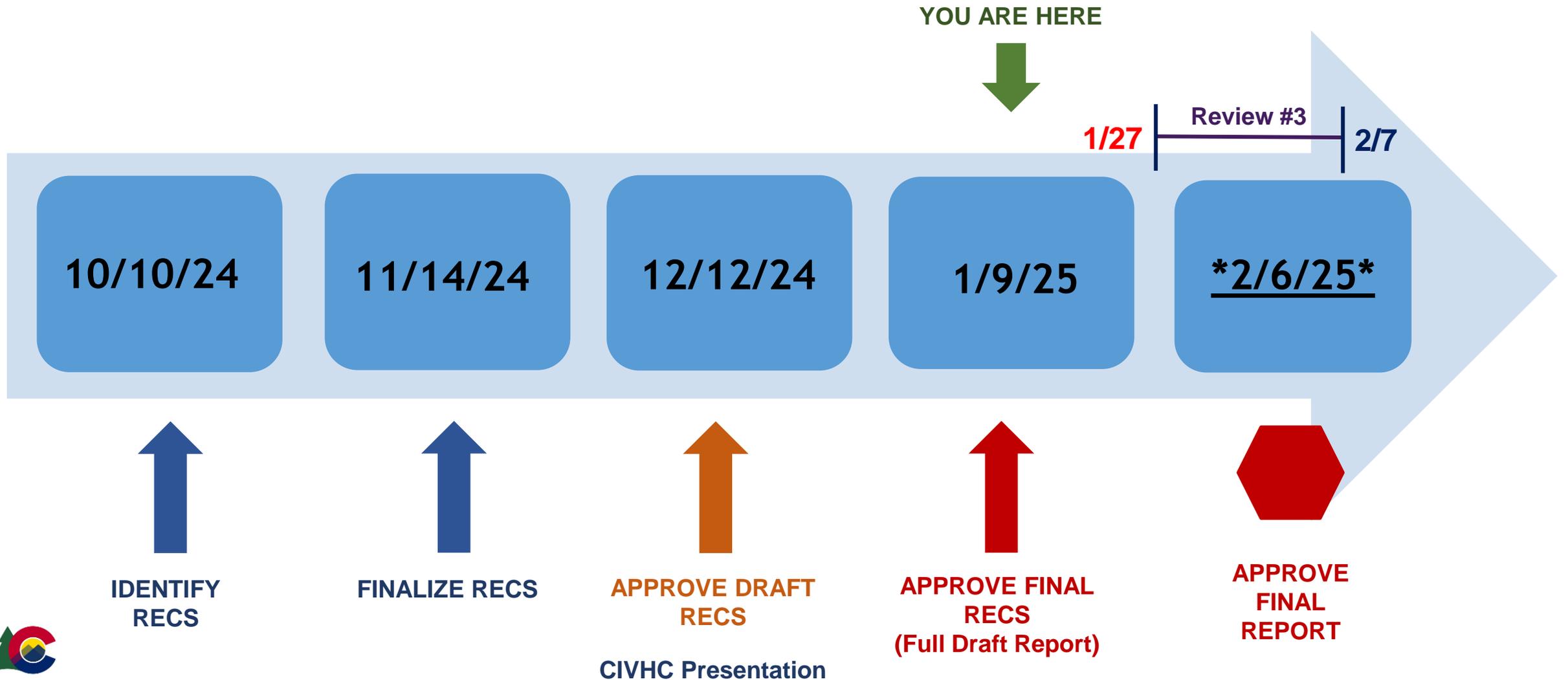




# Annual Report Timeline & Process

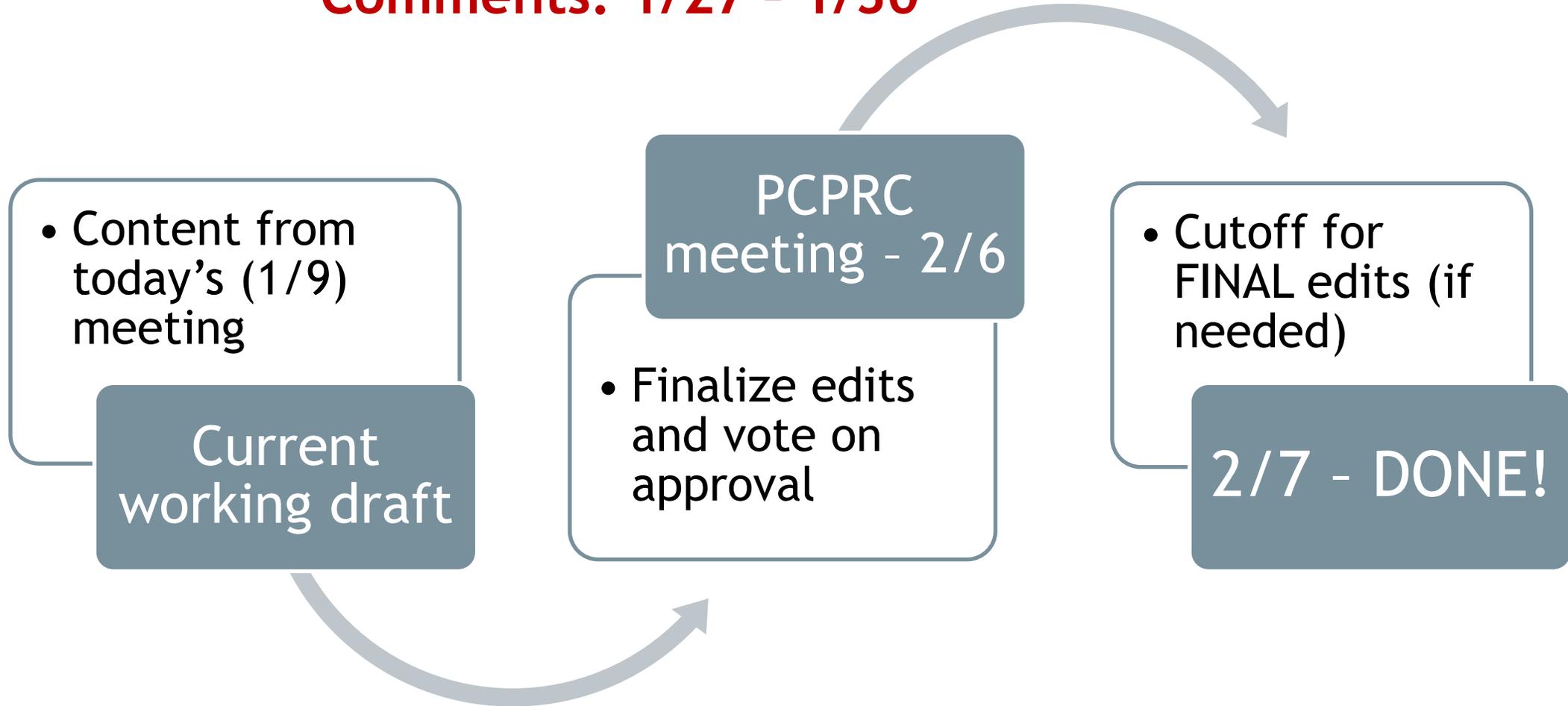


# Recommendations Report



# Review Period

**Comments: 1/27 - 1/30**



**Comments: 1/10 - 1/17**



# PCPRC Standard Operating Procedures & Rules of Order

- **Proxies**

- If absent, a member may assign a proxy (another member, or person representing their organization)
- Email Tara Smith prior to meeting ([tara.smith@state.co.us](mailto:tara.smith@state.co.us))

- **Decisions and voting**

- Voting conducted by member roll call with a simple majority
- Formal votes follow Roberts Rules of Order (motion, second, discussion, vote)
- Quorum of at least one-third of Collaborative members
- Voting will be allowed via email
- Minority opinion of vote may issue reasons in writing





# Annual Report Recommendations



# Organizational Structure

## Executive Summary

- Summary and recommendations

## PCPRC Background

- Statutory charge
- Impacts to date

## Introduction

- Report process
- Key themes

## Recommendations

- Marketplace dynamics, AI, health equity

## Conclusions

- Future work
- Summation



# Acknowledgements & Executive Summary

- Acknowledgements
  - Please check name, credentials, organization
- Executive summary
  - Reaffirm need to strengthen primary care
  - Previous recommendations focused on strategies related to care delivery, including integrated care, and payment mechanisms
  - Significant shifts in primary care landscape, national and state
  - Marketplace dynamics - impacts on providers, payers, and patients
  - AI - great promise, concerns re: how technologies developed and deployed
  - Health equity - core principle that continues to guide work



# PCPRC Background

- History
- Statutory charges
- Member composition
- **Figure 1 - Impacts to Date**
- **Sunset - COPRRR summary**

Design as stand-alone 2 pager

- Hand-out for policymakers
- Recruitment
- Posted on PCPRC website



# Introduction and Key Context

- Summary of previous reports - **Figure 1, Appendix**
- **PCPRC meetings and process**
- Additional investment needed because:
  - Physician burnout, low recruitment, workforce challenges
  - Affordability and access challenges heightened by end of PHE/Medicaid unwind
  - Safety net clinics and small, rural, independent practices in tenuous financial state
- PCPRC achievements
- National recognition
- Intro of marketplace dynamics, AI, health equity

**Breakout Box:  
Public Health  
Emergency  
Unwind**



# CIVHC Data

- Call out absence of self-funded data
  - Overall, self-funded plans, in which employers pay for their employee health claims directly, are estimated to comprise around 50% of what most Coloradans think of as the “insurance market” (coverage that is not obtained through a public source such as Medicaid, Medicare, or the Veterans Administration)
  - Percentage of self-funded reported to APCD
- Additional thoughts/comments?
  - Is there data around where people are getting primary care?
  - How much is the market being disrupted in terms of people seeking care?

Figure 2:  
Percentage of  
PC Spending by  
Payer Type  
Over Time



# Recommendation #1 - Marketplace Dynamics

## Recommendation 1: Monitor the Impact of Marketplace Dynamics on Colorado's Primary Care Practices

Marketplace dynamics **that influence of** primary care practices, particularly consolidation and private equity investments, should be monitored in Colorado. These dynamics have a direct impact on the quality and cost of healthcare. **An** understanding **of** marketplace trends is needed to support the primary care workforce and inform future investments in primary care infrastructure.



# Recommendation #1 - Marketplace Dynamics

- Consolidation and private equity
- Marketplace data and trends
- Understanding the Colorado landscape
- Negative impacts on payers, providers, and patients
  - Cost of care
  - Quality of care
  - Provider and practice experience
- Role of value-based payment

## Breakout Box:

### Types of Consolidation

- Horizontal mergers
- Vertical mergers
- Cross-market mergers
- “Soft” consolidation



# Recommendation #2 - Artificial Intelligence (AI)

## Recommendation 2: Promote Ethical and Equitable Adoption of Artificial Intelligence

New technology, including artificial intelligence (AI) tools, should be thoughtfully adopted into the primary care setting. Valid concerns about AI accuracy, impacts on practice workflow, and consent over the rapid adoption of this technology should be meaningfully addressed.



# Recommendation #2 - Artificial Intelligence (AI)

- Emergence of AI
- Easing administrative burden
- Accuracy and bias
- Inequitable uptake of AI technology
- Patient consent and engagement - SB21-169
- Payment considerations - risk adjustment

## Breakout Box: Key AI Terms

- Artificial Intelligence
- Generative AI
- Bias

**NIST definitions ?**



# Recommendation #3 - Health Equity

## Recommendation 3: Evaluate the Progress of Payment Models in Driving Health Equity Actions

Payment models should drive meaningful actions to address health equity. This includes incentivizing evidence-informed actions that improve the quality of care and lead to a reduction in disparate health outcomes. The extent to which payment models are successful in addressing disparities and directing quality improvements in health care should be tracked.

Speak to adjusting payment models to drive health equity based on the outcomes of the data - ?



# Recommendation #3 - Health Equity

- Focusing on health equity in payment
  - Data collection
  - Support for culturally responsive care
- Accountability for health equity
  - Elevate the voices of individuals and families alongside experts in the health care field
  - Incentivize action to reduce disparities
  - Focus on whole-person and whole-family care - tie to last year's report
- Examples of infrastructure to track progress
  - National example
  - Michigan example
- Role of the Collaborative



# Future Work

- Utilize APCD to better understand state of APM reporting and impacts
  - Measure progress in adopting APMs in primary care setting
- Increase data transparency
  - Sharing data about primary care and value-based payments in public dashboard
- Explore other important topics as they arise



# Additional/Miscellaneous

- Communicating importance of high-quality primary care
- Measuring investments & impact on outcomes
- ACOs - benchmarking, attribution, HRSN, pediatrics
- Independent practices- additional payments, upfront capital for “low-revenue” physician led ACOs, minimum covered beneficiary thresholds
- Multiple CMMI models



# Graphics Check-In

- By section - definitions, figures
- Primary care landscape
  - CMMI models
  - ACOs
  - HCPF - ACC 3.0, APMs (PACT), 1302 grants and report
  - Integrated delivery systems



# CMMI Models



## ACO Realizing Equity, Access, and Community Health (ACO REACH)

- ▶ Encourages health care providers — including primary and specialty care doctors, hospitals, and others — to come together to form an Accountable Care Organization, or ACO.
- ▶ Breaks down silos and delivers high-quality, coordinated care to patients that improves health outcomes and manages costs.
- ▶ Addresses health disparities to improve health equity.

2021 - 2026



## Primary Care First (PCF)

- ▶ Supports primary care practices in managing their patients' health — especially patients with complex, chronic health conditions.
- ▶ Enables primary care providers to offer a broader range of health care services that meet the needs of their patients. For example, practices may offer around-the-clock access to a clinician and support for health-related social needs.

2021 - 2026



## Making Care Primary (MCP)

- ▶ Improves care management, community connections, and care integration by providing capacity building resources to those new to value-based care.
- ▶ Increases access to care and creates sustainable change in underserved communities by facilitating partnerships with state Medicaid agencies, social service providers, Federally Qualified Health Centers (FQHCs) and specialty care providers.

2024 - 2034



## States Advancing All-Payer Health Equity Approaches and Development (AHEAD)

- ▶ Creates a new pathway to invest in primary care via statewide primary care investment targets.
- ▶ Provides Enhanced Primary Care Payments to increase investment in primary care.
- ▶ Uses a flexible framework of care transformation activities to align with existing Medicaid value-based-payment arrangements.

2024 - 2034



## ACO Primary Care Flex (ACO PC Flex)

- ▶ Focuses on improving funding and other resources to support primary care delivery in the Medicare Shared Savings Program.
- ▶ Utilizes a flexible payment design to empower participating ACOs and their primary care providers to use more innovative, team-based, person-centered and proactive care approaches.
- ▶ Incentivizes the development of new ACOs, particularly those that will support underserved communities, and addresses health disparities.

2025 - 2030



# Medicare & State ACOs

- Medicare Shared Savings Program
- Community Health Provider Alliance
- Clinical Partners of Colorado Springs
- Banner Health Network
- HealthONE Colorado Care Partners





# Public Comment





Thank you!!



# Future Work

- Consult with DPA, HCPF, and CIVHC
- Advise in development of affordability standards and **targets for investment in primary care**
- In coordination with CIVHC, **analyze the % of medical expenses allocated to primary care**
- Develop a **recommendation on the definition** of primary care
- Report on current insurer practices and methods of reimbursement that direct greater resources and investments toward innovation and care improvement in primary care
- **Identify barriers to the adoption of APMs** by health insurers and providers, and develop **recommendations to address**
- Develop recommendations to increase the use of APMs that are not paid on FFS basis to:
  - Increase investment in advanced primary care delivered by practices that are PCMHs (state or national criteria) or have demonstrated ability to provide high-quality primary care
  - **Align primary care reimbursement** by all consumers of primary care
  - Direct investment toward higher value primary care services with an **aim toward reducing health disparities**
- Consider how to increase investment in advanced primary care without increasing costs to consumers or total costs of care
- Develop and share best practices and technical assistance to insurers and consumers
  - **Aligning quality metrics** as developed in SIM
  - Facilitating **behavioral and physical care integration**
  - **Practice transformation**
  - The delivery of advanced primary care that facilitates appropriate utilization of services in the appropriate setting

