



SEPTEMBER 2024 PRIMARY CARE HEALTH CARE SYSTEMS PLANNING (HCSP) CABINET WORK GROUP MEETING

Thursday, September 5, 2024 (10:00 am – 12:00 pm)

Via Microsoft Teams

CO-CHAIRS: COMMISSIONER CORY KING (OHIC), DIRECTOR DR. JERMONE LARKIN (RIDOH), ELENA NICOLELLA (RI HEALTH CENTER ASSOCIATION)

FACILITATORS: MICHAEL BAILIT, GRACE FLAHERTY

AGENDA ITEM	KEY DISCUSSION POINTS	NEXT STEPS
<p>1. WELCOME, INTRODUCTIONS AND MEETING GOALS</p>	<ul style="list-style-type: none"> • Elena Nicolella, Dr. Larkin, and Commissioner Cory King introduced themselves as the work group co-chairs. • Michael Bailit and Grace Flaherty from Bailit Health introduced themselves as the consultant support for the work group. • Elena reviewed the meeting agenda and goals. • Grace facilitated work group member introductions. 	
<p>2. Primary Care Work Group Purpose and Process</p>	<ul style="list-style-type: none"> • Elena reviewed the purpose and goals of the Health Care System Planning Initiative. • Elena noted that the first concrete deliverable was a report to be completed in December. Elena said the report would set the foundation for the health care system planning and would include the work group’s recommendations. • Elena reviewed the primary care work group’s charge. Elena noted that separate sector-specific work groups focused on hospitals, long-term care, behavioral health, and social services were also being convened. • Elena shared a proposed approach to addressing oral health. Elena said the co-chairs planned to convene a separate oral health work group to develop recommendations and report back to the primary care work group. Elena explained that RIHCA would support oral health work group coordination and meeting facilitation. <ul style="list-style-type: none"> ○ Neil Sarkar asked if behavioral health integration would be addressed. Elena said there was a separate behavioral health sector work group but, at the in-person retreat, the HCSP Cabinet would need to discuss how to align the primary care and behavioral health sectors’ recommendations to address behavioral health integration. ○ Dr. Hollmann agreed with the oral health proposal and agreed that behavioral health integration should also be addressed. ○ Dr. Larkin recommended that nurse midwifery and OB/GYN be included in primary care. ○ Deb Hurwitz recommended addressing behavioral health integration and health-related social needs in the primary care sector’s recommendations. ○ Dr. Zwetchenbaum introduced himself and agreed with the oral health proposal. 	<ul style="list-style-type: none"> • RIHCA will facilitate an oral health work group that will bring oral health recommendations back to the primary care work group for consideration during the second or third primary care work group meeting.

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	<ul style="list-style-type: none"> ○ Aaron Guckian introduced himself, agreed with the oral health proposal, and suggested legislation for tax incentives to attract dentists and other specialists to work in Rhode Island. ● Elena shared the timeline of the HCSP process, including the dates for the next primary care work group meetings. <ul style="list-style-type: none"> ○ Grace explained that the next meetings for the primary care work group were scheduled for October 15th (2:30-4:30pm) and November 14th (10am-12pm). Grace said that if work group members could not attend the meetings they should contact Grace so that their feedback could be collected offline. 	
<p>3. DISCUSS FINDINGS ON THE STATE OF PRIMARY CARE NATIONALLY AND IN RHODE ISLAND</p>	<p>Michael Bailit shared findings on the state of primary care nationally and in Rhode Island, which were based on an analysis Bailit Health conducted to inform a December 2023 OHIC report on primary care.</p> <ul style="list-style-type: none"> ● Deb Hurwitz said Rhode Island was lacking data on how many primary care providers are seeing patients. ● Dr. Borkan said the medical school was using the all-payer claims database (APCD) and national provider identifiers (NPI) to determine the number of primary care practitioners and their degree of activity. Dr. Borkan said the analysis would be ready in October. Neil Sarkar noted that defining primary care made the analysis challenging, but said he was optimistic that the analysis would help more systematically quantify Rhode Island’s workforce challenges. ● Stacey Paterno said Rhode Island lacked data on how many NPs and PAs were practicing primary care. Stacey Paterno suggested considering panel size and the added work from quality measurement and prior authorization. ● Beth Lange noted that a recent survey revealed that 25% of RI’s pediatricians planned to retire in the next six years. Beth said CTC-RI would be presenting age-stratified workforce data in a work group meeting the following week. ● Dr. Bledsoe said the Rhode Island primary care workforce was approaching a cliff. Neil Sarkar agreed. ● Commissioner Cory King noted the Wallet Hub ranking that indicated that Rhode Island was the second worst state to practice in the country for physicians. Commissioner King said Wallet Hub used the provider-to-population ratios to quantify “competition.” He found fault in the judgement that competition was associated with a worse environment in which to practice. ● Dr. McGookin said he struggled with data sources like the Commonwealth Fund that cited Rhode Island as faring better than other states. Dr. McGookin said primary care clinicians were seeking alternative fields like teaching, academics, and consulting as ways to ameliorate the burdens of direct primary care. Dr. McGookin suggested working decisively and urgently to address the coming cliff of physicians leaving primary care. ● Dr. Wagner noted that primary care expenditure data do not capture cross-subsidization of primary care from other areas of a health care organization; he noted that reimbursement from public insurance was insufficient. 	
<p>4. STAKEHOLDER INTERVIEW THEMES</p>	<p>Michael shared themes from stakeholders interviews that Bailit Health conducted to inform the December 2023 OHIC report on primary care.</p>	

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5. DISCUSSION	<p>Elena asked if the work group had any reactions to the national and state findings and if they thought there were any data points missing.</p> <ul style="list-style-type: none"> • Deb Hurwitz said the primary care workforce and pipeline were crucial and noted the CTC-RI roadmap for primary care workforce. • Neil Sarkar suggested being more targeted in the problem statement. Neil suggested saying “lack of primary care leads to poorer clinical outcomes particularly for chronic care management and leads to higher hospitalization rates and ED utilization.” Neil said the report should be clear that strengthening primary care was not a self-serving goal and would lead to lower costs and better patient outcomes. • Dr. Wagner said creating a new medical school was not a short-term option and the state needed to consider expanding existing programs. Dr. Wagner said Rhode Island was a net exporter of residents, partially because of its small size but also for other reasons (e.g., high medical malpractice premiums). • Dr. Larkin said he looked forward to the APCD analysis, because it would be more helpful than the licensure data. Dr. Larkin said the regulatory environment was an obstacle to collaboration across the health care system. Dr. Larkin noted low Medicare reimbursement rates and wondered whether commercial payers were aligning with Medicare rates and whether that was reflected in premiums. • Dr. Hollman said the findings presented were consistent with what he had heard and read. Dr. Hollmann suggested adding data on primary care physician retirement trends, the relationship between larger care teams and value-based payment, and how lifestyle has changed for primary care physicians. Dr. Hollmann suggested prioritizing data-driven recommendations. • Dr. Borkan asked how the work group planned to facilitate change? Elena said it was a good question that the co-chairs needed to discuss. • Dr. Pogacar said pediatrician recruitment and retention was an issue. He attributed RI’s challenges to better payment in other states. Dr. Pogacar said there was an economic incentive for the state to recruit and retain physicians. Dr. Pogacar noted that United commercial paid pediatricians below Medicare levels. • Elena said it sounded like the work group should pick less than 20 recommendations and focus on those that are actionable. • Dr. Shafi said payers’ emphasis on value-based care and team-based care came from an affordability perspective. Dr. Shafi noted that BCBSRI was conducting a PCP listening tour to understand provider pain points. Dr. Shafi said BCBSRI had committed to reducing prior authorization for primary care providers. • Commissioner Cory King said OHIC viewed investment in primary care as an affordability strategy. Commissioner King said increasing hospital inpatient rates to subsidize primary care was not an affordability strategy. Commissioner King noted that legislation failed to pass during the last session that would have directed OHIC to study Medicaid primary care rates. Commissioner King said OHIC was analyzing how ED visits could be avoided through primary care. • Dr. Bledsoe said increasing primary care rates would involve reducing rates elsewhere. He noted the need to recognize the tension between supporting primary care, specialty care and patient 	

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	<p>affordability. Dr. Bledsoe said value-based payment had not yet delivered on the promise of consistent payment.</p> <ul style="list-style-type: none"> • Nina Harrison asked whether Rhode Island was experiencing poorer health outcomes and increased ED visits due to the primary care workforce shortage; whether ER and urgent care visits due to primary care shortages could be quantified; whether Rhode Island was losing residents to a particular place; and what motivates primary care physicians to stay in the field. • Dr. Lange said patients got comfortable going to urgent care and using telehealth during the pandemic when primary care practices were not seeing patients. Dr. Lange said, regarding interview themes, she found it interesting that team-based care was valued by payers. Dr. Lange said she would like but could not afford a large team because of current payments. Dr. Lange said with Medicaid's COVID-19 relief payments, her practice was able to inject funds to help with vaccination outreach and saw vaccination rates rise. With those funds no longer available, rates are now dropping. • Commissioner Cory King said the data suggests that Massachusetts primary care providers are reimbursed at higher rates for the commercial market than in Rhode Island. • Dr. Bledsoe suggested asking medical students what it would take to get medical students to stay in primary care and stay in Rhode Island. 	
6. REVIEW NEXT STEPS	<ul style="list-style-type: none"> • RIHCA will facilitate an oral health work group that will bring oral health recommendations back to the primary care work group for consideration during the second or third primary care work group meeting. • The primary care work group will reconvene on October 15th (2:30-4:30pm). The focus of the next meeting will be a discussion of recommended actions and strategic opportunities. • Bailit Health will distribute a summary of the discussion, along with the relevant materials mentioned during the meeting. • Bailit Health will distribute materials before the next meeting, including a list of possible actions and strategic opportunities based on discussions and existing research to-date. 	
7. PUBLIC COMMENT	Elena opened the meeting to public comment. There was none.	