



OCTOBER 2024 PRIMARY CARE HEALTH CARE SYSTEMS PLANNING (HCSP) CABINET WORKGROUP MEETING

Thursday, October 15, 2024 (2:00 pm – 4:00 pm)

Via Microsoft Teams

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

FACILITATORS: MICHAEL BAILIT, GRACE FLAHERTY

AGENDA ITEM	KEY DISCUSSION POINTS
1. WELCOME AND MEETING GOALS	Commissioner King welcomed the workgroup and reviewed the meeting agenda.
2. REMINDERS ABOUT WORKGROUP PURPOSE AND PROCESS	<ul style="list-style-type: none"> Commissioner King provided reminders about the workgroup’s purpose and process. Commissioner King noted that since the first meeting, EOHHS has clarified that recommendations may include both state policy tools and multi-party action with shared accountability. Commissioner King shared that the third workgroup meeting scheduled for November 14th is now tentative, because recommendations are due to EOHHS on November 13th. The November 7th retreat will serve as an opportunity to finish discussing and prioritizing recommendations.
3. FOLLOW-UP FROM SEPTEMBER 5 TH MEETING	<ul style="list-style-type: none"> Commissioner King reminded the workgroup that during the September 5th meeting, participants requested additional information (quantitative and qualitative) to inform the workgroup’s recommendations. Commissioner King said the document entitled “Workgroup Meeting #1 Information Requests” distributed with the meeting materials lists the additional information requests, indicates whether the information is currently available (to the extent that the information has already been identified, it is included in the document) and summarizes efforts underway to obtain requested data. Commissioner King said given time and resource constraints, workgroup staff are not able to pursue some of the more challenging data requests.
4. DISCUSSION AND PRIORITIZATION OF RECOMMENDATIONS	<ul style="list-style-type: none"> Michael Bailit said the draft recommendations were informed by the first workgroup meeting discussion, prior CTC-RI and OHIC report recommendations, and Workgroup co-chair input. Michael Bailit said the goal for the December HCSP report is to identify high-level priorities. There will be an opportunity to think about more detailed implementation strategy details after the December HCSP report is published. Michael Bailit said prior to the meeting, workgroup staff sent out a survey and asked workgroup members to rank the draft recommendations and to write in any additional recommendation suggestions. Michael explained the survey’s scoring methodology. <p><i>Primary Care Practice Support/Workforce Retention</i></p> <p><u>Recommendation #1:</u> Reduce the health education debt of primary care providers</p> <ul style="list-style-type: none"> Michael Bailit noted that the Hospital Workgroup conveyed this recommendation to the Primary Care Workgroup.

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	<ul style="list-style-type: none"> • Beth Lange and Jeff Borkan recommended offering scholarships up front rather than paying off loans. • Mark Jacobs recommended free tuition for primary care providers who commit to 6-8 years of practice in the state of Rhode Island. • Tom Bledsoe recommended incentivizing providers to choose a career in primary care as opposed to paying back “with servitude.” • Dr. Larkin recommended offering scholarships to students who commit to returning to primary care as opposed to loan repayment. • Michael Wagner recommended investing in primary care provider payments rather than pursuing scholarships. • Tom Bledsoe recommended an eight-year requirement rather than a six-year requirement, because of the greater opportunity for providers to build their careers and put down roots in Rhode Island. • CROSS SECTOR COLLABORATION: <ul style="list-style-type: none"> ○ Peter Hollmann suggested advanced primary care teams are opportunities for cross-sector collaboration. ○ Commissioner King said the Professional Loan Repayment Program could include behavioral health and oral health. ○ Dr. Larkin added that the Professional Loan Repayment Program could include nurse practitioners. <p><u>Recommendation #2: Reduce prior authorization administrative burden</u></p> <ul style="list-style-type: none"> • Commissioner King said he supported this recommendation, and noted OHIC’s recent prior authorization regulations, which are open for public comment. • Dr. Larkin asked whether prior authorization was delivering any savings. <ul style="list-style-type: none"> ○ Commissioner King said he thought stakeholders were reaching a consensus that health plans can be more strategic about prior authorization. Commissioner King said OHIC’s regulations ask insurers to comment on administrative burdens on providers in an annual attestation. • Michael Wagner recommended reducing prior authorization by 100% for prior authorizations that provide no value in order to force payers to demonstrate the value of prior authorization. <ul style="list-style-type: none"> ○ Commissioner King said a metric of “value” would need to be adopted for such a strategy. ○ Peter Pogacar said prior authorizations with acceptance rates of 90% would suggest there are low value prior authorizations. • Deb Hurwitz suggested getting input from providers on the level of administrative burden primary care providers are feeling. • Stacy Paterno asked whether the 20% in OHIC’s regulation includes prescriptions and asked how we would know if there is a reduction in prior authorization. <ul style="list-style-type: none"> ○ Commissioner King said the regulation would apply to all services and the baseline would be 2023. ○ Commissioner King said OHIC is proposing to measure and report prior authorizations quarterly at the enterprise level and require an annual attestation to a standard set of questions. • Dr. Larkin suggested that health plans should increase transparency to patients, providers and pharmacies about preferred alternatives when prior authorization is denied. • Farah Shafi said BCBSRI is making changes to its prior authorization policies, including targeted changes to primary care provider prior authorization. • OPPORTUNITIES FOR CROSS SECTOR COLLABORATION: <ul style="list-style-type: none"> ○ Michael Bailit noted that this recommendation would involve all sectors (perhaps long-term care to a lesser extent). <p><u>Recommendation #3: Support the identification and promotion of primary care work models that improve provider work experience</u></p>

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	<ul style="list-style-type: none"> • Michael Bailit noted the dissenting opinions about this recommendation. • Michael Wagner recommended increasing the number of doctors in private practice through more economic stability. • Michael Wagner said this recommendation is targeting practices’ internal operations rather than a policy lever. • Michael Bailit reminded the Workgroup that EOHHS has asked that we use a broader lens than only actions taken by state government. • Mark Jacobs said part-time primary care work models have been in place in Massachusetts for decades. Mark suggested that residents leave Rhode Island’s programs for Massachusetts because of these models. • Deb Hurwitz said she liked the essence of the recommendation but said if practices build team-based models they should be paid for them appropriately. • Ed McGookin said he thought the examples were weak. Ed recommended minimizing clinician responsibilities outside of direct patient care. <ul style="list-style-type: none"> ○ Michael Bailit asked Ed if he thought we should drop the recommendation. ○ Ed said he did not think we should drop the recommendation. • Tom Bledsoe agreed that the example activities were not quite right. Tom said the work model should not require administrative burden and EHR documentation after hours. • Michael Bailit suggested that the recommendations about administrative burdens and team-based care were more appropriate than this recommendation. • Jeff Borkan thought this recommendation should be the lens through which we review the other recommendations (i.e., work models that improve provider work experience). • OPPORTUNITIES FOR CROSS SECTOR COLLABORATION: <ul style="list-style-type: none"> ○ None were identified. <p><u>Recommendation #4: Explore how to use health information technology to facilitate the provision of high-quality primary care</u></p> <ul style="list-style-type: none"> • Michael Wagner noted that Rhode Island has two interoperability efforts – RIQI and Epic. Michael Wagner said his clinicians tell him Epic is more helpful than RIQI. • Beth Lange said, as a pediatrician, her quality of life is worse using Epic. Beth said she is not able to find what she needs because of the “firehose of information.” • Michael Bailit noted that there appeared to be less passion for this recommendation than the prior recommendations. • Elena Nicolella said the recommendation as drafted was intended to reflect the potential that the state has with respect to health information technology – the current investments it’s making, the potential investments it could make. • Dr. Larkin said he supported this recommendation, adding that the state should focus on making the EHR useful to providers. • Farah Shafi said BCBSRI heard about EHR administrative burdens during its recent listening tour of primary care providers. She wondered whether the state can utilize technology, or other levers such as scribes, to lessen these burdens. • Tom Bledsoe said he would be disappointed if there was no way to use health information technology to facilitate the provision of high-quality of care. • Michael Bailit said the workgroup staff will modify the recommendation in response to the Workgroup’s input. <p>WRITE-IN RECOMMENDATIONS:</p> <ul style="list-style-type: none"> • #1: Reduce EHR documentation burdens <ul style="list-style-type: none"> ○ Jeffrey Borkan and Michael Wagner supported this recommendation. • #2: More collaboration among hospital systems and primary care provider groups

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	<ul style="list-style-type: none"> ○ Jeffrey Borkan said hospitals should be required to include information in Care Everywhere. (Care Everywhere is a functionality offered to Epic users. It processes requests to and from other health systems that care for patients, sending standardized summaries, and incorporating the new data into patient records.) ● #3: Better training in inter-professional team-based care ● Elena Nicolella recommended assigning the three write-in recommendations as activities under the recommendations previously reviewed. <p><i>Payment and Investment</i></p> <p><u>Recommendation #5: Increase payments for primary care</u></p> <p><u>Recommendation #6: Increase investment in advanced primary care practices, including care integration and coordination</u></p> <ul style="list-style-type: none"> ● Michael Bailit presented the two payment and investment recommendations together because he saw them as related. ● Michael Bailit noted that the Hospital Workgroup supported increased investment in primary care and also recommended adding urgent care capacity to primary care. ● Michael Wagner said he thought the two recommendations were inextricably linked and that primary care is a “team sport.” Michael Wagner said he thought RI had grossly underinvested in primary care, which is why we are seeing more employed primary care physicians instead of independent practices. ● Debra Hurwitz said during CTC-RI workforce workgroup discussions CTC-RI received feedback that payment and advanced primary care recommendations should be separate because the stakeholders felt primary care payment is inadequate and should be not be lumped into payments for team-based care. ● Peter Pogacar agreed that the recommendations should be distinct. ● Michael Wagner cautioned against value-based payment models that involve payments made a year after a contract performance period. Michael suggested as alternatives either increasing FFS rates for practices that use team-based care, or primary care capitation. ● OPPORTUNITIES FOR CROSS SECTOR COLLABORATION: <ul style="list-style-type: none"> ○ Michael Wagner said hospitals must be in support of team-based care. ○ Stacy Paterno said the lack of specialist involvement makes it harder for primary care. ○ Mark Jacobs said hospitals are overwhelmed with decompensated chronic disease care, which is a symptom of the weakness of our primary care system and public health system. <p>WRITE-IN RECOMMENDATIONS:</p> <ul style="list-style-type: none"> ● #1: OHIC should conduct rate review of commercial and Medicaid primary care rates ● #2: Increases and more robust payment systems must be tied to achieving meaningful and measurable quality goals and purposefully closing racial gaps in quality of care <ul style="list-style-type: none"> ○ Peter Hollmann said he did not think this recommendation deserves to be put into a report. It should be assumed that primary care providers are trying to improve quality of care. ● #3: Primary care capitation (recommended by the Hospital Workgroup) <ul style="list-style-type: none"> ○ Peter Hollmann said capitation can help support team-based care. ○ Peter Pogacar said capitation does not pay as well as it should and said there has to be decent payment and reasonable attribution.

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	<ul style="list-style-type: none"> ○ Beth Lange said instead of codifying what has been paid historically, we should be quantifying how much it costs to pay a robust care team to provide quality primary care. ○ Michael Bailit said he thought if the Workgroup chose to include a recommendation on capitation, it should be paired with recommendations on increased payments and support for team-based care. ○ Michael Wagner agreed that we should not use historical payment to set capitation levels. Michael said capitation is preferable to FFS, because FFS leads to unnecessary utilization. <p><i>Workforce Recruitment</i></p> <p><u>Recommendation #7: Develop a statewide Primary Care Recruitment and Retention Program that coordinates the identification, recruitment, training, and support of individuals committed to primary care careers in Rhode Island</u></p> <ul style="list-style-type: none"> ● Tom Bledsoe supported the recommendation. ● Michael Wagner recommended considering strategies that can be implemented today, as opposed to creating a new medical school, which he saw as a ten-year endeavor. ● OPPORTUNITIES FOR CROSS SECTOR COLLABORATION: <ul style="list-style-type: none"> ○ Michael Wagner said hospitals have a role in recruiting and retaining primary care providers. ○ Tom Bledsoe said hospitals have lots of high-tech high-revenue service lines and could create more graduate medical education slots for primary care. <p><u>Recommendation #8: Increase the capacity and quality of primary care training sites</u></p> <ul style="list-style-type: none"> ● Peter Hollmann said he thought this recommendation was very important. He stated that Star Hampton’s responses to the prior workgroup meeting information requests were informative, and emphasized that primary care trainees need to have positive work experiences. Peter said a lot of medical students do not get exposed to primary care. ● Peter Pogacar said Florida added residency slots, which helped with its primary care shortage. ● OPPORTUNITIES FOR CROSS SECTOR COLLABORATION: <ul style="list-style-type: none"> ○ Tom Bledsoe said a robust training program would include a robust care team with embedded behavioral health. ○ Stacy Paterno suggested making a recommendation to the Hospital Workgroup to increase primary care resident positions. ○ Michael Wagner said Care New England’s family medicine program has a quarter of its primary care residents training at Thundermist. Michael said residents need to see their training sites as a stable place to start their career. ○ Peter Hollmann said graduate medical education training sites at community health centers are critical. <p><u>Recommendation #9: Establish and coordinate primary care tracks in institutions of higher education</u></p> <ul style="list-style-type: none"> ● Michael Bailit said there was a dissenting opinion included in the survey responses stating that primary care tracks do not work. ● Peter Hollmann acknowledged the dissenting opinion, but said he thought there are some tracks that could be successful. ● Tom Bledsoe said he agreed with Peter; he said it is a matter of where the tracks go. ● Elena Nicolella wondered whether this recommendation could fall under Recommendation #7. <p>WRITE-IN RECOMMENDATIONS:</p> <ul style="list-style-type: none"> ● #1: Further expand the CNE/Brown Family Medicine primary care residency program ● #2: Train residents in clinic settings that utilize advanced primary care constructs, such as care coordination and population health management programming

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	<ul style="list-style-type: none"> • #3: Actively recruit residents from Connecticut and Massachusetts to consider a job in primary care in Rhode Island • #4: Improve high school programs to meet regional performance standards so that we can develop a future workforce in Rhode Island • #5: Bring science and medicine curriculum to junior high school and offer more mentoring opportunities for high school students • Michael asked whether the Workgroup felt strongly about incorporating any of the write-in recommendations. <ul style="list-style-type: none"> ○ Michael Wagner supported #2. ○ Stacy Paterno supported #1, but cautioned against focusing only on Family Medicine, recommending including internal medicine and pediatrics. ○ Michael Wagner said internal medicine and pediatrics have not done as well as family medicine. ○ Tom Bledsoe said, regarding #2, the training sites should be the most enviable setting and represent the gold standard of primary care delivery. <p><i>Accountability</i></p> <p><u>Recommendation #10: Collect, analyze, monitor and report on data points that describe the state of Rhode Island’s primary care system</u></p> <ul style="list-style-type: none"> • Michael Bailit noted ongoing analyses being performed by Brown and by Freedman HealthCare using APCD data, and CTC-RI’s forthcoming dashboard. • Michael Wagner suggested being clear about what we want out of the data and recommended getting very specific about what questions we want to answer and why they matter. • Deb Hurwitz mentioned Brown’s APCD analysis revealed that Rhode Island has fewer primary care clinicians seeing patients than national data suggest. • Peter Marino supported this recommendation. • OPPORTUNITIES FOR CROSS SECTOR COLLABORATION: <ul style="list-style-type: none"> ○ None were identified <p><u>Recommendation #11: Evaluate the impact and effectiveness of current and future programs and initiatives</u></p> <ul style="list-style-type: none"> • Peter Hollmann said ideally every recommendation would have a corresponding methodology to measure its success. • Tom Bledsoe recommended combining this recommendation with #10. • Peter Marino recommended assessing the programs we currently have in place and be willing to discard those that are not working. • OPPORTUNITIES FOR CROSS SECTOR COLLABORATION: <ul style="list-style-type: none"> ○ None were identified
<p>5. DISCUSS POSSIBLE AREAS OF OVERLAP, COLLABORATION, AND COLLECTIVE ACTION</p>	<ul style="list-style-type: none"> • Michael Bailit said the December report will review the following cross-cutting structures and systems, identifying opportunities for improvement: <ul style="list-style-type: none"> ○ Data monitoring, oversight and on-going assessment and surveillance ○ Health information technology and exchange ○ Payment models and value-based payment models ○ Workforce ○ Quality and performance improvement (including provider training and technical assistance)

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	<ul style="list-style-type: none"> • Michael asked, beyond the draft recommendations already discussed, what changes to these cross-cutting structures would most benefit Rhode Island’s primary care system? <ul style="list-style-type: none"> ○ Michael Wagner asked whether the Workgroup had any authority for planning and being the accountable body for making some of these important decisions. ○ Michael Bailit said he did not know the answer to question; the answer may depend upon how the recommendations are received by the Governor and General Assembly. Michael added that the Cabinet work is scheduled to continue in 2025 after the report is completed. ○ Elena Nicolella recommended that the state have some standardized or common processes that it might employ around these five structures. For example, the state should have a coordinated approach to health information technology. ○ Barry Fabius noted that increased payments to primary care may warrant decreases in payment to specialty care. Michael Bailit acknowledged that the Workgroup had discussed increasing investments in primary care but had not talked about where the dollars would come from. ○ Michael Wagner suggested that the money to invest in primary care could come from reducing provision of low-value care and avoidable readmissions. ○ Tom Bledsoe said one of the reasons people do not come to Rhode Island is because of difficulties getting primary care. ○ Michael Wagner advocated for putting more divisive issues on the table (e.g., shifting expenditures towards primary care).
6. REVIEW NEXT STEPS	<ul style="list-style-type: none"> • Michael Bailit said the HCSP retreat was scheduled for November 7th. Grace Flaherty added that the retreat calendar invitation will likely be sent to Workgroup members on October 15th. • Michael Bailit said a draft of the primary care section of the report was due on November 13th. For that reason, the Workgroup will reconvene on November 14th from 10am-12pm only if necessary. • Michael Bailit said Bailit Health would distribute a summary of the meeting within a week.
7. PUBLIC COMMENT	Michael Bailit opened the meeting to public comment. There was none.