State-Level Primary Care Innovations and Implications for Federal Policy

National Academies' Standing Committee on Primary Care

May 20, 2024

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State Role in Primary Care Reform

1.	Define current state of primary care	• Data analytics, definitions, and research (i.e. primary care scorecard and reports on spend)
2.	Build a coalition	• Public-private partnership model (i.e. Virginia Task Force on Primary Care)
3.	Identify policy options	• Landscape review and stakeholder input (i.e. Tool based on HHS issue brief)
4.	Establish consensus priorities	• Leverage the power of consensus in a coalition (i.e. primary care spend threshold)
5.	Identify a policy champion	• Define ownership (executive vs legislative, state vs federal) • Use data to identify impacted populations, geographies
6.	Provide an accountability structure	• Monitor execution of recommendations and related policies (i.e. Legislative and budget trackers)

Note: Issue brief drafted in partnership with Milbank Memorial Fund

VIRGINIA TASK FORCE ON PRIMARY CARE

- **Public-private partnership model** – run by Virginia Center for Health Innovation (VCHI), funded through the Virginia Department of Health
- Initiated in 2020 to address immediate crises facing primary care sustainability

Membership	Committees	Major Initiatives
• Front line providers • Health systems • Payers (Medicaid, commercial, state employees) • Employers • Professional associations • Patient advocates • Legislators • State officials	• Vary by year based on needs • Current committees include: 1. Data analytics 2. Practice and payment innovation 3. Clinician retention and well-being 4. Education and advocacy	• Distribution of PPE and rapid antigen tests • Increased Medicaid reimbursement • Spend reports and scorecard • Pilots: 1. Multi-payer alignment for behavioral health integration 2. Clinician retention 3. Vaccination rates 4. Person-Centered Primary Care Measure evaluation

State Alignment with Federal Initiatives

Milbank Memorial Fund
Using evidence to improve population health

Primary Care State-Federal Alignment Tool

VIRGINIA TASK FORCE ON PRIMARY CARE

VIRGINIA CENTER FOR HEALTH INNOVATION

		State (Example: Virginia [VA])			Federal		
Category	Federal Initiative[1]	State Current Status	State Executive/Agency Action Needed	State Legislative Action Needed	Federal Executive/Agency Action Needed	Federal Legislative Action Needed	Other Notes
Payment	Updates to Medicare Physician Fee Schedule 1. Complexity Add-on (G2211) 2. Payment for auxiliary personnel (community health workers [CHWs], peers, care navigators) 3. Social Determinants of Health (SDOH) Screen (G0136) 4. Community Health Integration and Principal Illness Navigation (G0511) 5. Collaborative Care Model (99492, 99493, 99494, G2214, G0512)	* Medicaid does not cover G2211, G0136, G0511, G2214, or G0512 * Beginning January 2024, Medicaid will cover 99492-99494 * Medicaid covers peer services * Medicaid encourages use of CHWs and care navigators for health plans, but does not directly reimburse providers with auxiliary personnel		Update services covered to mirror Medicare			
Payment	CMS Innovation Center—Making Care Primary	* Not participating			Could offer opportunities to expand demonstration		Activity not open to VA
Payment	CMS Innovation Center—AHEAD Model	* Round 3 applications due August 2024	Application and implementation would require significant state leadership. State Medicaid agency is the only eligible applicant	Participation would require legislative action to set spend targets and adjust Medicaid payments			VA has not submitted an application
Payment	CMS Innovation Center—Accountable Care Organization (ACO) Primary Care (PC) Flex Model	* Opportunity announced March 2023. Individual ACOs can apply without direct state action * VA likely has ~15 ACOs that could be eligible					
Payment	Adoption of Person-Centered Primary Care Measure (PCPCM) in CMS Innovation Center's payment models	* Virginia Task Force on Primary Care (VTFPC) is conducting an evaluation of PCPCM	Could include in future value-based payment (VBP) models if evaluation is positive or as an outcome measure to determine effectiveness of other		Could broadly adopt if evaluation is positive		

Note: Tool published by Milbank Memorial Fund. Initiatives listed are based on *HHS is Taking Action to Strengthen Primary Care*

7 Ways the Federal Government Can Support States

- **Establish accountable leadership:** Primary care spans multiple centers and agencies within HHS. Having a singular entity responsible for coordination and accountability for executing a vision is critical.
- **Create a roadmap with a vision for the future:** Communicate the overall strategy and endgame to states so that they may plan their own priorities, reduce redundancy and maximize use of limited resources.
- **Establish common definitions for primary care and primary care spend:** Provide common definitions so states can make comparisons and plan programs more efficiently.
- **Set benchmarks so state can align priorities and measure success:** Review of design and timeline, discussion on provider accountability metrics.
- **Provide access to payer data for research and evaluation:** Submit Tricare and federal employee plan data for state all-payer claims databases and continue to enable use of Medicare and Medicaid claims.
- **Establish a comprehensive workforce strategy that includes retention:** Burnout rates are at an all-time high. Recruitment without retention will continue to result in access issues.
- **Provide a strategy to close the primary care gap between states:** Consider policy options that support states in building necessary infrastructure while considering varying cultures of states.

Appendix

States Need Federal Data to Improve Self-Assessments

Virginia Primary Care Scorecard

Spend

Based on Task Force definition of primary care and spend

Federal employees and military are missing

Utilization

Based on Task Force defined primary care services

Federal employees and military are missing

Workforce

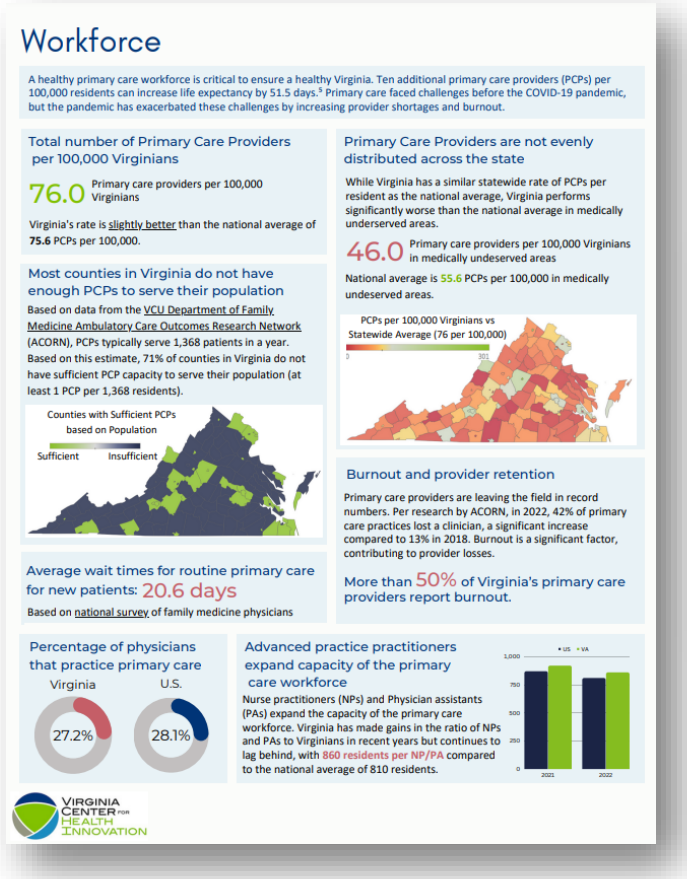
Based on Task Force defined specialties

No benchmarks for "right" number of providers per capita

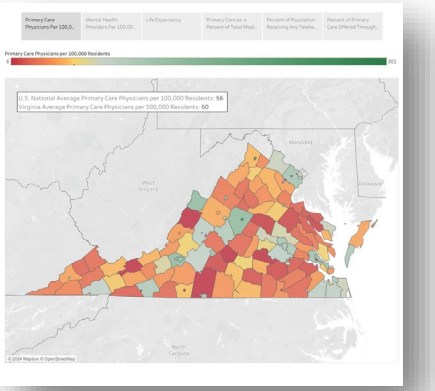
No benchmark on "right" panel size for high quality care

Outcomes

Few data sources for patient experience, rely on vaccination rates, and avoidable admissions



Scorecard



Scorecard Dashboard

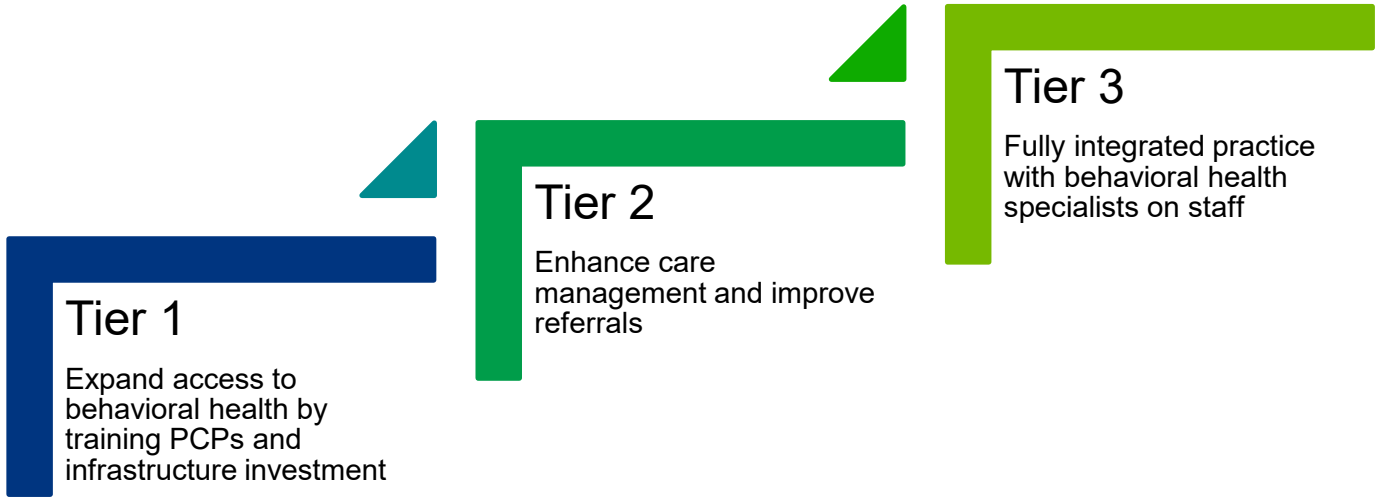
Note: Full set of 2023 Virginia Task Force on Primary Care Reports may be found here

Using a Public-Private Partnership to Establish Multi-Payer Alignment

- Voluntary alignment between Medicaid managed care organizations
- Design supported by third-party Virginia Center for Health Innovation

- Establish a payment model to support pediatric primary care practices in integrating primary care and behavioral health
- Goals: Increase access to behavioral health; Reduce burnout among primary care providers

Model Approach



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