

# USING DATA TO REACH AFFORDABILITY BY INCREASING ACCESS TO PRIMARY CARE

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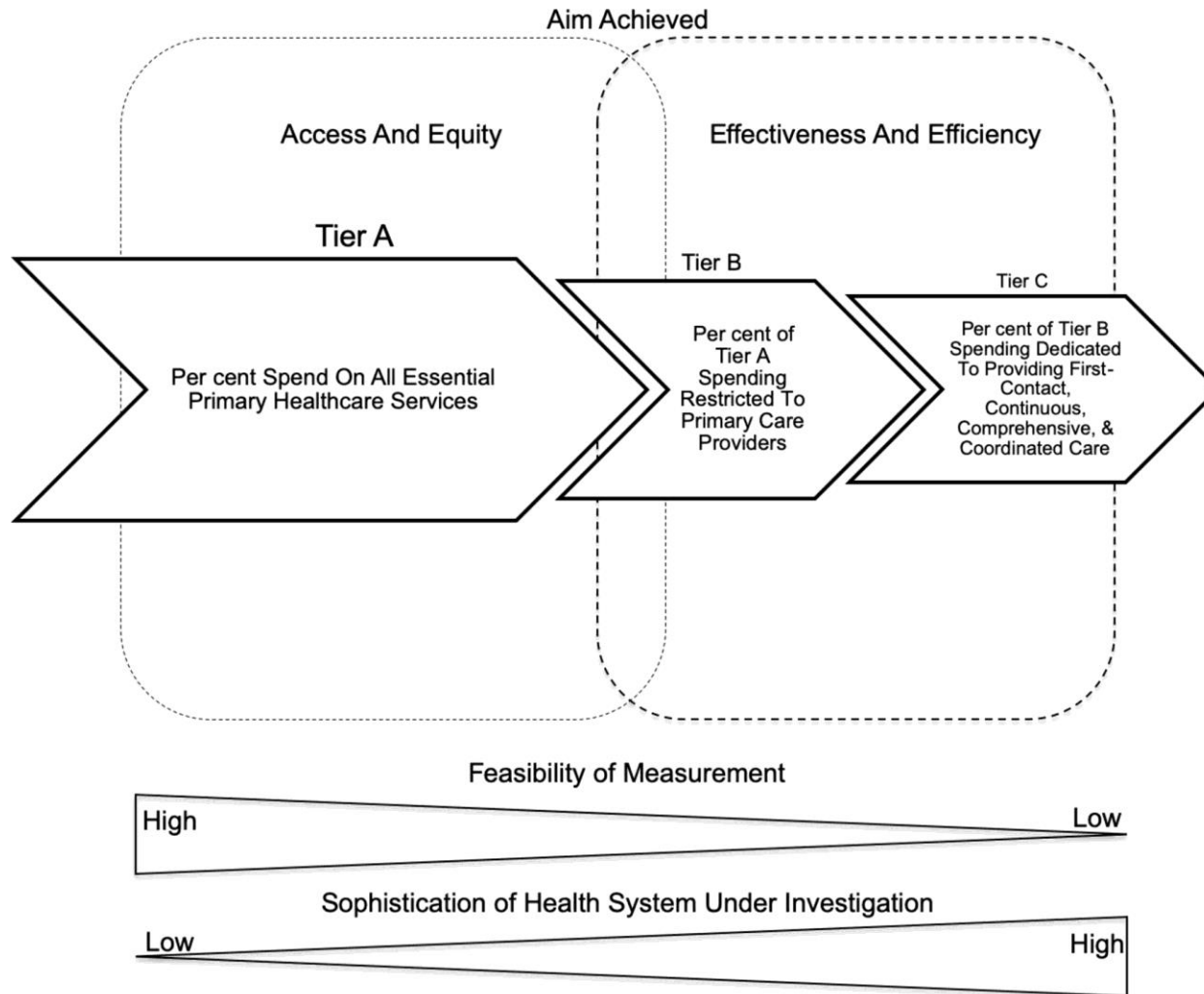
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# Conceptual diagram of the Primary Care Spend Model.

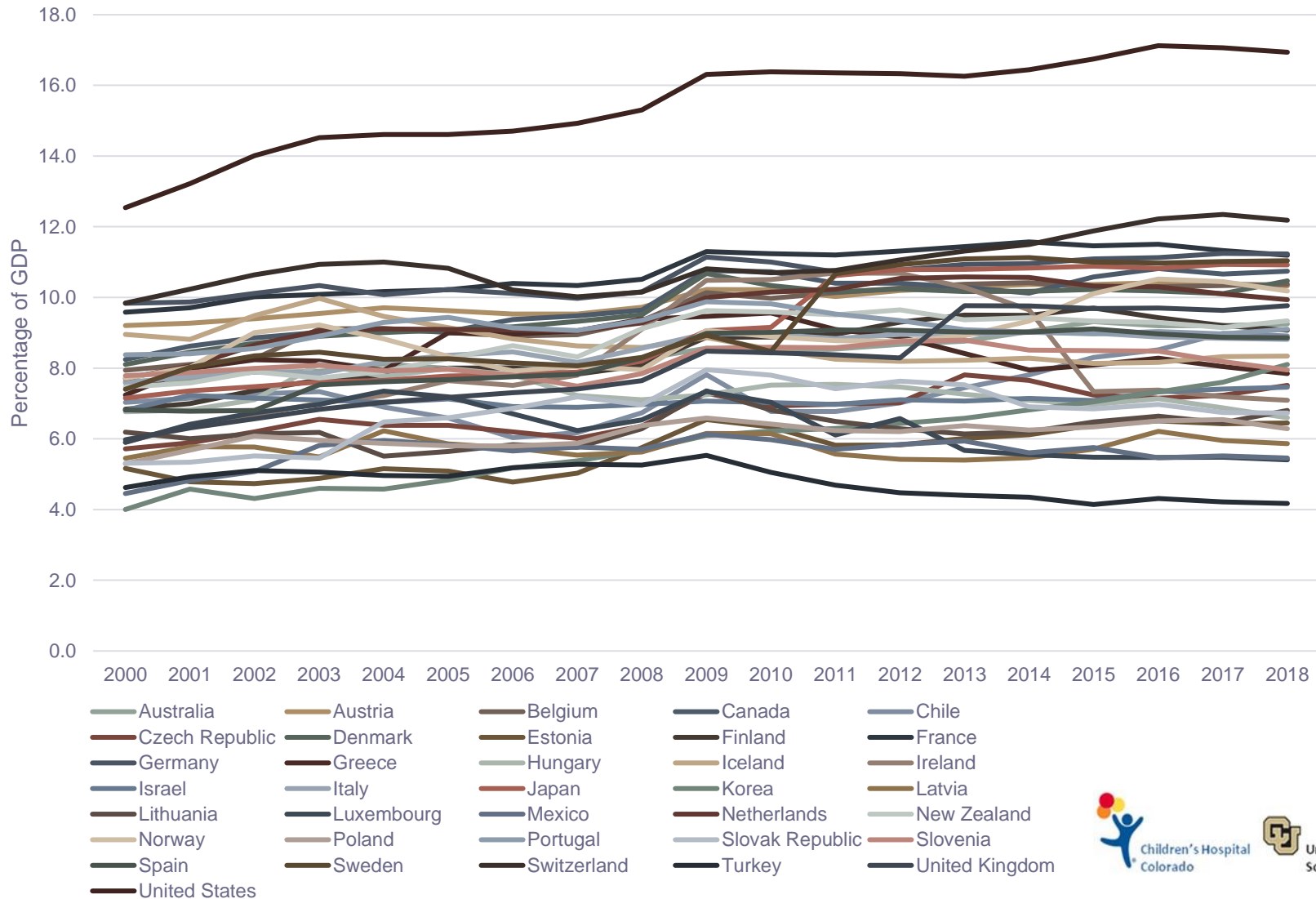


Robert Baillieu et al. *BMJ Glob Health* 2019;4:e001601



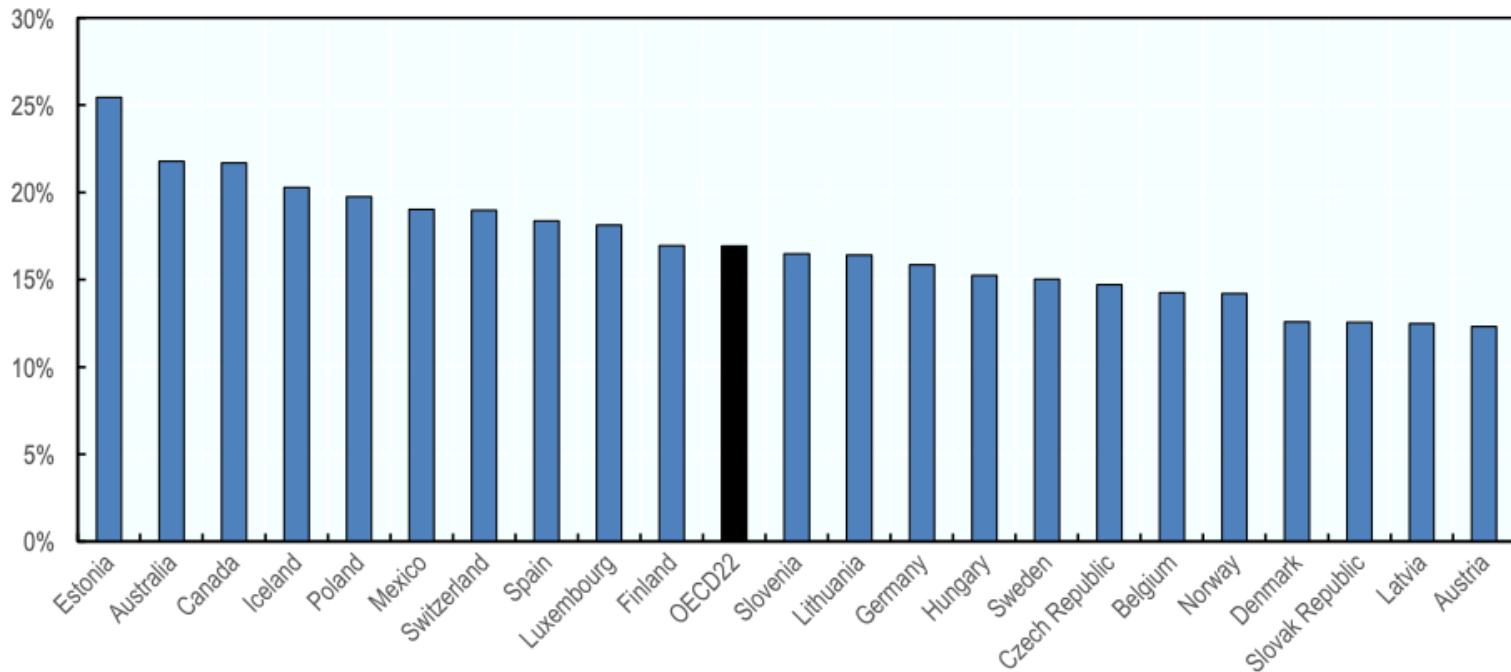
# Some is different about US Health Care Spending

Health Care Spend/ Gross Domestic Product in 36 OECD Countries



# Primary Care Spend in Europe is 12%-25%!

**Figure 3. Expenditure for basic care as a share of current health expenditure, 2016 (or latest year)**



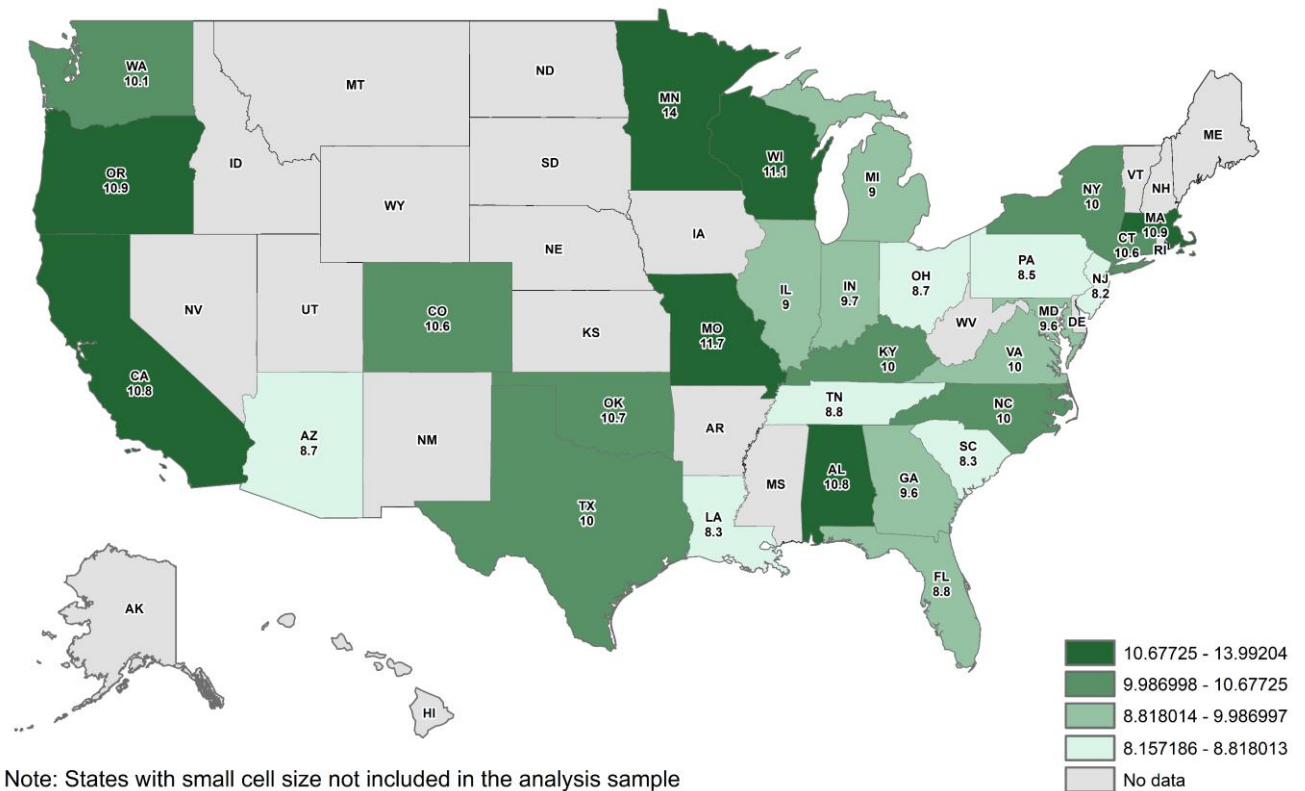
Source: OECD Health Statistics 2018.

# Perhaps this is a recipe for value?

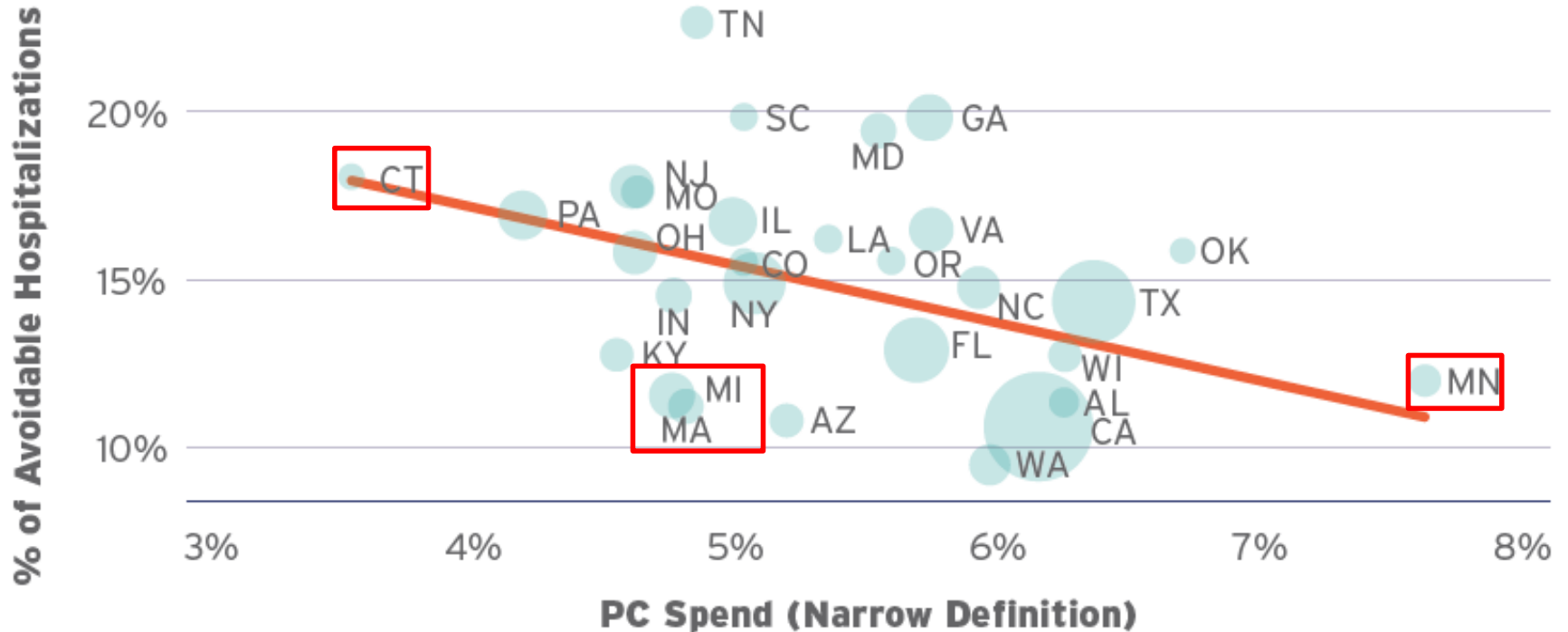
- Convene the stakeholders
- Define and measure primary care spend
- Define and measure affordability standards (from the public's POV)
- Invest in high quality primary care
- Assess impact on affordability, quality and outcomes
- Continuously improve the initiatives
- Simmer and stir for 10 years.

State	PC Broad
National	10.2
AL	10.8
AZ	8.7
CA	10.8
CO	10.6
CT	10.6
FL	8.8
GA	9.6
IL	9.0
IN	9.7
KY	10.0
LA	8.3
MA	10.9
MD	9.6
MI	9.0
MN	14.0
MO	11.7
NC	10.0
NJ	8.2
NY	10.0
OH	8.7
OK	10.7
OR	10.9
PA	8.5
SC	8.3
TN	8.8
TX	10.0
VA	10.0
WA	10.1
WI	11.1

Percent PC Spend Variation Across States (Broad Definition)



# PC Spend-Narrow Vs. Percent Avoidable Hospitalization



R = -0.44. Note: Size of circles represents the population size of the state.

# Colorado Primary Care Payment Reform Collaborative



## WHO IS AT THE TABLE?

## RESPONSIBILITIES

- ❑ Advise in the development of affordability standards and targets for carrier investments in primary care
- ❑ Analyze the % of medical expenses allocated to primary care provided by the APCD
- ❑ Develop a recommendation for the definition of primary care
- ❑ Report current practices of carrier reimbursement that direct greater resources to care innovation and improving primary care
- ❑ Identify barriers to the adoption of Alternative Payment Models and develop recommendations to address barriers
- ❑ Consider how to increase investment in advanced primary care without increasing the total cost of health care or costs to consumers



GOAL

Affordability

TARGETS

Consumers

Systems

INITIATIVES

Public Option\*

Reinsurance

Affordability Standards

Mental Health Parity

Out-of-Network billing

Purchasing Alliances

Pharma Transparency

Primary Care Collaborative

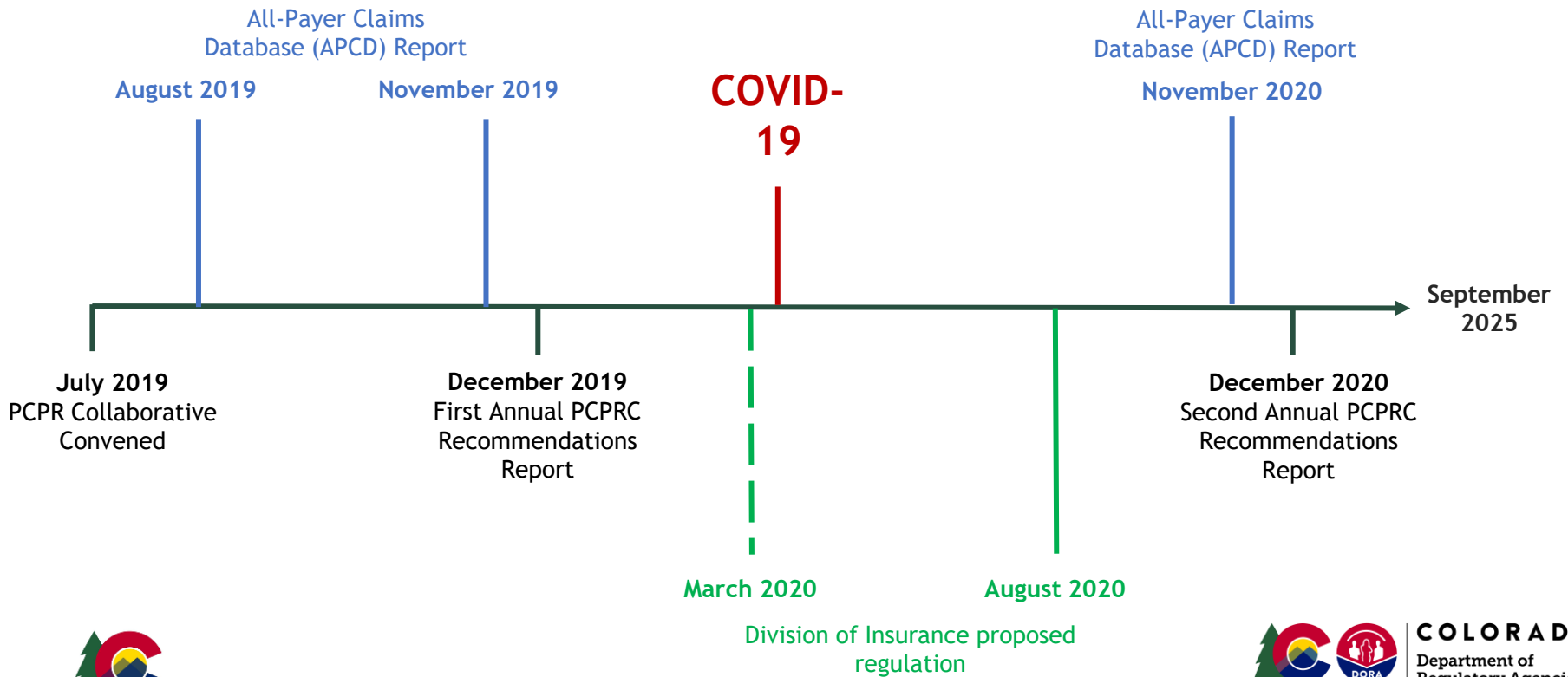


*\*postponed during 2020 legislative session*



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# Timeline (interrupted)...



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# Measuring Investment in Primary Care

Implementation



Impact

- Inclusive definition of primary care
- Primary care investment target: one percentage point annual increase in 2022 and 2023
- AMP investment target: increased investments should be offered through infrastructure investments and alternative payment models

- Identify and track short, medium, and long-term measures
- Increased investments should support providers in adopting advance primary care delivery models

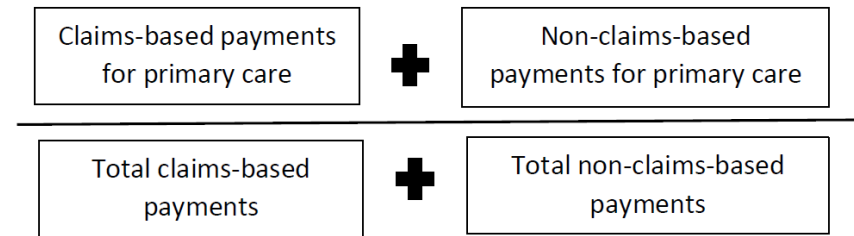


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# Primary Care Expenditures - APCD Reporting

- Family medicine physicians in an outpatient setting and when practicing general primary care
- General pediatric physicians and adolescent medicine physicians in an outpatient setting and when practicing general primary care
- Geriatric medicine physicians in an outpatient setting when practicing general primary care
- Internal medicine physicians in an outpatient setting and when practicing general primary care (excludes internists who specialize in areas such as cardiology, oncology, and other common internal medicine specialties beyond the scope of general primary care)
- OB-GYN physicians in an outpatient setting and when practicing general primary care
- Providers such as nurse practitioners and physicians' assistants in an outpatient setting and when practicing general primary care
- Behavioral health providers, including psychiatrists, providing mental health and substance use disorder services when integrated into a primary care setting

- Primary care and total medical expenditures from claims and non-claims payments under fee-for-service and alternative payment models



# Challenges and Considerations - Claims Payments

## DECISION POINTS

- Defining provider types and services (claims)
  - Taxonomies not always reliable
  - Providers working in or out of primary care (e.g., OB/GYN, NP, PA)
  - Identifying behavioral health services in integrated care settings.

## INITIAL SOLUTIONS

- Provider taxonomy and CPT codes (OB/GYN, NP, PA)
- Billing provider vs. Service Provider (Behavioral Health Providers, NP, PA)



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# Challenges and Considerations - Non-Claims Payments

## DECISION POINTS

- Member inclusion - policies sold/issued in Colorado vs members residing in Colorado
- Segmentation by line of business (i.e. commercial, Medicaid)
- APM category reporting (non-claims-based)

## INITIAL SOLUTIONS

- Members residing in Colorado
- Report insurance product code type
- Health Care Payment and Learning Action Network APM Framework



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# So, what about COVID-19?

- **Tremendous stress on Primary Care practices**
  - Patient priorities changed
  - In-person visits stopped in mid-March
  - Tele-health rules changed, use ramped up
  - Employment disrupted insurance coverage
- **Impact in initiative**
  - What is the impact on the measurement of primary care spend?
  - What is the impact on the measurement of clinical quality?
  - What is the impact on APM implementation?
  - What is the impact of telehealth?
  - What is the impact on cost of care to families?



