

The Virginia Task Force on Primary Care SFY'26 RECOMMENDATIONS



1. **AI for Primary Care.** Create an AI for Primary Care Learning Community.
2. **Primary Care Summit.** Host a Virginia Primary Care Summit to bring attention to the Virginia Task Force on Primary Care's emerging pilots, legislative agenda, and opportunities to better advance primary care sustainability.
3. **Primary Care Reports.** Continue to publish annual Primary Care Scorecard, Primary Care Spend Report, and Total Cost of Care Reports, using enhanced data as permitted.
4. **Non-Claims Data Submission.** Ensure future assessments of primary care spend incorporate infrastructure and value-based payments by pursuing legislation that would direct Virginia's health plans to submit non-claims-based payment information to Virginia Health Information utilizing the NAHDO Non-Claims Payment Data layout, beginning with data for CY'2025. (Fiscal impact to be determined by the Department of Planning and Budget).
5. **Primary Care Research.**
 - a. Increase investment in primary care research and establish a governing structure for the new Research Consortium to promote evidence-based policy for Virginia.
 - b. Request that the Virginia General Assembly direct DMAS to apply for federal match for all eligible VCHI state contract dollars (~\$400K) and then direct those funds to the Research Consortium at VCHI to complete: 1) a marketplace assessment of primary care practice ownership in the Commonwealth of Virginia, identifying potential policy levers to ensure more dollars go directly to primary care providers and front-line staff; and 2) a review of primary care payment models that could be deployed in Virginia to better ensure primary care sustainability and enhanced access for patients. These reports should be submitted upon completion to the Joint Commission on Health Care.
6. **Pilot Implementation.**
 - a. **Joy in Healthcare.** Continue to implement the Virginia Joy in Healthcare Pilot, providing stipends to two new (\$10,000 each) and three continuing (\$5,000 each) organizations, to support their staff engagement and survey deployment.
 - b. **Person-Centered Primary Care Measure (PCPCM).** Finalize and disseminate findings from the PCPCM Pilot evaluation.
 - c. **Primary Pathways.**
 - i. Continue the Primary Pathways Provider Advisory Committee and Learning Community.
 - ii. Conduct an evaluation of the Primary Pathways pilot and pursue expansion to other practices and payers. State-directed model determination will be dependent of evaluation findings.
7. **Integrated Care.**
 - a. Convene a workgroup on same-day billing challenges that includes payers and clinicians to determine root causes and recommendations.
 - b. Develop a Roadmap for Integrating Care that includes findings and recommendations regarding same-day billing, models of care, Virginia-specific billing guidance, workflows, care management training and resources, and job descriptions for hiring new personnel.
 - c. Assess the feasibility of partnering with VMAP on care management training.
8. **Medicaid Parity Spend.** Pursue parity spend with Medicare for Virginia Medicaid primary care services. (Fiscal impact to be determined by the Department of Planning and Budget).