



## Year 1 Accomplishments and Recommendations

### Background: Aims and Definition of Success:

On August 5, 2020, Governor Ralph Northam announced the creation of a task force on primary care in partnership with the Virginia Center for Health Innovation (VCHI) and Secretary of Health and Human Resources Daniel Carey.

The Governor's Task Force on Primary Care aims to:

- Build a stakeholder coalition to direct primary care support and advance the use of data/communication systems for action;
- Define payment models to better support primary care and support practice viability through systems that allow for predictability in financial support;
- Describe the infrastructure needed to support primary care;
- Identify markers of high value care in the COVID and post COVID era to function as quality metrics; and
- Promote innovations in telehealth, population health management, and outreach to adapt to the changing COVID environment.

The 31 task force members, comprised of primary care clinicians, employers, health plan representatives, patient advocates, and state government leaders from the executive and legislative branches defined success as:

- Clinicians and payers establish a better relationship in order to partner in seeking better health and lower costs for Virginians;
- Primary care services are accessible, integrated, equitable, convenient, and affordable for patients in all Virginia communities;
- Virginia promotes a positive primary care practice experience for clinicians, leading to retention and growth in the number of primary care providers;
- The viability of primary care practices is safeguarded, primary care payment is predictable and tied to meaningful performance measurement in order to advance better health care value, and primary care is less susceptible to changes in the economy; and
- Positive primary care innovations, such as telehealth, adopted during the pandemic are maintained and advanced where needed.

## Summary of Year 1 Impacts:

### Pandemic Support

- One-time distribution of 750,000 pieces of PPE and 500,000 rapid antigen tests to Virginia's primary care clinicians, free clinics, and FQHCs.
- Dissemination of educational information on PPE utilization strategies and a recommended PPE vendor list to all Virginia primary care clinicians.

### Connecting Virginia with National Primary Care Reform Entities

- Through the GTFPC and VCHI, the Commonwealth of Virginia has been invited to participate in AHRQ's Primary Care Learning Community and Milbank Memorial Fund's Multi-Payer Primary Care Network, both of which offer considerable resources for reform work.

### Identification of Necessary Building Blocks for Payment Reform

- Partnership with key entities to begin development of Primary Care Spend Report and a Total Cost of Care Report
- Partnership with key entities to learn more about the infrastructure needs of primary care clinicians to participate in VBP contracts
- Partnership with Virginia Medicaid to begin the development of a primary care payment reform model
- Development of a series of performance measurement aims and key stakeholder requirements that will be utilized to drive improved measurement effectiveness and alignment for all parties
- Recognition of communication and data sharing challenges in the necessary relationship between primary care and public health and a commitment to improving connectivity

## Recommendations for Year 2:

Recognizing the importance and potential impact of this work, the Northam administration has provided VCHI with funding to support a second year of task force activity.

Accordingly, the task force has approved the following priorities for its 2021-2022 workplan:

### Infrastructure

- Develop and prepare a Virginia Primary Care Spend Report. This will require building consensus on patient attribution and risk adjustment methodologies. Report should break out spending by type of insurance and by population (adult versus pediatric).

- Develop and prepare a Virginia Overall Healthcare Spend Report. Phase one would be the preparation of a statewide report. Phase two (to be funded through new APCD federal funding and completed in 2023) would be the development of individual clinician and practice level Total Cost of Care reports.
- Develop and prepare a Virginia Plan to Enhance Communication between Public Health and Primary Care.
- Develop a plan to provide Virginia primary care clinicians with the tools and resources they need to engage in VBP contracts. Supports to be researched and considered include: 1) care delivery transformation strategies and workflow optimization, 2) data and analytic support, 3) incorporating social determinants of health information into care delivery, 4) centralized care coordination and health coaching, 5) telehealth support, 6) policy expertise, and 7) contracting support.
- Develop and execute a plan for Virginia primary care practices, health plans, and managed care organizations to secure bidirectional access to state vaccination data by securing a tool that can be used for population health monitoring and targeting purposes, as well as patient level coordination and vaccine promotion.

### Payment Reform

- Work with the Virginia Department of Medical Assistance Services to prepare budget amendment support documentation to secure the increased funds needed to ensure Medicaid primary care services (adult and pediatric) are paid at least at parity with Medicare -- while developing a pathway to move these payments from a FFS to PMPM mechanism that includes increased accountability for inappropriate ER utilization and improved health and cost outcomes.
- Explore the feasibility of developing and implementing a dashboard to track primary care participation in VBP contracts.

### Performance Measurement

- Finalize measure recommendations, and secure participation agreements from relevant entities. New measures should move beyond clinical quality measures, to include social determinants of health measures, patient-reported outcome measures, and population performance measures.