HEALTHCARE BENCHMARK INITIATIVE TECHNICAL TEAM
DRAFT Meeting Minutes
January 27, 2025 | 10:30 – 12:30 p.m. ET
[Insert link to Zoom Meeting Recording]

ATTENDANCE:

By Electronic Device:
Loren Adler
Don Berwick
Francois de Brantes
Paul Grady
Jason Hockenberry
Joshua Wojcik

In Person:
N/A

Absent:
Sabrina Corlette
Stefan Gildemeister
Chris Manzi
Roslyn Murray

Other Participants:
Deidre Gifford, OHS
Alex Reger, OHS
Patty Blodgett, OHS
Michael Bailit, Bailit Health
Erin Taylor, Bailit Health

WELCOME AND CALL TO ORDER
Deidre Gifford welcomed the Technical Team to the meeting and indicated that the purpose of the meeting was to begin discussion of the State's primary care spending target for 2026-2030.

PRIMARY CARE SPENDING TARGET
Defining primary care
Michael Bailit provided background information on the current primary care spending target, noting that the 10% target for 2025 was originally set in a 2020 Executive Order. Loren Adler asked about the origin of the 10% and Michael said it was set by the Governor in his Executive Order. Michael speculated that it may have been informed by the value of Rhode Island's target. Michael reported on prior year state and market-level performance meeting the primary care spending target. He shared that primary care spending as a percentage of overall spending was down in 2023, mostly driven by high increases in total spending (i.e., the denominator).

Paul Grady said there is no incentive for commercial health plans to increase primary care spending.

Josh Wojcik provided information about efforts to increase investment in primary care spending in the State Employee Health Plan. He described a total cost of care model with care coordination payments and opportunities to earn additional quality incentive payments. Josh reported that the added payments, which total $19-20 PMPM, had enabled primary care practices to hire additional staff and invest in technical resources to bolster their infrastructure. He explained that OSC broadly defined how the funds were to be spent and required annual reports on use of the funds. Josh indicated that the approach was

informed by the State's draft 2021 Roadmap for Strengthening and Sustaining Primary Care in Connecticut. Deidre said that some of the steps outlined in the Roadmap raised stakeholder concerns about potential negative impacts to patients from capitated payments. She indicated that the state is looking at its participation in the Centers for Medicare and Medicaid Services (CMS) States Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model to support primary care infrastructure and practice transformation. OHS will include the Roadmap as a topic for discussion during the February 18, 2025 Technical Team meeting. Deidre invited future discussion of member thoughts about messaging increases in primary care or primary care investments.

Technical Team members discussed how OHS is currently defining primary care for the purposes of calculating primary care spending. Michael Bailit indicated that a predecessor Technical Team defined primary care according to a specific set of services delivered by specific providers.

- The Technical Team discussed the exclusion of Ob-Gyns and urgent care providers from the primary care provider types. Michael Bailit indicated that the predecessor Technical Team excluded Ob-Gyn providers, asserting that the policy intent of the Executive Order was to increase primary care clinicians and see a shift in spending toward traditional primary care. In addition, the prior Technical Team determined that Ob-Gyns and urgent care providers did not meet the State's definition of primary care, i.e., routine, comprehensive, and continuous care for patients.
- Francois de Brantes and Don Berwick advocated for inclusion of Ob-Gyn providers delivering primary care services in the definition.
- Paul Grady said OHS adopted a narrow definition to measure and shift spending to traditional primary care and a broader definition that includes Ob-Gyns for additional analysis.
- Paul asked if there has been a shift in primary care physician attitude toward capitated or other payment models with a reliable revenue stream since COVID. Don Berwick said the trend in primary care is employment by a corporate entity for a salary and less administrative burden. Don added that only some independent groups of physicians have the infrastructure to manage capitation.

Don Berwick said the measurement of primary care spending has deviated from the policy objective, which is to ensure people have an established relationship with a primary care provider who coordinates care. Paul Grady agreed and noted that the real issue is figuring out a way to increase spending in primary care, not necessarily defining it. Paul added that he thought the current definition was good enough.

Josh Wojcik asserted that the policy goals should be improved outcomes, better care management, utilization of primary care services in traditional primary care settings, and more primary care providers practicing in Connecticut, all measurable goals. Josh said OHS should establish clear objectives for primary care and then determine spending and improvement targets to meet the objectives. Michael Bailit agreed that the percentage of spending in primary care is not the end goal, and Deidre Gifford acknowledged that there are limitations to setting a single target. Michael said there is an opportunity for the Technical Team to recommend complementary measures to support the primary care target, but the target is in the law and so it needs to be set.

Francois de Brantes suggested that OHS report on where primary care spending is going today and highlight that primary care is being delivered in settings that are not preferred or consistent with the

state's vision for primary care (e.g., urgent care, emergency departments). Francois said this would re-center the conversation about where the state *would like to see primary care spending and how to get there.*

Defining total healthcare spending

Michael Bailit reviewed the current methodology OHS employs to define total healthcare spending for the purposes of calculating the percent of spending in primary care.

- Don Berwick agreed with continuing to exclude long-term care spending.
- Josh Wojcik suggested excluding spending above a certain threshold. Francois de Brantes suggested applying a truncation rule, like what OHS does when calculating total healthcare expenditures (THCE) relative to the cost growth benchmark..

Primary care spending percentages for 2026-2030

Michael Bailit asked the Technical Team for its recommendations for primary care spending target values for the next five years.

- Francois de Brantes proposed to keep the 2026-2030 targets at 10%. He added that the target could increase once the 10% is met. Don Berwick expressed support for the proposal and recommended that OHS provide additional context that the target has not gained traction since 2020 and other steps should be considered to achieve the primary care policy goals. He said it was necessary to discuss what would make the target reachable.
- Josh Wojcik agreed, and advocated for being explicit about the primary care goals and then identifying measures to see how the state is performing directionally, at a minimum.

Concluding thoughts

The Technical Team observed that the state is far from reaching the 10% target set for 2025. Michael Bailit said the current rates do not mean that there has not been an increase in primary care spending, but it has not increased faster than total spending. Michael said this suggests that there has not been a re-allocation or re-balance in spending toward primary care. Don Berwick underscored the point and recommended OHS highlight that progress is not being made, the spending target is not resulting in the desired outcome, and it is unlikely to do so. Don also added that behavioral health is connected to primary care and has largely been left out of the conversation. Deidre Gifford said the hearings in June offer an avenue to communicate the point that spending is not shifting to primary care from other areas. Alex Reger added that it would be important to discuss metrics related to primary care goals, including workforce and utilization to provide a holistic picture.

PUBLIC COMMENT

There were no public comments.

NEXT STEPS & MEETING ADJOURNMENT

Deidre Gifford said the next meeting was scheduled for Tuesday, February 18 from 1-3 pm ET. Deidre adjourned the meeting.

UPCOMING MEETING:

February 18, 2025

Healthcare Cost Growth Benchmark Initiative Meeting Material