



Primary Care Investment Webinar: 2022 State Legislative Progress

Lisa Dulsky Watkins, MD
Director, Multipayer Primary Care Network
Milbank Memorial Fund

June 22, 2022



The Milbank Memorial Fund

- ➔ Milbank is an over 100-year-old endowed operating foundation that focuses on nonpartisan analysis, collaboration and communication, with an emphasis on state health policy
- ➔ Our aim is to improve population health and health equity by connecting state leaders and other decision makers with evidence and sound experience
- ➔ Milbank works on value-based payment approaches in primary care, state-based cost growth benchmarks and other approaches to promoting sustainable health care costs, and state policy and practice related to healthy aging

Today's Panelists

- **Ann Greiner, MS**, President and CEO, Primary Care Collaborative
- **Howard M. Haft, MD, MMM, CPE, FACPE**, Senior Medical Advisor, Maryland Primary Care Program
- **Sen. Clarence Lam, MD, MPH**, Maryland Senate
- **Lisa Letourneau, MD, MPH** Senior Advisor, Maine Department of Health and Human Services Commissioner
- **Elizabeth Wilson, MD, MPH, MS-HPed**, Chair, Community and Family Medicine, Dartmouth Health and Geisel School of Medicine
- **Rep. Samuel Zager, MD**, Maine House of Representatives



Primary Care Investment: State Legislative Update

Ann Greiner,
President and CEO
Primary Care Collaborative



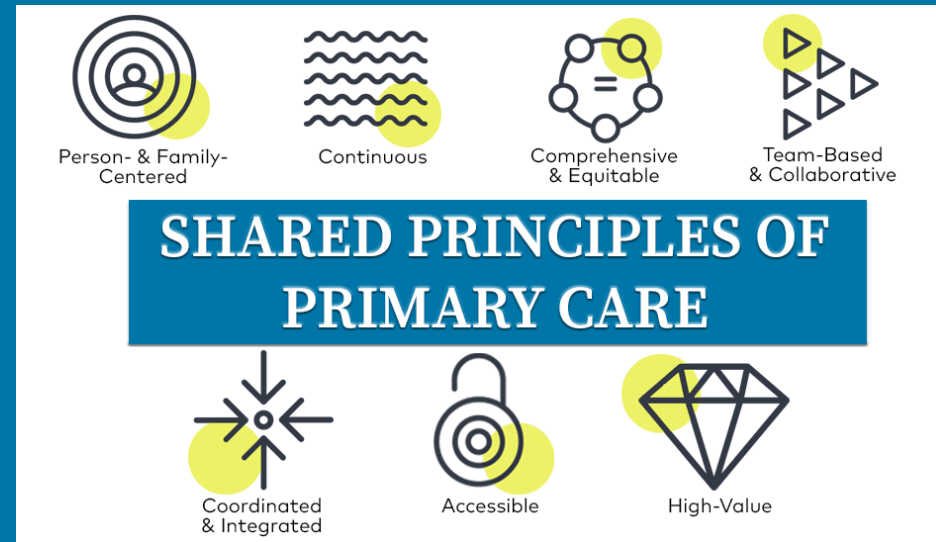
About the PCC

WHO WE ARE

- Not-for-profit, multistakeholder organization with 63 members

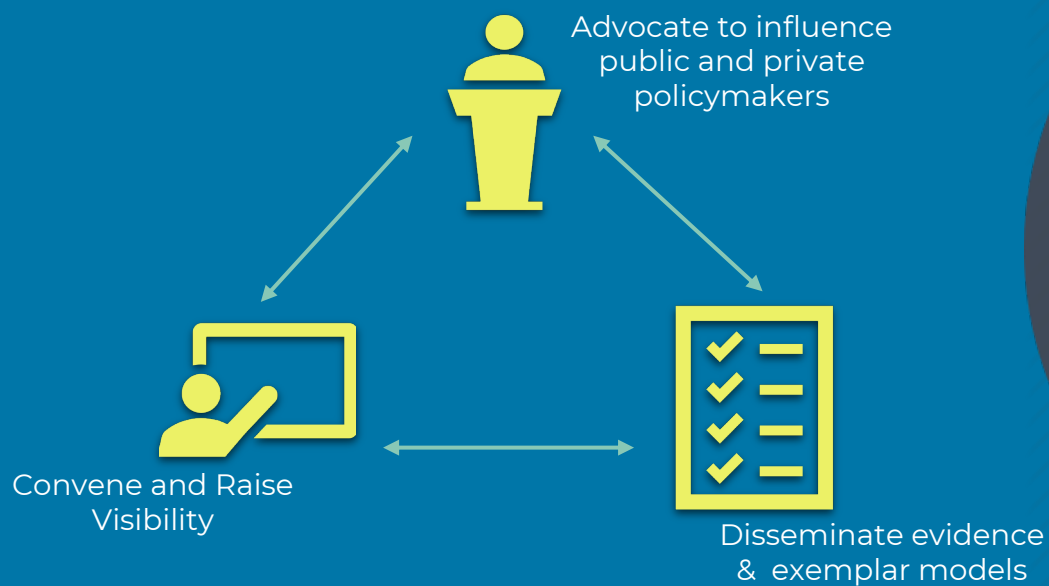
OUR MISSION

- The Primary Care Collaborative advances comprehensive primary care to improve health and health care for patients and their families by convening and uniting stakeholders around research, care delivery and payment models, and policies.





PCC Levers to Achieve Mission and Vision

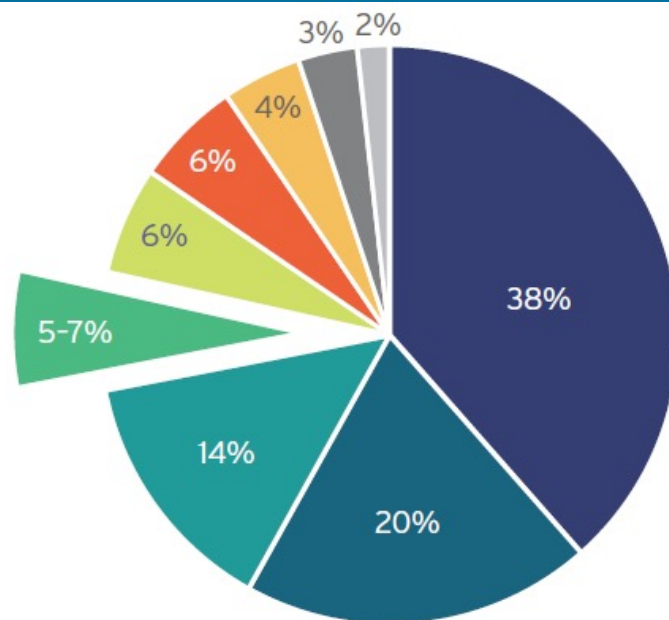




Why Primary Care Investment Matters

Health Care Spending

- Hospital care
- All other physician and professional services
- Prescription drugs and other medical nondurables
- Primary care
- Nursing home care
- Other health, residential, and personal care
- Dental services
- Home health care
- Medical durables



#PCCEvidenceReport



U.S. PC Investment Low *and* Declining



PC Spending Declined Among Commercially Insured 2017–2019

Definition	2017	2019
Narrow	4.88%	4.67%
Broad	7.8%	7.69%

JAMA Internal Medicine 2020 All Payer Decline 2002–2016

- 6.5% to 5.4% decline, narrow definition

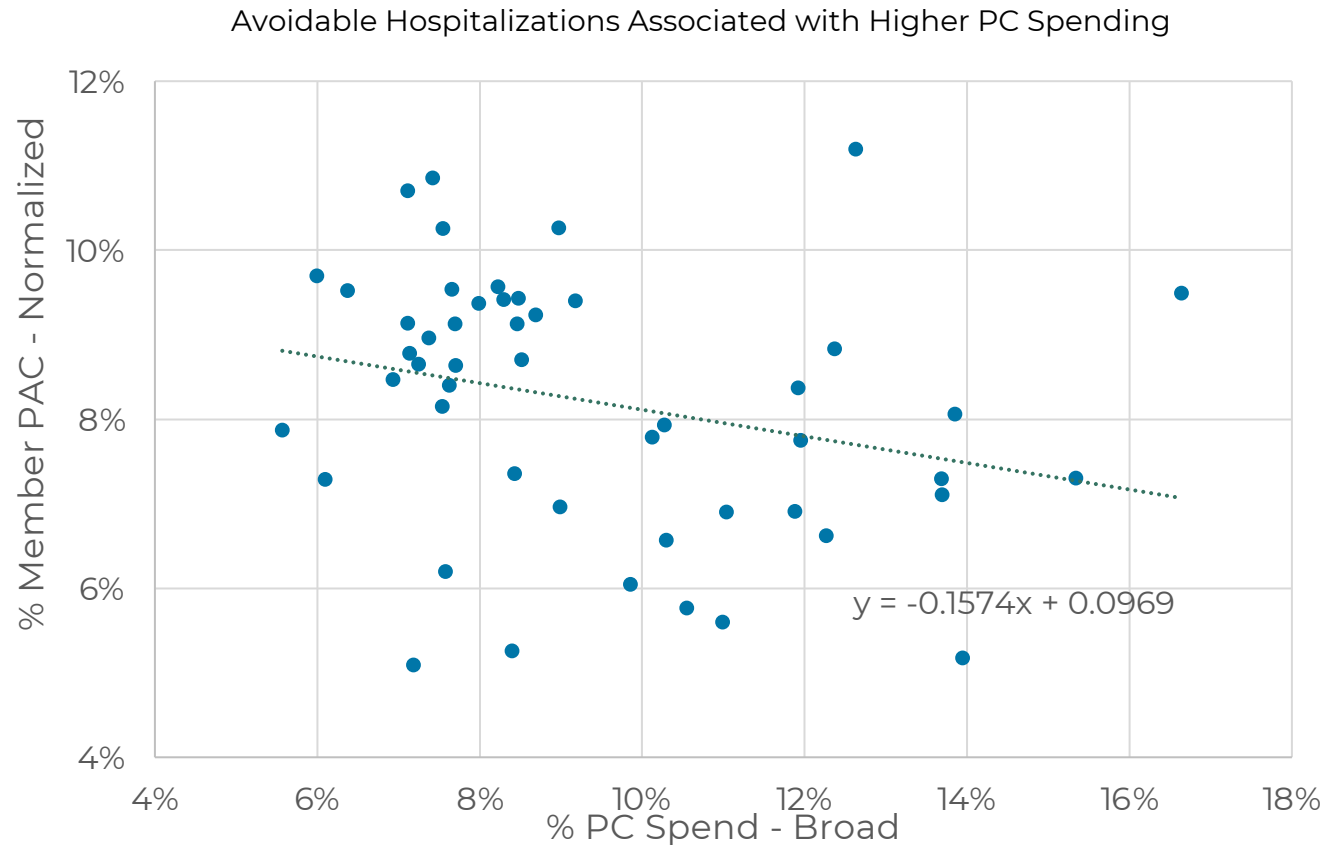
JAMA 2019 Commercially Insured Decline 2013–2017

- 4.6% to 4.35% decline, narrow definition
- 8.97% to 8.04% decline, broad definition



**More
investment in
primary care
leads to
better health
and equity**

Higher PC Spending Associated with Avoidable Hospitalizations





Higher PC Spending & Other Outcomes

Hospitalizations

ED Visits

Negative

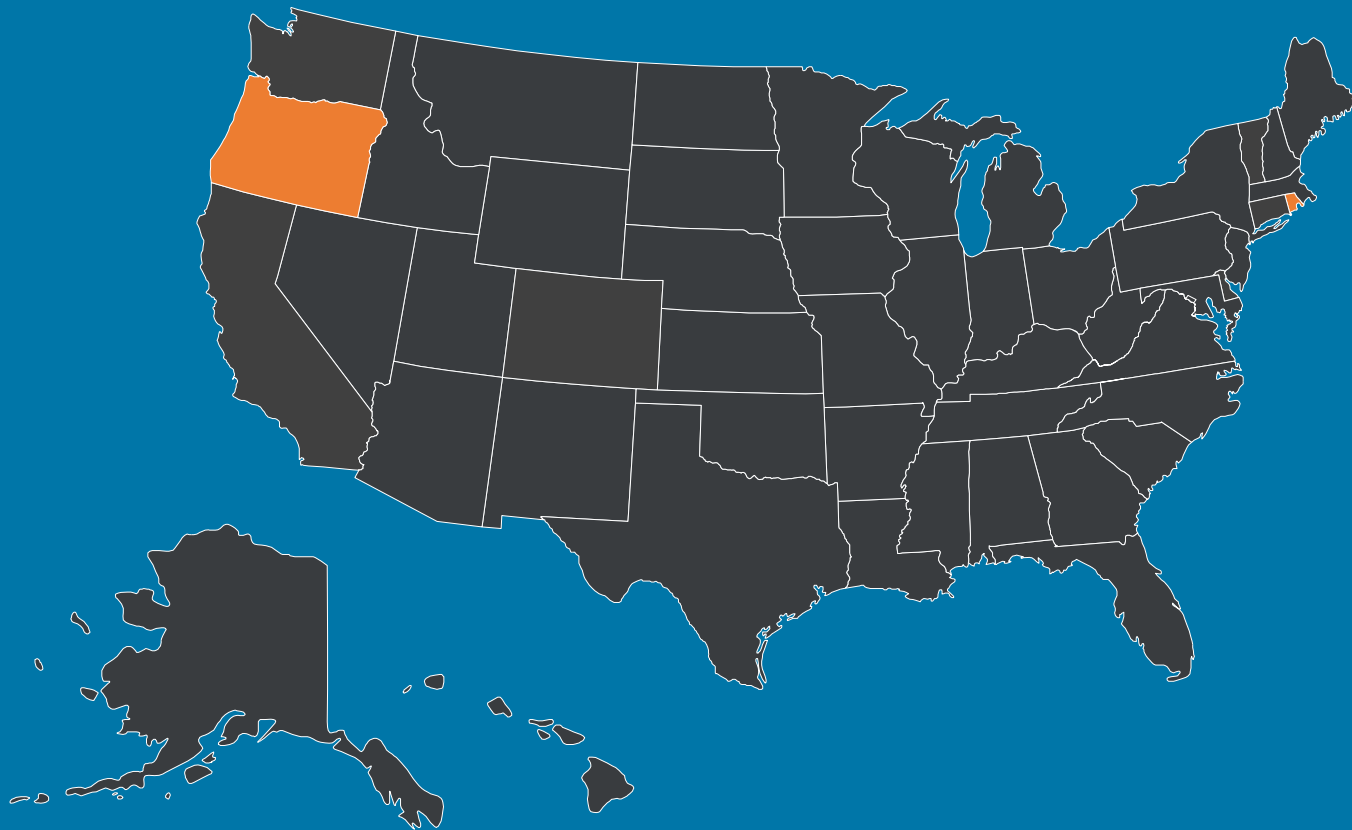


Negative



How It Started:

States Measuring Primary Care Spend in 2018





PCC Pivots to State Investment

August 2018

Consensus Recommendations for Increasing Primary Care Investment

PCC Launches Quarterly Primary Care Investment Workgroup Meetings (April 2019)

PCC hosts workshops with state leaders (2018, 2019)

PCC materials: Evidence Reports (2019, 2020), issue brief



Reports on Primary Care Spend 2019 & 2020

Investing in Primary Care

A STATE-LEVEL ANALYSIS

July 2019

PREPARED BY
Patient-Centered
Primary Care
COLLABORATIVE



Made possible with
support from the
Milbank Memorial Fund

Primary Care Spending: High Stakes, Low Investment

December 2020





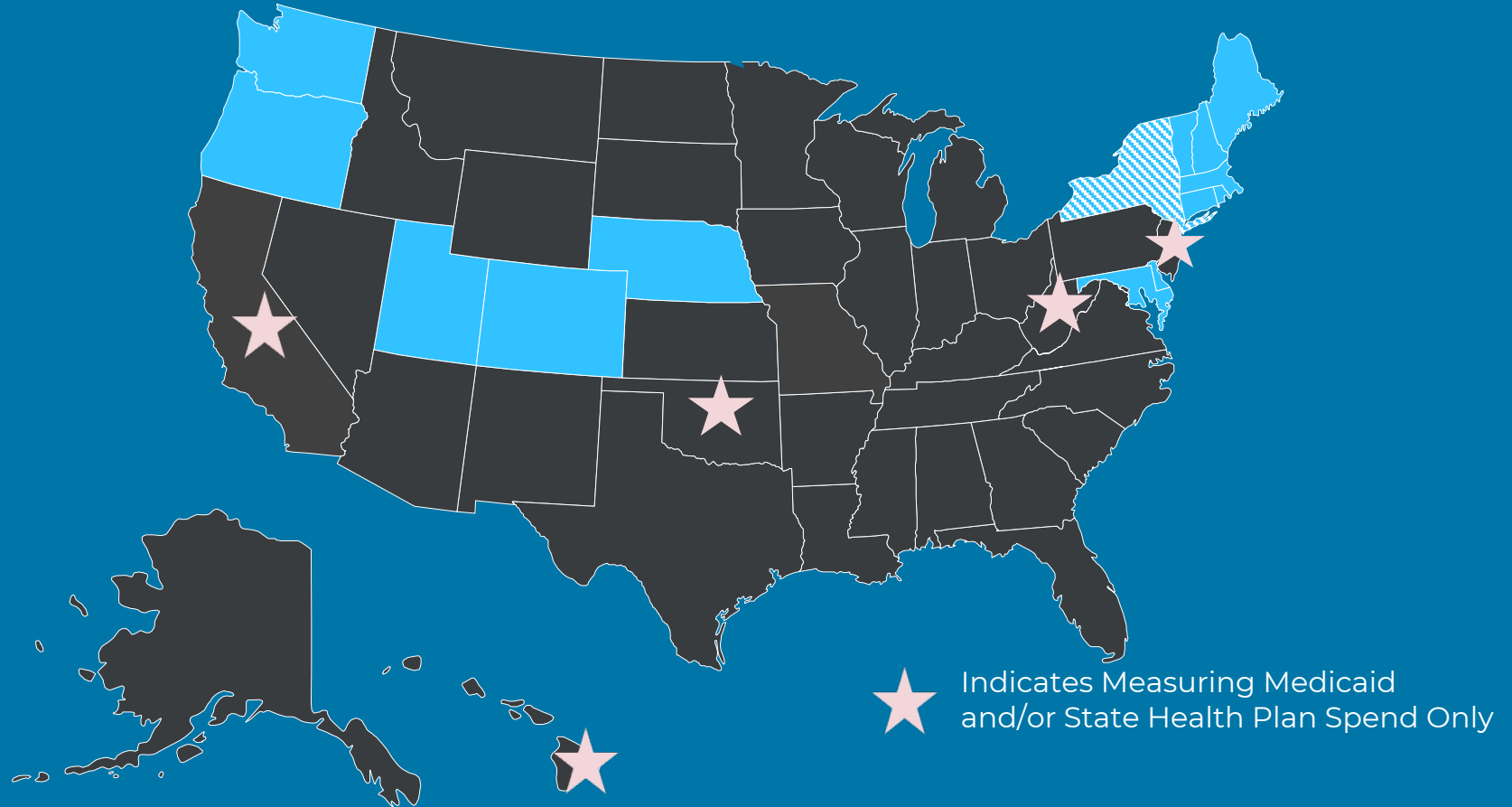
PCC Effort to Capture Learnings, Best Practices

- We interviewed leaders, stakeholders in pace-setting states
 - Thank you, AAFP State Chapter Leaders!
 - Thank you, Milbank Memorial Fund!



It Takes a Village:

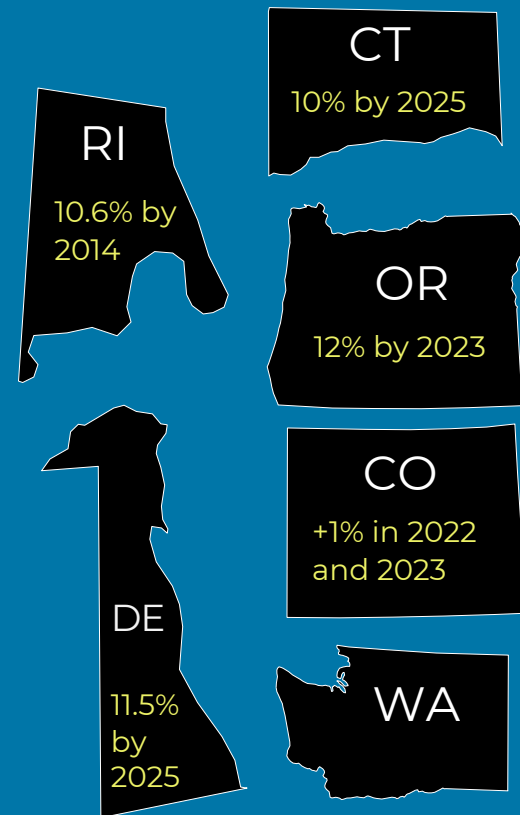
States Committed to PC Spend Reporting in 2022





State Leaders Reorienting toward Primary Care

- As of June 2022, there are 18, with more possible. (CO, CT, DE, MA, MD ME, NE, NH, OR, RI, UT, VT, WA; Medicaid only: NJ, WV, OK, CA, HI)
- In 2022 alone, legislation enacted or passed in Connecticut, Maryland, Nebraska, New York, Oklahoma, Utah, Washington. Fingers crossed for California!
- 6 states have set targets for primary care spending in legislation without growing total cost of care (CO, CT, DE, OR, RI, WA).



Maine Effort to Integrate and Enhance Primary Care and Behavioral Health (LD 1196)

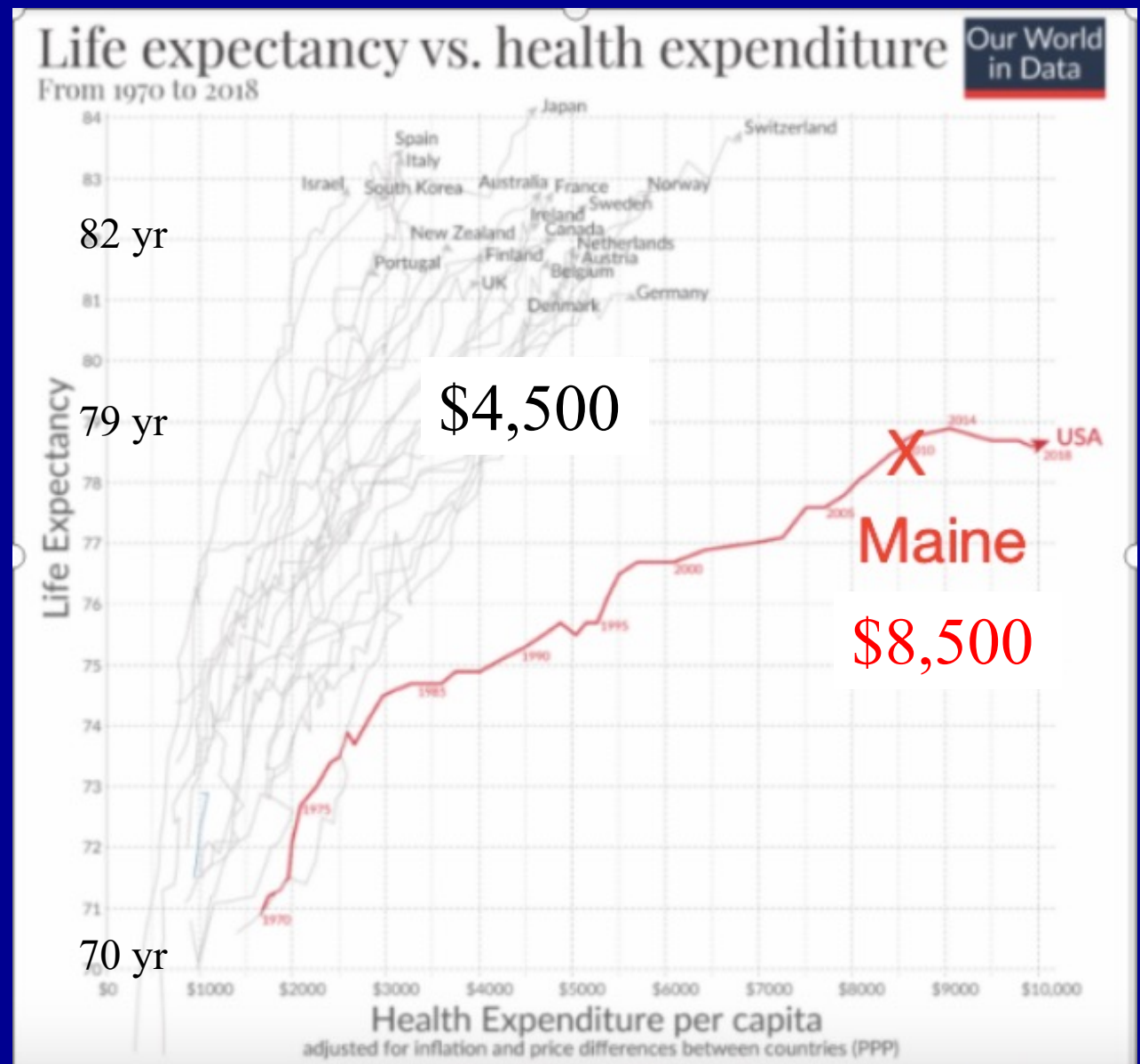
Sam Zager, MD, M.Phil, FAAFP
Maine State Representative (Part of Portland)

Beth Wilson, MD, MPH, MS-HPed,
Former Chair of Family Medicine at Maine Medical Center

June 22, 2022

Milbank Memorial Fund, American Academy of Family Physicians, Primary Care Collaborative
Panel

Mainers (and rest of USA) pay almost twice as much to be far sicker than peer nations that have more robust primary care



Data source: OECD

<https://ourworldindata.org/grapher/life-expectancy-vs-health-expenditure?time=earliest..2015>

Zager & Wilson, 6/22/22

How LD 1196 fits into broader strategy

	Primary Care	Mental/Behavioral Health
Start to measure investment	LD 1353 (2019) Sen. Linda Sanborn, MD In statute	LD 1196 (2022) In Statute
Investment and Improvement - Reinforce workforce (docs, PA/NP, RN, MA, PSR, other staff) - Improve access for patients (marginalized pop., extended hours, etc) - Enhance integration of PriCare-BehHealth	LD 1196 (attempted)	LD 1196 (one provision in statute)

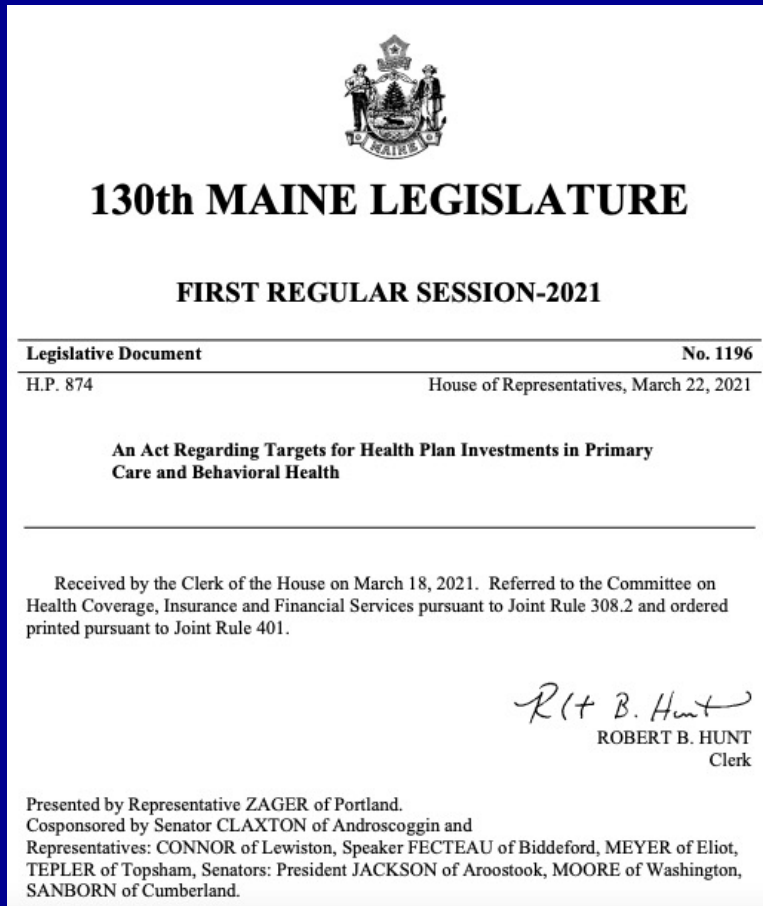
LD 1196 Pri Care proposal in a nutshell

Percent to PriCare of total spent in Maine (PC%)	Commercial Payer A	Commercial Payer B	ME Commercial Median (A,B,C...)
Baseline (pre-COVID)	4.5%	9.0%	7.0%
+ 2 yr	Required: 6.5% ⁽¹⁾ Actual: 7.0%	Required: 10.0% ⁽¹⁾ Actual: 10.0%	Actual: 8.6%
+4 yr	Required: 9.0% Actual: 11.8%	Required: 11.0% Actual: 11.0%	Actual: 11.0%
+6 yr	Required: 12.8% Actual: 13.0%	Required: 13% Actual: 13.0%	Actual: 12.8%
+8 yr (endpoint)	Required: 14.0% Actual: 14.5%	Required: 14.0% Actual: 14.3%	Actual 14.0%

Other Provisions of LD 1196

- **Supt of Insur** may not approve rates unless requirements met; 2-yr provisional approval if action plan in place.
- **Wide discretion** for how investments can be made (e.g. embedded Beh Health in PriCare programs; IT investments; staff recruitment and retention)
- Foster **value-based care** (Practice transformation; ensure utilization)
- **MaineCare (Medicaid)** and State Employee Health Plan same requirements as commercial payers, but separate pool

Key activities



- Evidence basis
- Input from other states
- Early outreach to stakeholders
- Co-sponsors: bipartisan, chairs, chambers' leaders
- Stewardship in committee

Stakeholder Group

- Invitees, wide net
- Guest Experts (Song, Kohler, Kurose)
- Discussions
 - 4 mtgs (Sept - Dec 2021)
 - Behavioral Health subgroup
- Feedback on draft report (interviews, written)
- Voting on recommendations

Partners, Allies, Skeptics

“We do support investment in Primary Care. It’s not if, but how...[We need] metrics and spending or growth caps” (10/22/21)

“We support Primary Care and Behavioral Health but *oppose* payment caps.” (11/16/21)

“The evidence is clear...we need to improve investment in Primary Care--but insurers need to bear risk too, just like hospitals.” (11/16/21)

“We’re not the price-setters. The hospitals are.” (4/12/21)

“The markets failed, so state legislatures have to get involved in limiting price growth.” (9/22/21)

“This [bill] is toxic to us...I’m not gonna engage in an intellectual discussion [during stakeholder meeting]” (10/22/21)

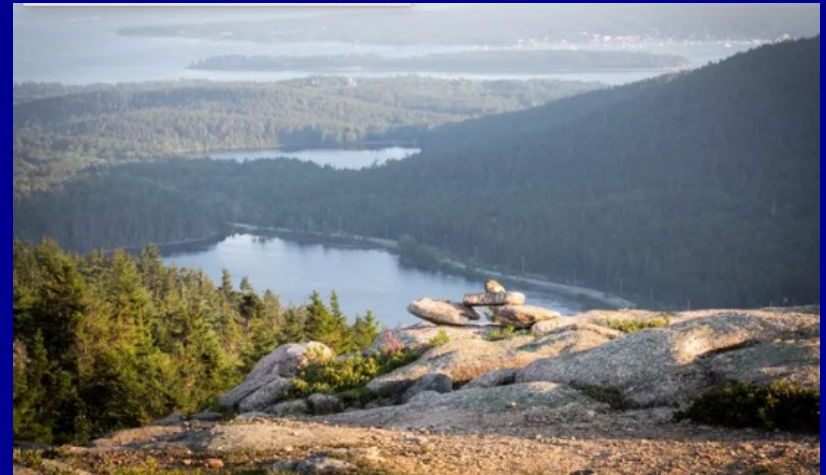
Messages Resonating with Legislators

- Mental health system is crumbling
- Pri Care nominally “important” to all parties
- Dispute between state’s largest insurer & largest hospital
- Other Important Issues
 - Housing
 - COVID
 - Repro.Health
 - Asylees
 - Bias/Racism
 - Gun Safety
 - Climate
 - Taxes
 - Tribal Sov.
 - etc.



Next Steps in Maine

- Office of Affordability in Healthcare
- Focus on slowing the *growth* of inpatient costs?
- Pri Care enhancements (e.g. Beh Health embedded; extended hours; telehealth; asynchronous care)
- Lisa Letourneau, MD, MPH, Senior Advisor, Maine DHHS



Acadia National Park, [nps.gov](https://www.nps.gov)

“Get a commitment for collective actions. No one wants to pay more to see this happen, even though everyone agrees it needs to happen. Primary care is crucial, and falling apart. We all have to contribute to sustain it.”

- Zirui Song, MD, PhD

Primary Care Physician, Policy Researcher





Thank you!

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Katahdin Woods & Waters National Monument, [nps.gov](https://www.nps.gov)

Senate Bill 734

Maryland Healthcare Commission: Primary Care Workgroup & Report

Senator Clarence Lam, MD, MPH

Howard Haft, MD

Why this legislation?

- The need to establish a standard measure for primary care investment for Maryland and to benchmark against similar measures from other states
- The need to inform state leadership on the current and recommended levels of primary care investment necessary to ensure Marylanders equitable access to high value primary care

What does this legislation do?

- Establishes a workgroup within the Maryland Health Care Commission
- Workgroup charge:
 - Compile and analyze primary care investment in prior year(s) compared to total healthcare spending, stratified by counties and zipcode
 - Recommendations to improve quality and access to primary care services, with specific attention to increasing equity, reducing disparities, minimizing costs
- Broad representation
 - MDPCP
 - MDH
 - Medicaid
 - Maryland Insurance Administration
 - HSCRC
 - Payors
 - Researchers
 - Relevant medical specialties: Internal Medicine, Family Medicine, OB-Gyn
 - Others
- Reports findings and recommendations to the Governor
 - 2023: Planning and preparation for data collection and analysis
 - 2024: Release of findings and recommendations

How does it fit in to the broader strategy?

- Investing in primary care to reduce avoidable hospital's admissions as key to Total Cost of Care (TCOC) reductions
- Better care of chronic diseases and disease prevention including diabetes, hypertension, cancer screening,
- Enhance ability to meet behavioral health needs
- Identifying and addressing unmet social needs as they related to health and health outcomes
- Addressing the stated goals of the State Integrated Health Improvement Strategy within the TCOC contract

Who supported and who opposed?

- **Support from broad stakeholders:**
 - MHA
 - MHCC
 - MedChi
 - MDPCP
 - Consumer advocacy groups
 - Primary care associations
- **Potential opposition and pitfalls:**
 - Payors would have opposed if legislation required direct reporting by health plans
 - Able to access data through APCD within MHCC
 - All stakeholders wanted to be part of the workgroup; exclusion of representatives would have generated opposition
 - Establishment of new entity or need for additional resources: resolved by creating the workgroup within an existing entity without need for new funds/support

What key activities led to success

- Existing recognition of the value and need for primary care
- Advocacy efforts
- Strong support by legislators
- Building coalitions and partners: being as inclusive as possible in the workgroup and demonstrating value to different stakeholders
- Flexibility: accepting a different approach that gets to the same goal
- Leveraging existing structures to minimize costs

Questions?
