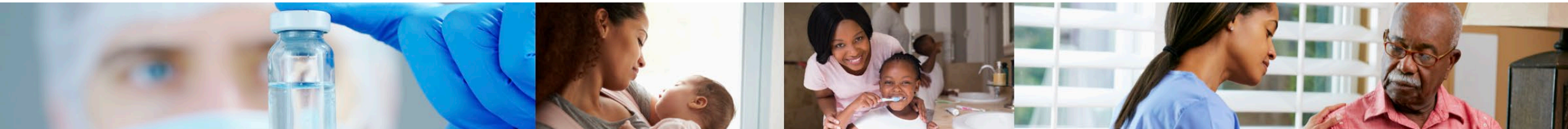
Maryland
DEPARTMENT OF HEALTH

Summary of Comments

Primary Care Transformation Advisory Committee – Meeting 2



PCP-TAC Summary of Comments 1

Topic	Comment
Access to care	Need for a sustainable model to address access to care
Accountability	Physician group or practice does not have control over all of the moving parts that influence total cost of care of patients so it's important to identify the appropriate accountable parties and involve the primary care providers
	Who is responsible for care coordination? Are we putting unnecessary burden on primary care providers?
Administrative burden	Keep amount of administrative burden on billing and coding and reporting to a minimum
	MDPCP administrative burden for providers is challenging
Alignment of payers and programs	All commercial payers should be aligned to standardize rules and regulations
	Reimbursements from commercial payers should be on par with (or greater than) Medicare and Medicaid
	Practices should be able to choose to participate in different risk programs. Rather than at-risk models, programs should include additional incentives that are awarded when savings and quality metrics are achieved

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PCP-TAC Summary of Comments 2

Topic	Comment
Definitions	Driving value needs to be in the definition of primary care
	Concerns about including specialists under primary care
MDPCP	Think of CTOs as cost neutral. Investment opportunity for CTOs to bring smaller practices together into a larger performance unit in competitive groups to increase attribution size and stabilize metrics
	MDPCP coach and case managers are helpful
Alignment of payers and programs	Focus on access and care coordination measures
	Different practices should be judged differently. Measures are not one-size fits all
	Need to consolidate measures and develop measures that are appropriate for different services and populations
	Measures required for physicians to report should be clear, concise, and easy to capture with standard EMR systems

PCP-TAC Summary of Comments 3

Topic	Comment
Pharmacy	Medical care and medication costs are interrelated so we should consider a model that combines it
	It is important to account for the actual cost of the drug if including pharmacy costs in total cost of care
Primary care investment	Is 10 % of TCOC the right investment for primary care? Are percentages the best indicator for success? How to measure 10 percent in different populations with higher cost? Should the state consider looking at PMPM? Will non-FFS costs be considered in the 10 percent?
	Consider the role of FQHCs in underserved areas and Medicaid populations and how the state can better support them
	Need to invest in upstream factors such as transportation and food
	In addition to offsetting administrative burden for non-clinical tasks, need to invest in increases in primary care salaries to encourage more providers to go into primary care
	Consider investments in technology, innovation, and workflow to focus on value rather than volume. Technology investments include funding a technology/data analytics task force and achieving interoperability in EMR systems so primary care physicians can communicate with specialists
Recruitment	Practices need to be invested in transformation. Think about how to engage staff in primary care practices
	Difficulty recruiting primary care physicians in certain areas