

Primary Care Payment Reform Collaborative

2017 - 2018 Charter

I. Authority

Oregon is required by statute (Chapter 575 Oregon Laws) to convene a Primary Care Payment Reform Collaborative to advise and assist in the implementation of a Primary Care Transformation Initiative. The purpose of the Initiative is to develop and share best practices in technical assistance and methods of reimbursement that direct greater health care resources and investments toward supporting and facilitating health care innovation and care improvement in primary care. Senate Bill 934 (2017) states that the Initiative should:

- Increase investment in primary care (without increasing costs to consumers or increasing the total cost of health care);
- Improve reimbursement methods, including by investing in the social determinants of health; and
- Align primary care reimbursement by purchasers of care.

To achieve the implementation of this Initiative, the Collaborative will support:

- Use of value-based payment methods;
- Provision of technical assistance to clinics and payers in implementing the initiative;
- Aggregation of data across payers and providers;
- Alignment of metrics, in concert with work of the Health Plan Quality Metrics Committee established in ORS 413.017; and
- Facilitation of the integration of primary care behavioral and physical health care.

II. Deliverables

Senate Bill 934 (2017) requires the Collaborative to report annually to the Oregon Health Policy Board (OHBP) and the Oregon Legislature on the implementation of the Primary Care Transformation Initiative and progress towards meeting primary care spending targets. The first report will be delivered on February 1, 2019. The goals of the Initiative will be met by 2027.

The Collaborative will establish workgroups to focus on the following areas:

- Payment improvement and alignment: Identify, share, and develop mechanisms to spread best practices that increase value-based primary care investment, improve effective investment to address the social determinants of health, and align reimbursement on the clinic level across payers to support care transformation for the entire population.
- Metrics & Evaluation: Identify and recommend data aggregation approaches. Align metrics used in the Initiative with the Health Plan Quality Metrics Committee. Identify and recommend evaluation strategies to measure the impact of (1) increased primary care

investment and technical assistance on outcomes at the population, clinic, and patient level, and (2) the Primary Care Transformation Initiative on the total cost of care, utilization, and outcomes, in order to determine progress towards and achievement of Initiative goals, which will support the Collaborative's required annual report to the Oregon Health Policy Board and the Oregon Legislature.

- Behavioral health integration: Promote the integration of physical and behavioral health.

The Collaborative is focused on primary care transformation and reimbursement. Specialty care and inpatient hospital services are not within the scope, except to the extent to which that these topics impact the goals of the Initiative.

The Collaborative is committed to coordinating and aligning with related initiatives including, but not limited to, Comprehensive Primary Care Plus (CPC+), Health Plan Quality Metrics Committee, Behavioral Health Collaborative, and the Patient-Centered Primary Care Home Program.

III. Dependencies

To the extent directed and supported by OHA, the Committee will coordinate its recommendations to align with national and state health policy initiatives in formal reports submitted to:

- OHA Leadership
- Oregon Health Policy Board
- Oregon Legislature

The ability of the Committee to fulfill its statutory duties as outlined in sections I and III is contingent upon support of and direction by OHA, as well as coordination with other health policy advisory bodies.

IV. Membership

In accordance with Chapter 575 Oregon Law, Collaborative membership includes representatives from the following entities:

- Primary care providers
- Health care consumers
- Experts in primary care contracting and reimbursement
- Independent practice associations
- Behavioral health treatment providers
- Third party administrators
- Employers that offer self-insured health benefit plans
- The Department of Consumer and Business Services
- Carriers
- A statewide organization for mental health professionals who provide primary care
- A statewide organization representing federally qualified health centers

- A statewide organization representing hospitals and health systems
- A statewide professional association for family physicians
- A statewide professional association for physicians
- A statewide professional association for nurses
- The Centers for Medicare and Medicaid Services

Additional members may be invited to participate based on their experience and knowledge of primary care. Collaborative member terms are for a minimum of two years, with up to six meetings per year.

V. Resources

Internal staff resources include the following:

- Executive Sponsors: OHA Health Policy & Analytics Division Director; OHA Chief Medical Officer
- Staff support:
 - Health Policy and Analytics Division, Transformation Center (lead)
 - Health Systems Division
 - External Relations Division