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Meeting summary for Care Management Committee Zoom Meeting (03/13/2024)

Quick recap

Discussed was the feedback on the performance-based payment model design, updates on the primary care program design, and the progress of various subcommittees and work groups. The conversation revolved around the Equity Strategy Review, the integration of community health workers, and performance measurement.

Summary

Upcoming Meeting Discussion

The agenda and PowerPoint, with a link to the materials was posted online. Brad acknowledged that not everyone received the materials on time and apologized for the inconvenience.

Performance-Based Payment Model Design and Primary Care Program Discussion

Brad discussed the feedback received on the performance-based payment model design, noting that larger providers are ready for risk, while others need more flexibility and support. He also shared an update on the primary care program design, emphasizing the potential to drive improvements in quality care and access. The discussion focused on incentivizing a focus on prevention and offsetting disincentives to investing in prevention. There was also a discussion on stakeholder engagement and financing an accountability model that enables upstream prevention and investment in community capacity. The progress of various subcommittees and work groups was also discussed. The conversation revolved around the Equity Strategy Review, with a focus on addressing accessibility and ensuring members have easy and timely access to care. The group also discussed the integration of community health workers and the use of HRSN or social terms of health data to implement interventions. The meeting wrapped up with a discussion on performance measurement and future plans for the work, including a final in-

person meeting in April and thoughts on the next phase. The members agreed that the current health equity strategy components are a good starting point but identified areas for enhancement. They discussed frustrations with limited primary care provider availability and a lack of continuity and transparency around provider challenges. The group also discussed the importance of patient choice, the participation of smaller agencies, and educating providers and patients on data collection and use. The next opportunity identified was enhancing team-based care, including home care agencies and direct care workers. The potential impact of changes to payment models was also discussed. Brad led a discussion on payment model design, emphasizing the importance of understanding the various aspects of payment modes. He explained the base payment, incremental payments, and population-based payments. The group also discussed the importance of addressing behavioral health and included it specifically in their focus areas.

Model Risks, PCM Change, Medicaid Coverage, HRSN Referrals, CCMC Model, Capitation Impact

Brad discussed the risks associated with their current model and alternatives, including the PM/PM. He announced a proposed change to PCM for the upcoming year to incentivize high-quality performance. The team also discussed the importance of continuous engagement and the logistics of a beneficial change related to Medicaid coverage. Concerns were raised about HRSN referrals and the CCMC model, particularly regarding unshared savings payments. The effectiveness and cost of referrals for primary care were discussed. Ellen expressed skepticism about the cost-effectiveness of this approach, suggesting instead a focus on a system built around addressing health-related social needs. The team also discussed the potential impact of capitation on quality and access. They agreed that providers should be held accountable for meaningful improvements, but also emphasized the importance of patient choice.

Primary Care and Telehealth: Managing Chronic Conditions

The team discussed the importance of primary care, especially in managing chronic conditions like diabetes. They highlighted the potential of telehealth to address patients' needs and the flexibility offered by the Covid pandemic. They also considered the role of community health workers and the need to approach healthcare from a biopsychosocial perspective. The conversation also touched on the challenges faced by primary care providers and the need to balance their responsibilities. The team agreed to continue the discussion in a future meeting, with a focus on holistic care and addressing social

determinants of health. They also discussed the need for clarity on the coverage of E Council under Medicaid.

Improving Patient Care and Satisfaction

Brad, Michelle, Mark, and Ellen discussed the need to improve patient care and satisfaction in healthcare. Brad emphasized the importance of individualized care plans and the need to acknowledge the limits of primary care. Mark highlighted the role of motivational interviewing in engaging patients and the importance of addressing social determinants of health. The group agreed on the need to incorporate feedback and refine the initial directional model for the program design. They also discussed the challenges faced by income-limited and transportation-challenged patients. The team plans to present more details in April and utilize the feedback received for refining the program.

Community Health: Role of Doctors vs. Collaboratives

Ellen expressed concerns about the efficacy of primary care or doctors in addressing certain community health issues due to mistrust within certain communities towards the medical community. She suggested a more holistic approach, involving community health workers and nutritionists, rather than focusing all resources on doctors. Mark responded, emphasizing the role of health systems in mobilizing solutions for community health needs, as outlined in the community benefits statute. He highlighted the success of cross-sector collaboratives in various regions of the state.

Next steps

- Brad will send out the materials for the MAPOC special meeting on March 26.
- Brad will provide an update on the rate proposal through the main maid pot.