



Update: The Virginia Task Force on Primary Care

Beth Bortz, President & CEO

Lauryn Walker, Chief Strategy Officer





- Founded in 2012 as a 501(c)(3) in response to a recommendation from the Virginia Health Reform Initiative
- Public-private partnership with annual funding from the Commonwealth of Virginia. Contracts with both DMAS and VDH.
- Governed by a diverse, multi-stakeholder board of directors with support from an advisory leadership council ~ 50 organizations
- Secured more than \$23M in grants for Virginia

2025 VCHI Strategic Vision *The Pathway to Success*

MISSION:

To facilitate innovation by convening key stakeholders and securing the resources to **accelerate value-driven models of wellness and healthcare** throughout Virginia.

STAKEHOLDERS:

- Health plans
- Health systems
- Health providers
- Employers
- Medical professionals
- Life sciences companies
- State agency leadership
- Consumer advocates

CORE SERVICES:

- **Convene and educate stakeholders** to accelerate collective impact
- **Offer a disciplined approach** to advancing new innovations
- **Oversee and facilitate demonstration research** to evaluate new models
- **Leverage data and analytical resources** to make more informed decisions
- **Prepare workforce and public** for a value-driven healthcare marketplace

VISION TARGETS:

- Expand VCHI's impact and influence through new innovations and initiatives
- Leverage public-private investment and maintain strong support from all parties
- Use the Virginia Health Value Dashboard to provide focus and share it with targeted audiences to further impact
- Make Virginia health data actionable and ensure it is well-communicated to policy leaders
- Ensure VCHI is recognized as a national expert and implementation lead on value-based health care initiatives

VISION:

Virginia delivers the best value in health care.

VIRGINIA CENTER FOR HEALTH INNOVATION



AIMS

- I. Reducing Low-Value Care
- II. Increasing High-Value Care
- III. Improving the Infrastructure for Value-Based Care

STRATEGIC PRIORITY AREAS + GOALS

FINANCIAL DIVERSIFICATION + PERFORMANCE

IDENTITY + IMPACT

SUSTAINABILITY + RESILIENCE

POLICY + ADVOCACY

ENGAGED LEADERSHIP

VCHI Board of Directors

- **Jeff Ricketts, *Chair*** | Retired, Virginia President, Anthem
- **Meredith Touchstone, *Vice Chair*** | Director, Benefits, CarMax
- **L. Gordon Moore, *Treasurer*** | Chief Medical Officer, Goodside Health
- **Aneesh Chopra, *Secretary*** | Chief Strategy Officer, Arcadia
- **Melinda Hancock, *Immediate Past Chair*** | EVP and Chief Transformation Officer, Sentara Healthcare
- **Sweeny Bansal** | Virginia Chamber of Commerce
- **Jeff Dobro** | CEO Eudaimonia
- **Colin Drozdowski** | CEO Sentara Health Plans and EVP Sentara Healthcare
- **Sheryl Garland** | Chief Health Impact Officer, VCU Health System
- **Linda Hines** | Vice President and Regional Medicaid Plan President, Humana
- **Aryana Khalid** | Partner, Finsbury Glover Hering
- **John Littel** | Chief of Staff, Governor Youngkin, Commonwealth of VA
- **Michele Nedelka, MD** | Radiation Oncologist, Bon Secours Mercy
- **Andrey Ostrovsky, MD** | Managing Partner, Social Innovation Ventures
- **Jason Richmond** | Vice President, Headspace Health
- **Amit Vashist, MD** | Senior Vice President and Chief Clinical Officer, Ballad Health

VCHI Advisory Leadership Council

Carilion

Merck

Virginia Hospital and Healthcare
Association

Virginia Health Catalyst

Privia Health

Aetna

Virginia Council of Nurse Practitioners

Fortify Children's Health

Medical Society of Virginia Foundation

Ballad Health

Indivior

Aledade

Bon Secours Mercy Health

Johnson & Johnson

Anthem

Walgreens

Sentara Health Plans

Virginia Academy of Family Physicians

HCA (Virginia Care Partners)

UnitedHealthcare

Sanofi

Inova Health System

GlaxoSmithKline

Virginia Association of Health Plans

Humana

Exact Sciences

Cigna

Health Management Associates

Epic

Equality Health

VCU Health System

Patient First

Novo Nordisk

Virginia Health Care Foundation

Labcorp

Sentara Quality Care Network

Riverside Health System

UVA Health System

AON

Virginia Bio

Milliman MedInsight

Phlow

PhRMA

Ounce of Care

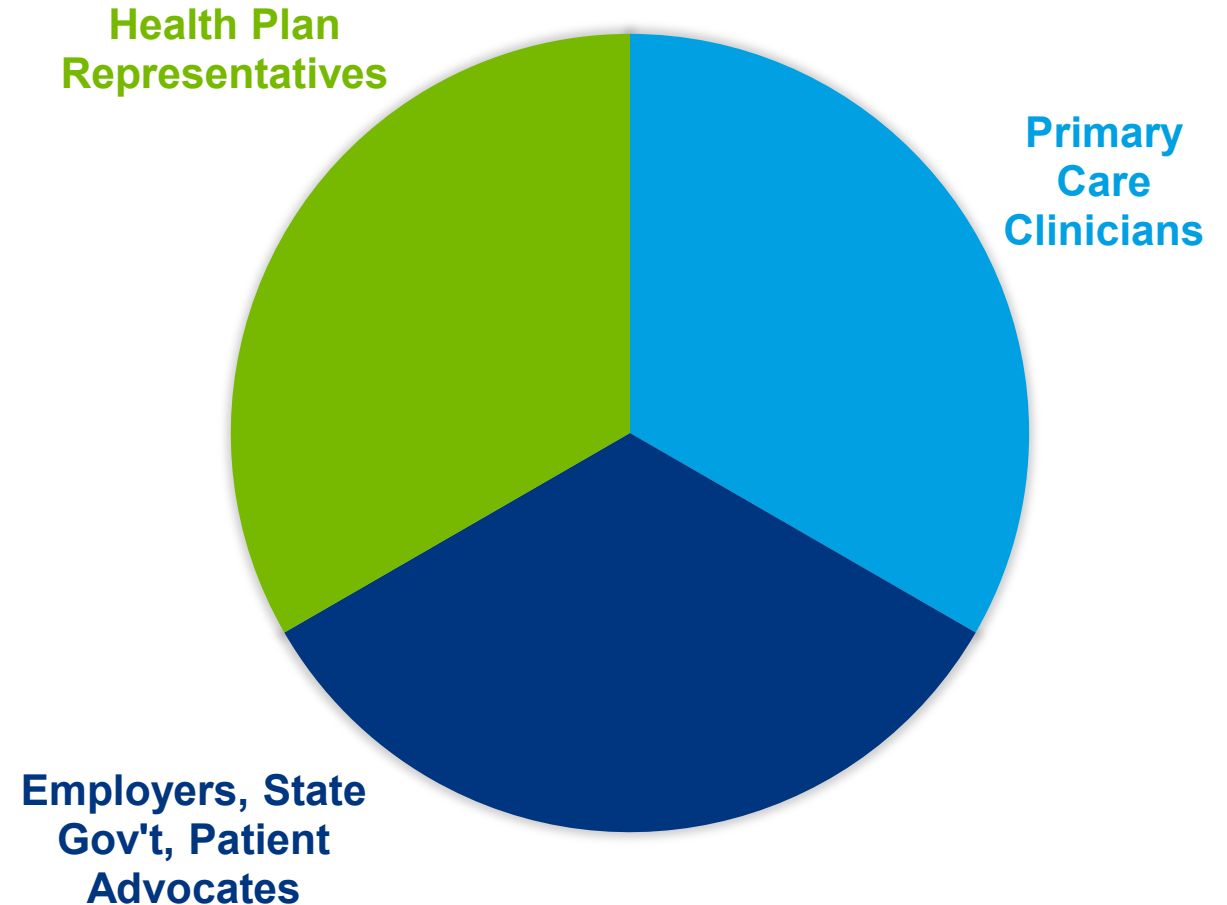
Our Primary Focus for 2024



- **Build a stakeholder coalition** to direct primary care support and advance the use of data/communication systems for action;
- **Define payment models to better support primary care** and support practice viability through systems that allow for predictability in financial support;
- **Describe the infrastructure needed to support primary care;**
- **Identify markers of high value care** from the perspective of all stakeholders to function as quality metrics; and
- **Promote innovations** in telehealth, population health management, and outreach to adapt to the changing environment.

Task Force Composition

- 31 Members
- Co-Chaired by:
Sandy Chung, MD – Pediatrician & AAP Past President
Jeff Ricketts – Retired President of Anthem Virginia
- 4 Legislative Representatives: Favola, Hodges, Pillion, Sickles
- Significant engagement from Virginia’s Secretaries of HHR (Carey, Littel, Kelly) as well as VDH (Shelton) and DMAS (Lunardi and Stevens) leadership
- An additional 26 individuals serve on the 3 committees (Behavioral Health, Primary Care Spend Target, and Technology and AI in Primary Care)



Early VTFPC Collaborative Wins

Pandemic support

Connect Virginia to national primary care reform

Identification of necessary building blocks for payment reform

Establish baseline spending reports

Identify necessary infrastructure supports for primary care

Build consensus for effective performance measurement

Increase Medicaid payments for primary care services from 70-80% of Medicare



Primary Care Pilots



SCV Improving Vaccination Rates (Immutrak)

- Provide panel-level vaccination data to practices
- Partnership with VDH, VHI, Maryland's HIE (CSS), and Virginia practices



PCPCM Pilot & Evaluation

- Evaluates the Person-Centered Primary Care Measure (PCPCM)
- Partnership with VCU and 600+ clinicians



Joy in Healthcare

- Supports system-wide strategies for improving clinician well-being
- Partnership with AMA, 5 health systems, and one large IPA



Behavioral Health Integration

- Multi-payer alignment initiative to expand and support pediatric practices in caring for behavioral health
- Partnership with 2 Medicaid MCOs (Anthem and Sentara) and practices



Primary Care Task Force Reports



VIRGINIA CENTER FOR HEALTH INNOVATION

VIRGINIA TASK FORCE ON PRIMARY CARE

Virginia Primary Care Investment

June 2024

Virginia Primary Care Scorecard, 2024

About

A robust primary care infrastructure has been shown to improve the health and well-being of populations.¹ This scorecard, developed by the Virginia Center for Health Innovation on behalf of the Virginia Task Force on Primary Care, aims to provide an annual tracking tool to monitor the health and well-being of primary care in Virginia.

Scorecard measures include:

- Expenditures** – Measures financial investment in primary care and disparities in resources
- Workforce** – Measures the capacity of primary care clinicians to care for Virginians and variation in workforce by geographic region
- Primary Care Use** – Measures how Virginians are using primary care
- Outcomes** – Measures the health and well-being of Virginians based on primary-care sensitive metrics
- Patient Experience** – Measures experiences related to accessing primary care

VTFPC defines primary care using a narrow definition (preventive services provided by physician specialties) and a broad definition (includes advanced practice practitioners). For more information see [Primary Care Spend Report, 2024](#).

Key Findings

- Virginia spent 2.3% to 4.1% of total healthcare dollars on primary care.
- Virginia lost more primary care physicians than it gained (-50 PCPs) in 2021 (most recent data available).
- An estimated 51.9% of insured Virginians had a primary care visit in 2022, with decreases across every payer from the year prior.
- Available emergency department rates are rising, with 10% of visits considered avoidable.
- Virginia primary care wait times increased by 4.5 days in 2019, up from 38.3 days in 2016-2018.²

Expenditures [Learn More](#)

Workforce [Learn More](#)

Primary Care Use [Learn More](#)

Outcomes [Learn More](#)

Patient Experience [Learn More](#)

Sources [Learn More](#)

Virginia's Total Cost of Care

June 2024

Total healthcare expenditures in Virginia have been increasing in recent years, following a sharp decline in 2020 due to the COVID-19 pandemic. Expenditures have now fully rebounded, exceeding total spend prior to the pandemic. In 2022, Virginia is estimated to have spent more than \$42.2 billion on healthcare expenditures—excluding costs incurred by the uninsured, self-insured, military, or federal employees. In total, healthcare accounted for 14.0% of the state's gross domestic product (GDP), significantly below the national average of 17.7%, and declining.¹

Key Findings

- Medical accounts for the greatest share of healthcare expenditures (30.5%).
- Across all payers, prescription drug account for 25.3% of healthcare dollars, followed by physician/professional services (24.5%) and inpatient hospitals (22.9%).
- Within physician/professional expenditures, 63.5% is spent on specialty care and 16.5% is spent on primary care—resulting in 4.1% of total healthcare expenditures spent on primary care.
- While commercial payers and Medicare Advantage spend more than one-third on prescription drugs, Medicaid spends 17.8% on prescriptions and 26.8% on physician services.
- Spend varies by region. Southwest spent the most on prescription drugs (34.4% and 36.9% respectively). However, with special access to drug rebates that reduce the cost of prescription drugs, Medicaid spent only 17.4% on prescriptions, with 26.6% spent on physician/professional services. Traditional Medicare spends its greatest proportion of healthcare dollars on inpatient hospital facility fees (27.6%).

Spending by Payer

Medical expenditures account for the greatest share of healthcare spend in the Commonwealth, with 30.5% (\$13.2 billion) of healthcare expenditures. Traditional Medicare (Medicare Fee-for-Service (FFS)) follows closely at 26.4% (\$11.0 billion).

Across all payers, in 2022, prescription drugs accounted for the greatest share of expenditures in Virginia with 25.3% (\$10.9 billion). Physician/professional services accounted for 24.5% of total expenditures. The vast majority (83.5%) of physician services are specialty care, resulting in a total investment of 4.1% in primary care. For additional details of primary care spend please see [Primary Care Spend Report 2024](#).

Percentages spent in each service type vary greatly by payer. Commercial and Medicare Advantage both spend more than one-third of all expenditures on prescription drugs (34.4% and 36.9% respectively). However, with special access to drug rebates that reduce the cost of prescription drugs, Medicaid spent only 17.4% on prescriptions, with 26.6% spent on physician/professional services. Traditional Medicare spends its greatest proportion of healthcare dollars on inpatient hospital facility fees (27.6%).

Task Force Recommendations and Initiatives for SFY '24 & '25

SFY '24 KEY INITIATIVES

- Person-Centered Primary Care Measure (PCPCM) Pilot**
GOAL: Complete and evaluate PCPCM pilot with 100 primary care organizations. Progress: 60 PCPOs enrolled, selected by 10/30/2023 due to RFP approval delays and larger than expected enrollment.
- Virginia Joy in Medicine Clinician Retention Initiative**
GOAL: Launch with 100 primary care organizations. Progress: 40 organizations enrolled, launch scheduled for summer 2024.
- Smarter Care Virginia Improving Vaccination Rates Initiative**
GOAL: Launch with 100 practices. Progress: 40 practices enrolled, launch scheduled for 2024.
- Pediatric Behavioral Health Integration Pilot**
GOAL: Design and implement a payment model with Medicaid health plans to support pediatric practices integrating behavioral health. Progress: Design complete, contracting begins summer 2024.

89 members engaged on the [Virginia Primary Care Innovation Hub](#)

SFY '25 RECOMMENDATIONS

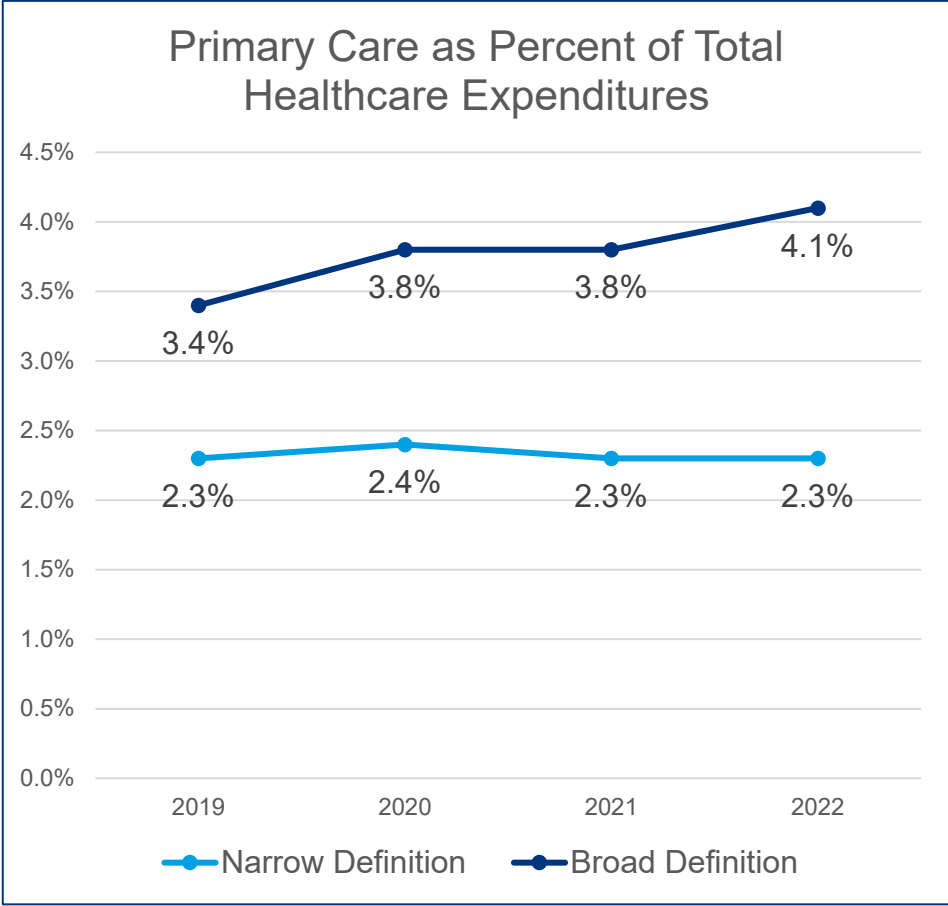
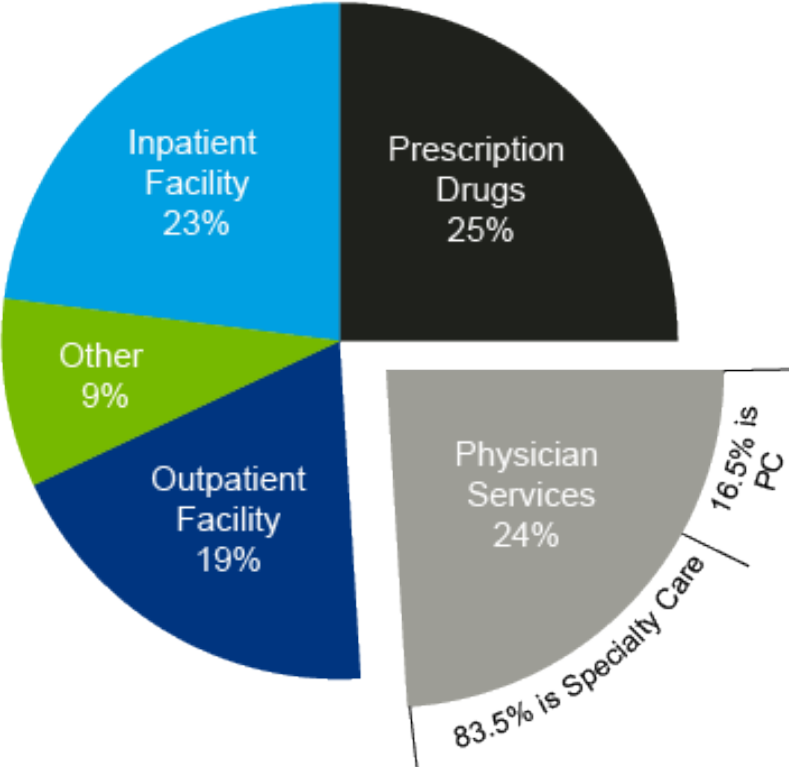
- Increase investment in primary care research and launch Research Consortium to promote evidence-based policy for Virginia.
- Establish primary care spending targets with timelines for Medicaid and Commercial payers in Virginia.
- Pursue parity spend with Medicare for Virginia Medicaid primary care services.
- Evaluate and expand Task Force pilots to integrate behavioral health and primary care for children and adolescents.
- Add a geographic primary care walk drive to Virginia's annual state Behavioral Risk Factor Surveillance System (BRFSS) survey.
- Continue Smarter Care Virginia improving Vaccination Rates pilot.
- Continue to evaluate PCPCM pilot.
- Continue to implement Virginia Joy in Medicine pilot.
- Continue to publish annual Primary Care Scorecard, Primary Care Spend report and Total Cost of Care report.
- Continue to promote and utilize Primary Care Innovation Hub to share resources and best practices.



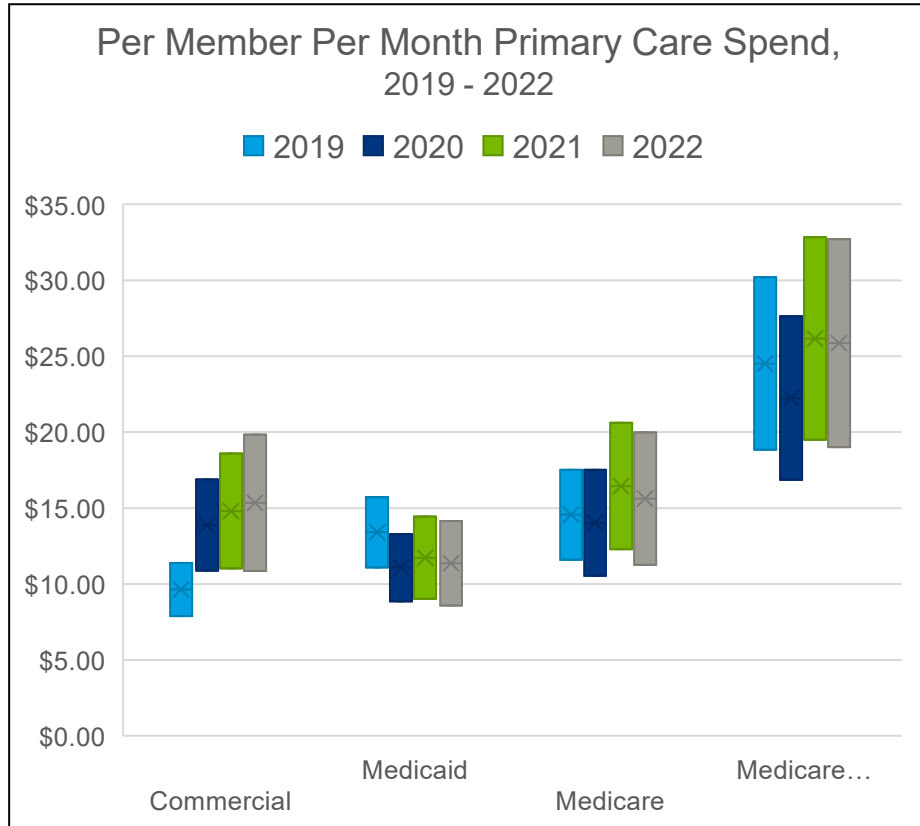
Primary Care Spend in Virginia

In 2022, Virginia invested 2.3% - 4.1% of healthcare dollars in primary care.

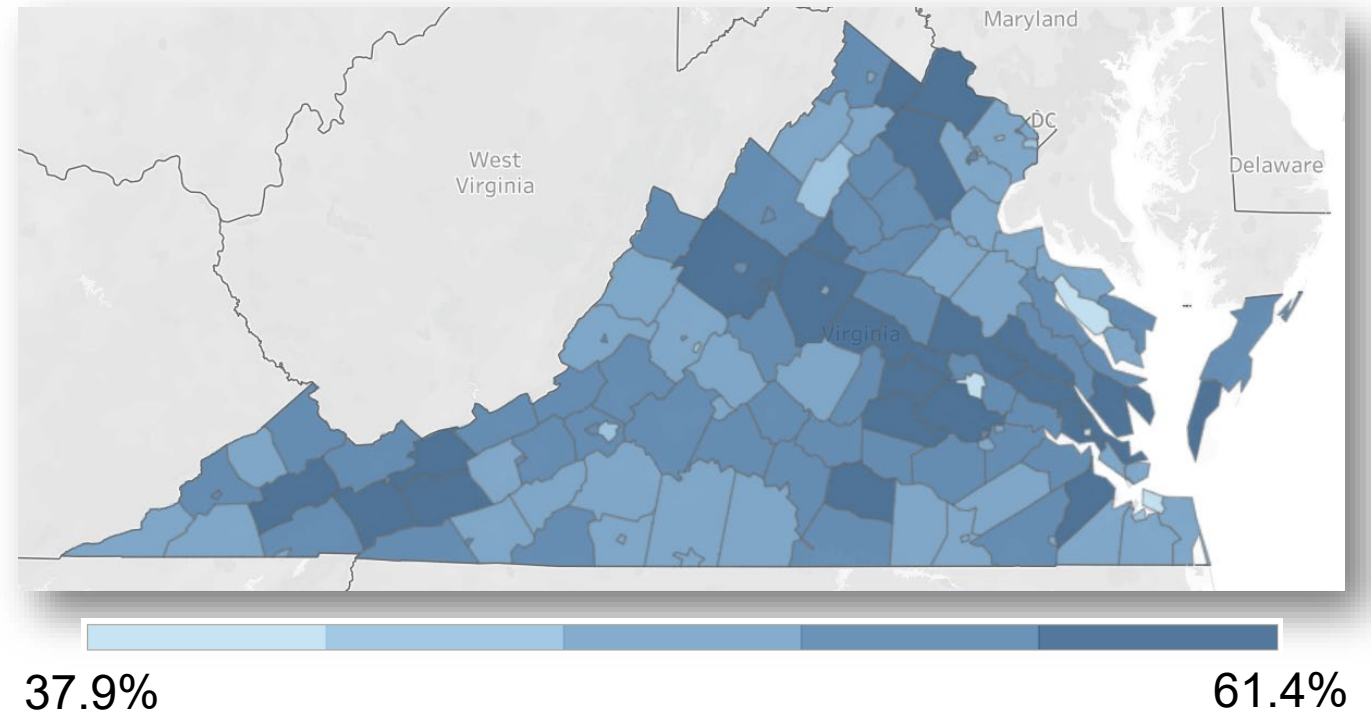
Total Cost of Care, 2022



As per member spend decreases for most payers, so does use

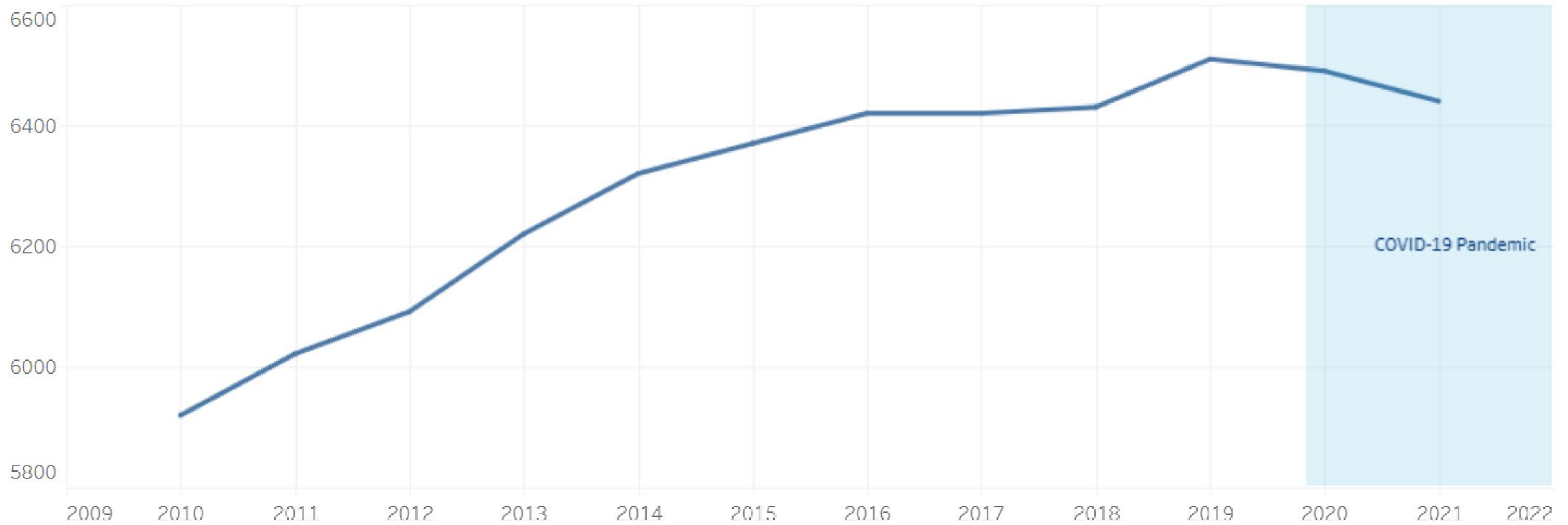


Percent of Virginia's Using Primary Care, 2022
(includes physicians and advanced practice practitioners)

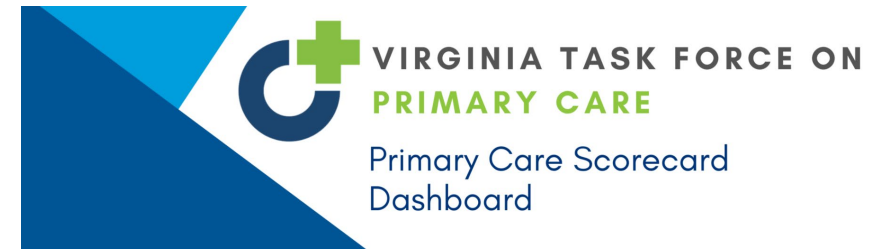
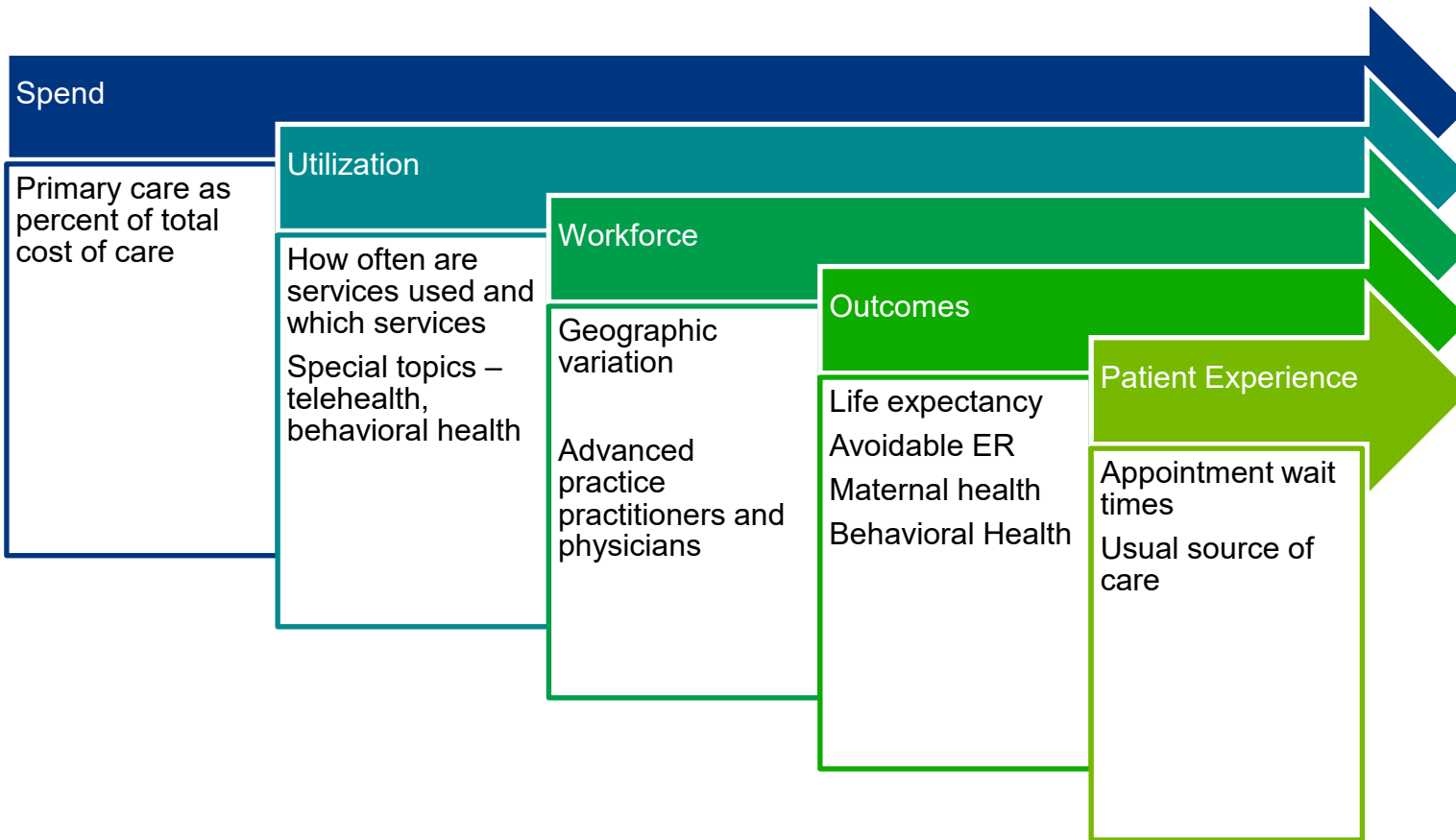


Virginia is losing PCPs than its gaining

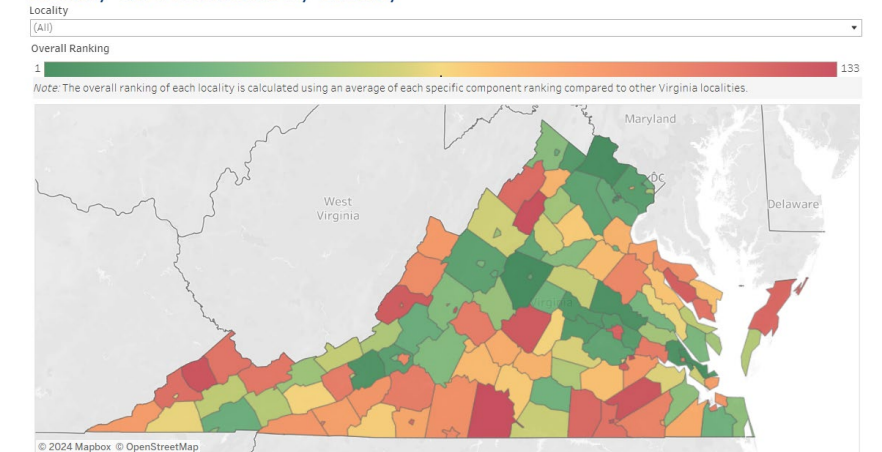
Number of Primary Care Physicians in Virginia from 2010-2021



Local data driving action



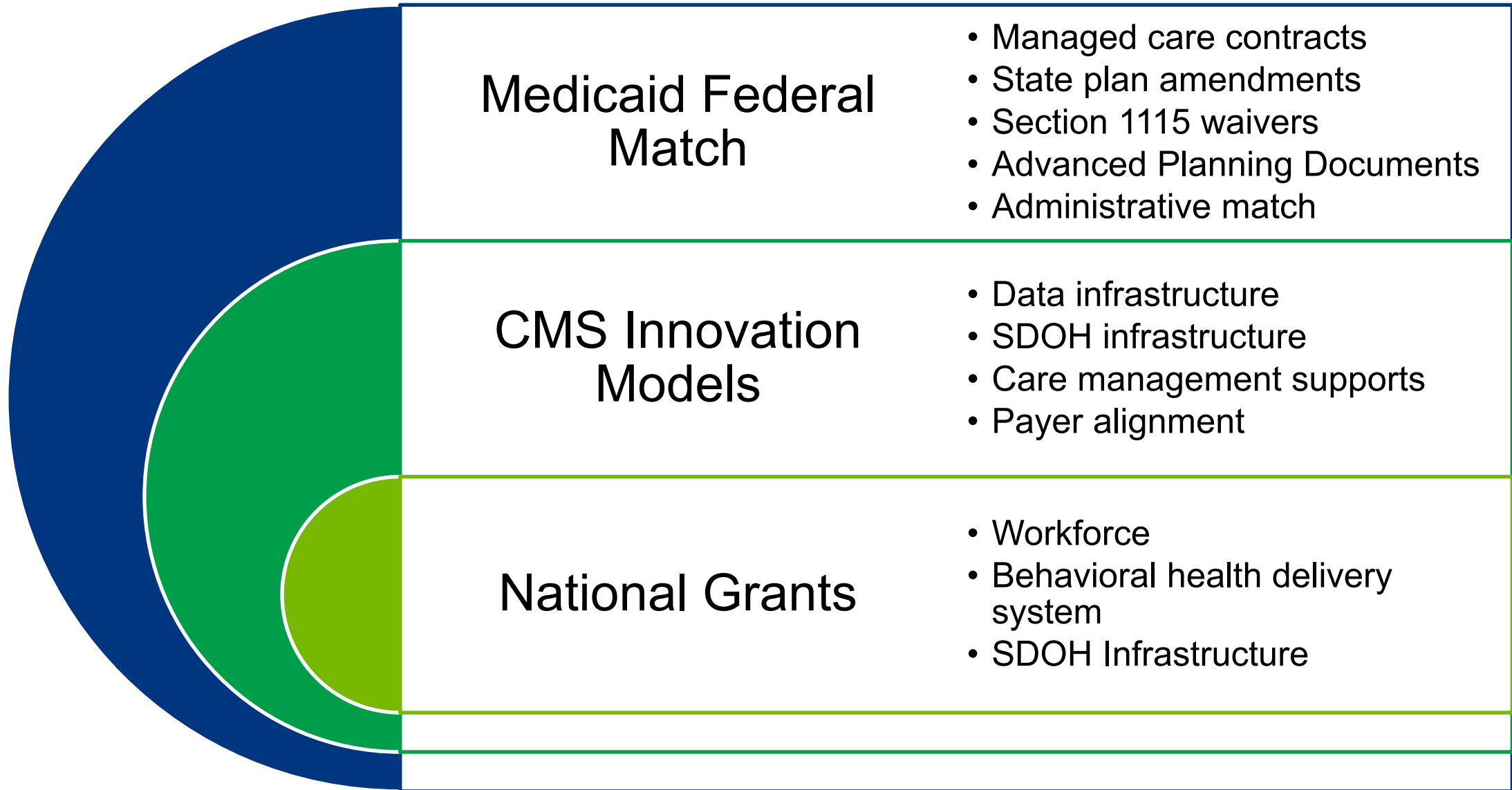
Primary Care Scorecard by Locality






<https://www.vahealthinnovation.org/primary-care-scorecard-dashboard/>



Opportunities to Build Primary Care Infrastructure



State Alignment with Federal Initiatives

		Primary Care State-Federal Alignment Tool					
		State (Example: Virginia [VA])			Federal		
Category	Federal Initiative ¹	State Current Status	State Executive/Agency Action Needed	State Legislative Action Needed	Federal Executive/Agency Action Needed	Federal Legislative Action Needed	Other Notes
Payment	Updates to Medicare Physician Fee Schedule 1. Complexity Add-on (G2211) 2. Payment for auxiliary personnel (community health workers [CHWs], peers, care navigators) 3. Social Determinants of Health (SDOH) Screen (G0136) 4. Community Health Integration and Principal Illness Navigation (G0511) 5. Collaborative Care Model (99492, 99493, 99494, G2214, G0512)	* Medicaid does not cover G2211, G0136, G0511, G2214, or G0512 * Beginning January 2024, Medicaid will cover 99492-99494 * Medicaid covers peer services * Medicaid encourages use of CHWs and care navigators for health plans, but does not directly reimburse providers with auxiliary personnel		Update services covered to mirror Medicare			
Payment	CMS Innovation Center—Making Care Primary	* Not participating			Could offer opportunities to expand demonstration		Activity not open to VA
Payment	CMS Innovation Center—AHEAD Model	* Round 3 applications due August 2024	Application and implementation would require significant state leadership. State Medicaid agency is the only eligible applicant	Participation would require legislative action to set spend targets and adjust Medicaid payments			VA has not submitted an application
Payment	CMS Innovation Center—Accountable Care Organization (ACO) Primary Care (PC) Flex Model	* Opportunity announced March 2023. Individual ACOs can apply without direct state action * VA likely has ~15 ACOs that could be eligible					
Payment	Adoption of Person-Centered Primary Care Measure (PCPCM) in CMS Innovation Center's payment models	* Virginia Task Force on Primary Care (VTFPC) is conducting an evaluation of PCPCM	Could include in future value-based payment (VBP) models if evaluation is positive or as an outcome measure to determine effectiveness of other		Could broadly adopt if evaluation is positive		

Note: [Tool](#) published by Milbank Memorial Fund. Initiatives listed are based on *HHS is Taking Action to Strengthen Primary Care*



Building collaborations in research



**Research Consortium
@
Virginia Center for
Health Innovation**

Goals

- Bring public and private data together to harness the power of partnerships in Virginia
- Bring together experts from across the Commonwealth, and match the right expertise to the right data and right questions
- Support the state priorities
- Establish a data hub and contract process to reduce administrative burdens associated with contracting and data sharing with state entities
- Reduce cost of state-directed research initiatives through cost-efficient contracts with research partners
- Improve Virginia's competitive edge in applications for national grants by establishing cooperative coalitions of expertise and data



New SFY 2025 Recommendations

- Establish a primary care spend threshold target
- Increase Medicaid primary care payment rates to parity with Medicare
 - Requires legislative action
- Expand the integrated behavioral health pilot
 - Requesting legislative language to access Medicaid federal match
- Add a question on patient wait times to VDH's BRFSS survey
- Increase investment in primary care research and evaluation through establishing the Research Consortium at VCHI
 - Requesting \$250,000 GF (\$250,000 Non-GF)