INVESTING IN PRIMARY CARE

A RHODE ISLAND CASE STUDY

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The Office of the Health Insurance Commissioner (OHIC) was created by the Rhode Island General Assembly in 2004.



- Protecting the interest of consumers
- Guarding the solvency of health insurers
- Encouraging policies and developments that improve the quality and efficiency of health care service delivery and outcomes
- Viewing the health care system as a comprehensive entity and encouraging and directing insurers towards policies that advance the welfare of the public through overall efficiency, improved health care quality, and appropriate access.

AGENDA

- Primary Care Investment in Rhode Island
- Considerations for Policy Design
- Tracking Investment and Accountability
- Next Steps in the Evolution of Primary Care Investment
- Integrated Behavioral Health in Rhode Island
- Primary Care Payment Reform

PRIMARY CARE INVESTMENT IN RHODE ISLAND

- In 2010 OHIC required commercial insurers to increase the percentage of their overall medical spending dedicated to primary care by I percentage point per year for five years.
- The primary care spending requirement was one of several Affordability Standards established by OHIC.







CORRECT UNDERINVESTMENT IN RHODE ISLAND COMPARED TO HIGH PERFORMING SYSTEMS. POLICY LEVER TO DRIVE TRANSFORMATION OF PRIMARY CARE.

OPPORTUNITY TO IMPROVE SYSTEM PERFORMANCE ON COST, QUALITY AND ACCESS.

RHODE ISLAND'S RATIONALE FOR PRIMARY CARE INVESTMENT

CONSIDERATIONS FOR POLICY DESIGN

- What constitutes spending on primary care?
- What is your baseline and how does it compare to external benchmarks?
- What outcomes do you want to achieve?
- Once you decide to increase investments, what specific investments should be encouraged?

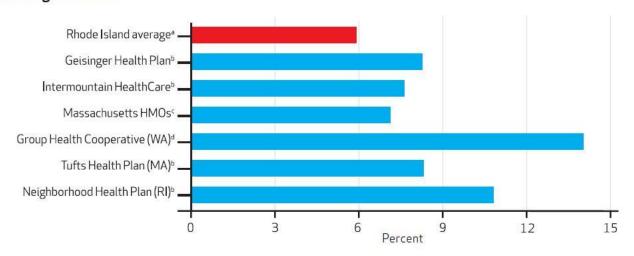
PRIMARY CARE INVESTMENT AS A POLICY LEVER

- Rhode Island used mandatory investment in primary care as a catalyst for practice transformation and payment reform.
- Rhode Island convened a multi-payer PCMH project and encouraged investment in PCMHs.
- Investments through non-FFS payments were specifically encouraged.

RHODE ISLAND'S BASELINE MEASUREMENT

EXHIBIT 1

Primary Care Spending As A Percentage Of Total Medical Spending, Rhode Island Average (Baseline) And Benchmarks From Six Large Insurers



SOURCES Office of the Health Insurance Commissioner, Rhode Island; and various other sources (see below). **NOTES** The Rhode Island average is the mathematical average of the two largest commercial insurers in the state, Blue Cross Blue Shield of Rhode Island and UnitedHealthcare of New England. The Rhode Island target is 10.9 percent, which is the current rate plus five percentage points, as set in affordability standards. *Plan-specific spending rates are greatly influenced by membership mix. *Source: Self-reported by insurers. *Source: Oliver Wyman Study, 2008 Sep, based on commercial, fully insured health maintenance organizations (HMOs) only. Primary care includes obstetrics/gynecology; excludes pay-for-performance. *Gource: Wagner EH, director of the MacColl Institute for Healthcare Innovation, Center for Health Studies, Group Health Cooperative. Group Health Cooperative is a group-model HMO with owned facilities, like Kaiser Permanente.

Koller, C. F., Brennan, T. A., & Bailit, M. H. (2010). Rhode Island's Novel Experiment To Rebuild Primary Care From the Insurance Side. *Health Affairs*, 29(5), 941-947.

TRACKING INVESTMENT & ACCOUNTABILITY

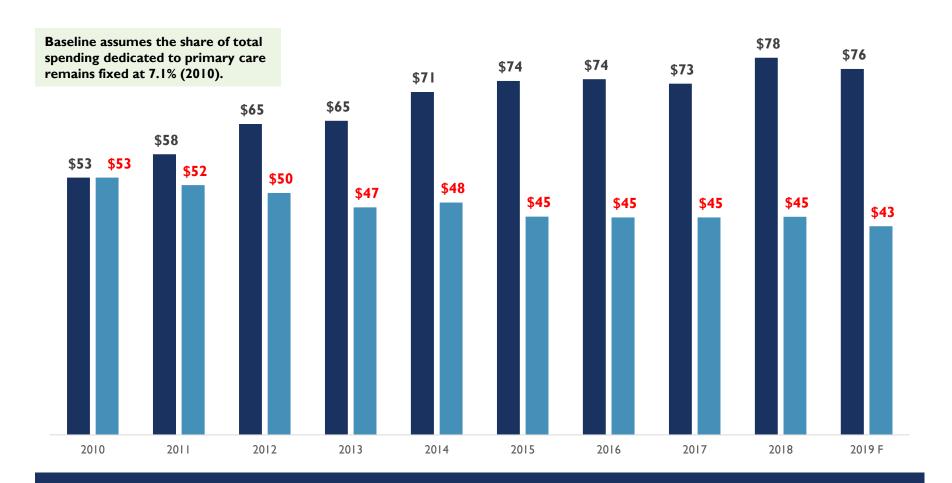
Primary Care Spending, Total and as Percent of Total Medical Spending 2008 - 2019



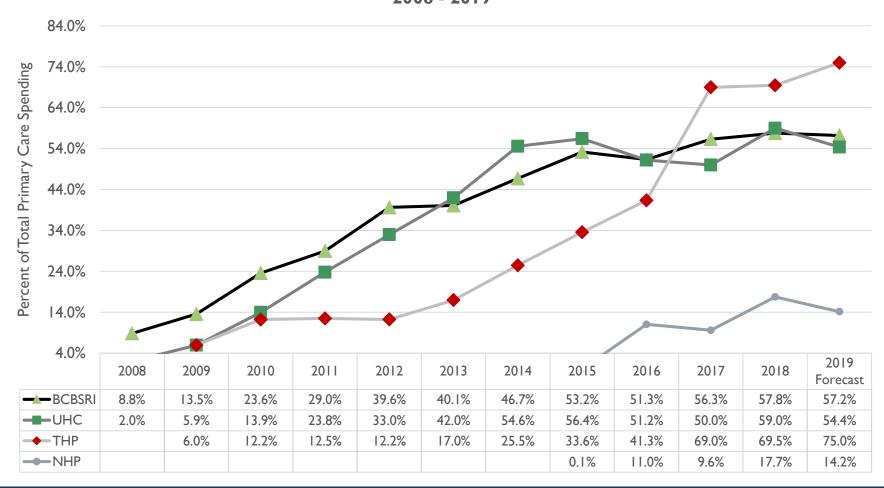
Total Primary Care Spending (in Millions) Actual vs. Baseline Scenario

■ Meeting Spending Targets

■ Baseline Scenario (2010 = 7.1%)



Percent of Primary Care Spending Dedicated to Non-FFS Investments by Insurer 2008 - 2019



RHODE ISLAND NAMED MOST IMPROVED STATE BY THE COMMONWEALTH FUND

- The Commonwealth Fund assesses and ranks each state on 47 measures of health care access, quality, efficiency, health outcomes, and disparities. This year, Rhode Island was ranked as the number one most improved state in the country.
- Rhode Island has improved nine ranks over other states – making Rhode Island the seventh highest ranking state in the country. In the past year Rhode Island has improved on access and affordability, prevention and treatment, disparity, healthy lives, and uninsured adults.

RI Ranking Highlights	2019 Ranking	Change from Baseline*
Overall Ranking	7	+9
Access and Affordability	3	+10
Prevention and Treatment	5	+15
Avoidable Hospital Use and Cost	26	-3
Healthy Lives	11	+14
Disparity *The baseline year varied depend	13	+7



NEXT STEPS IN THE EVOLUTION OF PRIMARY CARE INVESTMENT

INTEGRATED BEHAVIORAL HEALTH

- OHIC has prioritized the integration of behavioral health into the primary care setting as a cost-effective way of increasing access to behavioral health services.
- A 2019 analysis of the CTC-RI's Community Health Teams work shows significant reductions in patient health risk, depression, and anxiety after less than 5 months in care.
- Among other successes, the CTC-RI Integrated Behavioral Health program has also reduced emergency department visits.
- OHIC is committed to the expansion of the IBH model in primary care by:
 - Removing administrative barriers to IBH.
 - Promoting provider payment models which enable and sustain IBH.

PRIMARY CARE PAYMENT REFORM

- OHIC is encouraging the adoption of APMs for primary care.
- APMs, such as capitation, may encourage transformations in the delivery of primary care that are not possible under feefor-service payment.
- OHIC has aligned quality measures for primary care.
 - For 2020 there are 8 core measures and 14 menu measures.
 - The measure sets are updated annually.

LINKS FOR MORE INFORMATION

- OHIC website: <u>ohic.ri.gov</u>
- Affordability Standards Regulations:
 http://www.ohic.ri.gov/documents/2016-OHIC-Regulation-2-amendments-2016-12-12-Effective-2017-1-1.pdf