

Health Care Cost Transparency Board's

Advisory Committee on Primary Care meeting summary

October 26, 2023

Virtual meeting held electronically (Zoom) and in person at the Health Care Authority (HCA)
2–4 p.m.

Note: this meeting was video recorded in its entirety. The recording and all materials provided to and considered by the committee is available on the [Advisory Committee on Primary Care's webpage](#).

Members present

Judy Zerzan-Thul, Chair
Kristal Albrecht
Tony Butruille
Tracy Corgiat
David DiGiuseppe
Sharon Eloranta
Chandra Hicks
Meg Jones
Lan Nguyen
Mandy Stahre
Jonathan Staloff
Shawn West
Linda Van Hoff
StaiCi West
Ginny Weir
Maddy Wiley

Members absent

Sharon Brown
Michele Causley
D.C. Dugdale
Gregory Marchand
Sheryl Morelli
Katina Rue
Sarah Stokes

Call to order

Dr. Judy Zerzan-Thul, Committee Chair, called the meeting to order at 2:05 p.m.

Agenda items

Welcoming remarks

Chair Dr. Judy Zerzan-Thul welcomed committee members and provided an overview of the meeting agenda.

Meeting summary review from the previous meeting

The Members present voted by consensus to adopt the September 2023 meeting summary.

Public comment

Stacey Whiteman, committee facilitator, called for comments from the public. There were no public comments.

Approaches to Primary Care Investment in Rhode Island

Cory King, Acting Health Insurance Commissioner, Rhode Island Office of the Health Insurance Commissioner (OHIC)

Cory King presented an overview of Rhode Island's approach to primary care investment. Topics included rate review; formulating of a primary care expenditure target; accounting for primary care expenditures; monitoring and enforcement; emphasizing non-claims-based expenditures; and lessons learned. One of OHIC's core functions is to approve, modify, or reject premium rate filings. Health care expenditures impact premiums and while rate review is necessary, more action is needed to address systemic factors that drive health care spending. Rhode Island has made efforts to gain transparency in health care spending, mandate investments in primary care, add price growth caps governing inpatient and outpatient facility prices, and mandate value-based payment models. In 2010, OHIC directed commercial insurers to increase primary care spending by one percentage point per year over a five-year period. In 2015, OHIC elected to hold expenditures at 10.7% of total medical spending. The committee's questions and comments in response to the presentation begin at [timestamp 39:00](#).

Code-level Definition Data Analysis

Shane Mofford, Consultant, Center for Evidence-based Policy

An analysis was conducted using the All-Payer Claims Database (APCD) to review code utilization by provider/location types. Adding the location criteria excludes approximately 9.49% of expenditures under the narrow definition and 7.5% of expenditures under the broad definition. The analysis results highlighted four major categories of services and one outlier code: contraceptive codes, domiciliary or rest home care codes, nursing facility/hospice supervision codes, interprofessional electronic health assessment codes, and an assessment and care planning for patient with cognitive impairment code. The list of codes presented under each category can be found under Tab 5 of the [meeting materials](#). Sufficient members were present to allow a quorum. By consensus, the committee voted to approve the following recommendations:

- Include the contraceptive codes.
- Exclude the domiciliary or rest home care codes.
- Exclude four and include seven of the nursing facility/hospice supervision codes.
- Exclude the interprofessional electronic health assessment codes.
- Include the code for assessment and care planning for patient with cognitive impairment.

Reminder: Making Care Primary

Shane Mofford reminded the committee that applications are being accepted from September 4, 2023 through November 30, 2023. This will be the only time for providers to enroll in [Making Care Primary](#).

Adjournment

Meeting adjourned at 3:45 p.m.