

Primary Care Council Meeting

May 20, 2022
Virtual Meeting

Attendees

Members: Jen Phillips (Chair), Aaron Jacobs, Wei-Ann Bay, Jon Helm, Kathy Fresquez-Chavez, Matthew Probst, Eileen Goode, Gretchen Ray, Alisha Parada, Anjali Taneja, Rohini McKee, Laura Parajon, Pamela Stanley, Susan Wilson, Jason Mitchell

Staff: Alex Castillo Smith, Elisa Wrede, Anastacia Sanchez, Alanna Dancis

Others: Frances Lopez-Bushnell, Gloria Wilder, Brian Etheridge, Robert Griego, Jessica Osenbrugge, Tom Starke, Morgan Chavez, Sharon Berman

Minutes

Agenda item: Welcome **Presenter:** Alex Castillo Smith, Elisa Wrede

- Frame meeting and objectives, review agenda, and establish quorum.

Agenda item: Opening Remarks **Presenter:** Jen Phillips

- Thank you and Welcome

Agenda item: Primary Care Council (PCC) Housekeeping **Presenter:** Elisa Wrede, Alex Castillo Smith

- Welcome new Advisory members; Carolyn Thomas Morris, Ph.D, Aaron Jacobs, MD
- Welcome new HSD PCC Representative; Alanna Dancis, MSN, CNP
- Fond farewell to Lori Zink, MD
- Written comments from PCC members across all sessions can be viewed using Jamboard: [PCC Member Comment Board](#)
- Kudos to:
 - Dr. Anjali Taneja for being awarded the PNM Award for Individual Excellence in Ethical Business Practice in Honor of John Ackerman by New Mexico Ethics in Business for her ethical work in healthcare;
 - Anastacia Sanchez on your graduation from the University of New Mexico with a Bachelor of Science in Biochemistry and Molecular Biology; and,
 - Sarah Criscuolo who will begin a new career at the NM Department of Health this June as its Strategic Planning Manager!

Agenda item: **Primary Care Alternative Payment Model (AMP) Design-Payment Strategies** **Presenters:** Julie Weinberg, Pamela Stanley

- Session Objectives
 - Define primary care (PC) alternative payment models (APM)
 - APMs were developed to promote high-quality care compared to fee-for-service programs
 - Review proposed NM PC APM; principles, core features, high-level framework
- National PC APM Recommendations
 - Supports an integrated primary care-team model, changing from the fee-for-service model;
 - Pays prospectively for interprofessional, integrated, team-based care, including incentives for incorporating non-clinician team members and for partnerships with community-based organizations;
 - Is risk-adjusted for medical and social complexity;
 - Allows for investment in team development, practice transformation resources, and infrastructure to design, use, and maintain necessary digital technology;
 - Aligns with incentives for measuring and improving quality outcomes for patient populations assigned to interprofessional care teams.
- PC APM Framework
 - NM adopting framework developed by the Healthcare Payment Learning & Action Network (HCP-LAN), which is broken down into 4 categories
 - Addressing care reimbursement (includes primary care and other services)
 - “Supports and sustains interprofessional and integrated primary care practices”-Julie Weinberg
- HSD Actions taken to Implement APMS
 - Challenges: data integration, model design and testing, implementation, socialization and evaluation, provider buy-in and integration
 - To ensure successful APM implementation HSD will:
 - Design, test, and evaluate new PC APM in consultation with stakeholders beginning this summer.
 - Launch PC APM Transformation Clinician Collaborative in 2023 to provide supports, technical assistance and education during APM roll-out.
 - Request FY24 funds to launch online, real-time referral system connecting providers and patients to health and social supports, and track outcomes.
 - Develop PC VBP data system. (Similar to current HSD efforts for nursing facilities and hospitals.)

Agenda item: **HSD Strategies to Advance Primary Care** **Presenter:** Alex Castillo Smith, Elisa Wrede

- HSD Strategies to Advance PC
 - PC APM Model Design & Provider Transformation
 - Consultation, launch and facilitate clinician transformation collaborative across multiple state fiscal years
 - Statewide PCP Workforce Assessment
 - Statewide comprehensive FTE analysis
 - PC Alternative Payment Model (APM) Data Intermediary
 - Need to integrate data and making it visible to providers
 - Closed-Loop Patient-Provider Referral System
 - North Carolina as an example
 - Create the ability to supply and track real-time referral systems for medical and non-medical services

Agenda item: **Primary Care Pitches for New Mexicans** **Presenter:** Elisa Wrede, Anjali Taneja, Matt Probst, Laura Parajon

- **Total Request: \$1,799,000**
- **SFY24 budget request up to \$5M in State General Funds**
- Primary Care Community Hub-Anjali
 - Addresses communication, collaboration, health equity and health technology for the Provider
 - Functionality: “incorporates the best of communities that already exist and allows for an online group for entire regions for all clinicians”-Anjali
 - Costs: Startup of \$560,000 in the first year
- Semillas de Salud-Matt
 - Growing workforce from our own community
 - Costs: \$789,000

- Collaboration with local schools to provide youth mentoring
- “Moving upstream and primary prevention is what Semillas de Salud is really about” -Matt
- FY24 Health Equity and Primary Care: NMDOH Staff and Data Systems Request-Laura
 - “Building the foundation for additional staff and data systems”-Laura
 - Socioeconomic and Racial Inequities and Poor Health
 - Establishing new models for Health Equity: What creates health? Vs. How can health care engage?
 - Proposal for staff and data systems to develop integrated health equity model with CHWs: scan, data collection and sharing platform, model development
 - Cost; \$300,000
- Voting- Survey Monkey
 - Thing to consider; “is it high priority?”, “high/low cost” “high/low impact”, “Does the pitch connect to the goals of the PCC?”

Agenda item: Primary Care Council Spring Stakeholder Engagement **Presenter:** Elisa Wrede, Anastacia Sanchez

- Methodology: Survey Monkey and Stakeholder listening sessions
 - Over 130 recorded responses total
- Goal 4: Workforce Sustainability-54 documented responses
 - Recruitment, establishing loan repayment programs, accessibility to continuing education programs, improving work environments
- Goal 2: Payment Strategies-35 recorded responses
 - Improving Medicaid/Medicare payment, establishing payment and reimbursement methods, increasing reimbursement specifically prevention and treatment of chronic diseases, monetary incentives to increase number of providers
- Goal 1: Health Equity-26 recorded responses
 - Obtaining quality metrics, accessibility especially in rural communities, integration of primary care, educating the community about primary care
- Goal 3: Health Technology-18 recorded responses
 - Obtaining quality metrics, establishing state-wide HIE, increasing IT support for providers, increasing accessibility to telehealth services

Agenda item: Public Comment

There were no verbal comments during the public comment period.
Written public comments were captured using Jamboard:
[Public Comment Board](#)

Agenda item: Closing Comments

ADJOURN

The next Primary Care Council Meeting will take place on Friday, August 19, 9:00 am – 12:00 pm (MST)