



Building a Statewide Coalition for Action: The Virginia Task Force on Primary Care

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Overview



VIRGINIA TASK FORCE ON PRIMARY CARE

- Call to action to address the urgent needs of primary care and to consider new models of resource allocation and accountability
- Emphasis on ensuring primary care maintains its ability to achieve its proven salutary effects - higher quality care at lower costs with greater equity across populations
- Launched July 2020, Staffed by Virginia Center for Health Innovation (a 501 C3 Public-Private Partnership)
- Funding support from Arnold Ventures for Year 1, Commonwealth of VA for Years 2-4, and included in the VDH base budget beginning in year 5

Task Force Aims

- **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 COVID environment.

Task Force Composition

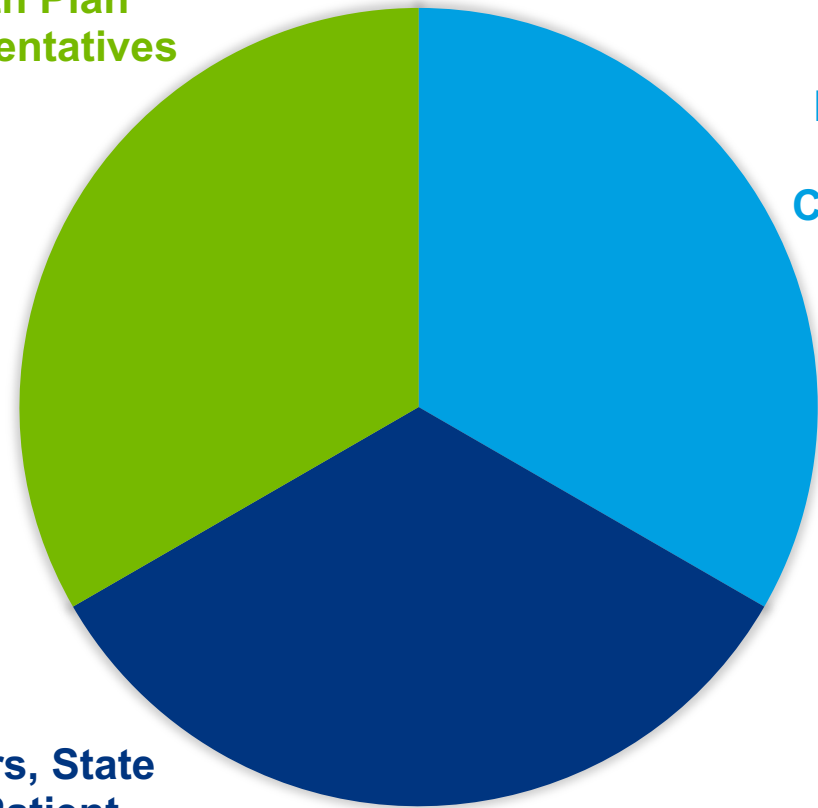
32 Members

Co-Chaired by:

- Sandy Chung, MD – VA Pediatrician and AAP Immediate Past-President
- Jeff Ricketts – Retired, President of Anthem Virginia

Health Plan
Representatives

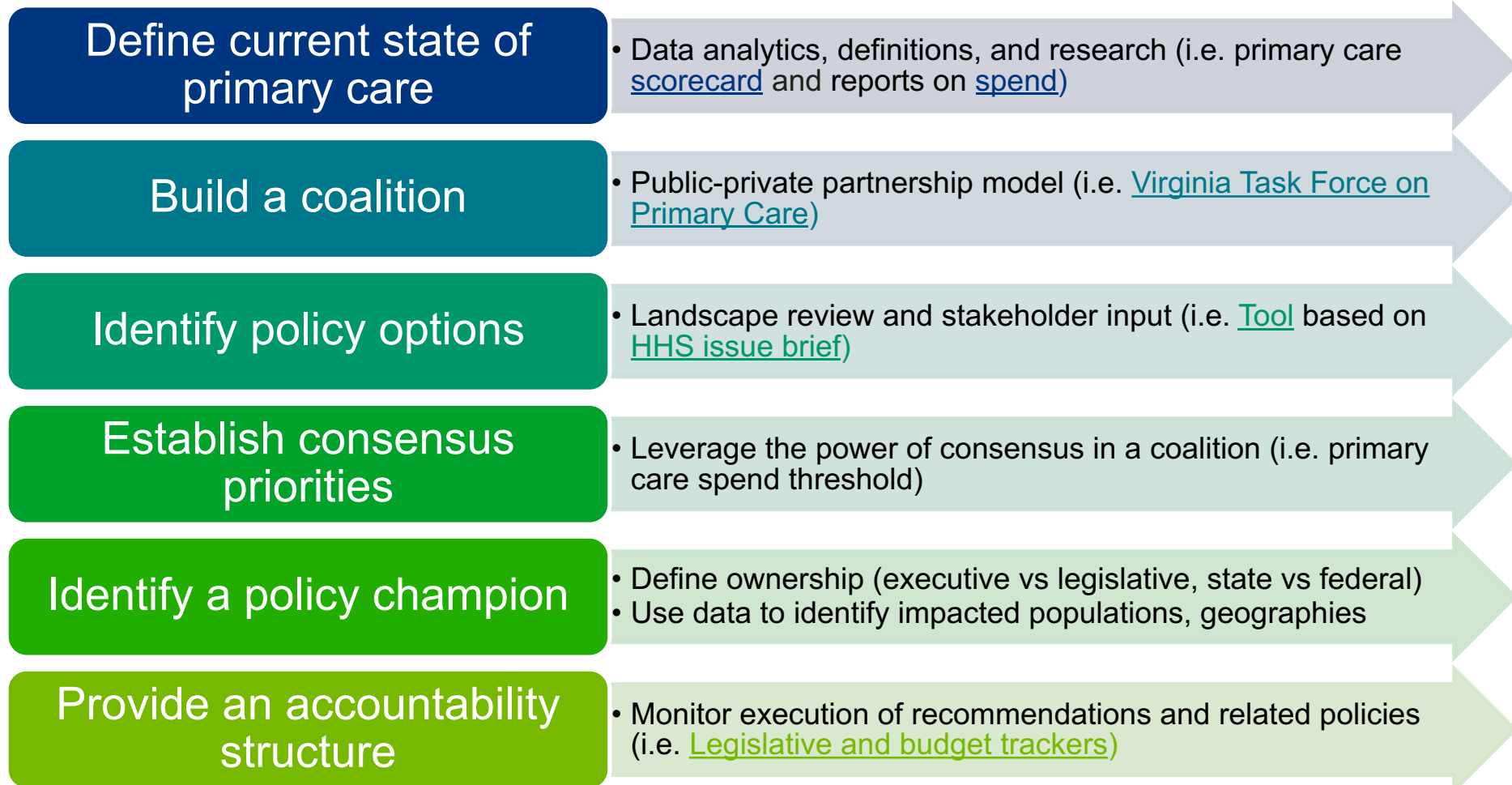
Primary
Care
Clinicians



Employers, State
Gov't, Patient
Advocates

- Significant Involvement from Virginia's Secretary of Health and Human Resources

Task Force Role in Primary Care Reform



Quick & Collaborative Wins

- Pandemic Support
- Connecting Virginia With National Primary Care Reform Entities
- Identification of Necessary Building Blocks for Payment Reform
- Establishment of Baseline Spending Report Data
- Identification of Necessary Infrastructure Supports for Primary Care
- Consensus Building for More Effective Performance Measurement
- Medicaid Payment Increase for Primary Care Services from 70 to 80 Percent of Medicare Payment

Primary Care Reports

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 \$43.2 billion on healthcare expenditures—excluding costs incurred by the uninsured, self-insured, military, or federal employees. In total, healthcare accounted for 14.9% of the state's gross domestic product (GDP), significantly below the national average of 17.7%, and declining.¹

Key Findings

- Medicaid accounts for the greatest share of healthcare expenditures (30.6%).
- Across all payers, prescription drugs account for 25.3% of healthcare dollars, followed by physician/professional services (24.3%) and inpatient hospital (22.9%).
- Within physician/professional expenditures, 83.5% 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 17.4% on prescriptions and 26.4% on physician services.
- Spend varies by region. Southwest spent the most on prescription drugs (\$1.1–\$38.9%), while Northern Virginia, Hampton Roads, and Richmond city areas spent more on physician/professional services (24.0%–29.1%).

Spend by Payer

Medicaid expenditures account for the greatest share of healthcare spend in the Commonwealth, with 30.6% (\$13.2 billion) of healthcare expenditures. Traditional Medicare (Medicare Fee-for-Service (FFS)) follows closely at 28.4% (\$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 24.3% 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 [Virginia 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 28.6% spent on physician/professional services. Traditional Medicare spends its greatest proportion of healthcare dollars on inpatient hospital facility fees (27.6%).

Virginia Primary Care Investment
June 2024

The Virginia Task Force on Primary Care is a public-private partnership launched in August 2020 to address the sustainability challenges facing primary care. The multi-stakeholder collaborative reports on trends in primary care spend and other key issues. VTFPC is funded through the Virginia Department of Health.

To learn more about the work of the VTFPC visit our [website](#).

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.
- Avoidable 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 2016-2018.¹⁴

Expenditures [Learn More](#)

Workforce [Learn More](#)

Primary Care Use [Learn More](#)

Outcomes [Learn More](#)

Patient Experience [Learn More](#)

Sources [Learn More](#)

Completed Reports
Virginia Primary Care Scorecard & accompanying Dashboard

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

SFY '24 KEY INITIATIVES

- Person-Centered Primary Care Measure (PCPCM) Pilot**
GOAL: Completion and evaluation
PROGRESS: 687 Clinicians enrolled, extended to 6/30/2025 due to IRB approval delays and larger than expected enrollment
- Virginia Joy in Medicine Clinician Retention Initiative**
GOAL: Launch with at least 5 primary care organizations
PROGRESS: 6 organizations enrolling, launch scheduled for summer 2024
- Smarter Care Virginia Improving Vaccination Rates Initiative**
GOAL: Launch with 500 practice sites
PROGRESS: Delayed due to data use agreements, launch expected fall 2024
- Pediatric Behavioral Health Integration Pilot**
GOAL: Design and implement a payment model with Medicaid health plans to support pediatric practices integrate 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 a primary care spending target 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 pilot to integrate behavioral health and primary care for children and adolescents
- Add a question on primary care wait times to Virginia's next 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 Healthcare 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

Virginia Primary Care Investment
Includes information previously in the Virginia Total Cost of Care Report and Virginia Behavioral Health Spend Reports.



Task Force Pilots



Immutrak

- Provide panel-level vaccination data to practices
- Partnership with VDH, VHI, and practices



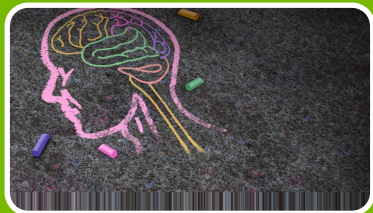
PCPCM Evaluation

- Evaluates the Person-centered primary care measure (PCPCM)
- Partnership with VCU and practices



Joy in Healthcare

- Supports system-wide strategies for improving clinician well-being
- Partnership with AMA and 5 (to 7) systems



Behavioral Health Integration

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



SFY'25 Recommendations

SFY '25 RECOMMENDATIONS

New

- Establish a primary care spending target for Medicaid and Commercial payers and timelines for improvement for Virginia
- Pursue parity spend with Medicare for Virginia Medicaid primary care services
- Encourage financial support for team based care models through expansion of VTFPC pilot to integrate BH and PC for Children and Adolescents
- Increase investment in primary care research and launch Research Consortium
- Recommend that Virginia's state BRFSS survey add a question on primary care wait times to next annual survey

Continuing

- Primary Care Scorecard
- Total Cost of Care Report
- Combined Primary Care Spend Report
 - includes telehealth and behavioral health
- PCPCM Pilot and Evaluation
- Virginia Joy in Healthcare Pilot
- SCV Improving Vaccination Rates Pilot
- Behavioral Health Integration Pilot
- Primary Care Innovation Hub
 - with significant expansion in membership

Next: Tackling The Need for Collaborative Research



Research Consortium
@
Virginia Center for
Health Innovation

Goals:

- Maximize use of existing data infrastructure
- Match data sources with analytic, policy, and subject matter expertise
- Create a hub 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.
- Further improve data transparency for state partners and the public by disseminating analyses through a broad array of mediums
- Improve Virginia's competitive advantage

Starting With: Health Data 4 Action Award

Examining Negotiated Rates for Behavioral Health and Primary Care Providers

Funding: Robert Wood Johnson Foundation (in partnership with AcademyHealth)
\$100,000 (July 2024 – December 2025)

Research Partners

George Mason University
College of William & Mary



Alison Cuellar, PhD, MBA

Associate Dean for Research, *George Mason University College of Public Health*



Jennifer Mellor, PhD

Tang Professor of Economics and
Public Policy
The College of William and Mary

Data Partners



Virginia Health Information
All-Payer Claims Database



Mathematica
Transparency in Coverage
Data

