

Primary Care Workgroup

Principles for Defining Primary Care Spending in Maryland

PRELIMINARY WORKING DRAFT – MARCH 27, 2023

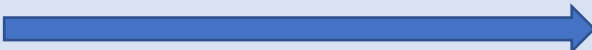
This document provides a list of key principles to discuss in developing a primary care spending definition. It also offers possible approaches and discusses related considerations and trade-offs. The first section focuses on developing a measurement framework. The second section focuses on developing a methodology.

Section 1: Measurement Framework

DISCUSSION CATEGORIES	APPROACH 1	APPROACH 2	APPROACH 3	CONSIDERATIONS & TRADE OFFS
1. PURPOSE FOR MEASURING PRIMARY CARE SPENDING	Measure whether spending on core primary care services is sufficient	Define goals for primary care delivery and whether spending is adequate for services envisioned	Measure all spending on primary care services	<p>Core Services: These definitions measure whether spending on core primary care services is sufficient. These definitions could help identify populations or geographic areas in need of additional access.</p> <p>Tied to Care Delivery Goals: These definitions may include services not currently provided on a routine basis and can help track whether investment in those services is increasing.</p> <p>All Primary Care Spending: These definitions aim to capture all spending on primary care services. Some spending is typically not captured (such as uninsured, individuals not using their health benefit, third-party vendors, concierge care and worksite clinics).</p>

DISCUSSION CATEGORIES	APPROACH 1	APPROACH 2	APPROACH 3	CONSIDERATIONS & TRADE OFFS
2. NUMBER OF DEFINITIONS	Single definition	Modular definition with a core service component and additional service categories that can be included or excluded	Multiple definitions: Examples could include narrow and broad or Maryland-specific and aligned with state/national efforts	<p>Single Definition: Single definitions are the easiest to communicate.</p> <p>Modular Definition: Many definitions include some ability to stack or include/exclude certain service categories. A modular definition that includes a core service component and the ability to “bolt on” additional service categories, such as behavioral health or non-claims offers states the ability to track spending on core services and progress towards funding emerging services that align with care delivery goals.</p> <p>Multiple Definitions: Several states currently apply multiple definitions to support different use cases and successfully communicate these to stakeholders.</p>
3. GEOGRAPHIC ALIGNMENT	Align with a national effort	Align with a nearby state or multi-state effort	No alignment with other state or national definitions	<p>National Alignment: National measurement efforts are constrained by data availability. These definitions often do not reflect the most effective “local” measurement approach for states with more refined data sources.</p> <p>State Alignment: Some states with multiple definitions include a definition designed to align with another measurement effort, such as a nearby state or one farther along in care delivery transformation.</p> <p>No Alignment: Geographic alignment is not typically a primary consideration for states. It occurs more often when states have multiple definitions to support multiple use cases.</p>

Section 2: Methodology

<div> <div>Narrower</div>  <div>Broader</div> </div>				
DISCUSSION CATEGORIES	APPROACH 1	APPROACH 2	APPROACH 3	CONSIDERATIONS AND TRADE OFFS
4. NARROW OR BROAD SET OF SERVICES	Include set of core primary care services (such as office visits, preventive care, vaccine administration)	Include an expanded list of defined primary care services (such as minor procedures and screenings)	Include all services performed by a primary care provider	<p>Narrow Definition of Primary Care Service: “Narrow” definitions typically include a limited set of core primary care services.</p> <p>Broad Definition of Primary Care Service: “Broad” definitions typically include additional primary care services.</p> <p>All Services Performed by Primary Care Providers: Some broad definitions include all services performed by primary care providers.</p>
5. NARROW OR BROAD SET OF PROVIDERS	Include set of core primary care providers (such as family medicine, general practice, internal medicine, pediatrics, NP/PA, geriatrician, FQHC/RHC)	Include an expanded list of defined primary care providers (e.g., clinical nurse specialists, OB-GYNs, adolescent medicine)	No exclusions based on provider type; only limit based on the service provider	<p>Narrow Definition of Primary Care Provider: “Narrow” definitions typically include a limited set of core primary care providers.</p> <p>Broad Definition of Primary Care Provider: “Broad” definitions typically include additional primary care providers.</p> <p>No Exclusions Based on Provider: We are not aware of any definitions nationally that include all services regardless of the clinical specialty of the provider performing the service.</p>
6. INCLUDE OR EXCLUDE BEHAVIORAL HEALTH (BH) SERVICES/PROVIDERS	Exclude all behavioral health services and providers	Include a limited set of behavioral health services, such as those performed as part of an integrated	Include a broader set of behavioral health services and providers	<p>Exclude All BH Services: Some definitions exclude all behavioral health services and providers.</p> <p>Include a Narrow Set of BH Services: Some only include screening and collaborative care performed by the primary care provider. Colorado includes certain behavioral health services and providers as primary care, if the servicing or billing provider on</p>

		behavioral health arrangement		the claim has a primary care taxonomy. This requirement aims to include only services provided as part of an integrated behavioral health arrangement. Include a Broader Set of BH Services: Other definitions include a broader set of behavioral health services, such as counseling sessions with social workers and clinicians specializing in behavioral health services.
7. INCLUDE OR EXCLUDE OB-GYN SERVICES/PROVIDERS	Exclude all OB-GYN services and providers	Include a limited set of OB-GYN services, such as those performed by a primary care provider	Include a broader set of OB-GYN services and providers	Exclude All OB-GYN Services: Some definitions exclude all OB-GYN services and providers. Include a Narrow Set of OB-GYN Services: Some definitions only include a limited set of OB-GYN services and in some cases, even these services are only performed by a provider practicing family medicine, internal medicine or another primary care specialty. Include a Broader Set of OB-GYN Services: Other definitions include a broad set of OB-GYN services and consider OB-GYNs as primary care providers. These definitions may include some maternity services but often allocate only 60% of the cost of the delivery to primary care.
8. RESTRICT BY PLACE OF SERVICE	Define place of service narrowly.	Define place of service broadly but still list the places of services deemed primary care.	Do not restrict by place of service.	Define Narrowly: These definitions may not consider care provided at retail clinics, schools or urgent care facilities to be primary care. Define Broadly: These definitions may choose to include schools, retail clinics or urgent care facilities but exclude emergency rooms, assisted living centers and/or nursing homes. Do Not Restrict: If a service defined as primary care is performed by a primary care provider, it is included regardless of where it is performed.

9. INCLUDE OR EXCLUDE PHARMACY SPENDING IN DENOMINATOR	Exclude pharmacy spending in the denominator when calculating primary care as a proportion of spending	Include pharmacy spending <i>net of rebates</i> in the denominator when calculating primary care as a proportion of spending	Include pharmacy spending <i>gross of rebates</i> in the denominator when calculating primary care as a proportion of spending	<p>Exclude Pharmacy Spending: Pharmacy is an important, considerable and growing component of total health care spending. However, many states exclude it for various reasons, including data challenges and a preference for measuring primary care spending as a percentage of medical spending rather than as a percentage of medical and pharmacy spending. We are not aware of any current definitions that include pharmaceutical spending in the numerator, aside from a few that include the cost of vaccinations as primary care spending.</p> <p>Include Pharmacy Spending Net of Rebates: Reporting pharmacy spending net of rebates is considered more accurate and preferred if the data is available.</p> <p>Include Pharmacy Spending Gross of Rebates: If rebate data is not available, pharmacy spending may be reported gross of rebates. However, if the amount spent by payers is higher, it should be reported.</p>
10. INCLUDE OR EXCLUDE NON-FEE-FOR-SERVICE SPENDING <i>(INCLUSION POSSIBLE IN 2025)</i>	Exclude non-fee-for-service spending on primary care services in numerator and all non-fee-for-service spending by payers in the denominator	Include non-fee-for-service spending on primary care services in numerator and all non-fee-for-service spending by payers in the denominator	Revisit this topic in 2024, after initial data collection in 2023 provides insight into baseline non-fee-for-service spending	<p>Exclude Non-Fee-for-Service Spending: Some definitions exclude non-fee-for-service primary care spending, often due to a lack of available data.</p> <p>Include Non-Fee-for-Service Spending: A growing number of primary care spending definitions include non-fee-for-service spending as more dollars flow through value-based payments. These definitions allocate only a portion of certain non-fee-for-service payments (for example, risk settlements) to primary care.</p> <p>Revisit the Topic in 2024: Maryland does not currently have this information available but could begin including non-fee-for-service data in its primary care definition beginning in 2025.</p>