

GMCB Primary Care Advisory Group

Wednesday, March 20, 2024

5:30 – 7:00 PM

Meeting Minutes ([click here to view recording](#))

PCAG Member Attendance	Allan Ramsay; Carrie Wulfman; Eileen Murphy; Elliot Rubin; Fay Homan; Leigh LoPresti; Michelle Wade; Robert Penney; Tim Tanner; Emilija O. Florance; Paul Reiss
GMCB Attendance	Owen Foster; Dave Murman; Susan Barrett; Alena Berube; Julia Boles

Welcome & Introductions

- PCAG members introduced themselves.
- Susan Barrett gave updates on the legislature, including that H.766, a prior authorization bill, passed the house and S.98, which would give GMCB staff to start looking into regulating prescription drug rates, passed out of the Senate Health and Welfare Committee.
- PCAG members asked about the AHEAD Model and the best ways to submit comments.
 - Resource: [AHS Press Release on AHEAD Model Application](#)
 - Emilija Florance shared that she has been attending the AHS primary care meetings on the AHEAD Model and they are taking primary care provider input.
 - Chair Foster shared that GMCB is planning more public meetings on AHEAD and that will be one way to get more information.
 - Dr. Reiss asked about who the decision makers over the model would be and what it means for the ACO and GMCB. Chair Foster shared that there are many components like evaluation, hospital budget regulation, and other elements to consider. Chair Foster also shared that his understanding is that the ACO would not be part of this model, but that doesn't necessarily mean that the ACO would go away. The NOFO (application) requires GMCB to sign the agreement, so GMCB would not go away in this work. The AHEAD Model negotiation team will have both AHS and GMCB representation.
- There was discussion about how to measure primary care spending.
- PCAG members and the public are encouraged to submit comments to GMCB and AHS, via public comment forms on each website.

FY25 Hospital Budget Guidance Presentation and Discussion

Background Materials: [FY25 Hospital Budget Guidance](#)

- Alena Berube gave a presentation on the [FY25 Hospital Budget Guidance](#) with some specific questions for PCAG Member input.
- **PCAG members provided input on the metrics** outlined in the slides and advised GMCB to consider ideas including: cost accounting to get a sense of efficiency; consider ways to measure when the system is working well (e.g. an ED visit that never happened because the patient was able to see primary care); functional metrics for counselors, providers and beds because there is a difference between there being a provider/bed and that provider/bed being able to actually accept patients (“availability” as a metric for access); and considering primary care broadly (such as nursing home patients who are managed by primary care).

- **PCAC members discussed the narrative question** about access challenges, and what is the hospitals role in supporting these services, including: asking hospitals to describe whether they currently own/run primary care, mental health, substance use disorder, and long term care services; asking about their current investments and plans for future investments in these areas; asking how hospitals divert money from other services to support these areas; looking at the services available around the hospital and finding ways for hospitals to partner with other care settings (for example, can hospitals partner with primary care offices to keep available slots open to see patients the day after an ED visit to reduce additional ED visits).
- **PCAG members discussed how GMCB could continue thinking about primary care investment in the hospital budget process.** PCAG members shared the importance of comparing apples to apples in looking at spending (for example, does a hospital charge primary care rent on their space but not surgeons) and tracking how money flows through hospital systems to primary care. PCAG members expressed interest in helping define primary care for the purposes of tracking spending.