



# The Rhode Island Experience

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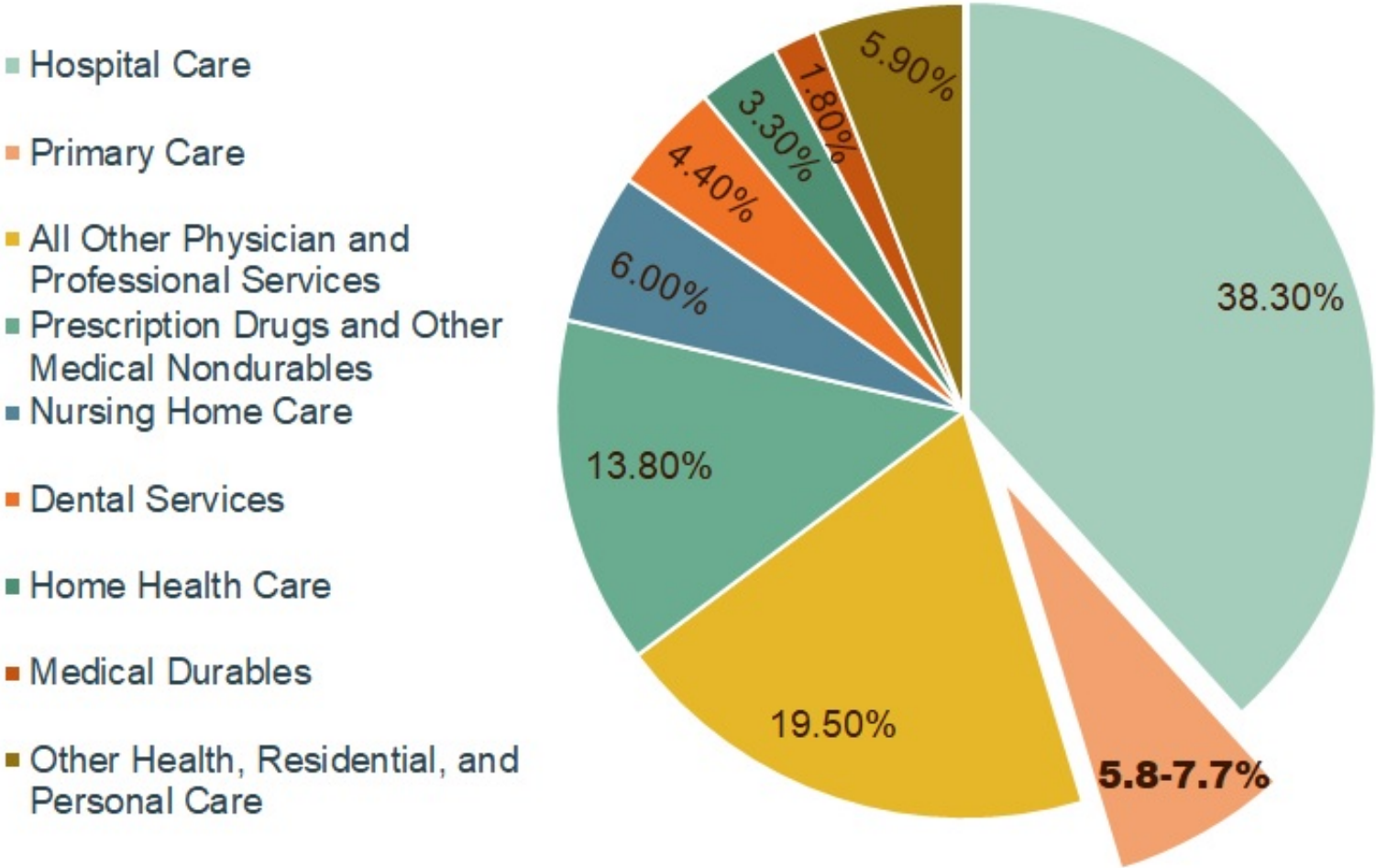
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**BROWN**

Department of  
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# Primary Care Spending

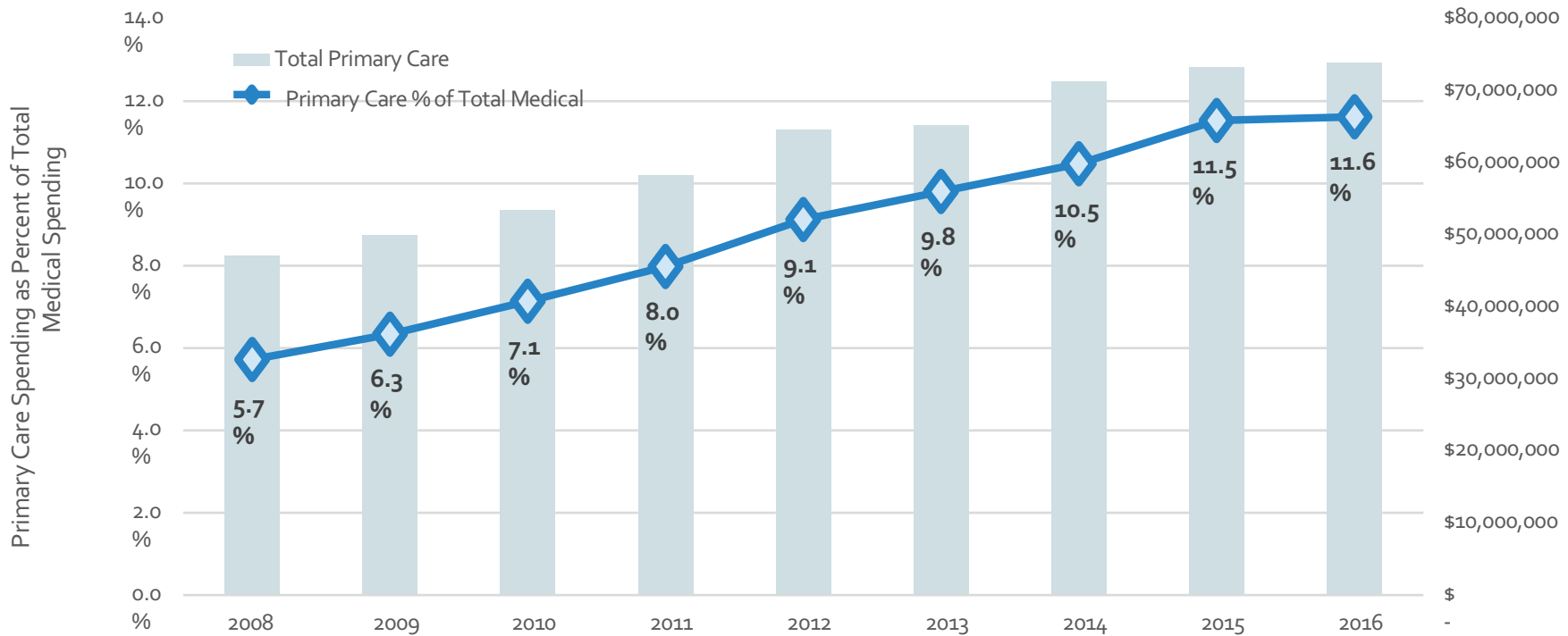


# Investments in Primary Care

**Evidence suggested strengthening primary care will lead to improved outcomes and lower costs:**

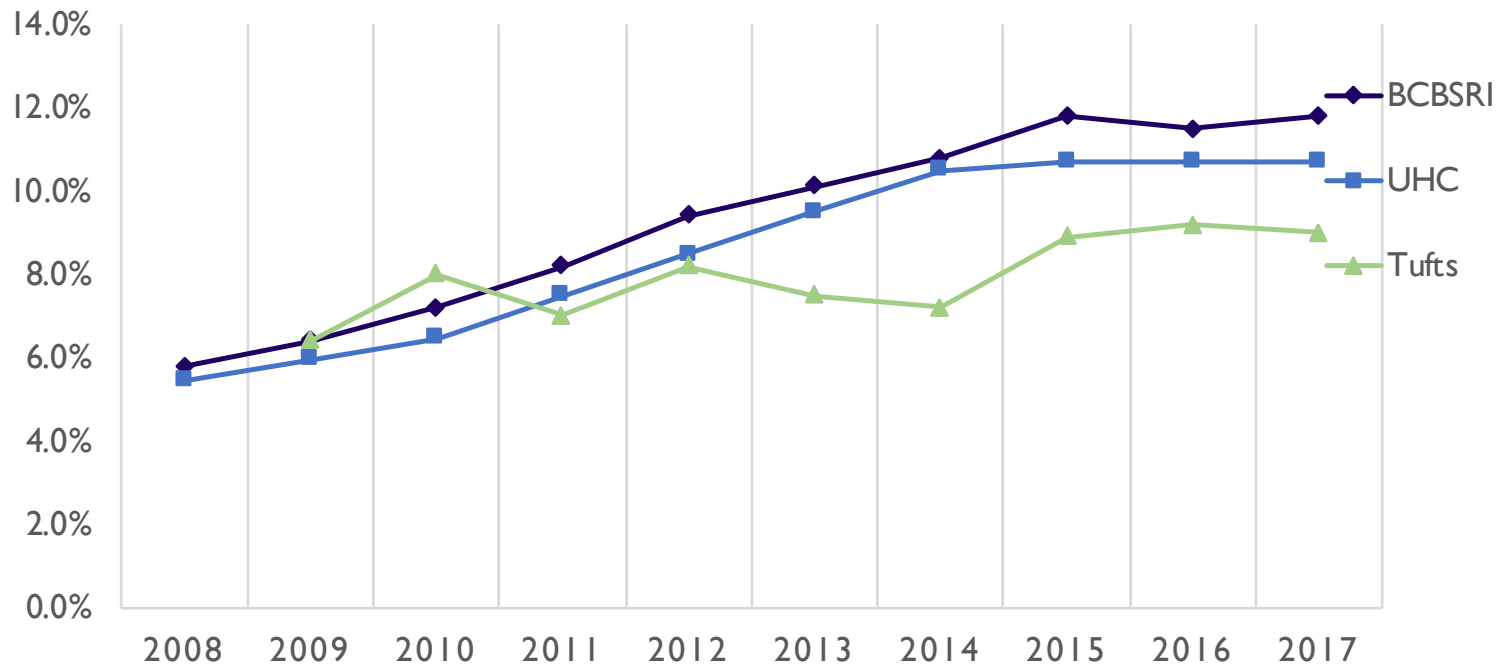
*OHIC required increase primary care spending by 1 %/year*

Primary Care Spending, Total and as % of Total Medical Spending  
2008 - 2016



# Making Primary Care a Priority for the State's Health Care System: Rhode Island Experience with Commercial Insurers

Primary Care Spending as Percent of Total Medical Spending Insurer (2008-2017)



Primary care spending by commercial insurers increased from \$47 million/year to \$73 million/year over this period.

Source: Office of the Health Insurance Commissioner, State of Rhode Island



# Rhode Island Primary Care Spend

- RI increased its primary care spending from 5.7% in 2008 to 9.1% in 2012 and 11.6% in 2016
- Between 2008-12, total healthcare expenditures fell 14%
- Health indicators have dramatically improved
- RI rated “most improved” and among the top states for health performance by the Commonwealth Fund Report 2019

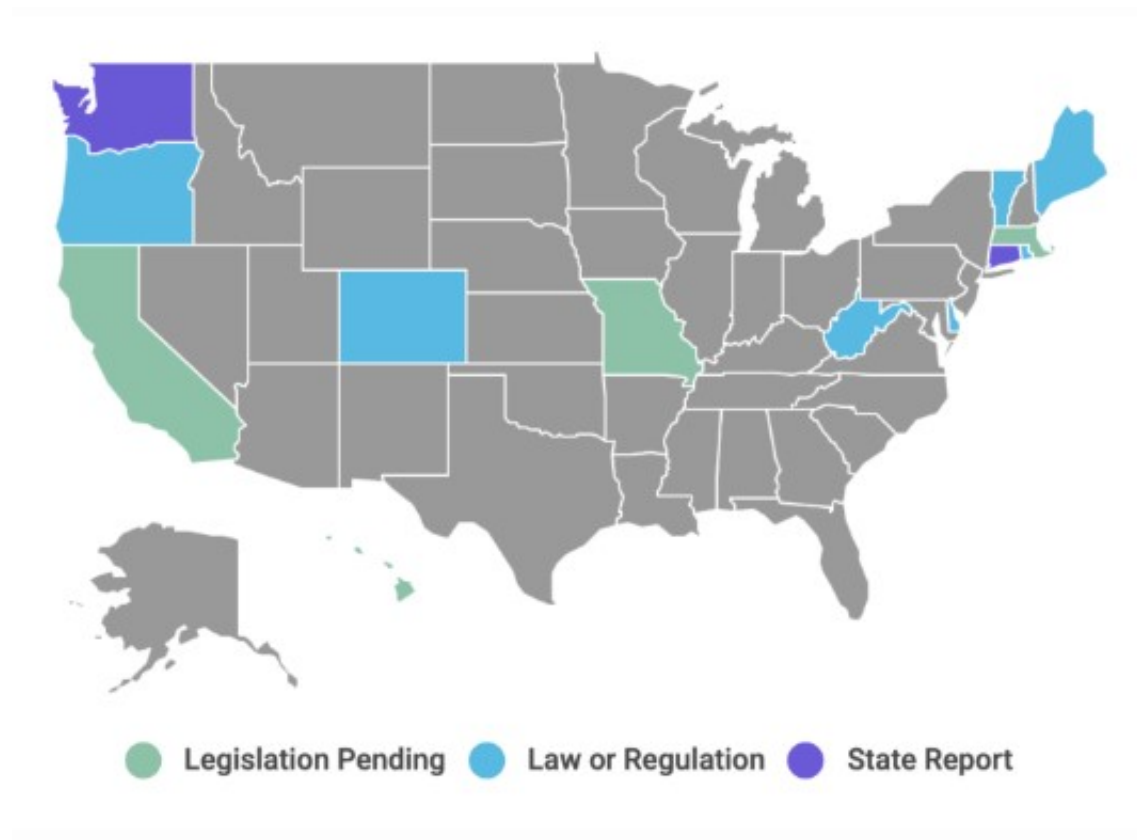


# What was the money spent on?

- PCMHs
- ACOs
- Performance incentives
- “Common good” services such as
  - Health information technology
  - Practice transformation
  - Loan-repayment programs



# State Legislation Map as of November 2019 @Milbank



Updates: <https://www.pcpcc.org/primary-care-investment>

# NextGen ACO

- **Next Generation ACO Model:**
  - an initiative for ACOs that are experienced in coordinating care for populations of patients
  - allows provider groups to assume higher levels of financial risk and reward than are available under the Shared Savings Program (MSSP)





# Our Experience



- Growth from 10,000 to 120,000 covered lives
- Instrumental movement to single medical record
- Focus on (complexity) coding, networks of providers, and keeping patients in the network
- Experience on the ground:
  - Nearly impossible to know which patients are in the ACO
  - Poor quality data is the rule rather than the exception
  - Application of cost-saving measures hard to implement (especially since patients have choice)
  - Feeding the “hospital beast” remains a priority
  - Much of the ACO spending is “out front”
  - Dollars that the docs see are moderate and may not change behavior

# Biggest Question

- What's Next after NextGen and MSSP\*?

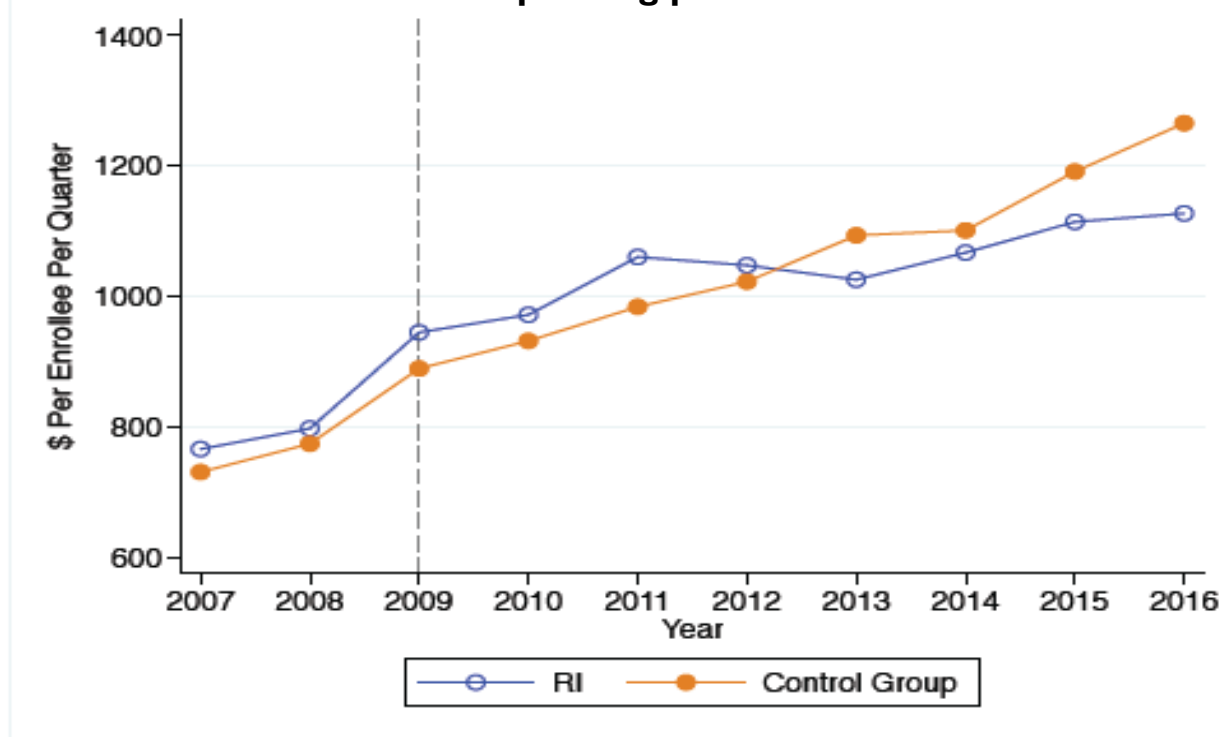


\*Medicare Shared Saving Program

# Extra Slides

# RI State Policy Levers Controlled Health Care Cost Growth

**Risk Adjusted Commercial Insurance Spending per Enrollees in Rhode Island vs. Match Control**



Source: Landon et al, Academy Health Annual Research Meeting, 2018



# Important Not to Oversell Primary Care Results

- Policy makers want many things
  - System affordability
  - Personal affordability
  - Access to care
  - Happy consumers
  - Healthier populations
  - Equitable outcomes

More Money in Primary Care is necessary but not sufficient to make these things happen

But public policy that promotes primary care is a “gateway policy” to set of values and policy choices that achieve these other goals.