

## GMCB Primary Care Advisory Group

Wednesday, January 17, 2024

5:30 – 7:00 PM

Meeting Minutes

This meeting was held virtually via Microsoft Teams.

<b>PCAG Member Attendance</b>	Carrie Wulfman; Eileen Murphy; Elliot Rubin; Fay Homan; Katie Marvin; Leigh LoPresti; Michelle Wade; Robert Penney; Tim Tanner; John King; Emilija O. Florance; Kristen Sheehan
<b>GMCB Attendance</b>	Susan Barrett; Jessica Holmes; Julia Boles

### 1. Welcome & Introductions

Brief introduction from PCAG members in attendance. Susan Barrett also updated PCAG about GMCB's [Annual Report](#) and activities in the legislature such as GMCB testimony on H. 766, a bill about prior authorization.

### 2. AHEAD Model Update and Discussion

Pat Jones, Interim Director of Health Care Reform at the Agency of Human Services provided a Health Care Reform update about the "States Advancing All-Payer Health Equity Approaches and Development" (AHEAD) Model. The [PowerPoint presentation](#) had information about the current All-Payer Model and key dates for the AHEAD Model application and implementation timeline.

Pat Jones asked PCAG members "What would great primary care look like for your patients?". PCAG members shared ideas including: longer visit times to allow providers to connect with patients beyond the documentation requirements; finding ways for providers to keep open time slots so patients can be seen by primary care when needs arise; making sure patients come back to primary care after going to specialists; team-based primary care; more flexibility in the modality of care (e.g. telehealth, home visits); ensuring all provider types work at the max of their scope; addressing provider burnout; paying more for primary care and paying differently to allow new ways of running primary care from a business perspective.

Later in the slide deck, the group discussed the difference between the current payments to primary care providers and the potential payments under the AHEAD Model. PCAG members had questions about how a new payment model would support primary care and what changes would mean for quality reporting and administrative burden.