Primary Care and Related Reforms Work Group
Meeting Minutes
October 27, 2020

Meeting Date	Meeting Time	Location
October 27, 2020	1:00 p.m. - 3:00 p.m.	Webinar and Conference Call

Participant Name and Attendance

Primary Care and Related Reforms Work Group Members					
Lesley Bennett	X	Jeff Hogan	X	Martha Page	X
Rowena Bergmans	X	Lisa Honigfeld	X	Lori Pennito	X
Rick Brush	X	Penny Hugh	X	Deb Polun	X
Seth Clohosey	X	Anne Klee	X	Lyn Salsgiver	X
Grace Damio	X	David Krol	X	Andy Selinger	X
Angie Demello	X	Rita Kuwahara	X	Marie Smith	X
Leigh Dubnicka	X	Ken Lalime	X	Elsa Stone	X
Mario Garcia	X	Alta Lash	X	Randy Trowbridge	X
Heather Gates	X	Kate McEvoy	X	Lisa Trumble	X
Shirley Girouard	X	Leslie Miller	X		
April Greene	X	Noami Nomizu	X		
Others Present					
Tyler Anderson		Craig Hostetler		Cara Passaro	
Olga Armah		Karen Hlavac		Donald Ross	
Adrienne Benjamin		Craig Jones		Victoria Veltri	
Stephanie DeAbreu		Brent Miller		Roy Wang	
Sean Fogarty		Krista Moore		Lisa Weisinger	
Jamal Furqan		Hanna Nagy			
Members Absent					
Rachel Southard		Tom Woodruff			

Meeting information is located at: https://portal.ct.gov/OHS/Pages/Primary-Care-Work-Group/Meeting-Agendas

	Agenda	Responsible Person(s)
1.	**Call to order and Introductions**	**Victoria Veltri**
	The regularly scheduled meeting of the Primary Care and Related Reforms Work Group (PCRRWG) was held on Tuesday, October 27, 2020 via Zoom. The meeting convened at 1:04 p.m. with Victoria Veltri presiding. PCRRWG member attendance was taken via Zoom.	
2.	**Public Comment**	**Victoria Veltri**
	Adrienne Benjamin, Karen Hlavac, and Lisa Weisinger Roland provided public comment. • Adrienne Benjamin, from the Council on Developmental Services and OHS Consumer Advisory Council, provided public comment. Ms. Benjamin read a letter that was drafted unanimously from the Council on Developmental Services to the PCRRWG to	

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	express concerns on addressing the unmet needs of the intellectually and developmentally disabled (IDD). • Dr. Lisa Weisinger Roland, from the Council on Developmental Services provided public comment. She spoke about her story of being a primary care provider and having a young adult with IDD. Dr. Weisinger Roland also spoke about the lack of training for health care providers regarding the IDD population. It is a daunting experience to find someone with IDD expertise statewide. • Karen Hlavac, from the Council on Developmental Services provided public comment. She spoke about her story of being a parent to a child with IDD and other complex conditions and medical needs. Ms. Hlavac shared concerns about barriers to care and access to competent care for people with IDD. Other remarks and comments were made by some PCRRWG members. • Lesley Bennett said previous discussions have been had about including people with intellectual, physical, and behavioral disabilities. Whenever they talk about health care disparities, they are the group that is affected the most. She said about 10-12 percent of the population in CT has a disability. Ms. Bennett noted the importance of including the topic of disabilities when talking about determinants of health. • Kate McEvoy said on behalf of Medicaid, they are privileged to fund an extensive array of community-based services. They are conscious and have humility around access, accommodations, and the cultural literacy matters that have been raised. Ms. McEvoy said she is looking forward to having direct involvement in considering how they tailor the issue ongoing. • Angie DeMello asked whether it was conceivable to have a mental health provider and a behavioral health provider be added to the team of every primary care practice or specialty group. • There was a discussion about what would be the most useful thing to help families navigate the challenges. There was a question about what type of navigator would be needed and where would they live to ensure access to address challenges. A response was that it should be someone with experience and expertise in working with the disability population. It was noted that interventions and special training in dealing with coping skills for this population are important. Another important item is the education for all health care providers that will be directly working with this population. • There was a suggestion for the workgroup to look into connecting with a child therapists, social workers for children, and/or nurses that work with the pediatric population because they are already working with people with a different kind of intellectual development. • There was mention that today's comments will help to inform discussions going forward. Ms. Veltri expressed thanks for the public comments.	
3.	**Approval of September 22nd Meeting Minutes**	**Victoria Veltri**
	The approval of the meeting minutes was omitted.	

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4.	**Review and Vote on Adoption of Revised Bylaws and Charter**	**Victoria Veltri**
	Ms. Veltri proposed postponing the adoption of the PCRRWG Bylaws and Charter due to recently received comments and feedback. • There was a suggestion for recent comments to be incorporated into the bylaws and charter and sent to members as soon as possible after today's meeting. This will allow a month for members to submit additional comments so the bylaws and charter can be finalized with the goal of voting on them at the November PCRRWG meeting.	
5.	**Appointment of Chair**	**Victoria Veltri**
	The appointment of chair and vice chair was deferred to the November meeting.	
6.	**PCRRWG Member Survey and Summary Analysis**	**Jamal Furqan**
	Jamal Furqan, from CedarBridge, presented on the PCRRWG Member Survey and summary analysis. The PCRRWG Member Survey is a survey with input from PCRRWG members to inform the direction of the workgroup and the Primary Care Transformation Roadmap. • There was a discussion about some of innovations and disruptions currently happening with respect to primary care particularly in the employer side. Some of the concerns are around employers' payments for healthcare and the demand for disruptions to advance primary care. A comment was made that it is financially difficult for a large amount of practitioners to survive in the current environment. There was mention of the Concierge's Model. This model allows more time with the patient, the ability to develop a relationship, and time to find out about their social determinants of health (SDOH). • The Work Group discussed the member survey results. It was noted that the survey has a mixture of results. It was mentioned that there is an opportunity to clarify whether the attempt will be to focus on both the upstream approach and/or the downstream approach. Upstream deals with community level, regional, and a collaborative approach such as in the Health Enhancement Communities (HEC) Initiative and downstream deals with primary care point of care and practice transformation efforts. • There was a suggestion to augment with technology as PCRRWG looks at the lack of resources and psychiatrist that can manage IDD conditions. Access is an issue in a lot of different specialties and there was a suggestion to look at how to address this in the short term. It was noted that over the next few meetings PCRRWG will explore the unlicensed workforce and technology as ways to address and create more patient engagement, outreach, and additional time with patients. • There are large employers with populations of people that may overlap with varying programs. A factor for consideration is the engagement of upstream interventions and improvement in downstream efforts but not be completely misaligned with the major purchasers of healthcare. • The Work Group talked about the fact that some models are already happening around the state and country that allow up to 80 percent of primary care to be done	

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	virtually and the rest of care happens in-person. There was a question about whether this reflects a negative or positive force. It was mentioned that there should be collaboration among employers, consumers, and various programs to look at long-term health improvement efforts to reduce health disparities and health inequities while addressing short-term efforts of controlling cost. It was mentioned that Telehealth should serve a large role in the strategy moving forward. • It was stated that both short term and long-term strategy models may be called on to meet the needs of government programs, employers, and consumers, along with upstream strategies that are designed to help manage various populations and subpopulations better than in the past. It was noted that having one single model has been a problem in a lot of cases. • There was a comment about the differences in the various payers. While there might be a lot of overlap there might not be the same model for all payers. • There are some models that have been evaluated that address provider and patient satisfaction, outcomes, and cost. There is an opportunity to look at some good models that are adoptable to our system.	
7.	**Process for Determining the Scope of the Roadmap**	**Don Ross**
	Don Ross, from CedarBridge, presented on the process for determining the scope of the roadmap. The Work Group discussed the scope and steps of the roadmap. • There was a discussion about slide 37. A suggestion to add an "s" to the word model, where it says "plan the model" because there may be sets of models for different components of the roadmap. There was also a suggestion to reflect population health on the steps on model(s). • It was mentioned that the Practice Transformation Task Force (PTTF) did some work on expectations of a primary care model. There was a question about whether some of PTTF's work will be incorporated in the scope of PCRRWG. A response was that some of the previous work will be looked at and possibly built on. There was mention that some of the conclusions may not necessarily be the same. There was a suggestion to learn from things that are happening in Connecticut as well as other states. • There was also a suggestion to examine what the commercial carriers and Medicaid are already doing. There are extensive investments in primary care and some models that the group should have familiarity within the process. Mr. Hostetler pointed out that there is a Learning Health Network structure (see here) that is being proposed to capture the different models for PCRRWG's consideration. Comments may be given in between meetings as this topic will not be discussed today.	
8.	**Vision for a Primary Care Transformation Roadmap**	**Craig Jones**
	Craig Jones, from CedarBridge, presented on the vision for a primary care transformation roadmap. The Work Group discussed the vison for a primary care transformation roadmap (see here). • There was suggestion to bold, "more complete recommended and preventative services". Concern was expressed that it is too narrow for what the opportunity is, and	

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	it should be a broader statement. There was also a suggestion to remove self-management separately from health promotion or to broaden the management and health promotion section and include other elements. It was mentioned that self-management could go under health promotion. • Concern was expressed that relationship-based care does not appear on this. • There was a question about whether workforce would be looked at in this. It was mentioned that the model will not work without having the workforce. • There was a suggestion to have a destination as a guide for the roadmap and path. • Regarding the "improves primary care capacity" category, there was a suggestion to separate capacity addressing issues from capabilities. • Another item mentioned for consideration is to look at the shift on accountability from the clinical setting to the community health settings. Accountability will need to occur to be successful.	
9.	**Learning Health Network and Sub-groups Framework**	**Craig Hostetler**
	Due to a lack of time, this topic was not discussed.	
10.	**Next Steps**	**Brent Miller**
	Brent Miller provided the next steps. • Mr. Miller provided his email address and said members may send comments to him via email about the draft bylaws and charter. Members may also send comments regarding any of the other meeting documents as well. All documents will be updated and sent to members. • Ms. Veltri said we will be back with the appointment of the chair and charter and bylaws, comments will be organized and compiled for the next discussion. • The next PCRRWG meeting is scheduled for November 24th.	
11.	**Adjournment**	**Victoria Veltri**
	The motion to adjourn the meeting was made by Deb Polun and seconded by Lisa Trumble. The motion passed. The meeting adjourned at 3:05 p.m.	