Primary Care and Related Reforms Workgroup Meeting

October 27, 2020

Agenda

Welcome, Introductions, Agenda Review	Vicki Veltri, OHS	1:00 PM
Public Comment	Vicki Veltri, OHS	1:05 PM
Approval of September 22nd Meeting Minutes	Vicki Veltri, OHS	1:15 PM
Review and vote for adoption of revised draft Charter and Bylaws	Vicki Veltri, OHS	1:20 PM
Appointment of PCRRWG Chair & Solicitation for nominations for Vice Chair among workgroup members	Vicki Veltri, OHS	1:35 PM
PCRRWG Member Survey Analysis	Jamal Furqan, CedarBridge Group	1:45 PM
Process for determination of scope for PCRRWG	Don Ross, CedarBridge Group	2:00 PM
Visioning for Primary Care Transformation Roadmap	Craig Jones, CedarBridge Group	2:15 PM
Framework for PCRRWG Learning Health Network and Sub-groups	Craig Hostetler, CedarBridge Group	2:35 PM
Next Steps	Brent Miller, OHS	2:55 PM
Meeting Adjournment	All	3:00 PM

Primary Care and Related Reforms Work Group members

- **Deb Polun,** CT Assoc. for Comm. Action, Inc.
- **Rick Brush,** Wellville
- **Grace Damio,** Hispanic Health Council
- **Rowena Bergmans,** Nuvance Health
- **Ken Lalime,** CHCACT
- **Lyn Salsgiver,** Bridgeport Hospital
- **Naomi Nomizu,** Hartford HealthCare/Hospital
- **Heather Gates,** Community Health Resources
- **Anne Klee, VA** Connecticut Healthcare System
- **Andy Selinger,** Quinnipiac
- **Seth Clohosey, MD,** Trinity
- **Mario Garcia, MD, MPH** CT Dept. of Public Health
- **Randy Trowbridge,** Team Rehab
- **Elsa Stone,** CT Chapter, Amer. Academy of Ped.
- **Rita Kuwahara, MD,** CT Institute for Communities
- **Rachel Southard,** Starling Physicians
- **Leslie Miller,** Leslie Miller PC
- **Leigh Dubnicka,** United Healthcare
- **Lori Pennito,** Harvard Pilgrim
- **Alta Lash,** United CT Action for Neighborhoods
- **Lisa Honigfeld,** Child Health and Dev. Institute
- **David Krol,** Child Health and Dev. Institute
- **Lesley Bennett,** Consumer
- **Shirley Girouard,** Col. of Nursing SUNY Downstate
- **Angie DeMello,** Consumer - (CONECT - faith rep)
- **Penny Hugh,** Yale
- **Martha Page,** Hartford Food System, Inc
- **Jeff Hogan,** Moving to Value Alliance
- **Kate McEvoy,** CT Department of Social Services
- **Tom Woodruff,** Office of the State Comptroller
- **Lisa Trumble,** SOHO Health
- **Marie Smith,** UConn School of Pharmacy
- **April Greene,** Aetna

Public Comment

Approval of Meeting Minutes

Adoption of PCRRWG Charter and Bylaws

Appointment of Chair

Vice Chair Nomination Discussion

PCRRWG Member Survey Summary Analysis

Jamal Furqan,
CedarBridge Group

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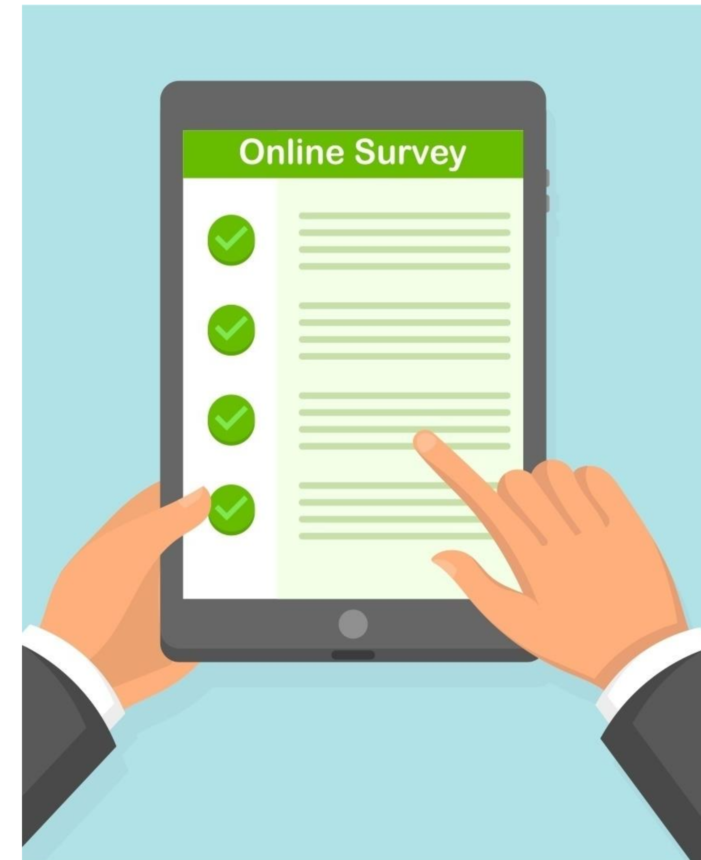
PCRRWG Member Survey

In September, we asked for your initial input on the direction of the work group and the Primary Care Transformation Roadmap through an online survey. The results are in!

- 24 of 32 members completed the survey
- 28 questions: 10 open-ended, 18 multiple choice/ranking
- Lots of great insights in your narrative responses!!
- **For analysis purposes, we tagged each narrative response with general themes (e.g., behavioral health integration, addressing social determinants) to identify trends across all respondents**



....now for the highlights!

Q4: What would you like to see the PCRRWG accomplish?

23 responses, narrative format

Key Themes

- Advance person-centered care – **35% of responses**
- Performance and quality improvement– **30%**
- Promote fairness, trust, and cooperation – **22%**
- Address social determinants of health – **22%**
- Integrate behavioral health – **17%**
- Value-based payment strategies – **17%**

"Build on person-centered medical home models as well as current examples of medical and behavioral health integration (e.g. PCMH+) to examine means of capitalizing care management and community health worker functions, and flexibility to see patients through non face-to-face means."

"Advance the statewide implementation of the Health Enhancement Community (HEC) initiative."

Q5: How do you see primary care transformation and addressing SDOH working together?

24 responses, narrative format

Key Themes

- Overall, primary care transformation can not happen without addressing SDOH– **50% of responses**
- Increased SDOH screenings – **21%**
- Use of community health workers – **17%**
- Financial incentives to address SDOH – **13%**
- Provider education and training – **13%**

“They work hand in hand. We will never improve health if we do not address basic needs like the social determinants of health. They need to be connected and aligned.”

“I think it starts with the recognition consistently in medical practice of the impact of SDOH on the client population...I think there is the "talk", but the "walk" is lagging.”

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Q8: What ‘excites’ you about payment reform?

21 responses, narrative format

Key Themes

- Creating a holistic patient-centered model of care with upstream prevention and community services integration - **33% of responses**
- Improving care quality - **19%**
- Reducing or eliminating the fee-for-service “visit churn” - **10%**
- Behavioral health integration - **10%**

“I will only find it ‘exciting’ if payment reform encompasses a true community model of care that goes beyond the doors of the medical practice.”

“We need a system that rewards prevention and recognizes the important work of a primary care team and community partners.”

“Opens tremendous opportunities to improve the care of patients, to focus on their health, innovate more efficient and effective means of problem solving using diverse modalities, rather than simply saying "make an appointment" which often doesn't work for anyone.”

Q9: What ‘concerns’ you about payment reform?

21 responses, narrative format

Key Themes

- Overall misalignment of interests among various stakeholder groups - **24% of responses**
- Lack of long-term investment and sustainability of payment reform initiatives - **14%**
- Implementing the wrong incentives, such as those that have a detrimental impact on patient care - **14%**
- Failure to address patient access, prevention, and/or improve health outcomes - **14%**

“That it is really just a way to save money and will not improve care.”

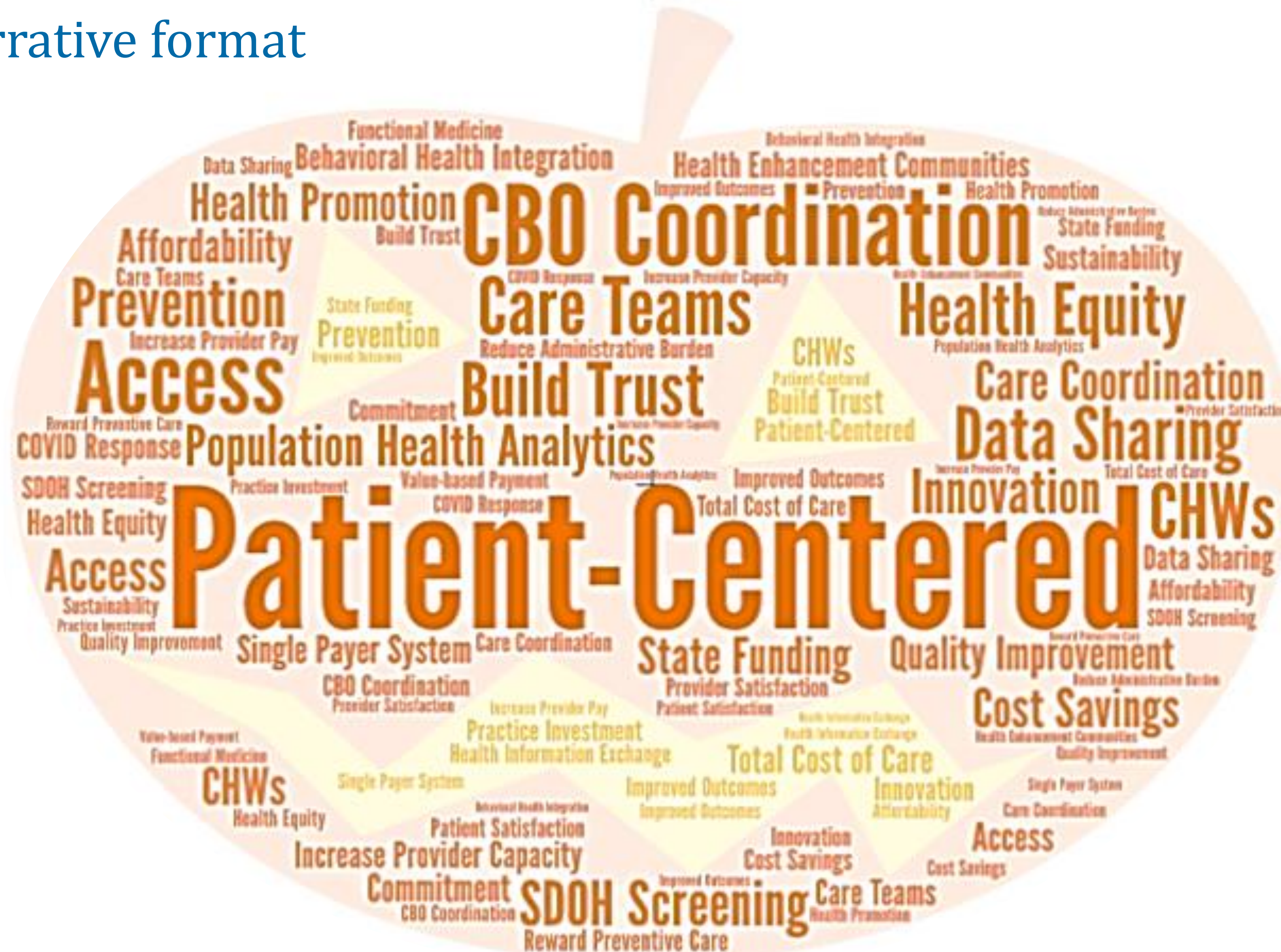
“Connecticut is the land of frozen molasses. Expensive health systems and payers are comfortable with fee for service volume and aren’t accustomed to accountability. It’s hard to change entrenchment.”

“Trying to pay for outcomes before we have had time to impact them. Prevention is a long game. We need to evolve into it and support patients and providers to change behavior.”

“We need to focus on improving health outcomes and ensuring that everyone has access to healthcare, rather than just insurance access/billing/payment issues.”

Q28: In a perfect world, how would you like to see primary care and/or population health transform in Connecticut?

19 responses, narrative format



"Perfect World" statements…

"I envision diverse types of practices (size, expertise, e.g. individuals with disabilities) all recognizing the importance of the doctor/patient relationship, which is supported by teams. The practices are supported by close connections with diverse CBOs with feedback loops. And surrounding all of these in a given area are organizations gathering health and social determinants data and outcome analytics to support the work of practices. There may be smaller groupings of practices working to gather on problem solving and innovations."

“Perfect World” statements…

“We need to move to an integrated interprofessional model will well developed lines of communication, a fully functional health information exchange, a focus on addressing social determinants of health, ensuring access to all recommended preventive care services without patient cost sharing, and it would be great to build a foundation for a single payer healthcare system at the state level to ensure access to healthcare regardless of health insurance or immigration status.”

“Perfect World” statements…

“Make equitable wellbeing (not cost control) the number one goal. I believe the HEC plan was the right direction.”

“To enable advance care coordination payments to practices to give them the wherewithal to behavioral health staff and CHWs, creating capacity to respond in a holistic manner to the needs of their patients.”

"Perfect World" statements…

"Large subsidized regional networks of community health collaboratives providing non specialized clinical and preventive services."

"Members would be attributed to at risk advanced primary care physicians who can steer to the highest rated APM programmatically."

"Perfect World" statements…

"Almost all children use pediatric primary care and young children have 12 primary care visits in the first three years of life. They need these visits for entry to childcare, school, and many other services. Therefore, pediatric primary care provides an optimal venue for addressing the social determinants of health that keep families from meeting the needs of their children at a time when prevention is most effective. In addition, young children's utilization of health services is mediated through their parents, so pediatric primary care is also an excellent entry to the entire family, it's social, environment, health needs."

Q12: What do you want to see accomplished for health services integration? (rank 1-5, 1= lowest priority, 5= highest priority)

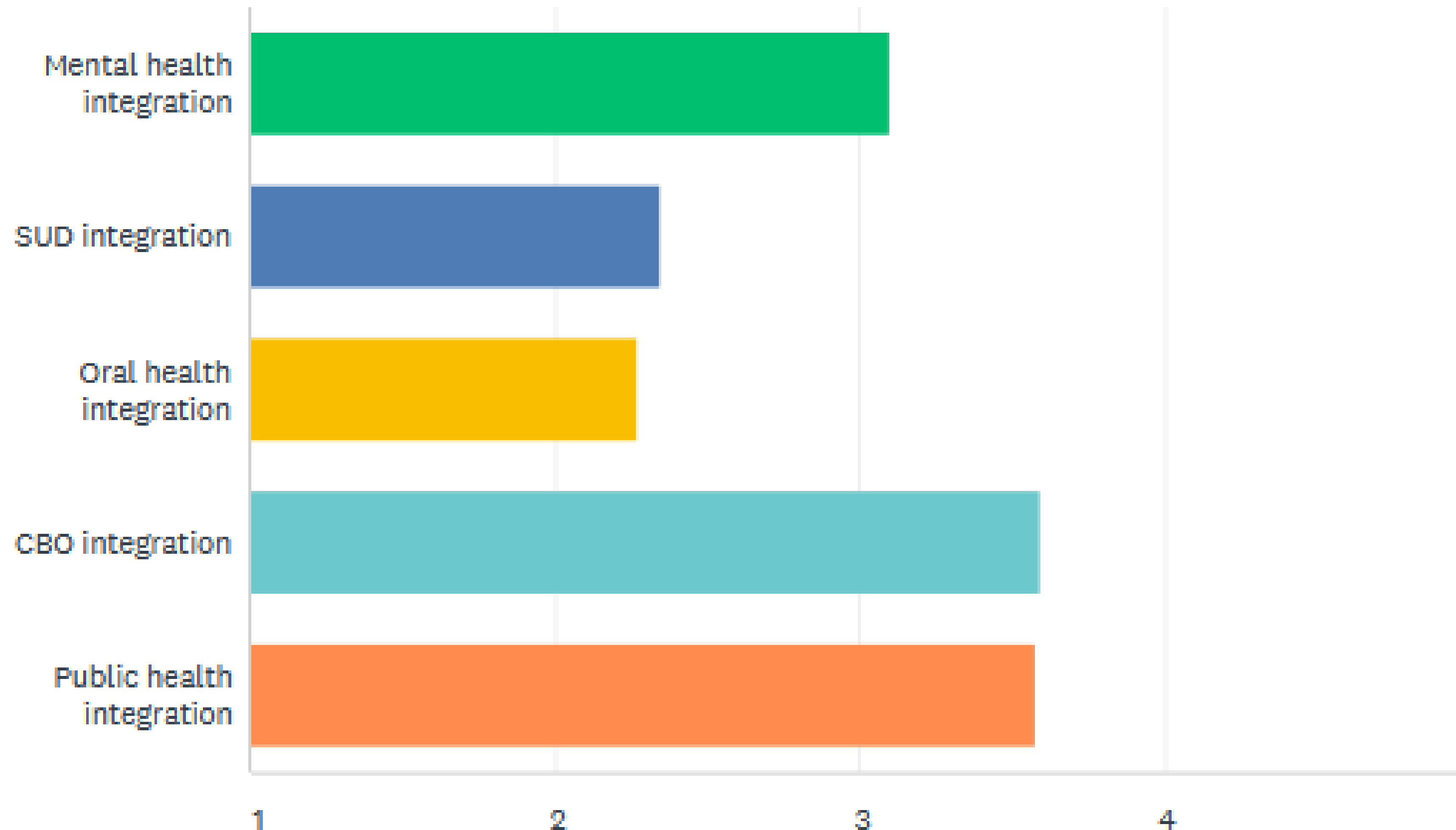


Chart numbers represent the **average** response for the integration area

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Q14: What do you think the benefits are to having multi-disciplinary care teams? (select all that apply)

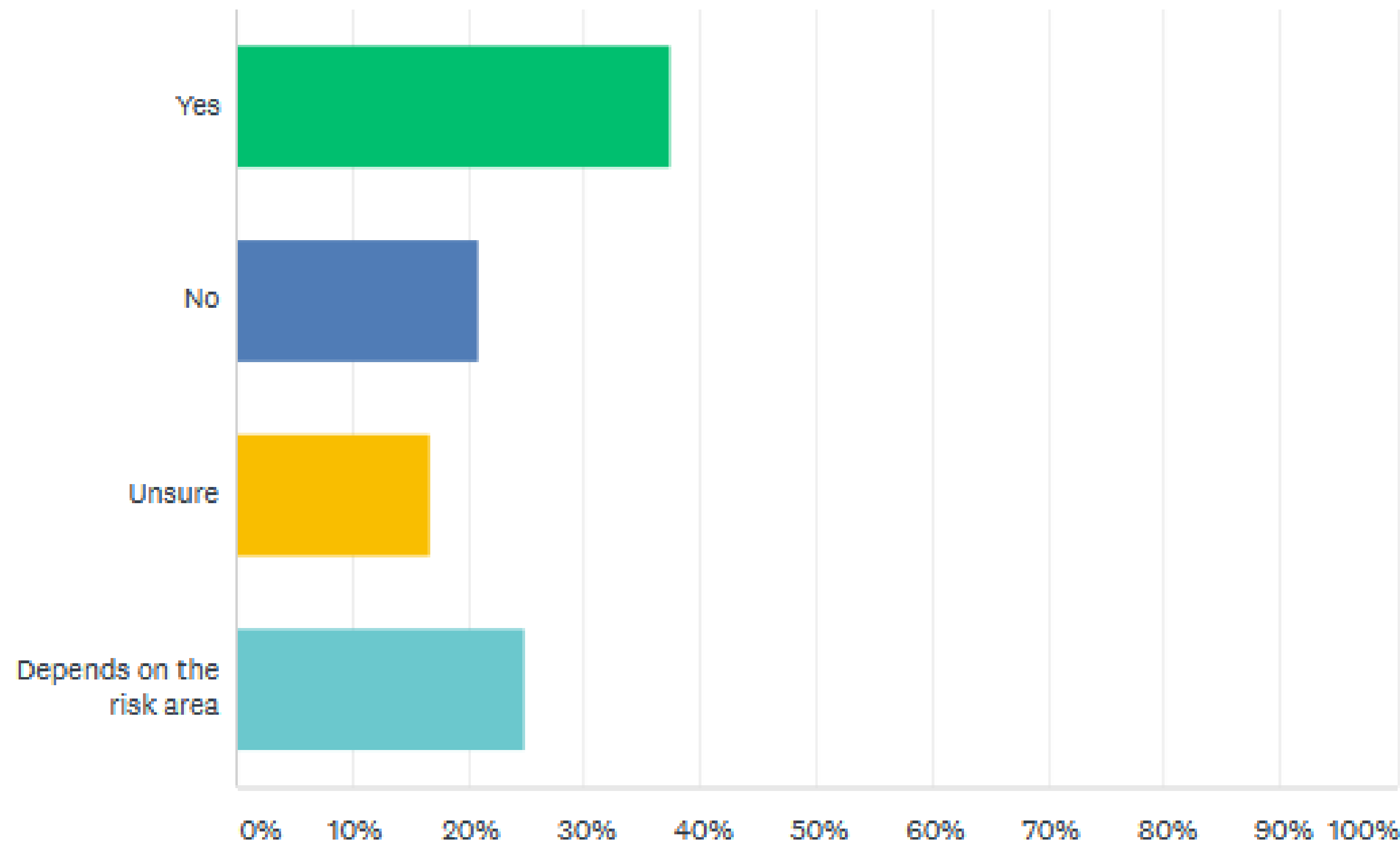
- Answered: 25 Skipped: 0

Q14: "Other" Responses – Benefits of Care Teams

- More transparency and sharing of information
- Can spend more time helping patients develop care plans
- Timely capacity to address SDOH and other needs
- Better ability to pursue preventive measures
- Better clinical and social outcomes
- Better care for the patient
- Reduced duplication and redundancies
- Higher quality, satisfaction and cost effectiveness
- Improved patient experience and outcomes

Q16: Does your organization have protocols for referring individuals to community organizations based on assessed social risk factors?

- Answered: 24 Skipped: 1



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Q17: How does your organization know when the individual has received the referred service? (select all that apply)

- Answered: 23 Skipped: 2

ANSWER CHOICES	RESPONSES	
Only when the individual tells us.	39.13%	9
The organizations share information with us through phone, fax, or email.	21.74%	5
Information is shared through direct connection of our IT systems.	4.35%	1
Through a closed-loop referral platform (e.g. Aunt Bertha, Unite Us, NowPow, Healthify).	13.04%	3
Other (please specify)	47.83%	11
Total Respondents: 23		

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Q22: Please rank the barriers you see to community-based organizations providing timely services? (1 = least significant barrier, 5 = most significant barrier)

- Answered: 20   Skipped: 5

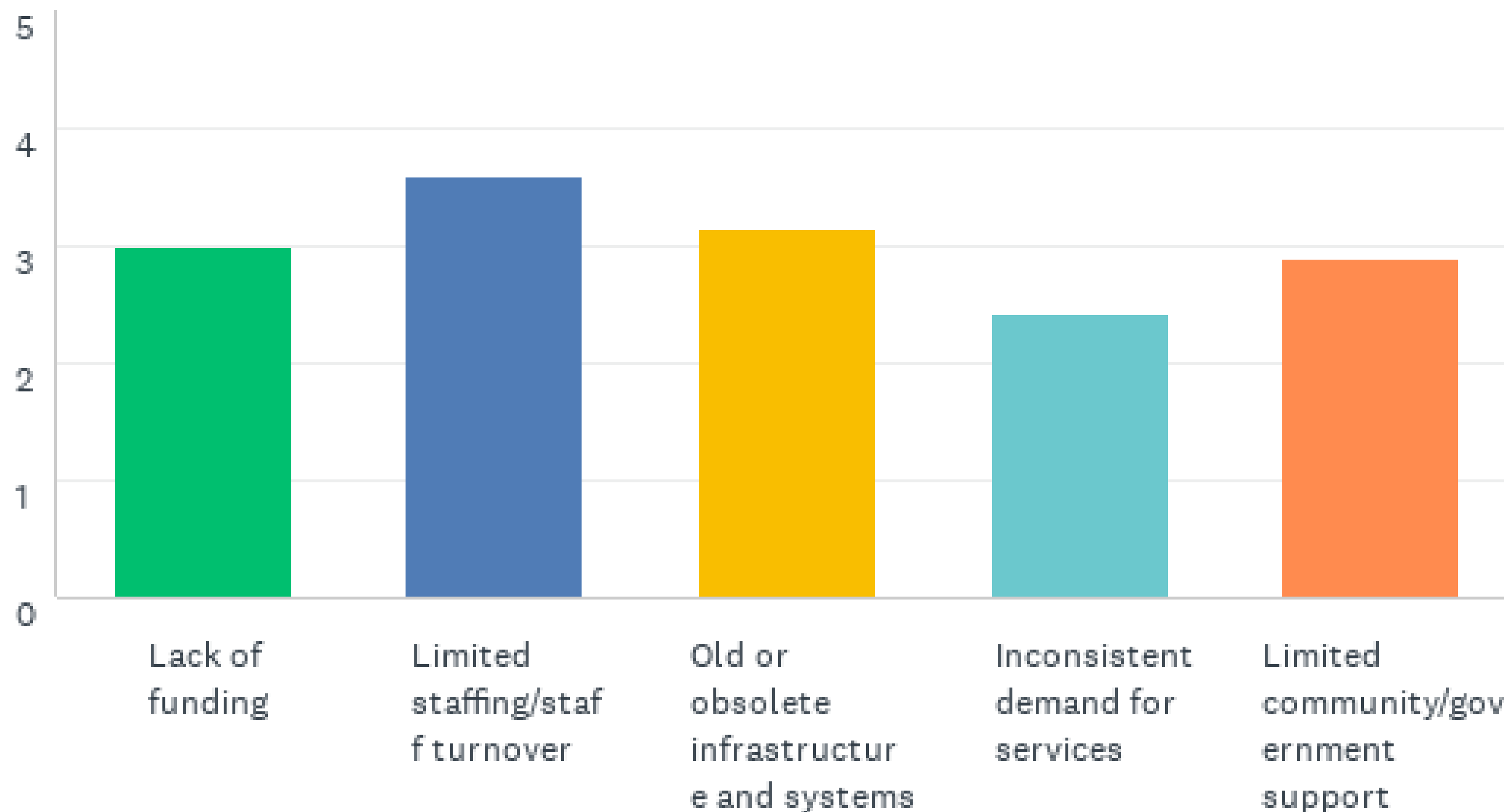

Chart numbers represent the **average** response for the barrier topic

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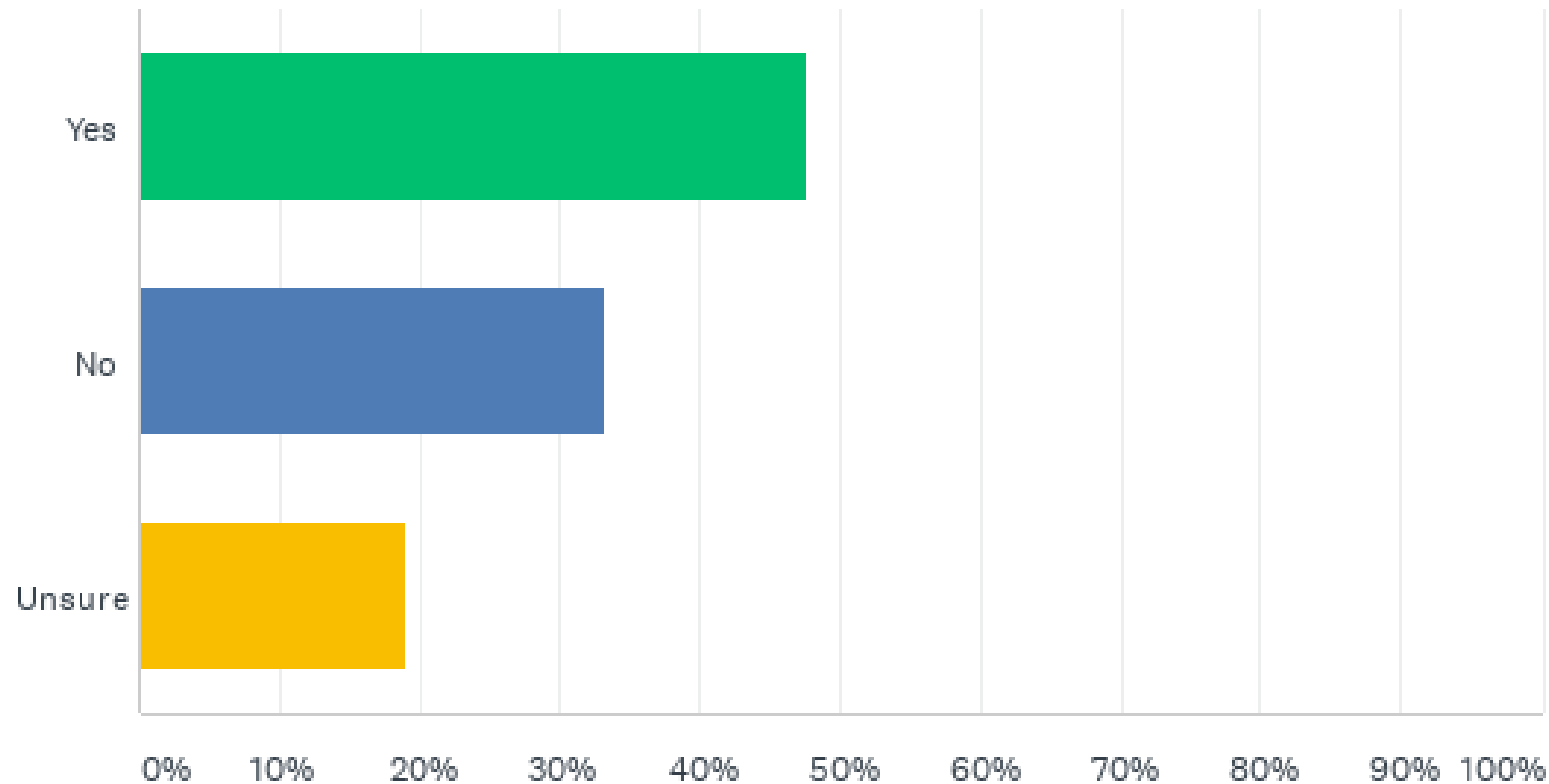
Q25: Does your organization participate in quality incentive programs with health insurance plans?

- Answered: 21 Skipped: 4



Q26: How would you rank the administrative burden of participating in quality incentive programs in Connecticut? (1 = Not Burdensome, 5 = Overwhelming)

- Answered: 22 Skipped: 3

ANSWER CHOICES	RESPONSES	
1 - Not Burdensome.	0.00%	0
2 - Minimally burdensome.	7.14%	1
3 - Moderately burdensome.	57.14%	8
4 - Very burdensome.	21.43%	3
5 - Overwhelmingly burdensome.	14.29%	2
TOTAL		14

Q27: Please select all of the IT tools you believe to be critical for successful primary care and population health transformation. (select all that apply)

- Answered: 24
  Skipped: 1

ANSWER CHOICES	RESPONSES	
Telehealth or virtual visit technologies	83.33%	20
Health information exchange (HIE) platforms	79.17%	19
Data analytics/quality measurement	79.17%	19
Closed-loop referral platforms for social determinants of health	75.00%	18
Admission, Discharge, Transfer (ADT) alerts/hospital event notifications	70.83%	17
Community information exchange (CIE) platforms	66.67%	16
Electronic social risk factor screening tools	66.67%	16
Public health databases	54.17%	13
Remote monitoring devices	41.67%	10
Artificial intelligence/predictive analytics	20.83%	5
Other (please specify)	12.50%	3
Total Respondents: 24		

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Development of PCRRWG Scope

Don Ross,
CedarBridge Group

Scope the work according to the charge

- Look to the Governor's Executive Order Number 5, the Bylaws, and Charter to inform scoping of the work for this workgroup
- Review direction provided in the executive order and in the Mission Statement, Goals and Objectives, and Duties sections of the Bylaws
- Summarize and synthesize requirements and boundaries

From the Mission Statement (Bylaws):

- Align Connecticut around proven capabilities and flexible model options that support patient-centered and convenient care, delivered effectively and efficiently
- Advise OHS on development of Health Enhancement Communities (HECs)
- Align with work produced by the Quality Benchmarks and Primary Care Target initiative's Technical Team and Stakeholder Advisory Board on strategies to improve health outcomes by better resourcing primary care, and increasing investment by increasing primary care spend, as a percentage of total spend, to 10% by 2025

From the Goals and Objectives (Bylaws):

- Bring together stakeholders, including consumers, adult and pediatric providers, public and private payers, employers, purchasers, advocates, and other experts from across the continuum of healthcare to provide input and feedback into the development of strategies and models referenced in the Mission Statement
- Better resourcing of primary care in a manner that improves health outcomes and well-being and quality, and reduces the total cost of care

From the Duties (Bylaws):

- Assist OHS and Cost Growth Benchmark Technical Team in development of an annual primary care target benchmark to reach 10% of total spend by 2025
- Discuss potential reforms that meet the benchmark target and improve quality, access, equity, and cost reduction
- Identify policy, fiscal, workforce, technology and statutory issues that support or hinder needed reforms
- Develop a Roadmap for implementation of reforms
- Provide technical assistance to providers and plan for sustainability

Summary

- The PCRRWG, during monthly meetings, can discuss needs and required elements of primary care and related reforms, collecting input and feedback from workgroup members
- OHS and CedarBridge Group will research and present possible models and their elements, with emphasis on proven strategies from other states and systems that are aligned with Connecticut priorities and preferences
- Discussion and decisions from these meetings will inform development of the roadmap, which serves as input to development of the models for implementation

Advancing Primary Care Transformation in Connecticut

Primary Care and Related Reforms Workgroup

Meeting 1

- Overview
- Review charter
- Roadmap plan
- Align w/ initiatives

Meeting 2 (today)

- Shared learning
- Expert presentation
- Vote on charter

Meeting 3

- Roadmap update
- Assess stakeholder groups' readiness

Meeting 4

- Shared learning
- Expert presentation
- Confirm priorities

Meeting 5

- Validate roadmap
- Build consensus for planning phase & timeline

Ongoing Stakeholder Input, Review, & Monitoring

Vision for Primary Care Transformation Roadmap

Craig Jones, MD
CedarBridge Group

Framework for Learning Health Network and Subgroups

Craig Hostetler,

CedarBridge Group

Closing Remarks and Next Steps

Brent Miller, OHS