Primary Care and Related Reforms Work Group
Meeting Minutes
September 22, 2020

Meeting Date	Meeting Time	Location
September 22, 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	Lisa Honigfeld	X	Lori Pennito	X
Rowena Bergmans	X	Penny Hugh	X	Deb Polun	X
Rick Brush	X	Anne Klee	X	Lyn Salsgiver	X
Seth Clohosey	X	David Krol	X	Andy Selinger	X
Grace Damio	X	Rita Kuwahara	X	Marie Smith	X
Angie Demello	X	Ken Lalime	X	Elsa Stone	X
Leigh Dubnicka	X	Alta Lash	X	Randy Trowbridge	X
Mario Garcia	X	Kate McEvoy	X	Lisa Trumble	X
Heather Gates	X	Leslie Miller	X	Tom Woodruff	X
Shirley Girouard	X	Noami Nomizu	X		
Jeff Hogan	X	Martha Page	X		
Others Present					
Tyler Anderson		Craig Jones		Jason Prignoli	
Olga Armah		Kimberly Martone		Donald Ross	
Sean Fogarty		Brent Miller		Adrian Texidor	
Jamal Furqan		Hanna Nagy		Victoria Veltri	
Craig Hostetler		Cara Passaro		Roy Wang	
Members Absent					
Rachel Southard					

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 first scheduled meeting of the Primary Care and Related Reforms Work Group was held on Tuesday, September 22, 2020 via Zoom. The meeting convened at 1:00 p.m. with Victoria Veltri presiding. Quality Council member attendance was taken via Zoom. The members of the CedarBridge Group and OHS staff introduced themselves.	
2.	**Public Comment**	**Victoria Veltri**
	There was no public comment.	
3.	**PCRRWG Purpose**	**Victoria Veltri**
	Victoria Veltri provided the purpose of the Primary Care and Related Reforms Work Group (PCRRWG) and background information. She noted that two groups, the Practice	

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	Transformation Task Force, and the Population Health Council, have been combined to work together to focus on and advance primary care and related reforms in Connecticut. The CedarBridge Group will be helping to facilitate and shepherd the work on the potential primary care reforms including both work streams that have been brought together.	
4.	**Primary Care Transformation Roadmap (PCTR) Development**	**Craig Jones, Don Ross, Jamal Furqan**
	Craig Jones presented on the Primary Care Transformation Roadmap (PCTR) development. He reviewed the objectives and approach of the draft roadmap development. PCRRWG Member Goals Discussion: The group discussed step 1 to developing a roadmap. • There was a suggestion to have a long-term and short-term approach to the transformation of primary care to have a sustaining impact on some of the issues going on such as the pandemic. It was mentioned that transformation to primary care has begun and the current environment highlights the need and the readiness for this. • There was a suggestion to evaluate how many providers of primary care physicians are now employed by hospital-based healthcare systems and/or insurance-based healthcare systems and whether the physicians sign on because it is a benefit to them. • There was a suggestion to consider the whole primary care model to include multiple programs as a menu of options. There was a question about whether the model would include diversity so that various doctors can chose different ways of practicing. Other topic for discussion were how to meet providers where they are, assess their readiness and their priorities as providers are at different places and different models might work best. • Another consideration was where behavioral health fits in as there have been discussions on integrating behavioral health into primary care practices. It is important to look at primary care as a specialty service that is a major part of a healthcare system which unless addressed properly could have a significant impact on people's health. Behavioral health should be built into the design of any health care system. • There was also a suggestion to consider ways to maintain health through preventative strategies. An important example the promotion and education that is needed to help people to understand how much control and power they have over their own health. • To consider social drivers and social determinants related to health that are not necessarily in a patient's control such as where they live, their zip code, and whether they have access to food or education. Therefore, it is important to look at the functional medicine model that address all the various factors that impact health overtime. • It is important to not only obtain input from stakeholders and patients but to also ensure representation of a broad array of cultures, ages, and health conditions to help inform what we do moving forward, as there are studies to show that younger adults use the healthcare system differently from people over the age of 40.	

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- As the model is being designed, it is important to think about how patients with preexisting health conditions will be taken care of. Access to primary care and preventative care is key, integrating learners to address high needs and high cost as well as different communities including ethnic, racial, sub-populations, social, and economic groups.
- Community Health Organizations play an important role in a comprehensive model. Community Health Workers play a critical role in both community and clinical settings in addressing social determinants of health.
- The Work Group in its discussion of the roadmap and model, noted that flexibility will be needed in the model to address the various populations. A one size fits all will not work. Additionally, a broad group of issues will need to be addressed through payment reform.
- Previous proposed models raised concerns for some advocates. There should be a statement of intent around learning and how efforts will be framed. It was noted that having consumer stakeholders at the outset will be important to help frame the discussions. Ms. McEvoy said on behalf of Husky Health, they can help to propose members who are serving in self advocate and other leadership functions to help with the framing matter.
- The intent is not to lead with any kind of payment model. Rather, the goal is to develop a roadmap to provide guidance on where they want to go, how to transform primary care and related reforms, and then figure out the best way to finance it with a discussion if the payment model needed.
- The model would address issues related to the uninsured and underinsured populations. Other considerations are the impact to the workforce when implementing this model, the investments, training, and infrastructure especially for community-based providers. A skilled workforce that can deal with the technical parts of the infrastructure is also needed.
- An assessment of the resources that are already available in the communities not just those being deployed in the practices and clinics is needed and could be helpful.
- The quadruple aim should be on the table. Configurations of expanded primary care teams can help improve the health equity of diverse populations and communities, and patient-provider satisfaction.
- The group had to agree on the outcomes for primary care which is not necessarily the same as outcomes for quality, population health, provider performance, etc. There must be a clear idea about what primary care should contribute with the collaboration of community providers.
- There was a question regarding whether this work group will be the sole group to advise OHS on the Health Enhancement Community (HEC) Initiative framework that was approved in June 2019 and moves towards implementation. OHS will also seek advice from other councils such as the Consumer Advisory Council and Medical

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	Assistance Program Oversight Committee (MAPOC) but PCRRWG will be the chief advisory group on the HEC initiative. • Concerns were expressed about some of the current structures that have been set up in primary care, such as care teams should be provider centric, clinician centric, as well as patient centered. There was a discussion about keeping the patient in the center of the focus, but not putting an extra burden on the provider. There was a suggestion to figure out a way to take care of the whole patient to include broader team members that go beyond the four walls of primary care practices, the delivery of care, and measuring outcomes. • Jamal Furqan reviewed the timeline of the draft primary care transformation roadmap to be developed. It was noted that consumer engagement was not reflected in the timeline and suggested the inclusion of advocate/consumer engagement early in the timeline. • Members requested to receive meeting materials ahead of time to allow time for members to reflect on them. So, going forward there will be some concrete deadlines around this. There was also a suggestion to set the dates of the upcoming PCRRWG meetings. Initial Findings from Member Survey • Mr. Furqan provided highlights of the initial findings from the member survey. The Work Group discussed the member survey results including a suggestion for the various workgroups to not work in silos. • There was a question regarding lessons learned and whether information can be sent about what different workgroups have found on what did and did not work, and what was and was not implemented. Sometime will be set aside to talk about what worked well and what could have been improved on with past initiatives. • There was a suggestion for the survey to not only elaborate on primary care but to also elaborate on the population health side of PCRRWG's charge. • There was question about how everyone can come up to speed and how would they bring consumer engagement in. It was noted that OHS has a consumer engagement vendor to assist with the work in communities and to obtain input on various initiatives. The vendor may help with consumer engagement. • It was requested that some of the major concepts and terminology should be defined to ensure that everyone is on the same page/wavelength, especially when presenting different concepts and terminology.	
5.	**Feedback on PCRRWG Draft Bylaws and Charter**	**Don Ross**
	Don Ross presented on the draft bylaws and charter. He said that feedback can be provided today and before the bylaws and charter are adopted at the October meeting. • Ms. Veltri said that a chair has not yet been appointed for PCRRWG. She mentioned that it would be good to appoint a consumer representative as the chair because it could be critical for the work.	

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	• It was noted that currently the charter and bylaws are explicitly tied to primary care and suggested to modify article two and the duties of the group because the mission goes beyond primary care. • There was question about whether there will be an executive committee of PCRRWG. This would be an opportunity for the chair and the vice chair to hear input from representatives of the major groups before the meetings. It was mentioned that currently the other workgroups are not doing this but there is no reason that it cannot be done informally. If needed, the CedarBridge group and various OHS staff will be available in advance of the meetings. • It was suggested that the charter should include achieving outcomes beyond reaching the target of ten percent by calendar year 2025, such as the improvement of health outcomes and health equity. • There was a question regarding what the product of PCRRWG looks like. It was noted that we are still in the information gathering stage and perhaps some straw models can be proposed.	
6.	**PCTR Alignment of Initiatives**	
	Due to a lack of time, this topic was not discussed.	
7.	**Next Steps**	**Victoria Veltri**
	The next meeting will be in October. There was a suggestion to have a reoccurring monthly meeting. There will be additional member survey results and updates to the draft charter and bylaws.	
8.	**Adjournment**	**Victoria Veltri**
	The motion to adjourn the meeting was made by Deb Polun and seconded by Lisa Honigfeld. The motion passed. The meeting adjourned at 3:01 p.m.	