

Connecticut Primary Care and Related Reforms Work Group Charter

September 18, 2020

Article 1: Name

Section 1: The name of this entity shall be the Primary Care and Related Reforms Work Group (PCRRWG), (The Work Group), convened in response to Governor Lamont's Executive Order No. 5.

Article 2: Purpose

Section 1: The purpose of the Work Group is to support the Office of Health Strategy's (OHS) mission to implement comprehensive, data driven strategies that promote equal access to high-quality health care, control costs, and ensure better health outcomes for the people of Connecticut. This Work Group will recommend strategies and provide an implementation roadmap to better resource primary care, and help payers and providers achieve annual primary care targets within each annual cost growth benchmark for increased primary care spending as a percentage of total health care expenditures and to reach a target of 10% by calendar year 2025.

Article 3: Membership

Section 1, Members: The Council shall consist of representatives from the following categories:

1. Health Insurers;
2. Health Systems;
3. Independent adult primary care practice providers;
4. Independent pediatric primary care practice providers;
5. Safety-net clinics, including Federally Qualified Health Centers (FQHC), Rural Health Centers (RHC), and Tribal Health Clinics;
6. Community-Based Organizations (CBO) and Social Services providers;
7. Consumers, Patients and Consumer Advocacy organizations;
8. Academic institutions;

9. Philanthropic, medical research, and nonprofit organizations with experience addressing health equity, health care costs, advocacy, and access to health care;
10. Health care economists and/or actuarial experts; and
11. Employer coalitions and labor unions

Section 2, Term of Membership: The of membership on the PCRRWG shall be three (3) years. Upon expiration of their terms, members may be nominated and re-elected to an additional two (2) year term. After serving on the PCRWWG for two terms, a member may be nominated and re-elected for a final third term for an additional two (2) years, with a maximum of time served of seven (7) years.

Section 3, Attendance: Members of the PCRRWG should inform the Chair if they need to be absent from a meeting. Members are encouraged to participate in person but may participate virtually via call in or video conference. In-person participation may also be impractical for emergency and other reasons. PCRRWG members will be discharged after four absences incurred in a calendar year (January 1 – December 31). Members will be notified of their membership status following a third absence in a calendar year. The Chair reserves the right to administratively discharge, for cause, any member. Additional information relative to resignation, removal, and vacancy is available in the PCRRWG Bylaws document. Member preparedness for meetings is also described in detail in the Bylaws.

Article 4: Chair

Section 1, Chair Appointment: A member of the PCRRWG shall serve as the Chair of the PCRRWG.

Section 2, Duties of Chair: The Chair shall preside at all meetings and shall perform other duties necessary or incidental to the position. A representative from OHS selected by the Chair will assume responsibilities of the Chair in the event of the Chair's absence.

Article 5: Project Management

OHS has engaged CedarBridge Group LLC to facilitate the Primary Care and Related Reforms Work Group. CedarBridge Group's consulting project team will provide assistance with communications, meetings facilitation, production of meeting materials, meeting minutes, and project documents and deliverables. CedarBridge Group will maintain a project schedule with timeline and milestones to begin with project initiation and culminating in a road map for implementation of the PCRRWG's planning, and other deliverables, as necessary.

Article 6: Meetings and Operating Procedures

Article V of the PCRRWG Bylaws contains information about frequency of meetings, how they are conducted, notices, special meetings, meeting materials, quorums, voting, and public comment.

Article VI of the Bylaws contains requirements related to Conflict of Interest.

Article VII of the Bylaws contains information about OHS duties.

Article VIII of the Bylaws contains information on official communications and representation.

Article IX of the Bylaws contains requirements on maintenance of records.

Article X of the Bylaws contains non-discrimination requirements.

The Bylaws also contain appendices related to Robert's Rules of Order and the Conflict of Interest Policy and Statement.

Appendix A: References

References

1. Primary Care and Related Reforms Work Group website: <Insert website URL>
2. Governor's Executive Order No. 5: <https://portal.ct.gov/-/media/Office-of-the-Governor/Executive-Orders/Lamont-Executive-Orders/Executive-Order-No-5.pdf>
3. PCRRWG Bylaws: <Insert Bylaws URL once approved and posted>
4. Connecticut Healthcare Innovation Plan, including Connecticut State Innovation Model (SIM), Report of the Practice Transformation Taskforce on Community and Clinical Program Standards for Advanced Networks and Federally Qualified Health Centers, approved by the Healthcare Innovation Steering Committee, March 30, 2016.
5. Primary Care Payment Reform White Paper, *Unlocking the Potential of Primary Care*, June 14, 2018.

6. Connecticut State Innovation Model Operational Plan, award year 4, February 1, 2019.

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