CONNECTICUT
Office of Health Strategy

Address: 450 Capitol Avenue Hartford, CT | Web: portal.ct.gov/OHS | Twitter: @OHS_CT
Mailing address: 450 Capitol Avenue MS: 51 0HS P.O. Box 340308 Hartford, CT 06134-0308

Connecticut Primary Care and Community Health Reforms Workgroup Charter

April 20, 2021

Article 1: Name

Section 1: The name of this entity shall be the Primary Care and Community Health Reforms Workgroup ("PCCHR" or "Workgroup"), convened in response to Governor Lamont's Executive Order Number 5, through the merger of the Population Health Council and the Practice Transformation Task Force.

Article 2: Purpose

Section 1: The purpose of the Workgroup 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 Workgroup will recommend strategies and provide an implementation roadmap to better resource primary care and improve integration and coordination of related services addressing social and behavioral health needs. The Workgroup will leverage the gains and recommendations created through the Population Health Council and Practice Transformation Task Force to align Connecticut around proven capabilities, as well as flexible model options that support patient-centered and convenient care, delivered effectively and efficiently. The Workgroup will also advise OHS on its efforts to fully implement a comprehensive statewide strategy for Health Enhancement Communities (HECs), to address upstream interventions that affect health and well-being, to achieve outcomes through regional collaboration and accountability rewards, and to ensure long-term sustainable financing.

Section 2: In response to Governor Lamont's Executive Order Number 5, this Workgroup will work with the OHS Cost Growth and Quality Benchmarks and Primary Care Target initiatives' Technical Team and Stakeholder Advisory Board, to advise on implementation of strategies that will improve health outcomes by better resourcing primary care, and help payers and providers to achieve annual primary care targets within each annual cost growth benchmark

for increased primary care spending as a percentage of total health care expenditures, to reach a target of 10% by calendar year 2025.

Article 3: Membership

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

1. Consumers, patients, and/or consumer advocates
2. Intellectual or Developmental Disabilities (IDD) advocate
3. Independent adult primary care providers
4. Independent pediatric primary care providers
5. Health systems
6. Health insurers
7. Academic institutions
8. Philanthropic, medical research, and nonprofit organizations with experience addressing health equity, health care costs, advocacy, and access to healthcare
9. Health care economics or actuarial experts
10. Employer coalitions and labor unions
11. Safety-net clinics, FQHCs, RHCs, tribal health clinics
12. Community-based organizations and social service providers
13. Experts in community health, population health, or public health

Section 2, Term of Membership: The of membership on the PCCHR shall be three (3) years. Upon expiration of their terms, members may be nominated by a member of the PCCHR and re-elected to an additional two (2) year term. After serving on the PCCHR 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 PCCHR 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. PCCHR 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 PCCHR 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 PCCHR shall serve as the Chair of the PCCHR. The OHS Executive Director shall appoint the chair.

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 and Vice Chair's absence.

Section 3, Vice Chair Appointment: A member of the PCCHR shall serve as the Vice Chair of the PCCHR. The Vice Chair shall be appointed by a vote of the PCCHR.

Section 4, Vice Chair Duties: The Vice Chair shall assume responsibilities of the Chair in the event of the Chair's absence.

Article 5: Project Management

OHS may engage with a consultant to facilitate the Primary Care and Community Health Reforms Workgroup, if necessary. The consultant may provide assistance with communications, meeting facilitation, production of meeting materials, meeting minutes, and project documents and deliverables. The consultant may maintain a project schedule with timeline and milestones to begin with project initiation and culminate in a road map for implementation of the PCCHR's recommended strategies, plans, and other deliverables, as necessary.

Article 6: Meetings and Operating Procedures

Article V of the PCCHR Bylaws contains information about:

1. frequency of meetings
2. how they are conducted
3. notices
4. special meetings
5. meeting materials
6. quorums
7. voting
8. 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 Community Health Reforms Workgroup website: https://portal.ct.gov/OHS/Pages/Primary-Care-Work-Group
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. Connecticut State Innovation Model (SIM), Practice Transformation Task Force publications: https://portal.ct.gov/OHS/SIM-Work-Groups/Practice-Transformation-Task-Force/Publications
4. Connecticut SIM, Population Health Council resources: https://portal.ct.gov/OHS/SIM-Work-Groups/Population-Health-Council/Resources
5. Primary Care and Related Reforms Workgroup Bylaws