Community Health Subgroup

August 25, 2021

OHS
CONNECTICUT
Office *of* Health Strategy

Agenda

Welcome and Roll Call	Brent Miller	2:00 PM
Public Comment	Members of Public	2:05 PM
Approval of the June 23rd and August 25th Meeting Minutes	Members of CHS	2:10 PM
Primary Care Update	Kelly Sinko	2:15 PM
HEC Playbook – Next Steps	Brent Miller	3:15 PM
Meeting Adjournment	All	3:30 PM

OHS CONNECTICUT Office of Health Strategy

Welcome and Roll Call

Public Comment

(2 minutes per person)

Approval of Minutes

June 23rd and August 25th

Governor Lamont's vision for improving health care system performance

The Governor's vision is rooted in his Executive Order No. 5 (January 2020).

1. **Improve affordability**
   - Cost growth benchmark
   - Value-based payment
2. **Improve quality of care, equity and population health status**
   - Quality benchmarks
   - Core measure set
3. **Support the state's primary care infrastructure**
   - Primary care spend target
   - Roadmap for sustainable primary care

OHS also pursues other strategies per its statutory charge.

OHS CONNECTICUT Office of Health Strategy

Connecticut's Healthcare Benchmark Initiative

1	Cost Growth Benchmark	Recommendations for a cost growth benchmark that covers all payers and all populations for 2021-2025.
2	Primary Care Spend Target	Recommendations for getting to a 10% primary care spend as a share of total healthcare expenditures by CY 2025, applied to all payers and populations.
3	Data Use Strategy	A complementary strategy that leverages the state's APCD, and potentially other sources, to analyze cost and cost growth drivers, and more.
4	Quality Benchmarks	Recommendations for quality benchmarks applied to all public and private payers, effective 2022.

OHS
CONNECTICUT
Office *of* Health Strategy

Why are we focusing on primary care?

- High-quality primary care should be accessible to all Connecticut (CT) residents in all communities
- Strengthening primary care is a priority of Governor Lamont and Connecticut's Office of Health Strategy (OHS)
- Primary care in CT has room for improvement:
  - Connecticut spends less than other states on primary care relative to total health care spending
    - Health systems with a foundation of comprehensive primary care achieve better, more equitable health outcomes and are less costly[1]
  - Connecticut faces challenges recruiting and retaining primary care physicians[2]
    - Nationwide, the number of trainees entering primary care professions is inadequate[3]

[1]Primary Care Collaborative: Primary Care Spending: High Stakes, Low Investment https://www.pcpcc.org/sites/default/files/resources/PCC_Primary_Care_Spending_2020.pdf
[2]Robert Graham Center: Connecticut: Projecting Primary Care Physician Workforce https://www.graham-center.org/content/dam/rgc/documents/maps-data-tools/state-collections/workforce-projections/Connecticut.pdf
[3]National Academies of Sciences, Engineering, and Medicine 2021. Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care. Washington, DC: The National Academies Press. https://doi.org/10.17226/25983

OHS CONNECTICUT Office of Health Strategy

Goals of OHS' Primary Care Subgroup

1 **Primary Care Spending Targets**

Make recommendations for primary care spending targets, an important step towards rebalancing health care system investments towards primary care

2 **Roadmap for Strengthening Primary Care**

Develop a roadmap for sustainably strengthening primary care practices and care delivery to improve the health of Connecticut residents (December 2021)

OHS CONNECTICUT Office of Health Strategy

Why Establish a Primary Care Spending Target?

- The U.S. healthcare system is largely specialist-oriented. Research, has demonstrated that greater relative investment in primary care leads to better patient outcomes, lower costs, and improved patient experience of care.

- Some states are strengthening their healthcare systems by:
  - ***supporting improved primary care delivery*** (e.g., expanding the primary care team, supporting advanced primary care model adoption)
  - ***increasing the percentage of total spending that is allocated towards primary care***.

What is a Primary Care Spending Target?

- A primary care spending target is an **expectation for what percentage of healthcare spending should be devoted to primary care**.
  - A primary care spend target evaluates primary care spending as a percentage of total medical spending.

- Executive Order 5 establishes expectation that Connecticut will **increase primary care spending as a percentage of total healthcare spending to 10%** by **2025**.
  - This must be accomplished while holding total spending growth to a cost growth benchmark value (3.4% in 2021).

OHS CONNECTICUT Office *of* Health Strategy

Connecticut's 2021 Primary Care Spending Target

On the recommendation of its advisory body, OHS has set **the 2021 primary care spending target at 5.0%** for the following reasons:

OHS does not yet have baseline data from payers to identify current primary care spending.

Its best estimate for current spending using prior analyses of APCD data is 4.8%.

COVID-19 has negatively impacted primary care utilization in 2020, and this is likely to continue into early 2021.

Recommendation for the Primary Care Spend Target

- The Technical Team recommended that OHS defer setting targets for 2022-2024 until after it has: a) collected baseline payer data, and b) consulted with a new OHS work group focused on primary care.
- Consistent with the cost growth benchmark, the Technical Team also recommended that OHS report performance against the primary care spending targets for all five years at four levels:
  1. State
  2. Market
  3. Insurer
  4. Provider Entity*

  *For entities of a sufficient size.

The Roadmap for Advancing Primary Care

- Payers and employers ask why they should invest more in primary care.
- The Roadmap for sustainably strengthening primary care will answer that question.
- The Roadmap will address care delivery and payment models and specify concrete actions to implement in 2022.
- Prior state planning efforts to reform primary care will provide a foundation for new planning.
- OHS has charged the Subgroup to develop a consensus-based roadmap by December 2021.

Roadmap for Strengthening and Sustaining Primary Care

- The Primary Care Subgroup began meeting monthly in April 2021
- OHS is meeting with stakeholders to ensure it hears a broad array of perspectives
- The Roadmap will make recommendations for:
  1. More effective and efficient primary care to better meet the needs of patients and support primary care professionals
     - e.g., care that is relationship-centered, team-based, planned, accessible, evidence-based
  2. More flexible ways to reimburse primary care practices so they can spend more time with patients
  3. Resources and supports to help primary care practices
  4. A plan to implement starting in 2022

Review of Process So Far

Process Step	Description
1. Establish highest priority objectives for a strengthened primary care system	This should be a listing of only the highest priorities, such as those identified in the "Guiding Principles." It should not be all-inclusive.
2. Adopt an advanced primary care practice model	This should describe core, essential practice functionalities.
3. Decide how practices will be supported in adopting the practice model, and by whom	For example: learning collaborative, practice coaching, self-taught with learning aids, or a combination
4. Adopt a program for confirming practice model adoption	This is necessary for payers to support investment.
5. Adopt a payment model(s)	The payment model(s) should support the care model, sustain practices and align with objectives for high-value.
6. Adopt an implementation plan	The plan describes who will be responsible for doing what, and by when. Involved stakeholders should support the plan; commercial payers must commit to it.
7. Define a measurement and evaluation plan	To determine that the highest priority objectives were achieved, without any unintended adverse consequences.

Proposing Core Functions

Process Step	Description
1. Establish highest priority objectives for a strengthened primary care system	This should be a listing of only the highest priorities, such as those identified in the "Guiding Principles." It should not be all-inclusive.
2. Adopt an advanced primary care practice model	**This should describe core, essential practice functionalities.**
3. Decide how practices will be supported in adopting the practice model, and by whom	For example: learning collaborative, practice coaching, self-taught with learning aids, or a combination
4. Adopt a program for confirming practice model adoption	This is necessary for payers to support investment.
5. Adopt a payment model(s)	The payment model(s) should support the care model, sustain practices and align with objectives for high-value.
6. Adopt an implementation plan	The plan describes who will be responsible for doing what, and by when. Involved stakeholders should support the plan; commercial payers must commit to it.
7. Define a measurement and evaluation plan	To determine that the highest priority objectives were achieved, without any unintended adverse consequences.

Core practice functions

1. Person-centered
2. Team-based care
3. Designated lead clinician
4. Embedded care managers (medical) and care coordinators (non-medical)
5. Behavioral health integration
6. Planned care at every visit
7. Easily accessible and prompt
8. Evidence-based
9. Patient engagement and support
10. Utilization of data and targeted quality improvement
11. Community-oriented

Core Practice Functions #4 and #11

4. The practice team coordinates care for its patients between visits and across the continuum of care. To support such work, the practice team includes a) **qualified embedded clinical care management personnel** to support patients with chronic conditions and disabilities and patients experiencing transitions of care, and b) **embedded non-clinical care coordination personnel** to connect all patients with community supports to address social risk factors, and work with families and other caregivers.*

11. The practice team identifies social risk factors affecting its patients and is knowledgeable about community resources that can address social needs.

*Alternative approaches involving virtual care may be required for very small practices, including those in rural communities.

OHS CONNECTICUT Office of Health Strategy

Input on implementation:

- We would like to include the involvement of the Community Health Subgroup and HEC Group Members during the implementation planning stages.
- Specifically, we would like you to help us design and provide feedback on the implementation plan to determine high-quality primary care providers (e.g. how would we know that a primary care office is meeting the requirements, etc.) for the community health related core functions.
- Is there anyone in the group interested in providing this feedback?

Implementing Core Practice Functions

Process Step	Description
1. Establish highest priority objectives for a strengthened primary care system	This should be a listing of only the highest priorities, such as those identified in the "Guiding Principles." It should not be all-inclusive.
2. Adopt an advanced primary care practice model	This should describe core, essential practice functionalities.
3. Decide how practices will be supported in adopting the practice model, and by whom	**For example: learning collaborative, practice coaching, self-taught with learning aids, or a combination**
4. Adopt a program for confirming practice model adoption	**This is necessary for payers to support investment.**
5. Adopt a payment model(s)	The payment model(s) should support the care model, sustain practices and align with objectives for high-value.
6. Adopt an implementation plan	The plan describes who will be responsible for doing what, and by when. Involved stakeholders should support the plan; commercial payers must commit to it.
7. Define a measurement and evaluation plan	To determine that the highest priority objectives were achieved, without any unintended adverse consequences.

Proposed supports to help practices implement core practice functions

- Practices will benefit from support to implement and maximize core functions.
- Propose a blend of supports to help practices with their implementation:
  - Practice coaches
  - Learning collaborative

1. **Practice coaches are primarily provided by an OHS-contracted third party**
   - Practice teams seeking enhanced payments are required to work with a practice coach
   - The third party is funded by large commercial carriers on a pro rata basis
2. **A learning collaborative is provided by an OHS-contracted third party**
   - Participation is voluntary and offered to all practices seeking or that have already obtained OHS recognition
   - The learning collaborative is contingent on state funding

Detailed Practice Coaching Proposal

1. Practice teams seeking enhanced payments are required to demonstrate mastery of all 11 core functions.
2. Practice teams undergo an initial and then a periodic assessment to evaluate practice team functionality relative to the 11 core functions.
3. Some practice teams may alternatively elect to instead receive practice coaching from the following alternative sources if the source demonstrates a commitment to and plan for addressing the 11 core practice team functions in its coaching:
   - commercial insurer
   - internal organization or external resources
4. Regardless of the coaching vehicle, practice teams must demonstrate mastery of the core functions to the satisfaction of the OHS-contracted third party.

For discussion

- The proposed payment model links practice demonstration of core practice team function mastery to enhanced payments eligibility. What are your thoughts on this approach?

Adopting a payment model

Process Step	Description
1. Establish highest priority objectives for a strengthened primary care system	This should be a listing of only the highest priorities, such as those identified in the "Guiding Principles." It should not be all-inclusive.
2. Adopt an advanced primary care practice model	This should describe core, essential practice functionalities.
3. Decide how practices will be supported in adopting the practice model, and by whom	For example: learning collaborative, practice coaching, self-taught with learning aids, or a combination
4. Adopt a program for confirming practice model adoption	This is necessary for payers to support investment.
5. Adopt a payment model(s)	**The payment model(s) should support the care model, sustain practices and align with objectives for high-value.**
6. Adopt an implementation plan	The plan describes who will be responsible for doing what, and by when. Involved stakeholders should support the plan; commercial payers must commit to it.
7. Define a measurement and evaluation plan	To determine that the highest priority objectives were achieved, without any unintended adverse consequences.

Proposed primary care payment model for Subgroup consideration

- Make a value-based prospective primary care payment model available to interested practices, while permitting continued FFS payments to others
- Practices are eligible for enhanced payments under either approach, so long as they are seeking or have obtained OHS-recognition for mastery of the 11 core practice team functions.
  - Practices begin receiving enhanced payments upon indicating intent to become OHS-recognized.

1. Primary care practices are prospectively paid a fixed PMPM fee for most primary care payments in lieu of FFS payments, regardless of the services provided to the practice's defined patient panel
2. Insurers can elect to enhance payments to practices however they like in order to hit the primary care spend target; the mode is not specified in OHS' recommendations

Potential benefits to primary care practices of a prospective payment model

1. Provides practice teams with greater flexibility to deliver primary care that better meets the needs and preferences of patients, e.g., traditionally uncompensated time to coordinate care for medical and social needs outside of the practice, use of community health workers, etc.
2. Allows practice teams to provide team-based services using care modalities that aren't often compensated under traditional FFS models, and reduces the financial imperative to generate office visits
3. Provides a predictable monthly cash flow; COVID-19 revealed how important this can be
4. Because the payment only includes those services the practice team delivers, the model does not transfer significant financial risk to the practice

Measures and monitoring practices to protect against stinting of care and other undesired adverse risks

- As with any payment model, prospective models have some limitations, e.g.,
  - Practices could take on more patients than they can realistically care for, resulting in limited appointment availability
  - Practices could direct patients to unnecessary utilization of specialist and emergency care

Recommendation:

- Careful monitoring of practice behavior to identify cases where access is decreasing or there are other signs of stinting on care.
- Use of available data to monitor this problem to the extent possible, and take corrective action when performance measures indicate the need to do so.
- Identification and adoption of measures that incentivize practices to minimize inappropriate use of specialists and emergency departments.

Practice eligibility for substantial incentive payments based on quality performance

- The primary care payment model should reward quality with an opportunity to earn substantial incentive payments based on practices' performance on certain measures.

Recommendation:

- OHS does not propose a specific incentive methodology at this time, but does recommend primary care quality measures from a new OHS primary care aligned measure set be employed in the methodology.

Multi-payer alignment on contractual primary care quality measures

- Quality measurement and reporting are critical to improving patient care, outcomes, and experience.
- Quality reporting requirements are burdensome on practices, particularly for small practices that lack the support and infrastructure to effectively respond to the volume of requests for quality data. It consumes resources which would otherwise be directed to patient care.
- A quality measurement strategy for primary care aligned across insurers, with manageable reporting requirements, would help minimize the burden on practices.

Recommendation:

- OHS' Quality Council should define a subset of primary care measures, derived from OHS' Core Measure Set, that insurers use in all primary care practice contracts.

For discussion

- What are the group's reactions to the prospective payment model approach?
- How does the group feel about the prospective payment model limitations? Are the measures to prevent unintended consequences reasonable?
- The proposed model calls for incentive payments tied to quality with an aligned primary care core measure set. What are your reactions to this proposal?

Next Steps

Process Step	Description
1. Establish highest priority objectives for a strengthened primary care system	This should be a listing of only the highest priorities, such as those identified in the "Guiding Principles." It should not be all-inclusive.
2. Adopt an advanced primary care practice model	This should describe core, essential practice functionalities.
3. Decide how practices will be supported in adopting the practice model, and by whom	For example: learning collaborative, practice coaching, self-taught with learning aids, or a combination
4. Adopt a program for confirming practice model adoption	This is necessary for payers to support investment.
5. Adopt a payment model(s)	The payment model(s) should support the care model, sustain practices and align with objectives for high-value.
6. Adopt an implementation plan	**The plan describes who will be responsible for doing what, and by when. Involved stakeholders should support the plan; commercial payers must commit to it.**
7. Define a measurement and evaluation plan	To determine that the highest priority objectives were achieved, without any unintended adverse consequences.

HEC Playbook – Next Steps

Brent Miller

HEC Playbook – Vision

- June, 2019 - HEC Framework Technical Report
- Pre-planning, pandemic, federal grants
- Governance, health priorities, sustainability
  - Other areas of interest?
- Draft to be presented at December 22nd CHS meeting

OHS CONNECTICUT Office of Health Strategy

Meeting Adjournment