Office of Health Strategy
January 14, 2022
The Roadmap for Strengthening and Sustaining Primary Care

Public Comment Submission
UConn Health

Thank you very much for the opportunity to participate in the open comment period for the Office of Health Strategy's Primary Care Roadmap. On behalf of UConn Health, we ask that you consider the following as you continue to develop a Primary Care Roadmap which will be utilized throughout the State.

After consulting with several physicians, nurses, and healthcare leadership at UConn Health, several points became very clear, we are supportive of the creation of a Roadmap in order to provide better, and more meaningful healthcare to patients, while also creating a positive experience for medical professionals on the front line of care. We stand in support the purpose of the Roadmap, which, as you are already aware, is to design a care delivery and payment model to bolster primary care in Connecticut. Additionally, we support many of the recommendations outlined in the Roadmap, but do have some additional comments we would like to share, which are outlined below.

The National Academies of Science, Engineering and Medicine (NASEM) identified primary care as a social good, making it equal to public education and safety. However, just 5-7% of the national budget is dedicated to it, even though over 50% of ambulatory visits are to primary care.

We would like to point out that the structural barriers table includes "Administrative Requirements" on page 16, but in the column "current or planned action" there is nothing specific described that might be helpful to providers. The Roadmap presented includes references to meeting requirements with monitoring. This may include specific documentation requirements by the primary care providers in addition to the traditional ones required currently. There is reference on page 12 to insurers creating incentives and/or disincentives for practices to minimize "inappropriate" use of specialist and emergency departments. Without clear administrative requirements, these types of initiatives could cause significant dissatisfaction by providers needing to appeal these assessments.

In the Payment Model Parameters section (starting on page 11), some parameters allow individual insurers to choose the methods used; for example, for risk adjustment and patient attribution. In the opinion of our doctors, more consideration should be given to the use of universal methods in all or at least most parameters.

An example of use of universal methods is found on page 12, parameter 4 "Insurers adopt for universal primary care contractual use an aligned set of quality measures…."

It is also the opinion of some of our physicians that fee for service reimbursement has not served the needs of primary care providers or our patients. Because the fee for service business model is predicated on patient visit volume, primary care physicians have a difficult time meeting the needs of their patients. A value based reimbursement model as outlined in this state initiative has the potential to improve patient care, reduce overall healthcare expenditures and promote the wellbeing of the primary care workforce. Some of our physicians believe that only the State in collaboration with those who pay for healthcare in the state can make this happen.

Another suggestion is that a significant loan forgiveness program for primary care physicians will be an important first step, and it should be directly linked to this initiative at hand. At UConn's School of Medicine, there are presently six (6) students who are partaking in a unique program that offers certain eligible medical students a loan with a 1% fixed rate (not 1% interest).

Also, the correct determination of risk adjusted PMPM payments will be particularly important. Insurers risk adjust their payment models to account for variation in the health care conditions of different patient panels and for age and gender. If the payments are high enough and are an accurate reflection of the patients' risk and anticipated health care costs, primary care physicians will participate. These are complex calculations that should include socioeconomic factors in addition to those listed. For older adults, risk adjustments should include measures of function and a frailty measure.

The State's efforts to integrate and optimize EHRs and give primary care physicians access to the data they need when they need it, requires further emphasis and detail. Primary care practice teams utilize patient information in conjunction with data from an EHR when utilized by the practice, HIE, pharmacies and payers to identify patient care needs, monitor change over time, and inform targeted quality and equity improvement activity, including design and implementation of quality improvement plans. Though not exclusive to primary care physicians, physicians still have to manage a lot of information provided by fax and mail. The way primary care physicians currently communicate with home health care agencies (i.e. by fax) may be the best example of this. Prescribing durable medical equipment is another good example.

We also recommend that a learning collaborative effort that specifically addresses older adults with complex medical and socioeconomic needs also be included in the Roadmap. Separate learning collaboratives are organized around care of children and adolescents, and care of adults. Further, the provision of primary care services for the state's long term skilled nursing home residents should be addressed by this initiative. Connecticut does not have a Program of All-inclusive Care for the Elderly (PACE) program. OHS's Roadmap should include elements that make Connecticut a more favorable environment to operate a PACE program in.

Finally, physician satisfaction/burnout is not adequately addressed in this plan. While we understand that the Roadmap identified increasing the pipeline of primary care physicians as essential, but deferred that issue to another initiative, we believe this is a critical part of the solution and that it should be integrated into the Roadmap. Again, UConn Health appreciates the opportunity to offer our comments and suggestions on the Primary Care Roadmap, and we remain committed to playing an active role in improving patient outcomes for our State. We are hopeful that UConn Health will be included in future discussions regarding this very important topic and are happy to assist in any way possible.