Primary Care Subgroup Meeting
April 27, 2021

Meeting Date	Meeting Time	Location
April 27, 2021	1:00 pm – 3:00 pm	Webinar/Zoom

Participant Name and Attendance

Members Present:		
Lesley Bennett	April Greene	Lori Pennito
Rowena Bergmans	Karen Hlavac	Dr. Brad Richards
Stephanie Caiazzo	Lisa Honigfeld	Dr. Randy Trowbridge
Dr. Seth Clohosey	Hugh Penney	Lisa Trumble
Dr. Mario Garcia	Ken Lalime	
Dr. Alex Geertsma	Dr. Leslie Miller	
Shirley Girouard	Dr. Naomi Nomizu	
Others Present:		
Michael Bailit, Bailit Health	Vicki Veltri, OHS	Brent Miller, OHS
Erin Campbell, Bailit Health	Hanna Nagy, OHS	Ruonan Wang, OHS
Grace Flaherty, Bailit Health	Jeannina Thompson, OHS	
Members Absent:		
Heather Gates	Marie Smith	Dr. Elsa Stone
Alta Lash	Rachel Southard	Tom Woodruff

Meeting Information is located at: https://portal.ct.gov/OHS/Pages/Primary-Care-Subgroup/Meeting-Agendas

	Agenda	Responsible Person(s)
1.	**Welcome and Roll Call**	**Hanna Nagy, OHS**
	Hanna Nagy called the meeting to order at 1:01pm. Jeannina Thompson took roll call.	
2.	**Introductory Remarks**	**Hanna Nagy, OHS**
	Hanna Nagy reviewed the purpose and responsibilities of the Primary Care Subgroup in the context of Executive Order No. 5. Hanna introduced Michael Bailit and Erin Campbell from Bailit Health and explained that OHS has engaged Bailit Health to help facilitate the Primary Care Subgroup.	
3.	**OHS' Renewed Primary Care Charge**	**Michael Bailit, Bailit Health**
	Michael Bailit reviewed the charges of the Primary Care Subgroup. The Primary Care Subgroup is responsible for (1) making recommendations to OHS' Technical Team for primary care spending targets and (2) developing a roadmap for sustainably strengthening primary care practices and care delivery. **Primary Care Spend Target** Michael Bailit provided an overview of Connecticut's primary care spending target. Michael Bailit reminded the Subgroup that it will need to make recommendations to the Technical Team on primary care spending targets after OHS receives baseline measurement data during the summer. • Steph Caiazzo asked if the Subgroup is targeting independent, patient-centered primary care, and not targeting health system-owned primary care physician groups. Michael Bailit responded that we are discussing all primary care – the Governor's Executive Order does not distinguish between primary care practice types, whether they system-owned or independent. Steph Caiazzo asked if OHS was taking into consideration that some of the health systems have a larger advantage for not just reimbursement, but also specialists. Michael Bailit replied that although the primary care	

spend target is global, payer actions may vary based on practice size and/or type. Steph Caiazzo asked if the Subgroup will be able to drill down on payment discrepancies. Michael Bailit said no, that is not the charge the Subgroup has been given; the charge is how to get to 10% primary care spending by 2025. Michael Bailit said there may be potential for the Subgroup to weigh in more on the issue of primary care payment variation after 2021.

Roadmap for Advancing Primary Care

Michael Bailit provided an overview of the Roadmap, its importance and what it will seek to address. Michael explained that the Roadmap will need to answer for payers and employers why there should be greater investment in primary care. Michael said the Roadmap will address both care delivery and payment models, and will identify concrete actions that can be taken in a short time period. He said the work will draw from prior state planning efforts as a foundation but will blaze a new trail informed by that foundation.

4.	**Building from Past Primary Care Modernization Efforts**	**Michael Bailit, Bailit Health**

Michael Bailit explained that Bailit Health has taken the time to understand the prior work of the CMMI-funded State Innovation Model Initiative (SIM) and how that prior work is informing the Roadmap.

- Shirley Girouard asked if the Primary Care Subgroup could get a summary of the prior SIM work to review. Hanna Nagy confirmed she would send a link to the final Freedman HealthCare Primary Care Modernization Report to the entire Primary Care Subgroup.

Michael Bailit shared five key lessons from the SIM Primary Care Modernization Initiative that he and Erin Campbell had learned through a review of the prior body of work and recent conversations with stakeholders. Michael asked Subgroup members which other learnings they have identified.

- Alex Geertsma said, based on his limited involvement in the Practice Transformation Committee, that there was a lot of emphasis on individual approaches to the methods of practice and not enough discussion about how practices in different specialties differ from one another, especially in relation to outcome measures and data capture.
- Shirley Girouard agreed with Alex, and also said the Subgroup should think about what models of care are effective with the older adult population.
- Mario Garcia said that it continues to be difficult to bridge the clinical setting and the community setting, despite the fact that investing in primary care and preventive community health interventions helps avoid expensive specialty care.
- Steph Caiazzo said she thinks the payer she works for is on the same side as the primary care physicians and community outreach workers as it relates to wanting to bridge the gap between providers and community interventions. Steph acknowledged that there is definitely a gap in services, perhaps more so on the Medicaid and Medicare side than on the commercial side. Steph said the payers want programs that can be used across all lines of business without reinventing the wheel.
- Randy Trowbridge said the functional medicine model is a root cause solution that can lead to better outcomes, better patient satisfaction, and lower costs. Also, although major change is needed down to the preventative level, it can be integrated very simply and is not a complete overhaul of how primary care currently works.

Michael Bailit explained how this new primary care transformation effort is different than the SIM Primary Care Modernization Initiative. He noted a) this new effort is driven by Executive Order No. 5, b) there have been changes in federal and state administrations, and c) Medicaid's PCMH+ program is well underway. Michael noted that although the Subgroup will talk about primary care payment models, this new effort is not solely about payment models and will also address practice care delivery functionality.

	Michael also said this new effort will seek to take a simpler more streamlined approach than that designed under SIM.	
5.	**Proposed Plan for Roadmap Development**	**Erin Campbell, Bailit Health**

Erin Campbell explained that Bailit Health and OHS had been soliciting input from practices and payers to help guide the Subgroup's work and had plans to obtain input from patient groups and consumer representatives soon. Erin said the goals of these conversations are to have a comprehensive understanding of the lessons learned from the SIM program that are transferable to the Subgroup's work going forward, hear different perspectives about how to develop a practical Roadmap that will be successful and implemented, and create an ongoing dialogue with stakeholders outside of the Subgroup to share progress on the Roadmap and gather feedback. Erin summarized what Bailit Health and OHS have heard so far in their initial interviews.

Erin asked if Subgroup members had feedback on the themes she presented.

- Alex Geertsma said he was not sure that CT PCMH+ is working well, other than on enrollment. He said any assessment needs to be based on real data. Erin Campbell clarified that those interviewed had expressed personal opinion that there are elements of the CT PCMH+ program that have promise. Michael Bailit added that this was an experiential reflection not an empirical assessment. Alex Geertsma highlighted the limitations of data capture in CT and said the goal was to reimburse and incentivize for "playing" not performance.
- Leslie Miller said that since primary care is not procedure-based, many of the things practices do are not coverable unless the provider does excessive coding. Leslie highlighted prior authorization as an obstacle to primary care prevention.
- Mario Garcia said there needs to be a pilot to demonstrate that giving primary practices resources to expand their teams to coordinate with social service providers will ultimately benefit the practice and will not create additional administrative burden. Michael Bailit said that the practices that are advocating for more care coordination see it as a resource, not a burden. Mario said if we are going to propose a recommendation for all primary care practices to use care coordination we need data to support the payoff of the investment. Michael said the Subgroup is tasked with determining how the 10% primary care spending should be spent, and better care coordination is one option.
- Alex Geertsma said care coordination boils down to two general models, often in conflict: (1) center-based care coordinators and (2) embedded care coordinators. Alex said the center-based care coordinator model is best for larger volumes of care coordination centralized by one group or limited group of agencies, and the embedded care coordinator has seemed more expensive but more ideal to the practitioner.

Erin Campbell reviewed the nine guiding principles that were developed by the Subgroup and adopted in February 2021 that will continue to guide the development of the Roadmap. Erin presented a proposed seven-step design process for Roadmap development. Erin asked for feedback on the proposed design process for roadmap development.

- Lisa Trumble said the proposed process seemed reasonable.
- Mario Garcia said the increase in primary care spending should translate into improving access to primary care, especially for people who have traditionally been excluded from care. Mario asked where in the design process access to care will be evaluated. Erin Campbell said evaluating access to care could be built into the end of the process, when the Subgroup defines a measurement and evaluation plan. Michael Bailit said it could also be during process steps #1 and #2, when the

Subgroup develops a list of highest priorities and describes core essential practice functionalities (access could be included in both).

- Brad Richards said regarding process step #2, "adopting an advanced primary care practice model", there is a need for flexibility because practices with different populations and geographies will need slightly different models. Alex Geertsma agreed.

6. Bringing It All Together: Process & Timeline — **Erin Campbell, Bailit Health**

Erin Campbell provided an overview of the Subgroup timeline, noting that the two PCCHR Subgroups will be brought together to share updates and coordinate efforts. Erin explained Bailit Health's role and responsibilities in the process. Erin asked for comments or questions on the timeline. There were no comments or questions.

7. Getting Started: Roadmap Development — **Erin Campbell, Bailit Health**

Erin Campbell initiated the Roadmap Development process.

Process Step 1. Establish highest priority objectives for a strengthened primary care system
Erin Campbell explained that the highest priority objectives are not meant to be an exhaustive list, only what is absolutely most important. Erin shared three draft priority objectives for review and feedback.

- Seth Clohosey asked about the meaning of "structural impediments to delivery of good care." Michael Bailit clarified that structural impediments might include primary care practices lack of resources to connect patients with community resources (e.g., schools) to address social risk factors.
- Shirley Girouard said the draft priority objectives seemed similar to the guiding principles from the Practice Transformation Taskforce and asked what was new or different about the new priority objectives. Michael Bailit said the new priority objectives were not taken directly from the guiding principles, although they were referenced. Michael said the new priority objectives are meant to be a more concise "North Star" to guide the Subgroup's work.
- Brad Richards said priority objective #3 could read "primary care professionals and team members" because the burden can trickle down to other team members.
- Lori Pennito said one thing she did not see in the priority objectives was a progressive build of practice infrastructure.
- Ken Lalime said he thought the primary care workforce supply needs to be developed and increased. Lisa Trumble added that the Subgroup should consider recommendations for training and support of community health workers.
- Ken Lalime asked whether payment structures were part of the draft priority objectives. Erin Campbell clarified that payment structures were included as part of priority objective #2.
- Mario Garcia said that regarding priority #2, improving access is a way of removing structural barriers.

Michael Bailit asked the Primary Care Subgroup members to think about what the increase in primary care spending should be used for. What is a list (not exhaustive) of practice functionalities that should be supported through primary care payment models? What are core functions that should be foundational to good primary care? For example, operating a team-based care model, where all members of the team are operating at their highest level. Michael asked Subgroup members to email their short lists to Bailit Health and OHS prior to the next meeting. Michael asked for any reactions to this request.

- Leslie Miller said it is hard to operate without data showing how increased costs in the health care system have led to better care. Leslie said team-based care is important in some circumstances, but privacy has been a big concern for some patients. Michael Bailit agreed that costs are a huge

	problem and this is why the Governor issued the Executive Order to create the cost growth benchmark. He observed that the affordability problem is not driven by primary care. Leslie added that many people pay independent doctors to avoid the health care system. • Shirley Girouard said the issue with the health care system is that there is no system and if we are going to create a system we should begin by organizing the system around primary care and disease prevention.	
8.	**Next Steps**	**Hanna Nagy, OHS**
	Primary Care Subgroup members should email Bailit Health and OHS with a list of core primary practice functionalities prior to the next Subgroup meeting. The next Primary Care Subgroup meeting is scheduled to take place **May 25th at 1pm**.	
9.	**Meeting Adjournment**	**Hanna Nagy, OHS**
	Mario Garcia made a motion to adjourn the meeting. Leslie Miller seconded the motion. There were no objections. The meeting adjourned at 2:23pm.	