

**STATE OF CONNECTICUT**  
**State Innovation Model**  
***Payment Reform Council***

**Meeting Summary**  
**Thursday, September 20, 2018**

**6:00pm – 8:00 p.m.**

**Meeting Location:** Webinar/Conference Call

**Members Participating:** Thomas Woodruff, Joseph Quaranta, Naomi Nomizu, Eric Galvin, Robert Block, Peter Bowers, Robert Carr, Ken Lalime, Jess Kupec, Kate McEvoy, Tiffany Donelson, Fiona Mohring, Terry Nowakoski, Peter Holowesko

**Other Participants:** Mark Schaefer, Jeannina Thompson, Gail Sillman, Alyssa Harrington, Ellen Bloom, Laurie Doran, Pano Yeracaris, Janice Perkins, Robert Kosior, Kirsten Anderson, Mary Jo Condon

**1. Call to Order**

The meeting was called to order at 6pm. Ms. Alyssa Harrington took roll call.

**2. Public Comment**

No public comment.

**3. Purpose of Today's Meeting**

Ms. Laurie Doran reviewed the purpose of the webinar, which was to provide the Payment Reform Council members with a common set of definitions and concepts that will be discussed during Council meetings, to serve as a reference during future conversations, and to help frame the decisions before the Payment Reform Council.

**4. Council Goal**

The goal of the Payment Reform Council is to develop payment model options for Medicare Fee-for-Service that increase flexibility to make primary care more convenient, community-based and responsive to the needs of patients, to ensure a return on investment, and to make recommendations to other payers for the minimum requirements to be deemed aligned.

**5. Review of Key Principles**

Ms. Doran reviewed the Payment Reform Council key principles, which are to consider input from consumers, providers, payers and employers, to review the financial effect of capabilities recommended by the Task Force, to determine methods of accountability and safeguards to protect against underservice and patient selection, to design an implementation strategy that ensures a return that offsets the investment (and builds over time), and to customize “best in class” federal and state initiatives for Connecticut.

## **6. Overview of Process and Work to Date**

Ms. Doran went over health care spending trends and explained costs are rising nationally, and that we have a real opportunity to manage spending in Connecticut. Ms. Kate McEvoy added that it's important to parse out trends in Medicaid and to distinguish the payers according to trend. In addition to this issue, it was discussed how physicians are increasingly burdened, and burnout is a national public health issue. In fact, burnout has risen 25% across the board, and only 27% of physician time is spent on direct clinical care.

Ms. Doran described how the work to date has involved feedback from diverse stakeholders who have identified goals for a new model of primary care in Connecticut. Such feedback included the need to support patient-centered, coordinated care and a better patient experience overall, the need to help patients prevent disease, identify health problems early and better manage chronic illnesses to lower emergency department visits, the need to expand care teams and improve access outside the traditional office visit, the need to double investment in primary care over five years through more flexible payments, and the need to reduce the total cost of care while protecting against underservice.

### **Overview of Concepts and Key Decisions for Payment Reform Council**

Ms. Doran opened the payment model option components discussion by going over a basic bundle, a supplemental bundle, and fee-for-service payments. In addition, Ms. Doran explained that the Payment Reform Council will determine eligible groups, conditions for participation and provider eligibility, services in the basic bundle, services in the supplemental bundle, attribution, illness burden, population segmentation, reconciliation, patient selection and underservice, performance monitoring and adjustments to compensation methods in the coming weeks.

The Payment Reform Council moved on to discuss their anticipation for this program to be cost-effective. Dr. Schaefer reassured the Council that they will be disciplined with the capabilities they have now, and that care transitions should help drive down avoidable use. The group also discussed how adjusting care and payment to the risk and needs of the program will be important.

## **7. Next Steps**

Ms. Doran closed with the meeting schedule. Ms. Harrington said she will revise meetings to better align with member's schedules. Dr. Schaefer also reminded the Council that feedback is encouraged, but that discussions are limited to those who are formally appointed members. Ms. Harrington then went over contact information.

## **8. Adjournment**

*The meeting was adjourned at 8:00pm.*