

STATE OF CONNECTICUT
State Innovation Model
Practice Transformation Task Force

Meeting Summary
June 26, 2018

Meeting Location: CT Behavioral Health Partnership, 500 Enterprise Drive, Litchfield Room, Rocky Hill

Members Present: Lesley Bennett; Grace Damio; Leigh Dubnicka via conference line; Maria Dwyer; Garrett Fecteau via conference line; Shirley Girouard; Rebecca Kaplan via conference line; Anne Klee; Kate McEvoy via conference line; Douglas Olson via conference line; Rowena Rosenblum-Bergmans via conference line; H. Andrew Selinger; Eileen Smith; Elsa Stone; Randy Trowbridge via conference line; Mark Vanacore

Members Absent: Susan Adams; Mary Boudreau; Heather Gates; M. Alex Geertsma; Edmund Kim; Alta Lash; Anita Soutier; Jesse White-Frese

Other Participants: Mary Bradley via conference line; Mary Jo Condon; John Freedman via conference line; Linda Green; Alyssa Harrington; Lisa Honingfeld via conference line; Ken Lalime via conference line; Arlene Murphy via conference line; Mark Schaefer; Vinayak Sinha; Vicki Veltri via conference line

1. Call to Order

The meeting was called to order at 6:05 p.m. Lesley Bennett chaired the meeting. Members and other participants introduced themselves.

2. Public Comment

There was no public comment.

3. Review and Approval of Meeting Summary

Motion: to approve the meeting summary of May 29, 2018 of the Practice Transformation Taskforce – Elsa Stone; seconded by Shirley Girouard.

Discussion: There was no discussion.

Vote: All in favor.

4. House Rules Refresh

Lesley Bennett reviewed the house rules.

5. Purpose of Today's Meeting

Linda Green, of Freedman HealthCare, reviewed the purpose of today's meeting and introduced the Freedman HealthCare team ([see meeting presentation here](#)).

6. Primary Care Modernization Project Kickoff

Mary Jo Condon, of Freedman HealthCare, presented on the Primary Care Modernization (PCM) project stakeholder engagement work. She informed the Task Force that the Freedman HealthCare

team would work with the Consumer Advisory Board (CAB) to develop a consumer engagement strategy and learn from the CAB's previous listening sessions. The Task Force discussed the stakeholder workgroups. There was a suggestion that the wording under the stakeholder engagement plan in the stakeholder workgroup section should be "health provider programs" instead of "physician training programs". It was also suggested that "Allied Health Professionals" should be changed to "Healthcare Professionals". There was a suggestion that insurers should be listed explicitly rather than just individual payers. It was suggested that the CT Business and Industry Association has been partners on several other initiatives and could provide input.

The Task Force discussed gaining input from consumers and other stakeholders. There was a question of whether materials will be geared to consumer groups with varying levels of literacy to bring them on board. It was noted that stakeholders come to the process with varying levels of expertise and so the team will use different strategies to engage different groups. It was mentioned that each stakeholder and consumer group will focus on a couple of areas most relevant to them to provide meaningful input.

Linda Green reviewed the capabilities that the Task Force will consider as part of the primary care payment model options. It was noted that capabilities are defined as characteristics of primary care practices. The capabilities were organized into three categories: increasing patients' access and engagement; expanding primary care capacity; and system supports and resources. The team will develop capability statements for the Task Force to review the capabilities. There was a suggestion to add the need to address social determinants of health into the increasing patients access and engagement category.

The Task Force discussed how much genomic medicine would be considered as part of primary care practice. It was noted that there would be a design group that would consider universal screening and potentially pharmacogenomics. It was noted that there would have to be an education step for primary care physicians on genomic medicine before they could integrate it into primary care practice. It was mentioned that Connecticut is one of the first states to consider genomic medicine in primary care—this could be a distinguishing factor and great opportunity for Connecticut. Task Force members expressed that they did not want to compromise investments on larger issues such as health literacy and work on social determinants for genomic medicine. It was suggested that the genomics design group should also look at functional medicine because it works on the major issues of chronic diseases and prevention of conditions.

The design group process was reviewed. Design groups will include representation from PTTF members along with other experts. Members agreed with the various areas where there needs to be a design group.

7. Next Steps

It was mentioned that the next meeting will include a review of patient access and engagement capabilities. The Freedman HealthCare team will also be working to set up design groups. PTTF members were asked to sign up for design groups.

The next PTTF meeting is scheduled for Tuesday, July 2th.

8. Adjourn

Motion: *to adjourn the meeting – Shirley Girouard; seconded by Grace Damio.*

Discussion: There was no discussion.

Vote: *All in favor.*

The meeting adjourned at 7:57 p.m.