

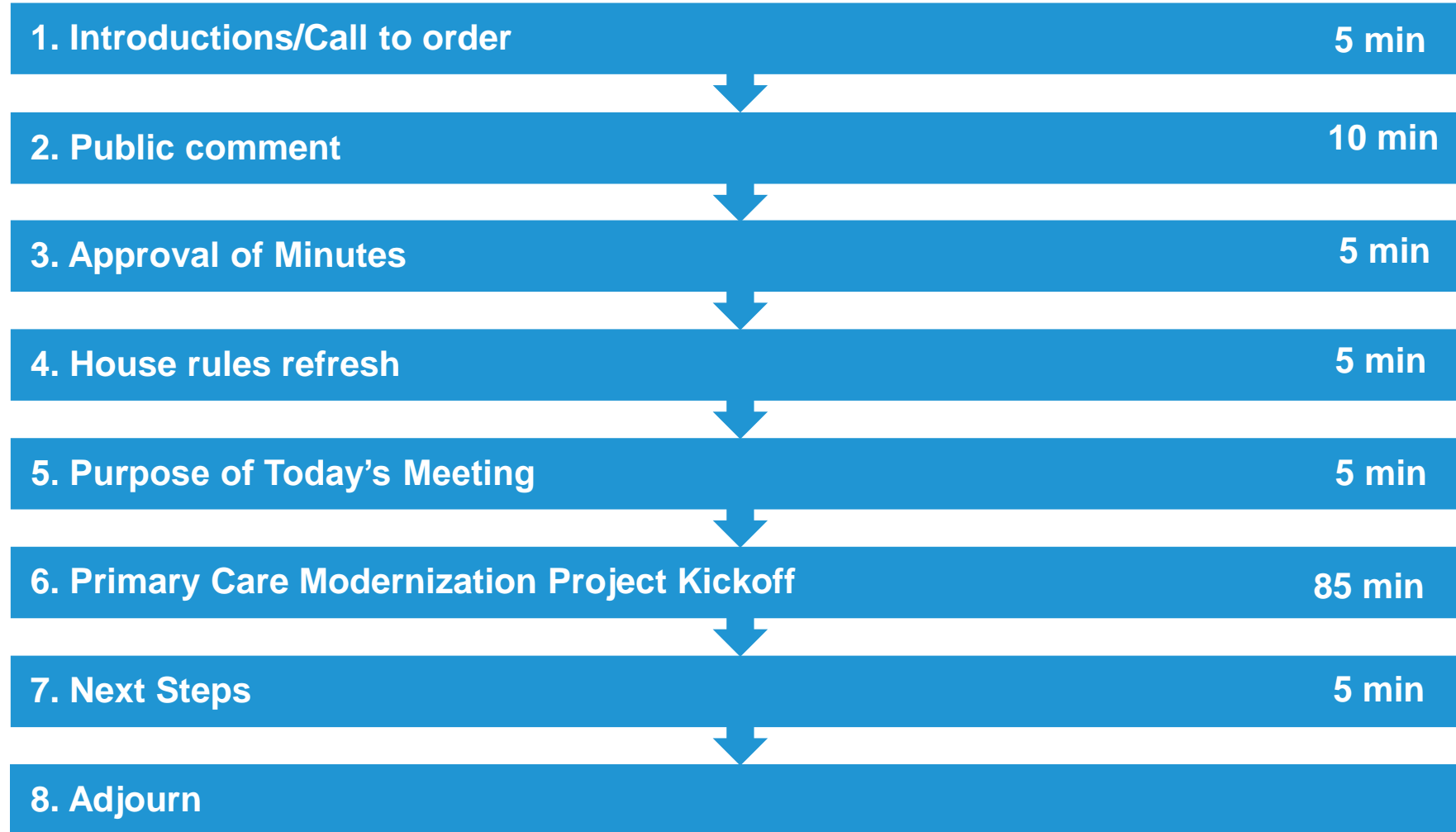


CONNECTICUT
Office of Health Strategy

Practice Transformation Task Force

June 26, 2018

Meeting Agenda



Introductions/ Call to Order

Public Comment

Approval of the Minutes

House Rules

House Rules for PTTF Participation

1. Please identify yourself and speak through the chair during discussions
2. Be patient when listening to others speak and do not interrupt a speaker
3. 'Keep comments short (less than 2 minutes if possible) and to the point/agenda item (*the chair will interrupt if the speaker strays off topic or talks longer than 2 minutes*)
4. *Members should avoid speaking a second time on a specific issue until every PTTF member who wishes to speak has had the opportunity*
5. *Members should take care to minimize interference (please mute all phones, turn off cell phones, limit side conversations or loud comments)*
6. Please read all materials before the meeting and be prepared to discuss agenda/issues
7. Please participate in the discussion—ALL voices/opinions need to be heard
8. *Participation in the meetings is limited to Task Force members and invited guests; all others may comment only during the initial public comment period*
9. After the meeting, please raise any concerns with meeting process/content or other issues with members of the Executive Team (Elsa, Garrett, Lesley)

PCM Activities Recap

Purpose of Today's Meeting

- Introduce Freedman HealthCare team and approach to design work
- Kickoff discussion on primary care modernization care delivery capabilities

PTTF Monthly Meeting Schedule

- **July 24** – Review “Patient Access & Engagement” Capabilities
- **September 4** – Review “Primary Care Capacity” Capabilities
- **September 25** – Review “System Supports and Resources” Capabilities
- **October 30** – Review Payment Model Design Options
- **November 27** – Final review of capabilities and payment model options
- **December 18** – If needed, discuss any outstanding issues and next steps

Primary Care Modernization Model Design Kick Off

Primary Care Modernization Model Design

1. Introducing Freedman HealthCare: Primary Care Modernization Project Team
2. Primary Care Modernization Goal: Create a primary care payment reform model that enables primary care providers to expand and diversify their care teams and provide more flexible, non-visit based methods for patient care, support and engagement.
3. Project Goals
 - Develop Primary Care Modernization program model that defines practice capabilities and payment model options that support them
 - Collaborate with leadership and support from providers, payers and consumers as partners in the payment reform design and promotion process
 - Complete the model design for consideration by the Governor-elect following the Nov. 2018 election

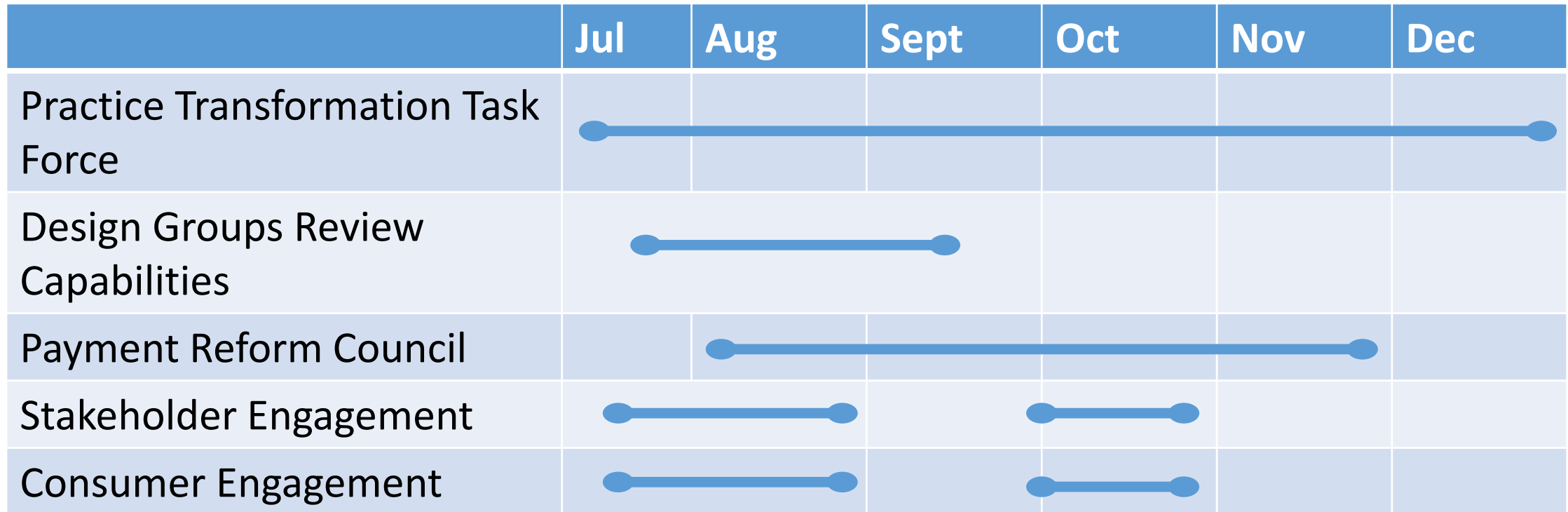
PCM Project Discussion

- The PCM Project
 - PCM Project Team Roles
 - Overview of the Workplan and Timeline
 - Approach to Communication and Coordination
 - Stakeholder Engagement
- Discuss Approach to Capabilities Development
- Review E-consult Capability Skeleton

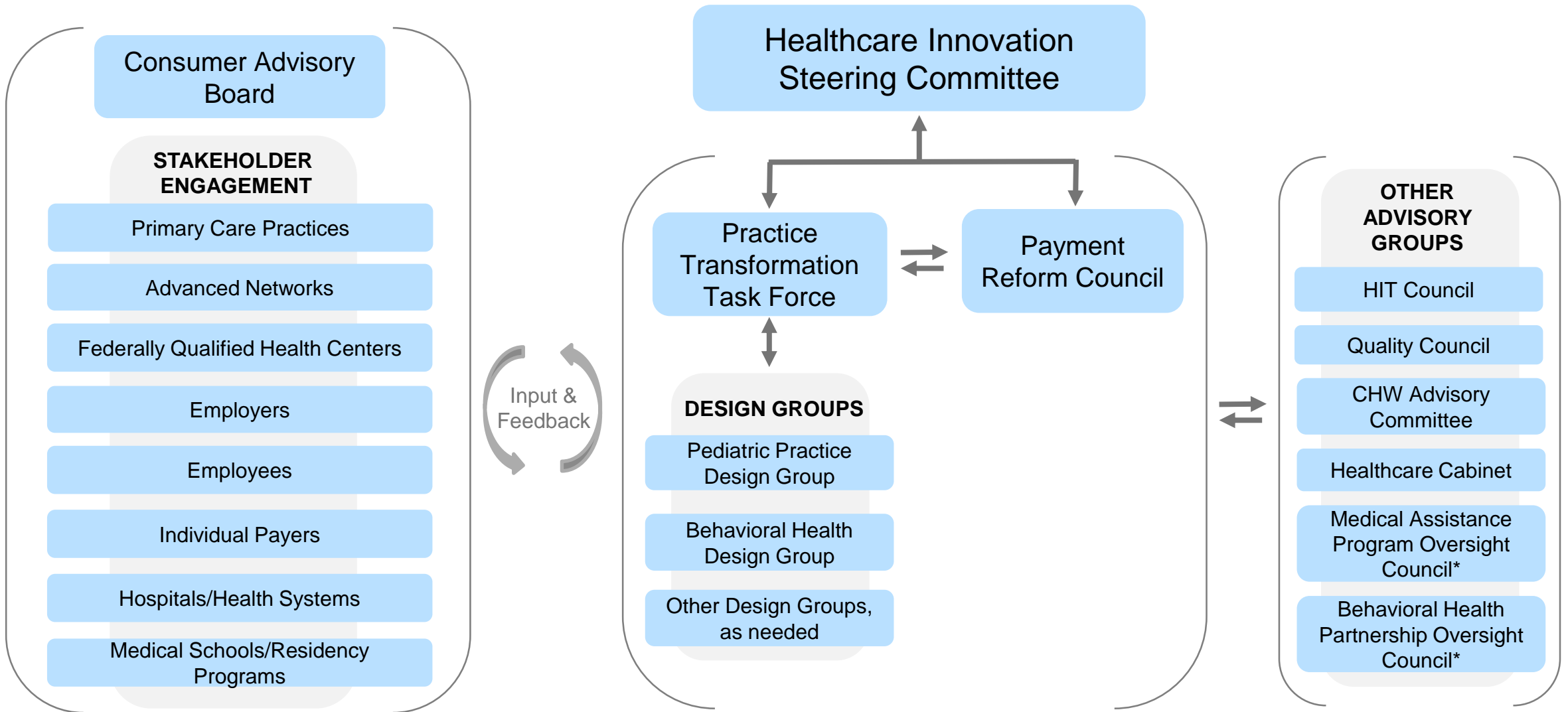
Project Team

- Facilitation and Support
 - Alyssa Harrington, Project Director and Facilitator
 - Mary Jo Condon, Consumer Engagement Facilitator
 - Linda Green, PTTF Facilitator
 - Laurie Doran, Payment Reform Council Facilitator/SME
 - Vinayak Sinha, Coordination and Scheduling
- Subject Matter Experts
 - Quality Improvement: John Freedman, MD, MBA
 - Pediatrics: Jeffrey Lasker, MD, MMM
 - Population Health: Judy Levy, RN, CPHQ
 - HIT: Danny Sands MD, MPH
 - ACO: Gail Sillman, JD, MPH
 - PCMH and CPC+: Pano Yeracaris, MD, MPH

Project Timeline



Primary Care Modernization Advisory Process



*Pending DSS initiated collaboration agreement

Communication and Coordination with PTTF

Goal: Provide robust information yet avoid email and meeting overload

Solutions – some or all of the following:

- Monthly meetings will include recap of recent work and monthly activity report
- Meet with Executive Committee prior to PTTF meetings
- Focused meeting materials and pre-reads
- Shared “library” of materials presented to design groups, stakeholders, consumers and other committees
- Regular meetings between PTTF chair and Payment Reform Council chair
- Option: join Payment Reform Council meetings

Is this the right amount and frequency of updates?

Stakeholder Engagement Plan

SIM Committees and Workgroups	Stakeholder Workgroups	Consumers*
<ul style="list-style-type: none">• PTF• HISC• Payment Reform Council• Consumer Advisory Board• Pediatric Practice Design Group• Behavioral Health Design Group• Other Design Groups, as needed• Advisory Groups	<ul style="list-style-type: none">• Primary care practices• Advanced networks• FQHCs• Employers• Individual Payers• Hospitals/Health Systems• Physician Training Programs• Allied Health Professionals	<p>Consumer Advocate Meetings</p> <ul style="list-style-type: none">• NAMI• AARP• Others <p>Consumer Forums</p> <ul style="list-style-type: none">• Older adults• Employed adults• Individuals with disabilities• Underserved populations or those facing health disparities• Parents of children with routine and complex medical needs

*Consumer strategy will be developed in collaboration with CAB chairs and facilitator

Guiding Principles for all Meetings

- **Sessions generate focused, actionable feedback**
 - Guided discussions focus on the PCM concepts most applicable to the specific participants and leave some time for general dialogue
- **Content is accessible and meaningful to participants**
 - The same topic may have very different content and facilitation approach, depending on the audience
- **Participants, facilitators respect each other and the process**
 - Agenda overview & consent, parking lot for off-topic ideas, rules of the road for stakeholder and consumer meetings
- **Participants, except consumers, bring their stakeholder perspective, not an individual or organizational agenda**

Gaining Input from Consumers and Other Stakeholders

Partnership with
CAB

Consumers Advocate Organizations

Consumers Representing Various Perspectives, including Employees

Primary Care Practices

Advanced Networks

Federally Qualified Health Centers

Employers

Individual Payers

Hospitals/Health Systems

Inter-professional Healthcare Training Programs

Initial Stakeholder Sessions

Goals:

- Introductions, Quick recap of work to date and goals ~20 min.
- Share needs, solutions identified (PTF recommendations, PR concepts) ~10 min.
- Hear general comments ~30 min.
 - What changes would have the most impact? Why? What's missing? Any concerns?
- Gain more focused feedback on most relevant questions to the specific audience, such as: ~1 hour
 - **Employers:** If your health plan/TPA offered a modernized primary care network, would you use it? What would it need to include? Potential barriers? Demonstrated use of funds (What kind of proof do you need to invest in these capabilities?)
 - **Providers:** What functions of an expanded care team would provide the most benefit to your patients? What could smooth the workflow transition? Potential barriers?
 - **Individual Payers:** Assuming the interest is there, what would it take for you be able to administer a payment model with bundles, care management fees, bonuses? Demonstrated use of funds (What kind of proof do you need to invest in these capabilities?)
 - **Consumers:** What methods of care team support would be of greatest value? What are safeguards to protect against under service and patient selection?

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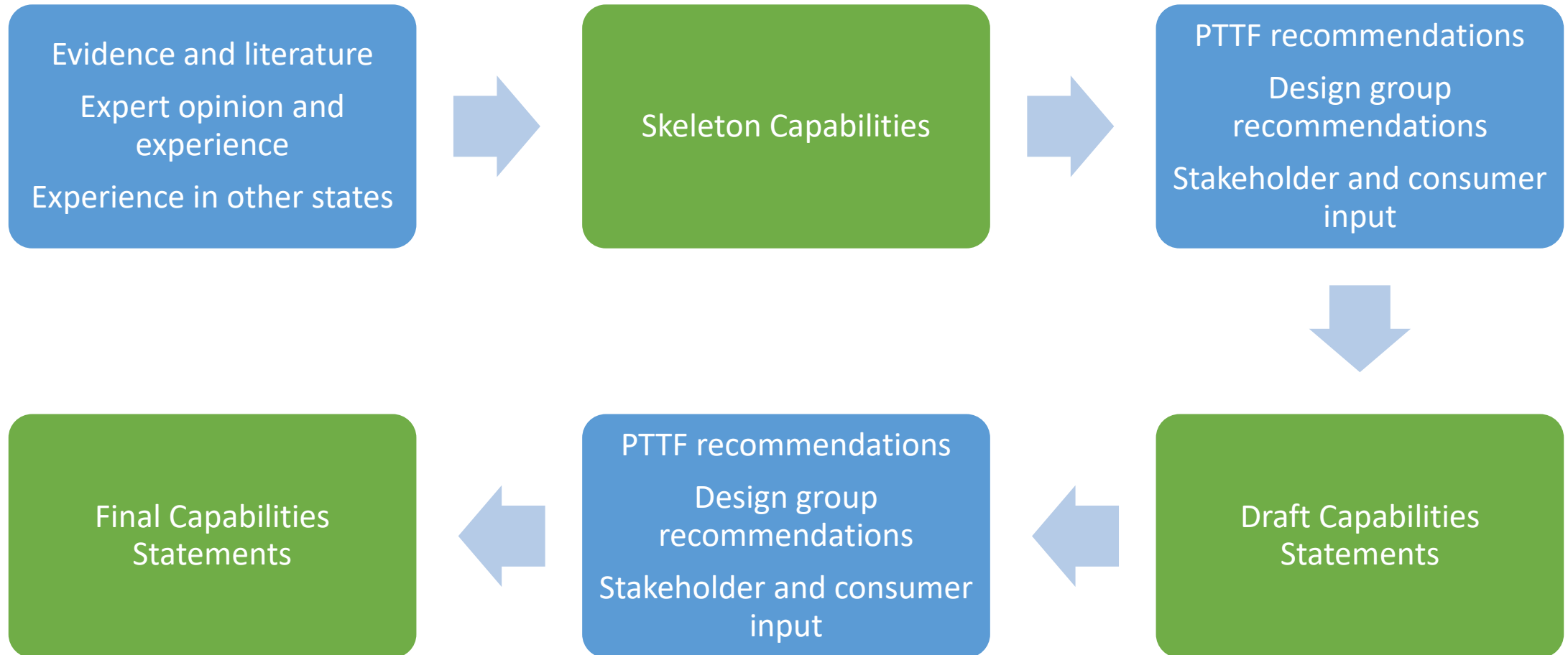
Inter-professional Healthcare Training Programs

Follow-up Stakeholder Sessions

Goals:

- Introductions, Quick recap of work to date and goals ~15 min.
- High-level overview of what's moving forward, what's not ~15 min.
 - From your perspective, anything you wish could be reconsidered?
- Return to most relevant topics, focus on decision points ~90 min.
 - Dive into the details, **still audience appropriate**
 - If you had to vote, could you support this?
 - If no, what could change your mind?
 - If yes, would you be willing to advocate for this in your org? Among peers?
 - What will be important for us to highlight as we share this with your stakeholders?
 - Do you expect we will hear concerns? If so, what?

Approach to Developing Capabilities



PCM Categories for Capabilities

Categories for Care Improvement



Capabilities Statements



Options to Achieve Capabilities

PCM Categories and Capabilities

Increasing Patients' Access and Engagement	Expanding Primary Care Capacity	System Supports and Resources
<ul style="list-style-type: none">1. Diverse Care Team Skill Sets<ul style="list-style-type: none">• Coordinating care• Patient navigation• Diet and lifestyle advice• Chronic illness self-management• Community connections• Medication reconciliation ★• BH screening and treatment• Interpretation/translation2. Alternative Ways to Connect to Primary Care<ul style="list-style-type: none">• Phone/text/email• Home Visits• Shared visits• Telemedicine	<ul style="list-style-type: none">1. Capacities<ul style="list-style-type: none">• Pain management ★• Practice focus on specific conditions or populations• Genomic medicine ★2. Health Information Technology<ul style="list-style-type: none">• E-consults• Remote patient monitoring• Patient generated data	<ul style="list-style-type: none">1. BH Integration (adult) ★2. BH Integration (pediatric) ★3. Community Integration
<ul style="list-style-type: none">• A pediatrics specific design group will also be formed.		

★ Anticipated Design Group

PTTF Design Group Process

Design Groups needed when:

- Multiple proven models with distinct ways to accomplish capability
 - Emerging role in primary care
-
- At least one PTTF member on each Design Group
 - Meetings via video conference or conference call
 - One to three meetings each between mid-July and September 30
 - Documents will be available for review in advance
 - Interested PTTF Members may sign up for a specific Design Group by:
 - Returning handout to PCM Team Member tonight
 - Replying to PCM Team reminder email
 - Contacting PCM Team directly

PTTF Discussion

- Is there an interest in adding capabilities?
 - Medication assisted treatment for substance use disorder
 - Alerts for ED and hospital visits
 - Oral Health Integration
- Do we have the design groups right?

Capabilities Statement Development

- Begins with “skeleton” created by PCM Project Team, in consultation with subject matter experts
- Outline
 - Problem statement
 - Proven strategy
 - Implementation
 - Short description of the activity and how it addresses the need
 - HIT Requirements
 - Health Equity Lens
 - Implementation Concerns
 - Measuring Success
 - Impact (Quadruple Aim)
 - State and National Scan
 - Additional Reading

Test Case: E-consults

- Based on CCIP e-consults standard
- Questions for PTFF
 - Does this format work for you?
 - Will these be useful to members of the design groups?
 - Do you have any other concerns that should be considered when reviewing these capabilities?

Next Steps

Next Steps

PTTF

- Next meeting: Review Patient Access and Engagement capabilities
- Establish design groups

FHC Project Team

- Draft skeleton capabilities
- Develop consumer engagement strategy with CAB chairs and facilitator
- Plan for stakeholder engagement
- Plan for design groups

PCM Team Contact Information

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Adjourn