OHS CONNECTICUT
Office *of* Health Strategy

Practice Transformation Task Force

July 24, 2018

SIM connecticut state innovation model

Meeting Agenda

1. Introductions/Call to order	5 min
2. Public comment	10 min
3. Approval of Minutes	5 min
4. House rules refresh	5 min
5. Purpose of Today's Meeting	5 min
6. Recap of PCM Activities to Date	10 min
7. Review of Capabilities Skeletons	75 min
8. Next Steps	5 min
9. Adjourn	

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Introductions/ Call to Order

Public Comment

Approval of the Minutes

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House Rules

House Rules for PTTF Participation

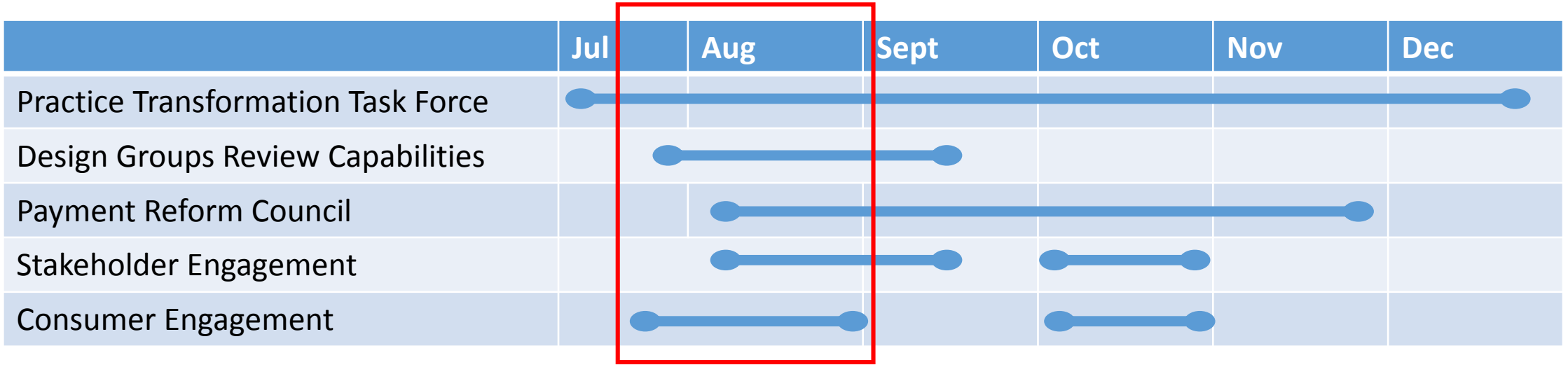
1. Please identify yourself and speak through the chair during discussions
2. Be patient when listening to others speak and do not interrupt a speaker
3. 'Keep comments short (less than 2 minutes if possible) and to the point/agenda item (*the chair will interrupt if the speaker strays off topic or talks 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)

Purpose of Today's Meeting

- Provide update on PCM activities to date
- Review capabilities skeletons for inclusion in payment reform model options

PCM Activities Recap

Work Plan



- Practice Transformation Task Force: Review capabilities skeletons on July 24th, September 4th, September 25th
- Design Groups: Meeting between August and early September
- Stakeholder Engagement: Scheduling meetings for August/early September
- Payment Reform Council: In development
- Consumer Engagement

Consumer Advisory Board Collaboration Update

- Developed **consumer feedback table** that cross references input collected to date with the list of proposed capabilities.
- Revised **skeleton to incorporate "Consumer Needs"** section.
- Currently collaborating with CAB to ensure **consumer participation on design groups, Payment Reform Council.**
- CAB is providing input on approaches to **engage consumer advocates in discussions and consumers in listening sessions**. Initial interviews and sessions will be this summer with follow-up in the fall.
- Will use **CAB communications plan to inform consumer components of PCM communications plan** and gain input from CAB on PCM consumer communications messaging.

Gaining Input from Consumers

Partnership with CAB

Consumers Advocate Organizations

- Consumers Representing Various Perspectives
- Primary Care Practices
- Advanced Networks
- Federally Qualified Health Centers
- Employers
- Individual Payers
- Hospitals/Health Systems
- Health care provider and professional training programs

Initial Consumer Advocate Discussions

Interview Goals:

1. **Share and Gain Feedback on Project Goals**
   - Make care better through added capabilities such as…
   - Change the way primary care is paid for to increase spending on PCP care and give providers the money and flexibility they need to take care of patients
   - What changes do you think would be most beneficial to those you serve?
   - Do you have any concerns?

2. **Tap into Participant Knowledge, Experience**
   - Dive deep into 1-2 advocate specific subtopics or other relevant content most aligned with their work

3. **Revisiting the Big Picture**
   - As we wrap up, can you each share with us one thing you want to make sure we understand and don't forget?

*Pending DSS initiated collaboration agreement

Gaining Input from Consumers

Partnership with CAB

- Consumers Advocate Organizations
- **Consumers Representing Various Perspectives**
- Primary Care Practices
- Advanced Networks
- Federally Qualified Health Centers
- Employers
- Individual Payers
- Hospitals/Health Systems
- Health care provider and professional training programs

Initial Consumer Listening Sessions

Listening Session Goals:

1. **Share and Gain Feedback on Primary Care in Connecticut**
   - For example, I really like it when my doctor or his/her office does xyz
   - If you could fix one thing it should be…

2. **Use Narratives to Explain and Gain Input on Specific Changes**
   - Use up to three short stories – on slides with pictures – to explain how a few relevant, specific changes might be implemented.
   - As you listened to this story: (repeat for each story)
     - What was different from how your doctor's office works for you today?
     - What was better?
     - Anything that worried you?

3. **Wrap Up**

   Can you each share with us one thing you want to make sure we understand and don't forget?

Payment Reform Model Options Refresher

Option 1: Hybrid

- Upfront care management fees to expand the care delivery team
- Prospective bundled payments for XX% of office visit revenue
- FFS payments for other primary care services

Option 2: Office Visit Bundle*

- Upfront care management fees to expand the care delivery team
- Prospective bundled payments for 100% of office visits (no cost chare)
- FFS payments for other primary care services

Option 3: Full Capitation

- Full Primary Care Bundled Payment that covers any services, activities or staff to support patients, e.g.:
  - Sick visits
  - Preventive care
  - Basic tests and procedures
- FFS payments select price sensitive services such as injections, certain tests and procedures

*To be determined whether office visit bundle would be for sick visits only or also preventive visits

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Payment Model Options Update

Feedback from Centers for Medicaid and Medicare Innovation (funds SIM)

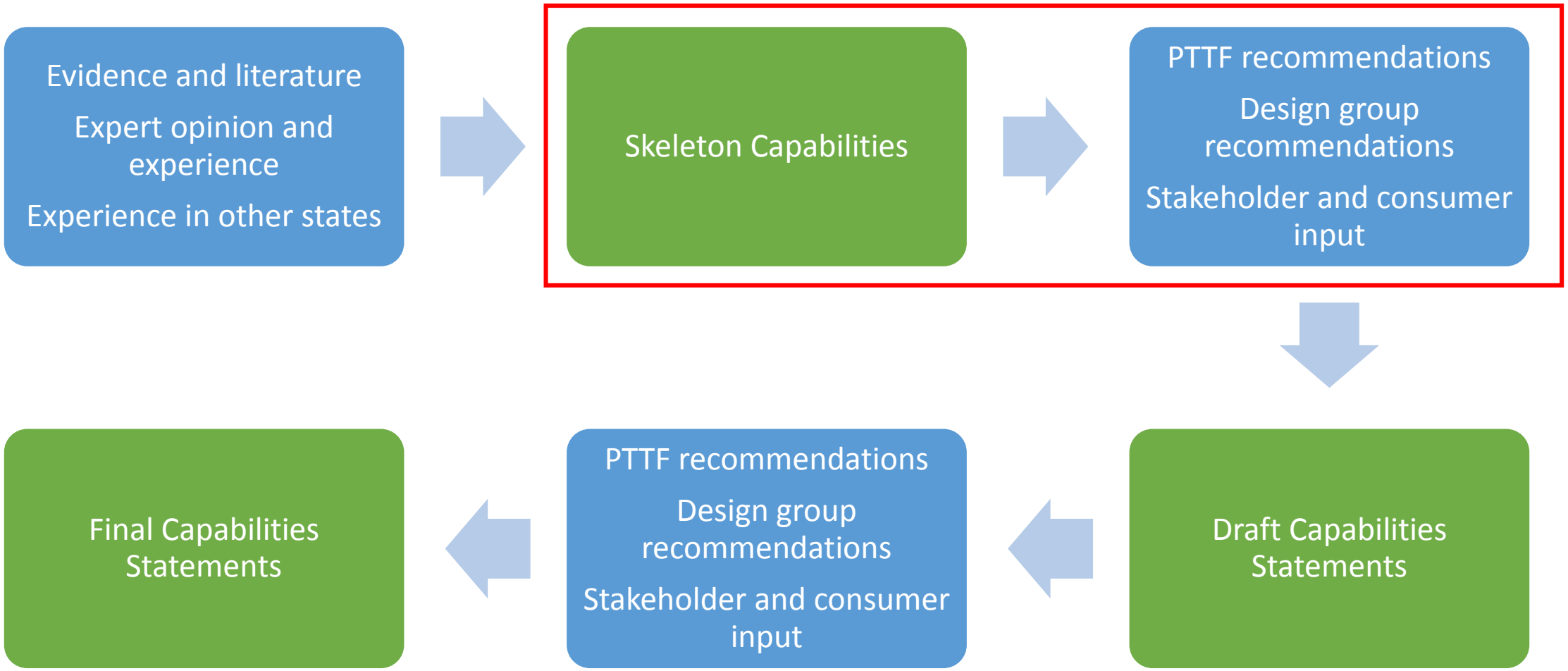
- Engaged CMMI in stakeholder meeting to gather input on PCM

- CMMI Goals
  - Support efforts to improve care and are focused on prevention
  - Increase life expectancy

- CMMI Expectations
  - Rigorous expectation on Return on Investments
  - Important that PCM model ROI exceeds net investment in primary care

Review Capabilities Skeletons

Approach to Developing Capabilities



PCM Capabilities Refresher

Increasing Patients' Access and Engagement	Expanding Primary Care Capacity	System Supports and Resources

1. Diverse Care Teams DG
• Community health workers
• Pharmacists
• Care coordinators
• Navigators
• Health coaches
• Nutritionists
• Interpreters
• Nurse managers
 	
2. Alternative Ways to Connect to Primary Care
• **Phone/text/email**
• **Home Visits**
• **Shared visits**
• Telemedicine
	1. Capacities
	• Genomic medicine DG
	• **Practice specialization and subspecialists as PCPs**
	  • **Infectious diseases**
	  • Pain management and MAT DG
	  • Geriatrics (complex older adults)
	  • Persons with disabilities
	• Pediatrics considerations DG
	
	2. Health Information Technology
	• **E-consults**
	• **Remote patient monitoring/Patient generated data**
		1. BH Integration (adult) DG
		2. BH Integration (pediatric) DG
		3. Community Integration DG
		  • Assessment of SDOH risks
		  • Community linkages
		  • Purchased community services such as community paramedicine
		4. Oral Health Integration

DG = Design Group

Reviewing the Capabilities

Does the evidence support including this capability in the PCM payment bundle?

→*Based on health promotion/prevention, quality and outcomes, patient experience, provider satisfaction, lower cost*

Should this be a **core (universal/required)** or an **elective** capability?

Should this capability be provided by **all practice sites**, by a **subset of docs or practices** within each primary care network, or by the **primary care network**?

Review Rankings for Capabilities

1. Alternative Ways to Connect to Primary Care

- Phone/text/email
- Home Visits
- Shared Medical Appointments

2. Health Information Technology

- E-consults
- Remote patient monitoring/Patient generated data

3. Practice specialization and subspecialists as PCPs

- Infectious Diseases

Summary of Survey Feedback

Capability	Include in Primary Care Bundle?	Core or Elective?
Home Visits		
Shared Visits		
Phone/Text/Email		
Remote Patient Monitoring		
E-Consults		
Infectious Diseases		

To be completed based on survey

Phone/text/email

1. Does the evidence support including this capability in the PCM payment bundle?

	High	Medium	Low
Health promotion/ prevention			
Improved quality and outcomes			
Patient experience			
Provider satisfaction			
Lower cost			

2. Should this be a **core (universal/required)** or an **elective** capability?
3. Should this capability be provided by all practice sites, by a subset of docs or practices within each primary care network, or by the primary care network?

To be completed based on survey

Home Visits

1. Does the evidence support including this capability in the PCM payment bundle?

	High	Medium	Low
Health promotion/ prevention			
Improved quality and outcomes			
Patient experience			
Provider satisfaction			
Lower cost			

2. Should this be a **core (universal/required)** or an **elective** capability?
3. Should this capability be provided by all practice sites, by a subset of docs or practices within each primary care network, or by the primary care network?

To be completed based on survey

Shared Medical Appointments

1. Does the evidence support including this capability in the PCM payment bundle?

	High	Medium	Low
Health promotion/ prevention			
Improved quality and outcomes			
Patient experience			
Provider satisfaction			
Lower cost			

2. Should this be a **core (universal/required)** or an **elective** capability?
3. Should this capability be provided by all practice sites, by a subset of docs or practices within each primary care network, or by the primary care network?

To be completed based on survey

E-Consults

1. Does the evidence support including this capability in the PCM payment bundle?

	High	Medium	Low
Health promotion/ prevention			
Improved quality and outcomes			
Patient experience			
Provider satisfaction			
Lower cost			

2. Should this be a **core (universal/required)** or an **elective** capability?
3. Should this capability be provided by all practice sites, by a subset of docs or practices within each primary care network, or by the primary care network?

To be completed based on survey

Remote Patient Monitoring for People with High Risk Chronic Conditions

1. Does the evidence support including this capability in the PCM payment bundle?

	High	Medium	Low
Health promotion/ prevention			
Improved quality and outcomes			
Patient experience			
Provider satisfaction			
Lower cost			

2. Should this be a **core (universal/required)** or an **elective** capability?
3. Should this capability be provided by all practice sites, by a subset of docs or practices within each primary care network, or by the primary care network?

To be completed based on survey

Specialization in Infectious Diseases

1. Does the evidence support including this capability in the PCM payment bundle?

	High	Medium	Low
Health promotion/ prevention			
Improved quality and outcomes			
Patient experience			
Provider satisfaction			
Lower cost			

2. Should this be a **core (universal/required)** or an **elective** capability?
3. Should this capability be provided by all practice sites, by a subset of docs or practices within each primary care network, or by the primary care network?

To be completed based on survey

Opportunities to Integrate Specialty Care Into Primary Care

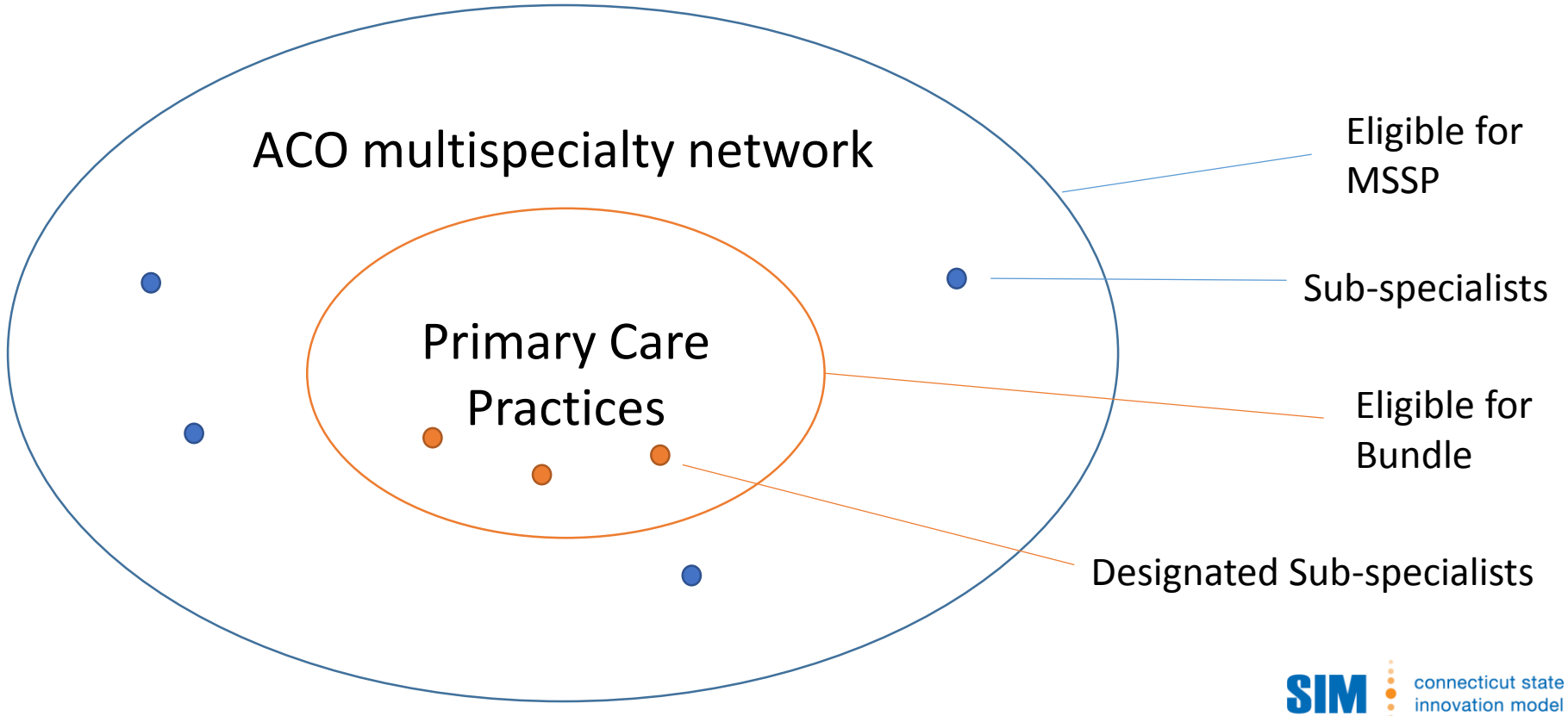
Two Possible Approaches:

1. Allow subspecialists to be eligible for participation in PCM for patients for whom they provide primary care.

2. Provide additional training and consultation opportunities for a subset of network practices so that they are better able to care for patients with certain complex conditions.

Opportunities to Integrate Specialty Care Into Primary Care: Subspecialists

Should subspecialists be eligible to participate in PCM for patients for which they provide primary care?



Opportunities to Integrate Specialty Care Into Primary Care: Subspecialists

Should subspecialists be eligible to participate in PCM for patients for which they provide primary care?

A FEW THINGS TO CONSIDER:

- Subspecialists have a limited number of patients for which they provide primary care, which will make it difficult to transform their practice for this small subset.
- Research suggests subspecialists more likely to refer to other subspecialists for management of other comorbid conditions (diabetes, hypertension) and less likely to perform evidence-based, prevention screenings.
- Providing primary care via subspecialists likely to increase costs as subspecialists likely to have higher negotiated rates for E&M visits.
- Most patients surveyed said they prefer to receive all their care in one place and see the specialist as the preferred location.
- MSSP allowed specialist participation for attributed members without PCPs. Even if subspecialists are not eligible for PCM, they may still be eligible for MSSP.

Opportunities to Integrate Specialty Care Into Primary Care

Should primary care practices that specialize in populations or complex conditions be eligible to receive enhanced payments under the payment model?

A FEW THINGS TO CONSIDER:

- Research almost universally finds these programs produce strong quality outcomes, high provider and patient satisfaction and are cost effective.
- Programs are difficult in a fee-for-service environment due to the need for physician time spent in training, review and consultation. Spread of these programs will be limited if not included in the bundle.
- Specialization is only feasible if practices can generate sufficient business from it and cover costs of training.
- While these programs can be scaled, they are not a complete solution. Many patients will continue to need the care of a subspecialist.

Next Steps

Next Steps

PTTF

- Next meeting September 4th: Continue review of capabilities skeletons
- Design groups meet August – early September

FHC Project Team

- Continue developing skeleton capabilities
- Begin stakeholder and consumer engagement

PCM Team Contact Information

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Adjourn