STATE OF CONNECTICUT
State Innovation Model
Practice Transformation Task Force

Meeting Summary
September 4, 2018

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

Members Present: Lesley Bennett; Heather Gates; Maria Dwyer; Shirley Girouard; Kate McEvoy; Rowena Rosenblum-Bergmans; H. Andrew Selinger; Eileen Smith; Jesse White-Frese; Susan Adams; Randy Trowbridge; Elsa Stone; Alta Lash; Mark Vanacore;

Members Absent: M.Alex Geertsma; Edmund Kim; Garrett Fecteau; Leigh Dubnicka; Anita Soutier; Grace Damio; Rebecca Kaplan; Anne Klee; Douglas Olson;

Other Participants: Mary Jo Condon; John Freedman; Linda Green; Alyssa Harrington; Pano Yeracaris; Gail Sillman; Jeff Lasker; Judy Levy; Daniel Sands; Mark Schaefer; Ellen Bloom; Michael Murray

1. Call to Order
The meeting was called to order at 6:05 p.m. by Elsa Stone.

2. Public Comment
There was no public comment.

3. Review and Approval of Meeting Summary
Motion: to approve the July 24th meeting summary of the Practice Transformation Taskforce – seconded
***Discussion*:** There was no discussion.

Vote: All in favor.

4. House Rules Refresh
Elsa Stone reviewed the house rules with members.

5. Purpose of Today's Meeting
Freedman HealthCare gave an update and reviewed the purpose of the meeting:

1. Provide update on consumer and stakeholder engagement
2. Review capabilities skeletons for inclusion in payment reform model options

6. Recap of Primary Care Modernization Activities to Date
Freedman HealthCare provided an update on upcoming meetings for the PTTF and design groups and next steps for establishing the Payment Reform Council.

Freedman HealthCare gave an overview of consumer and stakeholder engagement, explaining that Freedman will host a series of meetings with consumer advocates and organizations to get their thoughts on what is needed in primary care today in Connecticut. Freedman is working with the Consumer Advisory Board chairs on identifying participants, developing meeting materials and facilitation. Consumers will represent various perspectives including but not limited to: older adults, patients and parents of children with behavioral health conditions, persons with disabilities, members of the LGBTQIA community, and others with unmet social needs. Freedman HealthCare will also have individual and small group meetings with consumers.

Stakeholder engagement to date has included initial meetings with individual commercial payers, Advanced Network CEOs, FQHCs (executives and physicians), and employers. Freedman HealthCare has upcoming meetings with Advanced Network primary care physicians, hospitals, and health care provider and professional training programs. Stakeholder input so far has expressed interest in increased flexibility in primary care, consumer concern over protections against underservice, a need to balance accountability with reporting burden and aligning with existing attribution methodologies.

7. Review of Capabilities Skeleton
The Task Force reviewed the following capabilities.

Genomics

Dr. Mike Murray presented a strategy for genomic screening for CDC priority conditions. Task Force members expressed a need for more evidence about cost effectiveness of this strategy. There was agreement that cost for screenings should not be part of the primary care bundle. Questions were also raised about why screening was not proposed for children and about the possibility of pursuing a pharmacogenetics strategy alongside screening. Inclusion in the model was tabled pending further investigation of costs.

Subspecialists as PCP

The Task Force discussed whether subspecialists should be eligible to participate in PCM for patients for whom they provide primary care. Members asked if there was evidence that subspecialists provide primary care, and it was acknowledged that they do, and subspecialists are eligible in the current Medicare shared-savings program. Members discussed that many patients see their specialists such as endocrinologists and cardiologists more than PCPs. The Task Force discussed that subspecialists are more likely to refer to other subspecialists and are less likely to provide standard screenings and whole person care. It was noted that the number of patients who see a subspecialist as their primary care provider is not significant enough for transforming their practice, and there was concern over patients falling through the cracks due to lack of standard primary care assessments in a subspecialist's office. Members discussed that patients could still be attributed to subspecialists under FFS arrangements. The point was made that for payers, there needs to be a clear definition of primary care. Members agreed that subspecialists should not be eligible for bundled payments.

Functional medicine

The Task Force discussed whether the PCM model should include specialization in functional medicine. Members discussed how functional medicine is aim to look at the body holistically and

find the root cause of disease. Members discussed how the Institute of Functional Medicine can be an educator and support for Connecticut, and how functional medicine can allow providers to learn how and why a patient's disease worsens. Members raised the question of how to educate care teams in functional medicine. Members agreed that as a primary care doctors provide this holistic care and can work with a functional medicine mindset without altering the payment model. Members discussed that integrative and complimentary medicine (preventive health measures like nutrition, yoga, and acupuncture) play a major role in disease prevention and should be explored. The Task Force agreed that integrative medicine should be explored instead.

Telehealth Visits between Clinicians and Patients

The Task Force generally agreed that telehealth should be included in the payment model for all practices. Members were concerned over the cost of software if it were to be required across all practices. The Task Force discussed that bundled payments would support infrastructure investments, including health information technology. Members agreed that the infrastructure would be developed by the network and made available to the practices.

Oral health

The Task Force discussed the CCIP oral health standard as a model for oral health integration and that it is currently an elective capability for networks participating in CCIP. There was general agreement that this should be a core capability, but concern that it would be difficult to implement. There was concern that many patients simply do not have dental benefits to cover the costs of treating issues that would be identified by oral health screenings in primary care, and that blanket screenings for everyone without access to treatment would be difficult. The Task Force discussed that having oral health as a core capability did not mean blanket screenings would be required. There was some discussion that this applied more to pediatrics for dental screenings and fluoride varnish. The Task Force suggested reaching out to dental experts at the Department of Health about how this might be implemented.

8. Next Steps

The Task Force will meet again on September 25th.

8. Adjourn

Motion: to adjourn the meeting –seconded

Discussion: There was no discussion.

Vote: All in favor.

The meeting adjourned at 8:00 p.m.