

# PRIMARY CARE MODERNIZATION

Aligning Connecticut in support of proven care delivery capabilities and payment models that enable patient-centered, convenient, and effective care.

## GOALS

### BETTER ACCESS

- Convenience
- Timeliness
- Flexibility

### BETTER PATIENT EXPERIENCE

- Courteous and welcoming
- Listens and shares decision-making
- Advises and informs
- Coordinates and navigates

### BETTER QUALITY

- Preventive care outcomes
- Chronic care outcomes
- Health equity

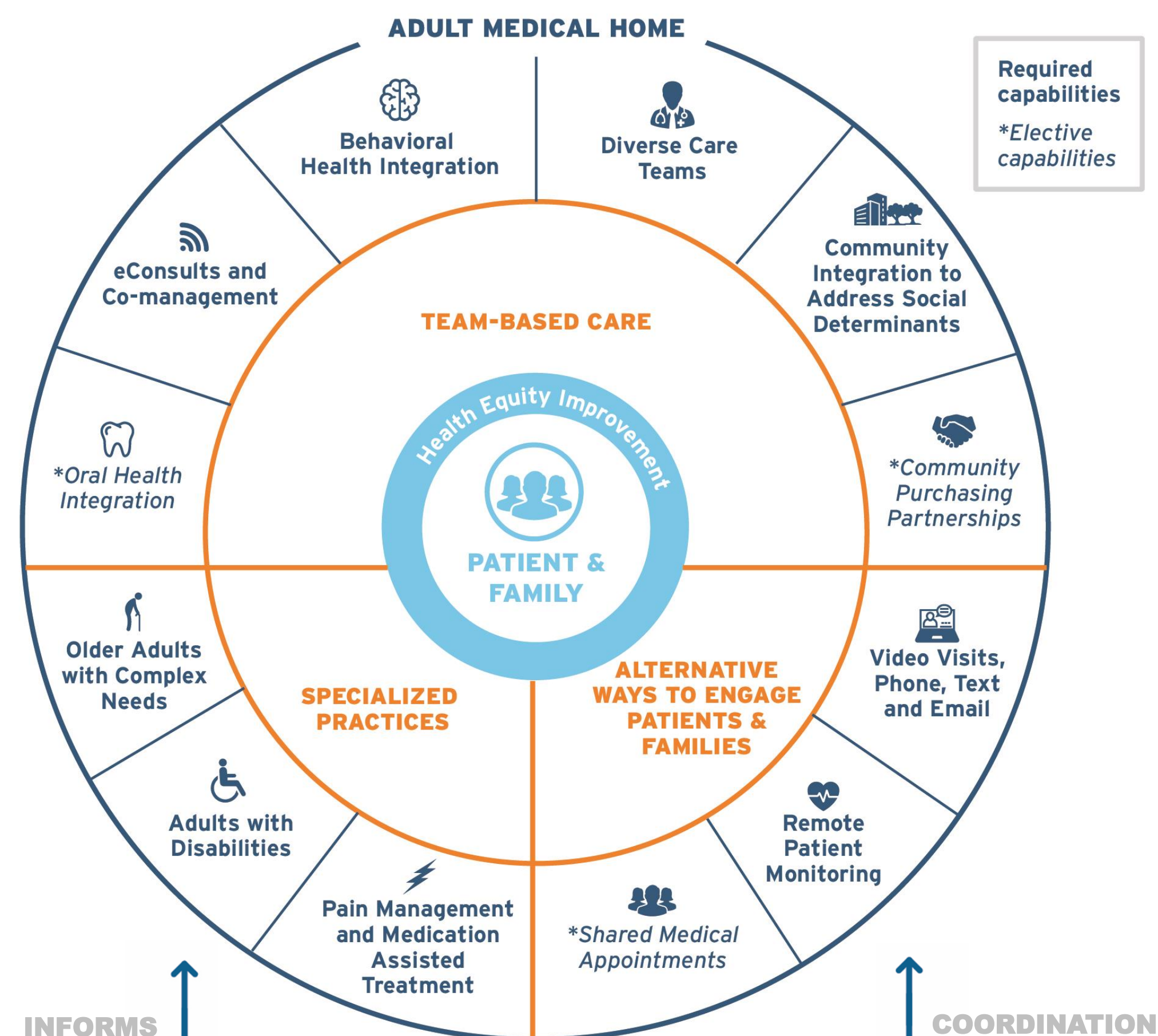
### REVITALIZE PRIMARY CARE

- PCP and care team satisfaction
- Make primary care a more rewarding profession
- Incent incremental improvements in value

### LOWER COST GROWTH

- Reduce cost growth
- Improve affordability for consumers

## INPUTS



### POPULATION HEALTH PROMOTION & MANAGEMENT

- Identify sub-populations with modifiable risk and clinical targets; predictive analytics
- Set health promotion goals and associated measures
- Performance tracking, data sharing, patient engagement
- Assign patients, patient registries, action plans

### HEALTH NEIGHBORHOOD

- **Medical/Behavioral** Cardiologists, psychiatrist, endocrinologists, etc.
- **Community Care Extenders** Home care providers, community care teams, free standing behavioral health providers
- **Ancillary Providers** Physical/occupational therapists, complementary and alternative medicine, community pharmacists
- **Community Resources** Food, housing, transportation support, financial & legal assistance, etc.

## ENABLERS

### BASIC BUNDLE

Advance payment for primary care provider time

### SUPPLEMENTAL BUNDLE

Advance payment for primary care team staff and infrastructure

FLEXIBLE PAYMENTS

**Shared savings program rewards** total cost of care management

### CONSUMER SAFEGUARDS

- Payments that adjust for clinical and social risk
- Reporting that demonstrates higher level of patient service and support

### QUALITY MEASUREMENT

Quality and experience scorecard ties performance to shared savings

### ACCOUNTABILITY

“Proof of performance” required to qualify for supplemental payment increases

## IMPACT

### HEALTH OUTCOMES IMPROVE

- Improve diabetes and blood pressure in control rates
- Improve rates of preventive screening (mammography, colonoscopy)
- Reduce health inequities (e.g. race, ethnicity, income)
- Reduce percent of residents with risk factors (e.g. weight, tobacco use)
- Improve CAHPS scores
- Decrease time off work; improve health, functioning at work
- Increase in physician satisfaction, recruitment and retention (PCPs per 100,000)
- Reduce ED costs by 20%; hospital costs by 10%; Medicare skilled nursing facility use by 16%;
- Reduce commercial outpatient hospital costs by 6%
- Reduce specialty care spend by 3.6% in commercial and 6% in Medicare

### AFFORDABILITY IMPROVES

- 2% net reduction in total cost of care
- 4% of commercial spend and 4.7% Medicare spend redeployed to high value primary care service
- Proportion of total compensation spent on health benefits reduced