

# Primary Care Subgroup Meeting

## April 27, 2021



# Welcoming Remarks & Introductions

# Primary Care Subgroup Membership

- Lesley Bennett, Consumer Representative
- Rowena Bergmans, Nuvance Health
- Stephanie Caiazzo, UnitedHealthcare
- Dr. Seth Clohosey, Trinity Health of NE
- Dr. Mario Garcia, Department of Public Health
- Heather Gates, Community Health Resources
- Dr. Shirley Girouard, Consumer Representative
- April Greene, Aetna
- Karen Hlavac, Intellectually and Developmentally Disabled Consumer Advocate
- Lisa Honigfeld, Consumer Representative
- Hugh Penney, Yale University
- Ken Lalime, CHCACT
- Dr. Leslie Miller, Leslie Miller PC
- Dr. Naomi Nomizu, Hartford HealthCare
- Lori Pennito, Harvard Pilgrim
- Dr. Brad Richards, Department of Social Services
- Marie Smith, UConn School of Pharmacy
- Rachel Southard, Starling Physicians
- Dr. Elsa Stone, CT Chapter, American Academy of Pediatrics
- Dr. Randy Trowbridge, Team Rehab
- Lisa Trumble, SOHO Health
- Tom Woodruff, Office of the State Comptroller

# Agenda

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## Topics

OHS' Renewed Primary Care Charge

Building From Past Primary Care Modernization Efforts

Proposed Plan for Roadmap Development

Bringing It All Together: Process & Timeline

Getting Started: Roadmap Development

Next Steps

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# OHS' Renewed Primary Care Charge

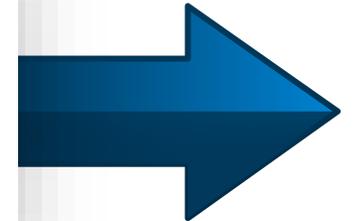
# Primary Care Subgroup Charge

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## Primary Care Spending Targets

Per Executive Order 5, make recommendations to the Technical Team for primary care spending targets for 2022-24 (September 2021)

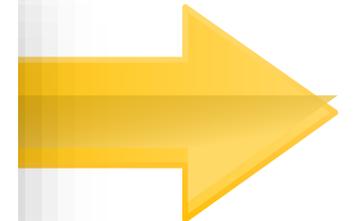


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## Roadmap for Primary Care Transformation

To support increased primary care spending, develop a roadmap for sustainably strengthening primary care practices and care delivery to improve the health of Connecticut residents (December 2021)



# What is a Primary Care Spending Target?

- A primary care spending target is an **expectation for what percentage of healthcare spending should be devoted to primary care.**
  - A primary care spend target evaluates primary care spending as a percentage of total medical spending.
- Executive Order 5 establishes expectation that Connecticut will **increase primary care spending as a percentage of total healthcare spending to 10% by 2025.**
  - This must be accomplished while holding total spending growth to a cost growth benchmark value (3.4% in 2021).

# Connecticut's 2021 Primary Care Spending Target

On the recommendation of its advisory body, OHS set **the 2021 primary care spending target at 5.0%** for the following reasons:

OHS does not yet have baseline data from payers to identify current primary care spending.

Its best estimate for current spending using prior analyses of APCD data is 4.8%.

COVID-19 negatively impacted primary care utilization in 2020 and OHS anticipated this could continue into early 2021.

# Recommendation for the Primary Care Spend Target

- The OHS Technical Team recommended that OHS defer setting targets for 2022-24 until after it had: a) collected baseline payer data, and b) consulted with this body.
- We will ask the Subgroup to recommend primary care spend targets for 2022-24 to the Technical Team, following summer 2021 completion of analysis of 2018-19 payer spending data.

# The Roadmap for Advancing Primary Care

- Payers and employers ask why they should invest more in primary care.
- The Roadmap for sustainably strengthening primary care will answer that question.
- The Roadmap will address care delivery and payment models and specify concrete actions to implement in 2022.
- Prior state planning efforts to reform primary care will provide a foundation for new planning.
- OHS has charged the Subgroup to develop a consensus-based roadmap by December 2021.

# Building From Past Primary Care Modernization Efforts

# Context

- Connecticut initiated a primary care modernization initiative as part of its CMMI-funded State Innovation Model Initiative (SIM) work. The SIM program ran from February 2015 through January 2020.
- Extensive, inclusive and thoughtful work was performed to advance an improved primary care system for Connecticut. Unfortunately, many recommendations have yet to be realized.
- This prior body of work will provide the foundation for new planning and a roadmap that will be implemented - and succeed!

# Lessons Learned:

## SIM Primary Care Modernization Initiative

- The SIM effort sought a demonstration with CMMI that would involve Medicare in an enhanced care model with transformed and enhanced payment. Efforts halted for a few reasons.
- Some key learnings that have been identified for us:
  1. Transformation requires a multi-payer process and solution
  2. New primary care capabilities require a phased-in approach
  3. Equitable, flexible, and adequate payment structures are necessary to support and implement new capabilities
  4. The process and end solution should be simpler than the SIM approach
  5. Existing programs that are working in CT should be built upon
- **What other learnings do you identify?**

# What's different this time?

1. Executive Order 5 requires increased primary care spending (10% by 2025), an important step towards rebalancing health care system investments towards primary care.
2. Changes in federal and state administrations.
3. Medicaid's PCMH+ program is well underway.
4. Primary care payment models are in scope but will be considered after assessing and prioritizing practice care delivery functionality.

# Proposed Plan for Roadmap Development

# Seeking Input Again Before Jumping In

- Before building the new roadmap, OHS is soliciting practice and payer input to make sure that any plan will be feasible, implemented and, ultimately, successful.
- OHS is seeking input from stakeholders, including those outside of the Subgroup, to guide its work:
  - Medical societies and associations, consumer representatives, large medical groups, commercial payers, community health centers

# What We've Heard So Far

- We have heard the following thus far from initial interviews:
  - 1. Reduce primary care practice administrative burden. Such requirements cause burnout.**
    - Align quality performance measures across payers; eliminate “check-the-box” requirements.
    - Reduce time on e-care documentation as that takes away time with patients.
  - 2. Help practices get off the office visit “gerbil wheel” that financially compels high volumes of short visits.**
  - 3. Give practices resources to expand their teams so that they can coordinate with social service providers.**
  - 4. The provision of actionable data is critical to supporting care delivery.**

# What We've Heard So Far (cont'd)

- 5. Practices need to be properly funded and have the flexibility to do what is right for the patient.**
- 6. Connecticut's Medicaid PCMH+ program is working reasonably well. It may be beneficial to identify and leverage what is working.**
- 7. Set objectives and be clear about what we are trying to accomplish.**
- 8. Keep it simple! We should aim for smaller scope and a simpler design that is not trying to be all things to all people...all with less process.**

# PCCHR Work Group Guiding Principles for Primary Care (adopted February 2021)

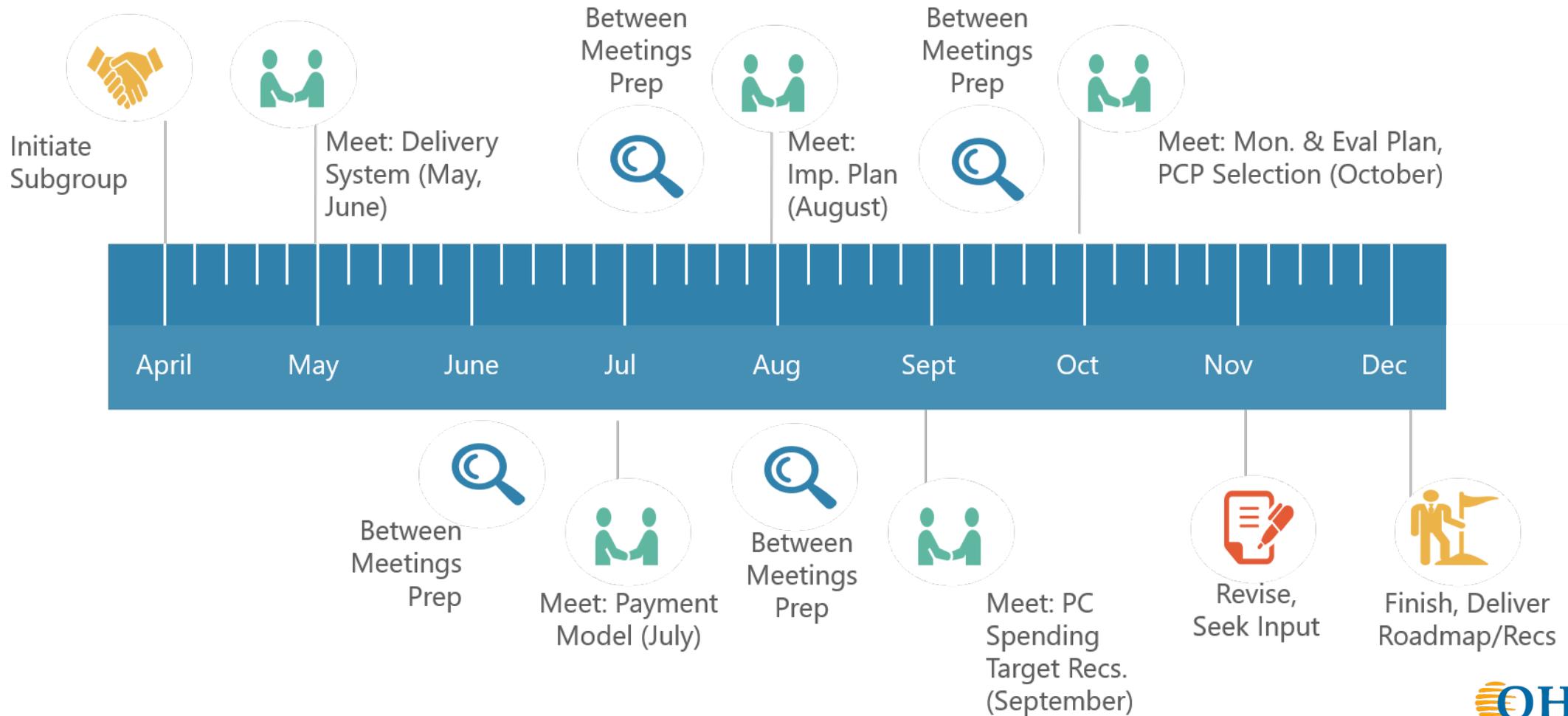
1. Person & family-centered
2. Continuous
3. Comprehensive & equitable
4. Team-based and collaborative
5. Coordinated and integrated
6. Accessible
7. High-value
8. Improved clinician and staff experience
9. Community-focused

# Proposed Seven-Step Design Process for Roadmap Development

Process Step	Description
1. Establish highest priority objectives for a strengthened primary care system	This should be a listing of only the highest priorities, such as those identified in the “Guiding Principles.” It should not be all-inclusive.
2. Adopt an advanced primary care practice model	This should describe core, essential practice functionalities.
3. Decide how practices will be supported in adopting the practice model, and by whom	For example: learning collaborative, practice coaching, self-taught with learning aids, or a combination
4. Adopt a program for confirming practice model adoption	This is necessary for payers to support investment.
5. Adopt a payment model	The payment model should support the care model, sustain practices and align with objectives for high-value.
6. Adopt an implementation plan	The plan describes who will be responsible for doing what, and by when. Involved stakeholders should support the plan; commercial payers must commit to it.
7. Define a measurement and evaluation plan	To determine that the highest priority objectives were achieved, without any unintended adverse consequences.

# Bringing It All Together

# 2021 Subgroup Process and Timeline



# Getting Started: Roadmap Development

# Let's Get Started!

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# For Discussion: Draft “Priority Objectives”

1. Patients easily access comprehensive, patient-centered, equitable, evidence-based care that supports their health.
2. Primary care practices are supported in their efforts to deliver such care through a) removal of structural impediments to delivery of good care, b) technical assistance on best practice care and c) payment levels and structures.
3. Primary care professionals find their daily work on balance professionally gratifying.

# Next Steps

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- The next Primary Care Subgroup meeting is scheduled to take place May 25th at 1pm.

