Agenda

Introductions  5 minutes
What We Heard in Session 1  15 minutes
Questions for Today’s Discussion  5 minutes
Role of Community Health Workers & Pharmacists  20 minutes
Discuss Approach and Frame Recommendation to PTTF  30 minutes
Sense of the Group  10 minutes
Next Steps  5 minutes
Adjourn
What We Heard in Session 1

• **Consumer Input, Needs and Concerns**
  - Ongoing consumer voice is critical to PCM
  - Important to monitor impact of PCM: protecting against underservice, care experience, variations in networks’ abilities to transform
  - Consumers need support learning to advocate for themselves in a medical setting
  - Care teams need to go beyond being aware and respectful of cultural needs and norms. Communications with patients should take into account patients’ socioeconomic, and sociocultural needs and norms

• **Additional Principles for Team-based Care**
  - Care teams do not have a hierarchal structure. Each team member’s contribution is valued and deliberately encouraged
  - Team members are trained on the roles of other team members.

Anything to add?
What We Heard in Session 1

Approach to Care Teams:

• Networks need flexibility to have care team members on-site at the practice, in the community and patient homes, and/or at a central hub

• Care team compositions, location of team members, and staffing ratios depend on:
  • Practice size and structure
  • Patient population acuity and needs
  • Availability of workforce
  • Staffing costs

• There is overlap in care team member functions and roles. Care team roles must be clearly defined

Anything to add?
Expanding Care Teams

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<th>Referrals &amp; Care Coordination</th>
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<th>Medication reconciliation &amp; management</th>
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Integrating Community Health Workers (CHWs)

CHW: “liaison between individuals within the community and health care and social services providers…” (CT state law)

Why CHWs are needed on the primary care team:
- Effectively address social determinants of health needs, reduce health disparities
- Effective at increasing knowledge and self-sufficiency
- Trained in delivering culturally appropriate services, come from the community in need
- Effort in CT to legislate certification requirements for standard CHW training and services

Roles of CHWs: Outreach and engagement; Education, coaching, and informal counseling; Social support; Advocacy; Care coordination; Basic screenings and assessments; and Research and evaluation

Ratios for CHWs vary depending on patient acuity and intensity of services (Hispanic Health Council):
- Caseload of 40 at any one time, 100 served per year
- Caseload of 50 at any one time, 125 served per year
Questions for Discussion

• Should the network (rather than the practice) make this service available to the practice?

• Should staffing intensity be directly associated with social determinants of health?
Role of Pharmacists

Why: Fill gaps in chronic medication management services, free up physician time, provide more effective care

Role of Pharmacists on primary care team:
- Medication reconciliation
- Comprehensive medication management for patients with multiple chronic conditions
- Medication monitoring and follow-up care coordination across multiple prescribers and pharmacies
- Tailored medication action plans for patients
- Pharmacy-focused population health analytics to inform and identify populations in need

Collaborative Drug Therapy Management protocols between physicians and pharmacists
- Allows pharmacists to perform patient care functions: initiating, modifying, or discontinuing medication therapy; ordering lab tests; administering medications
Questions for Discussion

• Should the network make this service available to the practice?

• Should this service be provided at the practice site?

• If provided at the practice site, should there be a minimum pharmacist staffing requirement? If so, what factors would affect a higher staffing intensity?
Care team members perform defined roles to enhance patient care.

- **On-site**
  - Home/Community
  - Network hub

### Enabling Patient Care

**Challenges**

**Medication reconciliation and management**
- Pharmacist

**Prevention, Screening, Assessment**
- CHW, nutritionist, BH coor.

**Routine Care**
- Clinician, nurse, MA

**Connections to supports and services**
- CHW, nurse, BH coor.

**Referrals, care coordination**
- CHW, nurse care manager, BH coor.

**Navigation**
- CHW, nurse care manager, BH coor.

**Coaching and self-management**
- CHW, nurse care manager, nutritionist, BH coor.

**Ongoing training, communication, workflow supports**

**Care team members perform defined roles to enhance patient care**
Questions for Discussion

• Should all practices be required to create diverse care teams?

• Should the practice be responsible for contracting for non-clinical services?

• Does the network need to provide access to training to help the clinical team work effectively with diverse care team members?

• What measures would you suggest to hold networks accountable for diversifying care teams?

• Consumer Design Group Members: comments, feedback, questions?
Next Steps

• Revise based on today’s feedback
• Task Force makes recommendation to Payment Reform Council (PRC) on September 25th

Questions?
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