



**Primary Care Modernization
Diverse Care Teams
Design Group Meeting 2**

September 11, 2018

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?

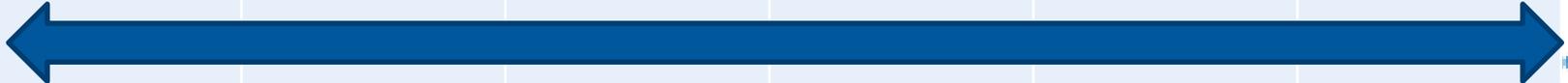
What We Heard in Session 1

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

	Prevention Screenings & Assessments	Referrals & Care Coordination	Navigation	Medication reconciliation & management	Coaching & Self management	Connections to supports and Services
Community Health Worker	●	●	●		●	●
Pharmacist				●		
Nurse Care Manager		●	●		●	●
Nutritionist	●				●	
Behavioral Health Case Worker/Coordinator	●	●	●		●	●
Medical Interpreters						

Connecticut state ration model

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

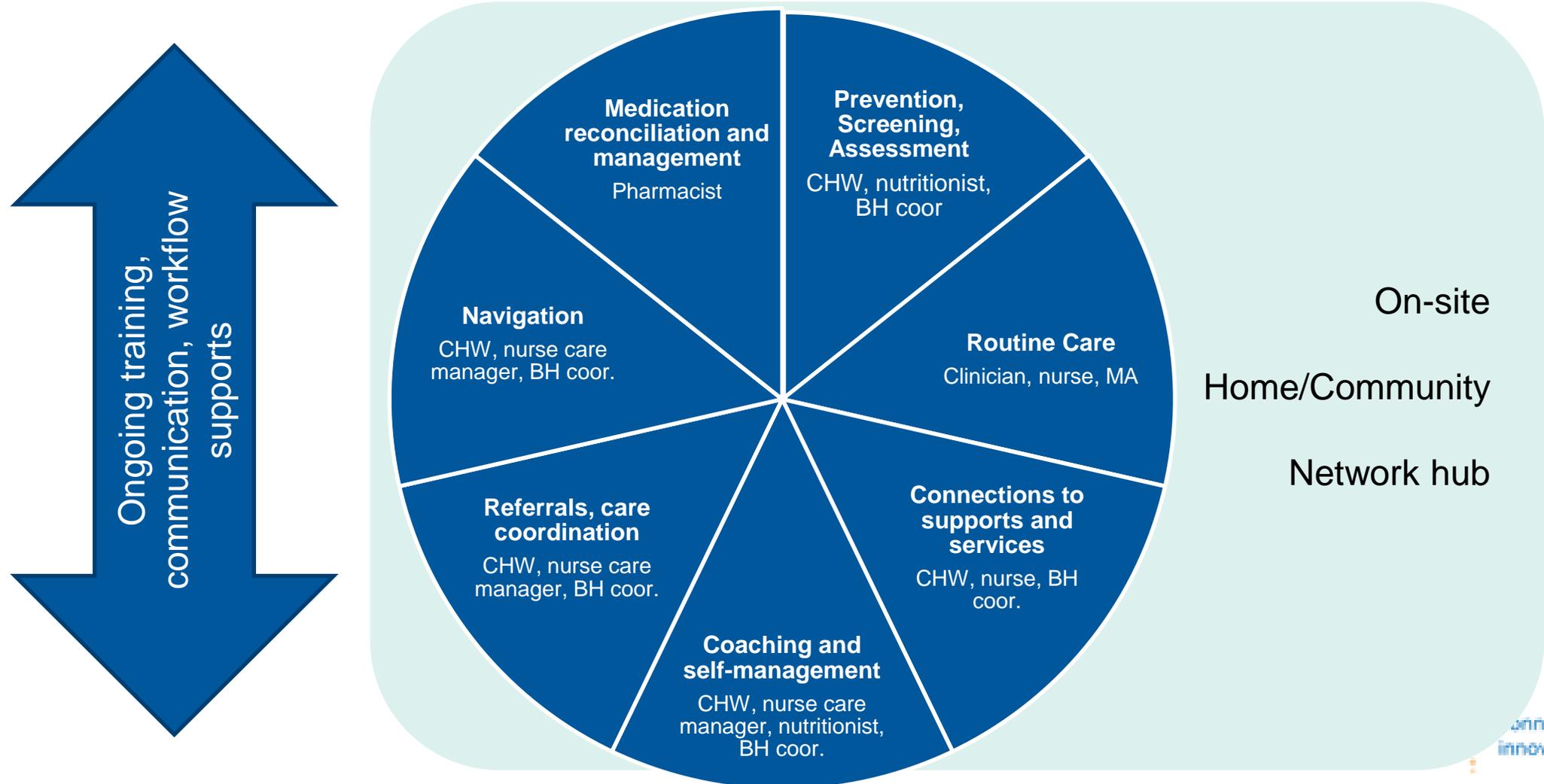
- Allows pharmacists to perform patient care functions: initiating, modifying, or discontinuing medication therapy; ordering lab tests; administering medications

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?

Enhancing Patient Care

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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