

CT Health Care Reform Advisory Board

Health Care System Reform Subcommittee

Summary of May 20, 2010 Meeting

Members Present: Deputy Commissioner Cristine Vogel, Department of Public Health (DPH); James Cox-Chapman, MD, ProHealth Physicians (Co-Chair); Christopher Dadlez, Saint Francis Hospital and Medical Center (Co-Chair); Bob Dakers, Office of Policy and Management (OPM).

Others Present: Alexis Fedorjaczenko, DPH; Joe Mendyka, DPH; and Barbara Parks Wolf, Office of Policy and Management (OPM).

The meeting began at 8:00 am.

The group gathered to develop additional recommendations for consideration by the Advisory Board on May 27, 2010. The following handouts were reviewed during the discussion:

- Health Care Reform and the Health Workforce by the AAMC Center for Workforce Studies
- A document summarizing payment reform initiatives in the Patient Protection and Affordable Care Act (PPACA)
- A document describing initiatives that will be under consideration by the Center for Medicaid and Medicaid Innovation (CMI) that is created by the PPACA

Workforce Development

1. Connecticut should aggressively seek its share of residency slots for the training of primary care physicians.

- To qualify for the '*Distribution of Medicare graduate medical education (GME) positions*' (P.L. 111-149 section 5503), identify entities in Connecticut that satisfy the requirements for this program (priority goes to hospitals: in states with low resident/population ratio (70%); in states with a high number of people in health professional shortage areas and/ or located in rural area (30%)).
- Develop linkages between teaching hospitals and qualified hospital and physician practices in medically underserved or rural settings.
- Address primary care broadly, including internal medicine, family practice, pediatrics and obstetrics.

2. Connecticut should apply for a '*Health Workforce Development Planning Grant*' (P.L. 111-149 section 5102) to analyze health care labor markets; identify

current and projected needs; identify short and long-term workforce development strategies; identify existing Federal, State and private resources for health workforce recruitment, education, training and retention.

3. Connecticut should apply for a ‘*Health Workforce Development Implementation Grant*’ (P.L. 111-149 section 5102) to encourage regional partnerships and promote innovative workforce pathway activities.

- To address workforce needs of a reorganized health care delivery systems (i.e. accountable care organizations, medical homes) and address the need to have professionals function in new roles that they may not have been trained for.

4. The Department of Public Health should facilitate further development of federally qualified health centers and the application of related federal health care reform grants.

Payment Reform

5. Encourage policies for formation of Accountable Care Organizations in Connecticut linking payment reform to these new care delivery models.

Additional Issues

- James Cox-Chapman will provide staff with a more detailed recommendation with regard to tort reform.
- The subcommittee will gather more information about the Medicare waiver for New England states for the implementation of medical homes with a new compensation structure, and address Connecticut’s participation in this effort.

Next Steps

The subcommittee will arrange a phone conference for next week to continue their work drafting recommendations.

The meeting was adjourned at 9:00 am.