

## CT Health Care Reform Advisory Board

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### 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.