Primary Care Program Advisory Committee
Meeting Minutes
11/14/2023 3:00 – 4:30pm

For all meeting materials (agendas, presentations, meeting minutes, and links to meeting recordings) to date, please see the **Primary Care Redesign Meeting website**.

Meeting Goals
- At the previous meeting on October 26th, DSS received valuable feedback from the committee on things primary care should be doing differently or better to improve member health and wellbeing. The committee also discussed whether DSS should be more prescriptive or flexible in defining what primary care should be doing.
- For this meeting, building off the previous meeting's progress, DSS articulated goals for priority primary care capability domains and proposed starting point measures and requirements for holding primary care practices accountable to achieving these goals.
- The key goals for this meeting are to review and collect directional feedback on the goals, examples, and approach to using measures and/or requirements for each domain:
    o Accessibility of Care
    o Chronic Condition & Targeted Care Management
    o Data Infrastructure & Data Sharing
- DSS noted that today's conversation should focus on the expectations of primary care practices. There will be future discussions regarding DSS' role to support primary care and provider practices.

Accessibility of Care
- Domain Goal: Ensure members have easy and timely access to care and address the range of barriers that make it challenging for members to access care.
    o There was general consensus around the goals and ideal state for this domain.
    o DSS acknowledged that there are related pieces of work that the agency should focus on (e.g., ensuring access to care for the unattributed population).
- Committee members provided the following feedback on example measures and requirements:
    o *Mixed opinions about the example Avoidable ED/Hospital Utilization measure* – Some members liked the measure concept, while others expressed concern over its proprietary nature and lack of national benchmarks or detailed specifications. Other members cited a CMMI Innovation finding and anecdotes from personal/community experience to suggest that many families and individuals find the ER to be a better solution for their health needs (e.g., ERs are open 24/7 and provide medications).
        ▪ Alternative measure suggestions:
            • 30-day All-Cause Readmissions measure for adults and pediatrics
            • Medicare Avoidable ED/Hospital Utilization measure (not proprietary and already reported in CT)

- NYU Avoidable ED utilization algorithm
  - *Interest in use of CAHPS or mystery shopper surveys* to capture member experience
    - DSS agreed that the department is also interested in exploring how to better capture member voice. Based off experience in the PCMH/PCMH+ programs, CAHPS is a reasonable survey (widely used and provides fair representation of the member experience). DSS noted that surveys can be costly and may be difficult to implement at the provider level.
  - *Support for the use of the cancer screening measures* as they are both measures of access, and supportive of better preventive care
  - *DSS should provide timely, actionable data and avoid use of proprietary, unvalidated measures* – members noted concerns about proprietary measures, explaining that they do not provide real-time data on provider performance until the end of the performance year, preventing providers from making course corrections in care during the year
  - *Other suggested questions/topics to ask members or collect data on:*
    - Whether a practice calls/reaches out to remind the member about their appointment
    - Whether the practice asks members about requesting special accommodations, particularly for people with disabilities
    - Wait times for appointments (e.g., how long does it take to get a well child visit?)
      - In behavioral health, enhanced care clinics measure timely access to care. DSS could consider bringing this principle to primary care.
    - Wait times in the practice office
    - Flexibility for members to change their appointments
    - Ease of finding a PCP near you
- When asked about relying primarily on use of measures vs. requirements for this domain, a member noted that DSS could expand the list of example process measures to look at utilization.

Chronic Condition & Targeted Care Management
- Domain Goal: Improve chronic conditions prevention and management with a focus on reducing unnecessary inpatient and ED utilization.
  - When asked whether the goal should be broadened beyond inpatient and ED utilization, a member suggested that the goal should be more-patient centered (e.g., control chronic conditions for better patient/health outcomes)
- Committee members provided the following feedback on example measures and requirements:
  - *Survey patients on whether the member's health is improving and their knowledge of care plans*. This could include questions such as: Are there things you can do now that you couldn't do before? Do you know your care coordinator? Do you know your care plan? Has your practice informed you about non-medical supports (e.g., smoking cessation)?

- Care plans are a good way to ensure the member's individualized goals are met. MAPOC compiled best practice recommendations for care plans (e.g., make the care plan patient-centered with patient input and approval; regularly update care plans; provide clear communications; make available to caregivers with patient permission).
    - *Measure whether practices connect members to additional care* and resources to treat the whole patient.
        - For measures related to screenings/referrals, it is important to consider what is done if the screening results in a diagnosis and additional care is needed.
        - Relatedly, another member requested to measure the effectiveness of each visit and whether the practice has treated multiple health concerns in a single visit.
    - *Engage Community Health Workers* who can provide more individualized care and support to patients in primary and behavioral health care
    - *Important to incentivize targeted care management and whole-person care* which understands the needs and whole context of the member (e.g., Do they have HRSNs to account for? What are the barriers for the individual to compliance?)
- Committee members also discussed considerations around quality measurement.
    - *Number of quality measures:* Some members favored a modest set of measures that are highly specific to priority goals. This would minimize administrative burden and burnout on providers and practices.
    - *Measure alignment:* One member highlighted the value of measure alignment across payers, noting that a few different measures between different payers still adds up and creates a lot of work for the provider and their practice.
    - *Non-validated measures:* A few members also requested that DSS avoid use of non-validated measures for payment purposes as they may not be reliably used to measure provider performance.

Data Infrastructure & Data Sharing
- Domain Goal: Develop the data infrastructure and data sharing protocols to support performance measurement and program monitoring and enable practices to make progress in addressing identified opportunities.
    - Committee members did not comment on this domain's goal.
- Committee members provided the following feedback on example measures and requirements:
    - *Create requirements to protect patient privacy* – DSS should ensure that patients are aware of privacy rights and policies. This should be done by ensuring the following: member's awareness and ability to opt out; privacy policies should be clearly displayed online and in practice offices; ensure members can access and correct their records.

- *Create requirements to collect and share SDOH/HRSN data*. This will be helpful to support whole-person care for members. Some members noted that there should be guardrails around patient privacy.
- *Designate use of a single electronic medical record (EMR) system or utilize interoperable arrangements* to enable seamless sharing of health information for efficiency and improved quality of member care. In the future, the committee should be mindful to not create barriers and coordinate around existing data structures.
  - Another member commented that patients may have multiple patient portals, so this should be streamlined if possible.
- For future discussion, DSS asked committee members to think about the types and sources of data to provide practices.

Next Steps
- The next PCPAC meetings will be December 7th (virtual meeting) and January 18th (in-person/hybrid meeting).