Primary Care Program Advisory Committee
Meeting Minutes
7/13/2023 9:30 – 11am

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

Introduction

- DSS reviewed the current plan for upcoming meetings in August and September:
  - *August PCPAC:* DSS will review data provided in July data compendium as well as other primary care program examples.
  - *August Supplementary Data Meeting:* DSS will also hold an optional meeting to review other data topics not covered during the July and August meetings. Meeting content and date will be determined by results from the July post-meeting poll.
  - *September PCPAC:* DSS is planning an in-person meeting to discuss key design decisions. More details to come.
- In response to Committee members' requests for additional data and information during the June meeting, DSS provided an update on data requests that could be fulfilled:

Data Request	Data Available?	Where to Find
Prevalence of Health-Related Social Needs (HSRN)	Yes	**(1) PCPAC Meeting 4 Deck**
Unattributed Member Data	Yes	**(2) Data Compendium** (Excel)
Pediatric Data: Cost and Utilization	Yes	**(2) Data Compendium** (Excel)
Pediatric Data: Quality and Outcomes	Yes	**(2) Data Compendium** (Excel)
Member Experience Metrics	Yes	**(3) Member Experience Metrics** (PDF)
Measures of Access: By Different Geographical Areas in the State	Yes	**(4) Measures of Primary Care Access** (PDF)
Measures of Access: By Practice Setting	Yes	**(4) Measures of Primary Care Access** (PDF)
Utilization and Cost by Practice Setting	Yes	**(5) Utilization, Cost, and Prevalence** (PDF)
Prevalence of Chronic Conditions	Yes	**(5) Utilization, Cost, and Prevalence** (PDF)
Measures of Access: By Subpopulations (DD, noncitizens)	No	
Measures of Access: By Member Preferences for Providers	No	

- The overall objective of primary care reform is to develop a primary care program that improves biopsychosocial health of HUSKY members. Recognizing that health-related social needs (HSRN) are a critical factor in biopsychosocial health, DSS set the following goals for this meeting/listening session on HRSN strategies:
  - Be responsive to this Committee's request to have more conversation about strategies to address health-related social needs (HRSNs)
  - Inform Committee about DSS' starting point and potential pathways for broader HRSN initiatives
  - Gather and share ideas to inform primary care payment reform or the development of broader HRSN initiatives

Inform: Topic 1 – Starting Point (DSS Initiatives Underway)

- Primary care payment reform should build on current DSS programs by giving primary care providers the flexibility and incentives to:
  - Identify members' health related social needs
  - Refer members to providers who can help address these needs
  - Assist members in arranging for and obtaining HRSN services

- DSS provided a brief overview of current Department initiatives aimed at addressing HRSN. More information on each one is below.
    - Connecticut Housing Engagement and Support Services (CHESS)
    - Integrated Care for Kids (InCK)
    - Violence Prevention Professional Coverage
    - Substance Use Disorder Prevention that Promotes Opioid Recovery & Treatment (SUPPORT) Grant
    - Community Options
    - Section 1115 Demonstration Waiver for Substance Use Disorder (SUD) Treatment
    - Universal Nurse Home Visiting: Community Health Worker RFP
- Key themes from the discussion on the current SDOH/HRSN program:
    - **Encourage statewide, multi-agency partnerships:** Addressing SDOH requires cross-agency collaboration. DSS cannot and should not shoulder SDOH/HRSN work alone.
    - **Integrate statewide resources:** Similarly, acknowledging that this is a work in progress, DSS should be cognizant of connecting HUSKY members to all Medicaid benefits (e.g., Veo – a free transportation benefit) and safety net programs/resources (e.g., SNAP, WIC, 211 line) that they are eligible for.
    - **Expand pilot programs when successful:** It is important to both 1) pilot and test SDOH/HRSN initiatives and 2) pursue statewide coverage when initiatives are successful.
- In addition, CHNCT, Inc highlighted the CHW Assessment and Referral program and reviewed data on the prevalence of SDOH/HRSN needs from that program.
- Key themes from the discussion on the CHW program and SDOH dashboards:
    - **Pursue community-based HRSN strategies:** SDOH/HRSN are broader structural and public health issues which require community-based strategies beyond the scope of primary care.
    - **Build capacity of CHWs and CBOs:** Given the large volume of HUSKY members with HRSN, there is a critical need and opportunity to expand the use, access, capacity of community health workers (CHWs) and community-based organizations (CBOs).
    - **Increase community representation:** CHWs should have community-based connections and be representative of the HUSKY population served. Effective care coordination and case management requires developing trusting relationships.
    - **Integrate CHWs into care teams:** CHWs are more likely to be trusted messengers than healthcare providers and staff. CHWs should partner with primary care providers to help HUSKY members navigate their care and benefits.

Inform: Topic 2 – Broader Strategies (1115 Waivers)

- DSS is exploring a Section 1115 Waiver to provide HRSN services to Medicaid members; however, before pursuing 1115 Waiver authority, the Department will need to obtain executive and legislative branch support and approval, which DSS does not currently have.
- DSS shared background information on the federal requirements associated with 1115 Waivers.
- DSS also reviewed examples of state Medicaid programs with 1115 Waiver approval. State examples include:
    - North Carolina and Washington (states with Waivers with SDOH related provisions approved prior to 2022)
    - Arizona, Arkansas, Massachusetts, and Oregon (states with Waivers approved in Fall 2022 that authorize the provision of HRSN services to specified high-need populations)
- Key Themes from this discussion/listening session:

- **Utilize regional hubs:** Regional entities can provide more flexibility than centralized delivery systems (e.g., they can offer better tailored community-informed interventions and support).
- **Encourage upstream prevention**: This work should apply a public health approach aimed at upstream prevention, in contrast to the medical system's downstream focus.
- **Support existing community-based collaboratives**: To improve infrastructure and overall capacity, fund and build off existing CBOs and faith-based organizations that already operate programs aimed at streamlining HRSN referrals for high need members.
- **Promote a whole person financing model:** Create accountability and reward structures that enable participation of a broad range of actors in the community and healthcare system who are critical in addressing HRSN.