

Community Health Subgroup

November 17, 2021



Agenda

Welcome and Roll Call	Brent Miller	2:00 PM
Public Comment	Members of Public	2:05 PM
Approval of the September 22 nd Meeting Minutes	Members of CHS	2:10 PM
Primary Care Roadmap	Bailit Health	2:15 PM
HEC Playbook	Brent Miller	3:15 PM
Meeting Adjournment	All	3:30 PM

Welcome and Roll Call

Public Comment

(2 minutes per person)

Approval of Minutes

September 22nd

OHS Roadmap for Strengthening and Sustaining Primary Care

Presentation to the Community Health Subgroup
November 17, 2021



Today's purpose

1. Update the Community Health Subgroup on the work of OHS' Primary Care Subgroup
2. Review OHS' draft *Roadmap for Strengthening and Sustaining Primary Care*
3. Seek feedback from the Community Health Subgroup and answer questions

Supporting Connecticut's primary care infrastructure

- Primary care across the U.S. and in CT is in trouble. There are multiple indicators:
 - Fewer medical school students entering primary care
 - An aging primary care physician workforce
 - High levels of burnout causing clinicians to leave the workforce or convert to direct primary care models
- Analysis completed by OHS in October 2021 found that in 2019 only 5.1% of the commercial payments in Connecticut went to primary care, below the NE states' mean rate, and less than half of RI's regulatory commercial insurer standard of 10.7%.
- For these reasons, and because primary care is the foundation of our delivery system, Governor Lamont has made sustaining CT's primary care infrastructure a policy priority.

Improving primary care: benefits for patients *and* practices

Patients

- Increased access
 - More time and attention for individual patients
 - Convenience of various types of appointments with increased access to practice
- Whole-person care approach
 - Expanded care team
 - Improved collaboration across care providers
 - Early identification and intervention
- Focus on prevention and wellness
 - Improved health and reduced illness burden

Practices

- More time for patient care
 - Increased opportunities to understand patient goals and needs
 - Ability to focus on quality outcomes
- Improved professional capabilities
 - e.g., data analytics, quality improvement
- Multi-payer alignment
 - Limited number of quality measures
 - Reduced administrative burden
- Flexibility in practice design and workflow
 - Services to support patient needs
 - Team-based approach
- Predictable financing

Status of OHS' Roadmap for Strengthening and Sustaining Primary Care

- OHS began work in Spring 2021 with the Primary Care Subgroup to:
 - make recommendations for primary care spending targets, as required by Executive Order No. 5
 - design a strategy (the “Roadmap”) to complement the primary care target for more effective and efficient primary care that will better meet the needs of patients and support primary care professionals
- Learning from the SIM experience, OHS chose to pursue a strategy that is more modest and flexible in scope so that it can be implemented in a timely fashion and achieve the Governor’s goals.
- Based on Subgroup and stakeholder input, OHS’ completed a draft Roadmap that it reviewed with the Subgroup yesterday!



OHS solicited broad input to make sure the Roadmap is feasible, implemented, and successful (1 of 2)

OHS has engaged the stakeholders below regarding the Roadmap, in addition to those represented on OHS' Primary Care Subgroup:

- **Consumer Advocates:** CT Chapter of the National Association of Hispanic Nurses, Department of Public Health Medical Home Advisory Council, OHS Consumer Advisory Council, OHS Community Health Subgroup, and Health Enhancement Communities
- **Providers:** Bristol Hospital, Community Health Center Association of CT, Community Health Center Inc., CT State Medical Society – IPA, Eastern CT Health Network Medical Group, Hartford HealthCare Integrated Care Partners, Medical Professional Services, Northeast Medical Group, SOHO HEALTH, Starling Physicians, Trinity Health of New England Medical Group, Yale New Haven Health

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- **Medical Societies:** Connecticut Chapters of Academy of Family Physicians, Advanced Practice Registered Nurse Society, American College of Physicians, American Academy of Pediatrics
- **Payers:** Aetna, Anthem, Cigna, ConnectiCare, Harvard Pilgrim, UnitedHealthcare
- **State Agencies:** Connecticut Insurance Department, Department of Social Services, Department of Public Health, Office of the State Comptroller

OHS' Roadmap assumptions and strategies for sustainable primary care (1 of 2)

- OHS' Roadmap initiative is multi-payer:
 - Commercial market-focused
 - Aligned with Medicaid
- OHS assumes:
 - commercial insurers will increase primary care spending up to the governor's target and take action to aid implementation of the Roadmap, and
 - primary care practices that choose to participate in OHS' primary care Roadmap and adopt the prescribed core functions will receive enhanced primary care payments for doing so.



OHS' Roadmap assumptions and strategies for sustainable primary care (2 of 2)

- Roadmap strategies focus on:
 1. Core function expectations of primary care practice teams
 2. Resources and supports to help practice teams master the core function expectations
 3. Methods to assess and recognize practice team performance
 4. Voluntary primary care alternative payment models, beyond fee-for-service (FFS), to reimburse primary care

1. OHS adopted 11 core functions it believes will lead to high-quality primary care

1. Care delivery is centered around the patient, including developing **trusted relationships**...
2. Care delivery is **team-based**...
3. Practices designate a **lead clinician** for each patient...
4. Practices **coordinate care** for its patients and are supported with **embedded clinical care management and non-clinical care coordination personnel**...
5. **Behavioral health** is integrated into the practice...
6. Practices deliver “**planned care**” at every visit...
7. Care is easily **accessible and prompt** ...and **culturally and linguistically competent**.
8. Care delivery follows **evidence-based** guidelines...
9. Practices **engage and support** patients...
10. Practices **use patient information and data** to identify care needs... and inform **quality and equity improvement** activities.
11. Practices identify **social risk factors** ...and are knowledgeable about **community resources** to address them.

2. OHS will support practices in mastering the 11 core functions

- A blend of supports to help practices implement and maximize the 11 core practice team functions:
 - Practice coaches
 - Learning collaborative

1. Practice coaches are primarily provided by an OHS-contracted third party(ies).

- Because practices are required to demonstrate commitment to the mastery of all 11 core practice team functions to qualify for enhanced payments, practices will be offered access to practice coaching to help them master the 11 functions.
- Some practice teams may elect to receive coaching from a commercial insurer or its own resources.
- The third party is funded by large, commercial carriers on a pro rata basis.

2. A learning collaborative is provided by an OHS-contracted third party(ies).

- Participation is voluntary and offered to all practices seeking or that have already obtained OHS recognition.
- The learning collaborative is contingent on state funding.

3. OHS will assess and recognize practice team performance



Image courtesy of the National Academies of Science, Engineering, Medicine:
Implementing High-Quality Primary Care

- **Two pathways for practices to become an OHS-recognized practice:**
 1. Practices currently recognized by NCQA as a PCMH, including all DSS PCMH+ recognized practices, qualify for recognition with some limited additional requirements
 2. Practices not recognized by NCQA or that were recognized but let the recognition lapse can seek OHS recognition
- **Requirement to renew OHS recognition every two years**
- **Practices may opt out of the OHS recognition process and forego enhanced payments specified by the primary care spend target**

4. To support team-based care and balance interest from practices that want to move away from FFS, OHS asks insurers to make alternative, voluntary payment options available

- Make a value-based prospective primary care payment model available to interested practices, while permitting continued FFS payments to others
 - Does not preclude other aligned primary care alternative payment models
- Practices are eligible for enhanced payments so long as they are seeking or have obtained OHS-recognition for mastery of the 11 core practice team functions.

1. Prospective model option: primary care practices are prospectively paid a fixed PMPM fee for most primary care services in lieu of FFS payments
2. Insurers can elect to enhance payments to practices however they like in order to hit the primary care spend target; the mode is not specified in OHS' recommendations

OHS establishes parameters for any primary care alternative payment model to maximize overall success for both providers and payers and ensure patients are not harmed

- Common parameters require insurers to:
 1. **Risk adjust payments** to account for variation in the health care conditions of different patient panels and for age and gender.
 2. Provide **prospective notification** of those patients for whom they are receiving capitated payment.
 3. Carefully **monitor practice behavior** to identify cases where access is decreasing or there are other signs of stinting on care or adverse impact.
 4. Adopt for universal primary care contractual use an **aligned set of quality measures** that include equity-focused measures.
 5. Offer and make payment related to **substantial quality incentives**.
 6. Supply providers with **timely, high-quality data** to allow more effective management of their patient panel and their revenue under a capitated arrangement.

Roadmap next steps and timeline



- OHS will finalize the Roadmap, informed by input from the Primary Care Subgroup.
- OHS will release a draft Roadmap for public comment in December and continue ongoing engagement with stakeholders to seek final input.
- The Roadmap will be finalized once public and stakeholder feedback has been reviewed and considered.
- OHS will begin implementation activities starting sometime in 2022.

What feedback would you like to offer?

What is your perspective on the intersection of the Roadmap and the work of the Community Health Subgroup, and opportunities for future collaboration?

What can be done to make this work successful?



HEC Playbook

Brent Miller

HEC Playbook

- December meeting and moving forward
- Technical Assistance opportunities

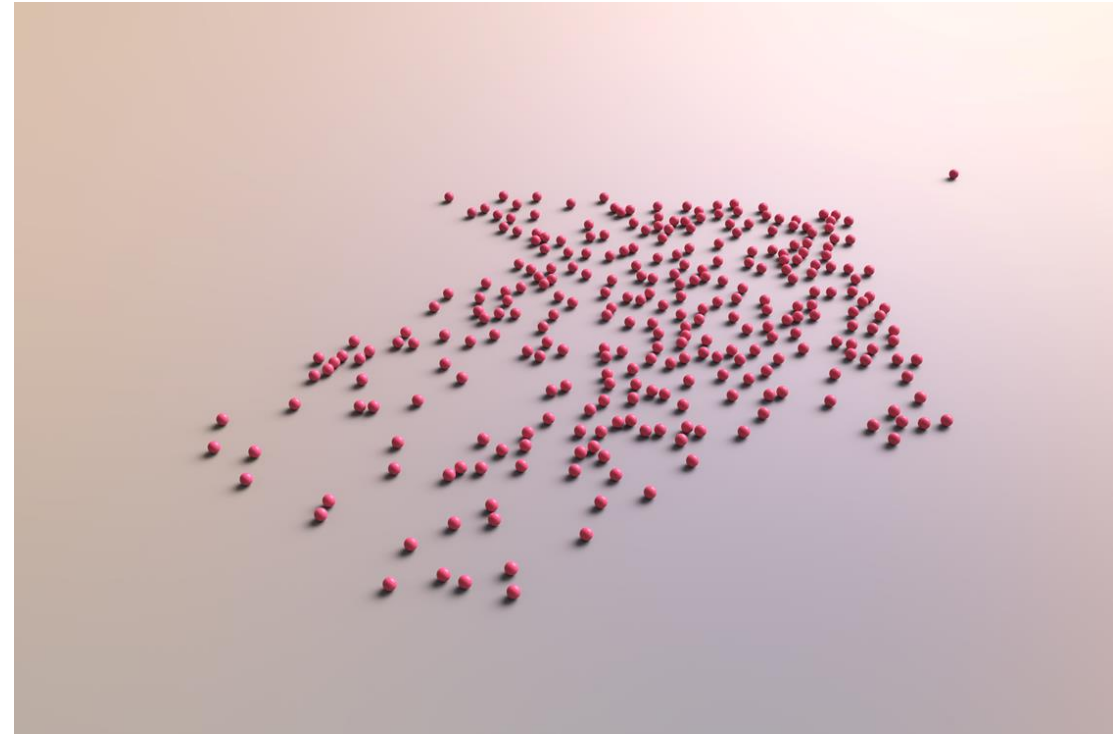
HEC Playbook

- HEC Framework
 - Goals
 - Health Priorities
- Data and measurement
 - Connie
 - P20 WIN
- Structure
 - Governance



HEC Playbook

- Sustainability
 - Funding
- Aligned Strategies
 - Primary Care Roadmap
 - State Agencies



Meeting Adjournment