

Primary Care and Community Health Reforms Workgroup – Guiding Principles

December 22, 2020

Guiding Principle #1

Models will be person and family centered, and should include clinical and non-clinical components.

Guiding Principle #2

Reforms will aim to accelerate the integration of community health and healthcare to confront barriers upstream and transform all Connecticut neighborhoods into healthy communities.

Guiding Principle #3

Transformation requires the systematic integration of healthcare and community health to address individual and community socioeconomic risk factors.

Guiding Principle #4

Racial health disparities and health inequities are addressed in all concepts proposed.

Guiding Principle #5

All proposals thoroughly account for, monitor, and prevent barriers to access, unintended consequences, and underutilization of needed services for patients.

Guiding Principle #6

Investments in primary care and population/community health create significant return on investment (ROI) through better health outcomes, reduced unnecessary and low-value services, and reductions in the rate of growth in total healthcare expenditures.¹²³

Guiding Principle #7

Statewide advancements in health information exchange and health technologies should be equitably made available to all entities providing services to individuals and communities.

Guiding Principle #8

All participants are accountable for providing the agreed upon services and achieving the patient's goals, and commit to actively identifying solutions or alternative pathways when barriers to implementation arise.

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¹Implementation of Oregon's PCPCH Program: Exemplary Practice and Program Findings: "Saved an estimated \$240M over its first three years." - <https://www.oregon.gov/oha/HPA/dsi-pcpcch/Documents/PCPCH-Program-Implementation-Report-Sept2016.pdf>

² "Investment in Primary Care is Needed to Achieve the Triple Aim," Health Affairs Blog, May 10, 2017. DOI: 10.1377/hblog20170510.060008 - <https://www.healthaffairs.org/doi/10.1377/hblog20170510.060008/full/>

³ "From Volume to Value - Value-Based Care Models Succeed" Blue Cross Blue Shield of Rhode Island, November 2015 - "At the end of the five-year study, and in the final year of the study, PCMH practices were 5% less costly than their non-PCMH counterparts and demonstrated \$30 million in savings." - https://www.bcbsri.com/sites/default/files/IER-17558_VB-Brochure_FA.pdf