

Primary Care and Community Health Reforms (PCCHR) Workgroup Meeting

December 22, 2020



Agenda

Welcome, Roll Call, and Housekeeping Items	Lesley Bennett, Chair	1:00 PM
Public Comment	Public	1:10 PM
Overview of PCCHR Goals and December Meeting Objectives	Don Ross, CedarBridge Group	1:20 PM
Introducing Draft PCCHR Guiding Principles	Lesley Bennett, Chair	1:35 PM
Pediatric Innovations to Promote Children’s Optimal Health, Development, and Well-Being	Paul H. Dworkin, MD, Connecticut Children’s	1:40 PM
Facilitated Discussion on Models Presented and Other State and National Innovations for Roadmap Development	All - Facilitated by Craig Jones, MD, CedarBridge Group	2:00 PM
Follow-up Discussion on Draft PCCHR Principles	Lesley Bennett, Chair	2:40 PM
Meeting Adjournment	All	3:00 PM

Roll Call

Housekeeping Items

- Turn in your signed Conflict of Interest forms (included with meeting materials)
- Approval of November Meeting Minutes

**— GOOD —
HOUSEKEEPING**

**PROMOTES
SAFETY**

DO YOUR PART

DO YOUR PART

DO YOUR PART

Public Comment

(2 minutes per person)

Overview of PCCHR Goals

*What we hope to accomplish over the next 6 months,
and our objectives today*

December Meeting Objectives

- Refresh on the goals for the PCCHR Workgroup and review the timeline for Roadmap development
- Introduce draft PCCHR Workgroup Guiding Principles
- Continue presentations and discussion on how best to synthesize concepts from the innovations already occurring in Connecticut for the PCCHR Roadmap
 - November: Moving to Value Alliance, Medicaid PCMH and PCMH+, Primary Care Modernization
 - December: Pediatric Innovations to Promote Children's Optimal Health
 - January: Health Enhancement Communities, Networks of Distinction Program
 - February: Chronic Medication Optimization and Management Models
- Discussion on draft Guiding Principles and outlining the pathway to finalizing principles

PCCHR Goals from the Bylaws and Charter

- In response to Governor Lamont's [Executive Order No. 5](#), coordinate with [Cost Growth and Quality Benchmarks and Primary Care Target initiatives' Technical Team](#) and [Stakeholder Advisory Board](#) to advise on strategies to increase primary care spending
 - As a percentage of total health care expenditures
 - Goal of a 10% primary care spend by 2025
- Align Connecticut stakeholders around proven capabilities, with flexible model options to support patient-centered and convenient care, delivered effectively and efficiently
- Advise OHS on the Health Enhancement Communities initiative

Primary Care and Community Health Transformation

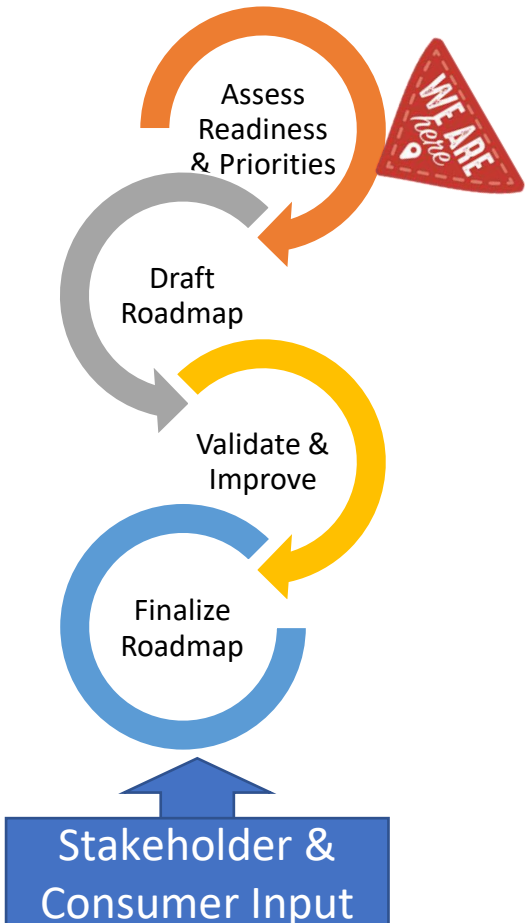
Step 1: Roadmap Development

Develop Roadmap Step 1

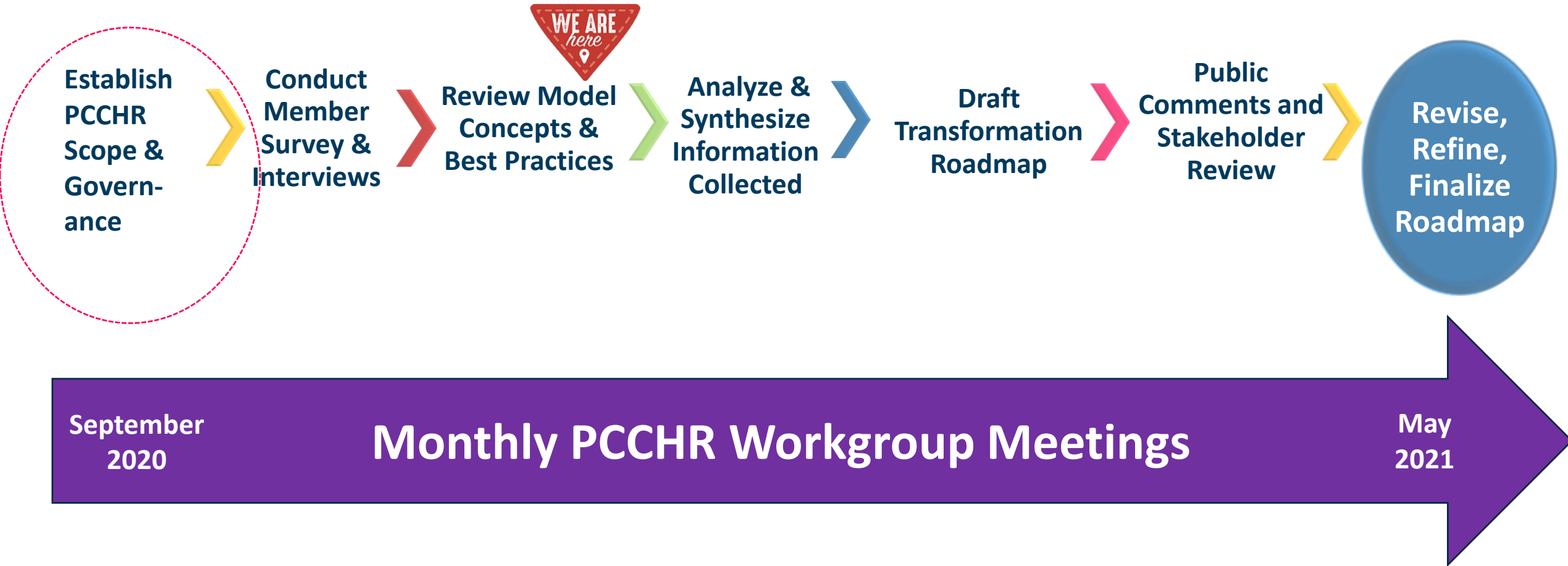
Objective

Develop a **consensus-based roadmap** for primary care and community health transformation in Connecticut and ensure:

- **Previous planning and stakeholder input is incorporated** (SIM initiatives and other CT innovations)
- **The roadmap will:**
 - ✓ **Provide detailed strategic planning** for primary care and community health investment and transformation model(s)
 - ✓ **Include assessment of readiness** for patients and advocates, providers, payers, state agencies, community-based organizations, and others to participate
 - ✓ **Support the implementation of new primary care model or models** with pilots and/or a phased glide path



PCCHR Transformation Roadmap Process

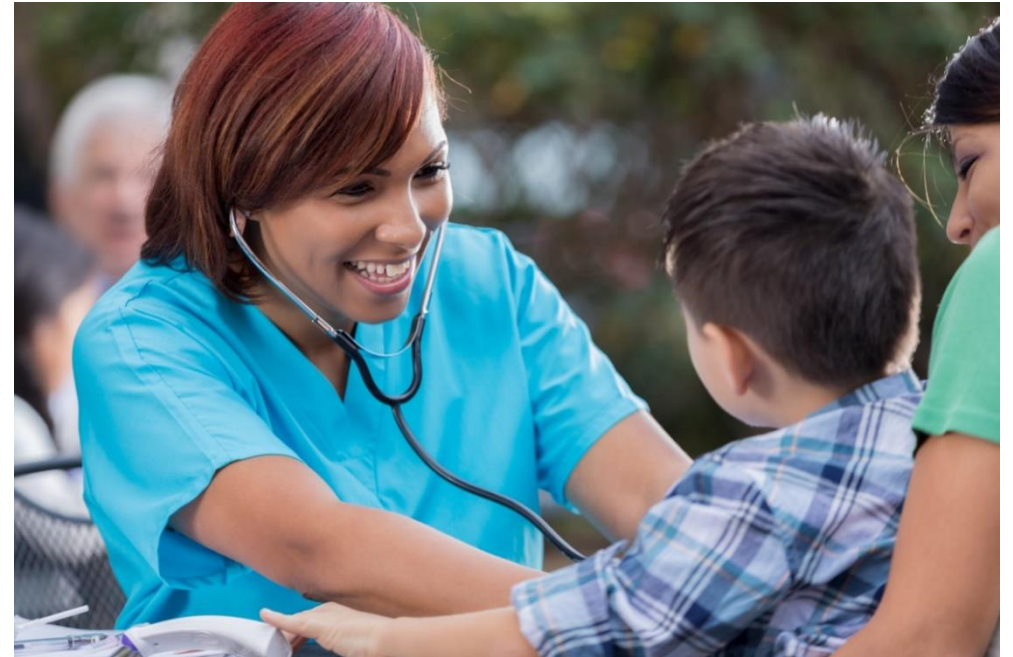


Draft PCCHR Workgroup Principles

Reaching agreement on overarching guidelines for PCCHR Roadmap development and model implementation

Draft Guiding Principles

1. Models will be person and family centered, and should include clinical and non-clinical components.
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.
3. Transformation requires the systematic integration of healthcare and community health to address individual and community socioeconomic risk factors.
4. Racial health disparities and health inequities are addressed in all concepts proposed.
5. All proposals thoroughly account for, monitor, and prevent barriers to access, unintended consequences, and underutilization of needed services for patients.



Draft Guiding Principles continued....

6. Investments in primary care and population/ community health create significant return on investment through better health outcomes, reduced unnecessary and low-value services, and reductions in the rate of growth in total healthcare expenditures.
7. Statewide advancements in health information exchange and health technologies should be equitably made available to all entities providing services to individuals and communities.
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.





Pediatric Innovations to Promote Children's Optimal Health, Development, and Well-Being

Paul H. Dworkin, MD

CT Primary Care & Community Health Reforms Workgroup

December 22, 2020



Office for Community Child Health



KEY QUESTIONS



“What if our goal for child health services is not ‘merely’ to treat or even prevent childhood diseases and disorders, but is also to promote children’s optimal healthy development?”

“How do we best transform child health services to strengthen families to promote children’s optimal health, development, and well-being?”

PHASE 1: STRENGTHENING THE CONTENT (1970's-1980's)



CHILD HEALTH
SERVICES

CHILD HEALTH SUPERVISION



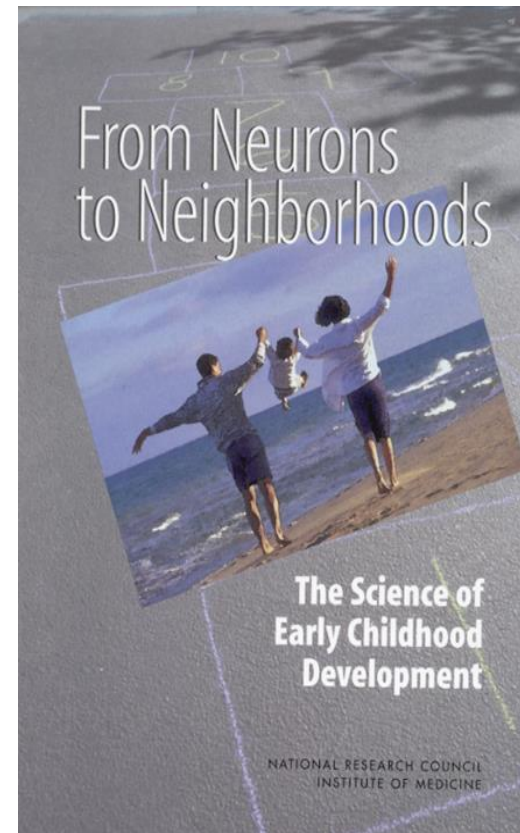
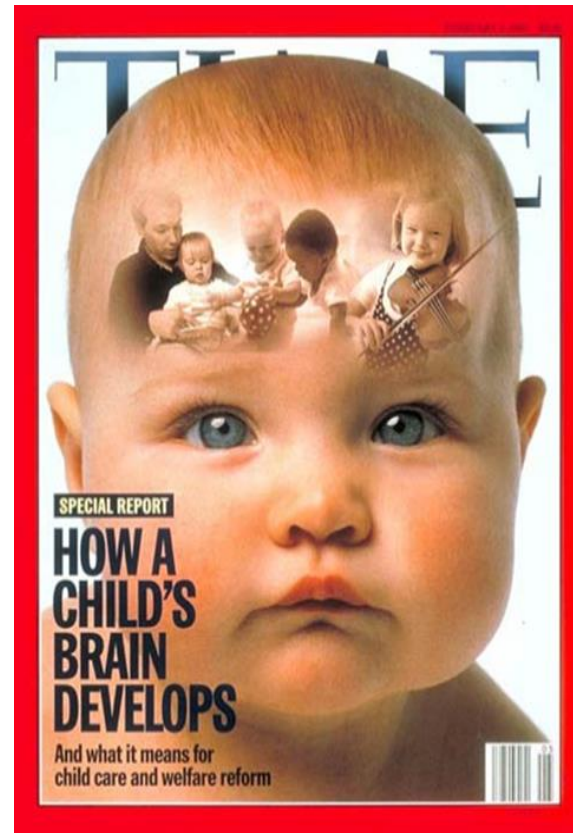
- ✓ History
- ✓ Physical examination
- ✓ Measurements
- ✓ Sensory screening
- ✓ Immunizations and procedures
- ✓ *Anticipatory guidance*
- ✓ *Developmental and behavioral monitoring*

American Academy of Pediatrics

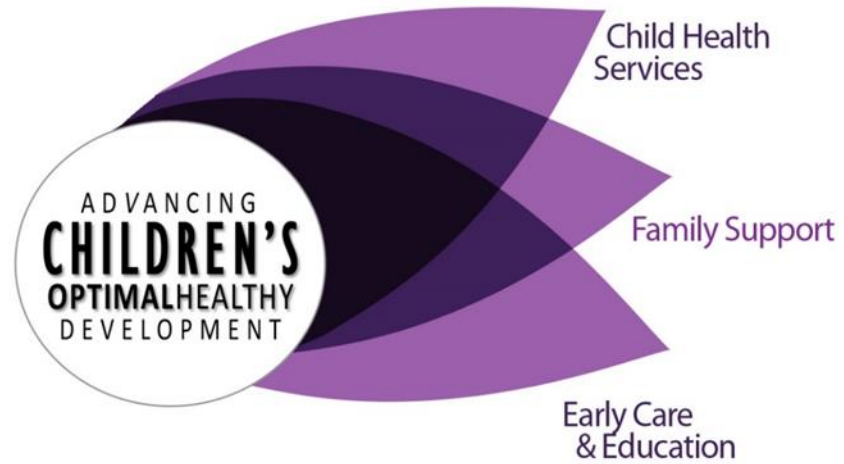
DEDICATED TO THE HEALTH OF ALL CHILDREN™



PHASE 2: “DECADE OF THE BRAIN” (1990’s)



PHASE 2: “DECADE OF THE BRAIN”

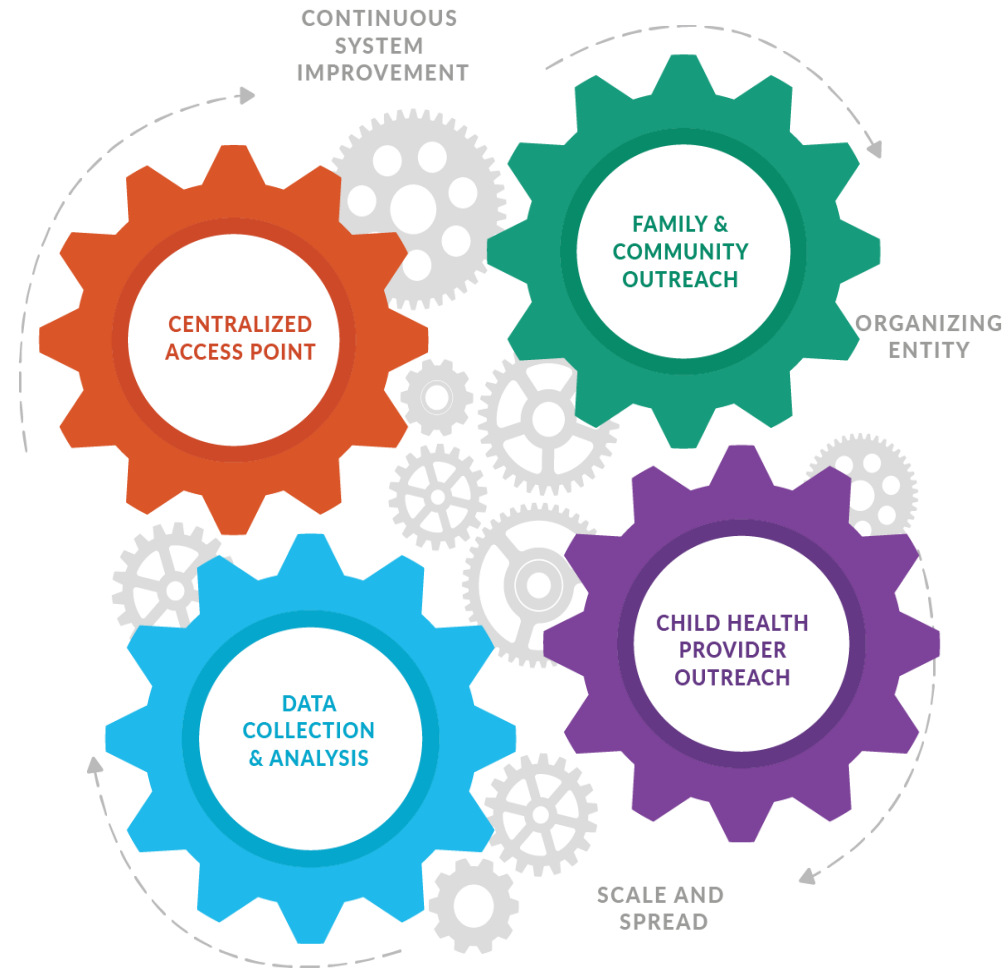


Shared Assumptions

- Children with developmental/behavioral problems are **eluding early detection**
- Many **initiatives exist** to provide services to young children, their families
- A **gap exists** between child health and child development/early childhood education programs
- Children and their families would benefit from a **coordinated, region-wide system** of early detection, intervention for children at developmental risk



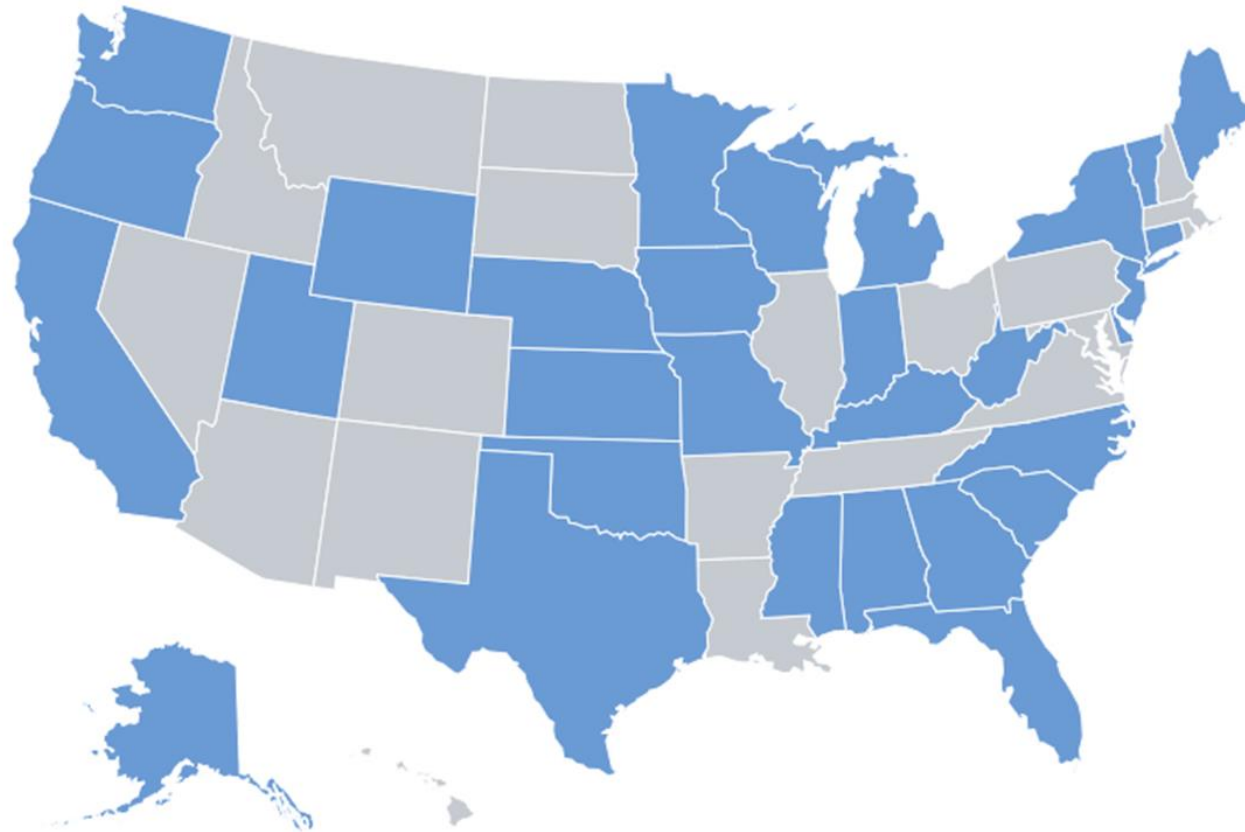
HELP ME GROW MODEL



Help Me Grow Connecticut

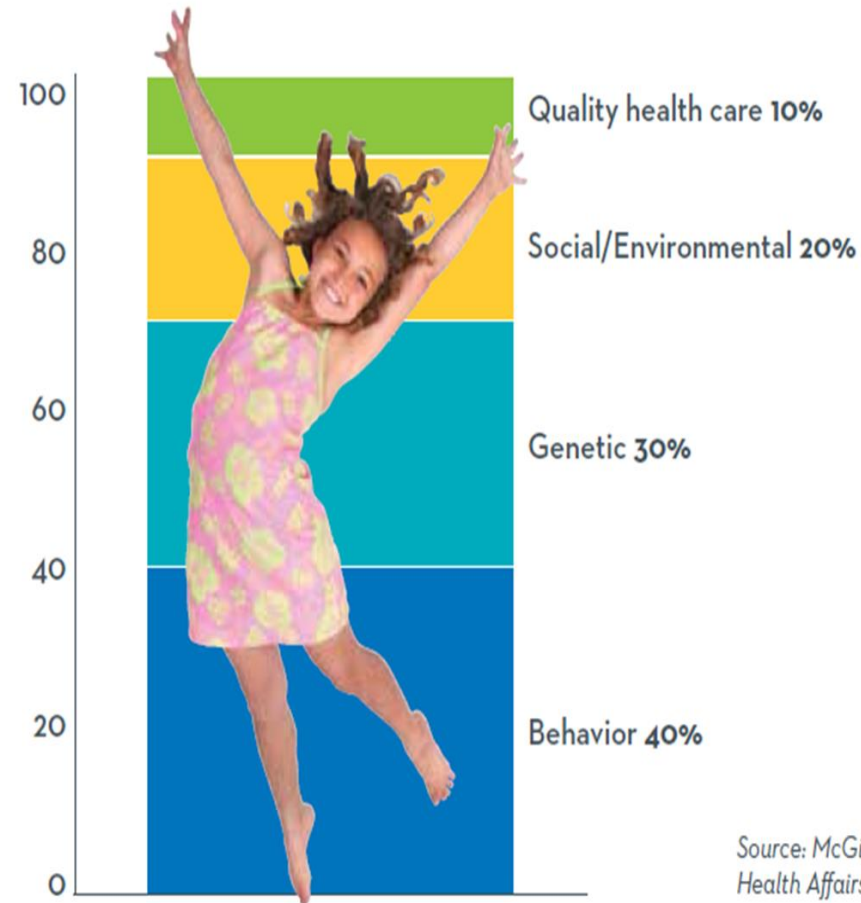


AFFILIATE NETWORK



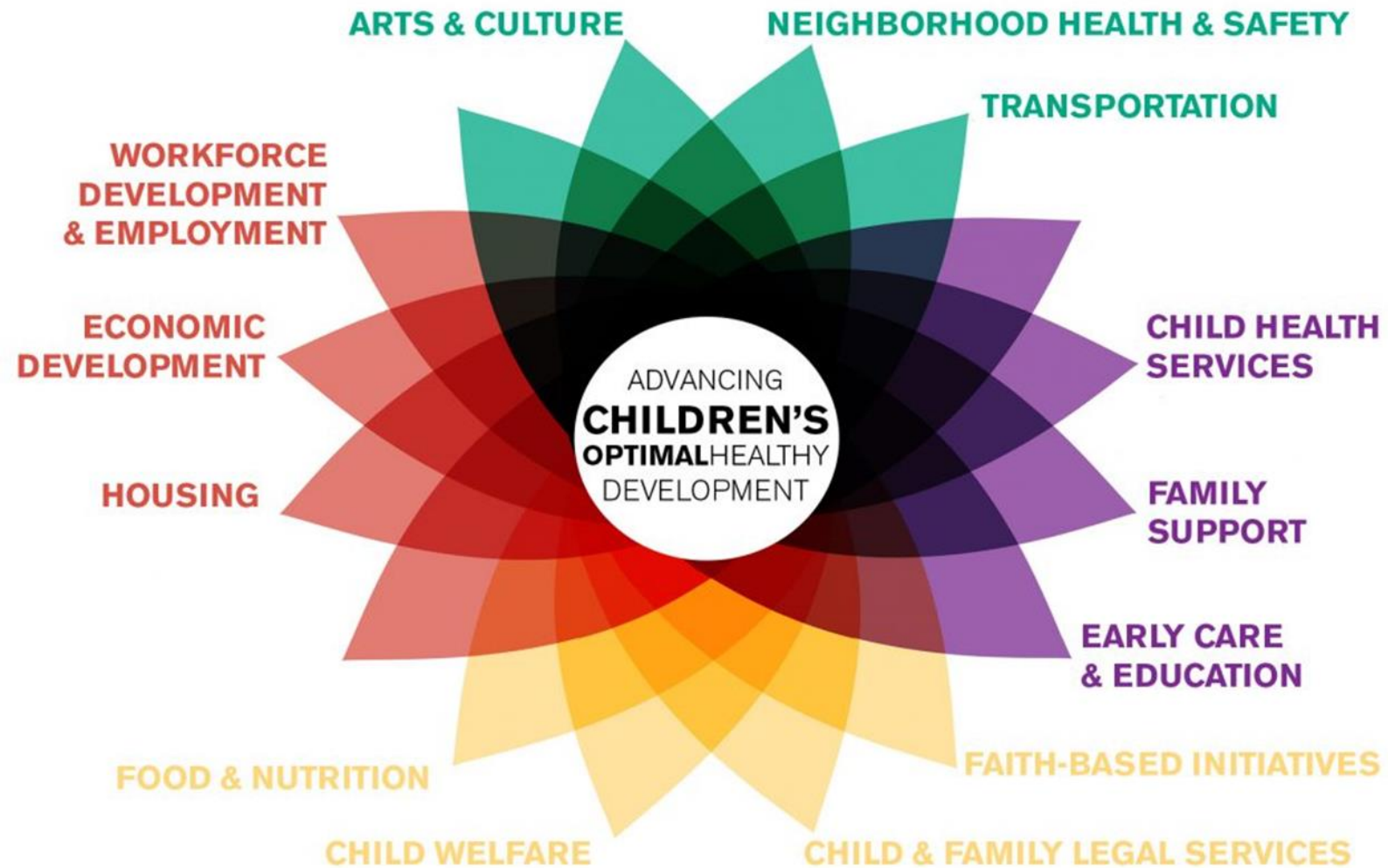
PHASE 3: NEW MILLENIUM AND THE “BIOLOGY OF ADVERSITY”

DETERMINANTS OF HEALTH



Source: McGinnis, J.M. et al.
Health Affairs 2002;21(2):78-93

IMPERATIVE OF “ALL SECTORS IN”



OFFICE FOR COMMUNITY CHILD HEALTH

<https://www.connecticutchildrens.org/community-child-health/>



LESSONS LEARNED



1. Promote a universal approach with particular focus on vulnerable children at-risk for adverse health, developmental, and behavioral outcomes to maximize value and impact (“targeted universalism”).
2. Recognize that the drivers of children’s optimal health, development, and well-being are overwhelmingly social, environmental, genetic/epigenetic, and behavioral factors.
3. Must support community-based efforts that promote the health and safety of children and their families in a variety of settings (e.g., homes, early care and education, neighborhoods, communities).
4. Embrace 2- and multi-generation approaches consistent with life course interventions.
5. Recognize the efficacy of strengthening families’ protective factors to promote children’s optimal health, development, and well-being.
6. Declare our commitment to advancing social and racial justice in all that we do.

A Post-Pandemic New Normal



“The good ole days weren't always good, and tomorrow ain't as bad as it seems.”

– Billy Joel, “Keeping the Faith” from the album *An Innocent Man*.
Released: August 8, 1983

APPENDIX

PHASE 2: “DECADE OF THE BRAIN”



- Proportional brain growth
- Neural plasticity
- Critical periods
- Sequential development
- Role of experience

Strengthening Families *Protective Factors*

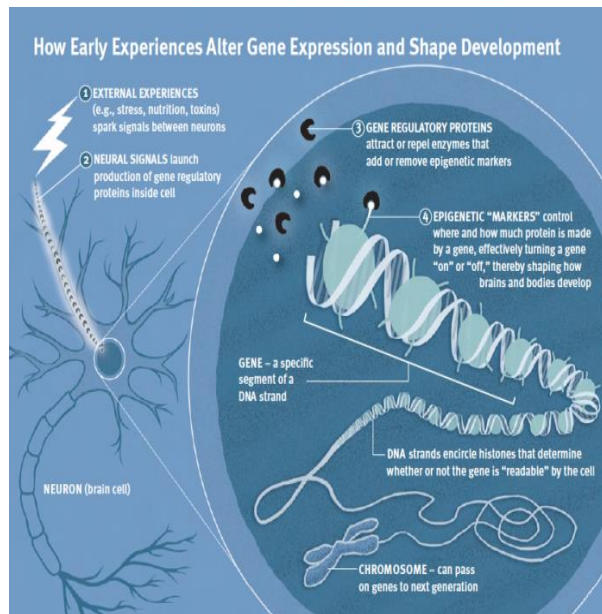
1. Parental resilience
2. Social connections
3. Knowledge of parenting and child development
4. Concrete support in times of need
5. Social and emotional competence in children

strengthening families™
A PROTECTIVE FACTORS FRAMEWORK



Center
for the
Study
of
Social
Policy

Where Do We Go From Here?



The Orchid and the Dandelion

Why Some Children Struggle and How All Can Thrive

W. Thomas Boyce, M.D.



Exploring the Models Presented and Other State and National Innovations for Roadmap Development

*Facilitated by Craig Jones, MD
CedarBridge Group*

Discussion

- Considering what you've heard about PCM, Pediatric Innovations, the Moving to Value Alliance, PCMH and PCMH+... What resonates? What doesn't?
- What concepts from the models presented are critical elements for the PCCHR Roadmap?
- Payers: what are the pros and cons to aligning reimbursements with these models? What challenges do you face in general with alignment? Are your existing payment reforms addressing these elements?
- What elements were missing from these models? Other state or national innovations to consider?
- What model concepts are most feasible in the next 1-2 years? How are different stakeholders impacted?
- What's the low-hanging fruit that we can implement right away? What's more challenging to implement?



Follow-up Discussion on Draft PCCHR Guiding Principles

Draft Guiding Principles

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