

January 12, 2022

Tina Hyde Manager of External Affairs Office of Health Strategy 450 Capitol Avenue, 1st Floor Hartford, CT 06106

Dear Ms. Hyde:

Thank you for the opportunity to submit comments on the Office of Health Strategy's *Roadmap for Strengthening and Sustaining Primary Care*. As our State's only hospital system dedicated exclusively to children, Connecticut Children's is in a unique position to collaborate with Executive Director Veltri and your team to ensure that health reform efforts have the optimal impact on the opportunity for each child to grow, learn and succeed.

We strongly support the need for the State to adopt payment models that bolster the ability of primary care to sustainably engage and embed care coordination personnel and programs that address social, environmental, behavioral, and epigenetic drivers of health. Such coordination, collaboration, and communication with people and programs dedicated to whole child and family health and well-being combined with the financial flexibility to support these efforts within the primary care office and in the community will have a measurable impact on health outcomes. We also recommend the adoption of funding models that adequately fund traditional and non-traditional services, allow flexibility in service delivery, and incentivize quality improvement because they can improve health outcomes and promote both patient and provider satisfaction, and contribute to cost savings through a documented return-on-investment.

Below are our specific comments on the Roadmap.

- The Roadmap is an impressive compilation of the best advice of many and can (and should) serve as the blueprint for (primary) health care transformation.
- The current, dire status of primary care is, in addition to many cited reasons, also a function of the outmoded content of primary and preventive services. In child health care, the general recommendations for the content of child health supervision visits are similar to those proposed in the middle of the last century. We must update the content to reflect the explosion in our knowledge of brain development, early child development, and the biology of adversity. While increased investment and recruitment of a diverse workforce are of great importance, the content of such services must be strengthened to ensure optimal promotion of health, development, and well-being. This will require bold thinking in defining core functions. Successful models and processes deserve embedding within standards of care and service delivery. The Roadmap offers the potential of fulfilling these requirements for true transformation.

- Increased opportunities to address patients' goals and needs and more time to address social needs are key recommendations that are, in fact, imperatives for success.
 Benefits to patients and practices are well developed and articulated. The reference to wellness may, more specifically, call out the importance of health promotion, as well as prevention of diseases and disorders. Health promotion opportunities are abundant and efficacious.
- "We do what we measure and we measure what we do." The Roadmap has the opportunity to call for innovative measures and metrics that will drive both the content and the delivery of impactful primary care services. Furthermore, measures and metrics can ensure the evolution of such services through the embedding of innovative care delivery methods. An example from child health services is the use of kindergarten readiness as an outcome measure. To successfully address this measure, practices may participate in the popular and efficacious Reach Out and Read model. The Roadmap can be more explicit regarding the importance of cutting-edge measures and metrics.
- The brilliance of the State Innovation Model is the incorporation of both primary care transformation through PCMH+ and Health Enhancement Communities. The Roadmap can be more explicit in calling for and rewarding a strong interface between primary care practices and HECs. This will acknowledge the critical importance of addressing social, environmental, behavioral, and epigenetic drivers of health that are far more impactful than quality medical care, and ensure that such goals as family-driven care and goal setting and optimal well-being can be achieved. Notwithstanding the importance and effectiveness of the focus on care coordination, community health workers, and case management, linkage to community-based programs and services strengthens the impacts of both PCMH+ and HECs.

Thank you again for providing this opportunity to share our feedback. We would be happy to answer any questions you may have about our comments and to serve as a resource to the Office of Health Strategy as the Roadmap is finalized and implemented.

Sincerely,

Paul H. Dworkin, MD

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