Consumer Advisory Board Meeting

April 5, 2018

Questions and Comments on PCM

1. Ann Smith asked when Dr. Schaefer was commenting on the slide about Primary Care Modernization capabilities, was it an oversight, intentional, or not an important element of the model to include Behavioral Health Integration.

2. Jan Van Tassel said PTTF Recommendations mentioned that providers need to be sure that they are able to measure quality and under-service. She said that this needs to be part of the package. She asked are we going to have an effective way to measure quality and measure under service?

3. Robin Lamott Sparks described a meeting about Integrated Mobile Health held because 60% of 911 calls in their community are not emergencies. If people call 911 for healthcare, care coordinators do not get to see them. Robin Lamott Sparks said we have not talked about integrating the existing system and transition. She noted the need to address what is going on in the cities.

4. Arlene Murphy asked for clarification of exactly what is being proposed and the time frame. The PTTF recommendations talk about needed improvements in primary care. What exactly is being proposed and how will risks be addressed? What would be the proposed concept paper Medicare request?

5. Ann Smith noted the importance of consumer input at the beginning of the process. She said that we have been hearing from consumers on how the Connecticut system does not serve them. She said that there is not an understanding how the proposed Primary Care Modernization model will do this.

6. Ann Smith stated that there must be a focus on CHW's in workforce development as they are in communities and can develop rapport with residents. If we do not have this, then bundling primary care payment is not going to get us to where we want to be in terms of improvement and healthcare outcomes for those with substandard healthcare.

7. Terri Nowakowski stated that until you have trusted members of every community who can sit alongside the clinician, you are never going to get what is going on in that person's life. She noted that Community Health Workers are often paid very little in primary care settings but are tasked with trying to manage so much that it is impossible. It is all about someone being able to go into homes and the community to what is going on and we don't have that today.

8. Jesse White-Frese stated there is a need to have a deeper understanding of the multiple needs that so many families have and how difficult things are for them to manage in primary care.

9. Bob Krzys said that whatever services are in the bundle whether they include CHWs, behavioral health, transportation, telemedicine, there may be some parts that are so profound that they would have to be essential health benefits. One thing that must be addressed is workforce.

10. Kevin Galvin said one thing he finds exciting about this is the care coordination. He said one of the challenges with it is the fact that as we all went through the ACA people might argue that we didn't do a very good job of bringing the people into the primary care arena. He asked whether there will be a methodology to bring people into the primary care arena from the different segments of our communities to make it as robust a population as possible.

11. Kevin Galvin asked whether workforce development should be more at the front end of the discussion in the development of this. He said they should consider developing the workforce population.

12. Jesse White-Frese asked whether capitated payments are made by the insurance companies to the providers. She asked whether the rates paid to the providers different for every payer for the same requirements.

13. Alan Coker asked whether anyone was familiar with the WISE program. He said it is run through the Department of Mental Health and Addiction Services (DMHAS). It provides a case manager and recovery assistant to check on patients several times a week. He said the program is good and he thinks we could borrow from what they do and what is being recommended for primary care. He said the program is active and is state run. He suggested looking at what they do and "piggy back off" of this program.

14. Ann Smith noted if we don't have the needed infrastructure to support this initiative, we won't be able to realize the potential it proposes for us. She asked how we are going to develop a robust pool of CHWs that will be inclusive and representative of the communities being served. This should not be a one size fit all strategy. How are cultural sensitivities going to be addressed? Ms. Smith raised the concern that initiatives are often not presented in understandable language. By the time consumers become involved, the initiative is set in stone and it is too late to make changes. The timeline for this initiative is too aggressive.

15. Robin Lamott-Sparks said that what is missing is another layer to figure out a linkage to fit with the community and what is happening at the ground level. She said there should be a solution that works for the community and not be just sitting there and nobody uses it.

16. Velandy Manohar said there should be someone looking at all the information coming in. He noted it will take a tremendous effort otherwise there will be silos.

17. Arlene Murphy asked whether there is a way to have more consumer participation at the beginning of this process. She said not just practices talking here and consumers talking there but people around the same table to communicate with each other. She asked whether this is a good next step.