Friday, April 27th
Additional Comments on Primary Care Modernization
Velandy Manohar, M.D. – Consumer Advisory Board Member

Dear Friends,
This is my formal response to the Three Questions raised in the presentation on April 5, 2018 namely:

1. What questions do you have about the Initiative?
2. What do you like?
3. What are concerned about?

My research took much longer than I expected. This is very important data-dense and document- rich endeavor that we are all deeply committed to which includes this most important PC modernization Initiative. Failure is not an option. Three out four documents provide a ringing endorsement for the inclusion of Consumers only one doesn't. We can do better than 75%. We are almost at 4.0 why settle for anything less than the top score like 3.0

Questions and Comments on Primary Care Modernization Document (2 pages)

1. *I have previously expressed my overall support for the PCM Initiative*: *To reiterate I fully endorse this statement* from page 1, Item II. "Improving Primary Care is the Key to better care, spending, and healthier people and communities… "**It will double primary care spending, so doctors can provide more support and increase flexibility to make care better and more convenient for patients.**

2. What are proposing? *This is key for me for this Initiative*:" **The new office of Health Strategy OHS is Partnering with Physicians, Payers and Consumers to launch a Primary care modernization initiative. [PCMI]**

3. How will **this be different from** other care delivery and payment models? **CT Physicians, Payers and Consumers will participate in the development of the model by defining the new ways of providing care and stages of change that will take place over a five- year period.** *[All three Stakeholders Must to be involved in the process through the whole process of planning, implementing and monitoring the impact of the potentially transformative Primary Care modernization initiative. VM***]**

4. How will it work? [PCMI] **OHS** will engage ACO practices, FQHCs, Employers, Payers **and Consumers through committees, panels, and special engagements. [***One of these vital stakeholder engagement strategies ins described exquisitely in Item IV especially in the text and pages in 3-8. VM***]**

5. [How will it work?] "*The Stakeholders [this includes Consumers] will develop a model that includes: critical components of PCMI including "Care-team Capabilities, payment Model Design, Staging, Reporting and Technical assistance." [VM*]

Questions and Comment on April 5th CAB Meeting Presentation Slides (12 pages)

1. Opportunities for PCM (page 2) I like the contents of this document, but I am irrevocably opposed to the plans that will sideline consumers and discount steeply the primacy of the consumer's role accorded in the foundational documents I have cited above at the formative stages of the PCMI. Illustration on page 2 on medication compliance is of colossal importance- and demands major changes in funding and delivery of medical services.

2. **I like this clear, pithy, accurate concluding statement of the severe limitations of the current payment system**. (page 4) I also like and support this; Recommend Multi-Payer demonstration organized around the following recommendations: [Parenthetically I was disappointed we didn't get a chance at the same or another meeting to review discuss and vote on each of the 11 worthy, creative, useful Recommendations.

3. **I emphatically endorse Recommendation #1. (page 5) Once we restore the co-primacy fo Consumers with other stakeholders namely Physicians, Hospitals, and other providers, Policy advocates, Researchers and Advocates from Page 5 of 5 of Item #I and Page 11 [List of Advisory Panels of 12 of Item # III] we will be ready in CT to lead the Nation in PC Payment Modernization. Recommendations 1,2, and 3 are an important cluster of innovative initiatives.**

4. **Recommendations 5 and 6:** I like these creative and just solutions and support the implementation.

5. **Recommendation 7**: **I support full implementation ASAP**. **Recommendation 8:** Strongly support this innovation. **Recommendation 9.** This must be carefully monitored and fully funded as needed. All three recommendations are very important components of any reform effort anywhere.

6. **Recommendation 10**: It is crucial, must be funded and the evaluations system must be cued in to start from the very first day of operations. **Recommendation11**: This is 100% accurate. Primary Care Payment models should be multi-payer, cover the majority of a practice's patient population, and provide practices with external coaching support and technical assistance.

7. Pages 8, 9 and 10 are very helpful. It is essential part of any document that seeks to illustrate the components of plans under consideration and the processes that can impact on stakeholders.

Importance of Consumer Involvement

The CAB Comprehensive Multi-Channel Consumer Engagement and Communication Plan is a crucial document which will explain why Consumers need to be involved: Engaged, Educated and empowered to take their rightful place in the PC Payment modernization planning process

The three proposed focus areas for future Community engagement and Communications Plan activities:

I. Influence Systems: ORGANIZE CONSUMERS to INFLUENCE THE DESIGN AND IMPLEMENTATION OF HEALTH CARE REFORM INITIATIVES AND PUBLIC POLICY. This is what I am taking about.

2. Enable Providers: Engage HC providers in WHAT THEY NEED to KNOW about CONSUMER NEEDS…

3.Empower Consumers: IDENTIFY AND SHARE INFORMATION AND SHARE INFORMATION TO FACILITATE CONSUMER INTERACTION WITH THE HC SYSTEM, PARTICULARLY FOR COMMUNITIES FACING BARRIERS TO EFFECTIVE CARE. The Illustrations on Pages 5,6, and 7 and the explanatory texts clearly describes HOW THESE ACTIVITIES CAN AMPLIFY THE INFLUENCE OF CONSUMERS ON THE DESIGN AND IMPLEMENTATION OF HC REFORM INITIATIVES AND PUBLIC POLICY.

Concluding Comments

This response focusses on my concerns [Besides 2 out of 3 pages of positive comments] about the stark dissonance between the Text and Illustrations in the following Key Office of Health Strategies Documents with respect to the importance of consumers playing a deservedly pivotal role in the potentially life changing transformational process of "…**combining new ways of caring for patients with**

flexible up-front payment. It builds on a strong foundation of patient – centered, relationship-based medicine." I have said all that I believe needs to say to influence the choice of next steps to rectify the dissonance with respect to co-primacy of the role of Consumers in the key documents. Almost of the documents, in fact only one out of the four foundational documents, Item # III, does not carry the ringing endorsement of the Consumers in each of the key documents:

I. Office of Health Strategy: OHS-CT Pages 1-5
II. OHS- CT. Primary Care- Modernization Initiative 2-page document
III. Presentation on 04 05 2018 at Special CAB meeting- Opportunities for Primary Care Modernization [PCM] Page 1-12. My additional response is available for subsequent discussion
IV**. CAB Comprehensive Multi-Channel Consumer Engagement and Communication Plan-Pages**

I would like all recipients of these documents who are members of CT SIM-CAB get a chance to hear more about the Recommendations 1-11 and vote much like we express our preference for candidates seeking appointment to the CAB or Steering Committee etc.

I welcome your comments.
Best wishes.
Velandy Manohar, MD.,
CT. SIM CAB
Distinguished Life Fellow, Am. Psychiatric Association[APA]
Steering Committees: Psychotherapy Caucus APA
National Physician Alliance-CT

Monday, April 30th
PMI Transformation
Good evening,

Today I was at DPH as a member of the hearing Panel of the CT. Medical Examining Board. While I was being checked in to go to the Hearing Room. I saw the Scroll like document displayed in the Reception area in the Basement. I had been going in for many years as member of the Board and the Hearing Committee and don't remember really paying attention to the two scroll like documents- one in English and one in Spanish. But in the midst of these protracted negotiations I was struck by the thematic phrases: Healthy People in Healthy Communities. It struck me that my advocacy is consistent with carrying out this mission of DPH. I had always used the Reports entitled Healthy people 2010 etc. to support my advocacy efforts.

I am attaching my photograph from the front Lobby in the Basement floor of the DPH Building where we had our hearing on the third floor. This provides an over-arching set of precepts that provide context for my statements especially in the current endeavors about Primary Care Modernization Initiative Namely Vision: These modernization proposals must illuminate our efforts to support Healthy People living, working and socializing in Healthy CT Communities. One of the key items under Values is the last entry which is not the Least by any stretch of the imagination: **Service oriented: We, Respect, Listen and Respond to our Customers**. This and other **indispensable Values such as the importance of Equitable policies and programs that promotes fairness, social justice, equity and cultural competence and to be Accountable, Collaborative and Innovative.**

I later found out the information in the Scroll like document in the Lobby is based on the material published **[Page 7] in the CT. DPH Strategic Plan 2013-2018 issued by Dr. Jewell Mullin, MD.**

Now, after reading this document I understand better why it is very important for us to infuse and integrate these Values into the PCMI in every way possible in every step of the way if we are to accomplish this extremely, excruciatingly long delayed and worthy and **essential goals embedded in Public Act No. 08-71 based on the Principle of Health Equity In passing Public Act No. 08-171**, **the General Assembly finds that "equal enjoyment of the highest attainable standard of health is a human right and a priority of the state".**

I fully endorse this lofty goal and urge all others working on PCMI to find inspiration and strength from this clearly, unequivocally stated aspirational and urgent high priority goal. **This matter of providing equitable Health Care is about our basic Human Rights as residents of CT.**

I welcome your responses.
Respectfully,
Velandy Manohar, MD
NB: **http://www.portal.ct.gov/-/media/DPH/Strategic-Planning/OSP_CT-DPH-_Final.pdf?la=en**
CT. DPH Strategic Plan
Vision, Mission and Values
Our vision, mission, and values guide us in setting priorities by articulating our goal for the future, what we can do to achieve that goal and how we will conduct ourselves in pursuing our goal.
Our Vision Healthy People in Healthy Connecticut Communities.
Our Mission To protect and improve the health and safety of the people of Connecticut by:
• Assuring the conditions in which people can be healthy;

• Preventing disease, injury, and disability; and
• **Promoting the equal enjoyment of the highest attainable standard of health, which is a human right and a priority of the state**.

Our Values:

Performance-based: We learn from our past efforts and use performance measures and data to focus our future efforts.

Equitable: We foster policies and programs that promote fairness, social justice, equity, and cultural competence.

Professional: We respect and uphold the high standards, skills, competence, and integrity of our professions.

Collaborative: We work together and with others who share a similar vision for the mutual benefit of the community.

Accountable: We are responsive and transparent to the public in our actions and communications.

Innovative: We are creative and seek out new ways to solve problems.

Service-oriented: We respect, listen, and respond to our customers

Principle of Health Equity In passing Public Act No. 08-171, **the General Assembly finds that "equal enjoyment of the highest attainable standard of health is a human right and a priority of the state".**

It is understood that barriers exist to the equal enjoyment of good health and that efforts must be directed at developing and implementing policy solutions that eliminate disparities in health status based on race, ethnicity and linguistic ability to improve the quality of health for all state residents.

The Connecticut Department of Public Health also recognizes other priority populations in its efforts to address health disparities, which in addition to race, ethnicity, and language, may be based on age, gender, socioeconomic position, immigrant status, sexual minority status, disability, homelessness, mental illness, and geographic area of residence.

CT. Dept of Public Health Strategic plan; Page 7