Consumer Advisory Board
Meeting Minutes
December 14, 2018

Meeting Date	Meeting Time	Location
December 14, 2018	2:30 – 3:30 p.m.	Webinar only

Participant Name and Attendance

Consumer Advisory Board Members					
Jeffrey G. Beadle		Robert Krzys	X	Jason Prignoli	X
Alan Coker		Theanvy Kuoch, MA, LPC	X	Kelly Ray	
Alice Ferguson		Nanfi Lubogo		Ann R. Smith, JD, MBA	
Kevin Galvin	X	Velandy Manohar, MD	X	Denise O. Smith	X
Rev. Bonita Grubbs		Arlene Murphy	X	Stephen Wanczyk-Karp, MSW	
Linda Guzzo		Terry Nowakowski	X		
Others Present					
Mary Jo Condon (FHC)		Tekisha Everette (HES)			
Vinayak Sinha (FHC)					
Eve Berry (FHC)					
Stephanie Burnham (OHS)					

Meeting Information is located at: https://portal.ct.gov/OHS/SIM-Work-Groups/Consumer-Advisory-Board

	Agenda	Responsible Person(s)
1.	**Welcome**	**Arlene Murphy/Kevin Galvin**
	Arlene Murphy chaired the meeting. Members and other participants introduced themselves. Ms. Murphy mentioned the purpose of the meeting was to review questions of Consumer Advisory Board (CAB) members on the Primary Care Modernization (PCM) initiative's Payment Reform Council (PRC) discussions. Ms. Murphy then introduced Mary Jo Condon of Freedman HealthCare to facilitate the session.	
2.	**Review of CAB Questions Regarding PCM**	**Mary Jo Condon, Freedman HealthCare**
	• Ms. Condon mentioned that all proposals or recommendations of the Practice Transformation Task Force (PTTF) and Payment Reform Council made to date were provisional and not final. She elaborated that the PTTF and PRC expect to complete this phase of their work in January. Another round of engagement will occur with consumers and other stakeholders following this phase of the work. A report and supporting materials will be shared with the Healthcare Innovation Steering Committee (HISC) and released for public comment. • Ms. Condon referred to the meeting materials to discuss the Community Integration capability (question one). She updated CAB members that the PTTF has recommended this capability as optional for Advanced Networks and Federally Qualified Health Centers and reviewed the community integration definition, goal, preliminary thoughts on payment, and recommended guidance on implementation.	

- There was a question on whether the PTTF recommendation to make the capability optional was applied to all implementation steps. The PTTF recommendation does apply to all steps.
- There was a question on whether step one's social determinants of health (SDOH) risk assessment was included in other parts of PCM. Ms. Condon mentioned she would confirm this after the meeting.
  - It was expressed that if some providers conduct the SDOH assessment and support patients based on their needs while others did not, this could create a system with inequitable access to services.
  - Later, Ms. Condon informed CAB members that a social determinant of health assessment was included in the Behavioral Health Integration capability, which is required.
- Ms. Condon mentioned that part of the supplemental bundle would be adjusted for the medical needs of the patient and that consumer representatives have asked the PRC to also account for social needs, behavioral health status, and certain complex conditions that require extra care coordination. She mentioned the work on additional adjustment methods is ongoing and will consider all these factors.
- There was a comment that the design group discussed assessing the capacity of community services to understand how to ensure appropriate access to services.

- There was a question on the Genomic Medicine capability's inclusion in the provisional payment model.
  - Ms. Condon mentioned that the capability is currently on hold and external funding is being explored to support this capability.
- There was a question on whether payers or providers who are not ready to participate could participate in PCM if they implemented only a few core capabilities.
  - Ms. Condon mentioned that participating providers would need to implement required capabilities, but not optional capabilities. She elaborated that discussions on potential phasing in of core capabilities are ongoing.
- There was a question on what payments would look like.
  - Ms. Condon described the basic bundle as providing an upfront payment for the primary care providers including physicians, advanced practice nurses and physician assistants and the supplemental bundle as covering costs for expanded care teams, behavioral health integration, eConsults, and community integration.
- In response to questions, Ms. Condon reviewed how input from consumers has been incorporated into PRC discussions and recommendations (question ten). She clarified that the design groups are primarily tasked with developing the capabilities, and as such design group recommendations are summarized and circulated amongst members before these are forwarded to the PTTF. Design group and PTTF recommendations regarding the payment model are then discussed with the PRC. Ms. Condon then provided specific examples of consumer input that have shaped PRC recommendations on patient choice of provider, empowering providers for population health management, lowering of patient out of pocket costs, improved support for those with greater medical, behavioral health, and social needs,

	protections against underservice and patient selection, and improved health outcomes and equity for underserved populations. ○ Arlene Murphy mentioned that these examples bring up good points on consumer design group feedback incorporation into the payment model, but raised a concern that some feedback may have missed being discussed with the PRC. • There was a comment on how HEC could support PCM capabilities through potential funding. • There was a question on whether total cost of care accounted for office visits and other care and whether both the basic and supplemental bundle would be at risk? ○ Ms. Condon clarified that total cost of care includes primary care office visits and other care not provided by primary care. She added that PCM model would likely sit on top or be incorporated into total cost of care accountability programs. ○ Ms. Condon mentioned that services would be covered by the basic bundle, supplemental bundle, and fee-for-service (for services not in the bundled) payments. She also mentioned that the total cost of care programs could include upside and downside risk. She added that the PRC has ongoing discussions on a "risk-lite model" for providers who feel less ready to take on risk. • There was a question on whether phone, text, e-mail, and telemedicine visits were considering approaches for those for whom English is not a primary language. ○ Ms. Condon clarified that extended care teams, including language interpretation services, were a required capability for providers to participate in PCM. • Arlene Murphy raised a concern that the PTTF and PRC reconciliation process would need to be a public process that incorporated input from both groups and not just co-chairs. • There was a comment that concept maps created for design group capabilities have been helpful summaries, that value-based insurance design should play a role in improving care, and that community integration is important for services integration.	
3.	**Next Steps**	**Arlene Murphy/Kevin Galvin**
	• The FHC team will provide a meeting summary • The CAB will consider follow-up questions and work to schedule another session.	