

STATE OF CONNECTICUT
State Innovation Model
Practice Transformation Task Force

Meeting Summary
January 2, 2018

Meeting Location: Conference Call

Members Present: Susan Adams; Lesley Bennett; Grace Damio; Leigh Dubnicka; Garrett Fecteau; Shirley Girouard; Edmund Kim; Anne Klee; Michael Michaud; Rowena Rosenblum-Bergmans; Anita Soutier; Elsa Stone; Randy Trowbridge

Members Absent: Mary Boudreau; Heather Gates; M.Alex Geertsma; Alta Lash; Kate McEvoy; Rebecca Mizrahi; Douglas Olson; Andrew Selinger; Eileen Smith; Jesse White-Frese

Other Participants: Michele Kelvey-Albert, Jenna Lupi, Mark Schaefer

Call to Order

The meeting was called to order at 8:04 p.m. Lesley Bennett chaired the meeting. Attendance was taken by roll call.

Public Comment

There was no public comment.

Review and Approval of Meeting Summary

The approval of the meeting summary was deferred.

Review and Approval of PCPM White Paper Report

Ms. Bennett said the purpose of the meeting is to review the PCPM White Paper Report and approve it. Dr. Girouard asked who would be the audience for the document. Dr. Schaefer said the audience is the Healthcare Innovation Steering Committee and the stakeholder community which includes health plans, providers, consumers, and various state agencies. Dr. Girouard asked about the purpose of the document. Dr. Schaefer said the purpose is to suggest that additional payment reform should be undertaken in order to enable care delivery reform especially primary care transformation to occur to maximum benefits of patients. It is also intended to enable more diverse care teams and a wider range of methods for patient support beyond visit based care.

Dr. Schaefer provided an overview of the PCPM White Paper Report. He said on this call they would like to determine whether the concerns have been addressed and approve the report to go to HISC. If HISC supports it to go to public comment, there will be one more chance for editing in light of the public comments before it is finalized. He said there were some comments received after the last PTTF meeting. They were largely supportive of the PTTF recommendations but there was one edit as a result of the comments.

Dr. Schaefer provided a brief review of the PTTF recommendations in the executive summary. The Taskforce discussed the recommendations.

Recommendation 1, 2, & 3 – There were no comments.

Recommendation 4 – Ms. Rosenblum-Bergmans asked whether the wording could be changed where it says “at least double the amount of money”. The Taskforce agreed to change it to “double the funding dedicated to primary care”.

Recommendation 5 – There were no comments.

Recommendation 6 – Ms. Rosenblum-Bergmans asked whether there are models that have articulated what homelessness means or other things such as food insecurity. Dr. Schaefer said in other states like Minnesota and Massachusetts, they have developed risk adjustment models that factor things in like homelessness but it is not part of the standard risk adjustment models. He said the expectation is that we would move in this direction.

Recommendation 7 – There were no comments.

Recommendation 8 – Ms. Rosenblum-Bergmans said most primary care practices are not equipped to manage substance abuse and these services are lacking in the community. She expressed concern with how primary care could manage substance abuse without referral options or places for folks to go in order to get treated. She said it would be difficult to hold a primary care provider accountable for this. Dr. Girouard said she has concerns about this also and particularly with the current climate. Dr. Kim said this is one that he is concerned with as well. He mentioned primary care practitioners being aware of this. Dr. Schaefer suggested making it clearly an option that should be afforded for networks that feel they have the capability to assume the accountability and have the resources to bear but this wouldn't be for everyone. Members agreed. Dr. Schaefer said he will make a note of this. He said the edits can be included in the deliberation on whether to approve this to go to HISC. He said he would circle back to make sure that folks are comfortable with the wording.

Recommendations 9, 10, & 11 – There were no comments.

Dr. Schaefer asked whether there were any other questions or comments about the edits to the report. Dr. Stone said the revisions to recommendations are far more concise than previous versions. She commended him on this draft. Dr. Schaefer said it was a team effort and thanked Ms. Lupi for her edits. Dr. Girouard said there is nothing in the report about the very difficult situation that we are in. She expressed concerns about moving forward without clear recognition about what's going on in the current environment. Dr. Schaefer asked if she could speak to how the things that are going on, like threats to insurance coverage and loss of the mandate, impact the rightness of the recommendations.

Dr. Girouard said she thinks it is going to be a difficult time for anyone to try to maintain the services as they now exist and to make them better with the resources available. She said groups need to come together, not just the payers and providers, to come up a creative strategy because there will be less money in the system. She said posting new requirements will be difficult for people. Ms. Rosenblum-Bergmans said she agrees that there will be fewer dollars available, so it is important to ensure that the dollars will be more focused on what matters. It should be more focused on the things that could change healthcare delivery. She said that she agrees with Dr. Girouard that it is a scary time right now in terms of looking at overall funding especially for vulnerable populations.

Ms. Adams said she agrees. She said the particulars that they have built into the system that require standardization and having things outlined, particularly behavioral health and social determinants, are essential for successfully changing the healthcare system within the state.

Dr. Girouard suggested acknowledging within the document that the PTTF is aware of current issues that will make it more difficult for providers to make the kinds of changes recommended without a lot of support. Dr. Schaefer said he could add a statement to that effect and acknowledge the threats around coverage and resources coming into the system. These threats amplify the importance of using available dollars as effectively as possible. Members agreed.

The Taskforce decided to vote on the PCPM White Paper by roll call.

Motion: to approve and move forward with the PCPM White Paper Report and the recommendations with the recommended edits – Grace Damio; seconded by Edmund Kim.

Discussion: Dr. Girouard said it is very difficult for her to support this for reasons given about placing demands for things that will be difficult for people to achieve without some substantive support.

Garrett Fecteau had support for comments. He said yes but with nuances.

Vote: 12 in favor/1 not in favor (Shirley Girouard).

Dr. Schaefer thanked everyone for their time.

Adjournment

The meeting adjourned at 8:44 p.m.