

# Primary Care Modernization Model Design: Advisory Process

## Goal

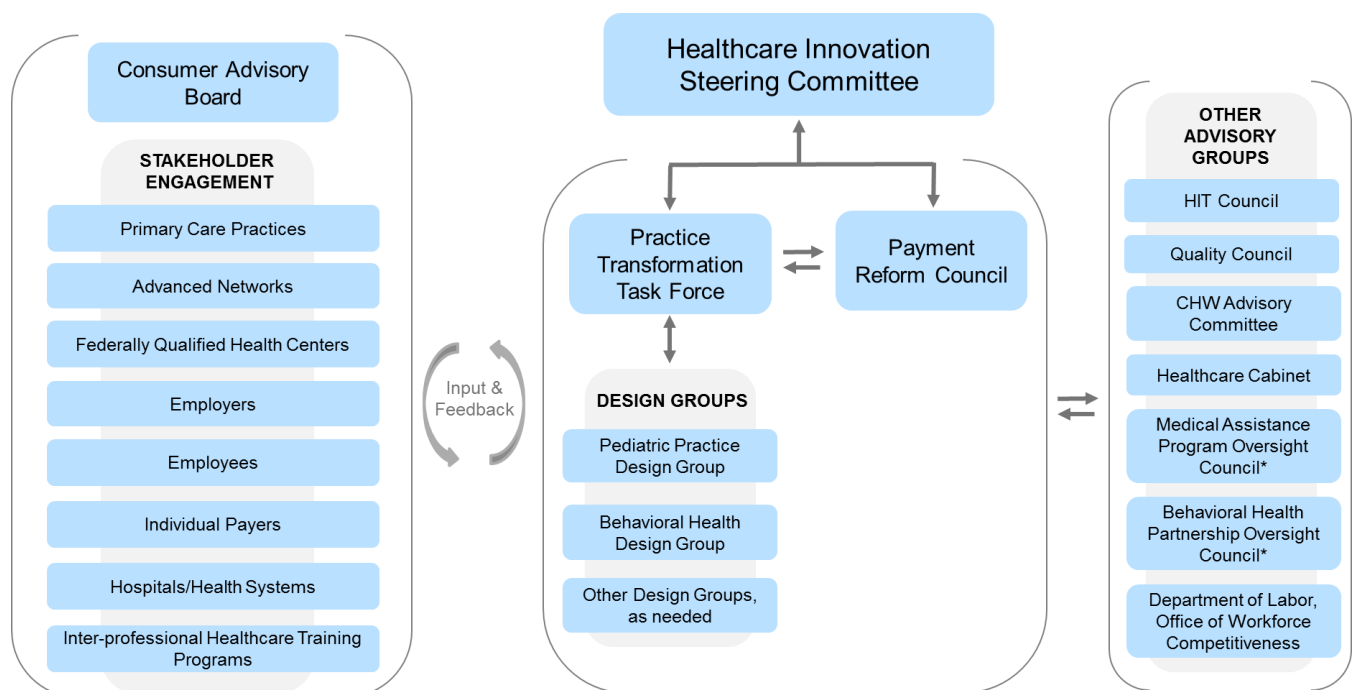
Develop a primary care modernization program model that details: 1) *new care delivery capabilities for Connecticut's primary care practices* and 2) *payment model options that support those capabilities*. The program model is intended to double primary care spending over a period of five years so that doctors can provide patients with more support. It will also introduce new payment methods that increase flexibility to make care more convenient, community-based and responsive to the needs of patients. Together, these changes must improve outcomes and health equity while reducing the total cost of care and increasing the joy of practice. The program model will be an option for consideration by the governor-elect during the transition period that begins soon after the November election.

## Challenge

Connecticut stakeholders are seeking more accessible, equitable and effective primary care that improves outcomes and makes all of healthcare more affordable. However, stakeholders have different perspectives on what primary care should offer in order to achieve those goals and how to ensure that new investments and new payment methods maximize benefits while safeguarding against risks.

## Strategy and Process

The **Office of Health Strategy (OHS)** will use SIM funding to hire a **consultant** to facilitate a series of meetings with SIM work groups and other engagements with Connecticut's consumers, providers, payers, employers, educators and state leadership to design a model that achieves the goals outlined above. The provisional advisory process is illustrated in the figure below:



## Healthcare Innovation Steering Committee

The Healthcare Innovation Steering Committee will provide high level oversight for the design process. OHS, work group co-chairs, and the PCM consultant will provide ongoing updates to the Steering Committee and solicit input throughout the course of the design process. If needed, the Ad Hoc Subcommittee will be convened to provide for more extensive input and feedback.

## Consumer Advisory Board

The Consumer Advisory Board (CAB) will provide early and ongoing input into the design process. The CAB will identify high priority challenges and expected outcomes for this initiative and methods for preventing harm. OHS will provide regular updates to the CAB, in a form and format determined by the co-chairs. In addition, the CAB will provide feedback on provisional payment design options including the methods for ensuring that flexible funds are wisely invested and that patients are protected from the risk of under-service (e.g., loss of access to office-visits) and patient selection.

The CAB will continue to ensure consumer representation on the Task Force and the Payment Reform Council. OHS will work with the CAB and its co-chairs to determine the need for additional consumer forums to gather input and feedback. The CAB will work with the PCM consultant and OHS to determine the target populations and outreach strategies.

## Practice Transformation Task Force

The Practice Transformation Task Force (Task Force) will serve as the lead advisory group with respect to the primary care delivery capabilities included in the model. The list of potential capabilities identified below was developed with input from various stakeholder groups. Each of the capabilities on this list will be considered for inclusion in the program model. This list **may evolve** as a result of the work of the Task Force and the ongoing stakeholder engagement process. The Task Force **has committed to** including *care team diversification, alternative modes of patient support and engagement* and *behavioral health integration* in the program model. Other capabilities require further review and consideration.



The Task Force will utilize **design groups** as needed to help develop some of the identified capabilities. Design groups will include Task Force members and may also include key stakeholders with relevant expertise. Design Groups will include:

- **Pediatric Practice Design Group:** This group will provide recommendations regarding essential care delivery capabilities for pediatric practices.
- **Behavioral Health Design Group:** This group will provide recommendations regarding the integration of needed behavioral health capabilities within primary care.
- **Other Design Groups:** Additional design groups will be established as needed by the Task Force to focus on other primary care capabilities such as *precision medicine* or *remote patient generated data*.

The **Task Force** and its Design Groups will produce draft recommendations regarding the design of the primary care modernization program model, including required and elective practice capabilities, taking into account input provided by the stakeholders.

### Payment Reform Council

The Payment Reform Council will serve as the lead advisory group responsible for advising on the design of payment model options. The payment model options will be required to support the primary care delivery capabilities recommended by the Task Force. We intend to include balanced and proportionate representation from consumers, providers, state agencies, and payers. We anticipate that this group will be smaller than most SIM work groups. We would propose that this group meet 3-4 times during the design process, and on an as needed basis if model adjustments are required. The Payment Reform Council will produce draft recommendations regarding primary care bundled payment options. The recommendations will account for all of the care delivery capabilities recommended by the Task Force and take into account the input provided by the stakeholder groups.

The PCM consultant will facilitate coordination and ongoing communication between the Task Force and the Payment Reform Council. We anticipate that there will be a joint meeting of the co-chairs or the work groups to support the production of a comprehensive and well synthesized program model for submission to the Steering Committee.

### Stakeholder Engagement

OHS and the consultant will engage a variety of stakeholders either individually or in group meetings. We anticipate that the consultant will meet 2-3 times with each stakeholder group in order to gather input on their primary care priorities and to provide input on the provisional model design recommendations of the Task Force and the Payment Reform Council. We will invite a Task Force member to participate in each of the group engagement meetings. The stakeholder groups include the following:

- **Consumers**
- **Primary Care Practices**
- **Advanced Networks**
- **Federally Qualified Health Centers**
- **Employers**
- **Employees**
- **Hospitals/Health Systems**
- **Inter-professional Healthcare Training Programs**
- **Individual Payers**

Input from each of the stakeholder groups will be captured and presented to the Task Force and the Payment Reform Council by the consultant.

## Oversight and Alignment Process

OHS will establish a process among leaders of each group to share information between the HISC, CAB, Task Force, and Payment Reform Council. Strategies for establishing efficient feedback loops between the groups include:

- Meetings with the Payment Reform Council and Task Force co-chairs to coordinate
- Production and dissemination of program content, informational materials and updates, in a form and format that is easily understood by the work groups and stakeholders that are engaged in the design process.

## Department of Social Services

OHS recognizes that the Department of Social Services is the single state agency with the authority to administer the Medicaid and CHIP programs and protect Medicaid beneficiaries from risks such as under-service and patient selection. OHS further recognizes that the Council on Medical Assistance Program Oversight (MAPOC) and the Behavioral Health Partnership Oversight Council (BHPOC) play a vital role as the advisory bodies with the legislative authority to advise the Department of Social Services regarding the administration of Medicaid and CHIP. The Department of Social Services is preparing a proposed approach to coordinating with the MAPOC and the BHPOC. The Advisory Process summary will be revised to incorporate the final agreed upon procedures for coordination with MAPOC and the BHPOC.

## Other Advisory Groups

OHS will ensure the opportunity for other relevant SIM stakeholder groups to provide input, such as:

- The **Quality Council** may provide input on the quality measurement strategy
- The **HIT Council** may provide input on necessary health information technology that might be needed to enable the capabilities envisioned by the Task Force, or to support rapid cycle program monitoring, reporting and documentation.
- The **Community Health Worker (CHW) Advisory Committee** may provide input on the integration of CHWs into primary care practice.
- The Healthcare Cabinet may be consulted in areas such as pharmacy related consumer support or other areas of common endeavor.
- The Department of Labor, Office of Workforce Competitiveness will collaborate with OHS and the Task Force to develop a strategy that helps ensure that healthcare employers have access to qualified workers to fulfill new care team roles.

## Outcome

The design recommendations of the Task Force and the Payment Reform Council will be incorporated into a draft integrated program model. Upon review and acceptance by the HISC, we anticipate that there will be sufficient time to release the draft for public comment. Once public comment is incorporated and the HISC has accepted and approved the Primary Care Modernization program model, OHS will provide the proposed model to the Governor as an option for consideration for 2020. OHS is seeking to conclude this design process by late-November or early December of 2018.