

STATE OF CONNETICUT
State Innovation Model
Community Health Worker Advisory Committee
Meeting Summary
Tuesday, March 2, 2017
1:00 pm – 2:00 pm

Location: Webinar

Members Present: Migdalia Belliveau, Yolanda Bowes, Ashika Brinkley, Thomas Buckley, Juan Carmona, Darcey Cobbs-Lomax, Loretta Ebron, Liza Estevez, Linda Guzzo, Terry Nowakowski, Chioma Ogazi, Lauren Rosato, Milagrosa Seguinot, Mayce Torres

Members Absent: Michael Corjulo, Grace Damio, Tiffany Donelson, Peter Ellis, Nicholas Peralta, Robert Zavoski

Other Participants: Brenda DelGado, Faina Dookh, Tekisha Everette, Meredith Ferraro, Bruce Gould, Maggie Litwin, Katharine London, Jenna Lupi, Mark Schaefer, William Tootle, Victoria Veltri, Stanley Zazula

1. Call to Order

The webinar began at 1:03 pm.

2. Primary Care Payment Reform Models—Discussion

Jenna Lupi reviewed primary care payment reform models (fee-for-service linked to quality, alternative payment models, population-based payment), explained how primary care payment reform can support SIM goals and CHWs in Connecticut, and described the Comprehensive Primary Care Plus (CPC+) payment reform opportunity from CMS.

Lauren Rosato asked what would happen under a population-based payment arrangement if a practice's volume rose above the historical volume data on which its upfront payments were based. Ms. Lupi explained that payers do regular assessments (e.g., quarterly) for things like changes in population size and risk composition and adjust payments accordingly. Mark Schaefer added that the payment models that Ms. Lupi presented are for illustrative purposes only and that any given payer can design them in whatever way works best for them and the provider.

Meredith Ferraro asked how quality measures are assessed. Dr. Schaefer answered that Health Care Payment Learning & Action Network recommends pairing a quality-measurement framework with a payment model. If the model is a shared-savings program (SSP), then the quality framework can be whatever quality score card is already in place. CPC+, a national non-SSP, has a very carefully developed quality-measurement framework that they will apply to anyone who is participating in the program.

In response to Ms. Lupi's question about what opportunities members see and what concerns they have about changing the payment mechanisms for primary care, Terry Nowakowski said that one of the biggest opportunities she sees is reduction of patient-utilization costs, especially those associated with ED visits. Ms. Rosato expressed concern about the increased risk that providers will have to assume in

order to transition from fee-for-service to a bundled-payment system. Ms. Lupi affirmed that phone services could be covered under a bundled-payment system.

Ms. Lupi shared that, through stakeholder interviews, SIM has so far learned the following about primary care payment reform in Connecticut:

- It is difficult to change care delivery under a fee-for-service model. **More flexibility** is needed in payment models.
- Providers need **payment up front**. They can't simply wait for shared savings.
- Primary care is responsible for coordination, prevention, and chronic disease management, but **not enough money is spent on primary care**.
- There is **interest among providers and payers** to move toward primary care payment models that provide increased flexibility and increased revenue, but there is **concern about risk**.

Ms. Lupi described the CPC+ payment reform opportunity from CMS:

- CPC+ is a federal opportunity for states or regions of states to participate in a Primary Care Payment Reform model.
- CPC+ **includes Medicare participation** (which can often be difficult to get), and encourages **all payers to participate**.
- Primary Care Payment Models require up-front funding, with the idea that the system will save money over time. **CPC+ could help the state with some of that funding**.
- CPC+ is flexible in its requirements, which **could enable the committee to make strong recommendations regarding CHWs**.

She concluded by reiterating that the purpose of the webinar was to help the committee think about how CHWs fit into primary care payment models and how those models can help fund CHWs.

3. Next Steps and Adjourn

The committee will meet sometime during the week of 3/20 to hear more about what SIM has learned about interest in primary care payment reform in Connecticut from its interviews with stakeholders and to further discuss the potential impact of primary care payment reform on CHWs.

The webinar ended at 2:04 pm.