

**STATE OF CONNECTICUT**  
**State Innovation Model**  
***Practice Transformation Task Force***

**Meeting Summary**  
**March 21, 2017**

**Meeting Location:** Connecticut Behavioral Health Partnership, Hartford Room, Suite 3D, 500 Enterprise Drive, Rocky Hill

**Members Present:** Susan Adams; Lesley Bennett; Mary Boudreau; Grace Damio; Heather Gates; Shirley Girouard via conference call; Colleen Harrington; Edmund Kim; Anne Klee; Alta Lash; Kate McEvoy via conference line; Douglas Olson; H. Andrew Selinger; Elsa Stone; Randy Trowbridge

**Members Absent:** Leigh Dubnicka; Garrett Fecteau; M. Alex Geertsma; Beth Greig; Abigail Kelly; Rebecca Mizrachi; Rowena Rosenblum-Bergmans; Eileen Smith; Anita Soutier; Jesse White-Frese

**Other Participants:** Supriyo Chatterjee; William Doemland; Faina Dookh via conference line; Erika Edlund; Anne Elwell; Julia Grabowski; Lisa Honigfeld via conference line; Michele Kelvey-Albert; Ken Lalime; Jenna Lupi; Russell Munson; Mark Schaefer; Vicki Veltri via conference line; Lauren Williams

**1. Call to Order**

The meeting was called to order at 6:09 p.m. Lesley Bennett and Elsa Stone co-chaired the meeting. Members and other participants introduced themselves.

**2. Public Comment**

There was no public comment.

**3. Review and Approval of Meeting Summary**

Ms. Bennett said she has recommendations. The first is to note that members expressed concern that they were at a disadvantage because they did not receive the discussion materials before the meeting. Ms. Bennett asked whether the reference on page 4 of the summary is NAMI instead of CAHMI. Dr. Girouard confirmed the reference was to The Child and Adolescent Health Measurement Initiative (CAHMI).

***Motion: to accept the minutes of the February 28, 2017 Practice Transformation Taskforce (PTTF) meeting with modifications – Elsa Stone; seconded by Alta Lash.***

**Discussion:** There was no discussion.

***Vote: All in favor.***

Ms. Lupi reviewed the purpose of the meeting ([see meeting presentation here](#)). She said the purpose of the meeting is to review discussions from previous Taskforce meetings, share more about the work that the Qualidigm has been doing, discuss the pros and cons of the primary care payment models (PCPM), and discuss questions regarding primary care payment reform (PCPR). Ms. Veltri said she wanted to confirm that everyone received a copy of the statement sent via email regarding the Administration's position about Medicaid and Comprehensive Primary Care Plus

(CPC+). Ms. Veltri said she wanted to make sure everyone was aware of it before the PCPM discussion.

Dr. Girouard asked for a summary of the document that was sent via email. Dr. Schaefer provided a summary of the latest materials sent out by email. He said the Administration has made a decision for Medicaid not to participate in the CPC+ initiative. He said it is important to recognize where the Administration's position is on Medicaid. He suggested a focus be on how to best ensure and initiate the reforms that we have set our sights on and to sustain them over time. Ms. Veltri suggested deferring any questions regarding Medicaid to Kate McEvoy.

On her arrival, Ms. McEvoy clarified and said the communication that was sent is not simply a DSS position but rather a position that reflects the Administration collectively. She said after careful deliberations they have elected not to submit a Medicaid letter of intent in response to the inquiry. Ms. McEvoy provided an overview of the various reasons for this decision and said she is happy to answer any questions. She noted it was important to share the intent around the CPC+ application in consideration of the work of the SIM committees. Dr. Girouard expressed thanks and said it gives some context to some of the things the group may have been concerned about.

There was a suggestion for the group to focus on primary care payment reform with respect to Medicare and private payers. The Taskforce discussed whether to proceed with the meeting. Ms. Lash suggested the group to be thinking about all payers and be "payer blind" as they proceed.

#### **4. Primary Care Payment Reform – High Level review**

Ms. Lupi provided a high level review of the primary care payment reform. Dr. Selinger noted the fee for service model cannot continue as is. He said it will never yield the population health that it needs to yield. He said he is a proponent of small pilots to allow practices to get their "feet wet" to see what it feels like to have some control such as hiring a community health worker (CHW). Dr. Selinger said this merits serious consideration as an approach to move forward.

#### **5. Primary Care Payment Reform – Stakeholder feedback**

Ms. Williams provided an overview of the primary care payment reform stakeholder feedback. There were no questions.

#### **6. Primary Care Payment Reform – Discussion and Recommendations**

The Taskforce discussed the primary care payment reform. Dr. Schaefer suggested they go right to the questions for considerations. He said the goal is to have specific recommendations to submit to the Steering Committee. The Taskforce agreed with going to the questions.

Dr. Trowbridge asked whether they are voting on this or contemplating. He asked whether they would be making a decision tonight. Dr. Schaefer said they will be reviewing a series of questions. Dr. Schaefer said questions could lead to recommendations. The first question is a simple question to just check to see if we should go in this direction. The Taskforce decided to vote on the questions.

*Question one – Should we recommend primary care payment reform?*

Dr. Trowbridge said he doesn't know a person in the room who wouldn't raise their hand that they have to reform payment to primary care. He said he has not met anyone that would argue that we need to improve how we go about paying primary care physicians. Mr. Trowbridge said he thinks it is an obvious question from the standpoint of delivering healthcare.

***Motion: to recommend primary care payment reform – Alta Lash; seconded by Doug Olson.***

**Discussion:** There was no discussion.

**Vote: All in favor.**

***Opposed: Shirley Girouard due to lack of context.***

*Question two – Should we recommend a particular model?*

Ms. Gates said as she looks at all of this she thinks the answer is no. She said she would vote no they don't want to recommend a particular model. It varies so much in scope from the size of practice and payers in the state. Ms. Gates said she does not think this group should say which model can be recommended. Dr. Stone suggested starting at the low end regarding CPC+. Mr. Lalime said there is a low end on the CPC+ model on track one. It is the lower end of the pool. Dr. Schaefer said if CT market was selected for CPC+, payers do not have to adopt this model. They have to be directionally aligned. CPC+ does not dictate the model for other payers but does dictate for Medicare. Ms. Lash suggested keeping options open for the practices and allowing them to figure out how they want to start. Dr. Olson said he would not be in favor of anything that creates additional administrative work for primary care providers behind the scenes. He said he agrees with Ms. Lash and Ms. Gates in not dictating and putting a recommendation on a particular model.

Ms. Gates said they are not designing a healthcare system to launch from scratch but designing a payer system to divert from what it is now to an incentive system. Everyone is not starting from the same place. Ms. Gates suggested flexibility with how they implement. She said money has to come from somewhere. The payers do not want to be paying any more total but want to reduce expenditures. Dr. Trowbridge said he agrees with Ms. Gates. He said the payment model should be such that it allows for some discussion. He said the ability to take funds and create the team should be available to primary care doctors. It should be the way to move the system forward. If there is no team than it will be hard to execute everything the group has been talking about.

Ms. Lash said a question is should we increase our investment in primary care. She said that she would propose that they move in this direction with the proviso of question four and question five that the consumer not bear the brunt of the increase investment in primary care. Dr. Schaefer asked whether a consensus with the idea that provider organizations and payers should have the opportunity based on resources and capability to negotiate the arrangements that make the most sense for them. There was a consensus.

***Motion: that provider organizations and payers should have the opportunity based on resources to negotiate the arrangements that make the most sense for them.***

**Discussion:** There was no discussion.

**Vote:** All in favor.

***Opposed: Shirley Girouard***

Dr. Girouard said her vote would be no, they are not ready to recommend a model.

*Question three – Should we recommend that payers join CPC+? Is CPC+ the best way to get Medicare on-board?*

Ms. Gates asked regarding lives on Medicaid and dually eligible lives. Ms. McEvoy said Medicaid is presently serving 770,000 individuals and dually eligible lives is around 65,000. Ms. Veltri said the Medicare population is around 630, 000. There was a discussion of how it would affect dually eligible lives. Dr. Girouard expressed concern of whether they should do this if the state Medicaid is not participating in CPC+. Ms. Lash mentioned she does not feel the Administration should limit someone's access to a practice that has CPC+ because they do not want Medicaid to participate. She said with Medicaid off the table, she thinks they should still recommending this. The assumption of the committee is to be payer blind. Ms. McEvoy said there is no reason why Medicaid members could not receive care from a practice that is receiving CPC+ payments from another payer.

**Motion: to recommend that payers join CPC+ as a way to bring Medicare into primary care payment reform – Alta Lash; seconded by Mary Boudreau.**

**Discussion:** There was no discussion.

**Vote: All in favor.**

**Opposed: Shirley Girouard**

Dr. Girouard said since she did not support the first question, it is hard to vote on others.

*Question four – Should the reform increase our investment in primary care?*

Dr. Girouard volunteered to make the motion. She said she can support it because it does not say how you are going to pay for it. She said this is an easy one, of course they should make more commitment to primary care. Dr. Trowbridge said based on the premise that primary care is going to drive the healthcare experience, it is important for it to be funded adequately. He noted the reform has to be sustained. There should be a lot of seriousness about what is happening. He said healthy behaviors and health literacy are critical parts of this. He said funding the ability of the primary care offices to create an environment where education is going on can make big changes in healthcare. He said primary prevention can have dramatic changes in a few months. Dr. Trowbridge suggested the need to move in a direction of how they fund primary care so that it allows for a team approach to take effect in a strong way. Dr. Girouard said she would like to amend her motion and change it to “increase our investment in primary care with emphasis on health promotion”.

**Motion: any reform should increase our investment in primary care with emphasis on health promotion – Shirley Girouard; seconded by Alta Lash.**

**Discussion:** Dr. Schaefer said shared savings program models basically focus their attention on a one to two year ROI. There is so much that could be unlocked in terms of the team’s ability and the engagement of consumers that is better enabled by PCPR.

**Vote: All in favor.**

*Question five - How do we ensure that reforms don’t result in higher costs for consumers, employers and taxpayers?*

Dr. Schaefer said there is a strategy being proposed on how to do this. Dr. Girouard said the question is very complexed. She said she doesn’t think they would be able to spend enough time to provide an answer to the question tonight, particularly because they do not know what is happening in the health system. Due to the lack of time, the Taskforce agreed to postpone the remainder of the questions.

## **7. Next Steps and Adjournment**

Next steps were not reviewed due to a lack of time.

**Motion: to adjourn the meeting – Alta Lash; seconded by Anne Klee.**

**Discussion:** There was no discussion.

**Vote: All in favor.**

The meeting adjourned at 8:18 p.m.