

# Primary Care

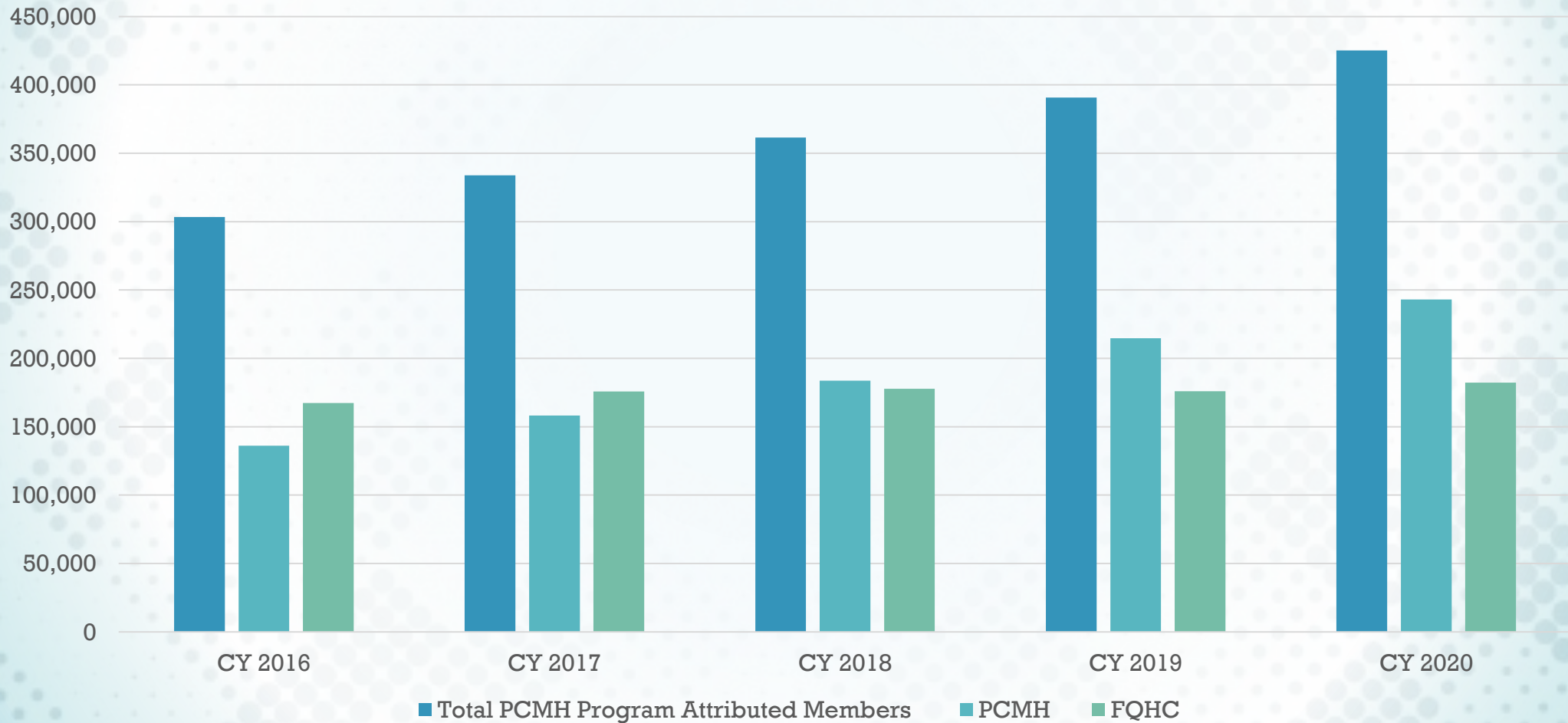
# Outline

- PMCH and PMCH+ Overview
- CMS Future Orientation
- White House Health Equity Taskforce
- OHS Primary Care Roadmap
- Primary Care Benchmark
- DSS's Primary Care Rates
- Future Endeavors



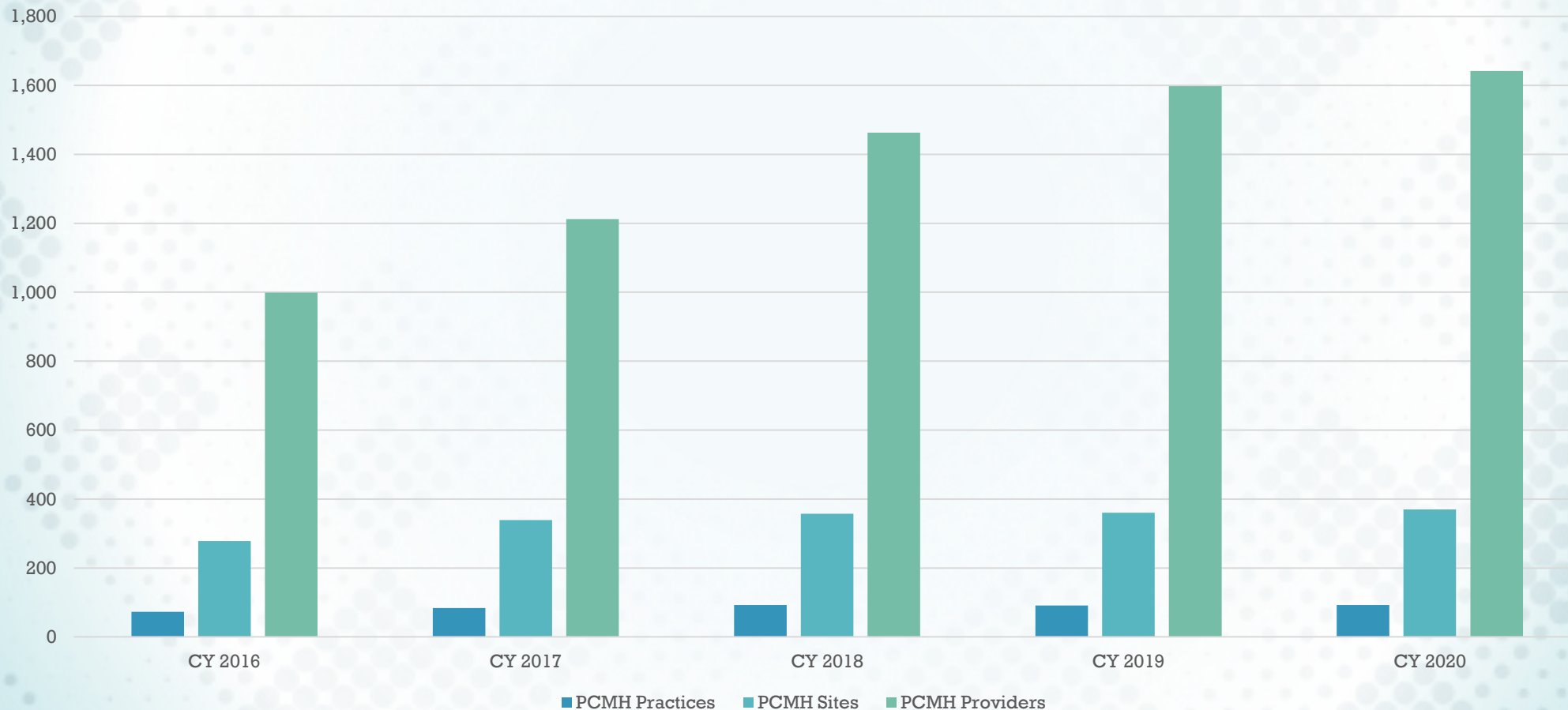
# PCMH

# Members in a PCMH practice



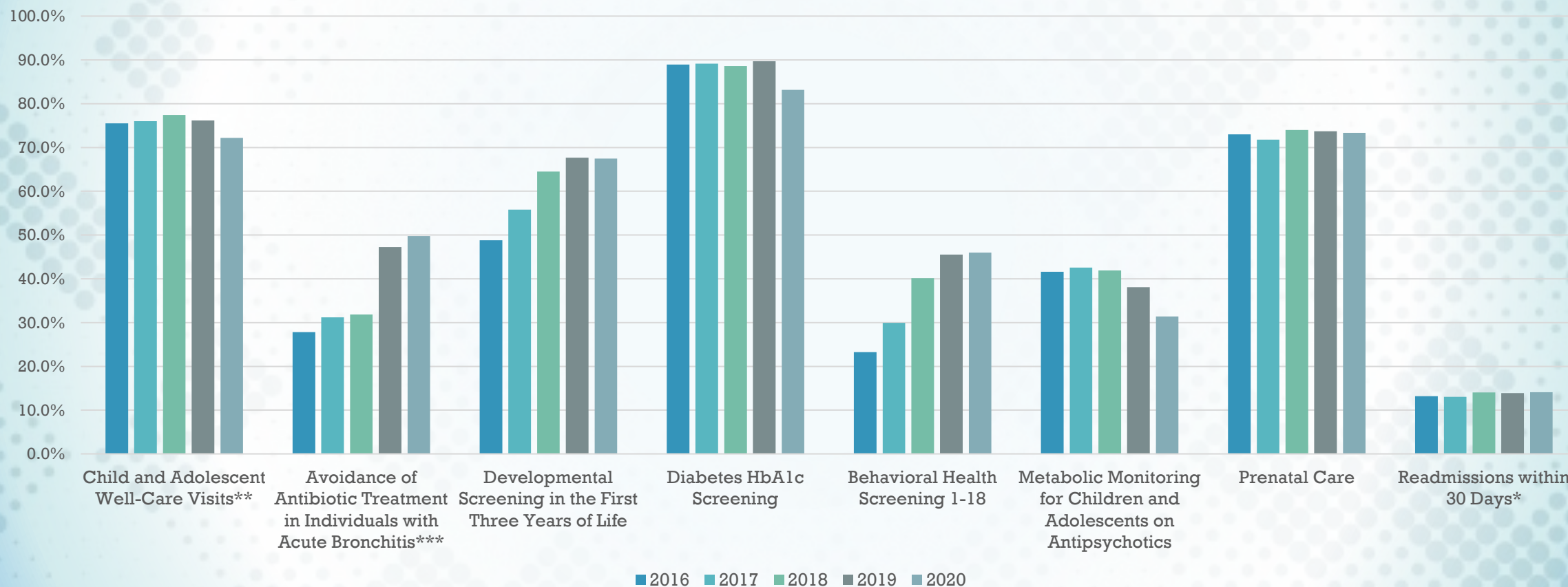


# PCMH Program Growth - Practices, Sites and Providers (as of 12/31 of CY)



# PCMH Outcomes Summary

PCMH Program Rates for PCMH+ Quality Measures



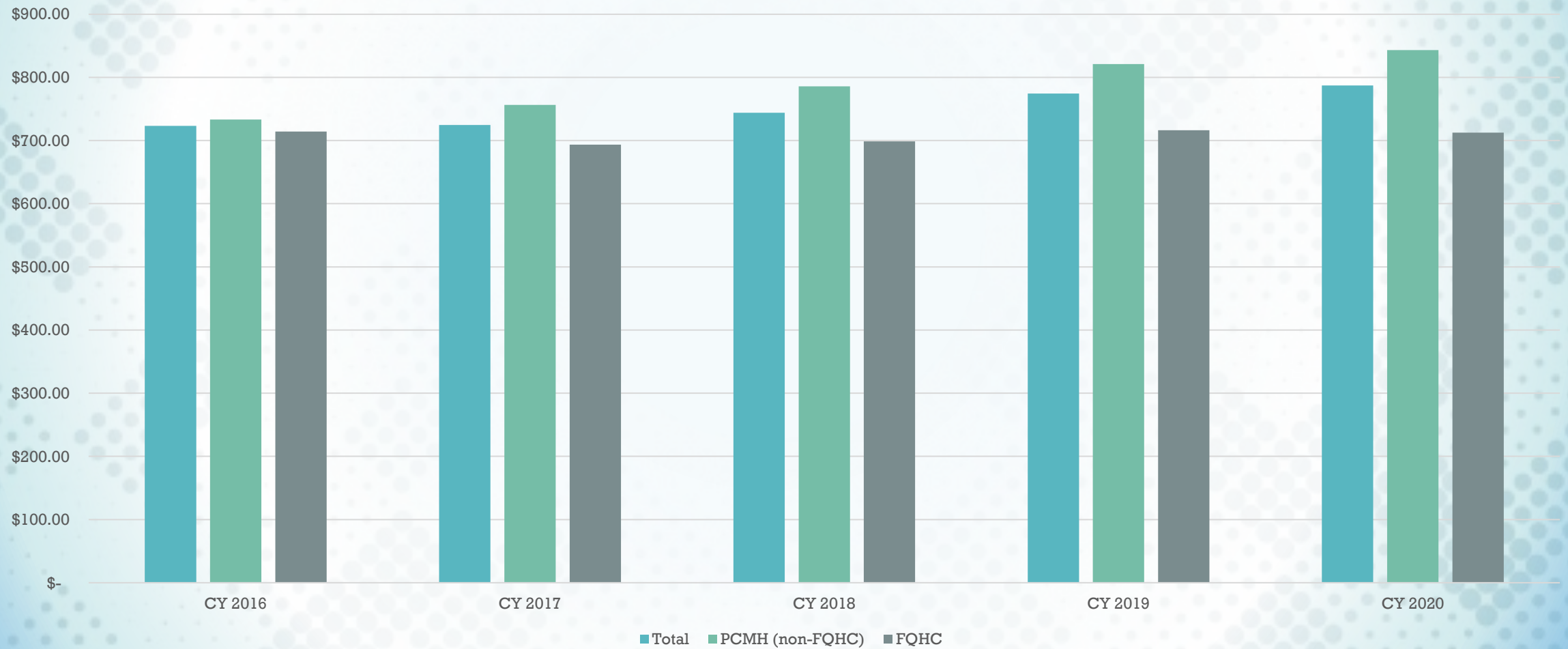
\* A lower score indicates more appropriate care.

\*\* Child and Adolescent Well-Care Visits had specification updates from 2019 to 2020 that combined all annual well-child visits over 30 months.

\*\*\* Avoidance of Antibiotic Treatment in Individuals with Acute Bronchitis only measured adults for 2016-2018.



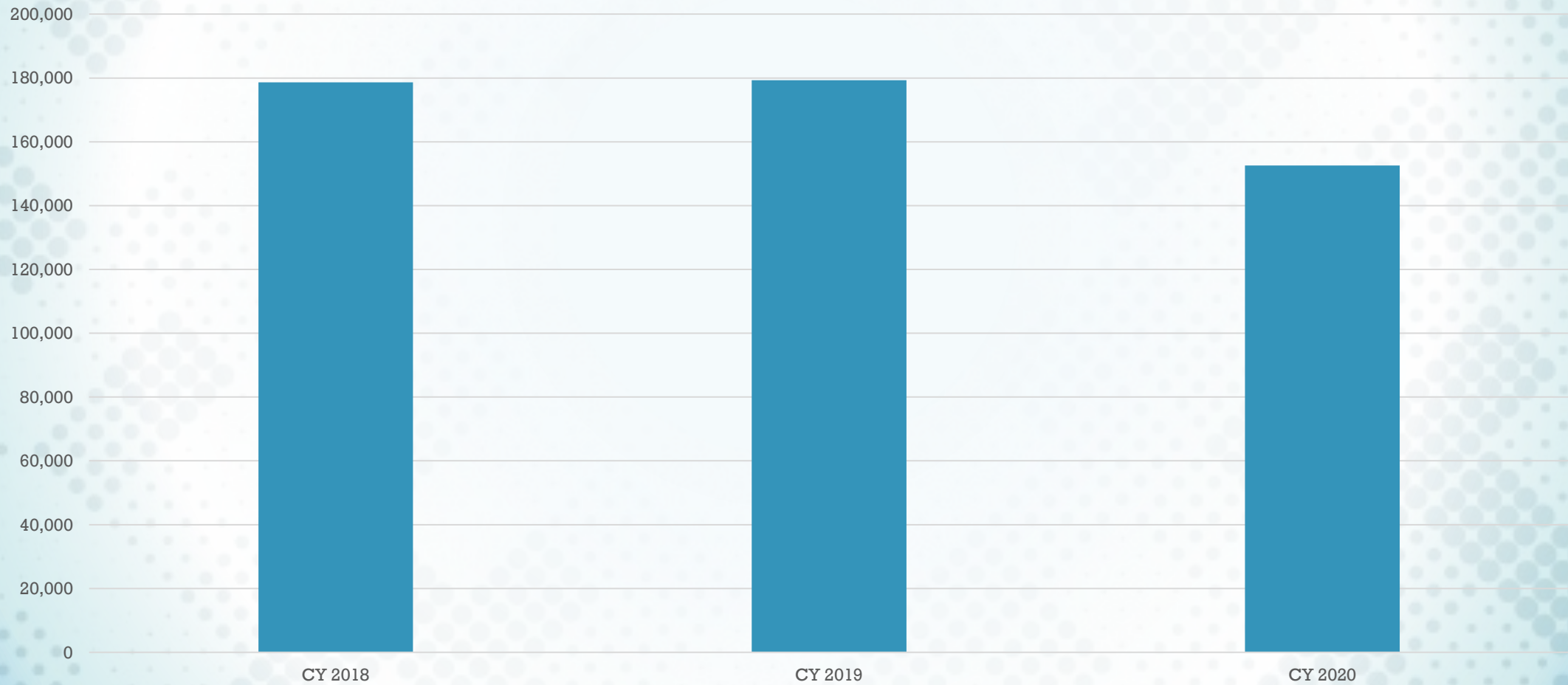
# Per Member Per Month Costs in PMCH



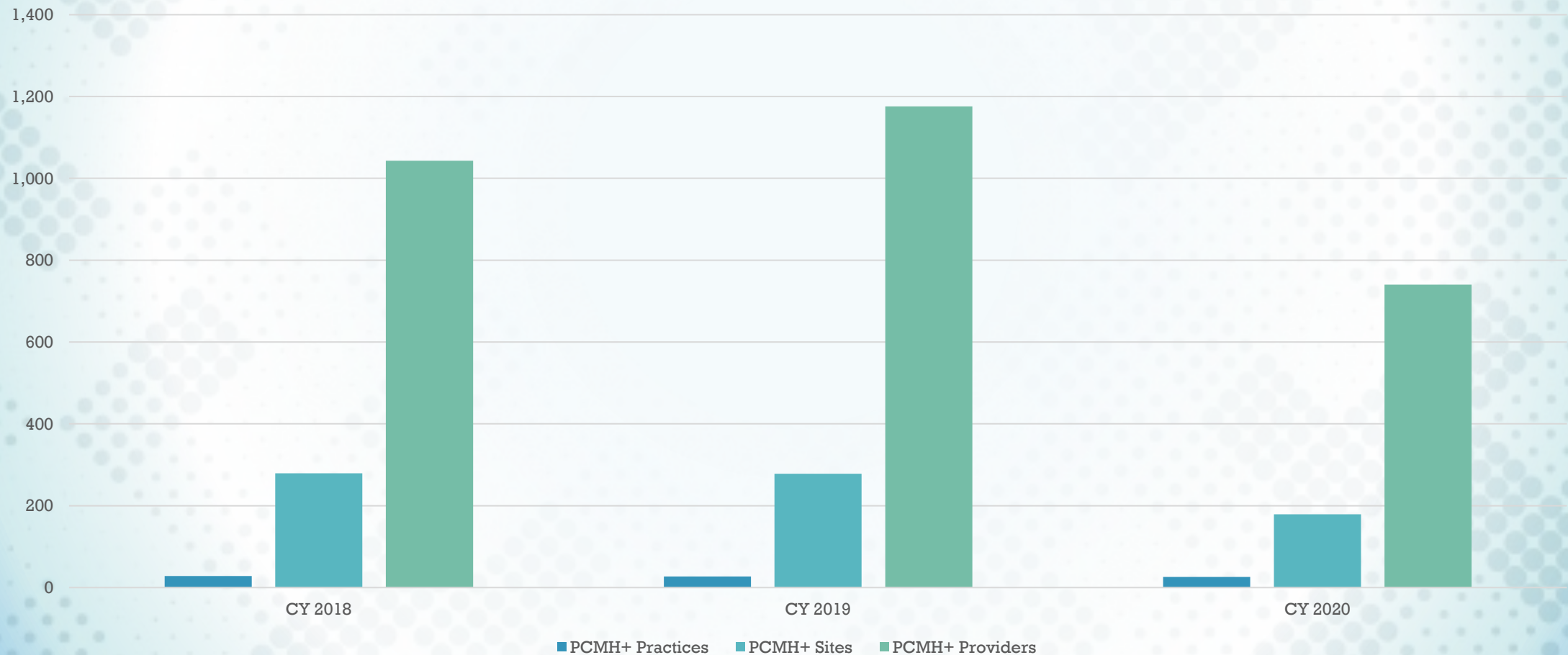
# PCMH+



# PCMH+ Program Attributed Members - Total Initially Assigned

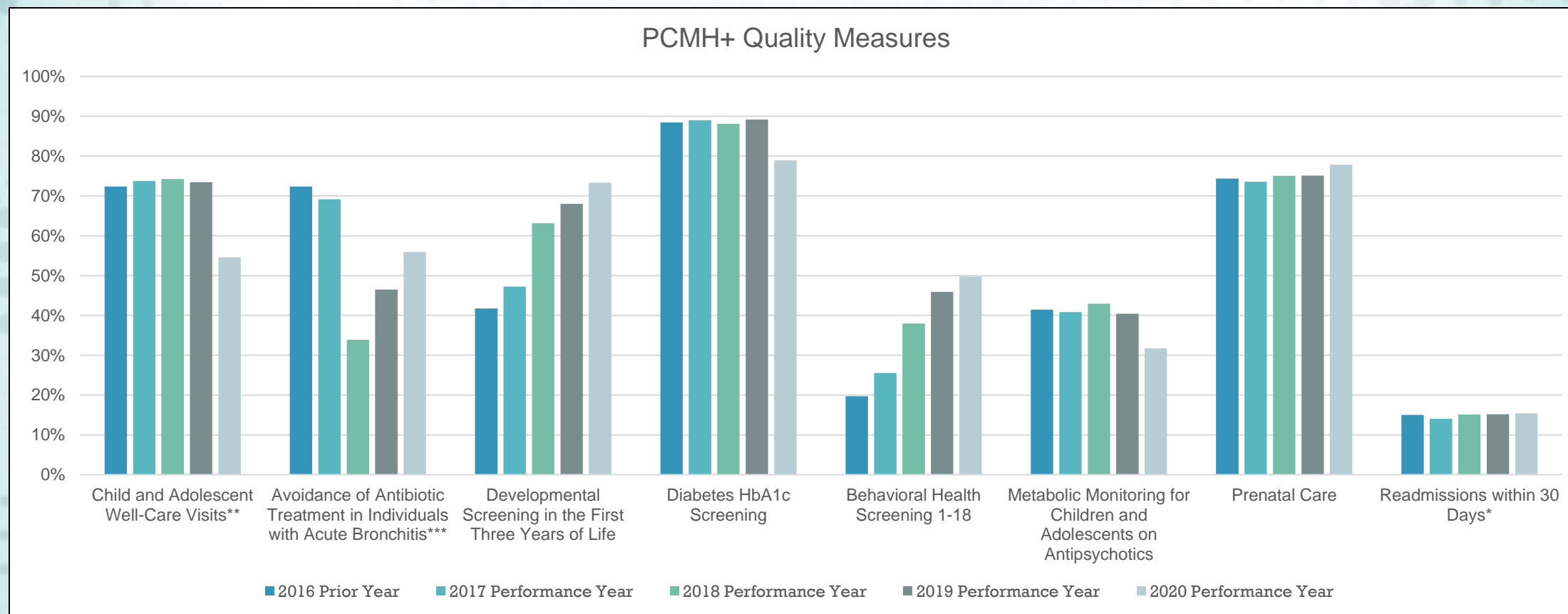


# PCMH+ Program Growth - Practices, Sites and Providers (as of 12/31 of CY)





# PCMH+ Outcomes Summary

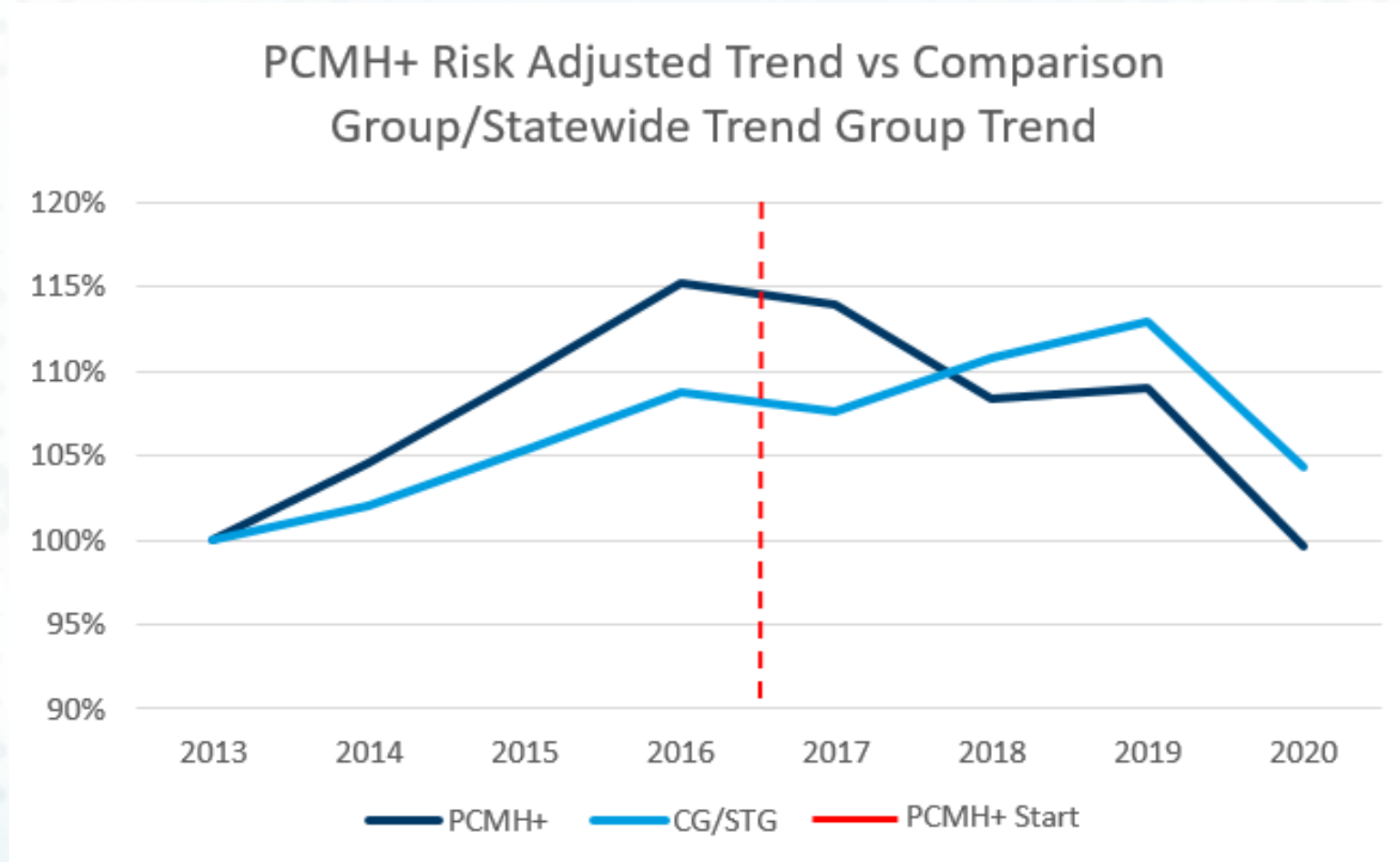


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# PCMH+ Cost Trend





# CMS Future Direction

# CMS Strategic Objectives 2021



Figure 1. CMS Innovation Center Vision and 5 **Strategic Objectives** for Advancing System Transformation.



# CMS Strategic Objective 1

## Innovation Center Strategic Objective 1: Drive Accountable Care

**Aim:**

Increase the number of people in a care relationship with accountability for quality and total cost of care.

**Measuring Progress:**

- All Medicare beneficiaries with Parts A and B will be in a care relationship with accountability for quality and total cost of care by 2030.
- The vast majority of Medicaid beneficiaries will be in a care relationship with accountability for quality and total cost of care by 2030.



# Presidential COVID-19 Health Equity Task Force Recommendations



# Presidential COVID-19 Health Equity Task Force Recommendations

## Health Care Access and Quality



Everyone has equitable access to  
high-quality health care.

“Supporting the development of reimbursement models that encourage data- and community-driven approaches focused on improving equity-centered health care delivery for communities of color and other underserved populations where they live and work.”

“Providing payment incentives to providers that improve metrics of health care quality and patient experience in communities of color and other underserved populations”

# Office of Health Strategy Primary Care Roadmap



# OHS's Primary Care Roadmap

Office of Health Strategy (OHS) Roadmap for  
Strengthening and Sustaining Primary Care

Executive Order No. 5 signed in January 2020 directs OHS to:

1. Improve affordability of health care
2. Improve quality of care, equity and population health status
3. Support the state's primary care infrastructure

Connecticut Office of Health Strategy  
Victoria Veltri, Executive Director

As part of this work, OHS has developed the *Roadmap for Strengthening and Sustaining Primary Care* introducing four key steps to achieving this goal:

1. Establish core functional expectations of primary care practice teams.
2. Apply resources and supports to help practice teams master the core function expectations.
3. Develop methods to assess and recognize practice team performance.
4. Make available voluntary primary care alternative payment models, beyond fee-for-service (FFS), to reimburse primary care.
  - Any risk-adjusted payments should be based on age, gender, and clinical complexity+
  - Prospective patient panel identification+
  - Measures and monitoring practices to protect against stinting of care and undesired adverse impact+
  - Multi-payer alignment on contractual primary care quality measures that include equity-focused measures \*
  - Practice eligibility for meaningful incentive payments based on quality performance\*
  - Data sharing and education\*

+These parameters apply only to the value-based prospective and primary care alternative payment models.

\*These parameters apply to value-based prospective and primary care alternative payment models and to FFS payment models.

CT Department of Social Services

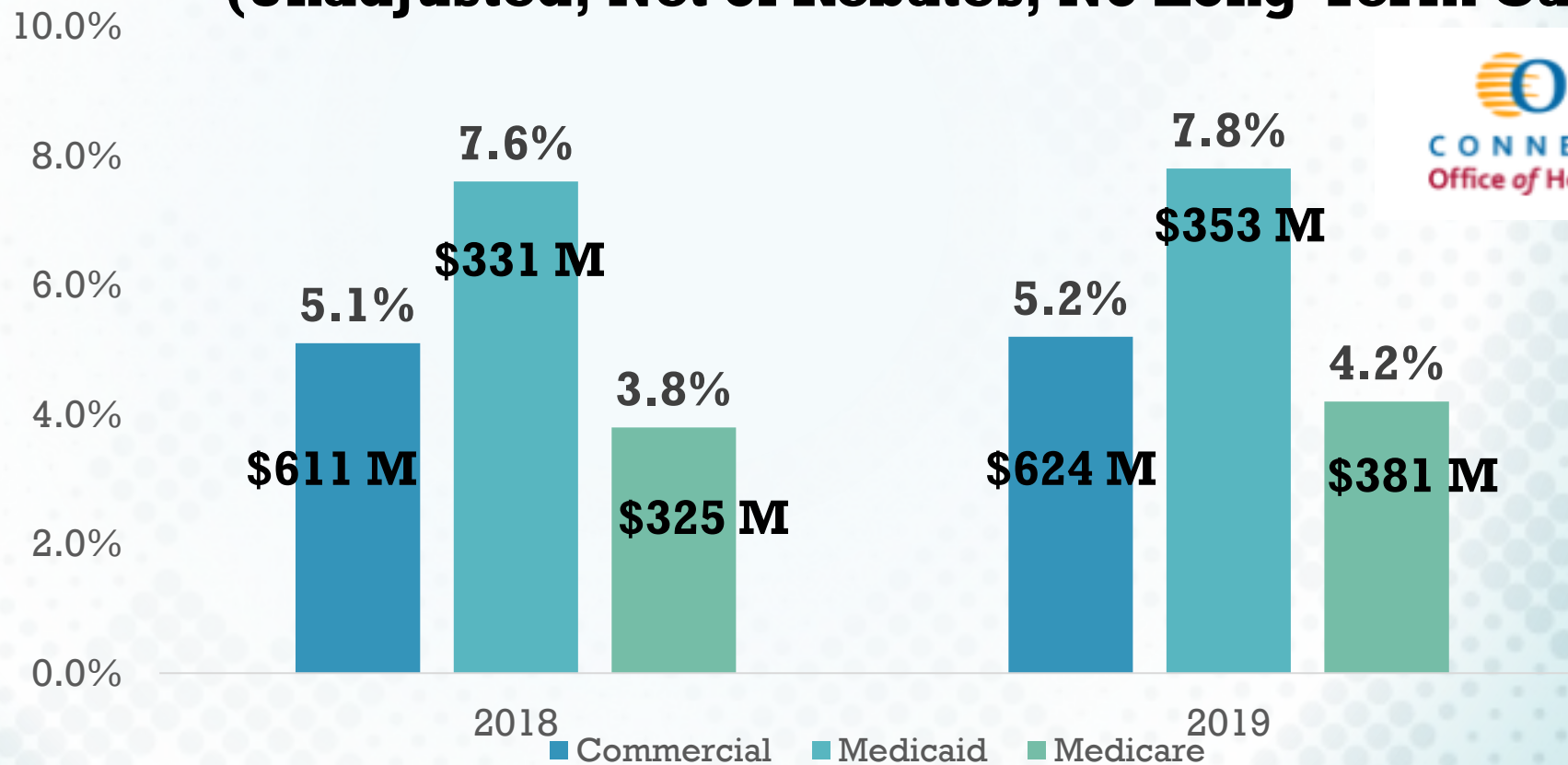
# Office of Health Strategy Primary Care Benchmark



# Medicaid Market-Level Primary Care Spending

## Primary Care Spending as a Percentage of Total Health Care Expenditures (Unadjusted, Net of Rebates, No Long-Term Care)

Executive Order No. 5 also calls for primary care spending across all payers and populations to reach a target of 10 percent of total healthcare expenditures by calendar year 2025.

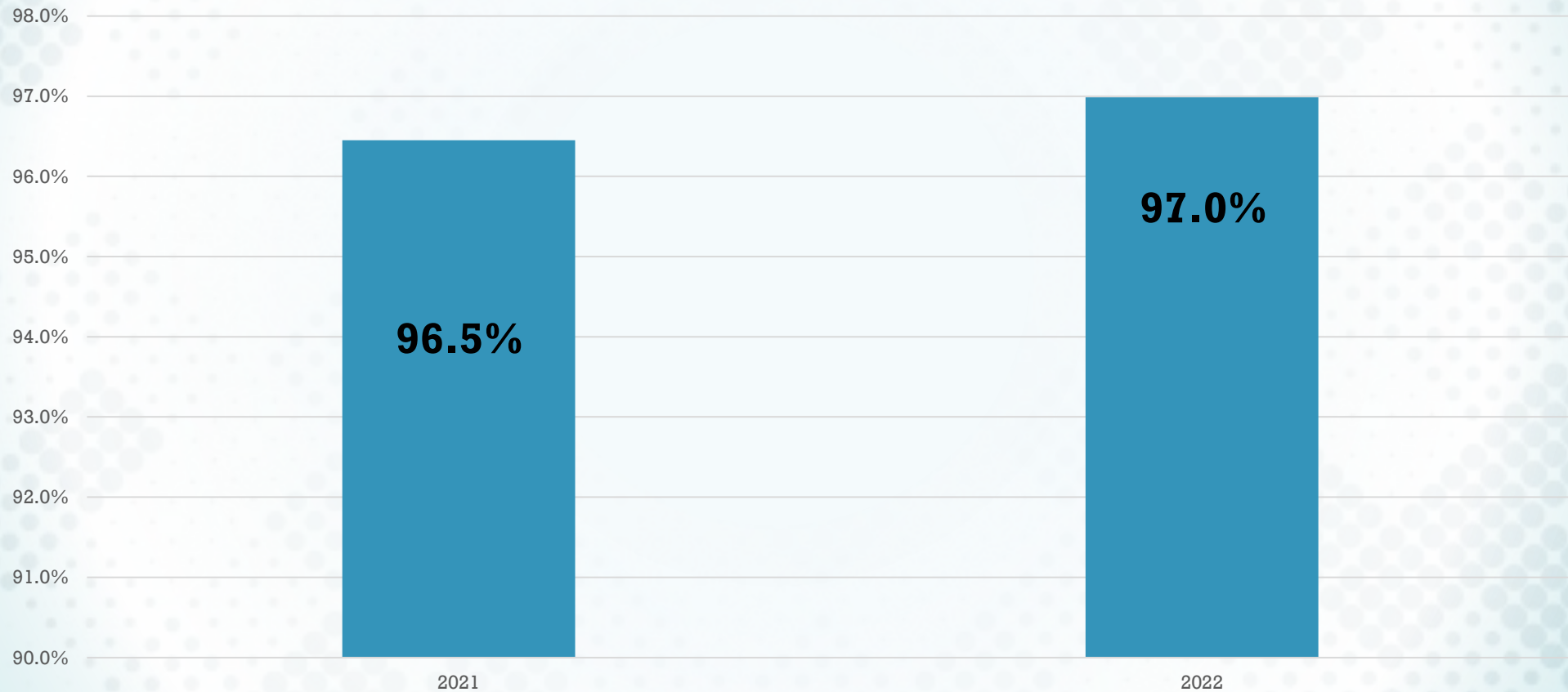


OHS  
CONNECTICUT  
Office of Health Strategy

Source: *Bailit Health*, January 2022

# Medicaid Primary Care Payments

Medicaid Non-Facility Primary Care Rates as % of Medicare



Primary Care providers must self-attest to practicing primary care in the fields of Pediatric Medicine, Family Medicine, Internal Medicine, or a subspecialty in the one of the fields listed.



# Health equity will be the central focus of DSS's primary care efforts and evaluation

## **Race equity is a major part of health equity**

- Address and remedy disparities of access, utilization and outcomes
- Place particular emphasis on individuals of color, individuals with substance use disorders, and individuals with a high social vulnerability index as these are the individuals disproportionately affected by health inequities
- Center the lived experiences of our members in the way we design and implement any changes to the primary care system
- Examine all services through the lens of race and ethnicity to ensure we are working to close health equity gaps

# Next Steps

- Bring in external support
- Examine our existing programs and other programs throughout the country
- Engage members, providers, and other stakeholders in the effort
- Report out to MAPOC
- Imbed Health Equity lens throughout