

MAPOC Care Management Committee

DSS Primary Care Program Design Update

April 12, 2023

Agenda

- **[Reminder] Work to Date:** Primary Care Program Assessment
- **Goals for Primary Care Program Design:** Defining Success
- **Next Steps:** Timeline and Stakeholder Engagement Plan

Work to Date: Primary Care Program Assessment

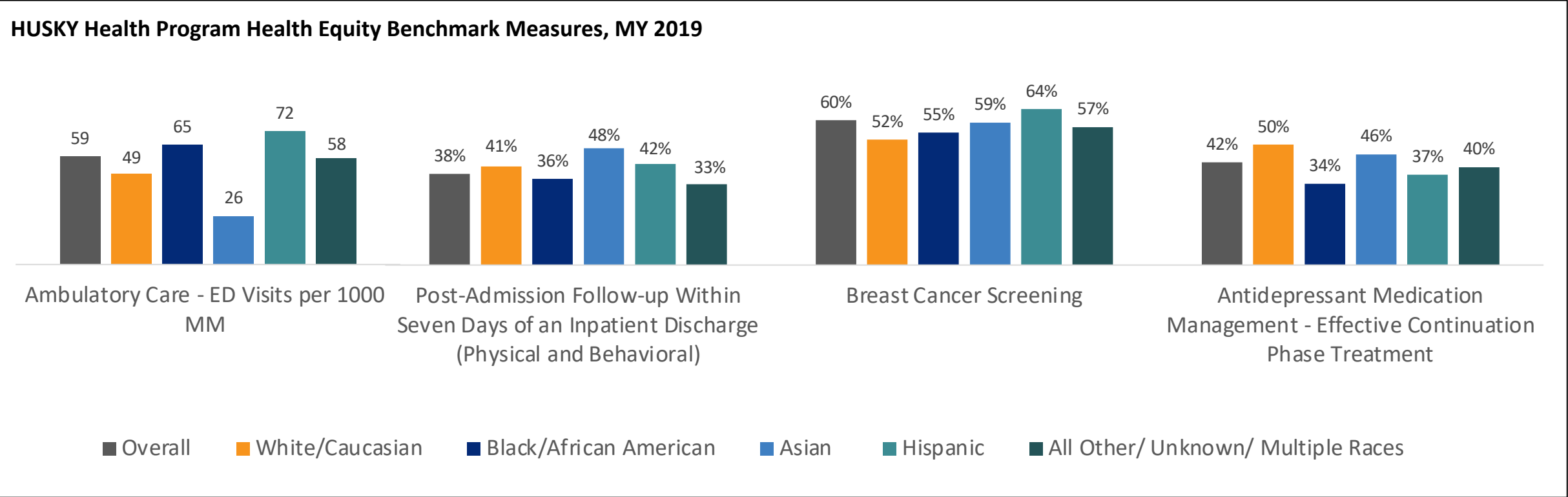
Throughout 2022, DSS and FCG conducted a Primary Care Program Assessment that aimed to assess CT DSS primary care program opportunities and provide recommendations to inform the future direction of CT DSS primary care programs.

	Objective	2022	
Phase 1 <i>Initial Evaluation</i>	<ul style="list-style-type: none">• Review existing program documentation• Interview state team for background/ context• Complete preliminary program assessment	Mar	
		Apr	
		May	Key Deliverables: Preliminary Program Assessment
Phase 2 <i>Primary Data Collection</i>	<ul style="list-style-type: none">• Conduct focus group interviews with members, providers, and other key stakeholders to understand stakeholder priorities	Jun	
		Jul	
		Aug	Focus Group Learnings
Phase 3 <i>Recommendations</i>	<ul style="list-style-type: none">• Develop options and recommendations for the future of CT DSS primary care programs	Sep	
		Oct	Primary Care Program Recommendations
Phase 4 <i>Support Implementation</i>	<ul style="list-style-type: none">• Outline implementation considerations and key activities to support implementation of recommendations	Nov	
		Dec	

This work culminated in a set of recommendations for primary care program design and a plan for conducting primary care program design with substantial stakeholder engagement in 2023.

Work to Date: Opportunities for Improvement

Within the HUSKY Health program, there are disparities in quality of care and member outcomes by race/ethnicity.



ED Utilization
(lower is better)

Access/ Availability of Care
(higher is better)

Prevention and Screening
(higher is better)

Behavioral Health
(higher is better)

Source: 2021 HUSKY Health Program Health Equities Report, MY 2019

Work to Date: Opportunities for Improvement

In focus group discussions, members, providers, and advocates identified barriers that impact the equitable delivery of care and opportunities for improving the primary care system.

Major barriers that impact the equitable delivery of care and member health outcomes:

- Access to transportation
- Housing security
- Food security
- Translation supports
- Technology enabled care
- Behavioral health access
- Extended care hours
- Disability access
- Cultural competency
- Workforce diversity

Opportunities to improve the primary care system and advance health and equity.

(1) Identify and address health related social needs

If you need insulin to manage your diabetes, and you don't have a refrigerator to keep your insulin cold, that's a huge barrier - but it's hard for me to fix that. (Provider)

(2) Enhance care coordination through expanded care teams, inclusive of community and peer-based health workers

We need to connect community health workers to primary care doctors – they can support patients with questions, figure out what insurance covers, and help find specialists. (Advocate)

(3) Ensure members have easy and timely access to care, including through technology enabled care options




I really like telehealth, it's a great addition. Sometimes I don't need to go to the office, I can just do a quick, last minute telehealth call. (Member)

Work to Date: Primary Care Program Recommendations

The primary care program assessment established a set of program design recommendations and key program components responsive to identified goals and opportunities.

Primary Care Program Recommendations

Key Program Components

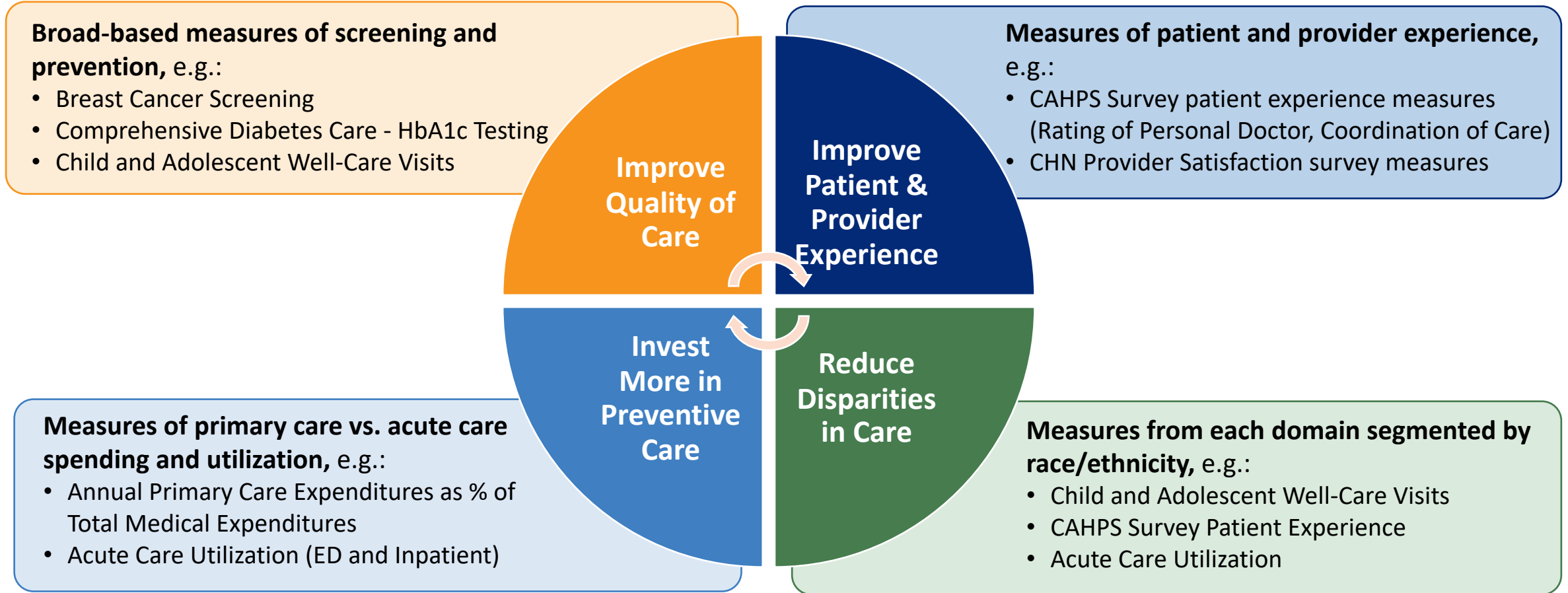
Develop a cross-cutting equity strategy with the goal of reducing inequities and racial disparities		
 Care Delivery Redesign	Provide support for practices to achieve and demonstrate core practice functions foundational to the delivery of high-quality primary care – with a focus on expanded care teams, enhanced care coordination, and technology-enabled care modalities that support easy and timely access to care, behavioral health integration, identifying and addressing health related social needs, and promoting equity.	Care Coordination
		Care Transformation Infrastructure
		SDOH Supports
		Practice Recognition
		Technical Assistance
 Performance Measurement	Establish a performance measurement program that drives accountability and improvement , with an enhanced focus on measuring and addressing disparities in care . Ensure performance data is available to support provider performance improvement, and ongoing program monitoring.	Quality Measurement
		Data Sharing
 Payment	Provide sufficient payment to enable and integrate care delivery redesign and performance measurement opportunities and ensure that payment adequately supports and advances biopsychosocial health and drives accountability for outcomes.	Funding for Care Delivery Redesign
		Funding for Performance
		Aligned Incentives

Pursue multi-payer alignment on select design features

Goals for Primary Care Program Design: Defining Success

Primary care program redesign should improve quality of care and patient/provider experience, reduce disparities in care, and result in more health care resources being expended on preventive care instead of acute care.

Example measures for each domain are shown; measure selections will be refined with stakeholders



Next Steps: Program Design Timeline

Program design is being conducted towards a targeted program launch in **July 2024**.

2023										2024					
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Equity Framework Develop and apply an equity framework throughout program design															
	Stakeholder Engagement Ongoing stakeholder engagement with a diverse array of stakeholders to inform program design														
Program Model and Quality Measurement Program Design Program model development, technical design and specifications															
Authority and Budget State budget and regulatory authority; SPA development															
													Implementation Support Technical implementation		

New Primary Care Program Launch

New Primary Care Program Launch

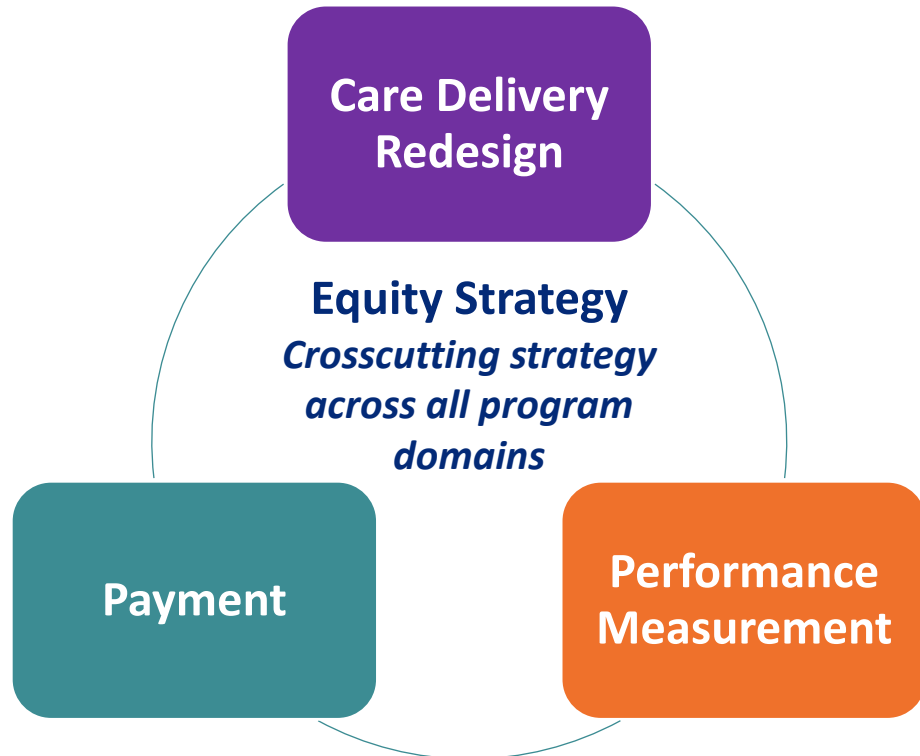
Next Steps: Stakeholder Engagement Plan

Primary care program design will be conducted in close partnership with stakeholders, leveraging newly established and existing stakeholder engagement forums.

	Description	Participation	Meeting Cadence	A p r	M a y	J u n	J u l	A u g	S e p	...
Primary Care Program Advisory Committee (PCPAC)	Newly established committee that will serve as the primary program design advisory body	A diverse array of representatives, including providers, advocates, and state agency partners	Monthly							
Primary Care Program Advisory FQHC Subcommittee	Newly established subcommittee that will advise on FQHC-specific program design topics	Representatives from each FQHC	Monthly, following PCPAC meetings							
MAPOC Care Management Committee	Ongoing updates to and engagement with MAPOC Care Management Committee	Existing forum	Established, every other month							
Non-FQHC Primary Care Provider Subcommittee	As needed forum for primary care provider engagement	Broad-based forum for Medicaid primary care providers	TBD, as needed			TBD				
CHNCT Member Advisory Workgroup	As needed engagement with HUSKY members through existing member advisory workgroup	Existing forum	TBD, as needed			TBD				

Next Steps: Anticipated Updates to MAPOC

The Primary Care Program Advisory Committee will focus on a different component of primary care program design each month. Status updates and requests for feedback will be made to the MAPOC Care Management Committee accordingly.



Primary Care Program Advisory Committee Meetings

Month	Agenda Topic
April	Background & Introductions
May	Care Delivery Redesign Priorities
June	Primary Care Base Payment
July	Primary Care Performance Based Payment
August	Quality Measurement and Data Sharing
September	Technical Design: Primary Care Base Payment
October	Technical Design: Primary Care Performance Based Payment
November	Practice Recognition and Provider Technical Assistance
December	Equity Strategy Review*
January	Technical Design: Quality Measurement

*Note that equity considerations will be addressed throughout each meeting topic; the Equity Strategy Review is intended to provide an opportunity to assess the crosscutting equity strategy

Appendix: Primary Care Program Advisory Committee Members

Committee Member	Organization
Robyn Anderson	Ministers Health Fellowship Advocacy Coalition
Ellen Andrews	CT Health Policy Project
James Cardon	Hartford Healthcare
Stephanye Clarke	Health Improvement Collaborative of Southeastern Connecticut
Tiffany Donelson	Connecticut Health Foundation
Alice Forrester	Clifford Beers Community Health Partners
Paul Grady	Alera Group
Angela Harris	Phillips Health Ministry
Josh Herbert	Stamford Health Medical Group

Committee Member	Organization
Yvette Highsmith Francis	Community Health Center, Inc.
David Krol	Connecticut Children's Care Network
Nichelle Mullins	Charter Oak Health Center, Inc. & Community Health Center Association of CT (CHCACT)
Doug Olson	Optimus Health Care
Joseph Quaranta	Community Medical Group
Mark Schaefer	Connecticut Hospital Association
Karen Siegel	Health Equity Solutions
Kelly Sinko	CT Office of Health Strategy
Polly Vanderwoude	Yale New Haven Health System
Josh Wojcik	CT Office of the State Comptroller