# OFFICE OF HEALTH STRATEGY (OHS) PRIMARY CARE ROADMAP
## *STATUS UPDATE*

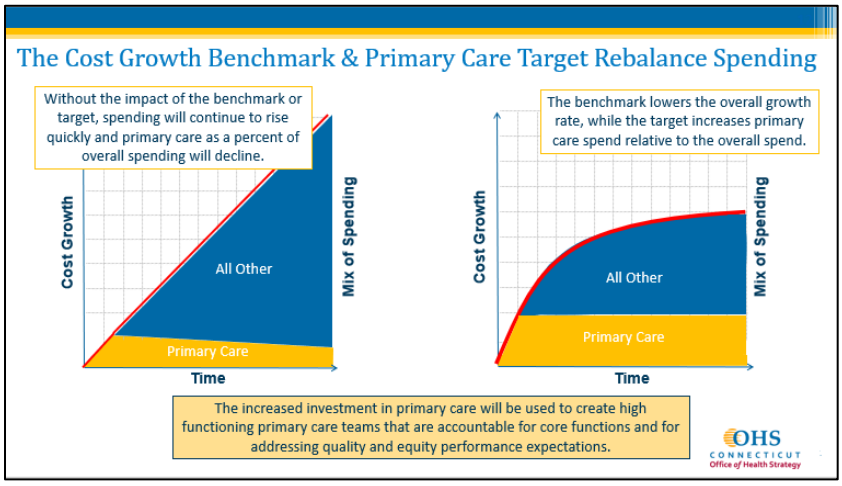
BACKGROUND:

- ***Governor's Primary Care Spending Target***. Governor Lamont's Executive Order No. 5, among other initiatives, established a 10% primary care spending target for total state healthcare expenditures by 2025. Currently, the state expends about 5% of our $32 billion health care expenditures on primary care.
- ***Other States***: In addition to Connecticut, four other states have implemented primary care spending targets with similar or even higher targets than our state – Colorado, Delaware, Rhode Island, and Oregon. At least four other states are also considering this strategy to meaningfully resource primary care.
- ***Why focus on primary care***? Research demonstrates that greater investment in primary care leads to better patient outcomes, lower costs, and improved patient experience of care[i]. This target is intended to rebalance and strengthen Connecticut's health care system by supporting improved primary care delivery and the primary care infrastructure.
- ***Primary Care Roadmap***. The intent of the Primary Care Roadmap is to present strategies to complement the primary care spending targets so that increased primary care investments yield meaning and measurable benefits. The four recommendations include: (1) establishment of core functional expectations of primary care practice teams; (2) application of resources and supports to help practice teams master the core function expectations: (3) development of methods to assess and recognize practice team performance; and (4) availability of voluntary primary care alternative payment models, beyond fee-for-service, to reimburse primary care.

ADDRESSING CONCERNS:

**Provider participation in any strategies included in the Primary Care Roadmap is voluntary.** The Roadmap stipulated that certain high-quality primary care functions must be demonstrated in order to become "recognized" and receive enhanced payments, but there is no proposed requirement that providers participate or, as a condition of participation, change their payment model.

**The Primary Care Spending Target and the Cost Growth Benchmark initiatives work hand-in-hand to increase primary care investment, while slowing health care cost growth.** The transparency afforded by the publicly reported performance on the benchmark is intended to shine light on health care cost growth drivers and facilitate the implementation of cost mitigation strategies. The primary care spending target aims to incentivize insurers and provider entities when investing resources to prioritize and support primary care. In and of itself, the primary care spending target does not propose to add any additional money to the system – but encourages primary care spending to increase as a proportion of total costs as health care costs grow.



**The Primary Care Roadmap transformation components align closely with the Medicaid program.** OHS collaborated with the Department of Social Services (DSS), the agency with Medicaid oversight, to ensure that the commercial proposals aligned with Medicaid's programs and strategic direction to minimize differences in advanced primary care expectations across payers. However, DSS is undertaking their own independent process to evaluate their primary care systems which is not directed by the Primary Care Roadmap. As this process evolves, they will continue close collaboration with OHS to ensure a consistent approach across payers.

**The Primary Care Roadmap is focused on care transformation.** Strengthening team-based care, care coordination, behavioral health integration, identification and addressing of social influencers of health, and other critical functions of advanced primary care benefit both patients and practices and is the foundation of the Roadmap. While best practices and leading national organizations support alternative payment models with the goal of allowing practices to offer more person-centered, equitable care to patients, these are only discussed in the Roadmap as potential, voluntary options for practices to consider.

**The Primary Care Roadmap seeks to address issues of health equity promulgated by our current system**. The health status of the Connecticut population is better than a majority of states, but there are significant disparities in health status and health care delivery for people of color[ii]. High quality primary care as described in the roadmap is intended to increase access, deliver a whole-person care approach where patients' goal and needs can be focused on, and allow for more time and resources to address social influencers of health.

**Fewer medical students entering primary care[iii], an aging primary care workforce[iv], and high levels of burnout[v],[vi] are threatening our primary care infrastructure.** Connecticut primary care organizations report staff shortages and enormous difficulty in recruitment. Addressing the primary care workforce issues in Connecticut is critical for attracting and training a professionally diverse primary care workforce to deliver care in communities where it is most needed and that reflects the communities it serves. The Roadmap introduces strategies to both better meet the needs of patients and also sustain primary care professionals.

**Based on our listening sessions, primary care providers overwhelmingly support the concepts outlined in the Primary Care Roadmap.** OHS has met with large and small provider groups, FQHCs, and representatives of the Connecticut Chapters of the Academy of Family Physicians, Advance Practice Registered Nurse Society, American College of Physicians, and American Academy of Pediatrics.

**OHS has initiated an intensive community outreach effort to hear from patients and consumers about the Primary Care Roadmap components.** In collaboration with OHS' Consumer Advisory Council and with the assistance of a new consumer engagement vendor, OHS is conducting listening sessions with communities across the state to ensure their voices are incorporated into the design and implementation of any primary care transformation activities. OHS is engaging trusted community members as partners in outreach and has secured grant funding to compensate for participation in the sessions. OHS is committed to not only seek input on this initiative, but also ensure a consistent feedback loop so that community members are actively contributing to its formation.

**Current primary care prospective payment models in other states and those advocated for by national leading organizations are far different than those first tried decades ago[vii].** The National Academy of Medicine[viii], CMS[ix], the Primary Care Collaborative[x], and the Commonwealth Fund[xi] all now support use of prospective payment, in part or in full, as a model to sustain and improves our nation's vulnerable primary care foundation. Other states supporting primary care transformation and payment reform programs are including prospective payment models, such as Rhode Island[xii], Colorado[xiii], and Washington[xiv]. Regardless, the Primary Care Roadmap does not require use of a such a payment model to pursue OHS recognition for enhanced payments.

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[i] "Investing in Primary Care: A State-Level Analysis." July 2019. Patient-Centered Primary Care Collaborative. https://www.pcpcc.org/sites/default/files/resources/pcmh_evidence_report_2019_0.pdf

[ii] "Health Disparities and Social Determinants of Health in Connecticut." February 2021. https://agency.accesshealthct.com/wp-content/uploads/2021/02/10811_01_AHCT_Disparities_Report_V4.pdf

[iii] National Academies of Sciences, Engineering, and Medicine 2021. Implementing High-Quality Primary Care: Rebuilding the Foundation of Health

Care. Washington, DC: The National Academies Press. https://doi.org/10.17226/25983

[iv] Wilkinson E, Bazemore E, Jabbarpour Y. Ensuring Primary Care Access in States with an Aging Family Physician Workforce. *Am Fam Physician*. 2019 Jun 15;99(12):743. PMID: 31194480

[v] Agarwal SD, Pabo E, Rozenblum R, Sherritt KM. Professional Dissonance and Burnout in Primary Care: A Qualitative Study. *JAMA Intern Med*. 2020;180(3):395–401. doi:10.1001/jamainternmed.2019.6326

[vi]Debora Goetz Goldberg, Tulay G. Soylu, Victoria M. Grady, Panagiota Kitsantas, James D. Grady and Len M. Nichols. Indicators of Workplace Burnout Among Physicians, Advanced Practice Clinicians, and Staff in Small to Medium-Sized Primary Care Practices. *The Journal of the American Board of Family Medicine* May 2020, 33 (3) 378-385; DOI: https://doi.org/10.3122/jabfm.2020.03.190260

[vii] https://www.milbank.org/publications/prospective-payment-for-primary-care-lessons-for-future-models/

[viii] National Academies of Sciences, Engineering, and Medicine 2021. Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care. Washington, DC: The National Academies Press. https://doi.org/10.17226/25983

[ix] https://innovation.cms.gov/innovation-models/primary-care-first-model-options

[x] https://www.pcpcc.org/topic-page/payment-reform

[xi] https://www.commonwealthfund.org/blog/2021/strengthening-primary-health-care-importance-payment-reform?utm_source=alert&utm_medium=email&utm_campaign=Improving+Health+Care+Quality

[xii] https://www.milbank.org/news/rhode-islands-updated-affordability-standards-to-support-behavioral-health-and-alternative-payment-models/

[xiii] https://drive.google.com/file/d/1Ug-npJYAqZk0R4A2IMTsKWm1uQYucMnk/view

[xiv] https://www.hca.wa.gov/assets/WA-PC-model-for-Public-Comment-7-13-2020.pdf