OHS CONNECTICUT Office of Health Strategy

Primary Care Modernization
Pain Management
Design Group Meeting

September 13, 2018

Agenda

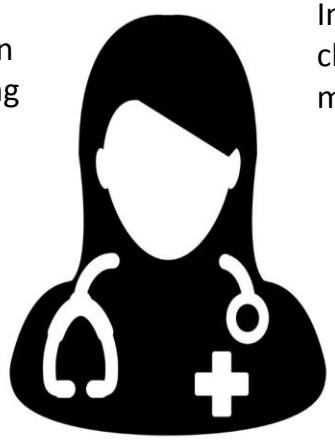
Introductions	10 minutes
Overview of PCM and Purpose of the Design Group	15 minutes
Discussion of Approach to Pain Management and MAT	50 minutes
Sense of the Group	10 minutes
Next Steps	5 minutes
Adjourn	

Building the Primary Care System We Need

Primary care's challenges…

Insufficient coordination and coaching

Ineffective chronic care management



Too little revenue dedicated to primary care, inflexible FFS payment

Limited consumer support between visits

Inconvenient; limited access via phone, email, text = more time away from work, family

Poor integration of mental health and substance use services

How we've tried to fix them….

Shared "savings" with no downside financial risk

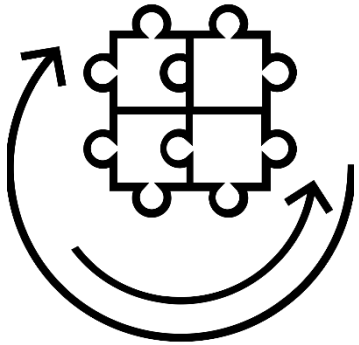
Lifestyle coaching, decision support and help navigating the system

Investments in onsite clinics, biometric screening, EAPs, nutritionists, fitness centers, national telemedicine

Carrier and third-party administered programs to manage chronic conditions, complex cases, care transitions and care gaps

What we really need…..

Integrated, expanded care teams that engage patients in their health, identify risks and manage conditions



Technology to keep providers connected with each other and their patients

Convenient, accessible care with options for email, phone, text and virtual visits

Increased investment in primary care; bundled payment; downside risk to drive reductions in total cost of care

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Why Focus on Primary Care?

1. Research, experience of others shows us it works

2. CT providers and patients tell us its needed

3. Aligns with national focus on primary care as critical path to achieve overall savings while improving health and outcomes

Primary Care Modernization Model Design

Goal: Create a primary care payment reform model that enables primary care providers to expand and diversify their care teams and provide more flexible, non-visit based methods for patient care, support and engagement.

- Advanced Networks and FQHCs that participate in shared savings arrangements will be eligible to participate in the PCM payment initiative
- The payment model offers flexibility from rigid limits on PCP office visit durations and how services are delivered. It will cover codes and services provided by primary care practices.
- Providers, payers and consumers are partners in the payment reform design process
- Preparing model design for consideration by the Governor-elect following the Nov. 2018 election
- Timeline for implementation is 2020/2021

What will success in Connecticut look like?

Better Health: A primary care system that helps patients stay well with a focus on healthy eating, activity, and high-value preventive screening, including genomic screening.

Improved Care Quality: More ways for primary care providers to engage their patients so health risks do not progress to chronic conditions and chronic conditions are effectively managed.

Better Patient Experience: Patient time is valued through convenient access to care including via text, phone and email. Patient input is heard and patients' culture, values and preferences are respected.

Improved Provider Satisfaction: Doctors, nurses and other healthcare providers can focus on the work they love and achieve professional and personal goals.

More Affordable Care: Health care dollars are spent smarter so over time care becomes less expensive for patients, employers, health insurers and the state.

Consumer Needs

Based on Consumer Advisory Board Listening Sessions

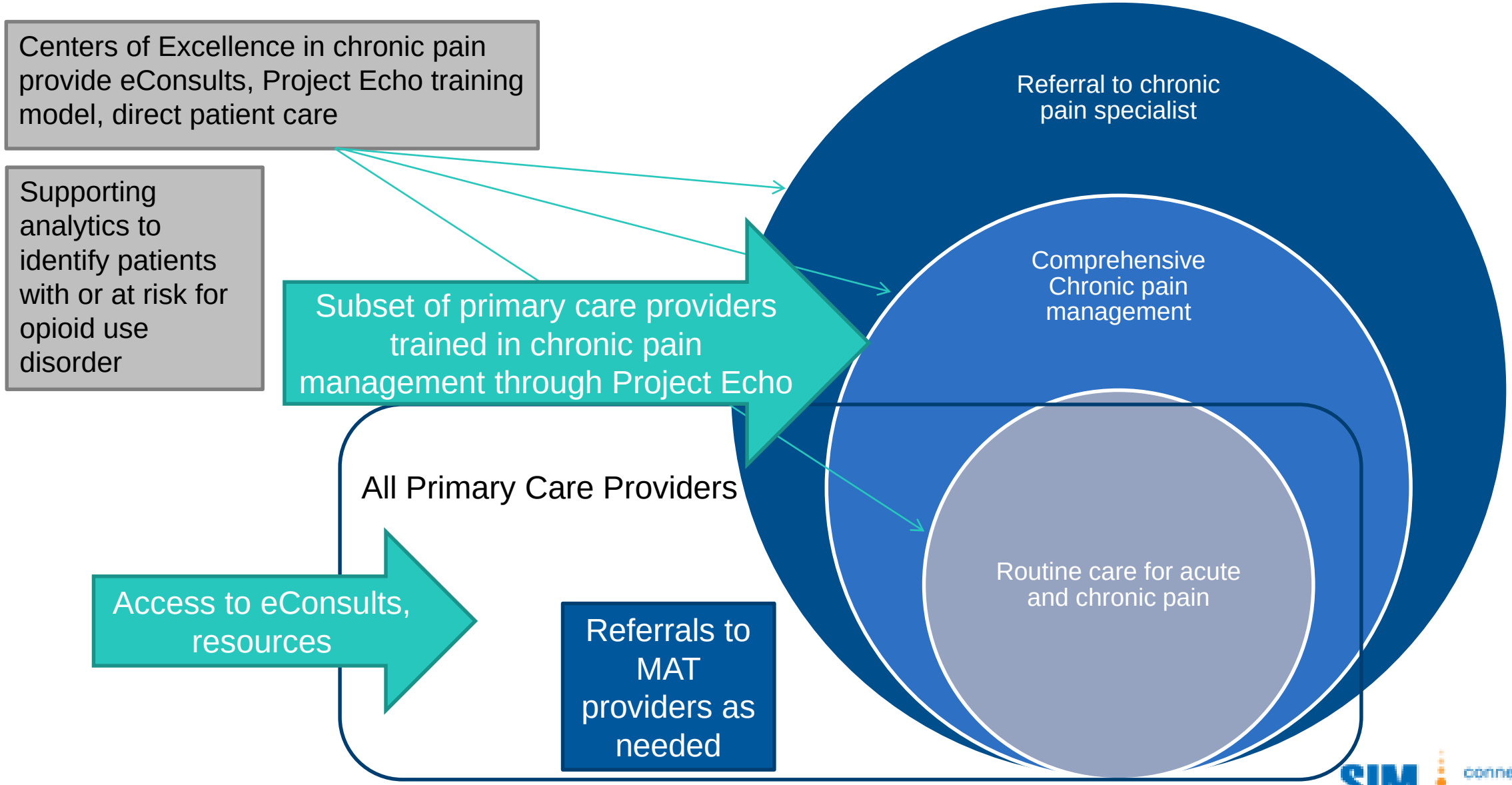
- Support managing chronic pain. Support services should try to include educational components to empower patients and caregivers, and free and low-cost solutions when possible.
- Primary care services that account for physical and mental health connection
- Mental health services that are easy to access and free of stigma
- Addiction services and long-term recovery support
- Adequate behavioral health services. High turn-over rates of psychiatrists and other behavioral health team members affects people's ability to recover
- Patients should not have to "prove" a certain level of illness or addiction to receive access to services

Question for discussion: What are we missing?

Comprehensive Chronic Pain Management in Primary Care

- All primary care providers:
  - Adhere to opioid medication management practices including CDC safe prescribing, quantity and dosing guidelines
  - Assess and treat acute and chronic pain, with access to eConsults for specific clinical scenarios
  - Refer to MAT providers within network as needed
- Subset of primary care providers within network:
  - Enroll in Project Echo training program for comprehensive chronic pain management for specific expertise in managing chronic pain
  - Specialize in MAT for patients with opioid use disorder
- Practices refer to Centers of Excellence for complex pain management cases
- Centers of Excellence provide access to education, eConsults, Project Echo, direct patient care

Primary Care Modernization – DRAFT Concept Map for Pain Management



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UConn Health Comprehensive Pain Management

- UConn proposal to develop CT Comprehensive Pain Center (CCPC) Center of Excellence to provide education and consultation to primary care practices in effective pain management
  - Consultation with PCPs
    - Guidance on safe opioid prescribing when warranted, patient evaluations, care plans, alternative therapies to opioids, MAT for addicted patients who suffer from chronic pain
    - eConsults between UCH pain management specialists and PCPs (CHC, Inc.)
  - Training subset of practitioners through Project Echo hub on chronic pain management (CHCACT)
  - Collaboration with other specialty practices, providers and programs (CT Pain Consortium, Musculoskeletal Institute) for additional expertise
  - Suboxone clinic to provide MAT to patients with chronic pain and addiction

- CCPC may be funded through a range of sources (FFS, alternative payment models, other sources) and will scale by assisting development of other Centers of Excellence in pain management in the State

Questions for Discussion

- Should all networks participating in PCM be required to integrate chronic pain management into primary care?
- Is chronic pain management a universal capability or should it be handled by a subset of practices or clinicians in a network?
- Is this approach missing any components needed to integrate pain management into primary care?
- What resources does the network need to provide to support this capability?
- How should networks ensure there are a sufficient number of MAT providers in network?
- How should we monitor that chronic pain management and MAT services are being delivered and meeting needs of patients?

Next Steps

- Collect today's recommendations and incorporate into model
- Send to Task Force for review on September 25
- Task Force makes recommendation to Payment Reform Council (PRC)
- PRC reviews
- Final PRC report at end of year