



CONNECTICUT
Office of Health Strategy

Primary Care Modernization Initiative Design Group: Individuals with Disabilities

Agenda

Introductions	5 minutes
Overview of PCM and Purpose of Design Group	15 minutes
Discuss Primary Care Capabilities for Individuals with Disabilities	60 minutes
Sense of the Group	10 minutes
Next Steps	5 minutes
Adjourn	

Building the Primary Care System We Need

What problems do you see in primary care today? | What if we had?

Lack of coordination, convenience



Too little money spent on primary care and providers are only paid for office visits.

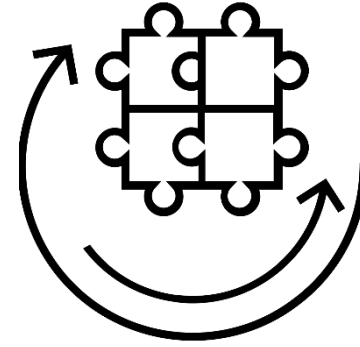
Not always good at connecting patients to community resources

Too little support between visits

Depression, anxiety, substance use often can't be treated within the same office

What if we had?

Care teams, instead of just doctors, with more skills and functions to keep people healthy, catch problems early and manage conditions



Technology to connect providers with each other and their patients


More convenience like options for email, phone, text

More money for primary care and payments not tied to office visits

Primary Care Modernization: First Steps

Practice Transformation Task Force Report Key Takeaways:

- Add new staff to primary care teams – pharmacists, care coordinators, community health workers
- Allow access outside of a traditional office visit – phone, text, email, home visit, telemedicine
- Double investment in primary care over five years through more flexible payment options

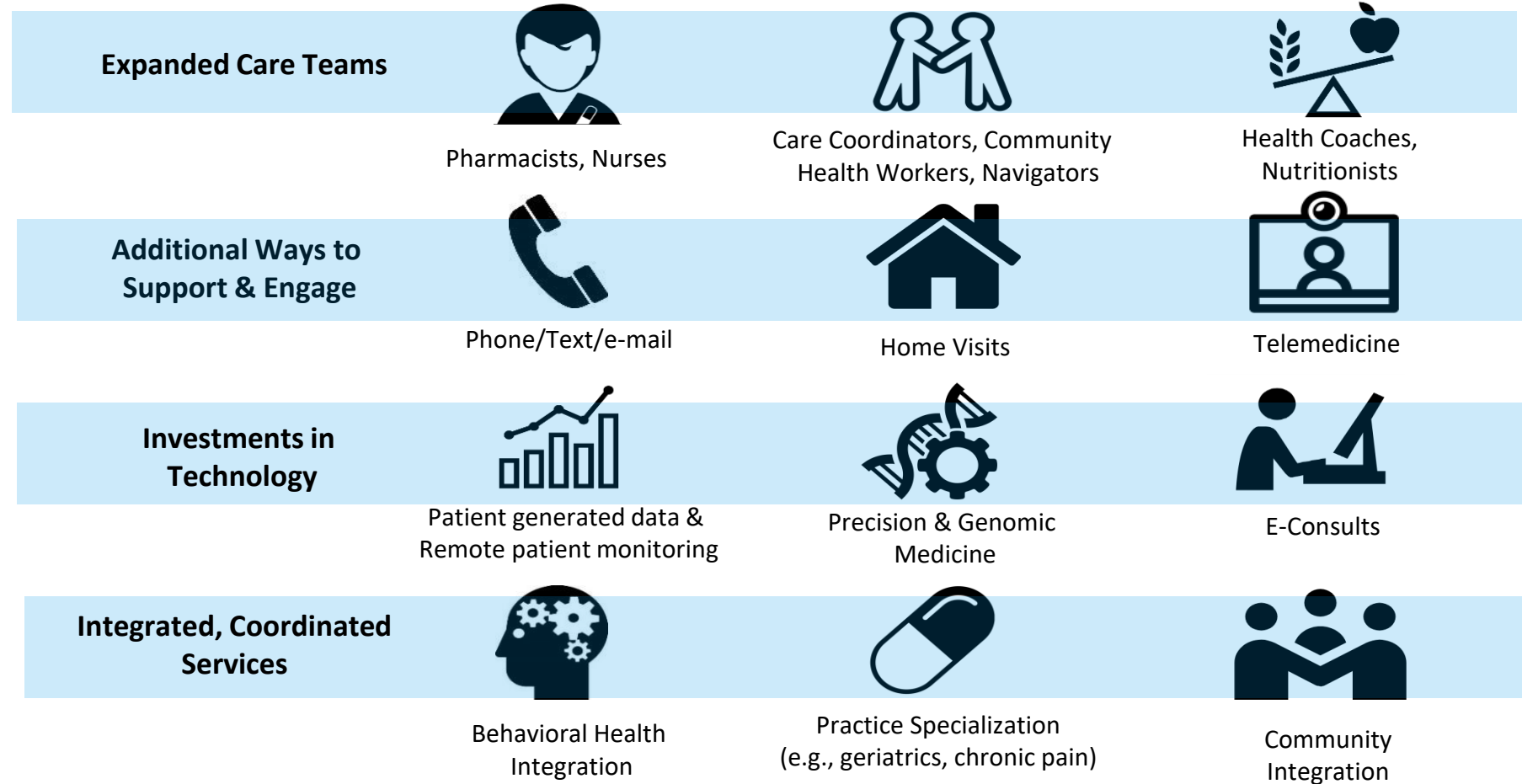


SIM connecticut state
innovation model

Primary Care Payment Reform

Unlocking the Potential of Primary Care
February 1, 2018

Care Delivery Goal: Increase the Ability of Primary Care to Meet Patients' Needs



Payment Model Goal: Increase spending on primary care, reduce total cost of care, prevent underservice

Upfront, flexible payments offer a way for practices to provide the most effective, efficient and convenient care.

When Providers Are Paid Today



When Providers Aren't Paid Today

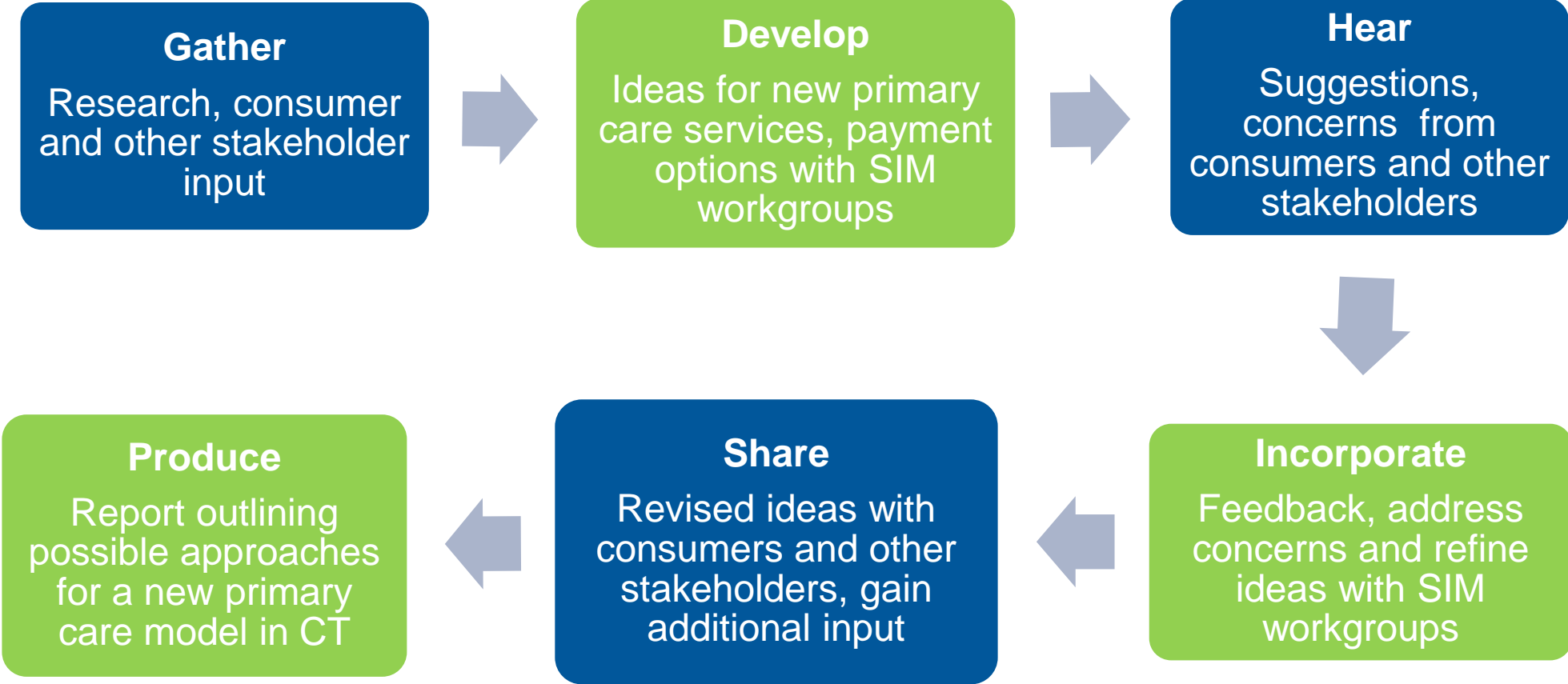


To make sure all patients achieve their best health, we can:

- Adjust payments to account for the different needs of patients
- Measure use of services and look for trends that suggest lack of access
 - Make providers more responsible for long-term health outcomes

Primary Care Modernization: Current Work

Consumers and Advocates Participation Highly Valued



Purpose of Design Group

- Identify ways that primary care could better serve individuals with disabilities
- Define what services and supports should be available in all primary care practices
- Determine if some primary care providers should specialize in care for individuals with disabilities to provide more specialized and disability-sensitive services

Discussion Questions:

For the following story....

- 1) What is needed to support the patient?
- 2) In your experience, what barriers may exist?
- 3) How might those barriers be addressed?

Amy Needs a Wellness Visit

Amy is an adult with Autism Spectrum Disorder. She lives at home with her mother and grandmother and often communicates without speaking. She generally does well with other adults and attends some outside activities including exercise classes.

Amy has recently transitioned out of her pediatric practice and needs to go to the doctor for a wellness visit and to get her flu shot.

Amy is nervous about the doctor's visit because she is afraid of needles and is not sick, so isn't sure why she needs to go.

Amy's mother and grandmother are going with her to the doctor but they are nervous too. They are not sure her new doctor will understand Amy's behavior and how she communicates. It was very hard to get an appointment, and they are concerned it will be rushed and that the doctor will ignore Amy and only talk to her mother.



How can we help Amy?

What Else We've Heard from Consumers:

- Phone, text, email and telemedicine visits could be very helpful to patients unable to drive and in need of transportation.
- Exam rooms need to have sufficient equipment to allow for a full exam including scales and lifts to help the patient onto the exam table. If not financially feasible to have all offices set up with this equipment, have some.
- Providers need sensitivity and compassion. One way to show that sensitivity is by documenting the patient's disabilities in the chart so they are not asked to stand when they cannot stand or do other activities they cannot do.
- Providers need to recognize that a patient's disability is not their sole concern but that it may impact many other health concerns.
- Many patients with disabilities need medication management perhaps from a pharmacist. Other important capabilities include pain management expertise and coordination with providers of various services and community resources.
- All care team members need to understand behavioral health issues, social issues and how they intersect with medical issues. Just adding a behavioral health team member is insufficient.

What We've Heard as Ways Primary Care Can Improve

- Often multiple people who are responsible for or involved in individuals' care (family members, legal guardians, group home managers, case managers, etc.)
 - Communicating with designee and patient
 - Knowing who to communicate with
- Accessibility to healthcare services
 - Are buildings and exam rooms physically accessible?
 - Are clinicians and care teams willing to work with individuals and accommodate different ways of communicating?
 - Are individuals getting the routine and preventive medical care they need?
- Person-Centered, Quality Care
 - Treat the whole person, not just the disability
 - Engaging designees in care while respecting individuals' rights and decision-making abilities
 - Developing expectations for habilitation and rehabilitation together

Identified by the Department of Developmental Services

How Can Primary Care Better Serve Patients?

- What should be available for all primary care practices?



PCP training and education on communication & barriers to care

- Who would provide this training?
- Can we use existing resources?



Expanded care team: Care coordinator, pharmacist, BH clinician

- Which care team members are needed?
- Opportunities to partner with DDS?
- How do we avoid duplication?



Person-centered preventative care

- What resources/supports do PCPs need to improve this?
- How should PCPs be held accountable?



PCP access to data to identify service needs & gaps

- Including disability data in EHR
- Opportunity to use DDS database
- How would this data get to providers?



Phone/text/email Access

- Will special accommodations be needed?

- Should some primary care providers specialize in care for individuals with disabilities to provide additional services?



Communication accommodation devices and tools

- Depends on needs of patient population



Home-based primary care teams and visits

- Does this duplicate other services?



Exam rooms with accessible equipment

- Depends on needs of patient population

- What else is needed?

Next Steps

- Review feedback and define capability requirements
- Gather additional feedback from group
- Recommendations to Practice Transformation Task Force for consideration