



To: Mark Schaefer  
From: Tracy King  
Date: March 2, 2016  
Subject: Notes on Final Draft Report of the Recommendations of the State Innovation Model Initiative's Practice Transformation Task Force for the Community and Clinical Integration Program

We send our compliments on a very well-conceived and articulated vision for the evolution of population health management in CT. We hope that, as our practice evolves, we will be able to participate in implementing these standards. Our suggestions/observations follow:

1. Core standards speak to behavioral health integration into primary care, which we support wholeheartedly. The report is mostly silent about addressing the needs of patients with identified chronic behavioral health needs and the potential for integrating primary care into the behavioral health setting. Even if the intent is to postpone targeting that population at this time, the focus on integrating behavioral health into primary care cries out for at least an acknowledgement of the population with chronic behavioral health needs and an explanation of why they are not addressed in this proposal.
2. Perhaps implicit in the comprehensive care management standards is redefining palliative care interventions, away from end-of-life planning and into the outpatient setting with a focus on LIVING with chronic illness. If including professionals with palliative care skills on the OP care team is not one of the elective standards, explicitly mentioning the desirability of their inclusion in the comprehensive care management team would be helpful in promoting this much needed intervention. The literature is pretty clear about the benefits to patient centered care, quality outcomes and cost-of-care.
3. Not sure where this fits (if it fits) in the feedback you seek, but provider organizations would benefit from technical assistance in identifying both the currently complex patient and those with rising risk of complexity. The rising risk part of the population is not an obvious focus of these recommendations, but is an important part of enhancing provider morale because prevention is so satisfying.
4. Our newly formed organization is focused on operational integration (single EHR, etc) in the coming year. We have begun work with commercial health plans to focus interventions on the needs of complex patients through the beginnings of a comprehensive care management approach. We are interested in integrating behavioral health into primary care, medication management, and e-consults. We have some way to go before we are able to implement those services in an integrated fashion are developed, but aspire to pilot these standards in some of our practices in 2017.

Thank you for the opportunity to provide this input, and thank you for your work on behalf of our community.