

CTC RETREAT RESULTS

April 25, 2018

Tom Bledsoe, welcomed the Board to the April 25th retreat, reflecting on past accomplishments of CTC and the critical decisions that need to be made going forward.

The Board first considered qualities of high performing, or gold medal, primary care, from the perspective of what type or level of primary care will be needed for the State to be able to achieve desired health outcomes while ensuring affordability, access, etc. In addition to the definition offered by the Patient Centered Primary Care Collaborative (person centered, continuous, comprehensive and equitable, coordinated and integrated, accessible, high value, and team based and collaborative), the following characteristics were deemed desirable:

- Linkages to specialists and hospitals
- Affordability/high value care
- Professional/provider satisfaction
- Sustainability
- Patient engagement

The Board reviewed the highlights of the accomplishments that CTC has achieved over the past ten years that have brought them to this important pivot point in the organization's evolution. In addition to the areas highlighted in the report, Board members identified the additional benefits/contributions of CTC, including securing out of state money, job creation, and moving ideas into practice.

A presentation on a conceptual framework related to innovation was then shared. Key takeaways from this discussion included the fact that CTC had indeed succeeded in taking an idea and transforming it into practice. Innovation is still needed, particularly at the practice level in determining what methods work best with specific cohorts of patients. Research indicates that once a new idea is made part of practice, then the system (or organization) subsumes the innovation and moves from adoption to adaptation. Change occurs first to the entity, but over time the entity alters the innovation. This adaptive process becomes the source of competitive advantage. Discussion ensued regarding issues related to ways in which collaborative research and development does not undermine competition, the difficulty of changing incumbent (entrenched or established) organizations and the need for innovation to occur outside the boundaries of the incumbent organizations. It was generally agreed that there is a place for shared learning and innovation in a context of increasing competition, and that these two concepts are not mutually exclusive.

The conversation pivoted to a future path for CTC. A number of options drawn from the interviews were categorized and provided as a document in the retreat materials. The group identified a set of considerations that the Board identified for helping to sort through the options:

- Public health value and mission of the organization
- Affordable care
- CTC as successful means for state to articulate health policy
- Addressing the quality of life for physicians and other health professionals

Following a two-step voting process, The Board selected three top priorities for future work:

1. CTC to serve as incubator and resource for practices to explore, test, and adopt innovations
2. "Public Utility" (to be better defined) whereby shared services and supports are available to all that creates economies of scale
3. Overall advocacy role for primary care

Secondary areas identified included:

- Supporting primary care's place in accountable organizations
- Integrated behavioral health – bring to scale
- Community health teams – create sustainable model

The group then discussed what kind of structure might be needed to support the work in the top 3 priority areas going forward. There was general agreement on maintaining CTC as a separate 501c3 organization, with the board adding some governance responsibilities to its current work. Fio will review and suggest adjustments to the bylaws that support this new structure and do so in a way that does not eliminate the unique context of the organization being convened by OHIC and EOHHS in order to have the multi-payer table. There was also discussion about the need to think through the policy infrastructure given the diverse perspectives represented on the Board.

In terms of composition of the Board, there were suggestions regarding adding individuals with the following perspectives:

- Social service agency representation
- Consumer voice
- Specialist participation (could be rotating based on project or issue being undertaken)
- Outside board members that are not from health care

Next steps will include the following:

1. Review mission statement in light of new emphasis on transformation and innovation
2. Develop shared agreement on a definition of "advanced primary care" and primary care as a "public utility."
3. Develop a workplan for the coming year that reflects the implications of the direction set by the board
 - a. Focus transformation efforts on current practices that are in the cohort, pediatrics, and behavioral health
 - b. Innovation
 - c. Clarifying the advocacy agenda and legislative tracking

The goal is to have these largely accomplished, in addition to the bylaws review, by the end of May 2018.