



Connecticut

# State Innovation Model

October 2015

## Advanced Medical Home Program Kickoff

The Advanced Medical Home Pilot Kickoff on September 24<sup>th</sup> marked the beginning of a several month journey to transform the way primary care is delivered for 50 practices in Connecticut. Doctors, nurses, and administrators gathered together over dinner to hear about the transformation process, and meet the transformation team and peers.



*Gina Belkacem and Dr. Ester Ramirez-Cepeda from Summer Pediatrics shared their nervous excitement for being part of the Advanced Medical Home Program, and for beginning the journey of practice transformation. This is their first experience with medical home standards. Improving patient outcomes, they said, was a core reason for joining the program.*

Through their feedback and experience, these practices will inform the statewide **Advanced Medical Home Program**, which is one initiative being implemented through Connecticut's State Innovation Model, a three-year \$45 million grant from the Center of Medicare & Medicaid Innovation (CMMI). The Advanced Medical Home (AMH) program will support the advancement of more than 350 primary care practices over a three year period.



*Mark Schaefer, Director of Healthcare Innovation, who oversees the State Innovation Model implementation, spoke about the goals of the state to improve health, the quality of care, and reduce cost.*

Population Health

Health Equity

Healthcare Quality

Consumer Empowerment

Affordability

The AMH model is based on the National Committee for Quality Assurance’s (NCQA) patient-centered medical home (PCMH) program, which has been shown to improve healthcare coordination and quality. In a medical home, a primary care provider works closely with a team to coordinate care for their patient panel. The AMH approach also emphasizes the holistic assessment of patient treatment and support needs, shared decision making, and continuous quality improvement.



*Laura Demeyer of the Community Health Network of CT speaking to the participants of the Advanced Medical Home Vanguard Program about the Department of Social Services (which administers Medicaid) Person Centered Medical Home Glide Path Program*

Qualidigm and Planetree are providing the transformation services to practices for the AMH Program Pilot. They presented on their well-established quality improvement interventions. They also revealed the launch of a new Learning Collaborative website, for practice staff to access resources and interact with peers.

Laura Demeyer, of Community Health Network of CT, spoke about the streamlined process for practices to also become enrolled in the Department of Social Services (DSS) Medicaid Person Centered Medical Home (PCMH) Glide Path Program while receiving transformation support from Qualidigm and Planetree for the AMH Program. The DSS PCMH Program offers enhanced Medicaid rates for primary care practices that are transforming towards or have achieved medical home recognition.

One practice that worked with Qualidigm previously to achieve medical home recognition spoke about the importance of patient centered outcomes. Through the transformation process they began focusing on setting goals with patients that were more than just clinical goals, such as being able to play with a grandchild without coughing, or fitting into a dress for a daughter’s wedding. From across the room a question was asked and numbers for follow-up were exchanged. In this context practices learn from peers with similar goals and challenges while embarking on the same journey to perform the highest quality of care.

Stay tuned through this newsletter and our website ([www.healthreform.ct.gov/](http://www.healthreform.ct.gov/)) to learn about upcoming enrollment dates.

For more information on the Advanced Medical Home Program, [click here](#).

For a list of practices currently enrolled in the Advanced Medical Home Vanguard Program, [click here](#).

Planetree [website](#)

Qualidigm [website](#)

[What is SIM? At a Glance](#)

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