

Issue Brief #9 – Advanced Medical Home Pilot
Description and Proposed Activities
January 1, 2015 – December 31, 2016

SUMMARY

Our SIM Test Grant Application proposes to launch the Advanced Medical Home (AMH) Glide Path program by the last quarter of CY 2015. The Glide Path will be offered to Advanced Network participants in the first wave of the Medicaid QISSP, if their practices are not yet medical home recognized.¹ It will be offered to other Advanced Networks and independent practices to the extent that capacity is available. We are projecting to enroll up to 250 practices in the first wave during the period 10/1/15 through 6/30/16. Glide path participation on this scale is unprecedented and risky if the new AMH standards have not been piloted.

In addition, there is evidence nationally that interest in medical home recognition might be slowing and that medical home recognition is not necessarily associated with greater physician satisfaction. This is important for several reasons: 1) the future of the primary care workforce depends on primary care being a rewarding setting within which to work, 2) a satisfied and high functioning clinical team is likely to lead to higher quality performance, improved care coordination and better patient care experience, and 3) we will only be successful at accelerating primary care advancement if primary care practitioners are willing to invest the time, effort, and resources. Accordingly, our methods will be as important as the standards that we adopt. The methods must deliver greater efficiency, a more meaningful clinician experience, and greater freedom from unnecessary administrative burden. Our proposed pilot must test transformation methods, allowing for flexibility in the application of these methods so that participating practices can help us to identify the optimal approach.

In summary, the pilot will enable us to:

- Test program administration such as methods of practice recruitment, criteria for participation, and progress monitoring and make adjustments before we scale up with a larger number of practices and additional vendors in the last quarter of 2015,
- Test different methods of transformation (e.g., a clinical micro-systems approach to practice assessment, use of tech enablers, etc.) before finalizing our statewide strategy,
- Determine whether our method provides enough assistance and tools to make participation in the NCQA recognition process less challenging and resource intensive,
- Assess and optimize impact on physician experience...if satisfaction with practice does not improve, expansion will be challenging, and
- Recruit practices to champion the value of AMH Glide Path transformation support, which will support practice recruitment later in the year.

¹ It is anticipated that all FQHCs will be medical home recognized by 2015.

STANDARDS

The AMH Glide Path program standards and methods are being developed by the Practice Transformation Task Force. The standards employed for the AMH pilot shall be those recommended by the Practice Transformation Task Force and approved by the Healthcare Innovation Steering Committee, which we anticipate will occur in December 2014. We anticipate that the program standards for the Glide Path and pilot will be based on NCQA with some additional *required* elements or factors,² and possibly a limited number of new requirements.

METHODS

The Practice Transformation Task Force may recommend methods of practice transformation support or points of emphasis (e.g., medical assistant cross-training). However, we believe that there is some advantage to being less prescriptive about methods for the purpose of our pilot. Specifically, in procuring a vendor to administer the pilot, we will invite respondents to propose methods and these methods will be a consideration in the selection of a qualified vendor. We will emphasize methods that hold promise in reducing physician “burn out” such as by promoting greater efficiency, a more meaningful clinician experience, and methods to ease the administrative burden on primary care providers. We will also emphasize:

- Patient care experience, engagement and shared decision making,
- Health equity, and
- Integrated behavioral health.

We will require the participation of primary care providers, staff, and practice administrators in our Learning Collaborative to facilitate peer-to-peer learning and interdisciplinary networking for primary care transformation. The methods for the conduct of the Learning Collaborative will also be based on those proposed by vendors as part of the procurement.

ELIGIBILITY

In addition to the commitment and support of the Advanced Network(s), we will base individual practice eligibility for the pilot on criteria similar to those that will be required under the AMH Glide Path. Such criteria may include:

- 1) Engaged leadership, as evidenced in part by an identified lead physician or APRN,
- 2) ONC certified EHR,

² NCQA allows practices to accrue points by focusing on selected items from a menu of elements and factors. However, certain elements or factors are *required* by NCQA if they are “must pass” or “critical factors,” respectively.

- 3) Not currently recognized under an existing national medical home standard including NCQA 2011 or 2014,³
- 4) Commitment to apply for NCQA 2014 medical home recognition and obtaining NCQA recognition as a condition for participating in and completing the pilot, and
- 5) Commitment to participate in the Learning Collaborative.

RECRUITMENT

In December 2014, the SIM PMO will notify all of Connecticut's Advanced Networks of the opportunity for their practices to participate in the AMH pilot through an RFA (Request for Applications process). The list of Advanced Networks will be based on those organizations that have been identified as participating in the Medicare SSP or have an SSP arrangement with one or more of Connecticut's commercial health plans. A subcommittee of the Practice Transformation Task Force will be invited to participate in the selection of one or more Advanced Networks to participate in the pilot. The PMO will seek to enroll between 25 and 40 practices in the pilot.

FUNDING

Practices will receive SIM PMO funded practice transformation support for up to 18 months. In addition, within available funds, the SIM PMO may cover [none, some, all?] of the initial NCQA license and application fees. Practices will not otherwise receive direct funding for their participation.

PROGRAM ASSESSMENT AND MANAGEMENT

We anticipate reimbursing the practice transformation vendor in quarterly installments based on number of participating practices at the close of each quarter, for up to three quarters. A withhold will be established, a portion of which will be contingent on the number of practices that successfully achieve NCQA recognition and a portion of which will be based on practice ratings of satisfaction with the vendor's services. We will assess PCP satisfaction on entry into the pilot, at the point of NCQA recognition as a medical home, and 6-months post-recognition.

³ Practices recognized under the NCQA 2008 standards would be eligible to participate.