

SIM PTN COORDINATION – PROPOSED APPROACH

Introduction

SIM and PTN are federally funded programs, both of which include a focus on practice transformation and technical assistance. CMMI has instructed SIM and PTN grant recipients to work together to coordinate the administration of these programs with the aim of promoting harmonization and ensuring that duplication is avoided. The SIM Program Management Office and the Department of Social Services have worked with Connecticut's PTN grantees to formulate key principles for coordinating the two programs. The principles below are based on discussions with Community Health Center Association of Connecticut (CHCACT), the lead agency for Connecticut's FQHC participants, and UConn Health, as a participant of the Southern New England PTN.¹

Key Principles

1. The SIM and the PTN programs emphasize related capabilities focused on team-based care management, population based analytics and performance improvement, and integrated behavioral health. In order to avoid duplication and maximize the total number of clinicians in Connecticut that can be supported by these transformation initiatives, providers shall not be permitted to participate in both SIM and PTN funded transformation support in these overlapping core content areas. SIM funded technical assistance and transformation awards with this focus shall be limited to entities/clinicians that are not participating in PTN.
2. The SIM program also focuses on content areas related to e-consultation and the use of Community Health Workers in support of clinical care, navigation and access to community supports. Neither e-consultation nor Community Health Workers are content areas within the CHCACT PTN program. Accordingly, SIM funded technical assistance and the SIM CHW initiative *may* be available to support interested entities/clinicians that are participating in PTN. SIM and CHCACT PTN program leads agree to make good faith efforts to examine the extent to which this can be achieved to mutual advantage and within available resources. UConn Health does include e-consultation as a content area and will not duplicate any technical assistance provided under SIM. UConn Health is also developing an initiative to bring geriatric expertise both to primary and a specialty practices, for which there is no counterpart SIM, but which might help inform SIM's transformation initiatives.
3. Statewide transformation efforts should present a unified approach and should not create silos amongst practices. The SIM and PTN program administrators will work to promote harmonization in the design of these programs. The PTN program administrators will work in collaboration with the SIM PMO to review the SIM Community and Clinical Integration Program (CCIP) standards and consider whether and to what extent these standards could be incorporated into the PTN change package in a manner that will advance the programs' mutual aims and without adding undue burden on the program participants. The SIM PMO will do the same with the PTN standards and change package to the extent such information is available timely.

¹ Discussions have also been held with VHA/UHC, however, the VHA/UHC clinician recruitment plan does not currently include Connecticut-based clinicians.

4. SIM and PTN should adopt a strategy that avoids unnecessary burden on the provider. Transformation assistance should be tailored to focus on the gaps in participants' capabilities, rather than a "one-size-fits-all" approach that requires all providers to participate in all aspects of the change package.
5. The Medicaid Quality Improvement and Shared Savings Program (MQISSP) is a SIM related initiative that is intended to build on current success with the Medicaid PCMH and Intensive Care Management initiatives by incorporating advanced care coordination elements within a shared savings model. None of the principles outlined above are intended to preclude PTN providers from applying to participate in MQISSP if they otherwise meet DSS's eligibility requirements. DSS and the PMO encourage FQHCs and other PTN participants to consider applying to participate in MQISSP and recognize that PTN resources may better enable PTN participants to achieve MQISSP care improvement goals.