

Practice Transformation Supports for Providers

Person-Centered Medical Home (PCMH)

- **Key goal:** Support providers in practice transformation work that will enable improved access to and use of primary care
- **Who:** CHNCT practice transformation team
- **What:** Practices on the “glide path” to PCMH receive practice transformation coaching and enhanced payments; NCAQ (Level 2 or 3) recognized practices receive ongoing coaching, enhanced payments and are also eligible for performance and improvement payments

Clinical and Community Integration Program (CCIP)

- **Key goal:** Support PCMH+ participating FQHCs and “advanced networks” in developing clinical and community integration capabilities
- **Who:** Practice transformation vendor contracted by State Innovation Model Project Management Office
- **What:** Technical assistance toward supporting range of identified practice transformation capabilities

Advanced Medical Home (AMH)

- **Key goal:** Support non-adopting primary care practices in practice transformation
- **Who:** Practice transformation vendor contracted by State Innovation Model Project Management Office
- **What:** Technical assistance in support of a range of identified practice transformation capabilities

Person-Centered Medical Home Plus (PCMH+)

- **Key goal:** Support Federally Qualified Health Centers (FQHCs) and “advanced networks” in building on PCMH practice transformation work to include integration of behavioral health care as well as linkages with community partners to provide better care to members
- **Who:** DSS/CHN
- **What:** Selected entities are eligible for care coordination payments (FQHCs only) and shared savings (FQHCs and advanced networks) if quality benchmarks are met

CMMI Practice Transformation Network (PTN)

- **Key goal:** Support FQHCs in practice transformation work and assess impact on identified health measures
- **Who:** Community Health Center Association of Connecticut
- **What:** Technical assistance

Status Update as of April 2017

Person-Centered Medical Home Program (PCMH)

- As of April 1, 2017, 111 PCMH practices are currently participating (475 sites, 1,664 providers) serving 336,100 Medicaid members which accounts for approximately 44% of all Medicaid members

Advanced Medical Home Initiative (AMH)

- Prior to the AMH, a pilot was initiated with state funding. From that pilot, a total of 90 practice sites are currently participating. Of these, 50 have achieved 2014 NCQA Level II or III recognition.
- On November 14, 2016, the SIM PMO began recruitment for an additional 150 practices into the AMH Program with federal funding. To date, 37 practices have enrolled. The program will support recognition for both 2014 and new 2017 NCQA PCMH standards.

Person-Centered Medical Home Plus (PCMH+)

- PCMH+ was implemented on January 1, 2016.
- The following 7 FQHCs and 9 Advanced Networks (AN) were selected by Request for Proposal and are PCMH+ Participating Entities: Northeast Medical Group AN, St. Vincent's AN, Fair Haven CHC, Cornell Scott-Hill Health Ctr., Generations Fam. Health Ctr., Southwest CHC, Inc., CHC, Inc., Optimus Health Care, Inc., Charter Oak Health Center

Clinical and Community Integration Program (CCIP)

- CCIP was implemented concurrently with PCMH+.
- The following 3 PCMH+ entities (2 Advanced Networks and 1 FQHC) are participating in CCIP with SIM grant funding of approximately \$500K each: St. Vincent's AN, Northeast Medical Group AN, CHC, Inc.

Practice Transformation Network Grant (PTN)

- CT-PTN is in the second quarter of Year 2 (Year is 9/30/16 through 9/29/17). Fifteen FQHCs are participating, representing 97 practice sites (54 primary care, 43 specialty care) and 974 enrolled clinicians (440 primary, 534 specialty), serving 270,553 HUSKY patients. Specialty care includes behavioral health and dental.