

Issue Brief #3 – Glide Path Administration

The Innovation Plan proposes to establish a SIM glide path program in which small to mid-size physician practices would be provided with practice transformation support services. We are specifically targeting practices that are not affiliated with a major system such as an accountable care organization or clinically integrated network. We have not defined “major” or otherwise established qualifying criteria. In a separate brief, we may propose to relax this narrow definition of a qualifying provider in light of continuing consolidation in the market.

The duration and intensity of the glide path practice transformation services would depend on the initial readiness or “gap” assessment. Practices that do not yet have an EHR platform would likely receive practice transformation services for at least 18 months. The intent is to provide significant on-site support, not unlike the model that DSS currently uses in its PCMH glide path program, with an estimated upper bound cost of \$24,000-\$30,000 per practice.¹ Practices that have implemented an EHR and those with fewer gaps would qualify for services of lesser duration and cost. In other words, the level of support would be tiered based on the assessment of the practice’s level of advancement.

Design Proposal

The SIM Program Management Office (PMO) has considered whether SIM should establish a centralized glide path enrollment and practice support process on behalf of all payers. A centralized approach would entail the administration of an on-line application including the conduct of a readiness assessment, collection and transmission of a minimum dataset to all payers, consistent with each payer’s requirements, and linkage to a practice transformation support vendor. The PMO or its state agency partner would also gather and convey to payers milestone tracking information, and a “certificate of completion” or other credential when the practice has demonstrated achievement of all milestones. See attached figure.

A major advantage of the centralized approach is that PMO staff would be in a position to meet with practices representing a multi-payer endorsed glide path process, make the business case, address provider concerns, and facilitate enrollment. The alternative would entail each provider independently applying to each of the participating plans.

DSS currently administers a process in which practices complete a readiness assessment and an on-line application for glide path status. Once accepted, practices qualify for enhanced payment and practice transformation services for a period of 18 months. The administration of a glide path application process can be complex and DSS has invested considerable time and

¹ This estimate is based on the glide path that DSS currently administers for the HUSKY Person Centered Medical Home program.

resources in the development of its current system. The development of a separate SIM sponsored and PMO administered “front end” would be duplicative and would likely also require reconfiguration of DSS’s current seamless system to accommodate a PMO administered centralized approach.

We are thus proposing the adaptation of the existing DSS glide path administrative infrastructure to serve the purpose of a centralized glide path process on behalf of all payers. We believe that this approach would be substantially more cost-effective than the development of a separate system and be less disruptive to DSS’s current glide path system and process. The provider facing elements of the glide path application process would need to be re-branded to reflect a multi-payer glide path program. The PMO is prepared to work with DSS and its vendor (Community Health Network of Connecticut) to further define system requirements and projected budget.

Glide Path Flow Diagram

