

**STATE OF CONNECTICUT**  
**State Innovation Model**  
***Practice Transformation Task Force***

**Meeting Summary**  
**October 3, 2017**

**Location:** Webinar and Conference Call

**Members Present:** Susan Adams; Mary Boudreau; Grace Damio; Heather Gates; Shirley Girouard; Elsa Stone

**Members Absent:** Lesley Bennett; Leigh Dubnicka; Garrett Fecteau; M. Alex Geertsma; Beth Greig; Edmund Kim; Anne Klee; Alta Lash; Kate McEvoy; Michael Michaud; Rebecca Mizrachi; Douglas Olson; Rowena Rosenblum-Bergmans; H. Andrew Selinger; Eileen Smith; Anita Soutier; Randy Trowbridge; Jesse White-Frese

**Other Participants:** Anne Elwell; Michele Kelvey-Albert; Ken Lalime; Jenna Lupi; Mark Schaefer

**Call to Order**

The meeting was called to order at 6:02 p.m. Elsa Stone chaired the meeting.

**Review and Approval of Meeting Summary**

The approval of the meeting summary was postponed until the next meeting.

**Advanced Medical Home Program Update**

Jenna Lupi presented the update on the Advanced Medical Home program ([see presentation here](#)). She said the agenda for the webinar includes a recap of the Advanced Medical Home (AMH) program purpose and goals, the AMH program progress to date, and the next steps for PTF efforts. There was a question of whether any changes from AMH Vanguard Program to the AMH Program Wave 1. Ms. Lupi said one key change was streamlining the application process because it was somewhat burdensome for the practices. Dr. Schaefer said a significant change in terms of transformation expectations is the Planetree Bronze Recognition was taken off. Ms. Elwell said they kept some of the pieces that the practices found valuable from their patient satisfaction aspects. She said Planetree was not the complete recognition anymore.

Ms. Gates asked why reaching the goal of 150 practices was not feasible. Ms. Lupi said for AMH Program Wave 1, they began recruitment in October 2016. There were major recruitment efforts in place such as the AMH Conference and meetings with interested practices. Ms. Lupi said despite all of the efforts they were not able to recruit the target of 150 practices but landed 61 practices for a total of 151 practices to date. She said most of the reasons are speculative and maybe related to the uncertainty nationally around healthcare legislation.

Ms. Kelvey-Albert said there were several practices merging with larger entities which was somewhat of a barrier. She said there was some concern of commitment to completing the National Committee for Quality Assurance (NCQA) recognition and whether practices had dedicated resources to be able to do it. She said for some of the smaller and larger practices there was some

staff turnover. Dr. Schaefer said some other issues have emerged in our conversations with practices and physicians from various networks. He said in addition to uncertainty around the market for health insurance there was some uncertainty around federal requirements. He said for a host of reasons, non-hospital anchored physician networks did not want to go in this direction, were not interested in Medicaid shared savings, and did not want to participate in NCQA/AMH.

The group discussed the fact that nobody passed the standard requiring the stratification of performance data to identify vulnerable populations and whether this was the result of lacking capabilities in the EMRs. It was noted that the 22 practices that they received the report from NCQA on all came from one Advanced Network and was on one EMR. A challenge was not just picking a vulnerable population, but also running data and looking at percentages. It was mentioned that this was looking at the performance data stratified by picking the vulnerable population and comparing them against the general population. At the time of this particular practice, they were not able to run this type of report because they were not capturing data and stratifying against vulnerable populations. It was noted that being able to capture this data and stratify it is a challenge for many practices.

#### **6. Next Steps and Adjournment**

Ms. Lupi said there is consideration to reallocate the AMH funds to support critical investments. One area they are thinking about reallocating to would be the Prevention Service Initiative (PSI). PSI is focused on connecting community based organizations by formal partnerships with Advanced Networks. It could enhance the ability of primary care to distribute prevention services. The other area for consideration is to increase funding for the Community Health Worker (CHW) Initiative because it would be helpful for them on the integration of CHWs. It is a key element of the Community and Clinical Integration Program (CCIP) standards.

Ms. Lupi opened the floor for a discussion on this topic. Dr. Stone said it seems like a good direction for us to be moving in and would expand our outreach in many ways. Ms. Damio mentioned that both are very important and positive strategies.

Dr. Schaefer suggested pulling together what has been learned of CCIP over the past several months and propose some adjustments before Wave 2. He said he is inclined to prep with Qualidigm for a report out and discussion about CCIP. The next PTF meeting is scheduled for December 12<sup>th</sup>.

The meeting adjourned at 6:45 p.m.