

Connecticut

Advancing the Medical Home Model for Children and Youth Created in Collaboration with the National Academy for State Health Policy

The National Center for Medical Home Implementation (NCMHI) and the National Academy for State Health Policy (NASHP) are collaborating on the development of state profiles designed to highlight public programs implementing and advancing the medical home model in pediatric populations. These updates are part of a formal partnership between NASHP and the NCMHI that focuses on exchanging information to improve medical home access for children and youth in medically underserved populations. If you have any questions about the information included in the updates, contact medical_home@aap.org.

The NCMHI is a cooperative agreement between the American Academy of Pediatrics and the Maternal and Child Health Bureau of the Health Resources and Services Administration.

HUSKY Health, Connecticut's public health coverage program for Medicaid and Children's Health Insurance Program (CHIP) includes multiple programs for eligible children. In January 2012, HUSKY Health introduced a person-centered medical home (PCMH) initiative, based on the patient-centered medical home model of care. Under this initiative, financial incentives are provided to practices and clinics that achieve PCMH recognition.

A unique Glide Path program has been created to provide additional support to practices as they progress to become National Committee for Quality Assurance (NCQA) recognized person-centered medical homes. Given the current success of the Glide Path program, Connecticut is planning to expand the program and provide this support to a greater number of practices statewide.

HUSKY HEALTH PROGRAM COMPONENTS

PERSON-CENTERED MEDICAL HOME PROGRAM

Practices must meet Level 2 or Level 3 NCQA patient-centered medical home recognition standards to participate in Husky Health. In addition, Connecticut's program mandates that medical home practices meet federal Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) requirements as well as other criteria such as participation in initiatives to decrease racial and ethnic health disparities.

As of November 2014, 83,364 children are being served in the Connecticut PCMH Program. This includes children served in multiple practice settings including private practices, Federally Qualified Health Centers, and a hospital outpatient clinic.

GLIDE PATH

The Glide Path program provides practices the support and financial incentives to become fully recognized as person-centered medical homes. Of the 29 Glide Path practices, 11 are pediatric-only and one is a family medicine practice serving both children and adults. Practices have 18- 24 months to complete the three phases of the program. Practices apply with the state and agree to work towards the Glide Path milestones with specified timeframes and an established work plan. Practices must demonstrate progress toward attaining NCQA PCMH recognition, participate in trainings, and provide ongoing documentation as described in their work plan.

A Community Practice Transformation Program at Community Health Network of CT (CHNCT) assesses and provides support to the individual primary care practices and continues to work with the practices once they receive NCQA recognition. The program is comprised of registered nurses, a lawyer, business professionals, pediatric advanced practice registered nurse, a pediatrician who serves as the CHNCT Chief Medical Officer, and a public health professional who services as the PCMH liaison from Connecticut Department of Social Services (DSS) and works closely with the PCMH Program Administrator on all process aspects of the PCMH Program.

The Medical Director at DSS who oversees the program is also a pediatrician. A key requirement for practices includes employing a care coordinator and establishing the goal of becoming a meaningful user of an electronic health record (EHR). Based on the program's success, the state is currently working towards a plan to provide Glide Path support to practices beyond those who accept Medicaid patients.



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PAYMENT MODEL FOR PCMH AND GLIDE PATH PRACTICES

PCMH Reimbursement by Connecticut Medicaid to PCMH practices that have achieved NCQA Level 2 or Level 3 recognition include enhanced payments with a fee differential in addition to an existing fee schedule, encounter rate, or visit rate. In addition, qualified participants may earn two different per member per month (PMPM) performance-based payments: *incentive* payments for practices in the top tenth percentile for performance, and *improvement* payments for those in the top tenth percentile for improvement in performance.

Small independent Glide Path practices are eligible to receive supplemental start-up payments over the course of their process. These include those practices with five or fewer full-time equivalent practitioners and a primary care panel with at least 25% Medicaid recipients. Failure to achieve NCQA recognition requires the practices to return the supplemental funds. In addition, practices in the Glide Path program receive a percentage of the fee differential payment that is paid to fully qualified practices. Connecticut Medicaid does not require reimbursement for fee differential payments should the Glide Path practice fail to meet the Medicaid requirements.

OUTCOMES

Data from 2013 revealed major differences on multiple child health measures for recognized PCMH practices compared to non-PCMH/Glide Path practices. For example, children in PCMH practices were more likely to have their early well child visits (82% vs 71%) and adolescent well care (70% vs 53%).

In addition, children were more likely to have their developmental screening in the first three years (41% vs 22%) and receive appropriate testing for pharyngitis (86% vs 75%). Practices participating in the Glide Path program also showed higher percentages on multiple child health outcomes as compared to non-PCMH practices.

FAST FACTS:

344,413: Children enrolled in Medicaid and CHIP in Connecticut in FY 2013 (18,999 CHIP; 325,414 Medicaid)

93% : The participation rate for those eligible for the Connecticut CHIP program

88.1%: The national participation rate for those eligible for the CHIP program