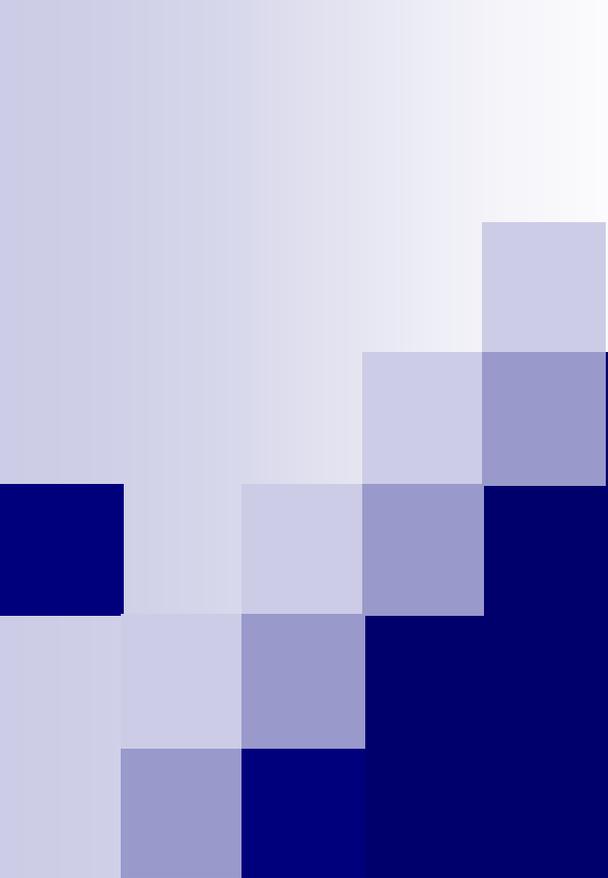


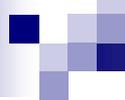
PCMH Update: MCMOC

June 17th, 2011





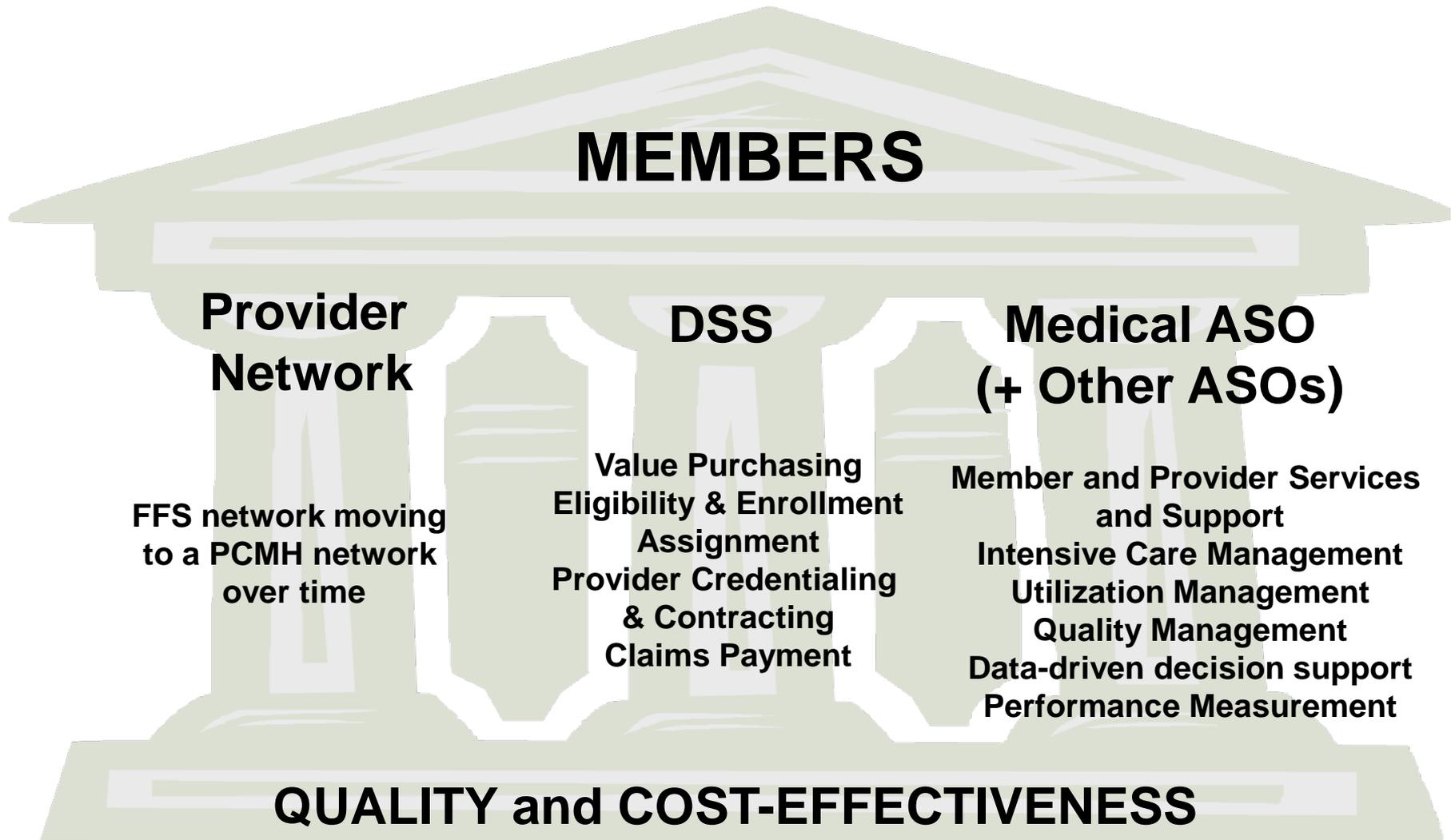
Patient Centered Medical Home (PCMH) Context



Medical Care Management: Where Have We Been?

- Concerns with capitation
- Insufficient staff resources within DSS
- Difficulty innovating
- Lack of person-centeredness
- “Distance” between the providers and their patients

Where Are We Going?



DSS Trajectory Over Time

ASO: Services delivered to support **consumers** through both individual provider offices and groups as well as PCMH practices over time

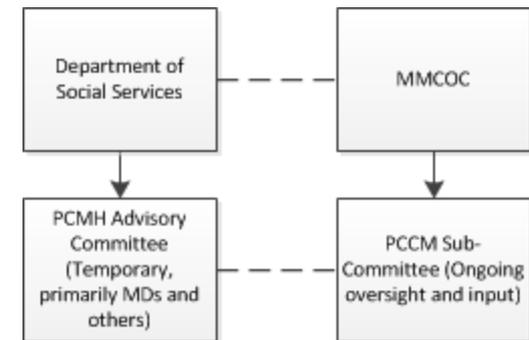
PCMH:
Access During Office Hours
Use Data for Population Management
Manage Care
Self-Care Process
Referral Tracking and Follow-Up
Implement Continuous Quality Improvement

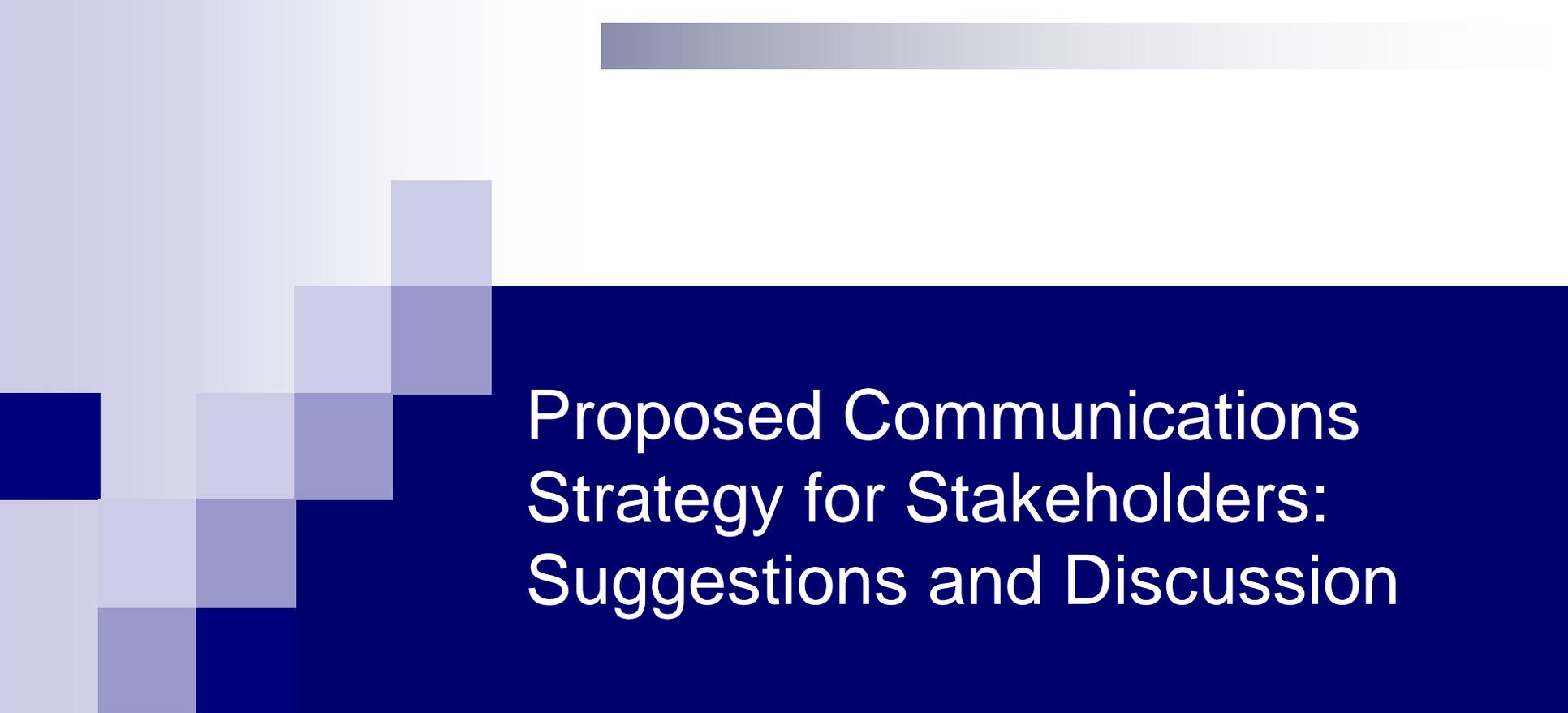
Health Home:

- “PCMH Plus”
- Chronic care focus
- Community-based focus
- Behavioral Health Focus

Medical Home Development

- MCMOC: Advisory relationship with DSS re: managed care
- PCCM Sub-committee to the MCMOC
- PCMH Provider Advisory Committee to DSS



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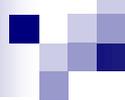
Proposed Communications Strategy for Stakeholders: Suggestions and Discussion

Suggested Activities and Timeframes

Stakeholder	Medium	Frequency and Timing
Consumers	Focus Groups re: consumer experience (and topics TBD with your input)	3-5 in late July, August and September
Providers	PCMH Provider Advisory Committee RFI on provider capacity, participation and support needs	Send out and return in July and analyze in August Present findings in late August and September
Other stakeholders	RFI on key issues related to medical home development	Send out in July and return in August Analyze asap to stay on schedule

Upcoming Meetings for Input

- Meeting of the PCMH Provider Advisory Committee workgroup on June 20th to continue preparation of standards
- Meeting on special pediatric issues during the week of 6/20 or 6/27
- Scheduling a meeting to discuss consumer input now (participants suggested by the PCCM Sub-committee)
- PCMH Provider Advisory Committee meeting scheduled for 6/30



Suggested Activities and Timeframes

- Suggestions:
 - Consumers
 - Providers
 - Other stakeholders
- Additional issues and concerns
- Keep timeframes and resources in mind!

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Medical Home Standards for Participation

PCMH Standards

- Review of options with the PCMH Provider Advisory Committee on June 7th
 - Strong attendance and participation
- Four options identified and reviewed at the June 7th meeting:
 - URAC
 - Bridges to Excellence
 - JCAHO
 - NCQA



PCMH Standards

- High-level overview including standards for six programs identified and reviewed at the June 7th meeting:
 - MAPCP Initiative (OSC/DSS)
 - HUSKY Primary Care
 - North Carolina
 - Oklahoma
 - Vermont
 - Massachusetts



PCMH Standards Need to Be:

- Person-centered
- Data-driven
- Multi-payer compatible
- Easy to administer
- Outcomes-oriented including needs of high-risk individuals
- Able to address structure and outcomes in addition to process

NCQA PCMH Standards

Strengths

- Address criteria desired by the Committee
- NCQA is, by far, the most widely used set of PCMH standards available
- Selected by the Comptroller's Office for State Employees
 - Already used throughout Connecticut
- 2011 standards are significantly more user friendly than 2008 standards

NCQA PCMH Standards

Limitations

- Need to balance structure and outcomes
- Costly for smaller practices (which may lack resources)
- Potentially special issues for pediatric practices (e.g. EHR among others)
- Need to ensure that client-specific issues and needs can be addressed

PCMH Standards: “Straw Man”

- NCQA 2011 Level 2 Standards
 - Enhanced scoring requirements
- “Glide path” for practices that need time to meet requirements
- Address pediatric issues
- Include additional vehicles to promote key areas of emphasis:
 - Within contractual requirements
 - P4P design that rewards attention to areas of greatest importance

PCMH Standards: “Straw Man” Proposal

- P4P suggested outcomes emphasis:
 - Patient-centeredness including culturally and linguistically competent services, education and self-care
 - Community-based coordination including services broadly and transportation
 - Minimize ED and inappropriate admissions or re-admissions; minimize redundant use of testing and services



Discussion: Standards and Other Issues

- Comments on Standards
- Additional issues of concern?
 - Future agenda items?