

INDEPENDENT CONSUMER ADVOCATES' POSITION ON SIM ISSUE BRIEF #3- GLIDE PATH ADMINISTRATION

The brief proposes to create a “glide path” program supporting practice transformation for small to mid-sized practices. The brief proposes to bring all medical home transformation under control of SIM and the very new Program Management Office (PMO) within the Office of State Healthcare Advocate. As the undefined Advanced Medical Home (AMH) certification will be a prerequisite for receiving payment incentives, this places a great deal of responsibility and authority in a single very new agency. We are very concerned both with the proposed consolidation and with the intended abandonment of the broadly-used, effective NCQA standards for Patient-Centered Medical Homes which is presumed in this proposal. This proposal to concentrate is in addition to previously described plans to reject the well-recognized, well-vetted Patient-Centered Medical Home (PCMH) certification by national accrediting bodies such as NCQA for the as-yet-undefined AMH designation specific only to CT and to SIM.ⁱ Over time, NCQA has been very responsive to concerns raised by providers and other stakeholders. Rather than eroding standards in response to complaints, NCQA makes thoughtful, considered, common sense improvements to the standards when appropriate. There are currently 963 recognized PCMHs in Connecticut and that number grows every month.ⁱⁱ The growing evidence of improved quality and access to care and cost control in the literature is connected to certified PCMHs. Connecticut’s successful Medicaid PCMH program, demonstrating remarkable improvements in quality care and lower per person health costs, rests on NCQA certification.ⁱⁱⁱ In setting and applying PCMH standards, NCQA can access expertise and resources that Connecticut state government cannot match.

It is unclear what benefit for any Connecticut consumers is expected from abandoning this successful model. Shifting Medicaid, particularly, from the successful model jeopardizes the hard-won progress the state has made with that program in recent years and the benefits to this growing program that serves 700,000 of CT’s most fragile consumers. DSS has done well in managing this transformation, including through use of a glide path to NCQA certification. Since it is doing well, it should not be “fixed” in favor of some undefined and untested PCMH standards administered by a newly-created agency.

One reason given in Policy Brief #3 to centralize authority in the PMO is that each provider would have to apply to each payer separately to qualify for rewards. However, currently payers now virtually universally recognize NCQA accreditation so there is little to no additional administrative burden on providers. This system works very well in Medicaid and in other states.

Another problem with concentrating AMH/PCMH certification under the PMO was highlighted in the work of the Sustinet PCMH task force. The task force, convened in 2009 to develop a statewide system of support for PCMHs, was diverse in its membership and operated with full transparency.^{iv} Early on, discussions focused on creating a central source for PCMH support (analogous to the proposed SIM glide path). This model was very successful in Vermont. However after much discussion it became very clear that due to cultural and corporate differences, there is no one source of support that would be acceptable to a large majority of primary care providers in our state. Based on discussions that led to endorsing NCQA as a standard, it was very clear that any single CT-based authority for PCMH

designation, no matter the stature and record of success, would not carry the credibility necessary for adoption by most payers and/or providers. It is very unlikely that a new agency would be able to overcome those challenges.

We urge SIM not to adopt the proposal outlined in policy paper #3 and to work with independent consumer advocates and others with experience in successful reform of CT's health care delivery system to find a feasible plan, based on use of the well-established NCQA PCMH standards. The success in the Medicaid program should be built upon, not abandoned.

ⁱ CT SIM final plan, p. 62

ⁱⁱ NCQA Recognition Directory Search, April 21, 2014

ⁱⁱⁱ Connecticut's Medicaid program success: Significant improvements in access, quality care and cost control, CT Health Policy Project, February 2014

^{iv} Final report, Sustinet Patient Centered Medical Home Advisory Committee, July 2010