

# SustiNet Health Partnership

## Medical Home Advisory Committee

### Co-Chairs

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### Patient Centered Medical Home Committee Meeting by Webinar April 21, 2010 Meeting Minutes

Webinar Participants: *Ellen Andrews, Co-chair; Tory Westbrook, Co-chair; Maureen Smith; Jennifer Jaff; Ken Lalime; Rick Duenas; Les Holcomb; James Stirling; Sheldon Toubman; Sandi Carbonari; Debbie Poerio; Jim Cox-Chapman; Sylvia Kelly; Jim Auger; Tom Woodruff; Drew Morten; Lisa Honigsfeld; Cheryl Lescarbeau; Leslie Swiderski*

Excused: *Jim Augur; Evelyn Barnum; Lisa Cannella; Sandi Carbonari; Amy Casavina Hall; Joanna Douglass; Margherita Giuliano; Bruce Gould; Joseph McDonagh; Rose Stamilio; Scott Wolf; Jody Terranova; Dominique Thornton*

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Ellen Andrews opened the meeting by welcoming all participants. She introduced Tom Woodruff from the Office of the State Comptroller. He said that the state employee and retiree health plan is forming a patient centered medical home initiative with ProHealth. It was felt that as the largest purchaser of employee healthcare in the state, this could have a huge impact. Anthem and United Healthcare Oxford were selected and both agreed to participate. This effort began with Pro Health who was already providing healthcare to many state employees. The official start date for the pilot is 1/11/11.

Cheryl Lescarbeau from ProHealth spoke on specifics of this pilot. She said that this is being called a clinical care model rather than a medical home model. The major components are listed below.

1. Improved access and communication – every site will follow the same access standards.
  2. Patient tracking and registry – will entail clinical performance reporting.
  3. Care management and coordination – information will be shared between providers.
  4. ER utilization – will examine the use of the ER for primary care.
  5. Patient self-management support – will empower patients to better engage in their own healthcare.
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6. Electronic prescribing – will improve clinical quality of care in terms of reducing adverse events.
7. Test tracking – everyone will follow the same policies and procedures to bring them up to the same standards.
8. Referral tracking – following where patients go for care.
9. Performance reporting and improvement – will show proof of meeting standards.
10. Advanced electronic communications – include an interactive website, a secure patient portal, and multiple portals where patients can access their own health records and in some instances enter their own data (i.e. blood pressure, glucose, things they are monitoring).

Cheryl continued, saying there will be care team re-engineering. Instead of being physician focused, the practices will function with teams including medical assistant, LPNs or RNs, PCPs, nurse practitioners, PAs, PTs, etc. Communication will improve and continuity of care will be more efficient. There are plans to open extended hour facilities in all the major geographic service areas. ProHealth has a data warehouse that manages all electronic health record data, all practice management data, all lab information and values, and other applications that allow providers to extract information from patients' charts directly into the data repository. All this information is included in clinical performance reports. This will be improved and simplified when there is an HIE. Individual practice sites and their staffs are being trained around the standards. ProHealth had purchased the American College of Physicians' Medical Home Builder to assist in meeting NCOA elements and provide current resources. There also is a consultant group that will be utilized to assist with workflow and process improvement.