



ADVANCING INTEGRATED HEALTHCARE

CTC-RI Strategic Plan Review of Accomplishments March 2019 - March 2020

CTC-RI BOARD OF DIRECTORS
MAY 22, 2020

Strategic Plan Accomplishments 2019 FYTD

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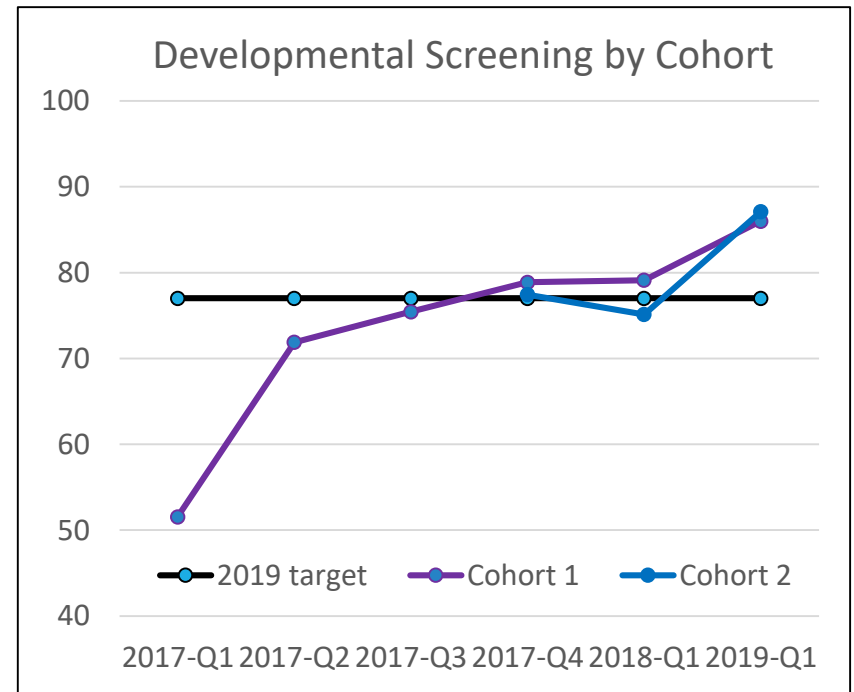
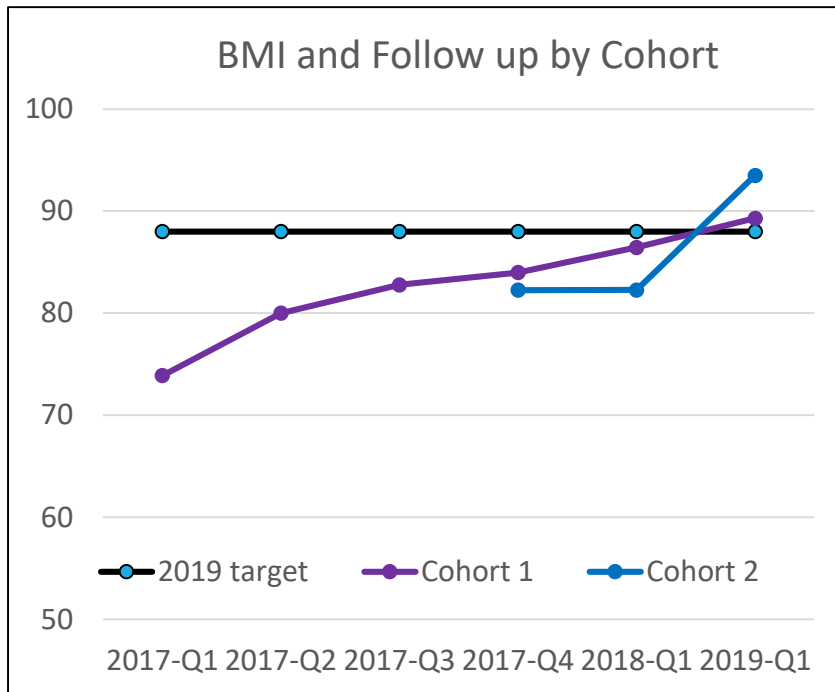
Goal 1: Continue to Transform Primary Care Focusing on Innovation and Incubation

Overview

- PCMH Kids Sustainability and Expansion
- Continued Support for Adult Cohort 5 Practices
- Integrated Behavioral Health in Primary Care
- Statewide Multi-Payer CHT Network
- New Initiatives— e.g. UnitedHealthcare SEE Prescribing project, RIDOH MomsPRN program, RIDOH Health Equity Challenge and RIDOH CHT Expansion

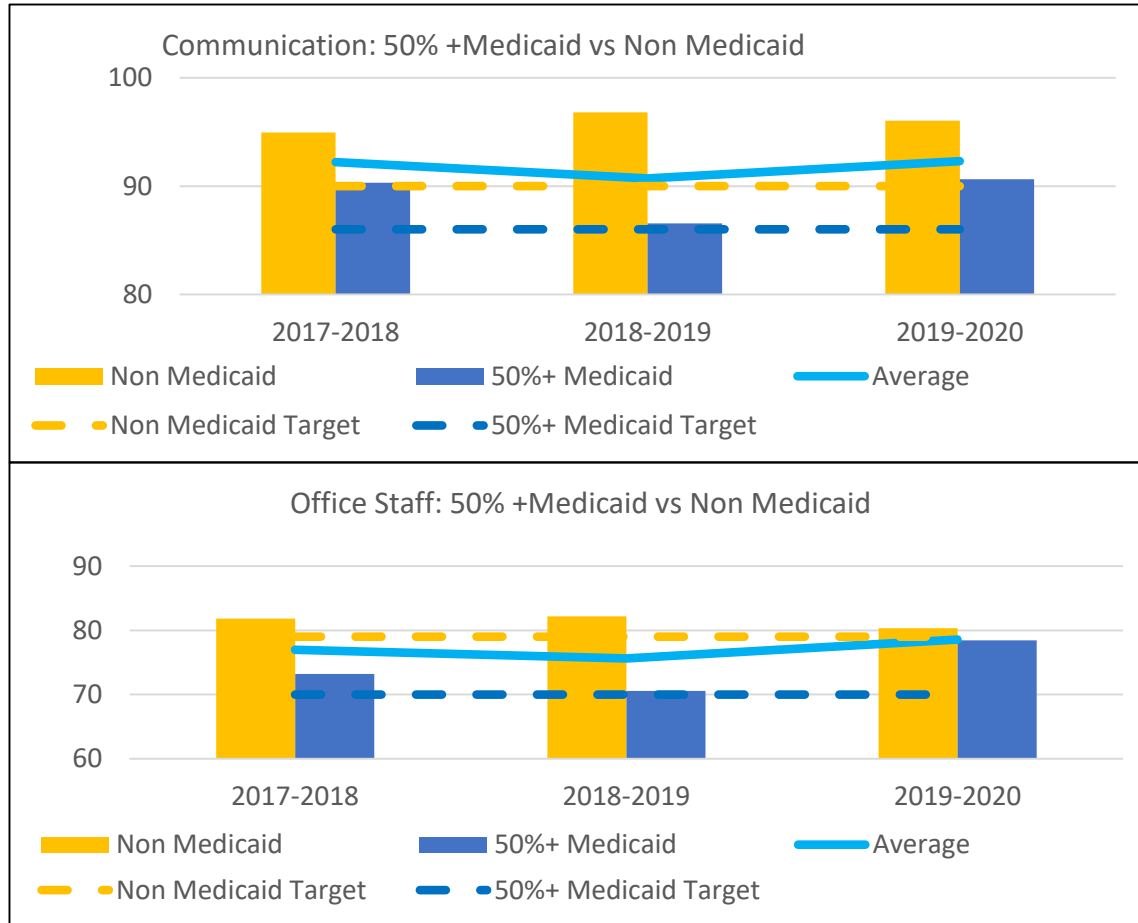
Goal 1: Continue to Transform Primary Care Focusing on Innovation and Incubation

PCMH Kids 2019 Improved Clinical Quality



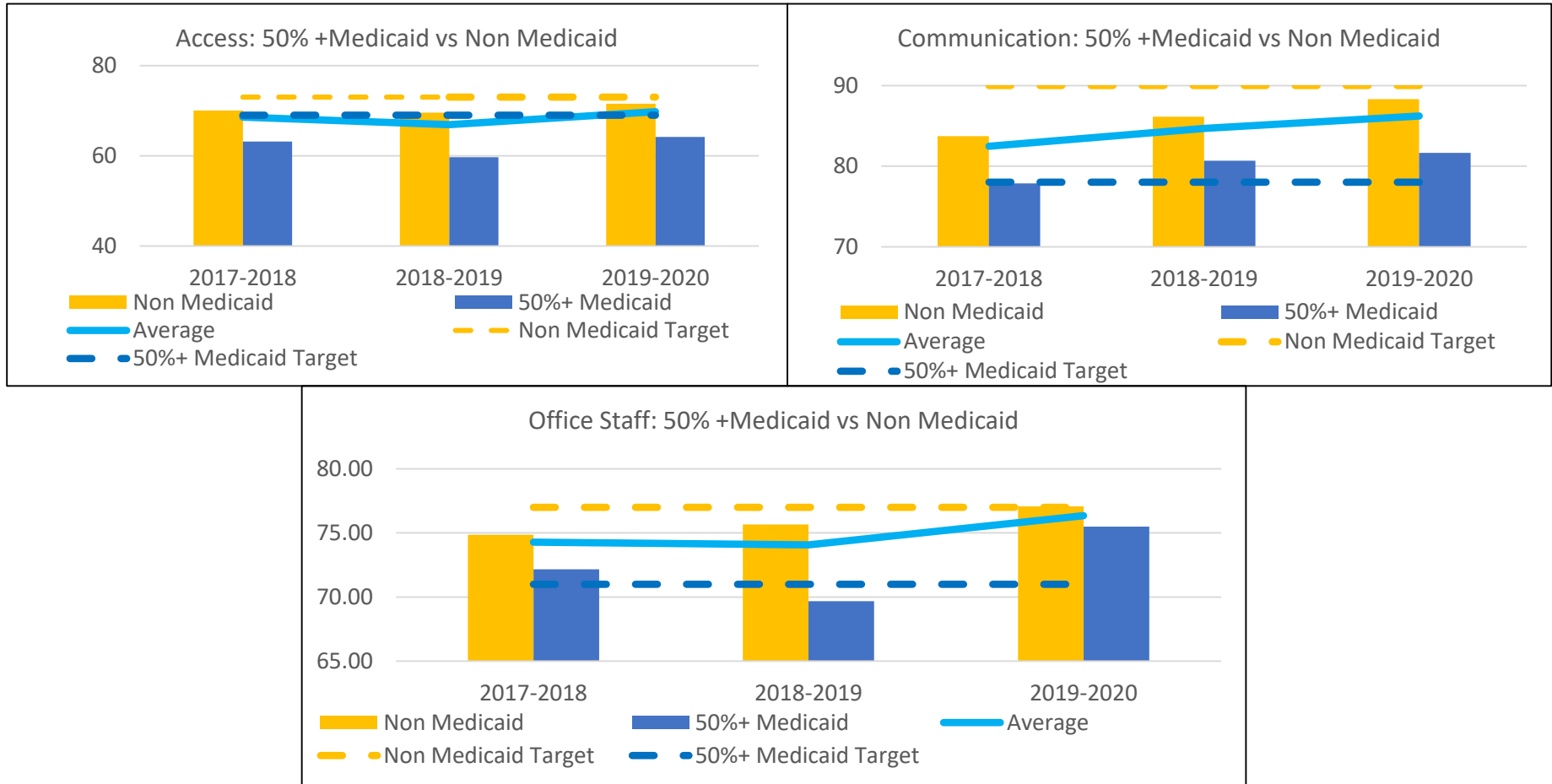
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PCMH Kids Cohort 2 2020 Improved Customer Experience



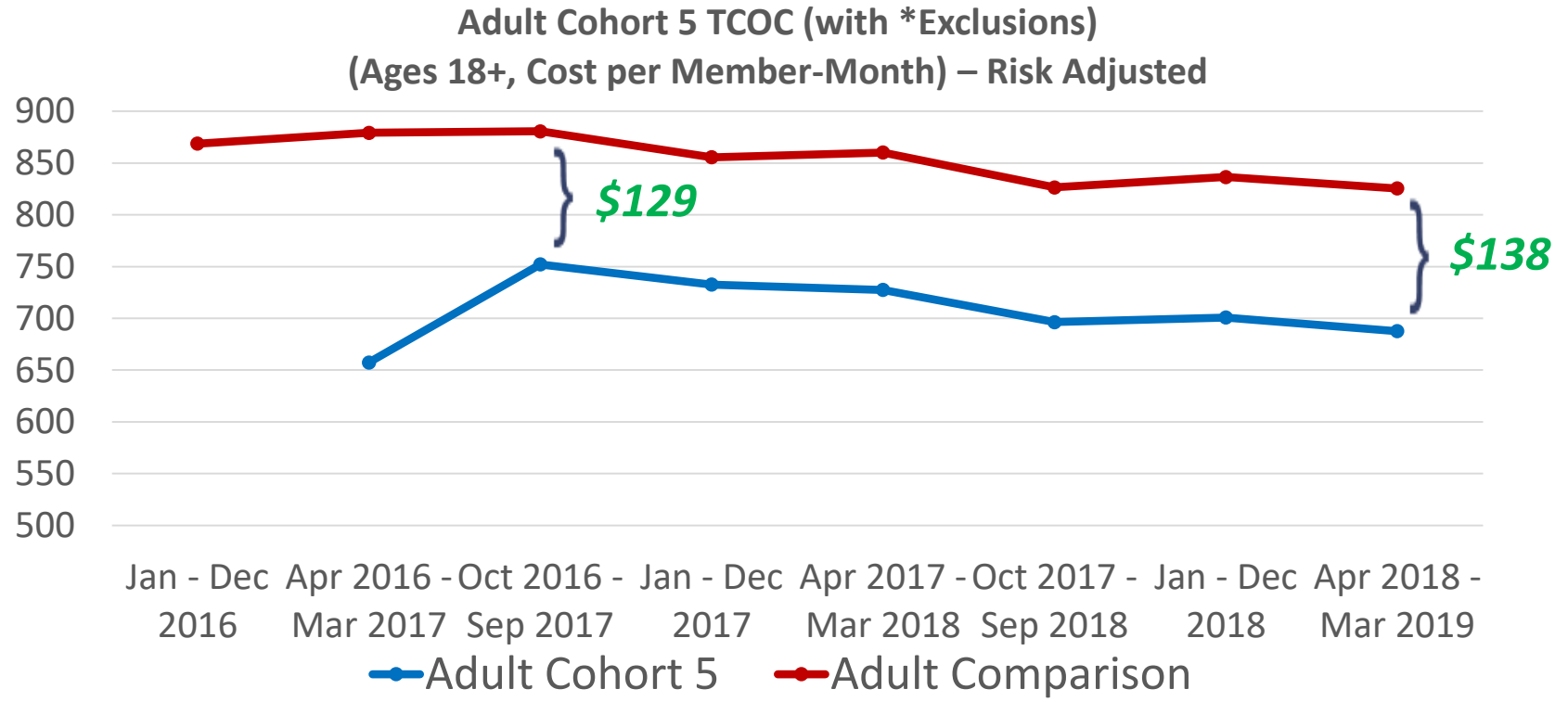
Goal 1: Continue to Transform Primary Care Focusing on Innovation and Incubation

Adult Cohort 5 2020 Improved Customer Experience



Goal 1: Continue to Transform Primary Care Focusing on Innovation and Incubation

Adult Cohort 5 Improved Total Cost of Care



Goal 1: Continue to Transform Primary Care Focusing on Innovation and Incubation

2019 Newly Onboarded

PCMH Kids Cohort 3	PCMH Kids IBH	Adult IBH
<ul style="list-style-type: none"> • Children First Pediatrics • Hasbro Adolescent Medicine • Drs Concannon & Vitale LLC • North Providence Pediatrics • Ocean State Pediatrics • Partners in Pediatrics • PCHC- Capitol Hill • PCHC- Central • PCHC- Chafee • PCHC- Olneyville • PCHC- Prairie Ave • PCHC- Randall Sq • Riverside Pediatrics • Santiago Medical Group - North Providence • Santiago Medical Group - Pawtucket • Tri-County Community Action Agency - Johnston • Tri-County Community Action Agency - North Providence 	<ul style="list-style-type: none"> • Cohort 1 • Anchor Pediatrics • Comprehensive Community Action Program (CCAP) • Hasbro Pediatric Primary Care • Cohort 2 • Coastal Medical – Bald Hill • Coastal Medical - Waterman • Hasbro Medicine Pediatric Primary Care • Northern RI Pediatrics • Tri-County Community Action Agency <p data-bbox="730 1068 1787 1303"><i>Approximately 695,000 Rhode Islanders receive their care from CTC-RI and PCMH-Kids practices. PCMH Kids now represents more than 50% of Rhode Island children (110,000 patients), and more than 80% of the State’s total pediatric Medicaid population.</i></p>	<ul style="list-style-type: none"> • Blackstone Valley Community Health Care • Brown Medicine Primary Care – Warwick • Providence Community Health Center – Central • Providence Community Health Center – Crossroads • Providence Community Health Center - Randall Square • Tri-County Community Action Agency – North Providence • Women’s Medicine Collaborative Primary Care

Goal 1: Continue to Transform Primary Care Focusing on Innovation and Incubation

2020 Graduation

PCMH Kids Cohort 2

All NCQA-recognized

- Aquidneck Pediatrics
- Barrington Family Medicine
- Barrington Pediatrics
- Children's Medical Group
- Coastal Medical – Bald Hill
- Coastal Medical – Toll Gate
- Cranston Park Pediatrics
- East Side Pediatrics
- Kingstown Pediatrics
- Northern RI Pediatrics

Adult Cohort 5

All NCQA-recognized

- A to Z Primary Care
- Brookside Medical Associates
- CCAP – Primary Care Partners
- EBCAP - Barrington
- Lincoln Primary Care
- Massasoit Internal Medicine
- Michelle VanNieuwenhuize
- Nardone Medical
- Ocean State – Coventry
- Ocean State – Westerly
- PCHC – Randall Square
- Prospect Charter Care
- Richard VanNieuwenhuize
- Robert Carrellas
- Wayland Medical Associates

IBH Adult Cohort 3

NCQA-recognition in-process

- Blackstone Valley Community Health Care
- Brown Medicine Primary Care– Warwick
- PCHC– Central
- PCHC– Crossroads
- PCHC– Randall Sq
- Tri-County Community Action Agency – North Providence
- Women's Medicine Collaborative



ADVANCING INTEGRATED HEALTHCARE

Goal 1: Continue to Transform Primary Care Focusing on Innovation and Incubation

IBH in Primary Care: New Pediatric IBH Pilot

- 3-year pilot program with 2 waves of 4 practices
 - Impacting ~40,000 patients
- July 2019 Kickoff
- Key Program Components:
 - Support culture change, workflows, billing
 - Monthly Onsite IBH Practice Facilitation
 - Universal Screening 3 of 5: Depression (adolescent), Anxiety (adolescent), Substance Use (adolescent), Middle Childhood, or Postpartum Depression
 - Embedded IBH Clinician
 - Quarterly Best Practice Sharing: data-driven improvement, content experts

Goal 1: Continue to Transform Primary Care Focusing on Innovation and Incubation

SBIRT in Primary Care: Screening, Brief Intervention, Referral, and Treatment for Adolescents

- Wrapped up another Successful Pediatric Behavioral Health Learning Collaborative
 - 11 Practices enrolled in the learning collaborative
 - Consisting of 75 Providers
 - Total pediatric population of ~34,000
 - Over 60 in attendance at final meeting where Adolescent Substance Use and Confidentiality were the topics of focus

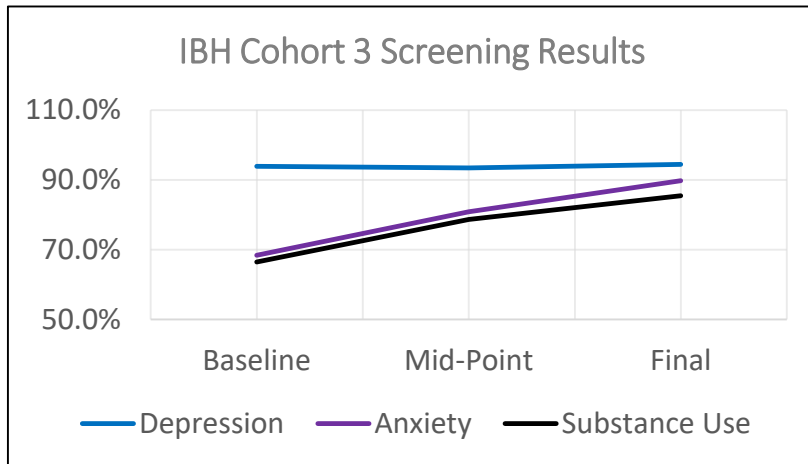


ADVANCING INTEGRATED HEALTHCARE

Goal 1: Continue to Transform Primary Care Focusing on Innovation and Incubation

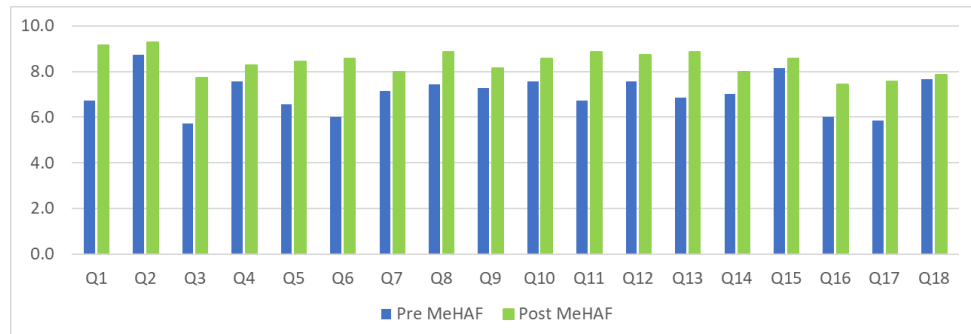
IBH in Primary Care: Adult Cohort 3

Improved Screenings Rates



- 7 practices graduated
- Impacting ~68,000 patient population
- Kickoff February 2019
- Completed February 2020

Improved levels of Integration (using MeHAF self-assessment tool)



Areas most improved:

- Q6. Communication with patients about integrated care
- Q1. Colocation of treatment for primary care and mental/behavioral health care
- Q11. Patient care team for implementing integrated care
- Q3. Treatment plan(s) for primary care and behavioral/mental health care
- Q13. Continuity of care between primary care and behavioral/mental health



ADVANCING INTEGRATED HEALTHCARE

Goal 1: Continue to Transform Primary Care Focusing on Innovation and Incubation

IBH New Online IBH Practice Facilitation Training Program

- 4 students enrolled in first Spring 2020 session (2 out-of-state & 2 RI)
 - 4 distance learning modules for self-study with reading and homework assignments between modules
 - Reference manual with course readings and monthly calls with Dr. Burdette
 - Post-tests for each module, course evaluation survey & course completion certificates
 - NASW approved 6.5 Continuing Education Credits
- Cost of the Online Program is \$750 for CTC members; \$1000 for out of state
- Optional Advanced Onsite IBH Shadowing available at additional cost of \$750.
- Next session offered in Fall 2020



ADVANCING INTEGRATED HEALTHCARE

Goal 1: Continue to Transform Primary Care Focusing on Innovation and Incubation

In its 5th year of supporting CHTs, CTC-RI has braided funding from Medicaid (HSTP), SAMHSA-funded SBIRT and SOR initiatives, and CTC-RI multi-payer contributions to:

- Expand to **7 geographic, place-based teams** in 5 partner sites serving over **3000 patients/year** through a referral process with statewide primary care providers.
- Add a **Peer Recovery Specialist** position to each team to better serve the needs of substance-exposed individuals and families.
- Add a **Family Care Liaison** at Rhode Island Parent Information Network (RIPIN) to expand capacity to meet family needs of CHT patients.
- Launch a **multidisciplinary team pilot** to coordinate care for families affected by SUD/OD.
- Partner with **Medical Legal Partnership Boston (MLPB)** to provide legal consultation.
- Provide a centralized network to include a **best practice series and data management system.**

URI SIM-Funded Evaluation

SUMMARY: Clinically & Statistically Significant Client Changes after 4.7 months of CHT Care



33% Reductions Health Risk, Depression, Anxiety



30-40% Reduced Substance Use



45-70% Improvements in all SDOH categories



20% Improvements in Number of Unhealthy Days /Quality of Life & Wellbeing categories

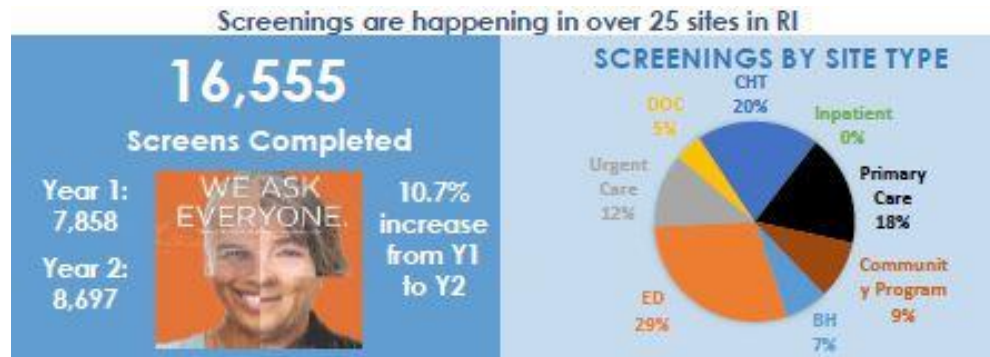


Improvements in Health Knowledge & Information, Support, Health Confidence, Adherence, Current & Future Life Evaluation



Excellent Patient Satisfaction & Experience with CHT Care (4.5/5 Avg Satisfaction Rating)

Goal 1: Continue to Transform Primary Care Focusing on Innovation and Incubation



2,724 Clients Screened positive and received an intervention



A sample of clients who reported alcohol use, binge drinking, marijuana use, and illegal drug use at intake reported significantly fewer days of use six months later

- average decrease of 40%



**Celebrating 2 years
of SBIRT
9/2017 - 9/2019**

**Partnering with BHDDH
and 8 implementation
sites, CTC-RI is supporting
important population
health screening for
substance use disorders.**



ADVANCING INTEGRATED HEALTHCARE

Goal 2: Cultivate Strategic Relationships

Participation in Relevant State Agency Workgroups and Committees



Clinical Strategy Committee

- **Representation expanded to include Medicaid, ACO and AE.**
- **Priorities:**
 - **Primary Care/Specialist Collaboration** – lessons from ACP pilot highlight need for multi-payer specialist incentives to engage in statewide effort.
 - **Low-Value Care** – requesting endorsement from Cost Trend Committee for ongoing data needs.
 - **Provider Well-Being** – active participation in RIDOH Transition of Care work group; collaboration with RIMS and OHIC on proposal for statewide multi-stakeholder Prior Authorization QI efforts.
 - **Best Practice Sharing** among Systems of Care – Coastal Medical, PCHC, Integra CHF, BCBSRI, Brown Medicine Patient and Family Advisory Council (PFAC), RIH, Care New England Frail Elderly Program, UnitedHealthcare Optum Whole Person Care Program, Oak Street Health, RIQI, EOHHS, Brilljent, and Innovaccer.
 - **COVID-19 Responses at Practices/SOC and Health Plans**

Goal 2: Cultivate Strategic Relationships

Contracts and Grants Funding

Award Name	Organization Name	Start Date	End Date	Amount
EOHHS/BHDDH	HSTP/SOR/SBIRT	10/1/2019	9/30/2020	\$5,143,624
Practice Facilitation and Data Management	RIDOH	10/1/2019	9/30/2020	\$328,249
RI MomsPRN	RIDOH	10/1/2019	12/31/2020	\$134,000
Healthcare Transition Improvement Initiative	RIDOH	3/1/2020	4/30/2021	\$53,507
PCMH-Kids IBH	RIF	5/1/2019	4/30/2022	\$450,000
RIF PCMH-Kids IBH Learning Collaborative	Tufts	5/1/2019	4/30/2020	\$75,000
Pediatric IBH Pilot	UnitedHealthcare	7/1/2020	6/30/2022	\$150,000
S-E-E Program Plan	UnitedHealthcare	11/1/2019	10/31/2021	\$231,000
IBH and MAT Plan	Wood River	5/1/2019	4/30/2020	\$31,600
Payer Partner Engagement and Alignment for CPC+	Deloitte Consulting	9/19/2019	9/18/2020	\$42,960
Enhanced care coordination for Family Care Unit	Women & Infants Hospital	10/1/2019	9/30/2020	\$459,000
TOTAL				\$7,098,940

Goal 3: Infrastructure Resourcing Plan

- Adapted to COVID 19 work from home requirements
- SBA PPP loan obtained
- Renewed sublease agreement with Healthcentric Advisors revised pricing structure on Management Services Agreement.
- CTC IT is hosted on Healthcentric Advisors server. CTC has upgraded encryption and security software to position CTC to host PHI if necessary.
- Completed internal CHT data collection assessment to include PHI prompted by state contract for CHT's centralized network management (No PHI currently collected.)
- Completed business assessment to evaluate insurance coverage.
- Revised CTC fiscal policy manual approved by KLR and Finance Committee.
- Enhanced contract/grant management reporting and tracking.
- Worked with health plans to shift budget allocation vs attribution



Learning Events

- **Annual Conference**
 - "Advancing Integrated Primary Care: Innovations at Work."
 - 363 primary care practice leaders, care team members, and stakeholders.
- **Quarterly Breakfast of Champions**
 - 50-75 attend quarterly; statewide hands-on clinician learning and sharing
- **Integrating Medication-Assisted Treatment and Primary Care Summit**
 - Co-hosted with PCHC, 60 Attendees
- **Special Topic/Specific Learning Collaborative**
 - NCM role in MAT; Primary Care First – Nicholas Minter
- **gLearn for Nurse Care Managers and Care Coordinators**
 - 42 attendees; 5 faculty; funded by UnitedHealthcare

All-Payer Claims Database

- Successfully applied to APCD for custom report that has been used for Pharmacy Quality Improvement Initiative

CTC Data Management System for Practice Transformation Support

- Add services tailored for RIDOH and CHT reporting to capture patient evaluation information.
- CTC staff trained as Salesforce administrator.
- Custom forms created to support quarterly data reporting and integration with the Salesforce CRM platform.

State/Regional/National Presentations and Publications

- 5 Publications and
- 6 National and 4 Regional presentations



Goal 5: Board Development

Executive Committee

- Meeting monthly; Provides oversight and direction for management

Nominating Committee

- Meeting Ad Hoc to identify candidates for Board of Directors approval and for succession planning for officer positions currently in progress.

Finance Committee

- Meets 5 times a year with a formal charter.
- Approves quarterly financials; Oversees KLR annual audit; Reviews annual budget development.

Clinical Strategy Committee

- Meets monthly, charter updated, membership expanded, priorities identified. Serves as multi-payer collaborative for innovation and best practice sharing.

CHT Oversight Committee

- Meeting monthly with a formal charter.
- Oversees the CHT long-term sustainability planning.

Next Steps - CTC Management Team

- Post COVID 19
 - Accelerate primary care capitation
 - Support Governor's Task Force – Issue Brief and proposed recommendations
- CHT Sustainability Plan – working with CHT Oversight Committee.
- Health Equity Challenge – Pathways 2 Population Health
- Plans for 2020 PCMH Kids
 - Vaccination quality improvement initiative
 - Healthy Tomorrow Grant : Connecting home visiting with PCMH Kids practices learning collaborative (HRSA-funded)
 - Transition of Care from Pediatrics to Adult: Primary care learning collaborative (RIDOH Title V-funded)
- Pharmacy Quality Improvement SEE evaluation
- Prior Authorization project scope.
- Disseminate annual Clinician Well-being Survey and PCC/Green Center survey results.
- Participate and inform the state and national policy discussions.

Board Discussion

- 1. Is there work we are not doing that we should add especially in light of COVID-19?**
- 2. How do we better align with the RI Healthy Vision?**
- 3. What can CTC do to facilitate transformation to primary care capitation?**
- 4. Other?**