



ADVANCING INTEGRATED HEALTHCARE

Welcome PCMH Kids Practices and Key Stakeholders

PCMH KIDS STAKEHOLDER MEETING 07-01-2021

PAT FLANAGAN MD, FAAP, PCMH KIDS CO-CHAIR, PFLANAGAN@LIFESPAN.ORG

BETH LANGE MD, FAAP, PCMH KIDS CO CHAIR, ELIZLANGE@COX.NET

Agenda

- ❖ Welcome & Opening Remarks
- ❖ PCMH Kids / CTC-RI Strategic Planning discussion
- ❖ PCMH Kids Cohort 3 – PY2 Incentive Plan APPROVED
- ❖ Pediatric IBH
- ❖ Healthy Tomorrows
- ❖ Healthcare Transitions

- ***Vision for PCMH Kids / CTC-RI?***
- ***Critical issues facing children & families that PCMH Kids / CTC-RI should help address?***
- ***If PCMH Kids could only focus on one thing, what should that be?***
- ***What role can or should PCMH Kids / CTC-RI play as new payment models continue to develop in the State?***
- ***What role can or should PCMH Kids / CTC-RI play as systems of care continue to develop in the State?***



PCMH Kids / CTC-RI Strategic Planning discussion

Friendly reminder to fill out the [survey](#), if you haven't done so.



Practice Transformation Summary Requirements



	OHIC	CTC-RI/PCMH Kids Incentive Payment
Data due	By October 15, 2021	By April 15, 2022
Measures & Targets	<p>Well Child: Commercial: 75.10%; Medicaid: 53.66%</p> <p>Developmental Screening: 67.98%</p> <p>Lead Screening: 73.11%</p>	<p>Well Child: <=50% Medicaid: 75.10%; >50% Medicaid: 53.66%</p> <p>Developmental Screening: 67.98%</p> <p>Lead Screening: 73.11%</p> <p>BMI: <=50% Medicaid: 90%; >50% Medicaid: 88%</p> <p>2 MMR: 90% of December 31, 2019 Immunization rates</p>
Incentive Methodology	<ul style="list-style-type: none"> practices must meet a high-performance benchmark as summarized above <i>or</i> practice performance for the 2020-2021 performance period must be higher than the 2018-2019 performance period. practices are required to meet performance expectations for 2 of 3 pediatric measures. 	<ul style="list-style-type: none"> practices must meet a high-performance benchmark as summarized above <i>or</i> practice performance for the 2020-2021 performance period must be higher than baseline. practices are required to meet performance expectations for 3 out of 5 pediatric measures <i>and</i> Field CAHPS Survey (reporting only)
Baseline data	<p>Well Child: October 1, 2018 - September 30, 2019</p> <p>Developmental Screening: October 1, 2018 - September 30, 2019</p> <p>Lead Screening: 2017-2018 cohort as of March 1, 2021</p>	<p>Well Child: April 15, 2020</p> <p>Developmental Screening: April 15, 2020</p> <p>Lead Screening: 2017-2018 cohort as of March 1, 2021</p> <p>BMI: April 15, 2020</p> <p>2 MMR: December 31, 2019</p>

Adolescent Medicine Incentive Recommendation



1. Follow OHIC’s guidance for Performance Measures for RI PCMH recognition

April 6, 2021 Measures and Benchmarks for Pediatric Practices		
Measure	2021 Benchmark*	Benchmark Source
Child and Adolescent Well-Care Visits (adolescent age ranges only)	Commercial: 75.10% Medicaid: 53.66%	<i>Commercial:</i> New England commercial 90th percentile <i>Medicaid:</i> National commercial 75th percentile
Developmental Screening in the First Three Years of Life	NA	2018 performance year benchmark (i.e., 25th RI percentile from 10/1/2016 – 9/30/2017)
Lead Screening in Children	NA	National Medicaid 50 th percentile

- * Add 2 MMR – 90% of 2019 (pre-COVID) - NA
- * Add BMI – do we make an adjustment to 2019-2020 CTC-RI target of 90%, <50% Medicaid; 88% >50% Medicaid for Adolescent Medicines? Because there is no OHIC target and CTC –RI target is high?
- * Or demonstrates improvement

2. CAHPS – Field CAHPS; reporting only

Nurse Care Manager/Care Coordinator Standardized Core Curriculum (GLearn) Program

Applications Open!

12-15 week program for Nurse Care Managers and Care Coordinators

- Interactive web-based module
- Weekly facilitated collaborated discussions
- Case Study Capstone Presentation
- Earn up to 18.5 RN CEU's and 18.54 CCM credits

Applications due July 23rd. More details and application materials can be found here: <https://www.ctc-ri.org/file/ncm-cc-core-curriculum-training-application-6-14pdf>

Pediatric IBH



- **3-year pilot program with 2 waves of 4 practices**
- **Key Program Components:**
 - Support culture change, workflows, billing
 - Universal Onsite IBH Practice Facilitation: Screening 3 out of 5: Depression (adolescent), Anxiety (adolescent), Substance use (adolescent), Middle childhood, or Postpartum depression
 - Embedded IBH Clinician : warm hand offs, pre-visit planning, huddles
 - Quarterly Best Practice Sharing: data driven improvement, content experts
- **Cohort 1 graduates, July 2021**
- **Program ends, April 2022**

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

Pediatric IBH - Status Update



Successes:

1. Screening – despite COVID, all practices are administering 3 BH screeners
2. **Pivoted to teleIBH quickly and effectively; practices returning to hybrid approach**
3. Peer Supervision group for Integrated Behavioral Health Clinicians was formed

Challenges:

1. EHR/data – continue to experience reporting and creating registries challenges
2. Hiring BHCs – currently 2 practices are still without a BHC and 2 other practices were without BHC for months
3. **COVID challenges, continued**
 - **Managing increased BH demand**
 - **Staff turnover – BHCs, IT, and MAs with continued staff shortages**

Healthy Tomorrows

5 Year Program Funded by Health Resources and Services Administration (HRSA)

Goals

- PCMH-Kids practices and FHV programs have the tools, data and work flows needed to integrate care coordination
- PCMH-Kids practices and FHV programs acquire knowledge, skills and relationships for integrating care coordination through participation in a year-long Learning Collaborative
- PCMH-Kids practices and FHV programs develop and implement strategies to support family engagement in primary care and FHV programs
- Integrated Care Coordination activities will continue after the period of federal funding ends.

Year 2 (March 2021 – February 2022)

Pilot with 2 FHV programs + 2 practices

- Hasbro Pediatric Primary Care
- Providence Community Health Center – Central
- Blackstone Valley Community Action Program
- Meeting Street

Getting to know each other



Health Care Transitions: Pediatric to Adult Care

1 Year Program Funded by RI Department of Health

Improve the transition of medical care from Pediatric to Adult Care

Kickoff meeting – May 19th

- Able to accept 10 primary care practices
 - 5 pediatric and 5 adult/family practices.
- Infrastructure Payments - \$5,000
- On-site Practice Quality Improvement Coaching
- Quarterly Peer Learning Collaborative Opportunities
- National Technical Assistance

10 Primary Care Practices / 5 Dyads

Coastal Medical - Bald Hill Pediatrics	Coastal Medical – East Greenwich Internal Medicine
Coastal Medical – Waterman Pediatrics	Coastal Medical – East Providence Internal Medicine
Hasbro Pediatric Primary Care	Center for Primary Care
Dr. Nevola	Dr Grande
PCHC – Capitol Hill	PCHC - Chafee

Friendly Reminders

Date	Deliverable / Meeting
July 15th	Clinical Quality and High Risk data due
July 23 rd	NCM / CC Core Curriculum Applications due
July 28 th	Next Practice Reporting/Transformation Meeting: Orientation for CAHPS Survey and PCMH Kids Cohort 3 report out on PDSAs.



ADVANCING INTEGRATED HEALTHCARE

Stay Safe and Healthy
