Practice Facilitation Collaborative

Minutes

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| Date: 6 11 20 |  | Start/End Time: 9:30 to 11:30 AM  |
| Meeting Location: +16468769923,,298000304# - Zoom: <https://ctc-ri.zoom.us/j/298000304> |  |
| MEETING INFORMATION |  | **Attendees noted with \*** |
| Meeting Purpose/Objective/Attachments: * To plan for assisting PCMH Kids Cohort 3 with improving immunizations for school aged children (MMR) and with achieving /maintaining NCQA PCMH recognition
* To plan for assisting primary care practices that participate in Vaccine for Children Program (VFC) with improving immunizations for school aged children (MMR);

Links to Attachments:* [PCMH Kids Practice Milestone Document](https://www.ctc-ri.org/sites/default/files/uploads/2019-2022%20July%20%20PCMH%20Kids%20Practice%20Milestone%20Document%20FINAL%20updated%20draft%206%208%2020.docx)
* [Implementation-Guide-Enhanced-Access](https://www.ctc-ri.org/sites/default/files/uploads/Implementation-Guide-Enhanced-Access.pdf)
* [IQIP at a glance](https://www.ctc-ri.org/sites/default/files/uploads/IQIP%20at%20a%20glance.pdf)
* [IQIP Operations Guide Version 1.1](https://www.ctc-ri.org/sites/default/files/uploads/IQIP%20Operations%20Guide%20Version%201.1.pdf)
* [KIDSNET Reports for School Readiness](https://www.ctc-ri.org/sites/default/files/uploads/KIDSNET%20Reports%20for%20School%20Readiness.doc)
* [PCMH Suggested Plan - Pediatrics](https://www.ctc-ri.org/sites/default/files/uploads/PCMH%20Suggested%20Plan%20-%20Pediatrics.docx)
* [pcpf-module-10-workflow-mapping](https://www.ctc-ri.org/sites/default/files/uploads/pcpf-module-10-workflow-mapping.pdf)
* [Provider Office Reference Guide](https://www.ctc-ri.org/sites/default/files/uploads/Provider%20Office%20Reference%20Guide.doc)

   |  | Susanne Campbell\*Pano Yeracaris\*Candice Brown\*Janet Limoges (KIDS NET)\* Bernadette Parrillo (RIPCPC)\* Marilyn Boichat (Coastal)Elizabeth Caruso (Prospect)\* Nancy Silva (RIPIN)\*Betsy Dennigan (Lifespan) | Jayne Daylor\*Carolyn Karner\*Suzanne Herzberg\* Vicki Crowningshield\*Tricia Washburn (RI DOH)\*Lauren Piluso (RI DOH)\*Jessica Signore (RI DOH)\*Kelsey Ryan (Coastal)\*Denise Cappelli (RI DOH)\* |
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|  Item #  | Owner | Topics | Action # |
| 1 | **Susanne** 15 minutes  | Welcome & Introductions* Susanne Campbell – Senior Project Director at CTC-RI/PCMH Kids
	+ Support Patient Centered Medical Home Practices in RI
	+ As a Statewide Multi-Payer Collaborative, providing help for staying healthy re: Covid-19
* Nancy Silva – RIPIN and Family Voice Subject Matter Expert
	+ RIPIN is a non-profit; founded by Parents of children with special healthcare needs; the organization now cover spectrum from birth to death – have expanded adult offerings; and have Care Management for Dual Eligibles
		- CEDAR Program for children with special healthcare needs
		- Parent Training Info Center
		- Call Center for school-based and insurance needs
	+ Nancy oversees two Programs at RIDOH: Chronic Disease (working with Nancy Sutton re: Evidence Based Programming) and Immunization Patient Navigator (Care Resource Specialist)
		- Charged with going to home-based daycares to work with them around immunizations and what they need to know
* Tricia Washburn – oversees RIDOH’s Office of Immunization to ensure:
	+ All Immunization policies of CDC and RI State are met and implemented
	+ Vaccines are received by Practices – to maintain high coverage rates
	+ Integrity of vaccine storage & handling
		- Quality Improvement
* Denise Cappelli – Vaccine Manager – RI DOH
	+ Assists with Quality Assurance visits for some colleagues
	+ Assesses what vaccine needs are from the Practices
	+ Lauren Piluso and Jessica Signore are both Quality Assurance Specialists
		- Provides providers with UTD guidance /policies
			* Goals are to increase Immunization & Catch-up rates in the Practices
		- Get patients back into the office to complete visits
* Janet Limoges, Kidsnet
	+ For Providers of patients under 19 years old – (Adult Immunization Information System to be rolled out at an undisclosed date – Janet will keep us informed)
		- On the Immunization Page in Kidsnet – algorithm built that allows providers to see the Clinical decision indicator – based on # of immunizations the child has received – the indicator will tell whether the child is past due, or what they are due for next ONLY based on what the Provider has reported to KiDSNET
			* Practices can view when they are behind in their immunizations (either all immunizations, or a specific one such as MMR, or via age range such as 6-24 months, or by school grade level (example: all 11th graders behind in HPV)
				+ can be used for Pre-visit planning
	+ Janet instructs providers on additional reports available to them via the Kidsnet IIS, which includes Lead Screening, Home Visiting, enrollment in other services such as WIC, Early Interventions
		- Providers can view this information on a need to know basis
* Kelsey Ryan – Coastal Medical’s Director of Population Health Management
	+ Responsible for centralized clinical programs including Care Management; Transitions of Care; and Initiatives related to CTC Projects
* Bernadette Parillo – Quality Improvement Specialist at RIPCPC
	+ Uses immunizations as one of RIPCPC’s Clinical Quality Improvement Measures for NCQA
* Vicki Crowningshield, Practice Facilitator for PCMH Kids Program
	+ Works directly with the Practices to help them throughout the Program and guide them to success
* Suzanne Herzberg, Practice Facilitator with Kent Family Medicine Dept. & Brown Primary Care Patient Initiative
	+ Works with CTC & RIDOH to support Practices in their Quality Improvement processes and implementation
* Jayne Daylor, Practice Facilitator with CTC-RI
	+ Work one-on-one with Practices to achieve entire Scope of Work and all Milestones established to achieve success
* Pano Yeracaris, Chief Clinical Strategist with CTC-RI
	+ Provided report to the Governor’s taskforce around the work that CTC could provide to assist the state
* Candice Brown, Program Coordinator with CTC-RI
	+ Provide any Program Support, including Data Management
* Carolyn Karner, Program Coordinator with CTC-RI/PCMH Kids
	+ Works closely with PCMH Kids Leadership – Beth Lange and Pat Flanagan
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| 2 | **PCMH Kids Cohort 3** **Opportunity** **Group Discussion** 30 minutes  | Discussion* **RI Immunizations Rates and Impact of Covid-19**
	+ March & April 2020 vs March & April 2019: the number of reported doses administered through KiDSNET have decreased – the overall reduction is approx. 32%, but each individual vaccine group has its own percentage of what the reduction has been
		- Each Practice will need to view their own reports
	+ Immunization Rates statewide is based on population data and we do not have that information – data is typically run annually and received from CDC
		- KiDSNET is expecting updates on the doses administered data later this month
		- Lead Screening rates is down 60% from 2019 to 2020
	+ Because kids don’t get vaccines on the dates they are due; when Providers run the coverage report we may not be seeing the actual impact of the stay at home orders yet because it takes time for patient to become past due
	+ CDC Guidance through whole pandemic, was to continue seeing children under 2
		- Have seen larger decrease in doses administered among school aged children and adolescents
	+ Doses that should not be administered together or all at once
		- Main point: for live vaccines you have to give live vaccines together – if you don’t give them together, they have to be broken out by at least 28 days
			* If it’s not a live vaccine, it can be given simultaneously
* Efforts Made
	+ PCMH Kids Cohort 3 are Practices that have entered into a 3 year contract with CTC-RI/PCMH Kids
		- In July, they transition into Year 2 of their contract
		- Requirements for being in Cohort 3: becoming PCMH Recognized by NCQA & reporting on Clinical Quality Performance Measures
			* This year, Practices are being required to report only; Practices are not required to meet a performance threshold due to potential impacts of Covid-19
			* New Measure for Quarterly reporting: Lead Screening
			* Patient Experience Services
				+ CTC fielded the CAHPS Survey with a certified vendor, DataStat – this year, after speaking with the Health Plans, it does not make sense to field the CAHPS Survey because it will not be useful because of an inaccurate comparison from last year to this year for Access of Care, Office Staff, etc. due to Covid
			* Reducing ED Utilizations – one of the side effects of Covid is there has been a decrease in ED utilization because people are afraid to go to the hospital
		- Milestone Document specifies the traditional requirements Practices must achieve results on and how that will now need to be different
			* will be important to work with Systems of Care around requirements for Practices
			* CTC has asked the Health Plans how can Practices be eligible for incentive payments of $0.50 per-member-per-month multiplied by 12 months of the year
				+ The Health Plans were asked if the traditional method of qualifying for incentive could be replaced by using MMR and determine how Practices through December 2019 compare to December 2020; and if Practice achieves 90% of the previous year’s rate for MMR, they would be eligible for an incentive payment

Majority of Health Plans agree – NHP is in support, still discussing* + - * Re: the AAP (American Academy of Pediatrics), there is a concern that we not only focus on Immunization, but works gets done in the context of the Medical Home
				+ Need to be concerned about the entire family; child development, family stressors due to Covid; how are the other children in the household
				+ CTC/PCMH Kids will not be prescriptive about a Practice’s approach
			* Though MMR is the focus, we anticipate that Pediatric Practices are going
	+ Quality Improvement Specialists at RIDOH
		- Beneficial to view the strategies Practices have to meet for recognition as a Patient Centered Medical Home – they are the same Immunization strategies currently being used and can inform the work being done with Practices
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| 3 | **Blue Cross Blue Shield Proposal** 15 minutes  | Proposal: Practice Facilitation services (800 hours) for practices not currently participating in PCMH Kids Cohort 3 initiative; RIPIN stipend for participation in Core Planning Committee There are 190 practices that are participating in the Vaccine for Children Program about ½ are known to CTC/PCMH Kids Collectively provide assistance that helps Practices increase their immunization rates – looking at MMR as the population of focus – as a statewide initiativeBased on the funding they have made available, there would 800 hours of Practice Facilitation time that can be used to provide one-on-one support to practices; and we could develop a Quality Improvement initiative that would need to be firmed up ASAP* There are 190 practices that are participating in the Vaccine for Children Program about ½ are known to CTC/PCMH Kids from previous contract work under CTC/PCMH Kids
* If approved, what would be a way that we could work together on a common approach; and determine the Practices that RIDOH may take the lead on; what Practices can CTC lead; how can the Medical Home be moved into the Community
* Also included is a RIPIN stipend for participation in Core Planning Committee – the Family voice is very informative to this program
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| 4. | **Governor Task Force Proposal using CARE Funds** 15 minutes  | Proposal: * Concern among the Pediatric Practices around financial viability because they saw a large decrease in their volume; and they did not get to participate in the CARES Act due to not having Medicare patients, like their Adult Practice counterparts
	+ One-time payment to practices serving children ($3.00 pmpm for 3 months) based on Practice panel size -- and connected to this would be the Pediatric Vaccination Program, as they ensure high level of Pedi vaccinations during and after the pandemic crisis
		- Using KiDSNET data and a Learning Collaborative approach; and we would monitor the Practice and statewide vaccination rates, and other quality measures
		- CTC is recommending a time period of June 2020 through December 2020 to get this work done
	+ The Taskforce is recommending that 2/3 of the payment be given to the Practice up front; and 1/3 based on achieving the results at the end
	+ Pediatric Practices are already strapped for cash, and to do this work will require staffing on the weekends, evenings, paying overtime or obtaining additional staff – we want to support the Practice in the best ways possible – and also tie the PMPM payment to Practice participation on the program, along with meeting thresholds established
* Also included in the proposal is working with Medicaid and OHIC to accelerate Capitation; and Telemedicine Collaborative expansion with UnitedHealth

Discussion* The proposal focuses on the school-age kid population, with the MMR having the highest priority, and hope to include lead – one barrier is lack of access to laboratory testing for follow-up to finger stick if range is >5
	+ Finger stick led is still being used – acceptable range is under 5 via stick, though the gold standard is still by vein
	+ Question: since all lead tests are sent by the Practices to the RIDOH Lead Dept for verification and confirmation before data is uploaded into KidsNet – could a Practice simply indicate that they completed a finger stick or veinous test and sent it to the Lead Dept; and then the Lead Dept would work with the State Lab and subsequently upload testing results into KidsNet? How can we implement process improvement utilizing existing systems in place?
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| 5. |  **Group** 30 minutes  | **Planning for a Learning Collaborative** – how do you figure out your Supply vs Demand?* Looking at KidsNet Data – who are the children in the family that are at risk due to not having their MMR
	+ Patient Population - what is the Practice’s lift / demand to support the patients – outreach and assistance – what is the number of patients? Where do patient’s live – census tracts? Are there barriers to access?
	+ Patient Access – what is the Supply of staffing available to support the lift / demand?
		- How will the Practice get patients in? Length of Time per visit; reduction of time per visit, what can be done telephonically?
* Ask Practices to do a Survey to come up with strategies to support patient families – call up 10 families to conduct qualitative customer service survey to ask how they are coping with Covid-19 and concerns about bringing child into the practice; if the Practice adding hours/days for visits would be helpful to them? Any transportation issues?
	+ Due to waiting room limitations, if a mother has 4 kids but can only bring in the child related to the visit, what is the family impact?
* RIPCPC success with Patient Experience: 10 questions on Access, Care Coordination, Communication, and whole well-being of the patient – however, now that patients are not coming into the office, they have switched to a HIPAA compliant survey on Constant Contact – the Practice provides RIPCPC with the patient’s email address and the survey is sent and appears to come from the Practice itself. Surveys now have great response rates, over 200 responses in 2 days – and provides graphical summaries and tallies of patient results
	+ Potential phone calls by Practice to families without emails addresses - families are suspicious of receiving calls from non-Practice affiliates
	+ Constant Contact has ability to convert survey into multiple languages
* RIPIN – schools are sending emails to parents and are finding out that some parents do not know how to access their email; or sending emails in English when they should be in another language
* Coastal – 50% of visits are now telemedicine visits; and a lot of prescreening patients for access. Coastal is looking at an IHI initiative this year to determine if they really are providing care to patients where, when & how they need it. Currently using digital forms for Behavioral Health, Social Determinants of Health screenings before visits. A lot has been done with text messaging during Covid, and the implementation of remote patient monitoring and continuing portal access. The text response rates have been 75% of patients responding in the first hour.
	+ Re: the demand for vaccinations – Coastal is able to provide access for well child care where immunizations can be completed
	+ Coastal’s Marketing staff have created a Patient Experience
* RIPCPC uses the Adolescent combo 2 measure for Immunization – and Kelsey will follow up regarding measure used for Immunization
* Health Disparity and testing challenges due to transportation issues
	+ School Nurses have access to similar Provider reports by School District, specifically School building, and view students entering first grade or 12th grade that the student would be behind in a vaccine – KidsNet is being used for that type of report; and School Nurses have been updating their own school systems – potential outreach to Head of School Nurses
		- Every school district has a School Physician – that can be an approach
	+ Trish has had two School Nurses reach out to her to ask if RIDOH could do Immunization Clinics on school grounds in the summer (July/Aug) – RIDOH is able to provide the Clinics, if needed, with the hope & encouragement of patients to go to their doctor’s office as other care may be needed
		- 7 years and older have seen a drop in coverage rates
	+ There is a temporary exemption in State regulations, and school nurses will be able to utilize that as long as the parent is actively securing an appointment or has one scheduled, the parent will inform the school nurse and RIDOH can provide an exemption
* RIDOH requirements for identifying patients; and practice supports
	+ CDC Provided Program: Immunization Quality Improvement for Providers (iQuip) as of October 1st 2019
		- Coverage rate reporting was developed where CDC informs RIDOH of the ages that should reviewed; children 24-35 months have status assessed as of their 2nd birthday, as well as 13 year olds for Immunization status as of the 13th birthday and 17 year olds, due to required booster dose for 12th graders.
		- Project period is funded for the school year – and the lowest coverage rates for Practices are reviewed and an iQuip visit is conducted for 25% of the 190 Practices (47 site visits) in a given year – due to Covid, only 10 sites were visited from Oct 2019 – June 2020 – the remaining practices will likely be added to the Year 2 project that begins July 1st
		- iQuip visits can either by in person or virtual
	+ Listing of Practices – and Practice Permissions – minimum info required to sign off on participation:
		- Is a practice working with iQuip?
		- In order to give them credit for reaching the established threshold, the Practice would not have to give CTC their rates
* RIPIN Feedback:
	+ Patient engagement apprehension regarding returning to the doctor’s office
		- What would help the families with anxiety and feel more comfortable?
		- How to deliver medicine differently via telehealth?
			* School Clinics are good because parents are used to sending their children there
			* Drive by visiting and/or Home Visiting Models
				+ Community Health Teams can be a resource to facilitate telehealth

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| 5 | **Group** 15 minutes  | **Next Steps:** Planning for Quality Improvement Support for PracticesDiscussion and Recommendations  |  |

| Date Added | Assigned to  | Action Item | Due Date | Date Closed |
| --- | --- | --- | --- | --- |
| 6/11/20 | Janet  | Provide step by step guide re: how a Practice can implement finger stick protocol  |  |  |
| 6/11/20 | Bernadette | Provide screenshots of RIPCPC’s Constant Contact Survey; ask Data Analyst to provide percentage of patient emails  |  |  |
| 6/11/20 | Kelsey | Share a copy of Coastal’s Internal Survey on Patient Experience as a sample for Planning Committee to build upon; and find out if Immunization is used as Clinical Quality Measure for NCQA |  |  |
| 6/11/20 | Tricia | Will check to ensure she can share the list of Practices working with iQuip through June; and those that will be added in July |  |  |