

THE RHODE ISLAND CHRONIC CARE
SUSTAINABILITY INITIATIVE

ANNUAL REPORT 2012



Imagine this for our state: All Rhode Islanders – from Westerly to Woonsocket – enjoy excellent health and quality of life. Residents participate in an affordable health care system that is easy to navigate, encourages wellness and delivers high quality health care. We are guided by this vision and believe that it can become a reality for Rhode Island.

In the coming years, nearly all Rhode Islanders will have access to primary care. But simply insuring more people does not automatically guarantee access to quality health care. We believe all Rhode Islanders deserve high quality, comprehensive, cost-effective primary care. Along with our colleagues across the country, we know that patient-centered medical homes are a critical factor in achieving this goal. By providing Rhode Islanders with care that is accessible, coordinated by a team and truly focused on the patient, we can vastly improve the patient experience and quality of care, while also reducing costs.

The Rhode Island Chronic Care Sustainability Initiative (CSI-RI) now serves nearly ten percent of the state’s population and we are looking forward to seeing that number grow to nearly 20-percent of Rhode Islanders in 2013. By working with the state’s health care stakeholders, together we are building a primary care infrastructure that will work better for all Rhode Islanders, whether they are a patient, employer, provider or a payer.

For CSI-RI, 2012 was a year of transformation, growth and success. We are pleased to share this summary of our tremendous accomplishments throughout the past year and thank all of our partners for making it possible.

Thomas A. Bledsoe, MD, FACP,
Co-Chair, CSI-RI
Executive Committee

Christopher Koller,
Rhode Island Health
Insurance Commissioner and
CSI-RI Co-Chair,
CSI-RI Executive Committee

Debra Hurwitz, MBA, BSN, RN,
Co-Director, CSI-RI

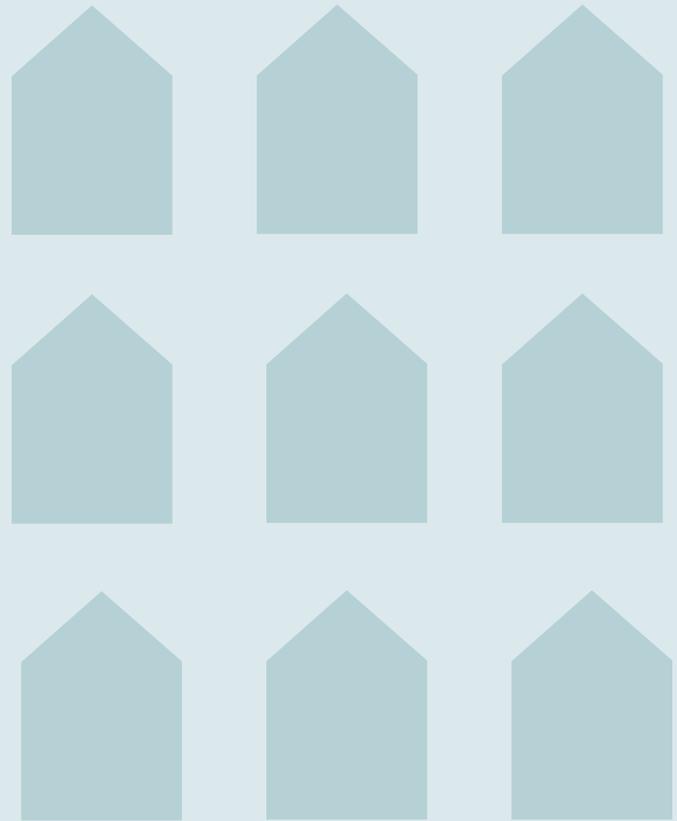
David Keller, MD,
Co-Director, CSI-RI

Patient-centered medical homes

A patient-centered medical home is not just a place – it is a model of care that can take place in any primary care office, but one that is run differently: care is team-based, comprehensive and preventive.

Medical records are seamless and electronic, rather than fragmented and paper-based. And patients have better access to care by more open scheduling, expanded hours and enhanced communication with their physician and care team. This results in patient-focused care, which improves the patient's overall care experience and leads to better health outcomes.

In recent years, the patient-centered medical home model has been a central part of federal, state and private health care delivery reforms and has demonstrated its success in increasing access and improving the quality of care, while reducing health care costs.

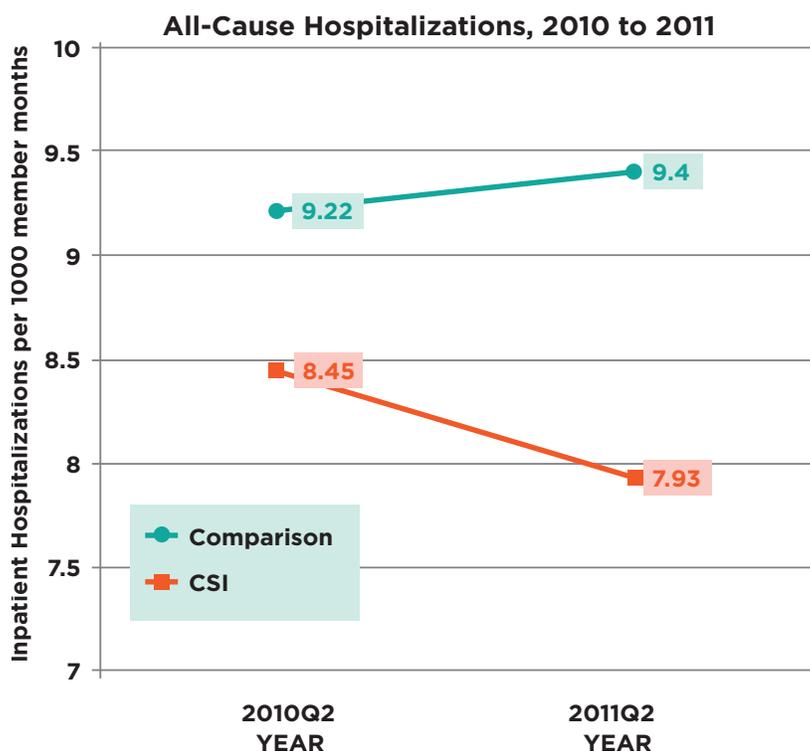


Benefits of the patient-centered medical home

- Focused on prevention, overall wellness and appropriate treatment
- Adjusted to fit each unique patient's needs
- Includes a team of providers – physicians, specialists, hospitals, home care agencies, laboratory facilities and others
- Provides coordinated and accessible care
- Ensures that patients and providers are partners in making treatment decisions

CSI-RI showed positive results in 2012

Patient-centered medical homes improve health outcomes, provide patients with better care experiences and reduce expensive, unnecessary hospital and emergency department visits. In Rhode Island, CSI-RI practices are showing that effective patient-centered medical homes truly make a difference for patients, providers and payers.



Based on our 2012 analysis, in the second quarter of 2011, participating practices saw **8.1% fewer inpatient hospital admissions** than non-participating practices. In addition, internal data from two of the state's largest health insurers, Blue Cross Blue Shield of Rhode Island and UnitedHealthcare of Rhode Island, have shown reductions or at least a slowing in cost and inpatient admission trends.

Practices also achieved impressive results on quality measures for chronic conditions, the most common, costly and preventable of all health problems. Practices must report quality data and achieve a set of quality standards for measures related to diabetes, high blood pressure and depression. Many of these clinical quality measures are strong indicators of patient quality of life, as well as avoidance of costly emergency department visits and hospitalizations. For four of the seven quality measures, practices must show improvement from baseline and meet specified benchmark levels. They have done so for the last two years.

According to 2012 Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey data, patients are realizing the immediate personal benefits of the state’s patient-centered medical homes. All five CSI-RI pilot sites received positive ratings from patients on aspects of their experience, including access, communication, office staff, shared decision-making, self-management and support.

The five pilot sites have twice achieved Level 3 Recognition by the National Committee on Quality Assurance (NCQA), the highest obtainable level in the NCQA Recognition Program awarded to patient-centered medical homes. The remaining CSI-RI sites are on track to do the same.

In addition, Meredith Rosenthal, PhD, of the Harvard School of Public Health, with support from the Commonwealth Fund, conducted an evaluation of the early years of CSI-RI (2008-2010). Dr. Rosenthal’s study found that at the end of the first two years, CSI-RI practices had higher NCQA scores, greater provider job satisfaction and improvements on a number of quality measures.

Table: Staff Surveys of Pilot Sites in Year 1 and Year 2 of CSI-RI

Standard	Baseline	Post-Intervention
Access & communication	70.6%	88.9%
Patient tracking & registry functions	60.0%	95.2%
Care Management	30.0%	96.8%
Patient self-support management	6.7%	83.3%
Electronic prescribing	18.8%	70.0%
Test tracking	40.8%	100.0%
Referral tracking	60.0%	100.0%
Performance reporting & improvement	48.0%	97.0%
Advanced electronic communication	6.3%	11.3%

CSI-RI PRACTICES

With the welcoming of three additional practice sites in October 2012, 86,000 Rhode Islanders now participate in a patient-centered medical home at one of the 16 provider sites across the state. Over the next five years, CSI-RI's strategic plan calls for 20 practices to be added each year, with the goal of providing over 500,000 Rhode Islanders with access to a patient-centered medical home.

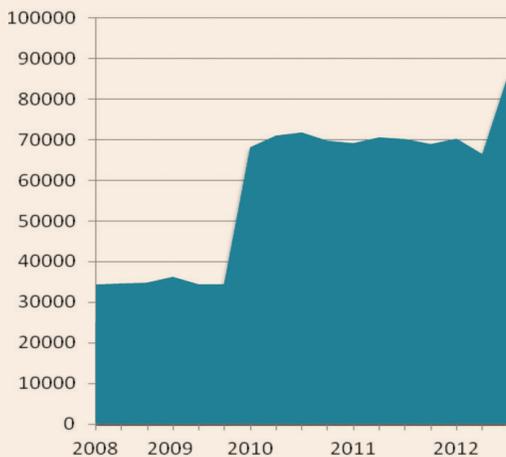


Map image from www.visitri.com

CSI-RI SITES

- Central Falls**
Blackstone Valley Community Health Care
- Charlestown**
Stuart Demirs, MD
- Cranston**
Family Health and Sports Medicine
- East Greenwich**
South County Hospital Family Medicine
University Family Medicine
- Newport**
East Bay Community Action Program
- Pawtucket**
Blackstone Valley Community Health Care
Hillside Family and Community Medicine
Memorial Hospital Family Care Center
- Providence**
University Medicine - Governor Street Primary Care Center
- Smithfield**
Coastal Medical, Inc.- Greenville
- South County**
Dr. DeGood, Dr. Kostrzewa, Dr. Maguire, Dr. Gonzalez
Coastal Medical, Inc. - Wakefield
Kristine Cunniff, MD
South County Internal Medicine
Thundermist Health Center of South County
- Woonsocket**
Thundermist Health Center - Woonsocket

Patients in CSI-RI Practices



HEALTH INFORMATION TECHNOLOGY

All CSI-RI practices have a functional electronic medical record and many participate in CurrentCare, a state-wide health information exchange that allows providers to share patient information and coordinate care more effectively. Eight CSI-RI practice sites have adopted the program to date, with others in the process of implementation.

The Rhode Island Quality Institute (RIQI) played an instrumental role in helping practices integrate health information technology. With RIQI's assistance through the RI Beacon Community Program, practices redesigned aspects of primary care delivery to achieve the triple aim of improving patient care, improving population health and reducing cost. RIQI developed infrastructure to move clinical metrics community-wide and supplied analytics and quality improvement capabilities. Through the Beacon Program, practices received actionable feedback about their performance on various measures utilizing clinical, claims-based and patient-reported data.

With support from the Beacon Program, CSI-RI practices used comparative data to drive improvement discussions within the care teams by helping providers understand their performance and identify opportunities for improvement. This work continues as additional quality measures, practice characteristics and practice transformation data are developed and implemented, driving continuous quality improvement.



(L-R) Jeremy Ader, policy analyst; David Keller, MD, co-director; Michael Mobilio, project coordinator; and Debra Hurwitz, MBA, BSN, RN, co-director. Not pictured: Catherine Sampson, MAPCP project manager

Meet the team

Among the many changes made in 2012, the University of Massachusetts (UMass) Medical School was selected to provide project direction and management of CSI-RI.

Under the leadership of co-directors Debra Hurwitz, MBA, BSN, RN and David Keller, MD, the UMass Medical School team provides project direction and administration, and is working to implement the Initiative's strategic priorities. UMass has extensive knowledge and experience working with patient-centered medical homes in neighboring Massachusetts.

In addition, the Initiative's work is overseen by an executive committee, led by Rhode Island health insurance commissioner Christopher Koller and Thomas Bledsoe, MD.

Beginning in late 2012, project leadership engaged a range of stakeholders in its strategic planning process, developing the Initiative's comprehensive roadmap for the next five years.

The Rhode Island Foundation also plays a critical role in the project, providing contract management oversight, as well as office space for Initiative staff members.

ENGAGING THE BUSINESS COMMUNITY

Today's health care system is unaffordable, unsustainable and unpredictable. No one understands this better than Don Nokes, president of NetCenergy and the Rhode Island Business Group on Health (RIBGH). As a small business owner, Don is a long time participant in the ongoing conversations around business and health care.

In September 2012, the RIBGH invited the Initiative to participate in the Group's annual summit, which was focused on patient-centered medical homes. The RIBGH, the local business community's voice on health care, understood the role that patient-centered medical homes play in keeping Rhode Island employees healthy, productive and on the job.

In Don's words, "Our members and all business owners understand the coordinated care aspect of patient-centered medical homes. We all understand that if we coordinate care, just like if we coordinate anything, it's more efficient. This is one of the key features of patient-centered medical homes that makes them so attractive to the business community."

While there may be no silver bullet that's going to resolve the affordability, sustainability and predictability of the health care system, the RIBGH recognizes that patient-centered medical homes are one important piece of the puzzle.

The Initiative's partnership with Don and the RIBGH is helping raise employer awareness of the patient-centered medical home model and successfully engage the business community, important progress being made to support a stronger and more innovative health care system in Rhode Island.



Don Nokes, president of NetCenergy and the Rhode Island Business Group on Health

“We are trying to help businesses understand which health care initiatives will help control costs and improve outcomes. Patient-centered medical homes represent a savings area. We encourage all businesses and consumers to adopt this model of care. ”



Photograph by Fred DeGregorio

The Initiative has demonstrated the unique ability of the state's health care stakeholders to come together to improve care. Rhode Island's payers and providers have worked together to share best practices and integrate CSI-RI into the state's health care system. With this collaboration, CSI-RI has significantly improved practice transformation, while increasing access and improving the quality of care for Rhode Islanders.

CSI-RI will continue to expand its reach and impact across the state. Its 2013 goals include:

- Increasing capacity and access to PCMHs
- Improving quality and patient experience
- Reducing costs
- Improving population health

To achieve those goals, CSI-RI will focus on the following throughout 2013 and beyond:

- Partnering with other organizations to establish greater cost transparency and to drive payment reform.
- Integrating community health teams into participating practices. These teams include a nurse care coordinator, behavioral health specialist, dietician, health coach and others.
- Enhancing statewide integration to include Medicaid and behavioral health services.
- Working with Medicaid to launch CSI-Kids, a pilot program to integrate pediatrics into CSI-RI.
- Collaborating with the R.I. Department of Health to address workforce development goals.
- Joining with the Office of the Lieutenant Governor to address health and payment reform, as well as the projected increase in demand for primary care.



Coastal Medical, Inc. - Wakefield

ACKNOWLEDGEMENTS

We are grateful to our many partners that helped make 2012 a successful year for CSI-RI.

CSI-RI Committees and their chairs/co-chairs:

Executive Committee: Thomas Bledsoe, MD

Steering Committee: Thomas Bledsoe, MD and Christopher Koller

Data and Evaluation: Peter Hollmann and Jean Sanders (Anne VanHaaren, 2012)

Practice Transformation Support and Training: Andrea Galgay and Joanna Brown (Maureen Clafin, 2012)

Practice Reporting: Christine Grey, Elizabeth Fortin

State of Rhode Island

Office of the Health Insurance Commissioner
Executive Office of Health and Human Services
Department of Health

Payers

Blue Cross and Blue Shield of Rhode Island
United Healthcare of Rhode Island
Neighborhood Health Plan of Rhode Island
Tufts Health Plan
Medicaid
Medicare

Purchasers

Lifespan Corporation
Care New England
State Employees Health Benefits Program
Rhode Island Business Group on Health

Providers

Rhode Island Medical Society
Rhode Island American Academy of Family Physicians
Rhode Island American College of Physicians
Rhode Island Health Center Association
Sixteen participating primary care practices
Blackstone Valley Community Health Care
Coastal Medical, Inc. - Greenville
Coastal Medical, Inc. - Wakefield
Dr. DeGood, Dr. Kostrzewa, Dr. Maguire, Dr. Gonzalez
East Bay Community Action Program - Newport
Family Health and Sports Medicine
Hillside Family and Community Medicine
Kristine Cunniff, MD
Memorial Hospital Family Care Center
South County Hospital Family Medicine
South County Internal Medicine
Stuart Demirs, MD
Thundermist Health Center - Woonsocket
Thundermist Health Center of South County
University Family Medicine
University Medicine –
Governor Street Primary Care Center

Research and Technical Experts

Healthcentric Advisors
Rhode Island Quality Institute
Meredith Rosenthal, PhD, Harvard School of Public Health



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