



ADVANCING INTEGRATED HEALTHCARE

Welcome to Breakfast of Champions

Care Transformation Collaborative of R.I.

DECEMBER 11, 2020

Agenda

Topic Presenter(s)	Duration
Welcome & Review of COVID Relief Fund projects Pano Yeracaris, CTC-RI Chief Clinical Strategist	15 minutes
Review of Pediatric Immunization and Medicaid Access to Care Efforts Patricia Flanagan, MD, FAAP, PCMH Kids Co-chair Susanne Campbell, CTC-RI Senior Project Director	20 minutes
Update on Comprehensive Primary Care Capitation and Best Practices in Pediatric Care Delivery Design Beth Lange, MD, FAAP, PCMH Kids Co-chair Mary Jo Condon, Freedman Healthcare	35 minutes
Practice Check in COVID Pandemic Challenges Patricia Flanagan, MD, FAAP, PCMH Kids Co-chair Beth Lange, MD, FAAP, PCMH Kids Co-chair	20 minutes

Care Delivery Design for Comprehensive Primary Care

Affordability Standards

Quality Reporting

Community Standards

Primary Care Capitation

Behavioral Health

Integrated Behavioral Health

Telebehavioral Health

NCQA IBH Distinction

Community Health Teams

Practice-Based

Place-Based

Child- & Family-Focused

Multi-Payer/Multi-Sector Funding Model

Primary Care - Specialist

Coordination Principles

Referral Management

e-Consults

Guiding Principles: Patient and family driven, high-quality, affordable health care leveraging Health IT, supporting equity, and population health

Workforce Development

Pharmacists Medication Review/Management

Care Management/ Coordination

Expanded Team-Based Care Family Home Visiting

Behavioral Health / School Health

Health Screenings / Wellness

Pediatric Care

Health Equity Zones

Medicaid SDOH Strategy

Rhode to Equity

Community – Clinical Linkages Reduce Low-Value Care

Close Gaps in Care

High-Value Care



Health Information Technology: CurrentCare; Dashboards; Telehealth; Remote Monitoring

Best Practice Learning Collaborative

Pediatric Learning Community

Patient-Centered Medical Home



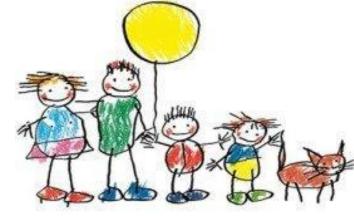
State of RI Cares Act Funding Support Providing to Families Impacted by the COVID-19 Pandemic

Purpose of Funds

 To be provided to individuals and families, impacted by COVID-19 pandemic, that need direct assistance with accessing and maintaining well child / adult medical care and meeting health related social needs including food, transportation, personal protective equipment, and telehealth services.

Front line community support staff providing families with needed assistance during this critical time:

- 6 Community Health Teams (CHTs)
- Family Services of Rhode Island,
- South County Health,
- Meeting Street,
- Children's Friend
- Blackstone Valley Community Action Program



State of RI Cares Act Funding Support RIAAP – Tips to keep your Family Healthy during COVID

www.familyhealthduringcovidri.org

5 Focus Areas

- Mental Health
- Wellness
- 3. Learning During COVID
- 4. Parenting During COVID
- 5. Being a Teen During COVID

Facebook Instagram Ads

Media interviews with pediatricians / content experts



Telehealth Initiative

Funded by UnitedHealthcare and State of RI Cares Act Funding

Goals

• Provide primary care team with best practice sharing opportunities to support effective, safe and efficient telehealth services looking at practice/staff/patient experiences, clinical outcomes, access to care and utilization;

Help inform RI health care policy on primary care practice/patient telehealth

needs

Managed by CTC-RI/PCMH Kids

- Core Planning Committee/Subcommittees
- CTC-RI Clinical Strategy Committee
- Northeast Telehealth Resource Center

Telehealth Initiative

PHASE 1 PRACTICE & PATIENT NEEDS ASSESSMENT - Completed

PHASE 2 WEBINAR SERIES

JANUARY 2021 – FEBRUARY 2021

CTC-RI Advancing Team Based Telehealth in RI Webinar Series:

- Rhode Island Telehealth
 Sustainability Strategies Coding & Billing (Nov 2020)
- Technology (Jan 2020)
- Workflow (Feb 2020)



PHASE 3 LEARNING COLLABORATIVE DECEMBER 2020 – DECEMBER 2021

21 practices will participate in the Learning Collaborative

- 12 adult practices
- 9 pediatric practices
- Each practice site will receive payment of \$20,000-\$22,000.

Rhode Island Support for Pediatric Practices

Led by the Governor, OHIC, Office of Medicaid, RI Department of Health

PEDIATRIC RELIEF	FUND (\$4M)
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47 Practices applied and received Pediatric Relief Fund Payments

"pediatric providers will take targeted actions to ensure patients are caught up on immunizations."

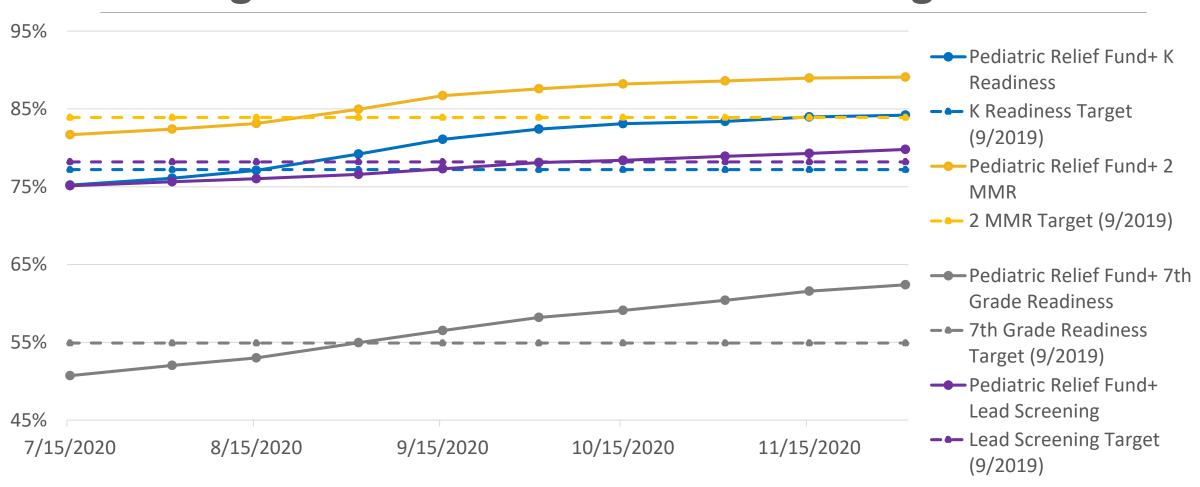
MEDICAID RATE SUPPLEMENT (\$3M)

42 Practices applied to Medicaid Pediatric Primary Care Rate Supplement Program

 provides monthly payments to pediatric primary care providers based on the number of RI Medicaid-covered children served by the practice, and awarded upon demonstration of performance improvement on a standardized measure of primary care access.

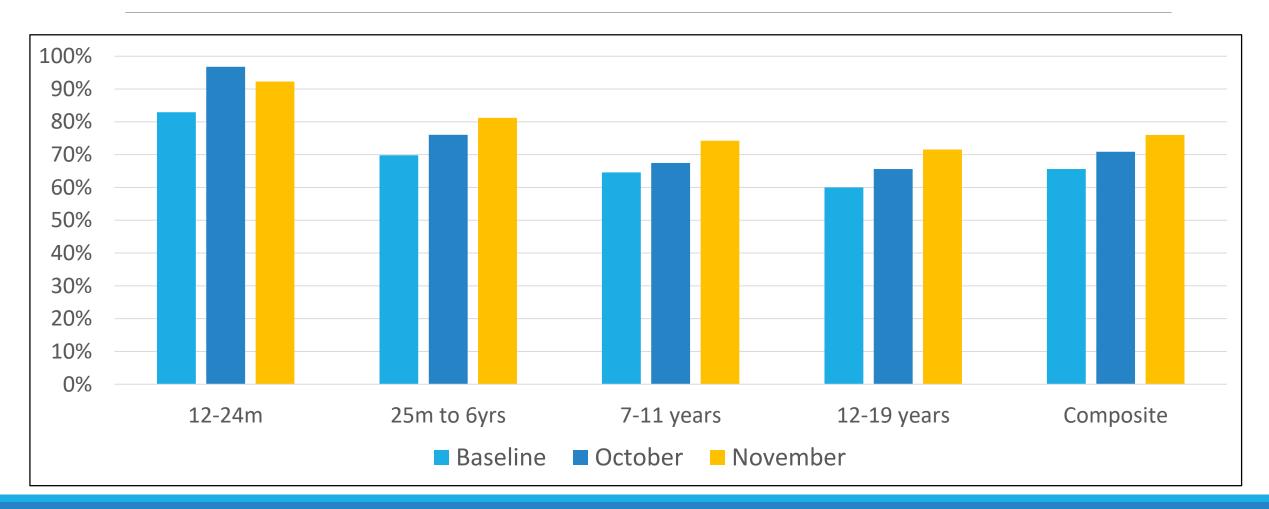


Pediatric Relief Fund+ participants vs 9/1/2019 target Immunization & Lead Screening Performance



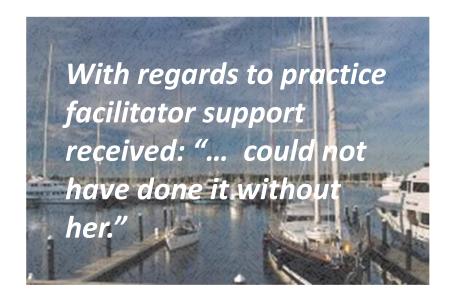


Medicaid Access to Care Performance



Not Possible without

- Strong Leadership
- Adequate Funding
- Data to Inform the Process
- Team-based Care
- Practice Facilitation Support
- Collaborative Efforts







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Pediatric Comprehensive Primary Care

Care Transformation Collaborative of R.I.

DECEMBER 11, 2020

Capitated Primary Care - Background

- □ OHIC & Medicaid Priority: In its most recent Affordability Standards, OHIC requires commercial health insurers to develop models of comprehensive primary care capitation and have 60% of RI covered lives attributed to those models by 2023.
- Pandemic Heightened Need: In suspending other Affordability Standards, OHIC noted the importance of continuing to move away from such heavy reliance on FFS payments, particularly for primary care.
- □ Collaborative Process: Medicaid and OHIC are convening carriers and provider groups to better understand how it can support them in developing and implementing these models.
- □ Care Delivery Best Practices: On a parallel track, OHIC has asked CTC to work with providers to develop an overview of best practices in care delivery design under Comprehensive Primary Care Capitation and Total Cost of Care risk contracting.

Pediatrics Component of Care Delivery Model for CPCC/TCOC

MUST HAVE

Expanded care teams

- Integrated behavioral health
- Care management (Rx, nursing, infection control)
- Health/wellness support
- Community health teams
 (schools, community-clinical linkages, HEZ)

Specialist referral network

Telehealth

(video visits as well as phone, text, email)

National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS)

NICE TO HAVE

Open access scheduling

E-consult

Oral health

Group medical appointments

Infant home visits



PEDIATRIC EXPANDED CARE TEAMS Who is on the team?

System of Care

Population Health **Promotion &** Management



Identify subpopulations with modifiable risk and clinical targets; predictive analytics



Assign patients, patient registries, action plans



Performance tracking data sharing, patient engagement



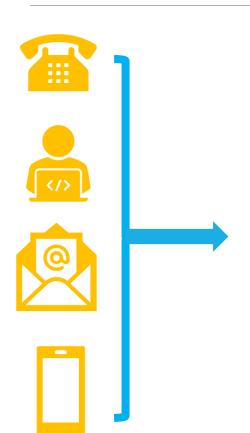
Developmental Assessment Gov't agencies e.g., child **Health Neighborhood** Services and Supports welfare, juvenile justice Behavioral Health Advocates for nontraditional pediatric patients Integration Population Health Pediatrician, BH Well Visits, Home Visits, & Clinician, Care Promotion & Preventive Care Parental Support Coordination with BH Management Pediatrician, RN, MA Expertise, CHW/CHT Pop Health Specialist Nutritionist Dietician. **Community Pharmacists** Lactation Consultant, Early Intervention CHW/CHT, Developmental Specialist Services Care Management RN. Care Coordinator **Medical Home** Chronic Illness Self-Care Coordination Management RN, Social Worker, RN, Nutritionist, CHW/CHT, Care Dietician, Asthma Coordinator Patient & Family Educator, CHW/CHT Child Care Health Pediatrician Consultants Oral Health Patient Navigation Integration Patient Navigator. Acute and Chronic Care **HEC Supported Services** Clinician, RN, CHW/CHT, Social Physician, PA, APRN, RN CHW/CHT Medical Assistant, Co-Specialists, BH Providers, and Ancillary **Providers** Social Services and **Community Based** Organizations

Supports Child Health Promotion and Well-Being to Achieve Vision of Pediatric Primary Care

- Options, not requirements
- This graphic is based on work in other states and adjusted slightly to reflect work in RI
- Different practices may require different care team compositions
- Statewide HIT infrastructure supports improved quality and efficiency



REMOTE CLINICAL CARE Goals



CONNECT

- More convenient, faster access for patients. Removes barriers such as
- transportation, time off work and childcare.

ENGAGE

- More opportunities for expanded care team members to connect with patients
- and address needs earlier. Less burden on PCPs.

INFORM

- Care team, patients and caregivers have more information on patient needs
- and progress.

IMPROVE

- Better adherence to prevention and care plan goals, including arrival at office
- appointments.



CTC-RI Pediatric Care Delivery Components 12.01.20

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COVID Pandemic Challenges for Practices?







COVID Pandemic Challenges for Practices?



- Over half of RI providers that responded to the survey, reported that they were experiencing high to severe strain on their practice (69% compared to 56% Nationally)
- Stressors: In the past 4 weeks, RI providers responded to the survey that
 - Mental health of patients has worsened during the pandemic (93%)
 - We have staff out due to illness/self-quarantine (60%)
 - Practice members are experiencing health issues related to excess stress and fatigue (52%)
- ■Telehealth is being used for visits with patients who have stable chronic conditions (71%) and for mental or behavioral health counseling (69%)
- Providers are noticing among their patients
 - Higher levels of mental health concerns (90%)
 - More involvement in providing mental health support (76%)
 - Higher levels of unemployment among patients (67%)





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ORI Provider Comment: "Patients are refusing the flu vaccine because of increased mistrust."



Stay Healthy and Safe

