



Building Capacity for Comprehensive Primary Care

CARE TRANSFORMATION COLLABORATIVE OF RHODE ISLAND DEBRA HURWITZ, MBA, BSN, RN - EXECUTIVE DIRECTOR CTC-RI NOVEMBER 1, 2018

CTC-RI Overview

Vision: Rhode Islanders enjoy excellent health and quality of life.

• Mission: To lead the transformation of primary care in Rhode Island in the context of an integrated healthcare system; and to improve the quality of life, the patient experience of care, the affordability of care, and the health of populations we serve.

Approach: CTC-RI brings together key stakeholders to implement, evaluate, refine and spread models to deliver, pay for, and sustain high quality comprehensive primary care.

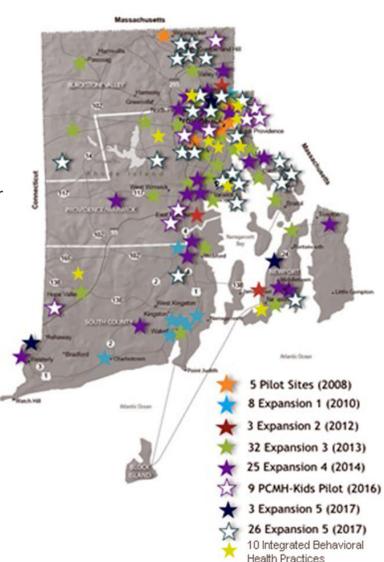


- Increase Capacity and Access to Patient-Centered Medical Homes (PCMH)
- Improve Quality and Patient Experience
- Reduce Cost of Care
- Improve Population Health
- Improve Provider Satisfaction ("Fostering joy in work")

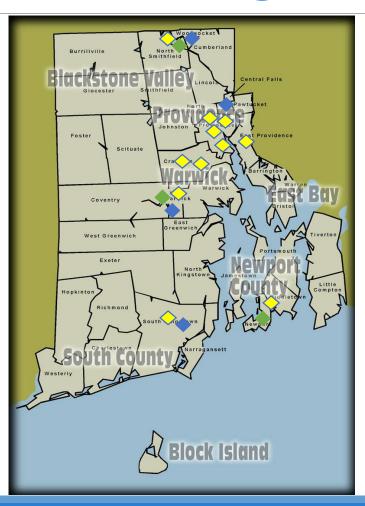
Expanding PCMH

The Care Transformation Collaborative of Rhode Island has a growing impact across the state, and includes:

- 106 primary practices, including internal medicine, family medicine, and pediatric practices.
- Approximately 650,000 Rhode Islanders receive their care from one of our practices.
- 750 providers across our adult and pediatric practices.
- Investment from every health insurance plan in Rhode Island, including private and public plans.
- All Federally Qualified Health Centers in Rhode Island participate in our Collaborative
- Saving more than \$217 million in total cost of care dollars in 2016 (compared to non-patient centered medical homes in Rhode Island), according to data from the state's All-Payer Claims Database.



Expanding Care in the Neighborhoods



CHT and SBIRT locations:

Woonsocket

Blackstone Valley

Providence

West Warwick

Newport

South County

New

Existing

SBIRT locations:

Several sites including:
Dept of Corrections
Kent Hospital
Butler Hospital
CCAP
RIPIN
The Providence Center

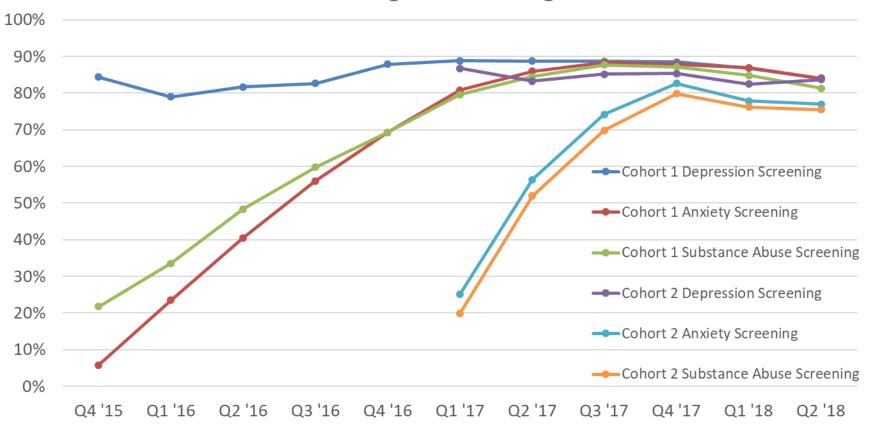
Integrated Behavioral Health in Primary Care Better Care - Sustainability

"I mean, when I say how much I love having integrated behavioral health, is that I can't imagine primary care without it. It just makes so much sense to me to have those resources all in the same place because it's so important. So I love it. I can't speak highly enough of it."

(Medical Provider)

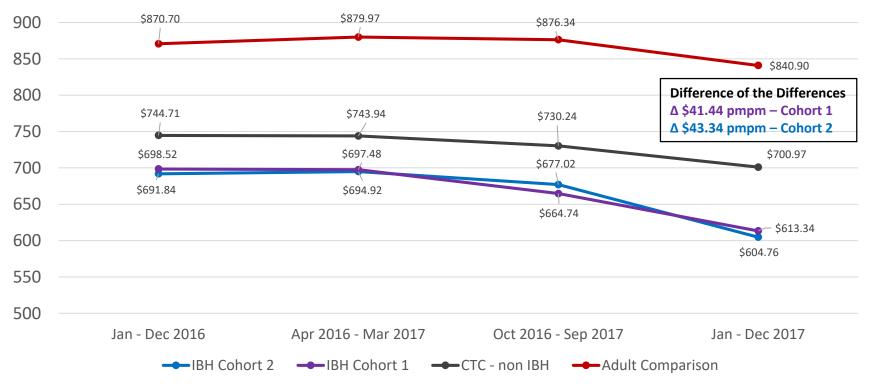
Better Care for Adults Integrated Behavioral Health

IBH Pilot Program Screening rates



Better Care - Lower Costs Adults

Total Medical & Pharmacy Costs (with Exclusions) risk adjusted (Cost per Member-Month)



Better Care Through Workforce Development : IBH



Wendy Phillips



Jennifer Etue



Kristin David

3 Practice Facilitators specifically trained within IBH in Primary Care

- 6 months Didactic and Experiential training
- Backgrounds include psychology, social work and marriage & family therapy
- 3 PCMH sites are receiving practice facilitation services over 1 year period

Represents the first training of its' kind in the country

This program was made possible through the support of the RI Foundation and RI College.

Better Care - Lower Costs PCMH Kids Cohort 1 & Kids Comparison

Rate per 1,000 Member Months (Excluding ERISA Members)

	July 2015 –	July 2016 –	Difference	
	June 2016	June 2017	(2015 – 2017)	% Difference
Group	(A)	(B)	(B-A)	(2015 – 2017)
Emergency Department Visits				
(1) Kids Cohort 1	29.2	28.6	-0.7	-2.3%
(2) Kids Comparison	29.0	29.0	0.1	0.2%
Difference (1–2)			-0.7	-2.5%

Better Care Through Partnerships

- Thank you to our Sponsors
- Rhode Island Department of Health: Chronic Care and Community Equity
- Patient Engagement: SIM and RIQI
- Nurse Care Manager/Care Coordinator Training: UnitedHealth Plan
- Integrated Behavioral Health Initiatives:
 Rhode Island Foundation/Tufts/SIM

Better Care Through Partnerships

Thank you for your advocacy!

Thank you to our health plans

- ► Blue Cross and Blue Shield of RI
- ➤ Neighborhood Health Plan of RI
- ➤ Tufts Health Plan
- UnitedHealthcare









CTC Strategic Priorities 2018-19

Primary Care
Practice
Transformation

Behavioral Health (IBH) in primary care

Integrated

Community Health Teams

Innovation and Incubation

Public Education

Improve CTC
Data Analytic
Capability

Provide support to CTC practices

Implement nurse care manager training for practices providing MAT

Expand our pediatric practice participation through a call for applications

Conclude 3 year pilot program

Finalize qualitative analysis

Conduct a robust quantitative analysis with Brown University

Offer IBH technical assistance and services for practices and systems of care interested in implementing IBH

Establish Dr. Nelly Burdette as CTC's Senior IBH leader Test and evaluate outcomes of 6 geographic CHTS that function as an extension of primary care

Provide
assessments for
depression,
anxiety, SUD and
social
determinants of
health and work
with patients to
improve health
outcomes and
service utilization

Expand community health team to include nutrition and pharmacy services

Work with Day Health Strategies to develop a sustainability plan for the CHTs Identify innovative models of care that support value based care through the Rechartered CTC Clinical Strategy

Areas of focus: low value care & improved coordination with specialists

Committee

Focus attention on the value of advanced primary care

Develop and market product lines

- IBH Practice Facilitation Services
- Practice

 Facilitation
 Services for
 PCMH
- CHT Services
- DataManagementServices
- ProjectManagementServices

National Recognition for Better Pediatric Care

American Academy for Pediatrics'
Calvin C.J. Sia Community
Pediatrics Medical Home Leadership Award



PCMH Kids Co-Chairs:

Dr. Pat Flanagan
Dr. Beth Lange



