

# Improving Population Health Through Comprehensive Primary Care

2019 ANNUAL REPORT



ADVANCING INTEGRATED HEALTHCARE

# Message from the President

**2019 proved to be a year of health care transformation in Rhode Island. Ranking 7<sup>th</sup> in nation and most improved on 41 indicators of health system performance<sup>1</sup> the Care Transformation Collaborative of Rhode Island (CTC-RI) has been at the forefront of significant state progress.**

As a cultivator, innovator, and implementor, we bring together health leaders to find ways to better approach the way Rhode Islanders receive care, and the way care teams are supported in their jobs.

It's no surprise to us that Rhode Island has been recognized nationally as a pioneer in primary care investment, thanks to the enabling legislation that led to the creation of CTC-RI and our state's increased commercial insurer spending requirements. Rhode Island's work has inspired other states to follow suit, as highlighted in a July 2019 report by the Patient-Centered Primary Care Collaborative, *Investing in Primary Care: A State-Level Analysis*.

With greater investment in primary care, we can discover ways to extend its reach and impact. Our Integrated Behavioral Health (IBH) and Community Health Team (CHT) programs are just two examples proving what's possible when the traditional walls of the primary care setting are reimaged.

A 2019 analysis of the CHTs work shows significant reductions in patient health risk, depression, and anxiety after less than five months in care. Further, our Integrated Behavioral Health IBH program – where patients can receive behavioral health support from the comfort of their own practice – has reduced emergency department visits among other successes.

As we expand the impact of primary care in our communities, we also are finding ways to address the state's opioid crisis by normalizing conversations around substance and alcohol use. Through collaborative work with the state and key

With care,



Thomas A. Bledsoe, MD  
President of the Board of Directors  
Care Transformation Collaborative of Rhode Island



agencies, we helped introduce and expand Screening, Brief Intervention, and Referral to Treatment (SBIRT) in Rhode Island. In just one year of this intervention work, among those who initially reported illegal drug use, 53% reported no use six months later.

Momentum indeed is building for both adult and pediatric transformation in the state. In just three years, we've created a statewide, multi-payer pediatric-sensitive primary care transformation initiative which now includes 37 practices, covering over half the children in the state and 80% of Rhode Island Medicaid-insured children. In spring 2019, the Rhode Island Foundation awarded us a \$450,000 grant to test the implementation of IBH at eight pediatric sites. We look forward to seeing this work lead to better outcomes while targeting Rhode Island communities disproportionately impacted by behavioral health issues.

We believe that the core of reform starts with primary care. Our 128 practices and their care teams commit to this daily. Throughout this 2019 report, you will see examples of practice team efforts helping us achieve our mission to lead the transformation of primary care in Rhode Island through an integrated health care system, and improve the quality, affordability, and experience of care, all while improving our population's health.

We are proud to share our progress in this report and look forward to working together to build a stronger, more comprehensive system for all Rhode Islanders.

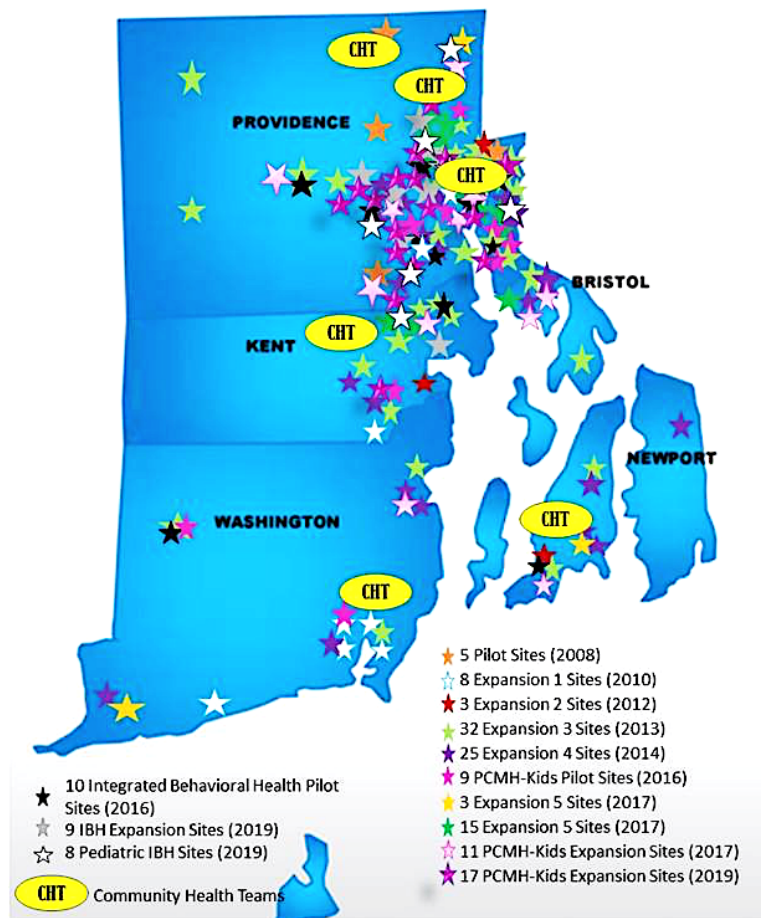
# By the Numbers

## Since 2008, CTC-RI has supported:

- 128 primary practices, including internal medicine, family medicine, pediatric practices and the 27 primary care practices in our Integrated Behavioral Health initiative
- 800 providers across adult and pediatric practices (appx. 66% of the state's primary care providers)
- Approximately 695,000 Rhode Islanders who receive their care from our patient-centered medical home practices (nearly 70% of the state's population)
- 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

## Quick program features of CTC-RI:

- Practices sign a “common contract” with payers for supplemental payments to support care management/care coordination resources, quality reporting, and patient-centered medical home transformation
- Practices receive practice facilitation from CTC-RI and regular learning collaboratives for best practice sharing, like focused learning opportunities for nurse care managers.
- CTC-RI practices demonstrated lower total cost of care by \$217 million in 2016 when compared to non-patient-centered medical homes in Rhode Island<sup>2</sup>



**Fast Fact: Rhode Island is among the top 10 states for residents reporting a usual place of care.<sup>3</sup>**

<sup>2</sup> Rhode Island All-Payer Claims Database

<sup>3</sup> “Care Transformation Collaborative of Rhode Island: Building a Strong Foundation for Comprehensive, High-Quality Affordable Care,” Rhode Island Medical Journal, June 2019

# Community Health Teams Support High-Risk Patients

The conditions of the places where Rhode Islanders live, work, and spend time can greatly impact their health risks and outcomes. Families and individuals struggling with income, unstable housing, or safety issues often experience poorer health outcomes than those living without these conditions. As primary care continues to advance in Rhode Island – with significant strides made through the discovery and sharing of best practices through CTC-RI – there has been an increased focus on ways to target and support social determinants of health.

The Community Health Teams (CHT) initiative is one way that CTC-RI is evolving the concept of “comprehensive primary care” (addressing the behavioral health and social determinants of health needs) throughout the State. Identifying ways to screen, manage, and coordinate care for patients with more complex needs can be challenging but effective.

The CHTs provide community-based care coordination services to better support high-risk and high-cost patients with complex behavioral and social health needs. Starting in 2015, CTC-RI piloted two CHTs in Rhode Island – in Blackstone Valley and South County – serving as an “extension” of the primary care team, with community health workers and behavioral health clinicians. Patients identified as high-risk (e.g. significant behavioral health diagnoses and/or

impacts of social determinants of health) were connected to a CHT, helping access needed services, divert emergency department use, and improve treatment compliance.

Through State funding in 2017, CTC-RI was able to expand the CHT network to include 8 regional CHTs aligned with the State’s Health Equity Zones. Working with the Rhode Island Department of Health and the Medical-Legal Partnership of Boston, these CHTs added pharmacy, nutrition, and legal consultation services.

A 2019 analysis of the CHTs highlighted that the teams are achieving their intended results. Through patient samples, it was confirmed that CHTs are targeting high-risk patients. Intake data show clients averaged 16 “poor functioning days” out of the past 30, and 83% had at least one social determinant of health need. Follow-up data indicate improvements were made in tackling social determinants of health, with 45% of determinants being addressed. Similarly, the number of poor functioning days out of the past 30 reduced from 16 to 11 days.<sup>4</sup>

In addition to these results, as this work continues, CTC-RI looks forward to determining more ways to invest and expand these efforts to support more Rhode Islanders, including ways to expand CHTS to support children and families, including pregnant mothers impacted by substance use disorders.

## Clinically and Statistically Significant Changes after 4.7 months of CHT Care



33% Reductions Health Risk, Depression, Anxiety



30-40% Reduced Substance Use



Improvements in All SDOH categories



Improvements in Numbers of Unhealthy Days /Quality of Life & Wellbeing categories



Improvements in Health Knowledge & Information, Support, Health Confidence, Adherence, Current & Future Life Evaluation



Excellent Patient Satisfaction & Experience with CHT Care

<sup>4</sup> Redding C.A. (2019, August) SIM Community Health Team Final Evaluation Report. Prepared by University of Rhode Island State Evaluation Team. Rhode Island State Innovation Model Grant #1G1CMS331405

# Community Health Team Supports David in His New Life Chapter

David Kennedy, 65, was referred by his primary care team at Coastal Medical to Kinzel Thomas, MSW, CCHW, a Community Health Team worker at Family Services of Rhode Island. David was experiencing a turbulent time in his life before sobriety, losing most of what he needed to survive, including his house and car. He suffered two strokes and heart attacks, and was living with a seizure disorder, diabetes, depression, and experienced many hospital admissions.

“I just didn’t know how to function,” said David.

Kinzel’s first urgent task was to find stable housing for David. He was successful in finding an apartment in Providence with on-site laundry facilities and a fitness center. Kinzel next helped arrange transportation through MTM Inc., ensuring David could travel reliably to his medical appointments.

“Transportation was initially a concern. David is now a pro at utilizing [MTM Inc.] to get to his appointments,” said Kinzel. “Not only is he utilizing them, but he holds them accountable. He’s even become a ‘spokesperson’ in his building for other neighbors using their services, offering to help coordinate their rides as well.”

After a brief relapse with substance use, followed by a hospital stay and physical rehabilitation, David began exercising daily. Through Kinzel’s support and coordination, David began receiving physical therapy services, including at-home physical therapy in his apartment’s fitness center. Appreciating the positive addition of consistent exercise, David now chooses to add neighborhood walks to his daily routine. It’s clear that after some time adjusting to his new apartment and transportation, David found his missing community connections. He is gaining newfound independence, responsibility, and stability.

Helping David navigate the health care system has been a priority for Kinzel, who meets with him frequently to discuss what is and isn’t working. He assists David with effectively using tools, skills and strategies to better advocate for himself as a patient. When David expressed that he wasn’t feeling great on a specific medication, for example, Kinzel helped David follow through with his psychiatrist to communicate his symptoms and why a medication adjustment was likely needed.



*Kinzel Thomas, MSW, CCHW (left) stands with patient David Kennedy (right) of Providence.*

“David, working with the Community Health Team, is able to develop his own treatment plan and goals. We share these with his primary care team so they can follow-up. I communicate frequently with David’s nurse care manager at Coastal; she’s very engaged,” said Kinzel. “After a primary care visit, his nurse care manager will let me know what she’d like to see accomplished, and I’ll continue where they left off to help David achieve those goals.”

Just as David credits his Community Health Worker Kinzel with helping to put his life and health on track, Kinzel also credits David for helping him develop and utilize all of his important Community Health Worker skills.

“When Kinzel met me, I was on the tail end of my downward spiral. It was all a real, traumatic change for me – uprooting my life. Things as simple as a bus pass, I never had to deal with that before,” said David. “It’s nice to feel like you don’t just walk out the door and you’re alone.”

# Normalizing Conversations Around Alcohol and Substance Use

Early intervention and access to treatment for people living with or at-risk of developing substance use disorders has been a CTC-RI focus. Through collaborative work with the Rhode Island Executive Office of Health and Human Services, Department of Behavioral Healthcare, Developmental Disabilities and Hospitals, the Rhode Island College School of Social Work and key healthcare agencies, CTC-RI helped launch and expand Screening, Brief Intervention, and Referral to Treatment (SBIRT) in Rhode Island.

This evidence-based practice helps identify those at risk of substance use disorders, and is followed by brief discussion between an individual and SBIRT-trained staff, with referral to specialized treatment when needed. CTC-RI's collaborative SBIRT initiative has trained and deployed 24 specialists in various settings – from Federally-Qualified Health Centers to the Department of Corrections and hospital emergency departments – to serve the community.

**Though fewer than 1 in 6 Americans report being asked about their substance use by their healthcare provider, 92% say they likely would be honest about their substance use if their doctor asked.<sup>5</sup> It's clear the work needed to begin to normalize conversations regarding alcohol and substance use. The goal is to promote universal screening to identify those at risk for substance use issues. Trained SBIRT screeners can support individuals with positive screens in various ways, depending on the screening results:**

- **Brief Intervention**  
Motivational discussion aimed at raising an individual's awareness of their substance use and its consequences.
- **Brief Treatment**  
Additional support providing assessment, education, problem solving, coping mechanisms and building an individual's supportive social environment.
- **Referral to Treatment**  
Brief intervention and discussions to gauge an individual's willingness to initiate substance use treatment, and helping coordinate referrals where needed.

**WE ASK EVERYONE.**  
Les preguntamos a todos.

Tobacco, drugs and alcohol affect your health. To provide you the best care possible, we need to ask about them. So we ask - everyone. The conversation can also start with you. We are here to help!

Fumar, consumir drogas y alcohol afectan a su salud. Para poder darle la mayor atención posible, tenemos que preguntar sobre ellos. Así que les preguntamos a todos. La conversación también puede comenzar con usted. ¡Estamos aquí para ayudar!

**RI SBIRT**  
RISBIRT.ORG

*Sample collateral material to promote Rhode Island's SBIRT work.*

It's clear that this targeted SBIRT strategy is working. Between September 2017 and September 2018, of the more than 7,800 screens completed, 9 of 10 people identified as "at-risk" received an intervention (1,460 interventions). Those who received an intervention for drug use or for risky alcohol use reported significant decreases in the average number of illegal drug or alcohol use days at their follow-up appointment. Specifically, among those who initially reported illegal drug use, 53% reported no use 6 months later.<sup>6</sup>

Anywhere a private conversation can be held, SBIRT is possible in both clinical and non-clinical settings. CTC-RI continues to offer free SBIRT training in Rhode Island, and hopes to continue this collaborative effort to normalize these important conversations.

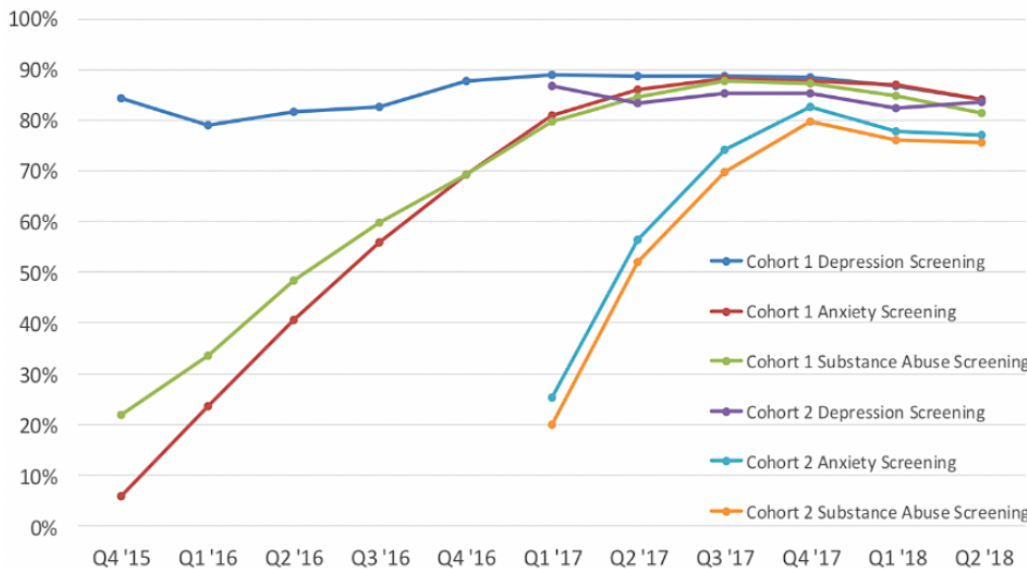
<sup>5</sup> Miller PM, Thomas SE, Mallin R. Patient attitudes towards self-report and biomarker alcohol screening by primary care physicians. *Alcohol*. May-June 2006;41(3):306-310

<sup>6</sup> Murphy, L., Bassett, S.S., & Stein, L.A.R.(2018). *Celebrating one year of RI-SBIRT*[Handout]. Kingston, RI: University of Rhode Island.

# Integrating Behavioral Health into Primary Care

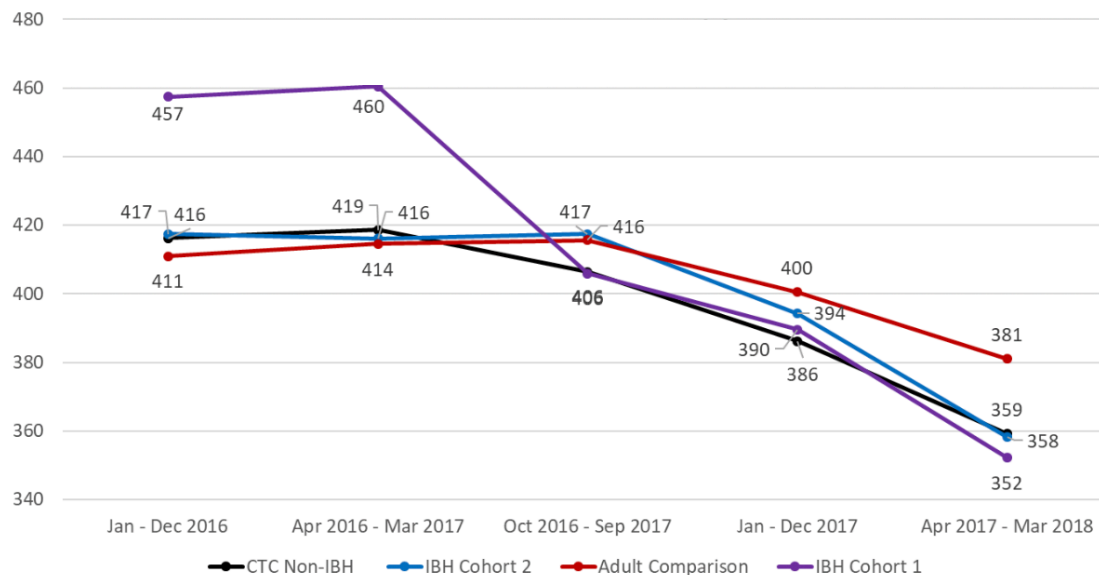
Since piloting the concept of Integrated Behavioral Health (IBH) into the primary care setting 3 years ago, 2 groups of 5 practices demonstrated powerful results. Following the pilot program's success, CTC-RI and partners throughout the state have invested more resources into expanding this model, with critical components to success including:

- Universal screening for all patients, identifying signs of depression, anxiety and substance use disorders
- Embedded behavioral health clinicians who participate in pre-visit planning, team huddles and warm hand-offs from primary care clinicians
- On-site practice facilitation of IBH, helping practices support new workflows, culture changes, and successfully bill for behavioral health services in primary care
- Team meetings that focus on monitoring and improving screening rates, reducing high emergency department usage, and identifying people with chronic conditions that could be improved with behavioral health interventions
- Quarterly best practice sharing involving data-driven performance improvement discussions and content experts who help inform the work.



## PDSA: Universal Screening (Cohort 1 & 2)

CTC-RI practices increase screening rates to reach or exceed target thresholds.



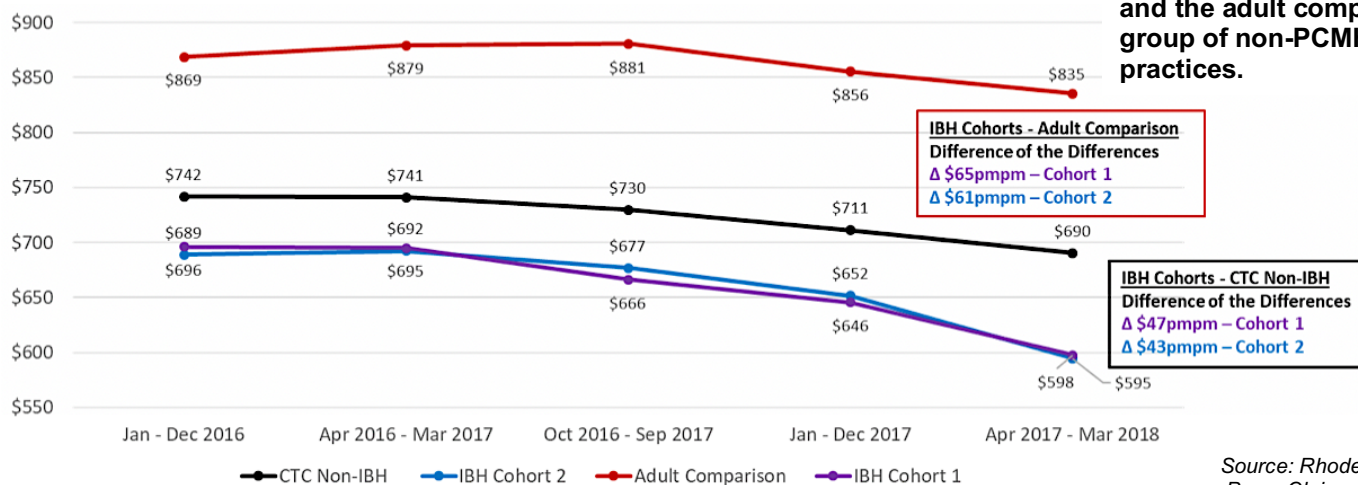
## Emergency Department Visits

(Risk-Adjusted, Visits per 1,000 Member-Years Count)

Sources: Rhode Island All Payer Claims Database

# Integrating Behavioral Health into Primary Care

## Total Medical & Pharmacy Costs (with Exclusions, Risk-Adjusted, Cost per Member-Month)



IBH practices demonstrate a lower total cost of care than CTC-RI non-IBH practices, and the adult comparison group of non-PCMH practices.

Source: Rhode Island All Payer Claims Database

“When I say how much I love having integrated behavioral health, it’s 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.” – IBH Clinician, Pilot Program

To continue to spread this work, CTC-RI recognized the need to advance and grow the workforce to support IBH in primary care. This year, CTC-RI launched an “in-person” advanced IBH practice facilitation training program, the first of its kind in the country.

Senior IBH Program Leader Nelly Burdette, Psy.D developed and led the program to increase the number of behavioral health practice facilitators who could help practices integrate behavioral health into primary care settings.



Nelly Burdette, Psy.D

Through a 6-month training inclusive of didactic and experiential module-based learning and shadowing opportunities, 5 Practice Facilitators are now being placed at CTC-RI practices to help expand IBH successfully into primary care. Behavioral health practice facilitators have helped practices use new processes and methods for identifying and

supporting patients with behavioral health needs. Commonly, at the practice level, primary care and behavioral health clinicians have little training in creating a sustainable behavioral health business model and providing integrated services. Additionally, CTC-RI has developed an online behavioral health practice facilitation training program, to be coupled with live faculty training, available in early 2020.

CTC-RI is keenly aware that providing behavioral health in primary care works to improve access, patient care, and reduce costs. Focused on next steps, such as working with Rhode Island’s agencies and policymakers, CTC-RI ensures that this model will continue to grow and thrive in Rhode Island with:

- ☉ **Alternative Payment Model for IBH in primary care**
- ☉ **Eliminating co-pays for behavioral health screenings**
- ☉ **Eliminating 2nd co-pays for same-day visits**
- ☉ **Reducing the time for health plans to credential behavioral health clinicians**



# Accessible Behavioral Health Support at PCHC

**At Providence Community Health Center's (PCHC) eight clinics, Integrated Behavioral Health (IBH) is at the heart of healthcare transformation. As CTC-RI practices, the PCHC clinics have proven to be a shining example of what IBH can do for both patients and their care teams.**

"We began the IBH program with three goals in mind," explained Dr. Andrew Saal, Chief Medical Officer of PCHC, "Mission: If we're going to treat the whole person, we need to have care plans recognizing there is no separation between mind and body. Population Health: To empower the community to better care for itself, our health centers need to improve the resiliency of patients and families to stress. Clinician Burnout: The healthcare workforce is dealing with chronic stress while trying to help their patients navigate a fragmented healthcare system. What can we do to help them better help their patients?"

While clinicians often counsel patients on stress management, Dr. Saal points to the traditional 15-minute office visit not allowing adequate time for a discussion of the issues that may be complicating a patient's care.

"Expanding the primary care team to include highly-trained behavioral health professionals allows primary care clinicians to more effectively empower their patients," added Nelly Burdette, CTC-RI Senior IBH Leader.

Dr. Saal points to almost every chronic medical condition having a behavioral health component. "When I speak with someone about diabetes or blood pressure, one of my essential questions is, 'How do you feel about living with that?' Do they have the skills, family support, and resources to modify their diet and lifestyle?" he asks. "We also have to recognize the prevalence of depression, anxiety, and substance abuse in the general population. Those conditions can amplify or masquerade as chest pain, body pain, and insomnia. Before we react and prescribe yet another pill, we need to screen for the hidden triggers of people's symptoms and emphasize building their skills to better manage some of those conditions themselves."

PCHC works collaboratively with their partners at The Providence Center to co-manage patients with



*Providence Community Health Center's IBH team members gather monthly for information sharing, strategy, and updates.*

serious and persistent mental illness. But if a patient has no health insurance, it could be months before they are able to access a psychiatrist for major depression or a serious mental health issue. PCHC has taken innovative steps to bolster primary care-based psychiatry to support more patients in their neighborhood clinics. Their IBH team now includes a triple-boarded psychiatrist as well as a psychiatric nurse practitioner. Their goal is not to divert patients with serious and persistent mental illness from their regional colleagues, but collaborate so that both agencies can utilize limited resources more wisely.

With the transition from fee-for-service to accountable care reimbursement, IBH programs have become a core strategy for effective population health management. While the behavioral health advocates are not 'billable' positions, according to Dr. Burdette and the PCHC team, adding them has been one of the most cost-effective investments PCHC has made to improve their population health outcomes. Care teams are now able to customize and provide many more options for patients.

When Dr. Saal teaches physicians and practitioners, he points out the importance of the mind-body connection.

"Perhaps the most dangerous question in all of medicine is simply this, 'How do you feel today?'" said Dr. Saal. "Integrating behavioral health into primary care allows us to have a viable and comprehensive response to the patient's answer."

# Offering Integrated Behavioral Health Consultation in RI

**Through expertise developed during the piloting and expansion of our Integrated Behavioral Health (IBH) program, CTC-RI is now offering consultation services to organizations outside of its Collaborative to help systematically address the medical, behavioral, and substance use needs of patients and implement a sustainable business model.**

Integra Community Care Network, an accountable care organization working with Care New England, South County Health, and Rhode Island Primary Care, has engaged CTC-RI for a 2-year contract to assist selected Integra sites, both adult and pediatric, with implementing fully-integrated care. With CTC-RI support and guidance, up to 12 primary care practices sites will have IBH practice facilitation services to support practices in recruiting embedded behavioral health clinicians, establishing workflows and billing processes, return on investment, and launching a data management system to track screening rates, avoidable emergency department utilization, and admissions/readmissions to inpatient facilities.

CTC-RI is committed to working with primary care practices, systems of care, and key stakeholders to continue to improve and transform primary care in Rhode Island. By increasing primary care team capacity, within the State, we are able to systematically improve access to care and health outcomes as well as reduce health care costs.



# PCMH Kids Grows Practices, Introduces Behavioral Health

Initially launched in 2017, PCMH Kids welcomed its 3rd cohort of practices in July 2019, giving 17 additional pediatric sites access to a breadth of field experts, resources, and best practices to help transform their work.

PCMH Kids now represents more than 50% of Rhode Island children (110,000 patients), and more than 80% of the State's total pediatric Medicaid population. Its collective force of 260 pediatricians and trainees is actively building a learning network transforming Rhode Island's pediatric practices into team-based, data-driven, high-quality, value-based, family-centered medical homes.

A quick glimpse of successes demonstrates the collective impact of PCMH Kids practices:

- Ⓒ **Achieved NCQA Patient-Centered Medical Home recognition**
- Ⓒ **More than doubled developmental screening rates (41% screened to 85.9%), a fundamental success indicator in Governor Raimondo's Rhode Island Third Grade Reading Action Plan**
- Ⓒ **Improved screening and counseling for obesity (55% to 85.8%)**
- Ⓒ **Reduced Emergency Department usage by 2.5% (compared with non-PCMH practices)**
- Ⓒ **Developed and implemented a new pediatric-specific, high-risk framework to identify children and families who would benefit from care coordination services**
- Ⓒ **Achieved national recognition from the American Academy of Pediatrics (co-chairs Dr. Flanagan and Dr. Lange received the Calvin C.J. Sia Community Pediatrics Medical Home Leadership Award in November 2018)**



*CTC-RI and PCMH Kids leaders awarded a Rhode Island Foundation grant for Integrated Behavioral Health (photo by Rhode Island Foundation)*

The success of pediatric transformation in the state is growing. In spring 2019, the Rhode Island Foundation awarded CTC-RI PCMH Kids a \$450,000 grant to test the implementation of a comprehensive integrated behavioral health service delivery program at eight pediatric sites.

“These grants will address behavioral health needs before people are in crisis,” Foundation president and CEO Neil D. Steinberg said in the Foundation’s announcement of the grant. “This work will lead to better outcomes across the board while targeting communities that are disproportionately impacted by behavioral health issues.”

The participating pediatric practices – serving approximately 30,000 children – were selected to increase the identification, early intervention and treatment of behavioral health challenges of children by implementing developmentally appropriate and evidence-based screening tools and treatment models. CTC-RI looks forward to the future developments, success and advancements of this pediatric work.

# Barrington Pediatric Associates Addresses Mental Health Crisis

Barrington Pediatric Associates has been caring for infants, children and adolescents in the East Bay since its 1957 founding by Dr. Normand Gauvin. The practice currently consists of eight physicians and one nurse practitioner supported by a strong team of nurses, medical assistants, practice manager and a newly-added licensed mental health clinician.

The practice joined PCMH Kids in 2017 hoping to identify and address areas where improvement was possible. It was quickly determined that adolescents with anxiety and depression were the practice's highest-risk population of patients. Through CTC-RI support, the team at Barrington Pediatric Associates has focused on better engaging and supporting this patient population over the last 2 years.

"Our team, including our physicians and staff, have been working incredibly hard to address the pediatric mental health crisis and provide all of our families here with outstanding levels of care," said Dr. Katherine Hart, a physician at the practice since

2008. "We're working to increase our knowledge, address any of our existing biases, increase routine screening opportunities, increase the ability to respond to urgent mental health concerns, and now provide in-house counseling services."

Every team member at Barrington Pediatric Associates is part of the solution. In just one example, Kelly Sheedy, Care Coordinator, has become a leading expert in assisting high-risk patients, in part through the practice's involvement with CTC-RI and their advanced and targeted learning, professional development, and best practice sharing opportunities. An adolescent patient with a previous record of poorly-controlled diabetes now has better diabetes management and control, thanks to Kelly's education and significant assistance navigating the medical system.

A team approach to care – including all members of the staff like Kelly – has proven to be the best way to create meaningful change and lasting results for families at Barrington Pediatric Associates.



*Barrington Pediatric Associates clinician and staff team*

# State's Health Care Landscape Transforms with Help from CTC-RI

The original concept of the Care Transformation Collaborative of Rhode Island stemmed from proactive and deliberate collaboration. Formed through a unique partnership between the Office of the Health Insurance Commissioner, Medicaid, insurance plans and the primary care community, CTC-RI has grown to become the critical vehicle through which multi-payer primary care transformation has occurred in the state.

As our work to transform the health care system has advanced, so has our organizational concept. CTC-RI has become a leading voice in the state on a broad range of system topics. We often work in tandem with

state leaders and agencies to advance transformation, from working to increase primary care investments to advising policymakers on ways to address system barriers, such as legislation requiring behavioral health visit co-pays to mirror primary-care co-pays.

Recognized by the state as having a unique role, particularly due to our multi-payer approach, CTC-RI is recognized as an entity that can support the implementation of policies. We asked some of our state's health care leaders about the work and impact of our organization – see what they had to say:



**“CTC-RI has been instrumental in leading and coordinating primary care facilitation, integrated behavioral health care, and community health teams – all three of which have been cornerstone priorities to the state’s health reform agenda. Policy reform can be difficult to implement, even when mandated and funded. Having a well-resourced entity like CTC-RI to help with the actual practice- and community-level translation of policy, dissemination of best practices, coordination of financing options, and outcome measurement has proven essential to sustainable reform in Rhode Island.”**

*– Marie Ganim, Health Insurance Commissioner*

**“CTC-RI is part of the fabric of the Rhode Island health care landscape, and has raised standards for what high-quality primary care looks like. In addition to its role in shaping primary care, it continues to be a forum for shared learning, showcasing best practices, translating policy into practice, and advancing innovative models of care that go beyond traditional notions of primary care. Rhode Island is often cited as a national leader in primary care transformation, and without the work of CTC-RI to direct multi-payer support and coordinate transformation efforts in a systematic way, it wouldn’t have been possible.”** – Patrick Tigue, Medicaid Director



**“CTC-RI started by helping primary care practices become patient-centered medical homes, and has built on that experience to break new ground in the integration of behavioral health into primary care, and extend primary care into the community. Rhode Island’s health system has benefitted greatly from strengthened primary care, thanks to the efforts of this organization. Specifically, the state’s success determining better billing and coding practices stemmed directly from CTC-RI’s work.”**

*– Marti Rosenberg Director of Policy, Planning, and Research at the Executive Office of Health and Human Services*

Rhode Island has indeed advanced its health systems thanks to the groundwork done by CTC-RI and its practices. We look forward to continuing our success supporting state and industry leaders in advancing comprehensive primary care.

# Publicizing and Recognizing Our Transformation Progress

Sharing the work of CTC-RI helps our organization validate and communicate why this work is worth investing in. CTC-RI is proud to have been a part of many publications and presentations of our work recently, such as:

## Discussions and Presentations

- 05/2019 – World Congress Inaugural Primary Care Transformation Summit, Orlando, FL – Debra Hurwitz (CTC-RI) presented “Advancing Comprehensive Primary Care: An Update on Integrated Behavioral Health”
- 06/2019 – International Conference of Practice Facilitators, Baltimore, MD – Suzanne Herzberg PhD; Megan Fallon MS, RD; Susanne Campbell RN, MS, PCMH CCE; Jayne Daylor MS, RN presented “Expanding the Reach of Practice Facilitation: Lessons Learned from Inter-Organizational Collaboration”
- 09/2019 – PCMH Congress, San Diego, CA – Susanne Campbell (CTC-RI), and Dr. Martin Kerzer and Dr. Kristin David (associates in primary care) presented “A Successful Blueprint for Implementing Behavioral Health in Primary Care”
- 09/2019 – Milbank Multi-State Collaborative Meeting, Kansas City, MO – Debra Hurwitz shared CTC-RI’s work
- 11/2018 – PCPCC workshop on increasing investment in primary care – CTC-RI participated along with 100 thought leaders from across the country

## Publication Examples

- 12/2018 – Flanagan, P. & Lewis, C. (2018). Patient-Centered Medical Home – Kids (PCMH-Kids): Creating a Statewide Pediatric Care Transformation Initiative. *Rhode Island Medical Journal*, (December), 19. <http://www.rimed.org/rimedicaljournal/2018/12/2018-12-19-pcmh-kids-flanagan-lewis.pdf>
- 12/2018 – Flanagan, P. & Lange, E. (2018). A Statewide Pediatric Care Transformation Journey. *Rhode Island Medical Journal*, (December), 20-23. <http://www.rimed.org/rimedicaljournal/2018/12/2018-12-20-pcmh-kids-flanagan.pdf>
- 12/2018 – Lewis, C., Riese, A., Davis, G., Lakhiani, C., Brindle, A., & Flanagan, P. (2018). Transformation: Patient-Centered Medical Home-Kids in a Predominantly Medicaid Teaching Site. *Rhode Island Medical Journal*, (December), 28-31. <http://www.rimed.org/rimedicaljournal/2018/12/2018-12-28-pcmh-kids-lewis.pdf>
- 12/2018 – Westrick, J. B. (2018). Patient-Centered Medical Home-Kids (PCMH-Kids): A Conversation with Anchor Pediatrics. *Rhode Island Medical Journal*, (December), 35-36. <http://www.rimed.org/rimedicaljournal/2018/12/2018-12-35-pcmh-kids-westrick.pdf>
- 04/2019 – Rajotte, J. C., Redding, C. A., Hunter, C. E., & Bassett, S. S. (2019). Initial Findings: Rhode Island’s Community Health Teams Address Complex Physical, Behavioral, and Social Needs of Patient Populations. *Rhode Island Medical Journal*, (April), 42-47. <http://www.rimed.org/rimedicaljournal/2019/04/2019-04-42-health-rajotte.pdf>
- 06/2019 – Yeracaris, P., Campbell, S., Coleman, M., Cabral, L., & Hurwitz, D. (2019). Care Transformation Collaborative of Rhode Island: Building a Strong Foundation for Comprehensive, High-Quality Affordable Care. *Rhode Island Medical Journal*, (June), 26-29. <http://www.rimed.org/rimedicaljournal/2019/06/2019-06-26-imsc-yeracaris.pdf>
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# CTC-RI Practices

## Current Adult Practices Transforming Through CTC-RI

- Ⓢ A to Z Primary Care
- Ⓢ Brookside Medical Associates
- Ⓢ Charter Care Medical Associates (Prospect Charter Care Physicians, Inc.)
- Ⓢ Comprehensive Community Action Program – Primary Care Partners
- Ⓢ East Bay Community Action Program – Barrington
- Ⓢ Gilbert Teixeira (Massasoit Internal Medicine)
- Ⓢ Lincoln Primary Care
- Ⓢ Michelle C. VanNieuwenhuize, MD, LLC
- Ⓢ Nardone Medical Associates (Providence)
- Ⓢ Ocean State Primary Care of Coventry
- Ⓢ Ocean State Primary Care of Westerly
- Ⓢ Providence Community Health Centers, Inc. – Randall Square
- Ⓢ Richard E. VanNieuwenhuize, MD, LLC
- Ⓢ Robert A. Carrellas, MD
- Ⓢ Wayland Medical Associates

## Current Pediatric Practices Transforming Through PCMH Kids

- Ⓢ Aquidneck Pediatrics
- Ⓢ Barrington Family Medicine (Pediatric)
- Ⓢ Barrington Pediatric Associates, Inc.
- Ⓢ Children First Pediatrics
- Ⓢ Children's Medical Group (University Pediatrics)
- Ⓢ Coastal Medical, Inc. - Bald Hill Pediatrics
- Ⓢ Coastal Medical, Inc. - Toll Gate Pediatrics
- Ⓢ Cranston (Park) Pediatrics
- Ⓢ Drs. Concannon & Vitale LLC
- Ⓢ East Side Pediatrics
- Ⓢ Hasbro Adolescent Medicine
- Ⓢ Kingstown Pediatrics
- Ⓢ North Providence Pediatrics
- Ⓢ Northern RI Pediatrics
- Ⓢ Ocean State Pediatrics
- Ⓢ Partners in Pediatrics
- Ⓢ Providence Community Health Centers, Inc. – Capital Hill (Pediatrics)
- Ⓢ Providence Community Health Centers, Inc. – Central (Pediatrics)
- Ⓢ Providence Community Health Centers, Inc. – Chafee (Pediatrics)
- Ⓢ Providence Community Health Centers, Inc. – Olneyville (Pediatrics)
- Ⓢ Providence Community Health Centers, Inc. – Prairie Avenue (Pediatrics)
- Ⓢ Providence Community Health Centers, Inc. – Randall Square (Pediatrics)
- Ⓢ Riverside Pediatrics
- Ⓢ Santiago Medical Group (Pawtucket)
- Ⓢ Santiago Medical Group (Providence)
- Ⓢ Thomas Puleo
- Ⓢ Tri-County Community Action (Johnston - Pediatrics)
- Ⓢ Tri-County Community Action (Providence - Pediatrics)

## Current Adult Integrated Behavioral Health Practices

- Ⓢ Blackstone Valley Community Health Care, Inc.
- Ⓢ Brown Medicine Primary Care – Warwick
- Ⓢ Charter Care Medical Group
- Ⓢ Providence Community Health Centers, Inc. – Central
- Ⓢ Providence Community Health Centers, Inc. – Crossroads
- Ⓢ Providence Community Health Centers, Inc. – Randall
- Ⓢ Tri-County Community Action – North Providence
- Ⓢ Women's Primary Care, Women's Medicine Collaborative

## Current Pediatric Integrated Behavioral Health Practices

- Ⓢ Anchor Medical Associates – Lincoln (Pediatric)
- Ⓢ Coastal Medical, Inc. – Bald Hill Pediatrics
- Ⓢ Coastal Medical, Inc. – Waterman Pediatrics
- Ⓢ Comprehensive Community Action Program
- Ⓢ Hasbro Medicine Pediatric Primary Care Center
- Ⓢ Hasbro Pediatric Primary Care
- Ⓢ Northern Rhode Island Pediatrics
- Ⓢ Tri-County Community Action

## Pediatric Practices That Have Completed the PCMH Kids Program

- Ⓢ Anchor Medical Associates – Lincoln (Pediatric)
- Ⓢ Coastal Medical, Inc. – Narragansett Bay Pediatrics
- Ⓢ Coastal Medical, Inc. – Waterman Pediatrics
- Ⓢ East Bay Community Action Program – East Bay Family Health Care – East Providence (Pediatrics)
- Ⓢ East Greenwich Pediatrics
- Ⓢ Hasbro Medicine Pediatric Primary Care Center
- Ⓢ Hasbro Pediatric Primary Care
- Ⓢ Pediatric Associates
- Ⓢ WoodRiver Health Services (Pediatric)

## Adult Practices That Have Completed the CTC-RI Program

- Anchor Medical Associates – Lincoln (Adult)
- Anchor Medical Associates – Providence
- Anchor Medical Associates – Warwick
- Aquidneck Medical Associates – Newport
- Aquidneck Medical Associates – Portsmouth
- Associates in Primary Care Medicine
- Blackstone Valley Community Health Care, Inc.
- Care New England Medical Group – Arcand Family Medicine
- Care New England Medical Group – Brookside Family Medicine
- Care New England Medical Group – Physicians Family Medicine – Pawtucket
- Care New England Medical Group – Primary Medical Group of Warwick
- Charter Care Medical Associates
- Coastal Medical, Inc. – Greenville
- Coastal Medical, Inc. – Hillside
- Coastal Medical, Inc. – Narragansett (Adult)
- Coastal Medical, Inc. – Wakefield
- Comprehensive Community Action Program – Family Health Services of Coventry
- Comprehensive Community Action Program – Family Health Services of Cranston
- Comprehensive Community Action Program – Wilcox Health Center
- Coventry Primary Care Associates
- East Bay Community Action Program – East Providence (Adult)
- East Bay Community Action Program (Newport)
- Family Health & Sports Medicine, LLC
- Ideal Family Medicine: Solmaz Behtash, DO
- Ideal: Barrington Family Medicine (Adult)
- Ideal: North Kingstown Family Medicine
- Ideal: Primary Care of Barrington
- Ideal: Wickford Family Medicine
- Internal Medicine Center (Memorial Hospital of RI)
- Internal Medicine Partners
- John Chafee DO, Ltd.
- Kristine Cuniff
- Medical Associates of RI – Bristol
- Medical Associates of RI – East Providence
- Memorial Hospital Center for Primary Care
- Nardone Medical Associates – Pawtucket
- Ocean State Medical, LLC
- Providence Community Health Centers, Inc. – Capitol Hill
- Providence Community Health Centers, Inc. – Central
- Providence Community Health Centers, Inc. – Chad Brown
- Providence Community Health Centers, Inc. – Chafee
- Providence Community Health Centers, Inc. – Crossroads
- Providence Community Health Centers, Inc. – North Main Street
- Providence Community Health Centers, Inc. – Olneyville
- Providence Community Health Centers, Inc. – Prairie Avenue
- Richard M. Del Sesto
- South County Hospital Family Medicine
- South County Internal Medicine
- South County Medical Group Primary Care Wakefield
- South County Medical Group Primary Care Westerly
- South County Walk-In & Primary Care
- Southcoast Health System – Family Medical Middletown
- Southcoast Health System – Family MediCenter
- Southcoast Health System – Linden Tree Family Health Center
- Southcoast Health System – Tiverton Family Practice
- Stuart Demirs
- Thundermist Health Center - Wakefield
- Thundermist Health Center – West Warwick
- Thundermist Health Center – Woonsocket
- Tri-County Community Action
- University Family Medicine
- University Internal Medicine
- University Medicine – 909 North Main Street
- University Medicine – Barrington
- University Medicine – East Avenue
- University Medicine – Governor Street Primary Care
- University Medicine – Plain Street
- University Medicine – Warwick Family Medicine
- WellOne Primary Medicine – Foster
- WellOne Primary Medicine – North Kingstown
- WellOne Primary Medicine – Pascoag
- Women's Primary Care, Women's Medicine Collaborative
- WoodRiver Health Services (Adult)



# CTC-RI Leadership

## Board of Directors

*Responsible for setting the strategic direction of the Care Transformation Collaborative of Rhode Island, and providing overall governance.*

### Co-Conveners

- Marie Ganim, PhD, Office of the Health Insurance Commissioner
- Patrick Tighe, MPP, Executive Office of Health and Human Services

### Officers

- President Thomas Bledsoe, MD, FACP, Brown Physicians, Inc.
- Treasurer Al Charbonneau, MPS, Rhode Island Business Group on Health
- Secretary Elizabeth Lange, MD, FAAP, Coastal Medical / Waterman Pediatrics

### Directors

- Solmaz Behtash, DO, Holistic Family Medicine
- Jeffrey Borkan, MD, PhD, Alpert Medical School, Brown University
- David Bourassa, MD, Thundermist Health Center
- Matthew Collins, MD, MBA, Blue Cross and Blue Shield of Rhode Island
- Barry Fabius, MD, CMD, FACP, UnitedHealthcare
- Sarah Fessler, MD, East Bay Community Action Program
- Patricia Flanagan, MD, FAAP, Lifespan Physician Group / Hasbro Children's Hospital
- Louis Giancola, Former Hospital CEO
- G. Alan Kurose, MD, Coastal Medical
- Steven Lampert, MD, MBA, Lifespan Physician Group
- Claire Levesque, MD, Tufts Health Plan
- Michael Lichtenstein, MS, Integrated Healthcare Partners
- Deborah Masland, RI Parent Information Network
- Kathleen Mullally, Lifespan Corporation
- Deborah O'Brien, BS, RN, MPA, The Providence Center
- Christopher Ottiano, MD, Neighborhood Health Plan of Rhode Island
- Deborah Powers, RN, MSN, CCM, Coordinated Regional Care/Prospect
- Al Puerini, MD, RI Primary Care Physicians Corporation
- Ana Stankovic, MD, FASN, UnitedHealthcare

## Staff

*Responsible for the day-to-day management of the Care Transformation Collaborative of Rhode Island.*

### Staff Members

- Debra Hurwitz, MBA, BSN, RN, Executive Director
- Pano Yeracaris, MD, MPH, Chief Clinical Strategist
- Susanne Campbell, RN, MS, PCMH CCE, Senior Project Director
- Linda Cabral, MM, SBIRT/CHT Project Manager
- Nelly Burdette, PsyD, Senior IBH Program Leader
- Candice Brown, BS, Program Coordinator / Data Management and Reporting
- Jennifer Capewell, BA, Program Coordinator / Business Process Management
- Carolyn Karner, MBA, PCMH-Kids and IBH Program Coordinator / Data Analysis
- Jazmine Mercado, SBIRT/CHT Program Coordinator



CTC-RI staff team

# CTC-RI Committees and Partners

## Committees

*Thank you to the individuals who have served on our dedicated committees and workgroups. They are an integral part of our Collaborative, providing opportunities to collaborate, innovate, share best practices, and discover new ways to improve primary care in Rhode Island.*

### Finance Committee

- ☉ Chair: Al Charbonneau, MPS, Rhode Island Business Group on Health

### Clinical Strategy Committee

- ☉ Co-Chairs: Matthew Collins, MD, MBA, Blue Cross and Blue Shield of Rhode Island; Andrew Saal, MD, MPH, Providence Community Health Centers

### Data and Evaluation Committee

- ☉ Co-Chairs: Peter Hollmann, MD, Brown Medicine; Jay Buechner, Neighborhood Health Plan of Rhode Island

### Community Health Team Oversight Committee

- ☉ Chair: Louis Giancola, Former Hospital CEO

### PCMH Kids Stakeholder Committee

- ☉ Co-Chairs: Patricia Flanagan, MD, FAAP, Hasbro Children's Hospital; Elizabeth Lange, MD, FAAP, Coastal Medical / Waterman Pediatrics

### Integrated Behavioral Health Committee

- ☉ Co-Chairs: Matthew Roman, LICSW, MBA, Thundermist Health Center; Rena Sheehan, LICSW, Blue Cross and Blue Shield of Rhode Island

### Nurse Care Manager/Care Coordinator Best Practice Sharing

- ☉ Co-Chairs: Susanne Campbell, RN, MS, PCMH CCE, CTC-RI; Debra Hurwitz, MBA, BSN, RN, CTC-RI

### Practice Reporting and Transformation Committee

- ☉ Co-chairs: Patty Kelly-Flis, RN, WellOne, Andrea Galgay, RIPCPC, Sarah Fessler MD, EBCAP, and Charlotte Crist, RN, Blue Cross and Blue Shield of Rhode Island

## Partners

*Thank you to our all of our partners in the greater health care community who have supported the success of the Care Transformation Collaborative throughout the state of Rhode Island. Thanks to so many critical partners throughout the state and the region, CTC-RI has made incredible progress, piloted impactful initiatives, and continues to transform the way the state delivers comprehensive primary care.*

- ☉ American Academy of Pediatrics – Rhode Island
- ☉ Blue Cross and Blue Shield of Rhode Island
- ☉ Brown University
- ☉ Centers for Medicare & Medicaid Services
- ☉ Department of Behavioral Healthcare, Developmental Disabilities and Hospitals
- ☉ Executive Office of Health and Human Services
- ☉ Healthcentric Advisors
- ☉ Medical Legal Partners – Boston
- ☉ Neighborhood Health Plan of Rhode Island
- ☉ Office of the Health Insurance Commissioner
- ☉ Pediatric Physiatry Resource Network
- ☉ Rhode Island Business Group on Health
- ☉ Rhode Island College
- ☉ Rhode Island Department of Health
- ☉ Rhode Island Foundation
- ☉ Rhode Island Health Center Association
- ☉ Tufts Health Plan
- ☉ UnitedHealthcare
- ☉ University of Rhode Island

# Looking Ahead to 2020 and Beyond

Rhode Island's work to move the needle on health system transformation is noteworthy, and continues to evolve. As we look ahead to 2020 and beyond, our Collaborative is focused on continuing the transition from the "patient-centered medical home" model to a more holistic and inclusive "comprehensive primary care" model. We envision this execution through the powerful vehicles of our community health teams, integrated behavioral health, and expanding the capacity of primary care to treat patients with substance use disorders.

We seek to make greater sustainable advancements, on both the programmatic and financial sides of our work. Looking ahead, we will continue to grow our statewide Collaborative to gain better insight on what works, and share of best practices. We will:

- ✓ Support changes in primary care payment model to better sustain and support the expanded comprehensive primary care model.
- ✓ Increase the capacity of primary care practices and systems of care in Rhode Island to provide more on-site integrated behavioral health services and better coordinate with community-based organizations to better address patient health-related social determinants of health.
- ✓ Continue to build the PCMH Kids practice model; address the needs of high-risk children and families through the already successful statewide community health teams and improve coordination with community linkages.
- ✓ Reduce duplication of services that may exist in primary care systems, and identify important cross-sector collaboration opportunities (e.g. housing and education.)
- ✓ Help prenatal care practices in RI implement universal screening for depression, anxiety, and substance use disorder for pregnant women.
- ✓ Improve primary care specialist collaboration.
- ✓ Reduce low-value care through unnecessary pre-operative testing.
- ✓ Improve clinician and care team well-being by addressing administrative burden.
- ✓ In collaboration with University of Rhode Island College of Pharmacy and RI Department of Health Pharmacy Workgroup, help clinicians improve safe, effective, and efficient prescribing through a collaborative learning effort.
- ✓ Advance our data management and outcome tracking capacity.

# Care Transformation Collaborative of Rhode Island

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