CARE TRANSFORMATION COLLABORATIVE RHODE ISLAND

pcmh kids patient-centered medical home

ADVANCING INTEGRATED HEALTHCARE

Improving Health by Transforming Primary Care

2021 Annual Report

Photo by Fred DeGregorio

MESSAGE FROM THE PRESIDENT

As we enter a new phase in life with COVID-19, primary care practices continue working tirelessly to support the evolving needs of patients and families to improve the healthcare system for all Rhode Islanders.

It's no surprise that the pandemic threw us all a curveball. Fortunately, our organization – the Care Transformation Collaborative of Rhode Island (CTC-RI) – had the infrastructure and capacity to step up and advocate for the additional resources and support needed for practices to operate in this challenging environment. CTC-RI worked closely with the state to help practices secure $7.3 million in Pediatric Relief dollars, implement and scale effective telehealth, and get routine immunizations and well-visits back on track across the board. Paired with many new and scaled initiatives that target improved health for patients, we've seen real results.

In fact, the 2022 Commonwealth Fund's Scorecard on State Health System Performance ranked Rhode Island 6th in the nation on overall health system performance, a huge jump from 15th in 2020. Notably, we scored 2nd in the nation on access and affordability, as well as racial and ethnic equity. This tells us our efforts are working and we must stay on track to continue building a primary care system that supports all of our neighbors and communities.

In 2021, the COVID-19 waters calmed a bit and CTC-RI could continue with our core activities of creating clinical care teams that include integrating behavioral health into primary care, developing more pediatric practices into patient-centered medical homes, strengthening the roles of pharmacists and nurse care managers, and bringing community health workers into primary care. We also began drafting a plan for the next five years to guide our organization forward, and transitioned from our founding president, Tom Bledsoe, MD, FACP, who deserves credit for our many achievements.

CTC-RI has learned some important lessons along the way, particularly in the areas of payment for primary care and sustainability. We learned that prospective monthly payments for primary care can help practices weather storms more effectively.

Dr. Peter Hollmann, who assumed the role of board president in October 2021

We brought in experts from other regions that are paid this way for managing populations and learned how they adjusted their primary care practices to improve patient care, while not being bound by a fee-for-service revenue system. Practices were supported in their capacity to provide team-based care through our targeted workforce development and practice facilitation services. We did this through meetings and collaboratives where our amazing practices problem-solve, learn together, share monthly success story spotlights and best practices to reimagine the ways teams can communicate and improve patient-centered care. I know that I have learned so much from my colleagues. Together, we've helped create better equity, better access, and better care.

Looking forward, we want to continue to assist practices in developing capacity and processes that help them care for their whole patient population. We believe integrated behavioral health is a core competency in primary care and we'll continue to seek to make it happen. We want to invest in primary care that strengthens families and communities and work together in a preventative way.

Throughout this report, you will see our efforts working toward all of these goals. I want to thank our exceptional primary care practice teams, board of directors, staff, payers, state agency partners, and community partners who have shared in this commitment to building a healthier, brighter future for all.

With care,

Peter Hollmann, MD
President, Board of Directors

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ABOUT

Mission

The mission of CTC-RI is to support the continuing transformation of primary care in Rhode Island as the foundation of an ever-improving integrated, accessible, affordable, and equitable health care system. CTC-RI brings together critical stakeholders to implement, evaluate and spread effective multi-payer models to deliver, pay for and sustain high-quality, comprehensive, accountable primary care.

Vision

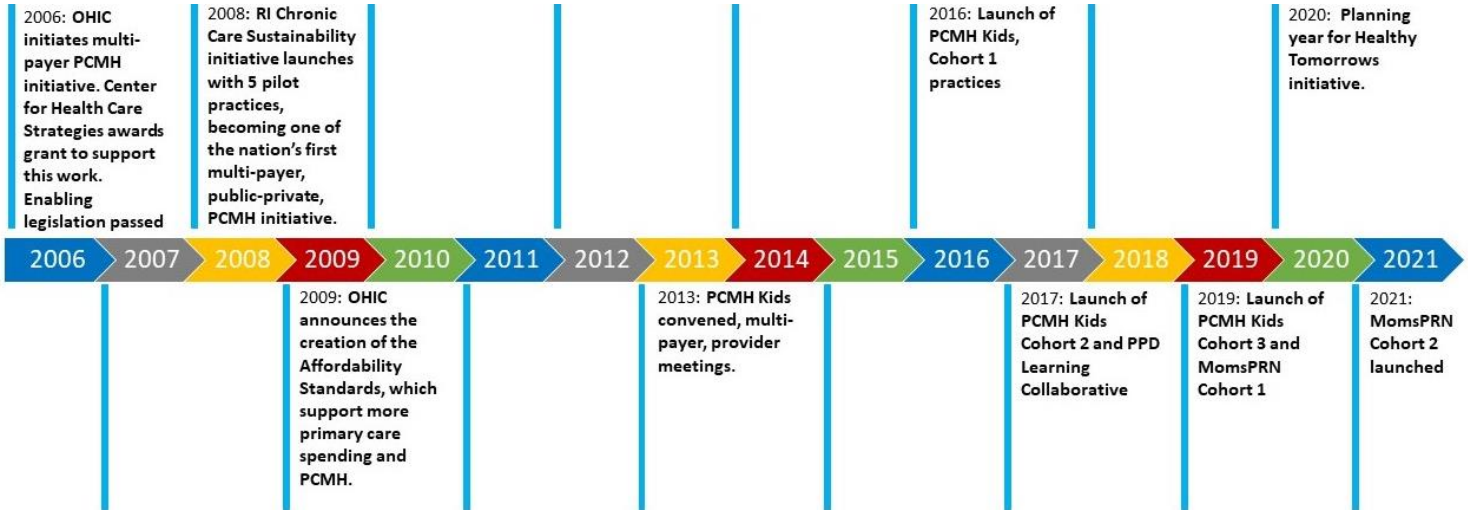
Rhode Island has a thriving primary care system that ensures every person has equitable and affordable access, engages patients and families as active partners, and results in excellent health for patients, families, and communities.

Overview

Convened in 2008 by the Office of the Health Insurance Commissioner (OHIC) and the Executive Office of Health and Human Services (EOHHS), CTC-RI began its work with 5 pilot primary care practice sites, has since grown to support 237 primary care practice sites across RI through various CTC-RI initiatives and programs, including internal medicine, family medicine, pediatrics, and most recently, practices that care for pregnant patients. More than 900,000 Rhode Islanders have been supported by care impacted by CTC-RI or our pediatric initiative, PCMH-Kids.

In 2015, CTC-RI incorporated as a 501c3, establishing a board of directors as its governing body. CTC-RI is supported by funding from public and private payers in Rhode Island, along with grant funding from government and non-governmental sources.

The Evolution of PCMH Kids



**2022 Milestone: Graduated last PCMH Kids cohort of practices!*

BUILDING RESILIENCY AND EQUITY

$7.3 million in support helps practices continue to overcome COVID-19 barriers to care

In an effort to better support primary care system resiliency, improve dropping immunization rates, and overcome COVID-19 related barriers to care access during a peak of the 2020 pandemic, Rhode Island launched the Pediatric Primary Care Relief Program and the Pediatric Primary Care Rate Supplement Program.

Spearheaded by EOHHS and supported by CTC-RI, $7.3 million in funding was distributed more than 45 practices that directly supported improvements across the board.

In 2022, disruptions caused by COVID-19 continued to persist and created barriers to essential preventive healthcare services. In response, the state provided another round of payments to pediatric and family medicine practices, contingent on practices meeting well-child visit targets or demonstrating 5% improvement over 4 months. In addition, practices participated in learning sessions on developmental, psychosocial, and behavioral health topics.

- 100% of the practices enrolled in the program met the April and July 2022 targets, resulting in 38,000 children covered through Medicaid receiving their important well-child visits throughout the year.
- 100% of the practices enrolled in the program participated in the behavioral health learning sessions and 11 practices took advantage of the free practice-specific behavioral health technical assistance.
- 217 people attended the behavioral health learning sessions, with 98% of attendees expressing that sessions were either excellent or good.
- As a group, childhood immunizations (including lead screenings) improved across all categories.
- Total dollars to practices in 2022: $7.3 million paid to pediatric and family medicine practices.

**Assistance from RIDOH's KIDSNET in providing monthly immunization and screening results to practices and participation at numerous meetings was indispensable.*

As the pandemic continues to impact practices and patient care, the FY2023 State Budget included additional funding for the Medicaid Pediatric Healthcare Recovery Program. Medicaid, in partnership with CTC-RI, will be offering an extended 12-month incentive program to improve immunization and lead screening results as well as practice capacity to respond to patient and family behavioral health needs.

East Greenwich Pediatrics succeeds with Pediatric Relief dollars

The care team at East Greenwich Pediatrics is committed to the healthcare of children and adolescents, providing a warm, friendly practice environment in East Greenwich for personalized attention to every patient and family.

L-R: Katherine Snape, CPNP; Heather Pelletier, PhD IBH; Karen Maule, MD; Cindy Klipfel, MD

Throughout the COVID-19 pandemic, the practice has experienced several challenges that many pediatric practices have shared across the board. From workforce shortages to safely finding balance between the number of sick and well-child appointments, the practice has been unable to see the same number of families each day as they did pre-pandemic.

"Pediatric Relief dollars allowed us to survive. Pre-COVID, it was a struggle to not lose money every year, with the COVID disruption and closures, revenue of course would be lower. The dollars went a long way to reduce those losses," said Peter Pogacar, MD, FAAP.

The practice has been able to adapt in supporting the current needs of families, many of which have surfaced through this challenging time.

"We have seen a wave of mental health crisis wash over the state including our practice. Every day in our office, a new patient is identified with significant anxiety or depression and/or an eating disorder. These children were all allowed to start on their journey to health due to access to our physicians and nurse practitioners," said Dr. Pogacar. "Without the Relief dollars, our doors would be closed, or at best, the amount of visits we could offer would be limited. Then these children and their families would still be lost."

East Greenwich Pediatrics recently hired a child psychologist, Dr. Heather Pelletier, as the Head of Behavioral Health to lead their integrated behavioral health effort. Her main role is to help families define their children's needs, find them the right help in the community when they need it, and acting as a warm hand-off for urgent issues. Dr. Pelletier also has begun organizing groups for patients and families regarding common behavioral issues such as anxiety, autism, and more.

"The children still need us, in fact their needs have increased with the negative mental health pressures experienced by almost all our patients," Dr. Pogacar said.

While COVID's impact on the pediatric workforce may take years of recovery, according to Dr. Pogacar, their work has not lessened. As the state's newly-reformed Medicaid reimbursement rates will better support pediatric practices, continued Relief dollars for pediatric practices can continue to support the delivery of crucial child and family care.

Rhode to Equity helps target key issues of inequity exacerbated by the pandemic

In partnership with the RI Department of Health (RIDOH) and EOHHS, CTC-RI helped launch the Rhode to Equity in 2021 to strengthen the relationship between clinical- and community-based agencies and build their capacity to address health inequities at a local level. Six cross-sector teams were selected to test and evaluate strategies that will build leadership and operational capacity for clinical-community linkages and ultimately improve health equity in their communities.

"While studies show that 80% of our health is determined outside of the clinical setting, a majority of our healthcare resources still remain within the clinic. This reality means that 'sick care' is the norm, and preventative care is fragmented and under-resourced," said Allegra Scharff, MPH, Chief of Healthcare Equity, RIDOH. "The Rhode to Equity is an effort beginning to shift this, by bringing key healthcare agencies together with community-based organizations and residents with lived experience of inequity to tackle a health disparity that impacts a geographic area."

Rhode to Equity brings together partners from Health Equity Zones (HEZ), Accountable Entities, primary care practices, community health teams, community health workers, and persons with lived experiences of inequity to identify and address drivers of inequities within a region. Their collaboration – in accompaniment with subject matter expertise and Pathways to Population Health tools – allows the teams to design interventions through changes to systems and community conditions while taking care of those directly affected by inequities.

The teams completed their first year of project work in June 2022, each focusing on a targeted issue of inequity that impacts Rhode Islanders in their communities. The East Providence and Pawtucket-Central Falls teams chose to focus on food access, and the Central Providence and 02907 teams focused on healthy housing and housing insecurity – issues that have been dramatically exacerbated by COVID-19. Lastly, the teams from Washington County and Woonsocket worked on supporting groups within their communities experiencing high emergency department utilization.

"Over the course of the year, we also saw statically significant gains in the strength of each team's collaboration. For me, this was both exciting and a relief. The project has had its share of challenges and it was encouraging to see positive results," added Allegra.

In July 2022, the teams moved toward implementation of their developed action plans, with the goal of sparking tangible and sustainable health equity improvements. As needed, support is available through CTC-RI technical assistance and customized coaching. While the Rhode to Equity work does not replace important social needs support in communities, CTC-RI and our teams are committed to confronting inequity challenges and facilitating solutions.

Providence-based team collaborates to address housing inequity in 02907

As the 02907 HEZ was emerging from the pandemic, they were looking for ways to address housing as a social determinant of health. In a community where almost 70% of the area's residents are renters, they recognized that healthy housing (or lack of) can play a direct role in the health of families.

Members of the 02907 team pose with an air quality monitor being installed at the West End Community Center.

"We knew that housing quality can contribute to elevated asthma rates. We were also concerned about pediatric asthma contributing to elevated rates of chronic absenteeism in the schools, so taking on asthma seemed like a natural fit for us," said Bert Cooper, president of C3 Community Solutions, who works directly with West Elmwood Housing Development Corporation, the backbone of the 02907 HEZ since its inception. "Some of the folks on our team had worked on comprehensive 'Green and Healthy Housing' retrofits in the past, so we liked the idea of getting back to this work via the Rhode to Equity and the 02907 HEZ."

The team is working to establish a small pilot to complete comprehensive Green and Healthy Housing Interventions at the homes of 4 St. Joseph's and Providence Community Health Centers (PCHC) asthma patients where it's believed in-home triggers are exacerbating their conditions. This involves a comprehensive assessment on the patients' homes to assess the need for weatherization services, lead hazard control, and multiple other healthy housing intervention elements, including mold/moisture, insects/rodents, heat/cold, and other conditions that can contribute to elevated asthma incidences. While the house is being assessed, community health advocates will assess behaviors and educate the families on addressing home issues to make them healthier.

"Through this approach, we will complete comprehensive weatherization and healthy homes interventions in the patients' homes to make their housing units safer and more energy efficient (and affordable) to operate, and the household more knowledgeable about how to maintain the house and their health," said Bert. "Over time, as we learn from the pilot and work to build the housing portion of the initiative, we are hopeful that doctors at our collaborating clinics can prescribe a Healthy Homes intervention for their patients."

The dedicated 02907 team is working with its community health advocates embedded within care teams at St. Joseph's and PCHC clinics while also learning from their day-to-day patient interactions. The team plans to get their Healthy Housing pilot off the ground in late 2022.

SUPPORTING HEALTHIER FAMILIES BY INTEGRATING BEHAVIORAL HEALTH AND STRENGTHENING COMMUNITY PARTNERSHIPS

Supporting children through a successful integrated behavioral health program

As we continue to recognize the importance of behavioral health supports and their roles in keeping families well, CTC-RI is highlighting our impactful, targeted program that has been engaging pediatric practices over the last 3 years to pilot an integrated behavioral health (IBH) model to help address the behavioral health needs of children and families.

Funded by the Rhode Island Foundation, Tufts Health Plan, and UnitedHealthcare, practices were given financial resources and practice guidance to integrate a behavioral health clinician and implement an IBH model. The goals were to increase the identification and treatment of behavioral health conditions before children and families are in crisis, and to help families recognize that mental and physical health are both part of overall wellness.

"The CTC-RI-led project, supported through the Foundation's Behavioral Health Fund, which focused on early identification and intervention of behavioral health issues affecting children, could not have come at a more crucial time," said Zach Nieder, Senior Strategic Initiative Officer for Health at the Rhode Island Foundation. "While the need for more focus and resources on children's mental healthcare predates the COVID-19 pandemic, the last 2 years have only deepened and reinforced the need for supporting and expanding such an integrative approach to health promotion, prevention, and treatment."

Pediatric practices implemented developmentally appropriate and evidence-based behavioral health screening tools, and also developed workflows so children and families could have quick access to behavioral health assessment, treatment, and triage directly in the pediatric office. Over the past 3 years, 8 practices have been part of this program. The first cohort ran July 2019 to July 2021 and included Anchor Pediatrics, Comprehensive Community Action Program, and Hasbro Pediatric Primary Care. The second cohort ran April 2020 to April 2022 with Coastal Waterman, Coastal Bald Hill, Hasbro Medical Pediatric Clinic, Northern RI Pediatric Clinic, and Tri-County Community Action Agency. All practices reported that the Pedi-IBH program provided a valuable expansion of their team-based care, and all practices plan to continue providing these services once the collaborative ends.

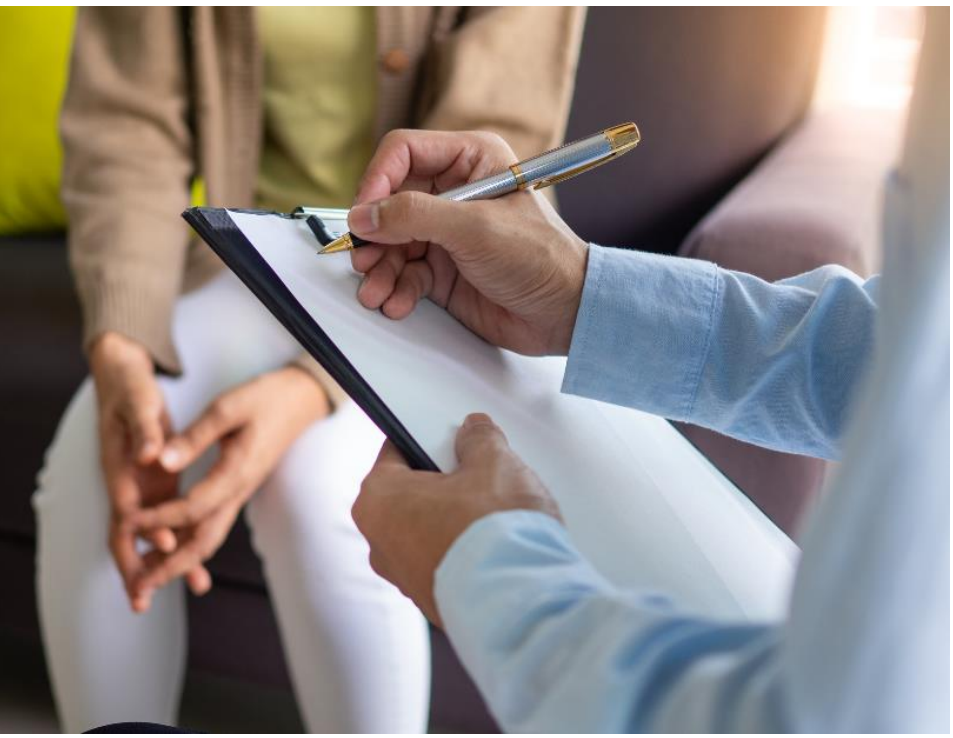
Tri-County Community Action Agency excels in integrating behavioral health supports

Tri-County Community Action Agency, offering a broad range of services and programs, including primary care services, to families in need, has a network of 14 locations from Pascoag to Westerly. Tri-County joined CTC-RI's second cohort of IBH practices to create an opportunity for their multi-disciplinary team to closely collaborate, identify gaps in services, and work together to create a streamlined approach to screening and delivery of services.

"Our monthly meetings with CTC-RI were crucial in the process of continual improvement of our Pediatric IBH program," said Jennifer Caffrey, MSW, LICSW, IBH Director.

Jennifer noted establishing a consistent approach to screening and ensuring ongoing training of staff in all positions has been challenging, but so important in ensuring that patients are appropriately screened and clinicians are available in the moment for warm handoffs from providers.

"Working closely with our quality improvement team was essential to the success of our IBH program," she added.



Having the support of the agency's administration and health center leadership was instrumental in the success of Tri-County's program. Pair that with reviewing research and evidenced-based practices, along with participation from all disciplines within the practice, and a new IBH effort is on track for success.

"Our results have been truly impactful," said Jennifer. "Particularly useful has been the creation of the IBH Kids registry for close tracking of completed screeners, and patients due for rescreening and outreach. In fact, we plan to create a similar registry for screening, tracking, and outreach for adults as well! We are also proud of how our screening process has grown overall."

Rhode Island MomsPRN Initiative prioritizes behavioral health needs of pregnant and postpartum patients

In an effort to continue supporting the health and well-being of families, CTC-RI collaborated with RIDOH and Women & Infants Hospital to help practices become better equipped to identify and address the common, yet often untreated, behavioral health needs of pregnant and postpartum patients.

The Rhode Island Maternal Psychiatry Resource Network (RI MomsPRN) launched its first learning collaborative cohort of practices in late 2019 and is now actively supporting a third cohort, welcomed in June 2022. The goal of this statewide program is to help practices identify, diagnose, and manage depression, anxiety, and substance use in pregnant women and those who have recently given birth.

Participating practices receive various levels of support. A team of perinatal behavioral health clinicians, including psychiatrists, psychologists, and a social worker, at the Center for Women's Behavioral Health at Women & Infants Hospital assist healthcare providers with identifying and utilizing evidence-based screening tools for depression, anxiety, and substance use disorder among pregnant and postpartum patients. Further, these clinicians at Women & Infants Hospital also staff a physician teleconsultation service that is available to practices, which provides real-time clinical assistance with addressing perinatal behavioral health matters at no cost to the practice.

On-site practice facilitators from practices supported by CTC-RI with quality improvement by establishing screening, treatment, and referral workflows, practice reporting of screening results, and developing and implementing performance improvement action plans. All practices additionally received customized, team-based training and participated in peer learning sessions.

"In all five of my pregnancies no one has ever asked about my history of substance use and mental health."

– Patient

Blackstone Valley Community Health Care helps pregnant patients in need of support with warm handoffs

Blackstone Valley Community Health Care (BVCHC) is a federally-qualified, patient-centered medical home located in Pawtucket and Central Falls. BVCHC provides a full range of services from pediatrics, internal medicine, family medicine, midwifery and OB/GYN as well as dental, optometry and behavioral health services to its culturally diverse communities.

BVCHC joined a RI MomsPRN learning collaborative to help implement universal behavioral health screening for depression, anxiety, and substance use among OB patients, identifying those at greater risk of developing postpartum depression and anxiety, and allowing for early intervention.

L-R: Yuli Paula, LCSW, IBH Champion and Kelsey Okolowitcz, LMHC, Director of Behavioral Health & Integrated Care.

"The initiative helped with mental health stigma in the community we serve, through creating standardized processes for screening and follow-up. Screening became an extension of obstetric care, provided to all patients," said Kelsey Okolowitcz, MA, LMHC, Director of Behavioral Health & Integrated Care.

Their work has paid off, receiving positive feedback from OB providers and seeing improved screening rates for these conditions: depression (improving to 98.3% from 87.3%), anxiety (improving to 96.0% from 77.2%), and substance use (improving to 60.1% from 0%) during a year-long performance period.

The value of universal screening and intervention has continuously paid off. In July 2021, a 25-year-old pregnant patient was screened at BVCHC for depression, anxiety, and substance use. She had recently moved to Rhode Island from South America and had a history of pregnancy loss, childhood trauma, and financial instability. After being screened and identified as a patient in need (13 on the PHQ-9 and 19 on the GAD-7 indicating high stress), the practice's IBH champion responded with a warm handoff during the patient's OB visit and began IBH services. The patient engaged in several IBH sessions and delivered her baby in winter 2021. During her postpartum visit, both her PHQ and GAD scores were without stress at zero.

"In the population we serve, many challenges come up," said Kelsey. She shared examples such as marijuana use among their pregnant patients, and teenage pregnancy.

"This initiative provided training opportunities to educate our providers on treating pregnant patients with marijuana use," she explained. "It is important for our providers to seek supervision and consultation on challenging topics. Providers utilized the RI MomsPRN teleconsultation line to discuss challenges with teenage pregnancy in addition to psychotropic medication questions."

BVCHC continues to support its patients, ensuring warm handoffs and added support when needed, and continuing to promote psychoeducation needed for pregnant patients. They also continue to utilize RI MomsPRN provider supports, including the teleconsultation line and professional education.

Healthy Tomorrows gives enhanced support to families through primary care and family visiting partnership

In an effort to advance communication and collaboration between pediatric practices and family visiting programs and ultimately improve well-child care, CTC-RI and RIDOH launched the Healthy Tomorrows Initiative in 2021. Focused on benefitting the lives of mothers, children, and families, this 1-year pilot program paired pediatric practices with family visiting programs. The pilot program supported 2 practices, Hasbro Pediatric Primary Care and Providence Community Health Centers – Central, and 2 family visiting programs, Meeting Street and Blackstone Valley Community Action Program.

In Rhode Island, family visitors offer at-home support and guidance to families, including prenatal support and services for infants and toddlers, personalized attention for families and their baby, and tips to support development and growth. Through the pilot program, pediatric practices identified families that would benefit from these visiting services, particularly those during the COVID-19 pandemic, and tested workflows for improving communication and coordination to better support families.

Results were impressive. Among many successes, well-child visits and outcomes increased for young patients, and more infants were consistently placed on their back to sleep, without bed sharing and soft bedding and primary care practices increased referrals to the family visiting program.

With another cohort that started in March 2022 with new teams, CTC-RI is continuing to build off the success of the pilot program, now spreading the collaborative effort to additional practices and family visiting teams.

Meeting Street demonstrates success of family visitors in supporting families and improving well-child outcomes

Meeting Street focuses on helping children of all ages and abilities to thrive through highly-trained and dedicated educators, therapists, and staff who work as a team to bring out the best in every child. Eager to build a better collaboration with local primary care practices to enhance their effort to support families, Meeting Street's participation in the Healthy Tomorrows Initiative was a great fit.

"It allowed us to assist families in bringing their concerns to their provider, even when we weren't able to be present for the visit itself. It helped us build better supports around the families," said Cristina Massey, Assistant Director of Early Childhood at Meeting Street.

At Meeting Street, families who struggled getting to well-child visits, particularly during the COVID-19 pandemic, benefitted from the initiative's efforts to increase communication and care coordination. The family visiting program provided personalized wrap-around care and helped families navigate challenging barriers.

"We had one child who was experiencing some language delays, but the mom was hesitant about engaging in services. Through this collaboration, her pediatrician, family visitor and the family visiting supervisor were able to case conference about the issues the child was experiencing and helped to support and encourage mom to pursue the appropriate intervention. The child is now receiving language services from her school department and is making great gains," shared Cristina.

Through an open line of communication with the pediatric practice, Meeting Street could bring concerns to light quickly, or help families communicate around issues where they felt hesitant.

"The biggest benefit from this collaboration is communication. From being able to connect families with services, to being able to alert the primary care provider (PCP) to issues within the home, to learning about concerns the PCP had that the family was unaware or unsure about, or was minimizing to our family visitor out of fear. It has been invaluable to have that connection."

TRANSFORMING CARE

PCMH-Kids program helps transform care resulting in improved health for children and families

PCMH Kids convened in 2013 with a mission and vision to engage stakeholders in developing high-quality, family, and patient-centered medical homes (PCMH) so that Rhode Island's children and youth could grow up healthy and reach their optimal potential.

Since then, PCMH Kids has engaged 36 practices covering 105,000 lives and representing more than 80% of the state's pediatric Medicaid population to transform care to become team-based, data-driven, high-quality, value-based, family-centered medical homes leading to National Committee of Quality Assurance (NCQA) PCMH recognition.

As 16 pediatric practices completed their 3-year contract with PCMH Kids in June 2022, CTC-RI and PCMH Kids has celebrated the important performance achievements, including improved outcomes in clinical quality measures and better patient experiences. Practices have gained knowledge, shared best practices, and improved in areas of:

- ✓ Childhood developmental screenings
- ✓ BMI screening and counseling
- ✓ ADHD screening, diagnosis, and treatment
- ✓ Maternal postpartum depression screening
- ✓ Screening, Brief Intervention, Referral to Treatment (SBIRT) in adolescents
- ✓ Resiliency and perseverance through COVID-19 pandemic
- ✓ Well-Child and well-adolescent care visits through the CARES Act Pediatric Relief Fund
- ✓ Telehealth
- ✓ Transitioning youth from pediatric to adult care
- ✓ Pediatric medical homes collaborating with family visitors

PCMH Kids continues to work with practices and providers to identify needs and areas for additional support. Quality improvement initiatives in progress continue to strengthen families, expand the care team, and focus on behavioral health. Upcoming projects will use new models of community learning to enhance workforce development and health equity, all with the goal of improving patient care as well as improving job satisfaction for those that care for patients.

The future of pediatric care is promising. From a correction of longstanding Medicaid underpayment, to opportunities for new practice payment models, to further integration of behavioral health into primary care practices, to increased coordination with community-based organizations, there are many encouraging changes in the industry.

Increased state financial support for practices, opportunities for developing and applying new practice payment models, further integration of behavioral health into primary care practices, and increased coordination with community-based organizations are among the many encouraging ways to strengthen maternal child health.

Technology helps strengthen care

In spring 2022, CTC-RI wrapped up its telehealth learning collaborative, which engaged 21 practices as they expanded the use of technology to help patients better manage chronic conditions and enable practices to further physical distancing measures, replace in-person visits when care could be effectively provided remotely, and thereby mitigate the spread of COVID-19.

Proven to be critical during the COVID-19 pandemic, the telehealth learning collaborative assisted practices with using technology to improve care for patients with chronic conditions and as a result, boosted patient access to care, supported patient experience, and reduced emergency department visits and hospitalizations. This initiative impacted over 2,700 patients.

- Telehealth led to 50%+ decrease in admissions in heart failure population
- Remote Patient Monitoring (RPM) led to major decrease in ED utilization (a significant cost avoidance)
- RPM for diabetes showed improvement in HgA1C and increased adherence to diabetes screenings
- Improvement in pediatric patients ADHD medication management and decreased no-show rates
- Patients adjusted to new process and reported positive experience

Made possible through funding through the CARES Act, UnitedHealthcare and RI Department of Health, participating practices were given incentive infrastructure payments to support their expanded use of telehealth. In addition, the Northeast Telehealth Resource Center provided invaluable technical assistance to practices.

Dr. Richard Ohnmacht uses technology to keep families engaged

Dr. Richard Ohnmacht, a Cranston-based pediatrician and clinical associate professor of pediatrics at Brown University's Warren Alpert School of Medicine, completed the CTC-RI telehealth learning collaborative as he embraced strategies for supporting his patients and their families during the challenging COVID-19 pandemic. As an award-winning pediatrician practicing for more than 20 years – including being named one of "America's Top Pediatricians" and winning a "Best Doctors in America" award – Dr. Ohnmacht knows first-hand the importance of meeting families where they are through all stages of growth.

"While telehealth had opened numerous opportunities for many healthcare providers, it had opened a skeptic's eyes (myself) to the potential benefits to both the patient and practice in a setting where the emphasis is on talking rather than looking for physical finding during an examination," he said.

As families juggle challenging schedules, paired with the added hurdles of COVID-19, finding ways to keep patients engaged proved critical.

"Offering telehealth has the advantage of fewer missed appointments and lesser weather-related cancellations," said Dr. Ohnmacht. "Plus, there's the added convenience for families traveling a distance for follow-up appointments – this is Rhode Island, after all."

With results that are promising, telehealth across Rhode Island is here to stay. As more practices find ways to bolster the effective use of technology – particularly strategies that are not providing an additional burden or added obstacle to care – Dr. Ohnmacht recognizes the key for successful engagement is ensuring a family feels supported.

"Establishing parameters by which both you and the patient feel comfortable for these visits, and allowing for in-person follow-ups should the need arise, is my best advice for success," said Dr. Ohnmacht.

Dr. Richard Ohnmacht

BOLSTERING TEAM-BASED CARE AND THE WORKFORCE

CTC-RI boosts training of integrated behavioral health clinicians statewide

Rhode Island primary care practices and systems of care have grown dramatically in their utilization of IBH within primary care. With more practices needing to successfully assist patients with behavioral health needs, there are currently more openings for IBH clinicians to join primary care practices than in previous years. However, without proper training, it is often challenging for behavioral health clinicians to successfully work within the fast-paced medical care practice.

Through funding from UnitedHealthcare, CTC-RI is working to increase the skill set of the IBH workforce statewide, including training behavioral health clinicians who would like to gain the skills to provide integrated care.

In 2022, 20 behavioral health clinicians successfully completed the 'Primary Care Behavioral Health' course developed by the UMASS Chan Medical School Center for Integrated Care. The course focuses on IBH models and specific health care issues like substance use and depression, and cultural influences on health care. In addition to receiving the training and 36 continuing education credits, each participant received a $500 stipend upon program completion. An additional $500 stipend was made available to RI primary care practices where participants were employed to support participation.

Following course completion, CTC-RI provided each participant with an hour of practice facilitation time from experienced IBH clinicians and leaders to help them put what they learned into practice. CTC-RI is excited to continue to support IBH clinicians in the State in our monthly IBH "Meet and Eat" virtual series, a networking and support opportunity for IBH Clinicians to discuss IBH best practices, challenges, and successes to support the workforce needs in Rhode Island.

Advancing the leadership of community health workers to address health equities

Through CTC-RI's Rhode to Equity initiative, in partnership with RIDOH and EOHHS, the relationships between clinical- and community-based agencies and their capacity to work together to address health inequities at a local level is improving.

Importantly, through this work, an opportunity arose to advance the role of community health workers (CHWs). A new Lead CHW consultant role was established to facilitate leadership and engagement in a more meaningful way. Through CTC-RI support, the Lead CHW consultant role was created to engage CHWs and clinical teams in understanding neighborhood-level barriers, uncover assets and partnerships, and improve cohesion between community members and their medical home. By ensuring a CHW was part of the leadership team, training and support was informed from different valuable perspectives.

Swanette Salazar

Through a contract with Family Service of Rhode Island, CTC-RI is working with Swanette Salazar as the lead CHW on this project. She brings valuable expertise and strong community connections to the project. She coaches other CHWs to bring their unique skill set to advocate for policy and system change. Swanette identifies as a person with lived experience of inequities, coming from an urban, underserved community. The successful creation of this new role has been met with positive responses from all stakeholders, and there is a great deal of support and enthusiasm to develop this position to further support CHWs in RI.

Collaborating with pharmacists to improve patient health

In May 2021, CTC-RI and RIDOH, in collaboration with faculty from University of Rhode Island College of Pharmacy, offered primary care practices the opportunity to join a unique year-long pharmacy quality improvement initiative to reduce preventable hospitalizations and emergency department usage through team-based care. Seven primary care practices participated, each with a specific focus, ranging from reducing the cost of care for patients with heart failure through pharmacist intervention to management of patients with diabetes to reduce preventable emergency department and inpatient hospital utilization.

Results were promising, showing improved medication optimization, patient engagement, and clinical engagement and workflow improvements throughout many teams, and importantly, demonstrating the value of a team-based approach to care.

Building off of the success of the last initiative, in September 2022, CTC-RI kicked off a 2-year pharmacy quality improvement initiative with 6 practices focused on management of hypertension and diabetes through team-based care. Using continuous glucose monitoring, practices will aim to increase utilization over time by the number of patients, providers, and sites.

"RIDOH's partnership with CTC-RI has allowed us to support additional initiatives and programs that aim to improve management and reduce risk for diabetes, heart disease, and related chronic conditions. CTC-RI's pharmacy quality improvement initiative is a great example of how systems of care can come together to showcase the role of the pharmacist in chronic disease prevention and management, while also providing opportunities for systems of care to collaborate, network, and share resources. It also provides us with an opportunity to develop, implement, and enhance sustainable team-based care approaches to improve patient care and chronic disease outcomes, which is well-aligned to the CDC cooperative agreements awarded to RIDOH's Diabetes, Heart Disease and Stroke Program."

- Jayne Daylor RN, MS
CTC Quality Improvement Consultant
RIDOH Diabetes, Heart Disease & Stroke Program
Division of Community Health & Equity

- Deborah Newell, RPh, CDOE, CVDOE
Director
Diabetes Education Partners of RI
Chronic Disease Consultant, RIDOH

OUR IMPACT BY THE NUMBERS (FY21)

$8.2 million

Building Capacity

Dollars obtained by CTC-RI to support team-based primary care transformation initiatives.

$1.07 million

Screening, Brief Intervention, and Referral to Treatment (SBIRT)

Dollars generated to further implement best practices for the early identification and treatment of substance use disorders.

$950 thousand

Health System Transformation Services

Dollars generated via CARES Act for supporting statewide health system transformation work.

$693 thousand

State Opioid Response

Dollars generated to support the state's response to the opioid epidemic through target primary care effort.

$510 thousand

Addressing Community and Health Equity

Dollars generated for the expansion of Community Health Teams and the Health Equity Challenge.

237

Number of Rhode Island practices CTC-RI has supported through various programs and initiatives.

900,000

Rhode Islanders served by practices that have been supported by CTC-RI programs and initiatives.

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CARE TRANSFORMATION COLLABORATIVE RHODE ISLAND

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ADVANCING INTEGRATED HEALTHCARE

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