



ADVANCING INTEGRATED HEALTHCARE

Welcome PCMH Kids Practices and Key Stakeholders

PCMH KIDS STAKEHOLDER MEETING 01-07-2021

PAT FLANAGAN MD, FAAP, PCMH KIDS CO-CHAIR

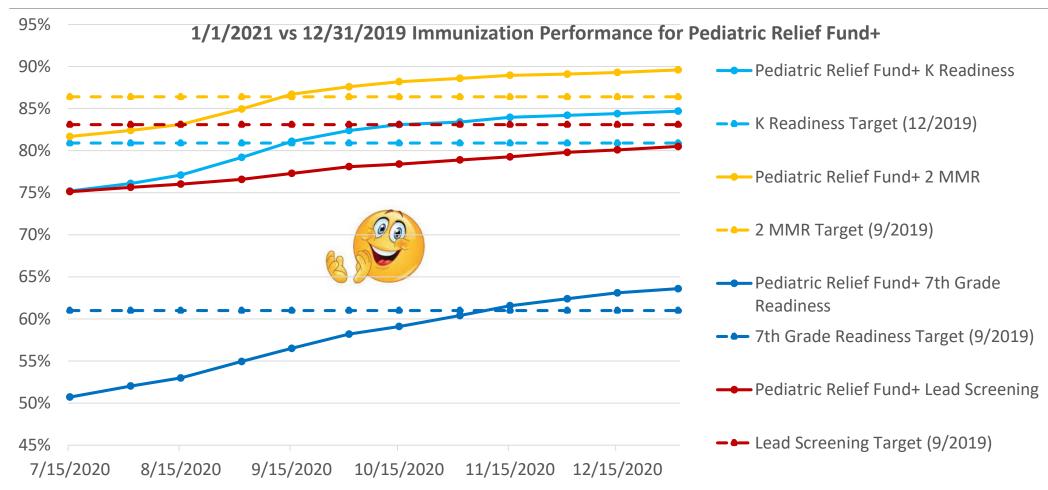
BETH LANGE MD, FAAP, PCMH KIDS CO CHAIR

Agenda

- Welcome & Opening Remarks
- Updated Immunization & Lead Screening
- Updated Medicaid Access to Care Results
- *2020/2021 Programs
- Open Discussion
- Expanded Behavioral Health Services in Kent and Washington Counties



Update on Immunization Performance thru 1/1/2021



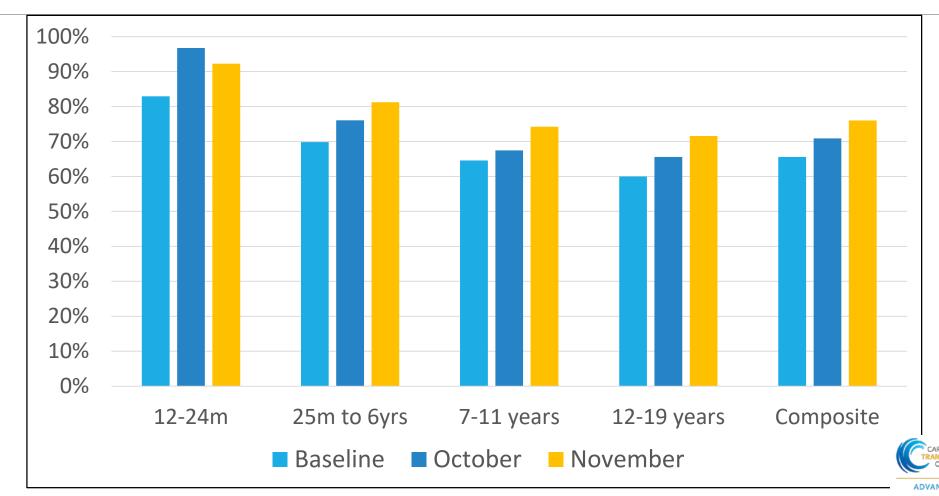
New practices introduced to PCMH Kids Family

BLACKSTONE VALLEY PED - CUMBERLAND	LINCOLN PEDIATRIC ASSOCIATES
BLACKSTONE VALLEY PED -N SMITHFLD	LONGOBARDI, YEN, MD
CHILDREN'S CHOICE PEDIATRICS	MCGONIGLE, JOHN, MD
CONCILIO PEDIATRICS	Medical Associates- Bristol Co. Pedi
D'ALESSANDRO, VINCENT, A, MD	NEVOLA, CHAD, P, MD
DAVIS, LEENA - WARWICK	OHNMACHT, RICHARD, K, MD
DEANGELIS, CHARLES, MD	P.R.I.M.A., INC.
EAST BAY PEDIATRICS	SMITHFIELD PEDIATRICS
ENCOMPASS PEDIATRICS	SNOW FAMILY MEDICINE, LLC
FAMILY DOCTORS GROUP	SOUTH COUNTY PEDIATRIC GROUP
Jenks Park Pediatrics	SUNSHINE PEDIATRICS
KENT COUNTY PEDIATRICS	WAKEFIELD PEDIATRICS, LLC
LECONTE & BONNER	





Medicaid Access to Care Performance



PCMH Kids Cohort 3 Accomplishments



ALL PCMH Kids Cohort 3 practices are within the 90% baseline target for 2 MMR.

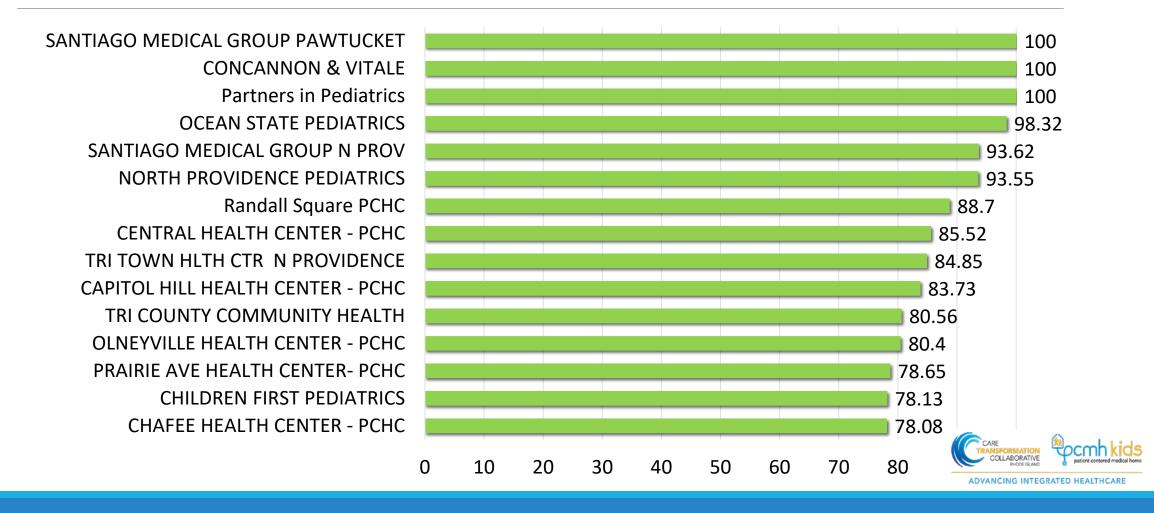
- * Continue the great results
- * Final 1/3 incentive payment due in March

- Children First Pediatrics
- Hasbro Adolescent Medicine
- Drs Concannon & Vitale LLC
- North Providence Pediatrics
- Ocean State Pediatrics
- Partners in Pediatrics
- Providence Community Health Center Capitol Hill
- Providence Community Health Center Central
- Providence Community Health Center Chafee
- Providence Community Health Center Olneyville
- Providence Community Health Center Prairie Ave
- Providence Community Health Center Randall Sq.
- Santiago Medical Group North Providence
- Santiago Medical Group Pawtucket
- Tri-County Community Action Agency Johnston
- Tri-County Community Action Agency North Providence



PCMH Kids Cohort 3 within 90% baseline target for 2 MMR 12/15/2020 Results





Pediatric Integrated Behavioral Health Pilot Program





Lead, Transform, Inspire







- 3-year pilot program with 2 waves of 4 practices
- Kickoff Meeting was in July, 2019
- Key Program Components:
 - Support culture change, workflows, billing
 - Universal Onsite IBH Practice Facilitation: Screening 3 out of 5: Depression (adolescent), Anxiety (adolescent), Substance use (adolescent), Middle childhood, or Postpartum depression
 - Embedded IBH Clinician: warm hand offs, pre-visit planning, huddles
 - Quarterly Best Practice Sharing: data driven improvement, content experts

	Anchor Pediatrics
Cohort 1	Comprehensive Community Action Program (CCAP)
	Hasbro Pediatric Primary Care
	Coastal Medical – Bald Hill
	Coastal Medical - Waterman
Cohort 2	Hasbro Medicine Pediatric Primary Care
	Northern RI Pediatrics
	Tri-County Community Action Agency

Status Update Pediatric IBH Program

Successes:

- 1. Screening all practices, both cohorts, are currently administering 3 BH screeners
- 2. Hiring BHCs in 2019
- 3. Pivoting to teleBH quickly and effectively

Challenges:

- 1. EHR/data making sure EHR captures screeners given
- 2. Hiring BHCs in 2020 currently 2 practices are without a BHC

3. COVID

- Administering BH screeners in Spring 2020 practices rallied in the summer
- Managing increased BH demand
- Staff turnover, inc BHCs and IT





Funded by UnitedHealthcare and State of RI Cares Act Funding

Goals

- Provide primary care team with best practice sharing opportunities to support effective, safe and efficient telehealth services looking at practice/staff/patient experiences, clinical outcomes, access to care and utilization;
- Help inform RI health care policy on primary care practice/patient telehealth needs

Managed by CTC-RI/PCMH Kids

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

Questions to: Sarah Summers, CTC-RI Program Coordinator, ssummers@ctc-ri.org





Phase 1 Practice & Patient Needs Assessment - Completed

- Adolescent Healthcare Center
- Anchor Pediatrics
- Children's Medical Group (University Pediatrics)
- Drs Concannon & Vitale
- East Greenwich Pediatrics
- Encompass Pediatrics
- Hasbro Pediatric Primary Care
- Kingstown Pediatrics
- Partners in Pediatrics
- PRIMA
- PCHC (Capitol Hill & Chafee Health Centers)
- Richard Ohnmacht
- Smithfield Pediatrics



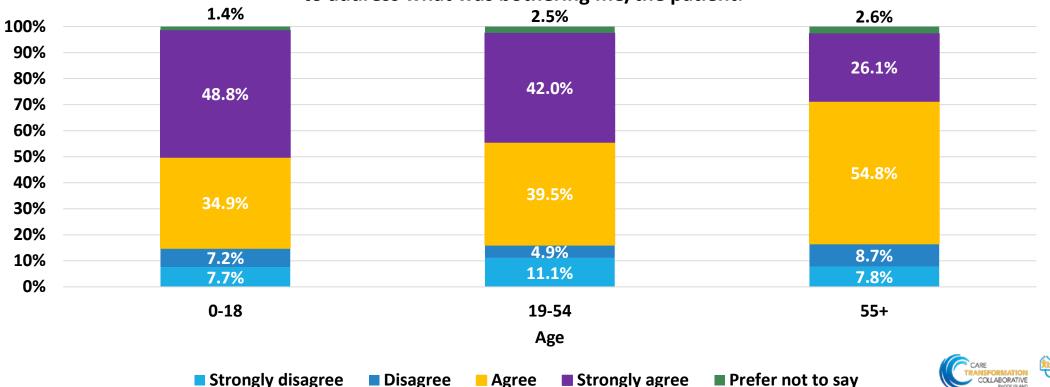
Practice Assessment and Patient surveys

- 46 practice sites
- over 900 patient responses
- Phase 2 webinar topics address practice and patient needs, interests, requested webinar topics, as well as top barriers.



Phase 1 Practice & Patient Needs Assessment Patients who HAVE had a telehealth visit

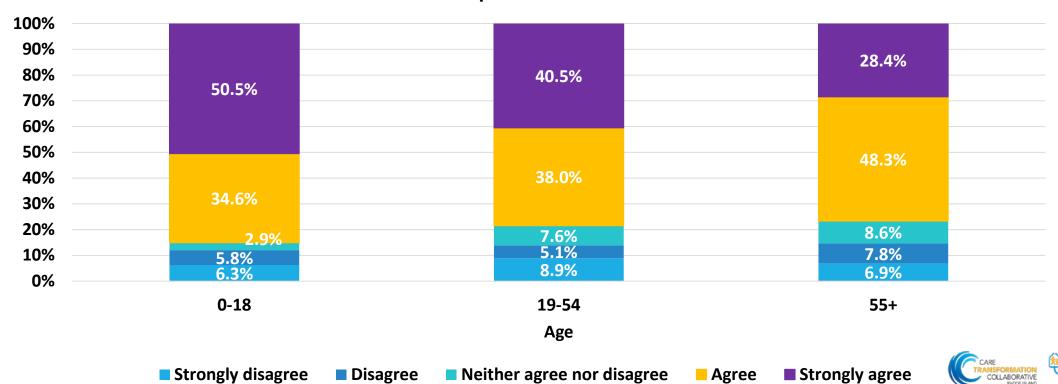
How much do you agree with the following statement? The phone or video visit was able to address what was bothering me/the patient.



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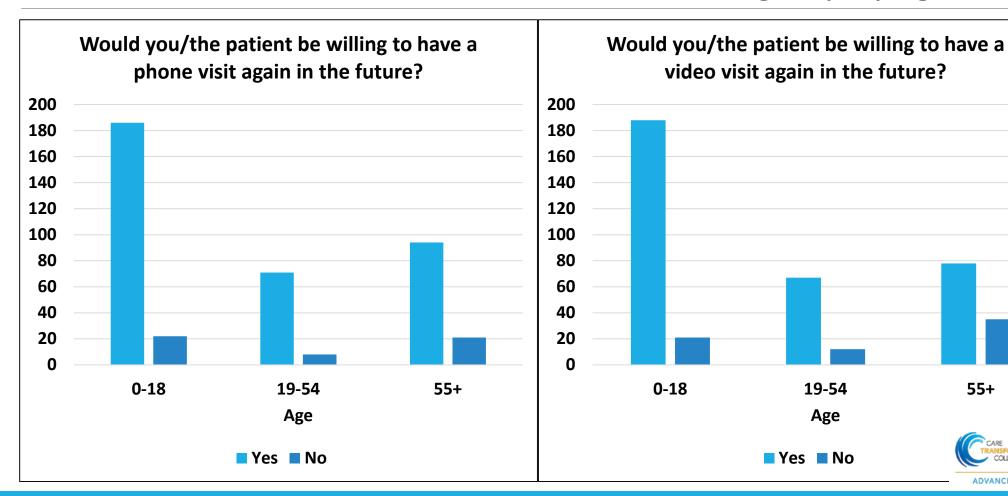
Phase 1 Practice & Patient Needs Assessment Patients who HAVE had a telehealth visit

How much do you agree with the following statement? Overall, I/the patient was satisfied with the phone or video visit.



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Phase 1 Practice & Patient Needs Assessment Patients who HAVE had a telehealth visit – group by age



55+

Phase 2 Advancing Team-Based Telehealth in Rhode Island Webinar Series 2020 – 2021

	Topics*	Title/Presenters/Contributors	Date/Time
1.	Reimbursement	"Rhode Island Telehealth Sustainability Strategies - Coding & Billing" Presenters: Peter Hollmann, MD, Andrea Galgay, Christina Quinlan, Andrew Solomon, NETRC	Nov 19, 2020 12 – 1 pm
2.	Technology	"Telehealth Technology: A Lay of the Land & Envisioning the Future of Technology Integration" Presenters: Jerry Dubois, Reid Plimpton, NETRC, possibly a UVM sme	Jan 27, 2021 12 – 1 pm
3.	Workflow	"Best Practices for Telehealth Workflow/Etiquette" Presenters: Marna Heck-Jones, Anchor Medical; Lisa Denny, MD, Barrington Family Medicine	Feb (end) 12 – 1 pm
4.	Community Health Worker (CHW) training	"Tools to help Community Health Workers help clients with telehealth" Contributors: Linda Cabral, Sarah Lawrence, Age Friendly RI, NETRC part of planning, presenters TBD	March
5.	Remote Patient Monitoring (RPM)	"Remote Patient Monitoring for patients with chronic conditions" Contributors: Jerry Dubois, Reid Plimpton, NETRC, possibly a practice, presenters TBD	March/April
6.	Pediatric Patients and telehealth	"Best Practices for Telehealth with Pediatric Patients" Contributors: Jerry Dubois, Reid Plimpton, NETRC, possibly a practice, presenters TBD	May
7.	Adult Patients and telehealth	"Best Practices for Telehealth with Adult Patients" Contributors: Jerry Dubois, Reid Plimpton, NETRC, possibly a practice, presenters TBD	June

Phase 3 12-month Learning Collaborative "Using Technology to Improve Care for Patients with Chronic Conditions"

20 practices participating; 10 pediatric / family medicine practices - chronic condition

- Anchor Pediatrics Anxiety
- Barrington Family Medicine Diabetes, hypertension, obesity, asthma
- Barrington Pediatrics Patients with COVID and another comorbid mental health diagnosis (ADHD, anxiety, depression) or higher risk SDOH
- Hasbro Medicine Pediatrics Asthma
- Hasbro Pediatric Primary Care Asthma
- Kingstown Pediatrics ADHD, Depression, Anxiety
- Santiago Medical Group (N. Prov & Pawtucket) Diabetes, blood pressure, liver enzymes, obesity
- New to PCMH Kids Family
 - Encompass Pediatrics and Family Medicine Asthma, diabetes, hypertension
 - PRIMA, Inc ADHD, depression, anxiety, asthma, obesity, hypertension
 - Richard Ohnmacht ADHD, Depression, Anxiety

Each practice site will receive payment of \$20,000-\$22,000.





Healthy Tomorrows Initiative

Funded by Health Resources and Services Administration (HRSA)

5 year Program

Goals

- PCMH-Kids practices and FHV programs have the tools, data and work flows needed to integrate care coordination
- PCMH-Kids practices and FHV programs acquire knowledge, skills and relationships for integrating care coordination through participation in a year-long Learning Collaborative
- PCMH-Kids practices and FHV programs develop and implement strategies to support family engagement in primary care and FHV programs
- Integrated Care Coordination activities will continue after the period of federal funding ends.

Year 1 (Mar 2020 – Feb 2021) – Planning Year

Year 2 (Mar 2021 – Feb 2022) – Pilot with 2 FHV programs + 2 practices



Other Potential Projects / Programs

Health Care Transitions: Pediatric to Adult Care

- Purpose: Improve the transition of medical care from Pediatric to Adult Care
- Appetite for a Learning Collaborative / best time to launch?

Childhood Obesity

Funding and timing to be determined

IBH Telehealth & Behavioral Health Distinction Learning Collaborative

- Call for Applications coming soon
- Launch in March

Pediatric Comprehensive Primary Care

- Different approaches will be necessary for different kinds of practices
- Follow up discussions are needed
- OHIC webinar for primary care practice organizations on prospective primary care payment -February 9th from 7:30am-8:30am.



Open Discussion



Resources

Pediatric Psychiatry Resource Network (PediPRN)









Expanded Behavioral Health Services in Kent and Washington Counties



Thundermist has behavioral health services available for the children of Kent and Washington Counties.



Thundermist Health Center developed expanded services to address the pediatric behavioral health crisis and help Kent and Washington County families.

AND

Support development of the workforce of the future in the area of pediatric psychiatry.



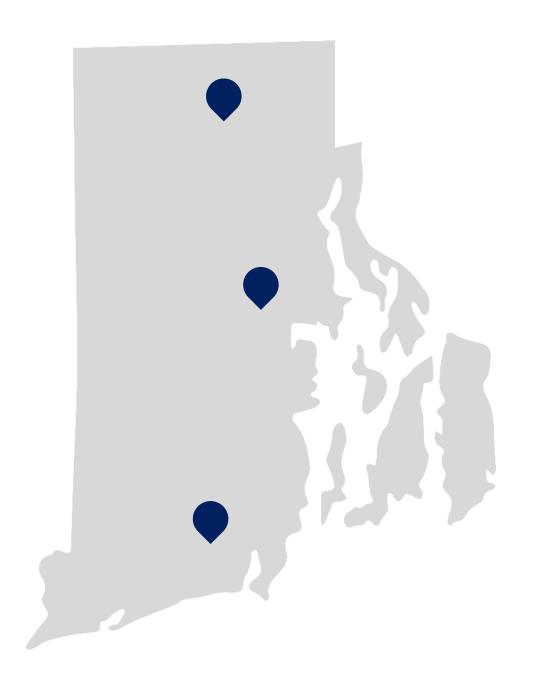


Training the Next Generation of Healthcare Professionals

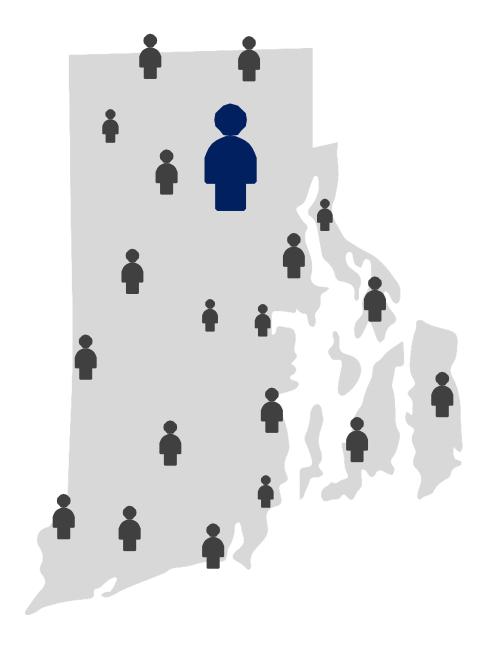
- Psychiatric Nurse Practitioner Fellowship
- Family Medicine Physician Residency
- Family Nurse Practitioner
 Fellowship
- Maternal Child Health Fellowship
- Global Maternal Child Health Fellowship

Thundermist Health Center

- 1 River St., Wakefield
- 186 Providence St., West Warwick
- 450 Clinton St., Woonsocket



Thundermist serves one in 20 Rhode Islanders



Last year, **1,096 Rhode Island children** under age 19 enrolled in Medicaid/RIte Care were hospitalized due a mental health related condition, and

2,246 children had a mental health related emergency department visit.

- 2019 RI Kids Count Factbook

The Washington County Coalition for Children found nearly 300 area youth underwent emergency mental health evaluations.

More than half of these children were hospitalized.



Community Impact

- 213 unique patients served
- 1584 visits

*Data as of 12/28/20



Testimonials

"Behavioral health care at a young age is so important. Especially now. I am so grateful that I was referred to Thundermist for my daughter. I have seen a big improvement and it is great to know people actually care about our kids.

She has gone through a lot over the past year, we moved to a new school and I lost my job. Now she gets help for her separation anxiety and ADHD. Even during the pandemic, they can help through virtual visits or over the phone."

- Christie's daughter was referred to Thundermist for Behavioral Health Care after years of mental health issues and ADHD.



Testimonials

"I used to get frustrated with the numerous mental health appointments in my daily schedule until the Thundermist Behavioral Health Center opened its doors.

Now, I am able to refer my patients to a trained mental health provider who can provide counseling and medication management. It has made my work load easier, but more importantly, it provides my patients with the care they need - something I was finding a hard time doing by myself.

My patients and their families are overjoyed with how quickly they can be seen and completely satisfied with the care they receive. This program is a complete success for my practice, my patients, and the community!"

- Dr. Roger Fazio, Wakefield Pediatrics

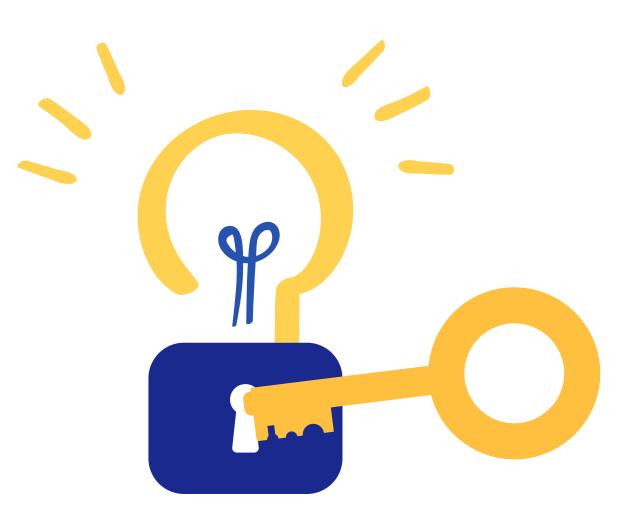


In 2019, piloted new service with Narraganset Bay Pediatrics

Now, expanded to most practices in Washington County including:

- Wakefield Pediatrics
- South County Pediatrics
- Ocean State Pediatrics
- Wood River Health Services

Care Coordination is Key



Services include:

Psychiatric evaluations

Medication evaluations

Counseling provided in an outpatient setting

Virtual visits are available

Patients do not need to receive primary care at Thundermist.

Patients will be cared for by a robust team of behavioral health providers.

There will be ongoing communication and collaboration with the patient's medical provider to ensure an integrated approach to care.

The care team includes:

Clinical Coordinator

Deborah Doran, LICSW

Education: Simmons College **Years of Experience:** 21

Psychiatric Nurse Practitioners

Virginia Curtis, PMHNP **Education:** Boston College

Marie Martin, PMHNP

Education: Walden University

Beth Cleary, PMHNP

Education: Northeastern University

Psychiatric Nurse Practitioner Fellows

Nickesha Mckenzie MSN, RN, PMNHP-BC

Education: Walden University

Shaylah Morse, PMNHP

Education: University of Rhode Island

Fellowship Preceptors

Alexandra Chabot, PMHNP Education: Boston College Years of Experience: 6

Laura Davidson, DNP, PMHNP

Education: Arizona State University

Years of Experience: 11

Jason Rafferty, MD, MPH, EdM

Education: Harvard Medical School

Years of Experience: 7

Mary Rose, MS, PMHNP, CCM Education: Rivier College Years of Experience: 33

Claire Williams, MD

Education: Brown University, Warren Alpert

Medical School

Behavioral Health Clinicians

Carol Albeck, LMHC

Education: Marymount University

Years of Experience: 24

Elizabeth Carter, LMHC

Education: Santa Clara University

Years of Experience: 23

Christine Forte, LICSW

Education: Fordham University

Years of Experience: 20

Camille Wingate, LMHC

Education: St. Mary's College

Years of Experience: 28

Rebecca Rogers, LICSW

Education: Rhode Island College

Kristen Zaleski, LCSW

Emily Flavin, LMHC

Allison Parkhurst, LMFT

REFERR

THUNDERMIST BEHAVIORAL HEALTH REFERRAL FORM PATIENT INFORMATION

Patient Name	Date of Birth	Gender
Parent/Guardian Name	Preferred phone number	
Home Address		
City, State, Zip		
Health Insurance	Policy Number	
Primary Care Physician	Phone Number	
	183	

REFERRAL INFORMATION

Date of Referral	Referring Provider (if not PCP)
N III	
Reason for Referral/Clinical Question and brief his	tory of concern
Current Problem List	
**	
Current Medications	
Current Behavioral Health Treatment (if any)	
Current Behavioral Health Treatment (if any)	
Confidentiality Concerns Y N	Safety ConcernsY N
	Safety ConcernsYN
Confidentiality ConcernsYN	Safety ConcernsYN Child:
Confidentiality ConcernsYN Primary goals for initial psychiatric visit	

THUNDERMIST BEHAVIORAL HEALTH REFERRAL FORM RELEVANT HISTORIES

	PSYCHIATRIC
Prior Diagnoses/Problems	
Prior Outpatient Treatment	
Prior Inpatient/Partial/Residential Treatment	
Previous Medication Trials	
Previous Testing/Evaluations	
History of suicidality?	History of non-suicidal self-injury?
Y/N Specify:	Y/N Specify:
	DUCATIONAL/VOCATIONAL

School	Grade	IEP	504 Plan
		YN	YN
Special Ed Services	School refusal or truancy?		
	Y/N Specify:		
Change in academic performance?	Employment ((if any)	
Y/N Specify:			

SUBSTANCE USE		
Tobacco/nicotine:		
Alcohol:		
Marijuana:		
Other substances:		

LEGAL	
CYF involvement?	
/N Specify	

ADDITIONAL INFORMATION		
Available external documents	Other	



Program Qualifications

- All referrals must come from the patient's primary care provider
- The primary care provider must designate a point of contact for coordination. The provider must also be willing to give relevant medical updates.
- Patient can maintain relationships with outside therapists, but:
 - Will have at least a reassessment visit with a Thundermist counselor
 - The outside counselor must be aware of the referral, in agreement with the referral, and willing to coordinate with Thundermist.
 - The patient must meet the requirements for an outpatient level of care (does not require intensive home-based, intensive outpatient, partial hospitalization, or inpatient care).

- Priority will be given to children under the age of 19.
- Sliding fee scale available and most insurances accepted.
- Assistance paying for medication is available for eligible patients

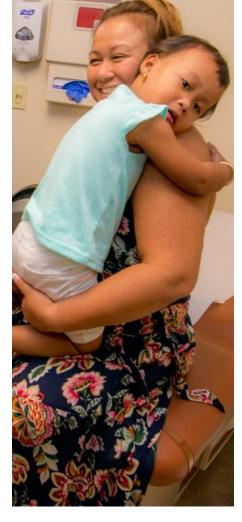
*Diagnostic Interviews with counselors generally occur within 2 weeks of completed referrals and within 3 weeks for psychiatric appointments.

Additional On-Site Services

- Clinical Pharmacists
- Trans Health Access Team
- On-site laboratory
- Medication-Assisted Treatment
- Walk-In Medical Services
- Social Services
- School-Based Health Centers
- Dental

Visit <u>www.Thundermisthealth.org</u> for a full list of services.







Program Coordinator:

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