A YEAR OF PROGRESS TRANSFORMING PRIMARY CARE IN RHODE ISLAND

THE RHODE ISLAND CHRONIC CARE SUSTAINABILITY INITIATIVE

ANNUAL REPORT 2013

pcmh
patient-centered medical home
Rhode Island

Message from CSI-RI Leadership

Rhode Island, one of the first states to adopt the multi-payer, patient-centered medical home model of care, has established itself as a leader in the primary care movement. Health care leaders in this state believe that we have the opportunity to truly change our health care system through this Initiative. Recent indicators show us that this model of care is doing just that.

2013 was an incredible year of transformation and progress for the Rhode Island Chronic Care Sustainability Initiative (CSI-RI). We expanded our Initiative to now include 36 primary care practices with a total of 48 practice sites and 303 providers, growing the number of Rhode Islanders who now have a patient-centered medical home to more than 220,000, but our work is far from over.

New data shows us that more patients at our practices are attaining targeted health outcomes, and the quality of care in our practices - from access to provider ratings - is the highest it has been.

Our success does not just lie within the parameters of performance data. For the first time, our Initiative is moving to better support more high risk populations of patients in Rhode Island by introducing Community Health Teams and Integrated Behavioral Health. We are also working to bring the voice of patients to the table and contribute to workforce development.

We are proud of our Initiative's work and progress in 2013 – highlighted in this annual report - which would not have been possible without the support of our full network of payers, providers, partners, purchasers, consumers, educators and other leaders in our state dedicated to improving our health care system.

As we look forward, we are driven by our mission, along with the responsibility we have assumed, to lead the transformation of primary care in this state, so all Rhode Islanders can enjoy excellent health and quality of life. We thank everyone involved in our Initiative who has helped lay the groundwork for a stronger health care system.

Thomas A. Bledsoe, MD, FACP
Co-Chair, CSI-RI Executive Committee

Deidre Gifford, MD,
Medicaid Director, EOHHS
Co-Chair, CSI-RI Executive Committee

Kathleen C. Hittner, MD, Health Insurance Commissioner
Co-Chair, CSI-RI Executive Committee

Debra Hurwitz, MBA, BSA, RN
Co-Director, CSI-RI

Peter ("Pano") M. Yeracaris, MD, MPH
Co-Director, CSI-RI

A National Leader in the Patient-Centered Medical Home Model

Pictured above: CSI-RI Steering Committee members during a December 2013 meeting.

Launched in 2008 by the Office of the Health Insurance Commissioner, the Rhode Island Chronic Care Sustainability Initiative (CSI-RI) is working to transform primary care in Rhode Island through the patient-centered medical home (PCMH) model of primary care.

A PCMH is a model of care that takes place at a primary care office, and works to integrate important factors: care is team-based, comprehensive and preventive. The team identifies a patient's unique needs, and works together with the patient to improve health outcomes. Teams include the patient, medical providers, behavioral health providers, nurse care managers, medical assistants, front desk staff, specialists, hospitals, home care agencies, laboratory facilities and others.

Patients in PCMHs work as partners with their providers to make treatment decisions and learn how to manage their care.

PCMH transformation activities are enhanced through utilization of electronic health records (EHR) and patient portals, giving patients and providers better access to timely information. PCMHs work to improve communication and coordination of care when patients are seen in the emergency room, experience an inpatient admission and/or are seen by specialists. Each practice has a nurse care manager who helps to make sure patients have timely follow-up after being in the hospital. Further, PCMHs offer expanded hours, or after-hours care, and same-day appointment scheduling, so patients can be seen when they need care.

CSI-RI primary care practices were among the first in the country to be recognized by the National Committee on Quality Assistance (NCQA) as achieving PCMH status. Rhode Island, through the implementation of the strategic vision of CSI-RI, has become a national leader in the patient-centered medical home movement and health care reform.

Our Vision Rhode Islanders enjoy excellent health and quality of life. They are engaged in an affordable, integrated healthcare system that promotes active participation, wellness, and delivers high quality comprehensive health care.

Our Mission To lead the transformation of primary care in Rhode Island. CSI-RI brings together critical stakeholders to implement, evaluate and spread effective models to deliver, pay for, and sustain high quality comprehensive accountable primary care.

2013 Strategic Priorities

GOALS			
Increase capacity and access to PCMH	**Improve quality and patient experience**	**Reduce the cost of care**	**Improve population health**
STRATEGIES			
❖ Increase access to PCMH practices ❖ Improve provider satisfaction ❖ Increase recruitment and retention of primary care physicians ❖ Institutionalize participation in the learning collaborative- provide incentives and reimburse provider time for supporting other practices	❖ Establish a Patient Advisory Group ❖ Continue to measure and improve practice performance on quality metrics • Diabetes • Hypertension • Tobacco Cessation • Adult BMI	❖ Implement developmental contracts and new payment methodologies (e.g. shared savings) ❖ Continue to refine the claims data extract project to include Medicare and Medicaid ❖ Consider the impact of new practices on aggregate measures	❖ Expand to include children and behavioral health ❖ Reduce disparities between Medicaid and non-Medicaid users
MEASURES			
❖ Increase the percentage of patients in CSI-RI PCMHs from 10% of the population to 20% in 2013	❖ Improve in CAHPS survey: access 53%; communication 82%; and office staff 79% ❖ Practices achieve 4 out of 7 quality measures in 2013	❖ Reduce all cause inpatient admissions by 5% ❖ Reduce all emergency department visits by 5%	❖ Children and disparities measures TBD

Expanding in 2014

In 2013, CSI-RI committed to expanding over a five year period by adding approximately 20 practices each year, with the goal of providing over 500,000 Rhode Islanders access to a PCMH. CSI-RI welcomed 20 additional practices in 2013, and looks forward to adding more practices in 2014.

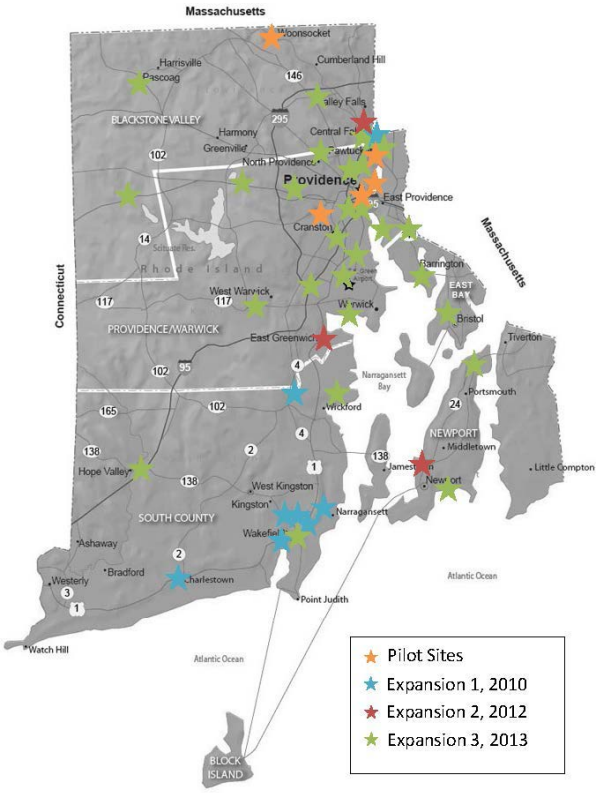
The five year expansion plan is part of the CSI-RI Strategic Plan. New practices that provide care for patients 18 and older and are interested in delivering care consistent with the PCMH principles and becoming active participants of the Initiative including governance, data collection and evaluation efforts are encouraged to apply during the open call for applications. The continued expansion will help ensure more Rhode Islanders have access to the patient-centered medical home care model.

In addition to the many benefits patients see in a patient-centered medical home, the 2014 expansion is particularly important to Rhode Islanders as HealthSource RI, the state's health insurance marketplace, has a health plan option that offers lower co-pays for patients that obtain care from a patient-centered medical home.

Serving Patients Across Rhode Island

CSI-RI launched in 2008 with five practices and has since expanded to 36 primary care practices with 48 practice sites and 303 providers, growing the number of Rhode Islanders who have a patient-centered medical home to more than 220,000.

CSI-RI Practices and Locations

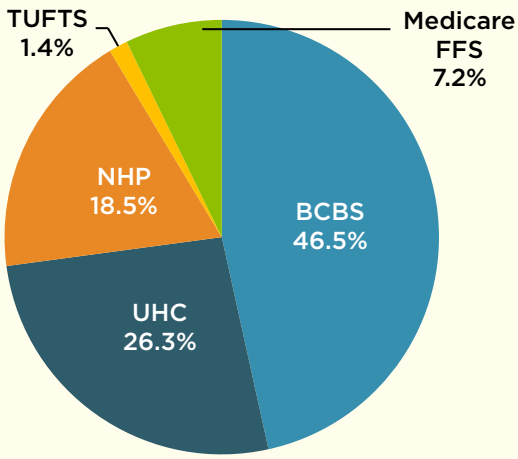


map image courtesy of www.visitri.com

- **Anchor Medical Associates** (Lincoln, Providence, and Warwick)
- **Aquidneck Medical Associates member of University Medicine** (Newport and Portsmouth)
- **Associates in Primary Care** (Warwick)
- **Blackstone Valley Community Health Center** (Central Falls and Pawtucket)
- **Coastal Medical** (Narragansett, Pawtucket, Providence, and Wakefield)
- **Comprehensive Community Action Program** (Cranston, Coventry, and Warwick)
- **East Bay Community Action Program** (East Providence and Newport)
- **Family Health and Sports Medicine** (Cranston)
- **Family Medicine at Women's Care** (Pawtucket)
- **Internal Medicine Center** (Pawtucket)
- **Internal Medicine Partners** (North Providence)
- **Kristine Cunniff, MD** (Narragansett)
- **Medical Associates of RI** (Bristol and Barrington)
- **Memorial Hospital Family Care Center** (Pawtucket)
- **Nardone Medical Associates** (Pawtucket)
- **Ocean State Medical** (Johnston)
- **Richard Del Sesto** (East Greenwich)
- **South County Hospital Family Medicine** (East Greenwich)
- **South County Internal Medicine** (Wakefield)
- **South County Walk-In and Primary Care** (Narragansett)
- **Stuart Demirs, MD** (Charlestown)
- **Thundermist Health Center** (Wakefield, West Warwick, and Woonsocket)
- **Tri-Town Community Action Program** (Johnston)
- **University Family Medicine** (East Greenwich)
- **University Internal Medicine** (Pawtucket)
- **University Medicine** (6 sites – East Providence, Providence and Warwick)
- **WellOne Primary Medical and Dental Care** (Foster, North Kingston, and Pascoag)
- **Women's Primary Care, Women's Medicine Collaborative** (Providence)
- **Wood River Health Services** (Hope Valley)

2013 Data Highlights

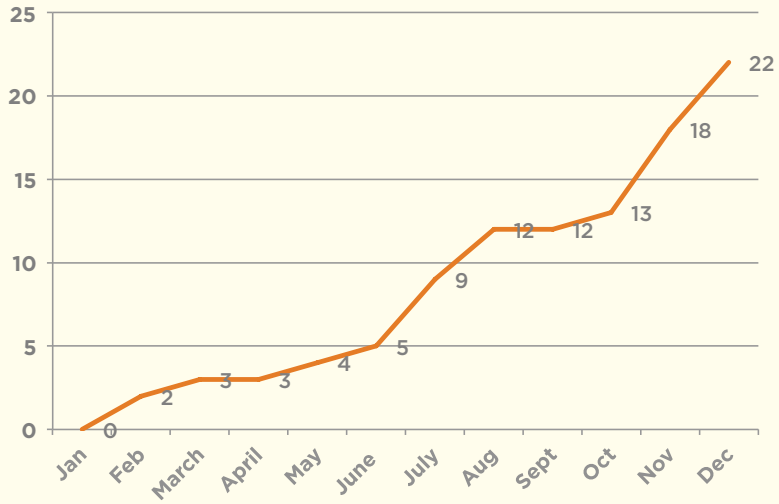
Distribution of Patients by Payer (Q4 2013 data)



Payers

- Blue Cross and Blue Shield of Rhode Island (46.5%)
- UnitedHealthcare (26.3%)
- Neighborhood Health Plan of Rhode Island (18.5%)
- Medicare FFS (7.2%)
- Tufts Health Plan (1.4%)

Total number of sites in CSI-RI applying for and achieving NCQA recognition from Jan-Dec 2013

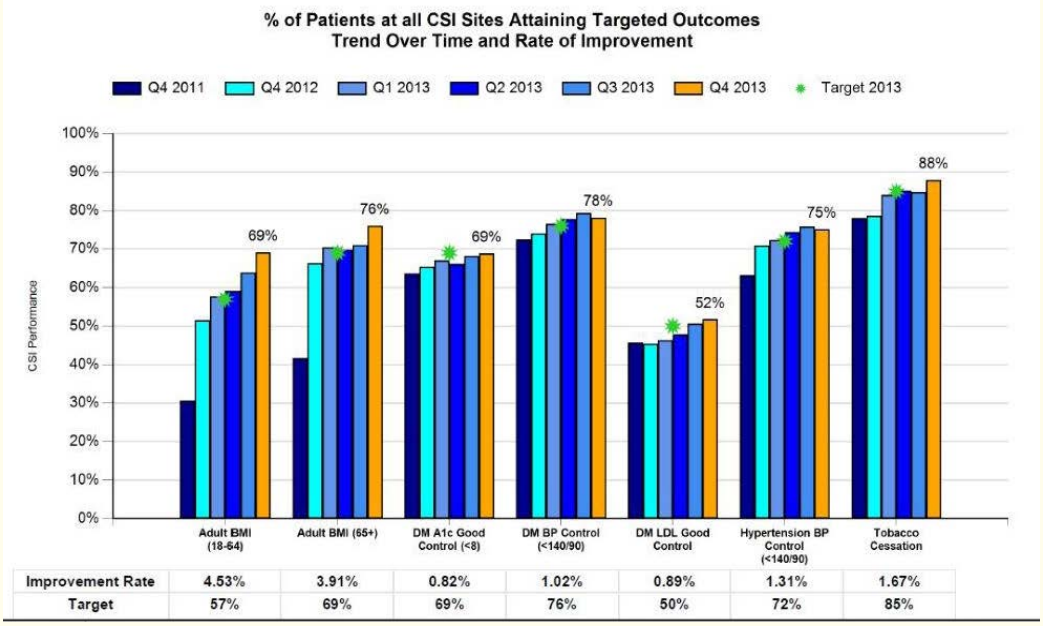


More Practices Receive NCQA Recognition

The National Committee for Quality Assurance (NCQA) sets specific standards for primary care practices to use in organizing care around patients, working in teams and coordinating and tracking care over time. These criteria provide practices with an actionable guide to reorganizing the care delivery system to create a patient-centered medical home. A core requirement of CSI-RI is for practices to achieve NCQA patient-centered medical home recognition.

- Of the 29 sites eligible to apply for NCQA for the first time or for renewal in 2013, 22 sites applied and received recognition
- Of the 81% of practices with NCQA recognition, 97% received Level 3, the highest recognition level

Clinical Quality Measure Performance Over Time



	Adult BMI (18-64)	Adult BMI (65+)	DM A1c Good Control (<8)	DM BP Control (<140/90)	DM LDL Good Control	Hypertension BP Control (<140/90)	Tobacco Cessation
Improvement Rate	4.53%	3.91%	0.82%	1.02%	0.89%	1.31%	1.67%
Target	57%	69%	69%	76%	50%	72%	85%

This graph shows CSI-RI performance on the seven CSI-RI contractual quality measures. CSI-RI chose seven measures in the areas of obesity, diabetes, hypertension and tobacco to measure and improve the health of the population.

BMI - stands for "body mass index" which is used to measure obesity. Obesity is growing issue affecting American health that puts one at risk for many serious health problems. These measures look at the percentage of patients with a BMI above or below normal range who received a follow-up plan.

DM - stands for "diabetes mellitus" or "diabetes." Diabetes is the seventh leading cause of death in America and can lead to kidney failure, limb amputation, and blindness. These measures look at the percentage of patients with aspects of their disease under control.

Hypertension - or high blood pressure is a preventable cause of cardiovascular disease and premature death. This measure looks at the percentage of patients with their blood pressure under control.

Tobacco Cessation - Tobacco (smoking) puts one at a higher risk for health problems, including lung cancer. This measure looks at the percentage of patients that were given tobacco cessation advice including: advice to quit and counseling.

Source: http://www.healthypeople.gov/2020/

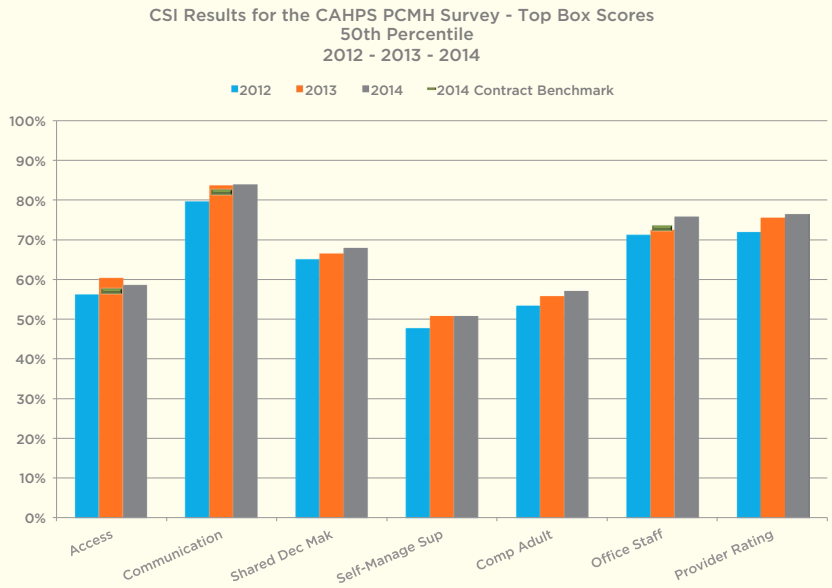
CSI-RI Performance on Clinical Quality Measures: What Do the Data Tell Us?

- CSI-RI, as a whole, met every contract measure target in Q4 2013
- CSI-RI is showing improvement over time in all of the contract measures
- CSI-RI targets, together with financial incentives, are valuable for driving improvement on clinical quality measures within practices

2013 Data Highlights continued

CSI-RI Performance on CAHPS Measures: What Do the Data Tell Us?

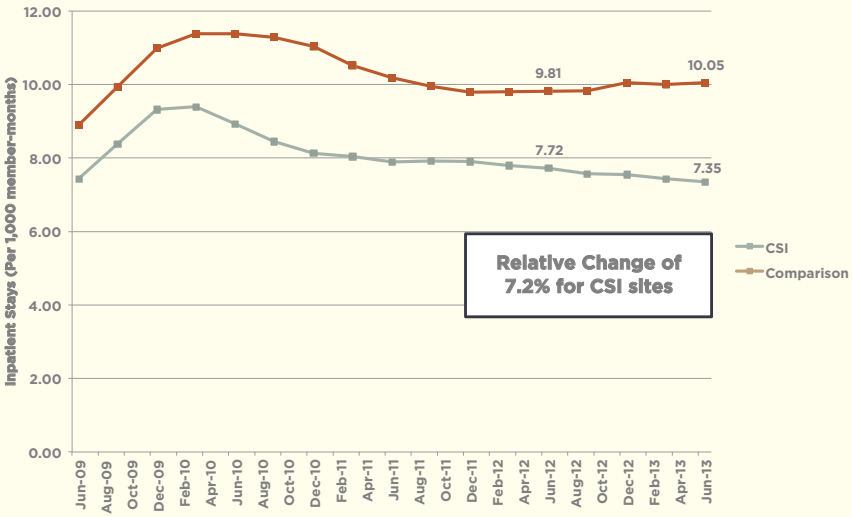
- For contractual purposes, CSI-RI looks at top box scores (single top or best choice for a yes/no question or 4-point Likert scale) of the composite measure (average of 2-6 questions) of three domains: Access, Communication and Office Staff.
- Each practice site must meet the Access composite measure target, then must meet the target for either Communication or Office Staff in order to receive the incentive payment.
- Data released in 2014 shows that CSI-RI, as a whole, has met each of the contract measure targets.
- CSI-RI demonstrated improvements from 2012 to 2014 on each of the domains.



CSI-RI Performance on Patient Experience

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys are distributed to more than 17,000 patients in CSI-RI practices, seeking patient feedback and evaluations of their health care experiences. These surveys cover important topics focused on aspects of quality, such as communication skills of their providers and ease of access to their health care services.

Inpatient Hospitalization Stays (per 1,000 member-months)



CSI-RI looks at the number of hospital admissions (inpatient stays) as a proxy for cost. CSI-RI believes that when a patient's care is handled appropriately in the primary care office, we can decrease unnecessary emergency room visits, hospital admissions and readmissions. Such a reduction will improve the quality of care and lower overall costs in the health care system.

CSI-RI practice sites are not measured individually, but rather as a cohort of CSI-RI sites as we believe reducing utilization is a collective community effort. The comparison group includes patients that are not attributed to any patient-centered medical home (CSI-RI or otherwise).

CSI-RI Performance on Inpatient Hospitalizations: What Do the Data Tell Us?

- In 2013, CSI-RI cohort of existing practices reduced inpatient hospitalization, while the comparison group experienced an increase.
- Relative to the comparison group, this CSI-RI cohort reduced inpatient stays 7.2%.
- This CSI-RI cohort exceeded the contractual target for inpatient stays and will receive an incentive payment in 2014.

Patients at the Center of Our Work

Bringing patients to the table

Part of the CSI-RI Strategic Plan includes establishing a Patient Advisory Group (PAG), a strategy to help achieve the CSI-RI goal of improving quality and patient experience. The PAG will serve several key functions: it will provide an avenue for listening to the patient voice and then understanding and incorporating the patient perspective into the primary care practice setting.

In 2013, CSI-RI engaged several patients that are interested in helping launch a PAG, including Connie Susa, a patient at Coastal Hillside Family Medicine in Pawtucket, who has volunteered to serve as the PAG co-chair. CSI-RI looks forward to seeing the PAG grow and serve as an important group of stakeholders to help improve primary care in Rhode Island.

Connie Susa, patient at Coastal Hillside Family Medicine

For more than 15 years, Connie Susa has been a patient at Coastal Hillside Family Medicine. Connie is the executive director of Personal Lifetime Advocacy Networks of Rhode Island (PLAN RI). She and her husband, John, have three adult sons, two of them living with chronic disabling conditions. As a result, Connie learned early on the importance of not just being a patient, but a full participant in health care.

Being in a PCMH has changed her life, claims Connie.

"I'm not just living with a chronic condition - diabetes - I'm actively engaged in the dialogue focused on my care. Together, my care team and I try to find the best preventive and treatment solutions that work for me," said Connie Susa. "My care isn't focused on my hemoglobin numbers and lab results - it's about me as a person. Working together with my doctor and the support system provided to me - especially the diabetes support group available through Hillside - has directly improved my health and well-being."

"I know that I'm a participant in this practice - not just a patient," said Connie Susa. "It's a world of difference."

Connie claims her diabetes support group has been a lifeline to her. Her group is an example of how the PCMH model of care puts patients first. Whether a Hillside doctor speaks to her group each month about medical information, a nutritionist leads her through healthy eating strategies or a rehabilitation doctor helps her group through exercises, Connie knows she has a team of care professionals focused on the best ways she can be cared for.

New Practice Facilitation Program Supports Practice Transformation

Practice Facilitation describes the services offered to primary care practices that help a practice transform to a patient-centered medical home and meet the CSI-RI developmental contract deliverables. In 2013, CSI-RI implemented the Practice Facilitation Program to pay for and deliver on-site practice facilitation services at each of the 48 practice sites.

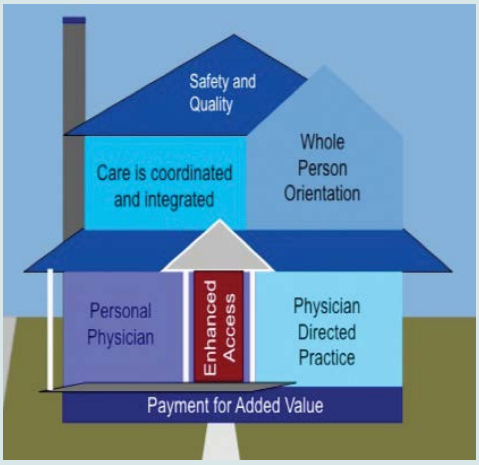
The new program was developed using opportunities identified through previous primary care practice assessments done by TransforMED (sponsored through Beacon grant) along with input from the CSI-RI Practice Transformation and Nurse Care Manager Committees, and CSI-RI Committee co-chairs.

CSI-RI kicked off its Practice Facilitation Program with a New Practice Orientation in August 2013. More than 100 attendees came to hear from CSI-RI leadership, participants and a patient about the organizational structure, contract and reporting requirements, and resources available through CSI-RI.

In partnership with Blue Cross and Blue Shield of Rhode Island and Brown University Practice Transformation programs, the CSI-RI Practice Facilitation Program employed nine practice facilitators. Facilitators spent over 800 hours at the practice sites. Each practice completed a gap analysis to help facilitators and practices define their goals and action plans for transformation. Facilitators were available to help practices meet CSI-RI Contract and Performance requirements. All practices successfully met the key deliverable deadlines.

Practices were also encouraged to apply for Partners in Best Practice funding which awarded $500 per site to use towards a CSI-RI or PCMH-related practice goal. Practices used this funding in various ways from Nurse Care Manager certification in diabetes education to a medical assistant “boot camp” in PCMH principles.

Components of the PCMH



Practice Facilitation at Tri-Town Community Health Center

The collaboration between Tri-Town Community Health Center and the CSI-RI facilitators, Scott Hewitt, MA, and Anne Pushee, RN, got off to a rapid start. For Tri-Town, as for many practices, the NCQA application had been a challenging task and was a top priority for the practice.

Soon after the CSI-RI kick-off and after much hard work, Tri-Town was ready to submit their NCQA application and requested an outside set of eyes to look it over.

"I knew it was going to be a challenging task, but at the same time I saw how important it was for the practice to achieve Level 3 recognition," said Scott. "Once I had access to their application materials, I went to work reviewing their entire application in one night to make sure they got the feedback they needed before their submission deadline."

Tri-town submitted their NCQA application on November 1, 2013 and received NCQA Level 3 PCMH recognition, the highest level of recognition available.

"In the end the suggestions that Scott provided related to certain factors and how to document evidence of compliance probably accounted for the difference between achieving Level 2 and Level 3," said Matt Roman, MSW, LICSW, Tri-Town Director. "We could not be more thankful for Scott's extensive review and helpful suggestions." Level 3 NCQA recognition is also a requirement in the Developmental Contract. Achieving this level of recognition, as well as meeting other deliverables, allowed Tri Town to move up to Performance Year 1 and be eligible for performance-based incentive payments in just six months of joining the Initiative.

With NCQA behind them, Tri-Town now looks forward to enhancing aspects of PCMH such as integrated multidisciplinary team based care, and their CSI-RI Facilitation team looks forward to continuing to assist them.

Practice Facilitation at Associates in Primary Care Medicine

Associates in Primary Care Medicine (APC) credits their momentum of patient-centered medical home success to the Blue Cross and Blue Shield of Rhode Island (BCBSRI) practice facilitators Aimee Schayer, RN, BSN, CPEHR and Jacqueline Bessette Lefebvre, RN, BS, CPEHR, that helped bring their practice to a new level.

When first engaged, BCBSRI facilitators spent two days shadowing physicians and staff at the practice, which concluded with a detailed report with steps and suggestions to help improve its practice.

"They saw things we were not seeing," explained Jamie Handy, Practice Manager at APC.

Facilitators, for example, noticed medical assistants were taking patient notes on paper, then entering that information later into a computer. Facilitators suggested they eliminate the extra step, now all medical assistants have laptops.

Additional improvements include implementing practice "huddles" every morning to talk about practice specifics with all practice staff members, implementation of the patient portal to improve communication with patients, pre-visit planning strategies to ensure more efficient patient visits and new practice teams (e.g. a diabetes team focused on managing patients with diabetes).

BCBSRI facilitators helped APC lay the groundwork for a completely transformed practice. Now part of CSI-RI, the facilitation program serves as a resource for APC as they continue to transform, and is most valuable in the practice's efforts to achieve NCQA recognition.

"These were always things we wanted to do but never had the resources or support," said Gregory Steinmetz, MD. "I feel like we are just at the beginning."

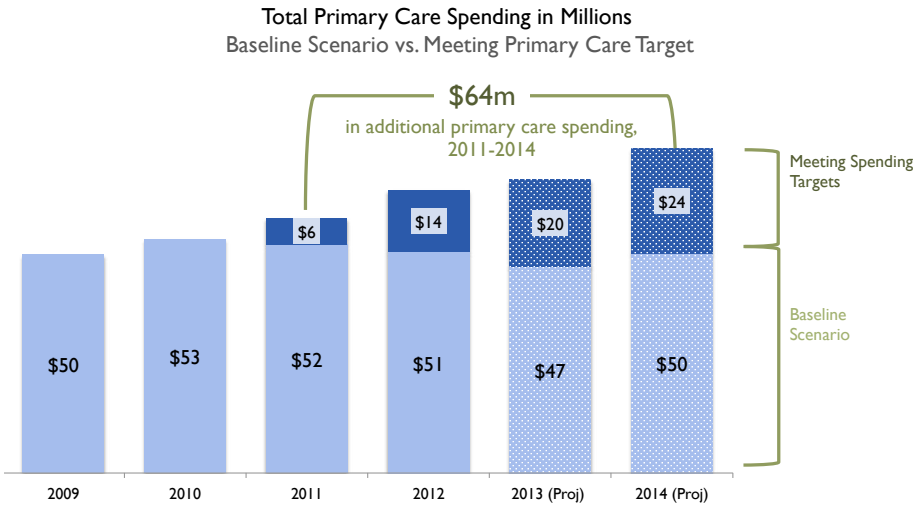
"Patients see a difference in the way we practice. We are clearly doing things differently than we did several years ago, and they're impressed with what we do," said Martin Kerzer, DO, physician champion. "I am really excited about primary care for the first time in a long time."

State's Payment Reform Efforts Support PCMH Model and Primary Care

CSI-RI continues to thrive based on its valuable partnerships and contributions from health care stakeholders across the state, including the Office of the Health Insurance Commissioner (OHIC). In 2009, following OHIC's launch of CSI-RI and at the advice of its Health Insurance Advisory Council, OHIC directed Rhode Island's major commercial health insurance issuers to comply with a set of four criteria (known as the Affordability Standards) aimed at improving the affordability of health care in Rhode Island.

These four Standards, which took effect in 2010, require insurers to expand and improve primary care infrastructure; spread the adoption of the patient-centered medical home model of care; support CurrentCare, the state's health information exchange; and work toward comprehensive payment reform across the delivery system. These standards have helped bolster the success of CSI-RI, from financial support that pays for value and care management to support for CurrentCare, which CSI-RI practices rely on for the secure exchange of patient information across practice settings.

Data through October 2013 show that insurers are hitting their targets for these Standards and are projected to do so for 2014. Highlights include: primary care spending increased 37% between 2008 and 2012, while total medical spending fell by 14%, and non fee-for-service (non-FFS) investments continue to increase (PCMHs are the largest non-FFS investment). The Affordability Standards have added about $64 million primary care dollars to Rhode Island's delivery system.



Affordability Standards increased primary care spend by $64m over previous trends

If insurers continued to spend the same proportion of total medical spend on primary care as they did before the Affordability Standards went into effect, the delivery system would have about $64m fewer dollars invested in it.

Data Source: Quarterly spending submissions to the Office of the Health Insurance Commissioner, through October 2013

OHIC is in the process of updating these standards and defining primary care spending in ways that better reflect how the market and payment patterns have evolved since 2010. CSI-RI's perspective on primary care practice transformation will be particularly valuable in this area. OHIC recognizes that PCMHs are an important step toward comprehensive payment reform in Rhode Island and believes that coordinated focus on a successful statewide program such as CSI-RI spurs powerful, sustainable change.

Improving the Developmental Contract

Support for CSI-RI practices comes through the Developmental Contract, an agreement negotiated between the health insurance plans and the participating primary care practices under the auspices of the Office of the Health Insurance Commissioner (OHIC).

The Developmental Contract is used to align incentives with performance on three metrics: process, quality and utilization. The Contract calls for payments to supplement the traditional fee-for-service structure, providing practices with per member per month payments designed to drive practice transformation and quality improvement. These supplemental payments allow the practices to make structural enhancements, including the addition of a Nurse Care Manager, who oversees care coordination efforts, as well as an analytical structure to use electronic medical records to track patient data.

Much has been learned since 2008 when five CSI-RI pilot practices worked collaboratively with OHIC and the four health plans to create the framework of this Developmental Contract. Today, this Developmental Contract is used by all CSI-RI practices and the five pioneering practices are now poised to graduate to a new extension contract, a first for CSI-RI.
The new extension contract aligns incentives with added structural requirements to achieve better outcomes. Key areas addressed include:

- Reducing total cost of care and more fully realizing tangible cost reductions through avoidable hospitalizations and emergency department visits
- Sharpening the focus on meeting the needs of high-risk patients

The Role of RIQI in CSI-RI

The Rhode Island Quality Insititute (RIQI) has worked with CSI-RI to implement a dedicated CSI-RI measurement and reporting infrastructure where providers can review their performance in CSI-RI benchmarks in comparison to their peers and collaborate around best practices. The team of Relationship Managers from RIQI's Regional Extension Center (REC) continues to guide providers toward achieving Meaningful Use of electronic health records (EHR) and to assist with adoption of CurrentCare services. In 2013, the REC facilitated peer learning sessions for practices using the same EHR and offered hands-on technical assistance with understanding and producing CSI-RI quality reports.

RIQI also supports CSI-RI by coordinating the CAHPS patient survey for each practice site. The survey, which is conducted using a validated survey designed to measure patient experience in medical homes, provides feedback to practices on several important areas, including access to care, provider communication with patients, friendliness and courteousness of office staff and self-management support.

CSI-RI Boosts CurrentCare Enrollment

The Rhode Island Quality Institute (RIQI) continues to work with CSI-RI to embed technology into daily practice workflow to help achieve the triple aim of health care: improving patient care, improving population health, and reducing cost. All CSI-RI practice sites advise their patients to enroll in CurrentCare, a state-wide health information exchange (HIE) that allows providers to share patient information and coordinate care more effectively. Last year, overall CurrentCare enrollment increased to 364,000 patients. In 2013, CSI-RI practices enrolled more than 25,000 individuals into the system.

CurrentCare Hospital Alerts notify providers of a patient's inpatient or emergency department admission and discharge at participating hospitals. By assisting providers to provide timely follow-up care, Hospital Alerts may improve patient outcomes and satisfaction and may decrease the number of hospital readmissions, thereby reducing costs. To date, roughly 37 CSI-RI sites have implemented CurrentCare Hospital Alerts.

The CurrentCare Viewer enables all of a patient's providers to easily access an electronic record of care, helping to reduce duplicate tests and support communication between providers. To date, approximately 530 CSI-RI users have access to CurrentCare Viewer. DIRECT secure email enables providers to communicate via secure email to ensure patient privacy, reduce the number of mislaid faxes and reduce phone tag. The vast majority of CSI-RI practices use DIRECT.

Community Health Teams: The Next Step in Meeting the Triple Aim

Most primary care practices lack the resources for fully meeting patient needs when it comes to patients with multiple medical and social needs or patients with significant mental health and addiction service needs. To address this issue, a CSI-RI Community Health Team (CHT) Committee was initiated in September 2013 to create a plan for two community health team pilot programs.

The pilot programs (one in South County and one in Pawtucket), will work to demonstrate directional improvement in health and total cost outcomes for identified high risk/high cost/high need patients over a two year time period. Based on review of the Hospital Association of Rhode Island's Community Needs Assessment Reports, both pilot sites have identified the need to give priority for patients with co-morbid mental health and addiction issues.

The health plans have agreed to fund each pilot site $225,000 and are actively working with the CHTs to provide the sites with predictive modeling information to best identify patients who will benefit most from the intensive care management services. To further support this important work, RIQI and EOHHS provided additional funding specifically to hire staff that can help patients with behavioral health needs. The CHT will hire staff that can be shared across all CSI-RI sites within pilot program area with an anticipated start date of spring 2014.

It is anticipated that by providing these specific patients with care and self-management support at their primary care offices and homes, and working closely with community resources, CSI-RI will better achieve the triple aim of health care: improved quality, improved patient experience and reduced cost.

CSI-RI Community Health Team Committee

(L-R top row) Pano Yeracaris, Andrea Galgay, Deidre Gifford, David Ashley, Paco Trillo, Susanne Campbell, Michael Mobilio, (L-R bottom row) Chris Grey, Randie Caetano-Cadigan, Anh Kim Nguyen, Deb Hurwitz

South County Community Health Team Pilot

(L-R) Bryan Liese, Karen Hockhousen, Cindy Wyman, Sheri Sherman, Sherri Zinno, Linda Boisclair, Jon Mundy. Not pictured; Dr. Russ Corcoran, Allyson Manning

Integrating Behavioral Health

Directed by the CSI-RI Strategic Plan, in 2013, CSI-RI established a service expansion committee with the aim of improving population health for people with behavioral health needs and developing additional service capabilities within CSI-RI practices. The charge of the committee is to engage appropriate stakeholders and align with other organizations to most effectively achieve the intended improvement.

In October 2013, CSI-RI successfully launched a broad-based Integrated Behavioral Health Committee consisting of behavioral health providers, primary care providers, and representatives from health plans, the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH), RIQI and EOHHS. While the long-term goal of the committee is to eliminate disparities in health care outcomes for people with behavioral health conditions and improve behavioral health treatment, the committee is working toward specific short term goals, including:

- Analyzing current quality data to identify health care disparities for people with co-morbid conditions
- Understanding current efforts in place to address disparities, by reviewing practice efforts to meet patient behavioral health needs, identifying the percent of the practice population with depression, anxiety, alcohol and/or drug dependency and identifying screening tools, resources and patient self-management tools that practices have in place
- Understanding current behavioral health delivery systems, community resources and opportunities to strengthen care coordination and shared resources
- Developing and testing potential models of intervention for impact and sustainability
- Strengthening the workforce so that practice staff can effectively function in an integrated model of care

The Committee, under the leadership of Co-Director Matt Roman LICSW, CPEHR and the dynamic committee membership, is moving forward with developing the action plan to achieve these goals. In the next year, the Integrated Behavioral Health Committee will make recommendations to CSI-RI Executive Committee to consider necessary resources needed to allow this work to progress.

PCMH-Kids to Provide Patient-Centered Medical Homes to Children

(L-R) Patricia Flanagan, MD, FAAP, Co-Chair; Elizabeth Lange, MD, FAAP, Co-Chair; Deidre Gifford, MD, EOHHS.

Under the same convening authority used for CSI-RI, EOHHS and OHIC have convened a multi-stakeholder coalition charged with building a patient-centered medical home initiative for children. With a grant from the Rhode Island Foundation, the "PCMH-Kids" initiative has begun building a patient-centered medical home initiative specific to pediatrics (a population not currently paid for under CSI-RI). The initiative builds off of the successes of CSI-RI in a collaborative, parallel structure. Rhode Island American Academy of Pediatrics (RIAAP) leaders Elizabeth Lange, MD and Patricia Flanagan, MD serve as the co-directors of the project while EOHHS and RI Medicaid play a central convening role in the Initiative.

Mission:

PCMH Kids will engage providers, payers, patients, parents, purchasers and policy makers to develop high quality family and patient-centered medical homes for children and youth that will assure optimal health and development, a commitment to quality measurement, accountability for costs and outcomes, a focus on population health, and dedication to data-driven system improvement. PCMHs for children will be cost effective and sustainably resourced.

Innovative features:

The focus of the pediatric medical home differs from its adult counterpart in many ways, which can be summarized by the five D's:

1. *Development:* Children grow and develop as do their pediatric care and coordination needs overtime.
2. *Dependency:* Children are dependent on adults and community for their care and their dependency is dynamic overtime.
3. *Differential Epidemiology:* Children are primarily healthy, putting prevention as a critical piece of medical home care.
4. *Demographic patterns:* Children have disproportionately higher rates of poverty and are more racially and ethnically diverse than the adult population.
5. *Dollars:* Children's overall healthcare costs are small compared to adults, but investment in child healthcare now can lead to potential savings in adult healthcare.

Source: Stille C, Rurchi R, Antonelli R, Cabana M, Cheng T, Laraque D, Perrin J. The Academic Pediatric Association Task Force on the Family-CenteredMedical Home. The Family-Centered Medical Home: Specific Considerations for Child Health Research and Policy. Academic Pediatrics. 2010;10(4):211-217.

The work of PCMH-Kids:

PCMH-Kids convenes a group of key stakeholders regularly, is defining a set of pediatric metrics to track and measure care progress and health outcomes, and is selecting the first 10 pediatric practices to join and develop a contract in collaboration with the health plans and stakeholders.

THE VOICE OF CSI-RI

In 2013, CSI-RI was asked to provide comment on important policy issues on behalf of its primary care membership. Below are highlights of several topics and issues where CSI-RI provided an important voice:

Recommendations to Transform the R.I. Health Care Delivery System

The State of Rhode Island recently released its State Health Care Innovation Plan (SHIP), focused on the future of health care in R.I. This plan was developed through a project funded by the Centers for Medicare and Medicaid Services, under the State Innovation Model (SIM). The SHIP identifies steps that R.I. can take to maximize the opportunity to transform its health care system, and will serve as a basis for applying for the next cycle of SIM funding once available.

The SHIP document highlights the work of CSI-RI and the patient-centered medical home model of care. In 2013, as the plan was being drafted, CSI-RI provided the Lieutenant Governor's office with recommendations to transform Rhode Island's health care delivery system. Recommendations included:

- Reducing fixed costs of health care delivery
- Expanding primary care capacity in the state
- Supporting small primary care practices through community health teams
- Expanding CSI-RI to include integrated behavioral health care
- Expanding the CSI-RI model to include all populations
- Establishing a statewide transformation center to provide technical assistance to primary care practices
- Establishing population health data management infrastructure
- Facilitating payment reform for primary care and population health management

MAPCP Demonstration and CMS-1600-P Medicare Program Complex Care Management

CSI-RI weighed in on a topic of national importance: The continuation of the Multipayer Advanced Primary Care Practice (MAPCP) Demonstration and CMS-1600-P Medicare Program Complex Care Management Services. CSI-RI's letter expressed strong support for an extension of the MAPCP Demonstration. The extension was granted and the MAPCP program will extend to December 31, 2014.

Under the MAPCP demonstration, Medicare matches the supplemental per-member-per-month (PMPM) payment paid by the commercial health plans. The addition of Medicare as a payer source has been critical to the CSI-RI program. It has enabled practices to build capacity and infrastructure required for a high functioning patient-centered medical home. In addition to financial support, CMS' active participation has triggered recognition among Rhode Island stakeholders of the need to reorganize and rethink the financing of the primary care delivery system.

CSI-RI noted that a strong and robust primary care delivery system is necessary for health care reform efforts to be successful and sustainable over time.

Special Joint Commission to Study Integration of Primary Care and Behavioral Health

State Senator Joshua Miller and the State Representative David Bennett invited CSI-RI to be a participating committee member of the Special Joint Commission to Study the Integration of the Behavioral Health and Primary Care Delivery System in Rhode Island. CSI-RI Executive Committee, with input from the CSI-RI Integrated Behavioral Health Committee, provided recommendations for advancing integrated behavioral health in R.I. Recommendation highlights include:

- Endorsement of Rhode Island Health Care Reform Act of 2014
- Calculate the total cost of care to address the need for understanding total cost of care
- Understand gaps in care so that priority can be given to developing systems and supports that will address critical areas of need
- Exploring examples of statewide initiatives that have been created to successfully address service gaps
- Payment system reform to support patients with behavioral health and drug dependency needs
- Promoting information sharing between care providers
- Cost-reduction strategies to see if there are opportunities for meeting emergency department medical clearance in the primary care setting

Recommendations to Board of Licensure and Discipline

At the state level, CSI-RI provided recommendations to the Rhode Island Board of Licensure and Discipline on the Proposed Guidelines for Minimum Standards of Conduct for Medical Assistants, Guidelines for Scope of Practice for Medical Assistants and Guidelines for Supervision of Medical Assistants.

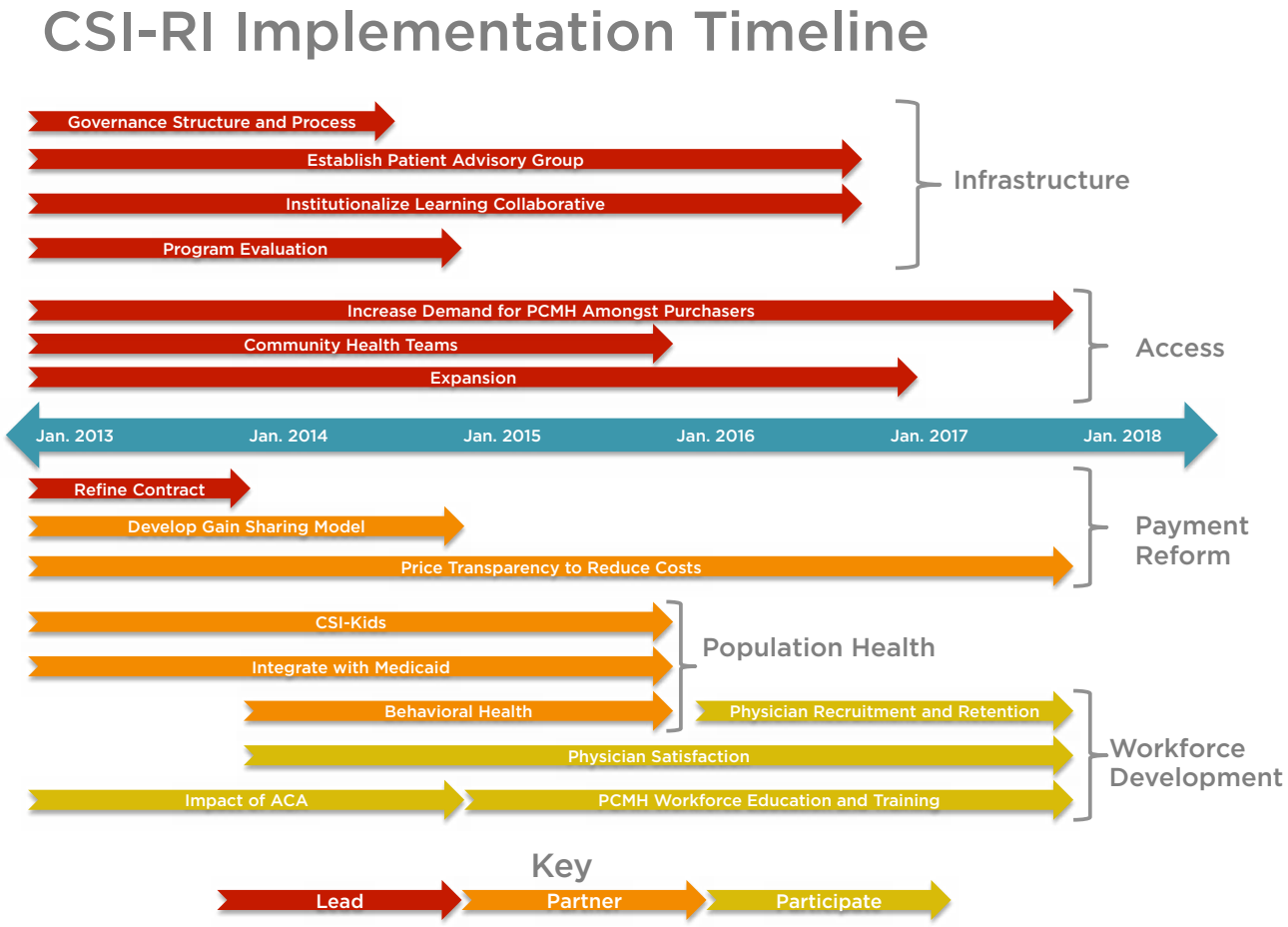
CSI-RI supports the intent and content of the proposed medical assistant guidelines. CSI-RI's recommendations noted that the proposed guidelines, with modification, will help support accountability and the provision of safe, competent care. CSI-RI's contribution aimed to strengthen the proposed guidelines and further assure the primary care delivery system will better realize for patients the CSI-RI triple aim of providing improved health outcomes, enhanced patient experience and reduced costs.

LOOKING AHEAD

We are led by our vision that all Rhode Islanders will enjoy excellent health and quality of life, and will engaged in an affordable, integrated healthcare system that promotes active participation, wellness, and delivers high quality comprehensive health care.

CSI-RI made great progress in 2013 toward making that vision a reality. From our expansion that grew our initiative to now include 36 primary care practices and 303 providers to positive results showing lower rates of inpatient hospital utilization, CSI-RI continues to lead Rhode Island efforts to significantly transform and improve primary care.

Guided by four overarching goals (to increase capacity and access to patient-centered medical homes, improve quality and patient experience, reduce the cost of care and improve population health) and our strategic plan (pictured below) – 2013 laid the groundwork for the important work that will expand on in 2014.



To continue to develop the work and impact of CSI-RI, new 2014 efforts will included:

- Improving the skill set of staff working in primary care settings through partnerships, such as Rhode Island College, who is working to establish a Nurse Care Manager Certification Program
- Increasing patient involvement and further developing the CSI-RI Patient Advisory Group
- Implementing two Community Health Teams to provide intensive care management services for high risk/high cost/high impact patients
- Improving health care outcomes for people that have medical and behavioral health needs
- Learning how to design and support community health teams, models of integrated behavioral health, shared savings and other alignments, which have been identified and prioritized by CSI-RI stakeholders
- Continuing targeted expansion, adding up to 20 new practices (100,000 patients) in 2014
- Completing a rigorous evaluation of CSI-RI to learn what works best and what needs improvement

CSI-RI Management Team

In addition to the day-to-day CSI-RI staff, the Initiative work is overseen by the CSI-RI Executive Committee, led by Rhode Island Health Insurance Commissioner Kathleen C. Hittner, MD, Thomas Bledsoe, MD and Deidre Gifford, MD, Medicaid Director, EOHHS.

The Rhode Island Foundation also plays a critical role in CSI-RI, providing contract management oversight, as well as office space for CSI-RI staff members.

(L-R) Catherine Sampson, Project Coordinator; Susanne Campbell, RN, MS, Senior Project Manager; Peter ("Pano") M. Yeracaris, MD, MPH, Co-Director; Michael Mobilio, Project Coordinator; Debra Hurwitz, MBA, BSN, RN, Co-Director; Hannah Oakley Hakim, MPH, Project Coordinator. *Not pictured: David Keller, MD, former co-director (2012-2013).

ACKNOWLEDGEMENTS

We are grateful to all who helped make 2013 an incredible year for CSI-RI.

CSI-RI Committees and Workgroups
- Executive Committee
- Steering Committee
- Contracting Committee
- Data and Evaluation Committee
- Community Health Team Committee
- Nurse Care Manager Best Practice Sharing Committee
- Practice Reporting Committee
- Practice Transformation Committee
- Program Evaluation Committee
- Provider Best Practice Sharing Committee
- South County Hospital PCMH Community Steering Committee
- Integrated Behavioral Health Committee
- Patient Advisory Group
- Practice Facilitation Program

State of Rhode Island
- Office of the Health Insurance Commissioner
- Executive Office of Health and Human Services
- Department of Health
- Office of the Lieutenant Governor

Payers
- Blue Cross and Blue Shield of Rhode Island
- UnitedHealthcare
- Neighborhood Health Plan of Rhode Island
- Tufts Health Plan
- Medicaid
- Medicare

Purchasers
- Lifespan Corporation
- Care New England
- State Employees Health Benefits Program
- Rhode Island Business Group on Health

Providers
- Nurse practitioners, MDs, DOs, and PAs from each participating CSI-RI site

Research and Technical
- Healthcentric Advisors
- Rhode Island Quality Institute
- Meredith Rosenthal, PhD, Harvard School of Public Health

Partners / Additional
- PCMH-Kids Stakeholder Group
- Blue Cross and Blue Shield of Rhode Island and Brown University Practice Facilitators

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