



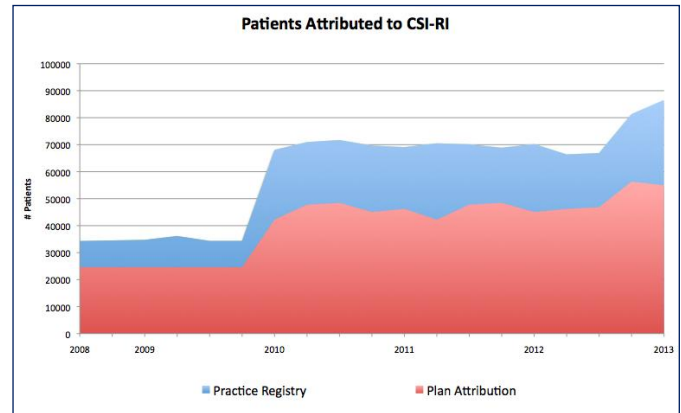
## The Rhode Island Chronic Care Sustainability Initiative (CSI-RI)

### History

Launched in 2008 by the Office of the Health Insurance Commissioner, the R.I. Chronic Care Sustainability Initiative (CSI-RI) brings together key health care stakeholders to promote care for patients with chronic illnesses through the patient-centered medical home (PCMH) model.

CSI-RI began with five pilot sites in 2008, added eight sites in 2010 and another three sites in October 2012. Currently, over 85,000 Rhode Islanders receive their care from CSI-RI

practices. **Over the next five years, 20 practices will be added each year, with the goal of providing over 500,000 Rhode Islanders with access to a PCMH.**



*CSI-RI's mission is 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.*

### Participating Providers

Blackstone Valley Community Health Center (Central Falls, Pawtucket)  
 Coastal Medical – Greenville (Smithfield)  
 Coastal Medical – Narragansett (Narragansett)  
 Coastal Medical, Inc. (Wakefield)  
 Kristine Cunniff, MD (Charlestown)  
 Stuart Demirs, MD (Charlestown)  
 East Bay Community Action Program (Newport)  
 Family Health and Sports Medicine (Cranston)

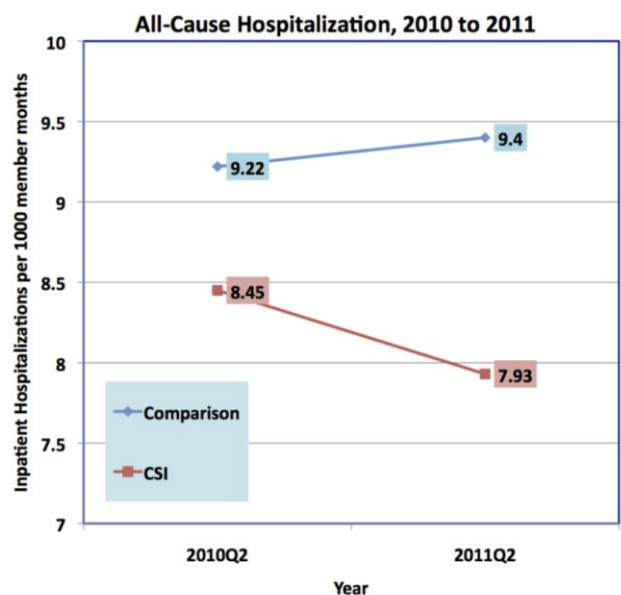
Hillside Family and Community Medicine (Pawtucket)  
 Stephen Maguire, DO (Wakefield)  
 South County Hospital Family Medicine (East Greenwich)  
 Memorial Hospital Family Care Center (Pawtucket)  
 South County Internal Medicine (Wakefield)  
 Thundermist of South County (Wakefield)  
 Thundermist Health Center (Woonsocket)  
 University Family Medicine (East Greenwich)  
 University Medicine – Governor St. (Providence)

### Results

PCMHs improve health outcomes, help patients have better care experiences and reduce expensive, unnecessary hospital and emergency department visits. Here in Rhode Island, CSI-RI practices are showing that effective PCMHs truly make a difference for patients, providers and payers, as well as the entire health care system.

#### Utilization

- In the second quarter of 2011, participating practices saw an 8.1% reduction in all-cause inpatient admissions compared to non-participating practices, beating their target of 5%.



- Internal data from Blue Cross Blue Shield RI (BCBSRI) and United Health Care (UHC) have shown reductions or at least a slowing in cost and inpatient admission trends.

*Clinical quality*

- CSI-RI rewards practices for performance and improvement on chronic care quality measures related to diabetes, high blood pressure and depression. To qualify for payments, practices must report quality data and achieve a set of quality standards. For four of the seven quality measures, practices must either demonstrate a 50% improvement from their baseline or meet a specified benchmark level. They have done so for the last two years.

*Patient experience*

- According to 2012 Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey, patients are realizing the immediate benefits of PCMHs. All five pilot sites received positive ratings from patients on different aspects of their experience, including access, communication, office staff, shared decision-making, self-management, support and behavioral support.

*National recognition*

- CSI-RI practices were among the first in the country to be recognized as medical homes of the highest quality. The five pilot sites recently renewed their Level 3 recognition by the National Committee on Quality Assurance (NCQA), the highest obtainable recognition awarded to patient-centered medical homes.

*External evaluation*

- Meredith Rosenthal, Ph.D. of the Harvard School of Public Health, with support from the Commonwealth Fund, conducted an evaluation of the early years of CSI-RI (2008-2010). Dr. Rosenthal found that at the end of two years, CSI-RI practices had higher NCQA scores, greater provider job satisfaction and improvements on a number of quality measures, particularly those related to diabetes.

**Leadership and Funding**

The administration of the project is supported through the Rhode Island Foundation and led by a team from the University of Massachusetts Medical School.

Support for the practices comes through the common contract, an agreement negotiated between the health plans and the participating primary care practices under the auspices of OHIC. 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.

CSI-RI is supported by funding from public and private payers in Rhode Island, along with grant funding from government and non-governmental sources.

Table: Staff Surveys of Pilot Sites in Year 1 and Year 2 of CSI-RI

Standard	Baseline	Post-Intervention
Access & communication	70.6%	88.9%
Patient tracking & registry functions	60.0%	95.2%
Care management	30.0%	96.8%
Patient self-support management	6.7%	83.3%
Electronic prescribing	18.8%	70.0%
Test tracking	40.8%	100.0%
Referral tracking	60.0%	100.0%
Performance reporting & improvement	48.0%	97.0%
Advanced electronic communication	6.3%	11.3%

Funding Sources	
Blue Cross Blue Shield RI (BCBSRI)	Medicare
Neighborhood Health Plan (NHP)	Medicaid
Tufts Health Plan	Office of Health Insurance Commissioner (OHIC)
United Health Plan (UHP)	Lifespan