State of Rhode Island Office of the Health Insurance Commissioner
Care Transformation Advisory Committee
Meeting Minutes
March 4, 2015, 1:00 P.M. to 4:00 P.M.
State of Rhode Island Department of Labor and Training
1511 Pontiac Avenue, Building 73-1
Cranston, RI 02920-4407

**Attendance**

**Members**

Gus Manocchia, Kevin Callahan, Alison Croke, Gina Rocha, Mary Hickey, James Fanale, Russell Corcoran, Beth Lange, Pat Flanagan, Ed McGookin, Andrea Galgay, Peter Hollmann, Christine Grey, Deb Hurwitz, Pano Yeracaris, Kathleen Calandra, Tina Spears, Maria Montanaro, Darlene Morris

**Not in Attendance**

David Brumley and Brenda Briden

**1. Welcome & Introductions**

Dr. Hittner introduced the first Care Transformation Convening by stating that she wants to hear about innovative approaches to primary care practice transformation and that she believes that patient-centered medical homes are the foundation to where the delivery system is heading. She also welcomes the PCMH-kids initiative to the discussion. Additionally, Dr. Hittner mentioned that she would like a stakeholder driven process that will inform OHIC decision-making.

**2. Overview of Committee Charge**

Sarah Nguyen provided an overview of the meeting. The Care Transformation Committee is charged with annually developing a care transformation target and care transformation plan to achieve 80% of contracted primary care practices functioning as PCMHs by December 31, 2019.

**3. Presentation / Discussion**

Please refer to Care Transformation Committee Presentation for greater detail.

The focus of this first meeting was to explore how to define a patient-centered medical home and to identify challenges and how to address them.

The 80% target applies to 80% of contracted providers in an insurer's network.

### 3.1 Defining a Patient-Centered Medical Home

Marge Houy of Bailit Health Purchasing presented this section. The committee members discussed several options for defining a "patient-centered medical home". The majority of participants supported using NCQA as a requirement but also wanted to see flexibility around the timeline to achieve NCQA recognition and the level of recognition. Additionally, committee members generally agreed that having an EMR with a patient registry would be an important component of any PCMH definition. Some members were concerned about a performance improvement requirement – they raised questions about patient population challenges, risk adjustment of results, and the difficulty of meeting the 80% target if the performance improvement requirement was too strict. Other committee members wanted improvement requirements for quality but expressed that there could be some flexibility depending on practice size and capability. Participants also discussed the implementation of PCMH processes that focused on reducing costs.

### 3.2 Care Transformation Challenges

Michael Bailit of Bailit Health Purchasing presented the committee members with a set of care transformation challenges and possible responses to these challenges.

### 3.3 Possible Responses to Insurer-identified Challenges

- **Moving Small Practice PCP into ACOs**

  Committee members expressed interest in surveying smaller practices to better understand where these practices are on the spectrum of care transformation and what these practices see as barriers to becoming a PCMH or joining an ACO. Additionally, participants noted that, in addition to education and transformation assistance, "sticks" were also needed to encourage transformation. However, some provider representatives noted that even with a frozen fee schedule, care transformation take-up will never be at 100%.

  Additionally, committee members discussed the possibility of a "PR campaign" to show practices that there are positives to care transformation.

- **Transforming Small practices into PCMHs**

  Committee members noted the importance of behavioral health integration in the PCMH process. Neighborhood Health Plan of Rhode Island (NHPRI) noted that it was important to pay for otherwise un-reimbursed services when practices became a PCMH (e.g. community health workers). NHPRI is piloting nurse practitioner-led teams for high-risk patients where the nurse

practitioners enter patient homes with community health workers. Some concern was raised over coordination of care with this particular approach.

Participants also discussed potential duplication and confusion between practice and insurer-embedded care managers. Coordinating care management resources was identified as another challenge.

- **Practice Accountability**

  During this section of the presentation, committee members discussed the importance of giving providers and practices timely information in order to increase the accountability of practices to manage costs and improve quality. There was also disagreement around the advantages of using primary care capitation.

  When asked to prioritize approaches to address these challenges, committee members suggested intensive, but coordinated training to care management teams, focus on highest risk patients, and potential development of a "model" contract. Committee members also suggested that the term "nurse care manager" was too limiting – care managers could also include social workers.

### 3.3 Possible Responses to Provider-identified Challenges

- **Sustainable payment model**

  Dr. Hittner suggested that there be a discussion of cost containment processes and units of measurement. Several committee members raised the point that it can be difficult to measure cost containment at the practice level but that there were options to get at cost measures (e.g. assessing key processes or evaluation of care managers). Committee members also discussed tracking ED utilization at the practice level and how benchmarks could be defined.

- **Align measure sets**

  Coastal Medical indicated that they had 11 different measures for BMI and that not all the measures they have to submit are aligned with HEDIS. Some committee members expressed interest in developing a core measurement set.

## 4. Next Steps

The next meeting will take place on March 23, 2015 from 1pm to 4pm in the same location. Draft recommendations based on today's feedback will be presented at the March 23rd meeting.

## 5. Public Comment

There was no public comment.