

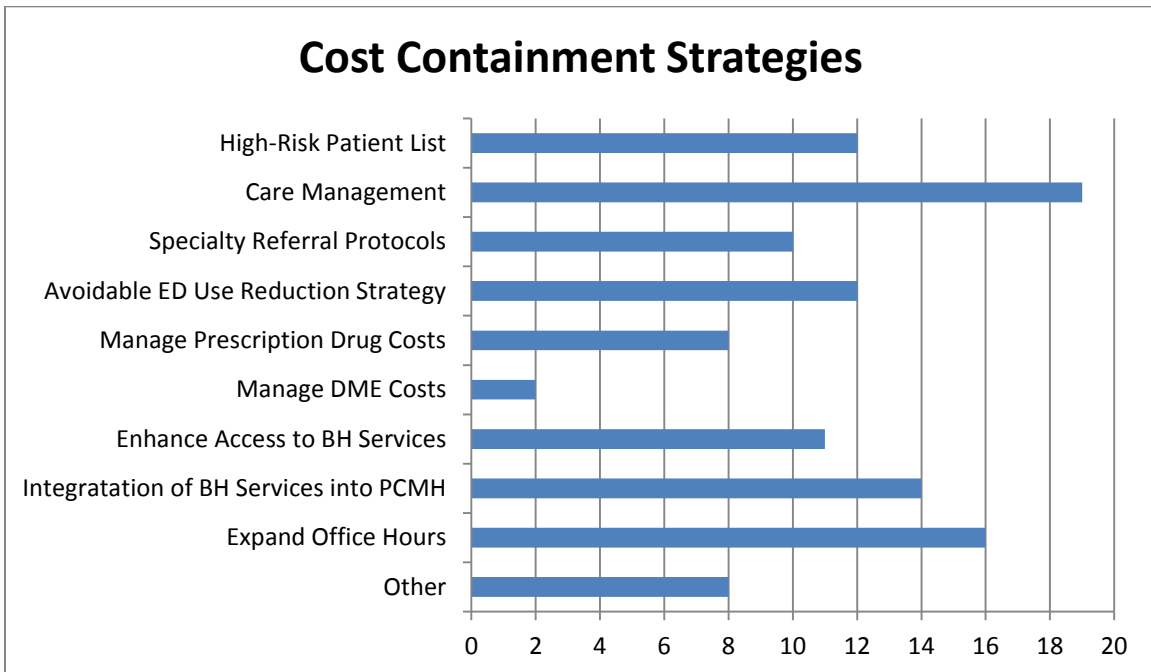
## Care Transformation Survey Responses

**Survey Question:** The definition of a PCMH includes a requirement that practices engage in specific, focused cost containment strategies to qualify as a PCMH (and be eligible for certain payments). Keeping in mind that we want to require only a limited number of highly impactful cost containment activities, which of the following strategies should be included on the list of required cost containment strategies? Please select all that apply.

### Survey Responses:

- a. Develops and maintains a high-risk patient list
- b. Implements care management, focusing on high risk patients and interventions that will impact ED and inpatient utilization
- c. Develops specialty referral protocols informed by cost and quality data provided by payers
- d. Develops and maintains an avoidable ED use reduction strategy
- e. Develops and implements strategies to manage prescription drug costs
- f. Develops and implements strategies to manage DME costs
- g. Develops and implements strategies to enhance access to behavioral health services
- h. Develops and implements strategies to integrate behavioral health services into the PCMH practice
- i. Develops and implements strategies to expand office hours on evenings and weekends
- j. Other (please specify)

20 out of 20 survey participants answered this question.



### “Other” Responses:

- A provider’s primary focus should be patient management including strategies with patient engagement as part of that management.

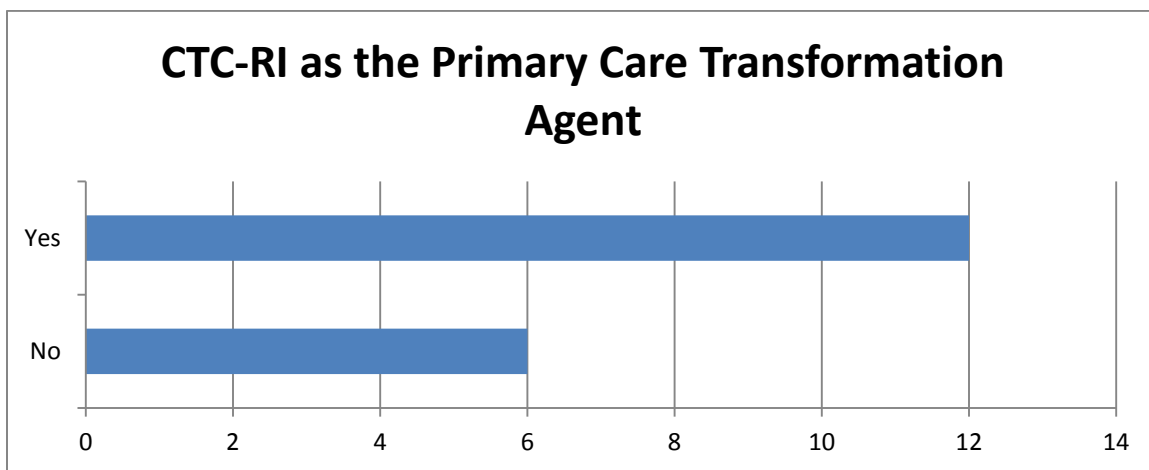
- A provider’s goal should be to manage and coordinate usage so services are utilized appropriately as part of care management, rather than to reduce costs.
- Behavioral health should be integrated but there needs to be further discussion about what this means before it is made a requirement.
- Concern about availability of data to meet the requirements and concern about cost to the provider to invest in these data systems.
- Change “high-risk patient list” to “high-risk patient registry” – a registry is more comprehensive than a list.

**Survey Question:** Do you support CTC-RI changing its role to be the primary care transformation agent in the state?

**Survey Responses:**

- Yes
- No

18 out of 20 survey participants responded to this question.



**Survey Question:** Are there are current CTC-RI roles that should be retained (e.g., facilitator of common insurer contract language, representative of the voices of primary care clinicians) if CTC-RI changes its role? Please specify.

15 out of 20 survey participants answered this question.

**Survey Responses:**

- CTC’s role should be to “raise the bar” on the existing practices in CTC so that these practices can move into ACO arrangements without a drop-off in performance.
- Transformation in the delivery system should be uniform in best practices.
- CTC should focus on learning collaboratives and practice coaching and training.

- CTC can have an expanded role but should retain their current role as a convener for payers and practices (and multi-payer participation), facilitator for payment mechanism discussions and contracting, and serve as the voice of primary care clinicians.
- CTC should be the primary care transformation agent for groups within CTC and it should continue to act as breeding ground for new PCMH practices.
- Is using CTC the only option for a transformation agent or are there alternatives that should also be considered?
- CTC should be used as technical assistance for insurers and practices in transformation activities.

**Survey Question:** Do you have any other comments about the role of CTC-RI? If so, please describe here.

16 out of 20 survey participants answered this question.

**Survey Responses:**

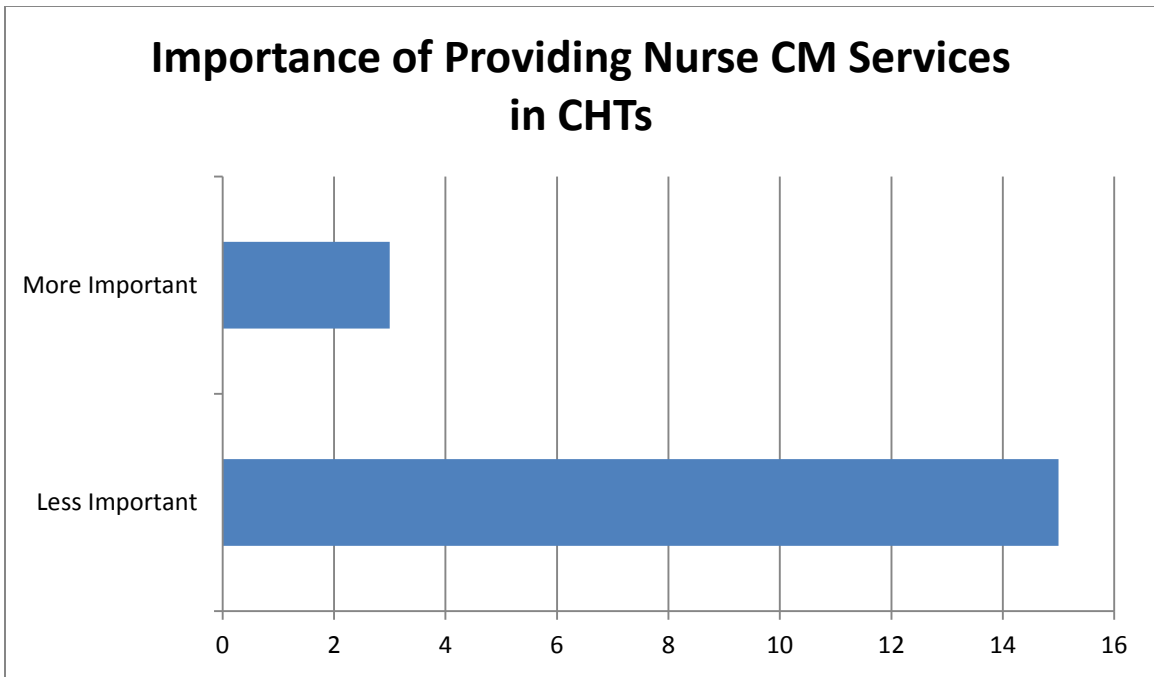
- CTC could serve as “peer review” oversight and monitoring organization to ensure that the appropriate PCMH processes are being implemented and maintained.
- There needs to be stronger consumer representation throughout practice transformation efforts.
- CTC’s multi-payer aspect is important to retain.
- CTC’s current role would need to change to provide support to small practices that have been unable or unwilling to participate in CTC in the past.
- CTC should be focused on PCMH activity rather than serving as a training ground for ACO development.
- Concern about the ability of CTC and other efforts (e.g. the SIM grant) to provide adequate supports to primary care practices to achieve the PCMH target.
- A change in CTC’s role could require a change in governance which would need further discussion.
- A focus on cost in the short term may stunt transformation and slow down efforts to improve population health in the long-term.
- There can be a “two-track” approach to the transformation agent that does not lose sight of CTC’s role as an incubator with a continued focus on multi-payer and primary care collaboration but that also could include a broader facilitation program.

**Survey Question:** A Community Health Team whose primary function is to provide nurse care management services to high risk patients of small practices that are too small to support a single nurse care manager.

**Survey Responses:**

- a. More Important
- b. Less Important

18 out of 20 survey participants responded to this question.

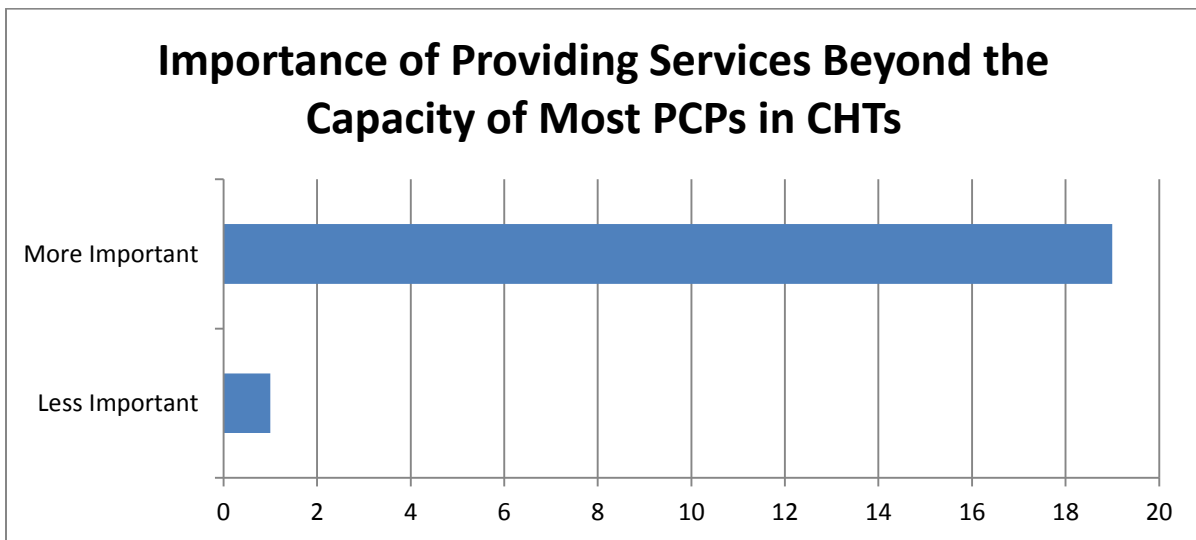


**Survey Question:** A Community Health Team whose primary function is to help PCP practices by providing services beyond the capacity of most PCPs, including assisting “at risk” patients with obtaining needed home and community based services and supports; assessing behavioral health needs, providing assistance and making appropriate referrals; assisting with health literacy and self-care management; arranging for transportation, and assisting with housing and food assistance.

**Survey Responses:**

- a. More Important
- b. Less Important

19 out of 20 survey participants responded to this question.



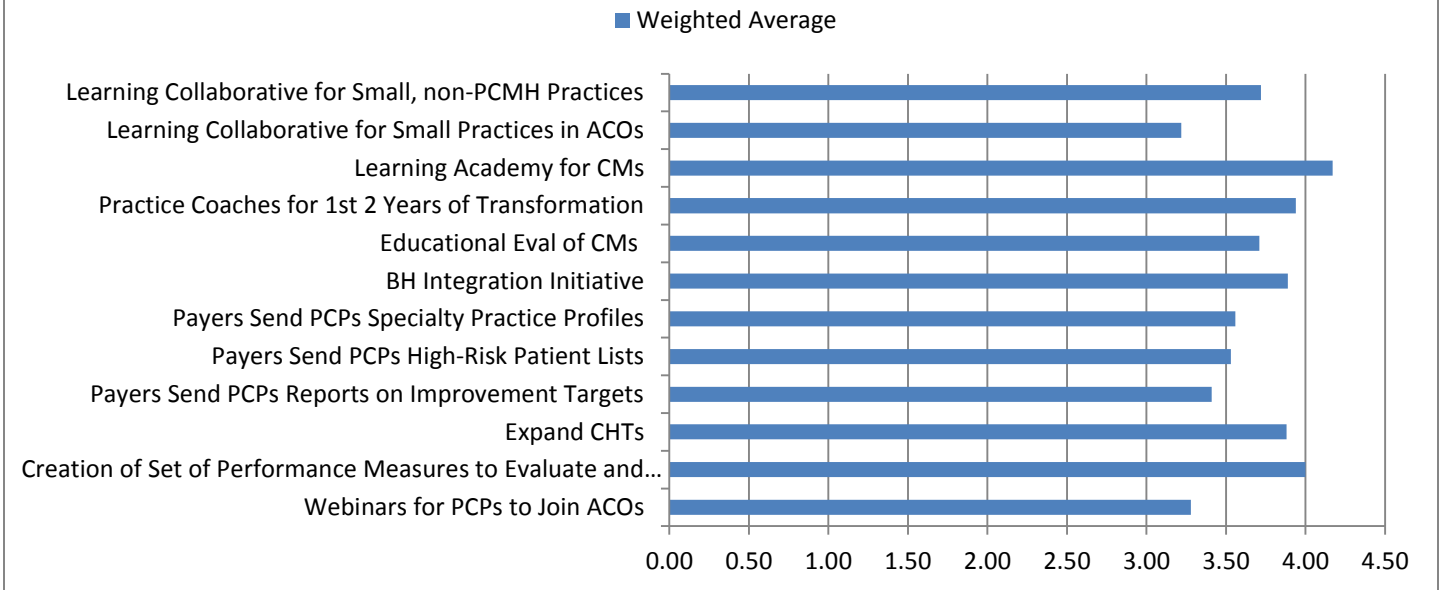
**Survey Question:** The Care Transformation Committee has expressed support for using both “carrots” and “sticks” with PCPs to prompt delivery system transformation. Using a five-point scale with “5” being “critically important” and “1” being “not important,” please indicate how important each “carrot” listed below is to promoting care transformation.

**Survey Responses:**

- a. Holding learning collaboratives targeting small, non-PCMH practices to train them on PCMH skills
- b. Holding learning collaboratives for small practices in ACOs to train them on PCMH skills
- c. Holding a learning academy for practice-based care managers to advance their care management skills
- d. Providing practice coaches during the first two years that a practice is undertaking practice transformation
- e. Offering an educational evaluation of practice-based (and ACO-based) care managers by experienced, highly effective care managers to ensure effective function
- f. Implementing a behavioral health integration initiative which practices can voluntarily join to learn how best to integrate behavioral health services into primary care
- g. Payers sending PCP practices standardized specialty practice profiles
- h. Payers sending PCP practices standardized high risk patient lists
- i. Payers sending PCP practices standardized reports on practice improvement targets
- j. Expanding the availability of Community Health Teams using the model preferred in Question 3, above
- k. Creating a limited set of practice performance measures that all payers and practices would use to evaluate and reward PCMHs
- l. Holding webinars and in-person meetings to educate unaffiliated PCPs about opportunities/requirements associated with joining an ACO

18 out of 20 survey participants answered this question.

## "Carrots" and "Sticks" for Primary Care Practice Transformation



### “Other” Responses:

- “L” should include specialists
- What is the definition of “standardized” data?
- Are the activities in this question enough to stimulate transformation?
- Multi-payer data should be leveraged whenever possible for contract adjudication, performance management, and quality, etc.
- Should there be financial incentives to join an organization of some type (IPA, ACO, etc.)?