OFFICE OF THE
HEALTH INSURANCE COMMISSIONER
STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS

Care Transformation Advisory Committee
Meeting Agenda
October 22, 2015, 8:00 A.M. to 11:00 A.M.
Hewlett Packard Offices
301 Metro Center Blvd., Room 203
Warwick, RI

1. Introductions

2. Follow-ups from October 5, 2015 Meeting

3. Vermont Patient-Centered Primary Care Collaborative (Presentation from Jenney Samuelson)

4. Addressing Barriers to Transformation
    a. Hands-on technical assistance
    b. PCMH "Geek Squad"
    c. Value Proposition
    d. CurrentCare Hospital Alerts

5. Implementation Timeline
    a. Three requirements of OHIC PCMH definition
    b. Sustainable payment model

6. Review of 2016 PCMH Targets

7. Public Comment

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Care Transformation Advisory Committee
Meeting Minutes
October 22, 2015, 8:00 A.M. to 11:00 A.M.
Hewlett Packard Offices
301 Metro Center Blvd., Room 203
Warwick, RI

Committee Members: Gus Manocchia, David Brumley, Emily Colton (for Tracey Cohen), Mary Hickey, Beth Lange, Ed McGookin, Andrea Galgay, Darlene Morris, Deb Hurwitz, Pano Yeracaris, Kathleen Calandra, Mary Craig, Stephanie Deabreu (for Jim Fanale)

Not in Attendance:
Gina Rocha, Brenda Briden, Russell Corcoran, Maria Montanaro, Tina Spears, Pat Flanagan, Peter Hollmann, Christine Grey

OHIC:
Kathleen Hitter, Cory King, Sarah Nguyen

1. **Introductions**

2. **Follow-ups from October 5, 2015 Meeting**

   Sarah Nguyen, OHIC, summarized the October 5th meeting which included the following committee requests:

   - Discuss the implementation timeline before giving final comment on the cost containment strategies
   - Discuss the performance improvement requirement of the PCMH definition.

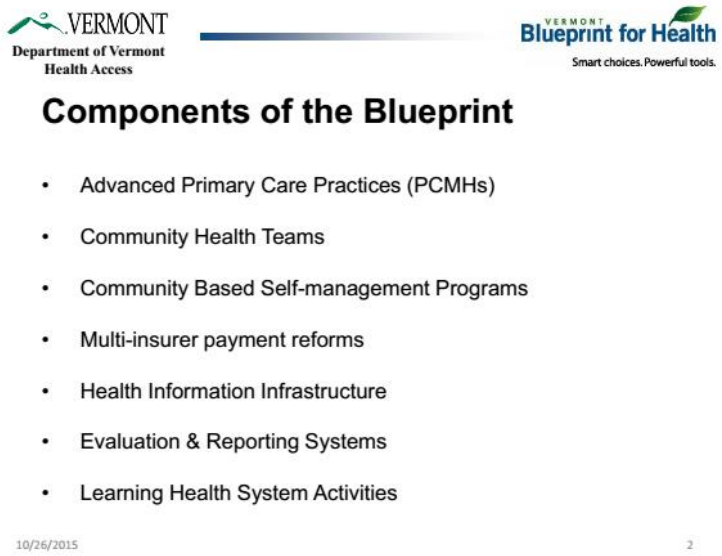
   Ms. Nguyen asked the committee to submit names for a high-risk patient list sub-committee and noted that there is an existing conflict between the November 13th SIM Measure Alignment workgroup and the 3rd Care Transformation Committee meeting. Please note that the November 13th SIM Measure Alignment meeting has been cancelled.

3. **Vermont Patient-Centered Primary Care Collaborative (Presentation from Jenney Samuelson)**

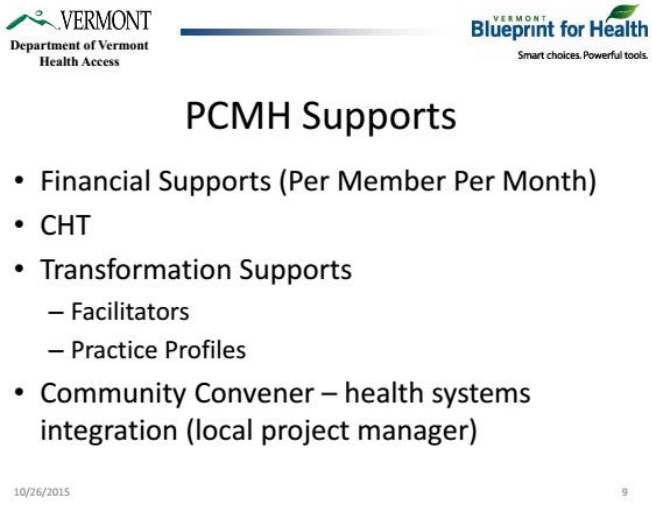
   Michael Bailit, Bailit Health Purchasing, introduced Jenney Samuelson, Assistant Director for the Vermont Blueprint for Health. Ms. Samuelson presented to the Care Transformation

Committee on Vermont's experience with patient-centered medical homes (PCMHs), specifically focusing on the technical assistance and supports that practices receive as part of their transformation.

Ms. Samuelson first described Vermont's healthcare environment – Vermont has 14 non-competing hospitals that are organized by geographic region. She also outlined the major components of Vermont's Blueprint for Health.

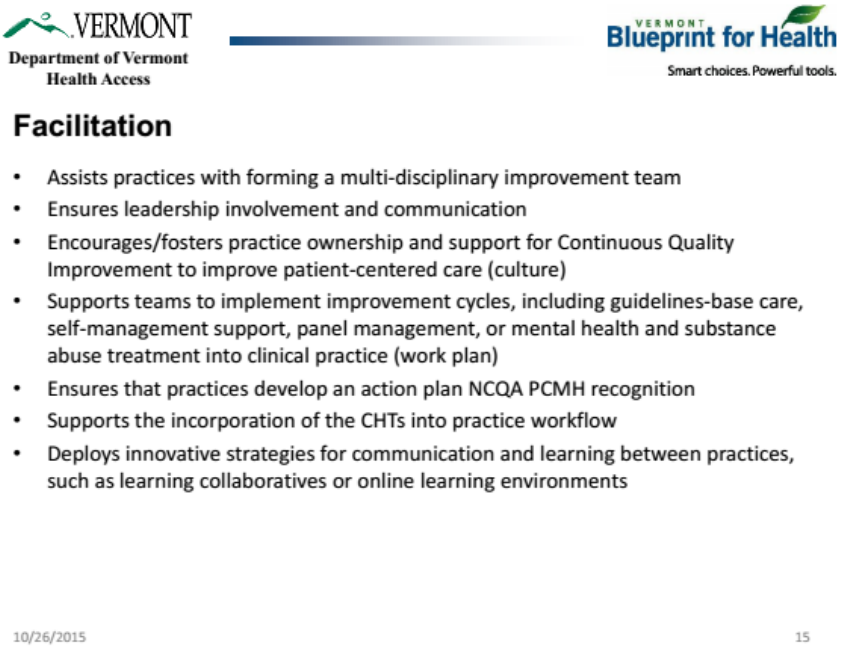


She next discussed the supports that PCMHs are provided:



Ms. Samuelson described the practice facilitators in detail. They are not project specific and provide ongoing long-term support to the primary care practices. The practice facilitators

have a focus on continuous quality improvement and NCQA PCMH certification, including acting as an interface between practices and meaningful use requirements. Ms. Samuelson noted that it is better to have full-time practice facilitators and that in Vermont, there is 1 practice facilitator to 10 practices and that the facilitators are often social workers or nurses. The practice facilitators help practices take guidelines, design processes, and measure outcomes. Additionally the facilitators meet together twice a month to share experiences and best practices.



Dr. Gus Manocchia, BCBSRI, asked if the facilitators have a standardized tool that they use to track what the practices are doing. Ms. Samuelson responded that there are no specific tools that the practice facilitators are required to use, instead the facilitators are all consistently trained.

Ms. Samuelson also described the data profiles that the practices received – using a combination of data from Vermont's APCD and the HIE. Data include cost, utilization, and quality measures.

Ms. Samuelson explained some of the savings that Vermont has seen – the majority of savings has been in the hospital and pharmacy areas. She indicated that the state of Vermont continues to invest $4 million in ongoing support and infrastructure for these practices but that the savings have been greater than the investment. She indicated that there are two all-payer payments that go to practices: a PMPM that goes to PCPs and a payment that goes to the Community Health Team. The State, through a Medicaid waiver, also pays for grants that that go out for project management, practice facilitation, and to support the costs of

analytics for the practice data profiles. She indicated insurers contributed to the PMPM payment by market share and that the PMPM in Vermont is among the lowest for PCMHs. She also noted that Vermont has a predominantly PPO market and that they use a retrospective patient attribution methodology. For pediatric practices, the facilitators had to gain specific pediatric knowledge.

4. **Addressing Barriers to Transformation**
    a. Hands-on technical assistance
    b. PCMH "Geek Squad"
    c. Value Proposition
    d. CurrentCare Hospital Alerts

Ms. Nguyen asked the committee members what they thought the key components of a more hands-on technical assistance or a PCMH "geek squad" would be.

Several committee members noted that that data analysis and actionable data continues to be a big gap for transforming practices. Practices receive a lot of data but not all of it is presented in an actionable format.

Dr. Beth Lange, PCMH-Kids, noted that there should be a few layers of support - organizational change can't be static and that it needs to be data driven.

Dr. Gus Manocchia, BCBSRI, asked about a "monitoring" approach for the practices, a standardized tool that would track what's happening in the practices in terms of care management and quality improvement. He noted that there is variability in how the practices have implemented some of these strategies.

Committee members discussed that the role of a practice facilitator should help practices with keeping to deadlines and that it's important for the facilitator to develop a longstanding, continuous relationship with the practice. However, practices should also feel as though they are active participants in the process and that they own the care management or quality improvement activities, not that the facilitators own the tasks.

Committee members also discussed that a one-size fits all approach may not be appropriate because the needs for small and medium practices may differ from the needs of a large practice.

Committee members also discussed feedback from the provider community that indicated that NCQA and PCMH requirements are overly burdensome for providers. The members discussed that the future of primary care both in terms of service delivery and payment are changing and that there should be more of an effort to help primary care providers understand some of these changes.

Committee members talked about a community health team expansion and about the need to see data (including impact by payer segment e.g. for Medicaid vs. for commercial patients) before making a decision on expansion. Renee Rulin, UnitedHealthcare, asked: "What is our model? Is it practiced-based or is it community-based?"

For an educational campaign, committee members noted that providers should be given the tools to understand both the positive and negative ramifications of not engaging in care transformation, including discussing what health care delivery will look like in the future. Some committee members noted that if the message was too negative, it may be difficult to recruit new physicians to Rhode Island to replace retiring physicians.

Committee members then discussed RIQI's hospital alerts proposal.

5. Implementation Timeline

a. Three requirements of OHIC PCMH definition
b. Sustainable payment model

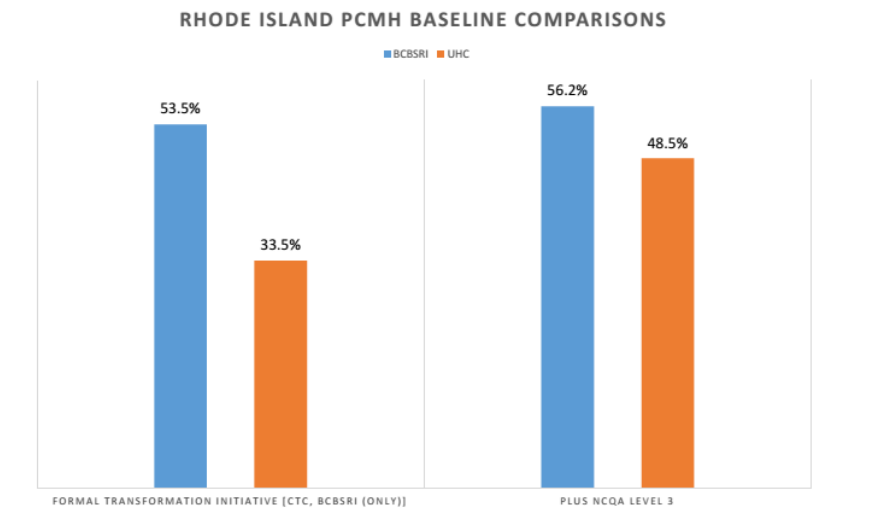
Committee members discussed the proposed implementation timeline for the three components of the OHIC PCMH definition and the sustainable payment model. Some committee members suggested that an all-payer approach should be used to communicate to the practices for the yearly PCMH target.

There was concern about the cost containment strategies timeline for "new" practices, including PCMH-Kids. A suggestion was made to allow these practices to do a baseline survey for the first year, rather than have to implement the first year of cost containment strategies. The strategies would then be implemented the 2nd year.

Committee members were asked to review the timeline and strategies for a continued discussion at the next Care Transformation meeting.

6. Review of 2016 PCMH Targets

Cory King, OHIC, reviewed the preliminary PCMH baselines with the Committee.



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7. Public Comment

There was no public comment. The next meeting of the Care Transformation Committee is on Friday, November 13th from 8am-11am at the Department of Labor and Training (1511 Pontiac Ave, Bldg 73-1, Cranston, RI).

VERMONT

Department of Vermont
Health Access

VERMONT Blueprint for Health

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Vermont Blueprint for Health:
Community System of Health

Jenney Samuelson
Assistant Director
Vermont Blueprint for Health
Department of Vermont Health Access
Williston, VT
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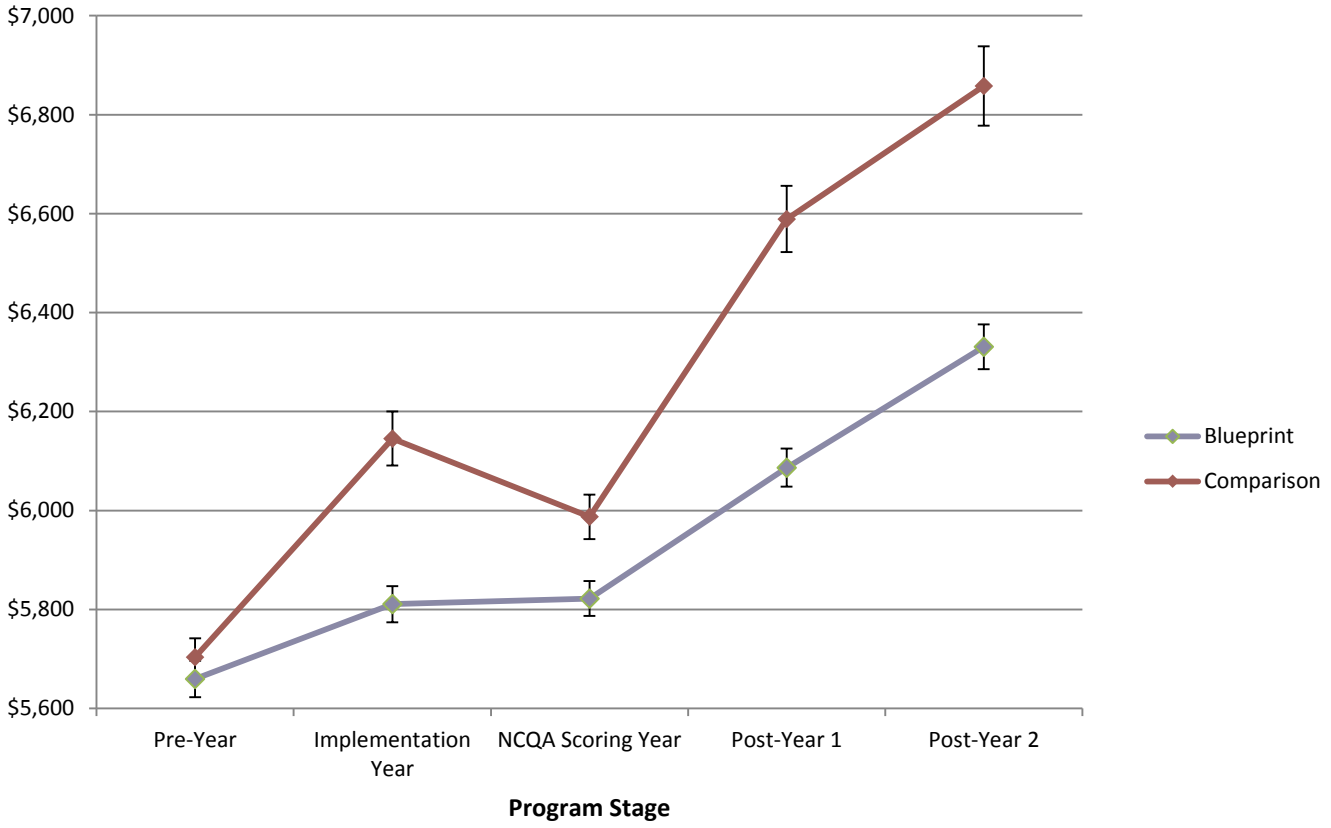
Components of the Blueprint

- Advanced Primary Care Practices (PCMHs)
- Community Health Teams
- Community Based Self-management Programs
- Multi-insurer payment reforms
- Health Information Infrastructure
- Evaluation & Reporting Systems
- Learning Health System Activities

Blueprint Evaluation – Population Health Management Journal Publication

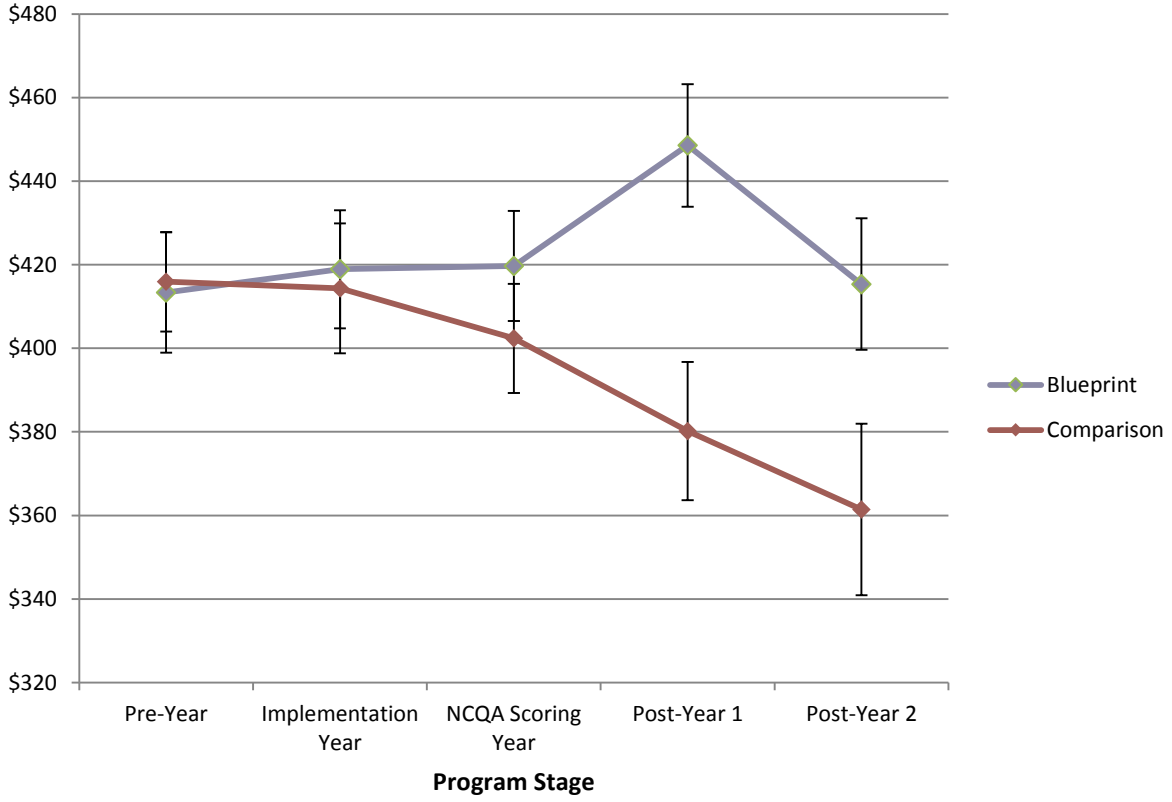
Figure 2. Expenditures per Capita, All Insurers, Members Ages 1 Year and Older
(A) Total Medical Expenditures



(A) Total medical expenditures per patient receiving the plurality of care in either Blueprint for Health or comparison practices over programmatic stages and maturation (excludes social support service expenditures shown in Figure 2(B).

Blueprint Evaluation – Population Health Management Journal Publication

Figure 2. Expenditures per Capita, All Insurers, Members Ages 1 Year and Older
(B) Total Special Medicaid Services (SMS) Expenditures



(B) Total Special Medicaid Services (SMS) expenditures per patient receiving the plurality of care in either Blueprint for Health or comparison practices over programmatic stages and maturation.

What's Different

Combination Of:

- Investments in the leadership network and supports
- Local design and control of the Community Health Teams
- Population Health Focused Interventions
  - NCQA
  - CHT
  - Self-management Programs
- Practice Facilitation (coaching)
- SASH and Hub and Spoke

Population Based

Focus on:

- Proactive care across panel in a practice
- Establishing new connections and redesigning delivery of services
- New services provided are not covered by traditional health plans, focus on prevention
- Shift to addressing social determinants (housing, food, transportation, activity)
- Participants Identified for services by patients/client, clinicians, and social service providers

Primary Care Practices

Blueprint Advanced Primary Care Practices

- Quality improvement
  (National Framework - NCQA PCMH recognition)

- Community Health Team
  (Design and implement CHT; CHT starts 6mo before NCQA)

- Information technology
  (Health Information Exchange interface/Clinical Registry)

PCMH Supports

- Financial Supports (Per Member Per Month)
- CHT
- Transformation Supports
  - Facilitators
  - Practice Profiles
- Community Convener – health systems integration (local project manager)

Community Health Teams

Community Health Teams

- Multi-disciplinary support for PCMHs & their patients
- Designed and work locally in communities and directly with practices
- Functionally integrated into the practice setting 6 months prior to NCQA recognition
- Team is scaled based on the # patients in the PCMHs they support
- Core resource that is readily available to patients based on need
- The ‘glue’ in a community system of health for the general population

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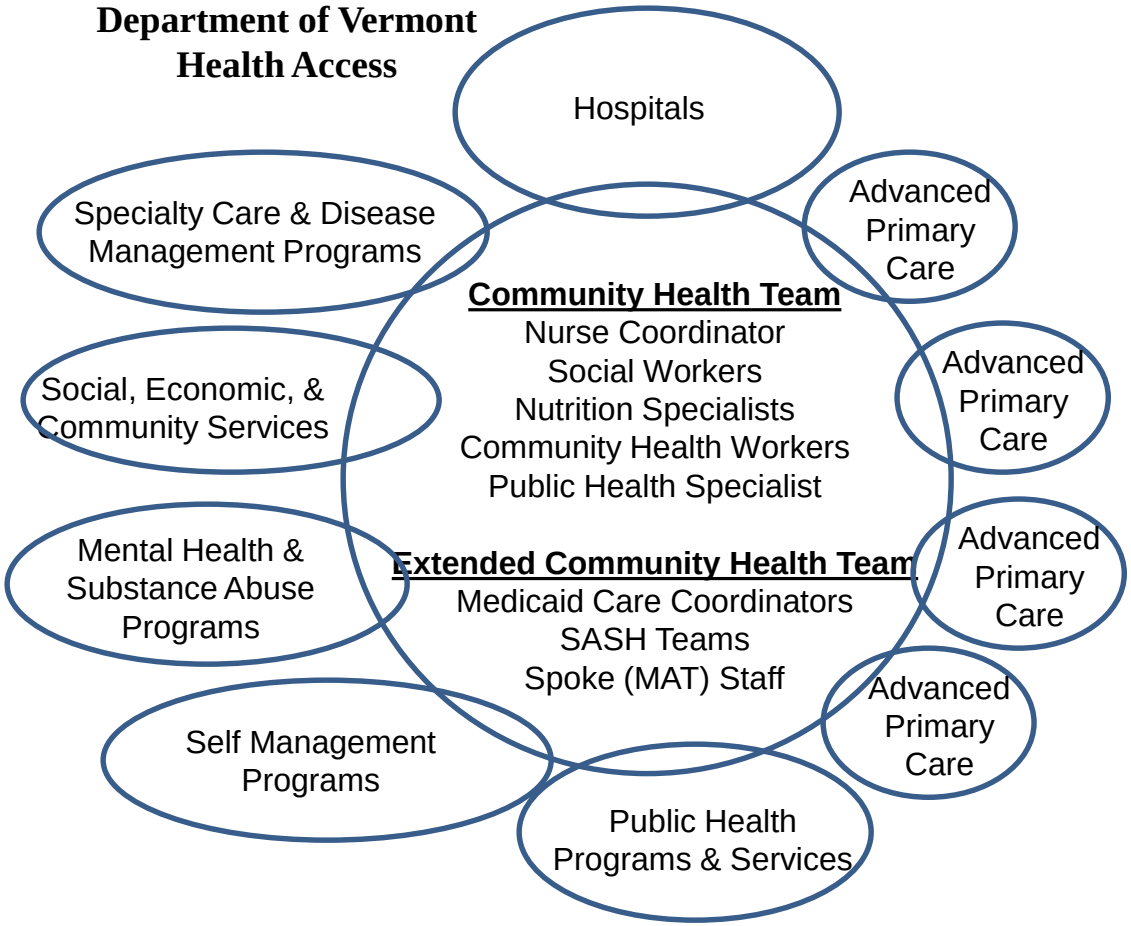

All-Insurer Payment Reforms

Local leadership, Practice Facilitators, Workgroups

Local, Regional, Statewide Learning Forums

Health IT Infrastructure

Evaluation & Comparative Reporting

- Service implementation designed locally through multi-agency collaboration bridging health, human services, and community resources
- Foundation of medical homes and community health teams that support complex care coordination and population management and is linked to broad range of community services
- Multi Insurer Payment Reforms fund medical home transformation and capacity for community health teams
- Health information technology infrastructure including EMRs, hospital data sources, and a health information exchange for data aggregation
- Evaluation infrastructure that produces actionable reports for practices, HSAs, organizations, ACOs and the State

Learning Health System

Practice Facilitation In Vermont

- On-going long term support for practices
- Focused on continuous QI and NCQA PCMH recognition
- 9 FTE (13 people)
- 1:10 ratio of facilitator to practice
- Typically meet at least twice a month with each practice
- Special skills and experience (clinical with QI, critical thinking, data savvy)

Identify guidelines based care, design processes, measure outcomes

Facilitation

- Assists practices with forming a multi-disciplinary improvement team
- Ensures leadership involvement and communication
- Encourages/fosters practice ownership and support for Continuous Quality Improvement to improve patient-centered care (culture)
- Supports teams to implement improvement cycles, including guidelines-base care, self-management support, panel management, or mental health and substance abuse treatment into clinical practice (work plan)
- Ensures that practices develop an action plan NCQA PCMH recognition
- Supports the incorporation of the CHTs into practice workflow
- Deploys innovative strategies for communication and learning between practices, such as learning collaboratives or online learning environments

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Practice Profiles Evaluate Care Delivery

Commercial, Medicaid, & Medicare

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Practice Profile: ABC P

Period: 01/2013 - 12/2013 Practice HSA: ABC Profile Typ

Welcome to the *2014 Blueprint Practice Profile* from the Blueprint for Health, a state-led initiative transforming the way that health care and overall health services are delivered in Vermont. The Blueprint is leading a transition to an environment where all Vermonters have access to a continuum of seamless, effective, and preventive health services.

Blueprint practice profiles are based on data from Vermont's all-payer claims database, the Vermont Healthcare Claims Uniform Reporting and Evaluation System (VHCURES). Data include all covered commercial, Full Medicaid, and Medicare members, attributed to Blueprint practices starting by December 31, 2013.

Practice Profiles for the adult population cover members ages 18 years and older; pediatric profiles cover members between the ages of 1 and 17 years.

Utilization and expenditure rates presented in these profiles have been risk adjusted for demographic and health status differences among the reported populations.

This reporting includes only members with a visit to a primary care physician, as identified in VHCURES claims data, during the current reporting year or the prior year.

Demographics & Health Status

	Practice	H.S.A.	St
Average Members	4,081	84,070	1
Average Age	50.6	50.1	
% Female	55.6	55.5	
% Medicaid	14.5	13.0	
% Medicare	23.7	22.2	
% Maternity	2.1	2.1	
% with Selected Chronic Conditions	50.1	38.8	
Health Status (CRG)			
% Healthy	39.0	43.9	
% Acute or Minor Chronic	18.8	20.5	
% Moderate Chronic	27.9	24.5	
% Significant Chronic	15.4	12.3	
% Cancer or Catastrophic	1.4	1.3	

Table 1: This table provides comparative information on the demographics ... status of your practice, all Blueprint practices in your Hospital Service Area (... state as a whole. Included measures reflect the types of information used to ... adjusted rates: age, gender, maternity status, and health status.

Average Members serves as this table's denominator and adjusts for partial ... enrollment during the year. In addition, special attention has been given to ... Medicaid and Medicare: This includes adjustment for each member's enrollm... Medicaid or Medicare, the member's practices' percentage of membership ... or Medicare, Medicare disability or end-stage renal disease status, and the ... the member required special Medicaid services that are not found in comma... populations (e.g. day treatment, residential treatment, case management, ... services, and transportation).

The Selected Chronic Conditions measure indicates the proportion of memb... through the claims data as having one or more of seven selected chronic co... asthma, chronic obstructive pulmonary disease, congestive heart failure, co... disease, hypertension, diabetes, and depression.

The Health Status measure aggregates 3M™ Clinical Risk Grouper (CRG) cla... the year for the purpose of generating adjusted rates. Aggregated risk class... include: Healthy, Acute (e.g., ear, nose, throat infection) or Minor Chronic ... chronic joint pain), Moderate Chronic (e.g., diabetes), Significant Chronic (... CHF), and Cancer (e.g., breast cancer, colorectal cancer) or Catastrophic (... dystrophy, cystic fibrosis).

Demographics & Health Status | Cost of Care | Utilization | Effective & Preventive Care | Da...

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Practice Profile: ABC Primary Care

Period: 01/2013 - 12/2013 Practice HSA: ABC Profile Type: Adults (18+ Years)

Total Expenditures per Capita

Figure 1: Presents annual risk-adjusted rates and 95% confidence intervals with expenditures capped statewide for outlier patients. Expenditures include both plan and member out-of-pocket payments (i.e., copay, coinsurance, and deductible).

Total Expenditures by Major Category

Figure 2: Presents annual risk-adjusted rates for the major components of cost (as shown in Figure 1) with expenditures capped statewide for outlier patients. Some services provided by Medicaid (e.g., case management, transportation) are reported separately as Special Medicaid Services.

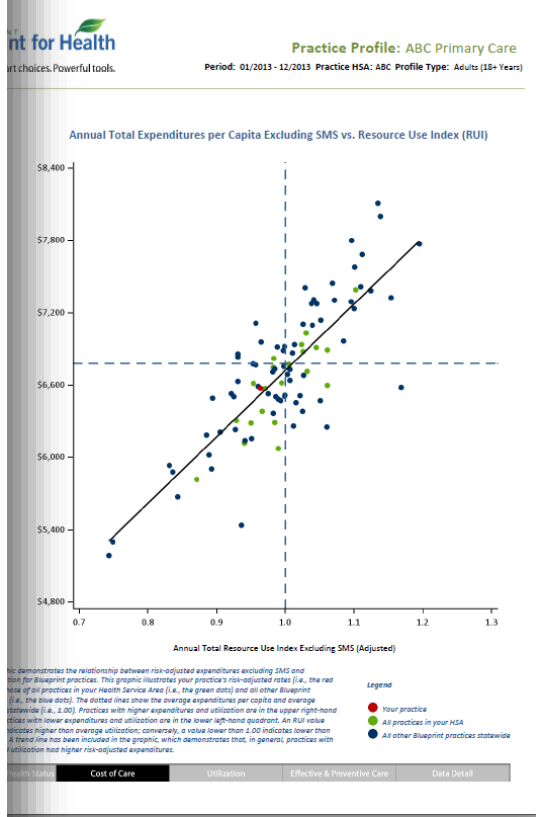
Total Expenditures Excluding SMS

Figure 3: Presents annual risk-adjusted rates and 95% confidence intervals with expenditures excluding Special Medicaid Services capped statewide for outlier patients. Expenditures include both plan and member out-of-pocket payments (i.e., copay, coinsurance, and deductible).

Total Resource Use Index (RUI) Excluding SMS

Figure 4: Presents annual risk-adjusted rates and 95% confidence intervals. Since price per service varies across Vermont, a measure of expenditures based on resource use — Total Resource Use Index (RUI) — is included. RUI reflects an aggregated cost based on utilization and intensity of services across major components of care (e.g., inpatient) and excludes Special Medicaid Services. The practice and HSA are indexed to the statewide average (1.00).

Demographics & Health Status | Cost of Care | Utilization | Effective & Preventive Care | Data Detail



...nt for Health

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Practice Profile: ABC Primary Care

Period: 01/2013 - 12/2013 Practice HSA: ABC Profile Type: Adults (18+ Years)

Annual Total Expenditures per Capita Excluding SMS vs. Resource Use Index (RUI)

...demonstrates the relationship between risk-adjusted expenditures excluding SMS and ...tion for Blueprint practices. This graphic illustrates your practice's risk-adjusted rates (i.e., the red ...ue of all practices in your Health Service Area (i.e., the green dots) and all other Blueprint ... (i.e., the blue dots). The dotted lines show the average expenditures per capita and average ...statewide (i.e., 1.00). Practices with higher expenditures and utilization are in the upper right-hand ...ctices with lower expenditures and utilization are in the lower left-hand quadrant. An RUI value ...dicates higher than average utilization; conversely, a value lower than 1.00 indicates lower than ... A trend line has been included in the graphic, which demonstrates that, in general, practices with ...utilization had higher risk-adjusted expenditures.

Health Status | Cost of Care | Utilization | Effective & Preventive Care | Data Detail

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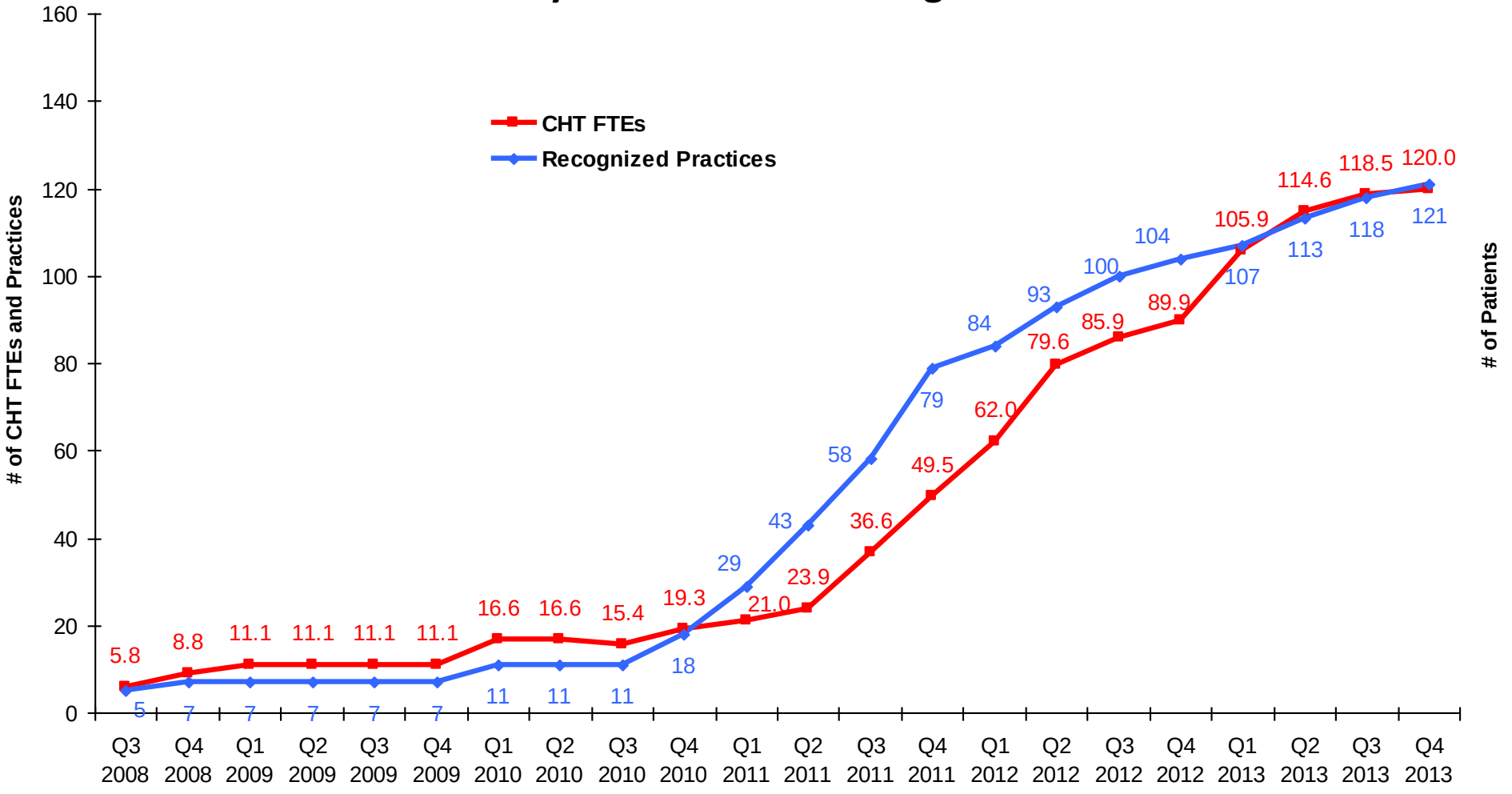
Patient Centered Medical Homes and Community Health Team Staffing in Vermont



*Since joining the Blueprint, three practices have combined to form a new practice, one practice has joined an existing practice, and one practice has closed.

OFFICE OF THE
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STATE OF RHODE ISLAND

Care Transformation Advisory Committee

Fall 2015 Convening
October 22, 2015

Agenda

1. Introductions
2. Follow-ups from October 5, 2015 Meeting
3. Vermont Patient-Centered Primary Care Collaborative
4. Addressing Barriers to Transformation
5. Implementation Timeline
    a. Three requirements of OHIC PCMH Definition
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6. Review of 2016 PCMH Targets
7. Public Comment

Follow-ups from October 5, 2015

- Committee request to see the PCMH implementation timeline before giving final comment on the cost containment strategies
- Committee request to discuss performance improvement requirement of the PCMH definition
- High-risk patient list sub-committee
- Committee member availability:
  - November 13, 2015
  - December 2, 2015

Vermont Patient-Centered Primary Care Collaborative

Jenney Samuelson

Addressing Barriers to Transformation

- Hands-on technical assistance
- PCMH "Geek Squad"
- PCMH value proposition
- CurrentCare Hospital Alerts

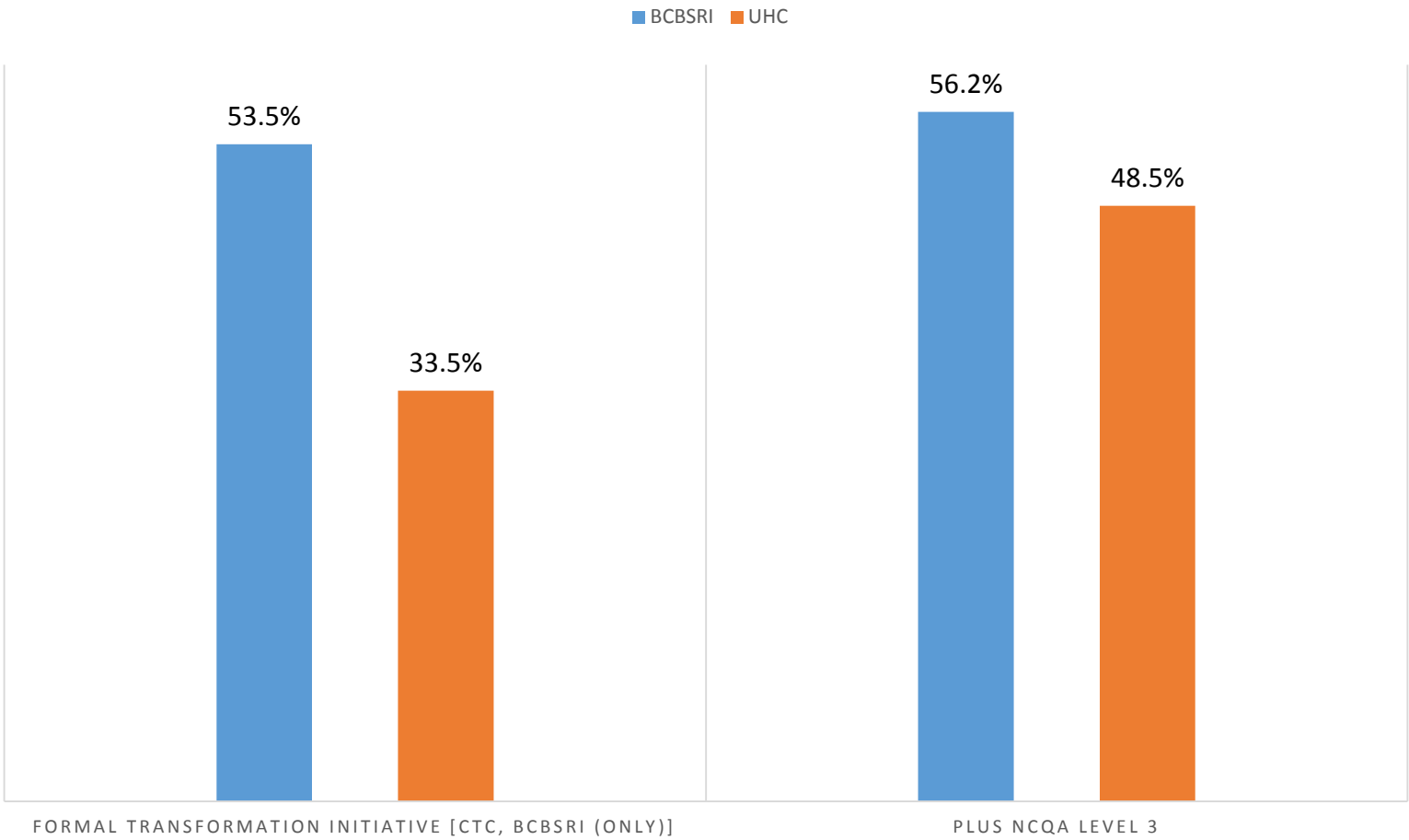
PCMH Implementation Timeline

- See handout

Review of 2016 PCMH Targets

- By December 31, 2016, each insurer subject to the Affordability Standards shall increase the percentage of its primary care network functioning as a PCMH by 5 percentage points, compared to a baseline rate calculated by OHIC.
  - Baseline does not include practices associated with PCMH-Kids.

RHODE ISLAND PCMH BASELINE COMPARISONS



Next Meetings

Care Transformation

- November 13th, 2015: 8-11am
- Agenda
  - Review baseline and establish 2017 PCMH targets
  - Finalize recommendations to refine and aggregate high-risk patient lists from payers
  - Finalize actions by payers to address barriers to transformation
  - Finalize agreement on common contractual standards and procedures to include in Care Transformation Plan
  - Discuss steps to develop, review and submit Care Transformation Plan to the Commissioner by January 1, 2016

APM

- November 5, 2015: 8-11am
- Agenda
  - Finalize recommendations regarding 2017 and 2018 APM targets
  - Discuss developing value-based specialists profiles to inform PCP referrals
  - Discuss priorities regarding plan design options to promote APM adoption, including strategies for including specialists
  - Discuss steps to mitigate unintended adverse consequences of Total Cost of Care contracting
  - Finalize strategy for achieving Meaningful Downside Risk targets

Implementation Timeline for Sustainable Payment Model, Cost Containment Strategies and Performance Improvement Requirements

	2016	
A. Practices Engaged in First-time Transformation Activities or Participated in a Transformation Initiative for Less than Two Years		
Date	**Activity**	**Comment**
Practice Notification	• On or before January 1, 2016, insurers notify their primary care networks of OHIC PCMH standards and specific insurer requirements to receive sustainability payments. • By December 1, 2015, OHIC has identified a transformation agent capable of creating and monitoring an on-line application available to primary care practices that want to "self-identify" for OHIC PCMH status.	• At a minimum, each insurer must notify practices that it wants to count towards achieving its PCMH 2016 target. To avoid duplicate notices being sent to practices, OHIC recommends that insurers coordinate with CTC to send one notice to CTC and PCMH-Kids practices on behalf of all insurers. • OHIC anticipates that practices currently participating in a recognized transformation initiative will constitute most, if not all, of the practices being evaluated under the OHIC PCMH standards. However, OHIC believes that it is important to provide other practices with the opportunity to self-identify. • Location of the web application is to be determined.
Requirement 1: Transformation	The practice's participation status in the transformation initiative is determined either actively or passively by September 30, 2016: • active: online submission through a website • passive: OHIC gathers data from transformation agents (e.g., CTC-RI, PCMH-Kids, RIQI)	• OHIC is currently receiving NCQA data directly from NCQA. • The website will provide "self-identified" practices with an opportunity to report transformation information.

	2016	
	Practice's NCQA Level 3 status is determined by OHIC by September 30, 2016.	
<u>Requirement 2</u>: Cost Strategies	Implement Year 1 cost strategy requirements by September 30, 2016; submit self-assessment by September 30, 2016.	• The practices newly engaged in practice transformation will have six months to implement Year 1 cost strategies. OHIC anticipates that practices seeking PCMH designation in the first year of the program will be practices with significant transformation experience. Most "new" practices will be PCMH-Kids practices, which began transformation activities in the fall of 2015. Therefore, OHIC believes that compressing the timeframe in 2016 for this requirement is reasonable. • The self-assessment will be submitted to OHIC via a web-based program, such as SurveyMonkey. • This information is needed by the end of September to give OHIC sufficient time to analyze all data received to determine which practices meet the definition and to notify practices and insurers of the results of its analysis.
<u>Requirement 3</u>: Performance Improvement regarding quality measures	Submit data[1] by September 30, 2016, but no requirement to show improvement during look-back period.	• OHIC has determined that meaningful performance data must be practice-wide. Therefore, data must come either from practice submissions or from the All- Payer Claims Database (APCD). Because the APCD is not yet fully functional, OHIC would like to assess the feasibility of practices submitting data to an organization promoting practice transformation. • If obtaining data from all practices is not feasible, OHIC recommends waiving this requirement until the APCD is fully functional ready for this function.

[1] The measurement data and data sources are yet to be defined.

	2016	
		• Regardless of the source of the data, practices would not be required to demonstrate improvement until September 30, 2017. • These data would help to set a baseline for measuring transformation.
Payment Model (*for practices meeting the three PCMH definition requirements and included in the insurer's PCMH count for OHIC target compliance purposes*)	Eligible to receive infrastructure and CM/CC payments as of January 1, 2016 so long as practice is participating in a transformation initiative and is committed to implementing Year 1 Cost Strategies.	• The Payment Model outlines minimum requirements for payers to meet. Payers may have existing (or future) contracts with providers whose terms exceed these minimum standards. • Once a practice attains NCQA Level 3 recognition, the payer is not required to make infrastructure payments. • In 2016, payers would be expected to make sustainability payments to practices that 1) participate in a recognized transformation initiative. The payer is expected to continue making sustainability payments as of January 1, 2017, only if the practice 1) participates in a transformation initiative, and 2) was successful in implementing the year 1 Cost Strategies. The payer is expected to continue making sustainability payment as of January 1, 2018, only if the practice, 1) achieved NCQA Level 3 recognition, 2) was successful in implementing year 2 Cost Strategies, and 3) was able to show improvement based on data submitted on September 30, 2017. • Payment levels are either those required under a specific transformation initiative or those negotiated between the insurer and the provider.

B. Practice Having Completed, or Having Been Engaged for Two or More Years in a Transformation Initiative, as of January 1, 2016		
Practice notification	• On or before January 1, 2016, insurers notify their primary care networks of OHIC PCMH standards and specific insurer's requirements to receive sustainability payments.	• At a minimum, each insurer must send a notice to each practice that it wants to count towards achieving its PCMH 2016 target. To avoid duplicate notices being sent to practices, OHIC recommends that insurers coordinate with CTC to send one notice to CTC and PCMH-Kids practices on behalf of all insurers.
Requirement 1: Transformation	The practice's participation status in the performance initiative is determined either actively or passively by September 30, 2016: • active: online submission through a website • passive: OHIC gathers data from transformation agents (e.g., CTC-RI, PCMH-Kids, RIQI) Practice's NCQA Level 3 status determined by OHIC by September 30, 2016. To meet the PCMH definition, practices must achieve NCQA Level 3 recognition by the beginning of the third year of participation in a transformation initiative.	• While it is highly unlikely that there will be any self-identified practices in this group, OHIC would like to provide the opportunity for practice-generated applications. • The location of the web application has not been identified, but it could be an entity supporting practice transformation. • All practices must have achieved NCQA Level 3 by November 1, 2016, since they will have already received infrastructure payments for at least two years and are in at least their third year of transformation activity.

<u>Requirement 2:</u> **Cost Strategies**	Implement year 1 requirements by September 30, 2016; submit self-assessment by September 30, 2016.	• Practices will have nine months to implement Year 1 Cost Strategies, if they have not already done so. OHIC believes this is reasonable in light of the practice's prior involvement in transformation strategies. • The self-assessment will be submitted to OHIC via a web-based program, such as SurveyMonkey. • This information is needed by the end of September to give OHIC sufficient time to analyze all data received to determine which practices meet the definition and to notify practices and insurers of the results of its analysis.
<u>Requirement 3:</u> **Performance improvement regarding quality measures**	Submit data[2] by September 30, 2016 but no requirement to show improvement during look-back period.	• OHIC has determined that meaningful performance data must be practice-wide. Therefore, data must come either from practice submissions or from the All- Payer Claims Database (APCD). Because the APCD is not yet fully functional, OHIC would like to assess the feasibility of practices submitting data to an organization promoting practice transformation. • If obtaining data from all practices is not feasible, OHIC recommends waiving this requirement until the APCD is fully functional ready for this function. • Regardless of the source of the data, practices would not be required to demonstrate improvement until September 30, 2017. • These data would help to set a baseline for measuring transformation.
Payment Model (*for practices meeting the three PCMH definition requirements and included in the insurer's*	Eligible to receive CM/CC payment as of January 1, 2016 and have a performance-based payment opportunity in 2016.	• In 2016, payers would be expected to make sustainability payments to practices that 1) have achieved NCQA Level 3 recognition.

[2] The measurement data and data sources are yet to be defined.

PCMH count for OHIC target compliance purposes)[3]		• Payers would be expected to make sustainability payments to these practices in 2017 only if the practices demonstrated compliance with NCQA Level 3 and year 1 Cost Strategy implementation requirements by September 30, 2016. • Payers would be expected to make sustainability payments to these practices in 2018 only if the practices demonstrated compliance with all three definitional requirements by September 30, 2017.

C. OHIC Activities

Initiative Launch: Between November 1, 2015 and March 31, 2016:
• Create OHIC webpage with PCMH information.
• Work with transformation program to create physician application portal and application process.
• Advertise PCMH initiative.
• Collect information from transformation programs, plans and practice applications to identify applicant practices.
  o Practices with 2+ years of transformation initiative experience: by November 15, 2015
  o Practice with less than 2 year of transformation initiative experience: by March 30, 2016
• Notify insurers of applicant practices.
  o Practices with 2+ years of transformation initiative experience: by December 1, 2015
  o Practice with less than 2 year of transformation initiative experience: by April 1, 2016
By September 30, 2016 and annually thereafter:
• Determine applicant practices' participation status in transformation initiatives.
• Collect and analyze NCQA Level 3 recognition information.
By November 1, 2016 and annually thereafter:
• Create and maintain website to collect Cost Strategies Survey results and to upload performance measurement data (if practice-reported). Obtain performance measurement data from APCD, when functional.
• Collect and analyze Cost Strategies Survey results.
• Collect and analyze performance improvement data.
• Add practices' participation status and NCQA Level to database.

[3] The Payment Model outlines minimum requirements for payers to meet. Payers may have existing (or future) contracts with providers with terms that exceed these minimum standards.

- Identify practices that meet the OHIC PCMH definition; respond to inquiries regarding methodology.
- Calculate insurance compliance with OHIC target.
- Notify practices of the results of OHIC's assessment.
- Notify insurers of the results of OHIC's assessment of practices and target compliance calculation.
- Obtain information from payers, transformation initiatives and through practice applications to identify and notify insurers of new applicant practices.

Ongoing

- Maintain and update webpage with PCMH information and monitor application portal.
- Promote awareness of PCMH initiative.
- Obtain insurer and provider input regarding OHIC definition of PCMH and implementation processes.

Proposed Claims-Based Measures for Use in OHIC PCMH Assessment of Performance

NQF #	Performance Measure	Performance Rates		Corresponds to a SIM Measurement Priority?	# of RI Plans Using
		NE Regional PPO 90th Percentile	Nat'l PPO 90th Percentile		
2372	Breast Cancer Screening (BCS)	76.68	75.74	Yes	3
N/A	Adolescent Well Care Visits (AWC)	64.08	60.57	Yes	1
0055	Comprehensive Diabetes Care: Eye Exam (retinal) performed	59.96	58.88	Yes	2
0058	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	29.00	32.02	No	2
0062	Comprehensive Diabetes Care: Medical Attention for Nephropathy	82.73	85.40	Yes	3
0052	Use of Imaging Studies for Low Back Pain	77.10	81.79	No	2
0105	Antidepressant Medication Management (AMM): Effective Acute Phase Treatment	95.88	74.75	No	1
	Antidepressant Medication Management (AMM): Effective Continuation Phase Treatment	52.96	63.46	No	1

Rationale for Inclusion
above 90th percentile regionally & nationally but absolute rate is low
above 90th percentile regionally & nationally but absolute rate is low
above 90th percentile regionally & nationally but absolute rate is very low
below 90th percentile regionally and nationally, and absolute rate is very low
half the plans below 90th percentile regionally and nationally, and absolute rate is low
below 90th percentile regionally and nationally, and absolute rate is low
below 90th percentile regionally and nationally, and absolute rate is low
below 90th percentile regionally and nationally, and absolute rate is low

RIQI Suggestion for Inclusion of CurrentCare Hospital Alerts into the 2017 Care Transformation Plan

Background:

- Hospital Alerts are secure email notifications from RI's statewide Health Information Exchange (HIE) "CurrentCare" that are sent to a provider when a patient is admitted, discharged or transferred (ADT) from a hospital or emergency department (ED).
- All of the acute care hospitals in Rhode Island feed ADT files to the HIE and there are over 235 data sources now (see CurrentCare Guidebook attached)
- Rhode Island Quality Institute owns and operates the HIE and offers two types of Hospital Alerts:
    - *Current Care Hospital Alerts* – are sent to providers when a CurrentCare enrolled patient is admitted, discharged or transferred. These are sent at no cost to a provider and are available now.
    - *Care Management Alerts* – are sent to providers for all of their patients (or a designated subset of a panel) regardless of whether or not the patients are enrolled in CurrentCare. These are offered at a reasonable cost based on the size of the patient panel and will be available this fall.
- Evidence of Reduced Readmissions: A data analysis on CurrentCare Hospital Alerts has shown a significant reduction in both the hospital readmission rate and the ED return rate for patients enrolled in CurrentCare.

The Plan calls for practices to implement six cost-containment strategies. Two of these refer to **ED utilization and reduction** thereof:

- implements care management, focusing on high-risk patients and interventions that will impact ED and inpatient utilization;
- develops/maintains an avoidable ED use reduction strategy.

RIQI would like to suggest that the Plan include a requirement made by the insurers to have the providers adopt and use an alerting service such as CurrentCare Hospital Alerts or Care Management Alerts as a tool to reduce the incidence and cost of hospital and ED readmissions.

Care Coordination Tools: CurrentCare contains up to 90% of all RI prescription data from retail pharmacies and 90% of RI lab data with a total of more than 235 data sources including labs, meds, diagnostic imaging reports, telehealth summaries, clinical summaries (CCDs), EKGs and behavioral health and substance abuse data. All of this valuable information assists with medication reconciliation, reduction of unnecessary and repeat testing, and care coordination. (see CurrentCare Guidebook attached)

RIQI would like to suggest that the Plan include a requirement made by the insurers to have the providers adopt and use CurrentCare Viewer as a tool to assist with care coordination.

CurrentCare Guidebook

A guide to patient information available in CurrentCare

October 9, 2015

Benefits

- ☑ Save staff time
- ☑ Improve patient care
- ☑ Reduce readmissions
- ☑ Increase care coordination
- ☑ Meet performance programs

Medications	2
Diagnostic Imaging	2
EKG Imaging	2
Lab Results	3
Hosp. Encounters	4
Clinical Summaries	7

Medications

Medication Reconciliation is easy with CurrentCare!

Pharmacies

Any prescription at:
- CVS
- Rite Aid
- Walgreens

Pharmacy Benefit Managers

Prescriptions at any pharmacy through:
- CVS Caremark
- Express Scripts
- Medco
- Optum Rx

CurrentCare contains **90%** of RI prescription data from retail pharmacies

EKG Imaging

EKG Images are available at the touch of a button.

Hospital System

Care New England
- Kent Hospital
- Women & Infants Hospital

Diagnostic Imaging Reports

Quickly find imaging reports and avoid duplication!

Independent Facilities

- Advanced Radiology
- Coastal Imaging
- Open MRI of New England
- Rhode Island Medical Imaging
- XRA Medical Imaging

Hospital System

Lifespan
- Hasbro Children's Hospital
- Miriam Hospital
- Newport Hospital
- Rhode Island Hospital

Lab Results

No more chasing lab reports. They're all right in CurrentCare.

90% of RI lab data can be found in CurrentCare

Hospital System

Lifespan

- Hasbro Children's Hospital
- Lifespan Labs
- Miriam Hospital
- Newport Hospital
- Rhode Island Hospital

Care New England

- Kent Hospital
- Women & Infants Hospital

South County Hospital

Landmark

- Landmark Medical Center
- Rehab Hospital of RI

CharterCARE

- Our Lady of Fatima Hospital
- Roger Williams Medical Center

Independent Facilities

- Coastal Medical
- Dominion Diagnostics
- East Side Clinical
- Quest Diagnostics
- Rhode Island State Lab **(Coming Soon!)**

CurrentCare by the Numbers

235 data sources
478,000+ enrolled patients
4,000+ patients enrolling monthly
400+ partners enrolling patients statewide
41.9 million transactions

Telehealth Summaries

Telehealth Summaries provide information from home-monitoring devices from visiting nurse services.

- VNA of Care New England
- VNHC / Home and Hospice of RI

Hospital Encounters

CurrentCare provides useful information about your patients' emergency department and inpatient visits.

Hospital System	ADT	Labs	Imaging	CoC	D/C	EKG
Lifespan						
Hasbro Children's Hospital	✓	✓	✓	COMING SOON!	COMING SOON!	
Lifespan Labs		✓			COMING SOON!	
Miriam Hospital	✓	✓	✓	COMING SOON!	COMING SOON!	
Newport Hospital	✓	✓	✓	COMING SOON!	COMING SOON!	
Rhode Island Hospital	✓	✓	✓	COMING SOON!	COMING SOON!	
Care New England						
Kent Hospital	✓	✓			COMING SOON!	✓
Memorial Hospital	✓				COMING SOON!	
Women & Infants Hospital	✓	✓			COMING SOON!	✓
Landmark Medical						
Landmark Medical Center	✓	✓			COMING SOON!	
Rehab Hospital of RI	✓	✓			COMING SOON!	
South County Hospital						
South County Hospital	✓	✓			COMING SOON!	
CharterCARE						
Our Lady of Fatima Hospital	✓	✓			COMING SOON!	
Roger Williams Med. Ctr.	✓	✓			COMING SOON!	
Lawrence & Memorial						
L & M	✓				COMING SOON!	
L & M Westerly	✓				COMING SOON!	

Key: ADT - Admission, Discharge and Transfers
CoC - Continuity of Care Document (CoC): related to transitions
D/C - Discharge Summaries

Questions? 888-858-4815, Option 3

Hospital Admissions / Discharges / Transfers

Lifespan
- Hasbro Children's Hospital
- Miriam Hospital
- Newport Hospital
- Rhode Island Hospital

Landmark
- Landmark Medical Center
- Rehab Hospital of RI

CharterCARE
- Our Lady of Fatima Hospital
- Roger Williams Medical Center

Care New England
- Kent Hospital
- Memorial Hospital
- Women & Infants Hospital

South County Hospital

Lawrence & Memorial
- Lawrence & Memorial
- Lawrence & Memorial Westerly

EHR Platforms

CurrentCare is able to receive clinical information from 12 EHR platforms:

- Allscripts
- Amazing Charts
- athenahealth
- Epic
- Essentia
- GECentricity
- Greenway
- Intergy
- MEDITECH
- Netsmart
- NextGen
- Polaris/Epichart

Coming Soon!
- Cerner
- eClinicalWorks
- eMDs

Where do I find...?

A quick guide to finding patient data in the CurrentCare Viewer:
tinyurl.com/CCViewerLogin

Type of Data	Viewer Location
Allergies	Allergies & Alerts
Behavioral Health & Substance Abuse	PART 2 HISTORY (top bar)
Care Provider Names	Encounters > Care Providers Button - OR- Medications -OR- Lab Results
Clinical Summaries	Documents
Conditions from Hospitals	Conditions
Conditions from Providers	Conditions
Continuity of Care Documents (CoC) - Transitions	**Coming Soon!**
Cumulative Lab Results	Lab Results > Cumulative Button > Cumulative Graph
Demographics	Demographics icon (top right)
Diagnostic Imaging	Diagnostic Img
Discharge Summaries	**Coming Soon!**
EKGs	EKG Imaging
Encounters at Hospitals	Encounters
Encounters at Providers	Encounters
Lab Results	Lab Results
Medications	Medications
Patient Alerts	Allergies & Alerts
Patient Summary Report	Summary Report (top bar)
Substance Abuse & Behavioral Health	PART 2 HISTORY (top bar)

Clinical Summaries

Continuity of Care Documents (CCDs) provide problem lists, medication lists, allergies and sometimes vitals, procedures and other practice-specific information in a longitudinal summary (all-time).

Hospital System	ED + Inpatient	Ambulatory
Lifespan - Hasbro Children's Hospital - Miriam Hospital - Newport Hospital - Rhode Island Hospital	✓	✓
Care New England - Kent Hospital - Women & Infants Hospital	Coming Soon!	✓
CharterCARE - Our Lady of Fatima Hospital - Roger Williams Medical Center	Coming Soon!	✓ NEW!
South County Hospital	✓ NEW!	✓

Behavioral Health

Access information regarding substance abuse and behavioral health when patients have consented to share this information with CurrentCare.

- Gateway Health Center
- The Providence Center

Urgent Care

- Apple Valley Treatment Center
- Armistice Urgent Care Center
- CVS Minute Clinics (8 sites)

Primary Care

Aaron Way, DO Osteopathic Family Medicine LLC
Affinity Family Medicine Pawtucket*
Affinity Internal Medicine Pawtucket*
Affinity Internal Medicine Warwick*
Affinity Nicholas Turilli, MD*
Affinity Primary Care East Side*
Arcand Family Medicine*
Blackstone Valley Center for Internal Medicine
Blackstone Valley Community Health Center
Brian Kwetkowski, DO**
Brookside Family Medicine*
Center for Primary Care at Women & Infants*
Coppola Medical Associates
Cumberland Primary Care
East Bay Community Action Program
Family Health Sports Medicine*
Family Physicians of Newport
Family Physicians of Portsmouth
Family Physicians of Tiverton & Little Compton
Gilbert Teixeira, MD
Hasbro Children's Hospital Pediatric Primary Care
Herman Ayvazyan, MD**
Jamestown Family Practice
Kristine Cunniff, DO**
Lynn Ho, MD
Memorial Family Care Center* NEW!
Memorial Hospital Primary Care Center - Plainville* NEW!
Memorial Internal Medicine Center* NEW!
Memorial Pediatric Primary Care* NEW!
Michael Souza, DO**
Miheala Iovanel, MD
NRI Medical Services
Ocean State Primary Care**
Olga Tverskaya, MD**
Primary Medical Group of Warwick*
Providence Community Health Ctrs (10 sites)
Rhode Island Hospital Center for Primary Care
Rhode Island Hospital Med-Pedi Primary Care Center
Richard DelSesto, MD**
South County Hospital Family Medicine
South County Internal Medicine
Stuart V. Demirs, MD**
Thomas David Puleo, MD
University Family Medicine**
Usha Stokoe, MD
Warren Family Practice**
WellOne Primary Medical & Dental (3 sites)
Wickford Family Medicine

*Affiliated with Care New England
**Affiliated with Rhode Island Primary Care Physician Corp. (RIPCPC)

> *"When specialists call me up for labs I've ordered, I say to their staff: 'Enroll in CurrentCare and you can pull these off the website yourselves!'"*
>
> - Dr. Lynn Ho
> North Kingstown Family Practice

Specialists

Affinity Cardiology*
Affinity Hematology and Oncology* NEW!
Affinity Neurology Warwick*
Affinity Orthopedics & Sports Medicine*
Affinity Rheumatology*
Affinity Sports Medicine*
Affinity Surgery Pawtucket*
Alzheimer's Disease & Memory Disorders Ctr
Bayside OB-Gyn*
Cardiovascular Institute at Newport Hospital
Cardiovascular Institute at The Miriam Hospital (4 sites)
Cardiovascular Institute, Lifespan Physician Group (12 sites)
Caring for Women (5 sites)*
Center for Wound Care and Hyperbaric Medicine
Comprehensive Cancer Center at East Greenwich
Comprehensive Cancer Center at Newport Hospital
Comprehensive Cancer Center at Rhode Island Hospital
Comprehensive Cancer Center at The Miriam Hospital
Dermatology,Lifespan Physician Group
Early Childhood Clinical Research Center
East Greenwich Spine & Sport*
Hallett Center for Diabetes and Endocrinology
Hasbro Children's Adolescent Weight Management
Hasbro Children's Child Neurodevelopment Center
Hasbro Children's Cleft and Craniofacial Center
Hasbro Children's Diabetes Outpatient Education Center
Hasbro Children's Hospital Adolescent Healthcare Center
Hasbro Children's Hospital Adolescent Healthcare Center (3 sites)
Hasbro Children's Hospital Child Protection Center
Hasbro Children's Hospital Cystic Fibrosis Center
Hasbro Children's Hospital Dermatology
Hasbro Children's Hospital Early Intervention Program
Hasbro Children's Hospital Endocrine Disorders
Hasbro Children's Hospital Endocrinology and Metabolism (2 sites)
Hasbro Children's Hospital Families First CEDARR Center
Hasbro Children's Hospital Feeding Program
Hasbro Children's Hospital Food Allergy Center
Hasbro Children's Hospital Foster Care Program
Hasbro Children's Hospital Gastroenterology (3 sites)
Hasbro Children's Hospital Hemophilia Program
Hasbro Children's Hospital Infectious Diseases Clinic
Hasbro Children's Hospital Lead Clinic
Hasbro Children's Hospital Lupus Clinic
Hasbro Children's Hospital Nephrology (3 sites)
Hasbro Children's Hospital Nutrition
Hasbro Children's Hospital Nutrition Center
Hasbro Children's Hospital Occupational Therapy
Hasbro Children's Hospital Partial Hospital Program
Hasbro Children's Hospital Pediatric Heart Center (2 sites)
Hasbro Children's Hospital Pediatric Ophthalmology
Hasbro Children's Hospital Physical Therapy
Hasbro Children's Hospital Rabies Clinic
Hasbro Children's Hospital Refugee Health Clinic
Hasbro Children's Hospital Rehabilitation Services
Hasbro Children's Hospital Teens with Tots
Hasbro Children's Hospital Urology (2 sites)
Hasbro Children's Pediatric Infectious Diseases
Hasbro Children's Respiratory & Immunology Center (3 sites)
Hasbro Children's Sleep Disorder Lab
Hasbro Children's Specialty Practice
Hasbro Children's Ventilator Integration Program
Kent Surgical Associates*

Specialists continued...

Laurie Reeder, MD*
Lifespan Physician Group, The Miriam Hospital
Memorial Hospital Ambulatory Care Ctr* NEW!
Memorial Hospital Ambulatory Pulmonary Clinic*
Memorial Hospital Cancer Ctr* NEW!
Memorial Hospital Neurology* NEW!
Memorial Hospital Women's Health Care Specialists* NEW!
Neurosurgery, Lifespan Physician Group (5 sites)
Newport Dermatology, Lifespan Physician Group
Newport Endocrinology, Lifespan Physician Group
Newport Hospital Employee Health Services
Newport Hospital Infectious Diseases
Newport Hospital Neurology
Newport Hospital Physiatry
Newport Hospital Rheumatology
Newport Hospital Sleep Disorders Lab
Newport Hospital Women's Health Services (2 sites)
Newport Pulmonary, Lifespan Physician Group
OB-GYN Associates (6 sites)
Orthopedics Insitute at Rhode Island Hospital
Radiosurgery Center, Rhode Island Hospital
Rheumatology, Lifespan Physician Group
Rhode Island Hospital Audiology
Rhode Island Hospital Burn Center
Rhode Island Hospital Dermatology Clinic
Rhode Island Hospital Ear Nose and Throat Clinic
Rhode Island Hospital Employee & Occupational Health
Rhode Island Hospital Food and Nutrition Services
Rhode Island Hospital Gamma Knife Center
Rhode Island Hospital Gastroenterology
Rhode Island Hospital Hematology Clinic
Rhode Island Hospital Kidney Transplant Center
Rhode Island Hospital Muscular Dystrophy Clinic
Rhode Island Hospital Neurology
Rhode Island Hospital Neurology Clinic
Rhode Island Hospital Neurosurgery Clinic
Rhode Island Hospital Occupational Therapy
Rhode Island Hospital Ophthalmology
Rhode Island Hospital Otolaryngology Clinic
Rhode Island Hospital Physical Therapy
Rhode Island Hospital Plastic Surgery
Rhode Island Hospital Podiatry
Rhode Island Hospital Pulmonary Clinic
Rhode Island Hospital Rabies Clinic
Rhode Island Hospital Rehabilitation Services
Rhode Island Hospital Rheumatology Clinic
Rhode Island Hospital Sleep Disorders Center
Rhode Island Hospital Speech Therapy (2 sites)
Rhode Island Hospital Surgery Clinic
Rhode Island Hospital Trauma Surgery
Rhode Island Hospital Urology
Rhode Island Hospital Vascular Surgery
Rhode Island Hospital Weight Management
Sebastian Trombatore, MD*
South County Hospital
South County Hospital Breast Health
South County Hospital Cancer Care
South County Hospital Gynecology (3 sites)
South County Hospital Surgical Services
The Miriam Hospital Employee & Occ Health
The Miriam Hospital Food and Nutrition Services
The Miriam Hospital Immunology
The Miriam Hospital Kidney Stone Center
The Miriam Hospital Men's Health Center
The Miriam Hospital Neurology Clinic
The Miriam Hospital Occupational Therapy
The Miriam Hospital Physical Therapy
The Miriam Hospital Speech Therapy
The Miriam Hospital Surgical Services
The Miriam Hospital Tuberculosis Clinic
The Miriam Hospital Weight Management Program

Specialists continued...

The Miriam Hospital Women's Cardiac Center
Tollgate Obstetrics and Gynecology
Tomorrow Fund Clinic
University Ob-Gyn, Inc.*
Vanderbilt Rehab Occupational Therapy
Vanderbilt Rehab Physical Therapy
Vanderbilt Rehab Speech & Language Therapy
Vanderbilt Wound Care Program
West Bay Surgical Associates*
WIH GI Endoscopy Suite*
WIH Obstetric and Consultative Medicine*
WIH Women's Gastrointestinal Health*
Women's Care (3 sites)*
Women's Medicine Collaborative

*Affiliated with Care New England

Tips...

1. Enroll your Patients! enroll.CurrentCareRI.org

Data is only available for enrolled patients, so enroll today!

2. Try it Today!

- Try to view 3 new patients in 10 days
- Try medication reconciliation on 3 patients in 10 days

3. Call us!

We're happy to help you with best practices to save you the most time and improve patient care.

For access, or if you need help with CurrentCare, please call us at 888.858.4815, Option 3, or email CurrentCare@riqi.org.

4. Stay current!

For the most up-to-date, printable version of this guide, please visit: tinyurl.com/CurrentCareGuidebook.

Rhode Island Quality Institute

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