



A Path Forward:
*Supporting Primary Care
Practices, Patients, and Families
During a Global Pandemic*

2020 Annual Report

Care Transformation Collaborative of Rhode Island



ADVANCING INTEGRATED HEALTHCARE

This report is dedicated to recently retired Health Insurance Commissioner Marie Ganim.

During a year filled with unprecedented challenges, Commissioner Ganim worked tirelessly with the Governor's COVID-19 Taskforce to implement health insurance coverage policies that provided critical access to doctors and health care providers through telehealth.

Recognizing costs as barriers to health, Commissioner Ganim's leadership included serving as co-chair of the Health Care Cost Trends Steering Committee – identifying and reporting on key areas of cost and utilization drivers – and becoming a champion for behavioral health parity legislation passed in 2018 requiring visits to follow the same co-pay requirements as primary care, and passing new 2020 Affordability Standards to better support the behavioral health needs of Rhode Islanders.

Commissioner Ganim was a staunch advocate for much-needed relief funds for Rhode Island's pediatric primary care practices during the COVID-19 pandemic, working with the governor and Executive Office of Health and Human Services to successfully secure funds.

As a committed co-convener and leader on the Board of Directors for the Care Transformation Collaborative of Rhode Island, Commissioner Ganim helped guide the organization through important strategic planning and governance steps to elevate and strengthen its work and impact in Rhode Island.



Thank you, Commissioner Ganim, for your leadership, commitment to the important role of primary care and value of integrated behavioral health in improving quality, access to care, and improving affordability of health care. Congratulations on your retirement!

Message from the President

2020 was an unprecedented year for health care – impacting patients, providers, and primary care practices like never before.

Primary care plays a major role in responding to the COVID-19 pandemic, from treating and tracing infected patients to ensuring patients continue to have access to important preventative, routine, and acute care. Throughout 2020, we have seen the powerful ways primary care has adjusted to new safety and workflow measures to rapidly respond to needs of the time. Our organization's role as a hub for best practice cultivation and collaboration has never been more important.

Grappling with the greatest public health crisis of our time, the Care Transformation Collaborative of Rhode Island/PCMH Kids has identified and supported new approaches to care in the context of a pandemic, and launched new initiatives to help our state better adapt to pressing healthcare needs.

As early data in spring 2020 began showing a dangerous decline in well-child visits and routine pediatric immunizations, our response was immediate. Through the work of CTC-RI and PCMH Kids, the Rhode Island American Academy of Pediatrics, state agencies, and the support of Blue Cross & Blue Shield of Rhode Island, important action plans were put in place to successfully encourage and support families in returning to care. As of January 2021, pediatric practice immunization rates have now surpassed pre-COVID-19 rates.

Indeed, making meaningful links between community and care makes all the difference. Now more than ever, addressing health equity is critical. As early data pointed to patients living with chronic medical conditions at greater risk for COVID-19, CTC-RI partnered with the Department of Health and 100 Million Healthier Lives to launch a new Rhode Island Diabetes Health Equity Challenge. This initial seven-month pilot program aimed at building important links between primary care

With care,



Thomas A. Bledsoe, MD, President, Board of Directors
Care Transformation Collaborative of Rhode Island

practices, community health teams, and the state's Health Equity Zones. This work helped targeted communities learn the best ways to rapidly respond to vulnerable and at-risk Rhode Islanders, and identify new solutions to supporting population health while more broadly addressing health equity issues.

As our organization has found new ways to support and advocate for primary care through the pandemic, CTC-RI also prioritized identifying important new fiscal support for practices operating during this challenging time. Our organization has successfully helped place more than \$4 million into adult and pediatric practices and community health teams since 2020 through important new programs and initiatives, from Pediatric and Medicaid Relief Funds to a new Telehealth Learning Collaborative, to an integrated behavioral health program for practices providing prenatal and postpartum clinical care, to pharmacy-led quality improvement initiatives to increase safe and effective medication management for older adults.

We believe that primary care plays a critical and foundational role in addressing the COVID-19 crisis. Throughout this report, we highlight our efforts and progress in helping Rhode Island's healthcare system adapt and innovate during this global pandemic. We have found important ways to help primary care teams better support patients, while ensuring practices receive important sustainability support. As we continue to adapt to meet the health needs of Rhode Island, CTC-RI will continue to lead the transformation of primary care through an integrated health care system, and improve the quality, affordability, and experience of care, all while improving our population's health and health equity.

Thank you, most importantly, to our dedicated health care professionals on the frontlines of this pandemic, who have worked tirelessly and selflessly.



Guiding state decision makers on a more effective healthcare system

The COVID-19 pandemic has exposed and exacerbated existing weaknesses in Rhode Island's primary care system, like the failure of the fee-for-service payment system, Medicaid reimbursement inadequacies, and the need for greater community-clinical system collaboration and linkages. These weaknesses in our system greatly impact Rhode Islanders' health and well-being, as evidenced in the early days of the pandemic.

The governor and state leaders recognized that the COVID-19 crisis presented opportunities to reorient the health care system to increase its resilience and strengthen primary care, and asked CTC-RI's Clinical Strategy Committee to develop needs and recommendations for the state to consider as it rolled out new policies and actions through the pandemic. CTC-RI's recommendations, many of which helped spark new state initiatives, included:

- ✓ Primary care needs a stable, capitated payment system and Medicaid reimbursement rates consistent with Medicare rates to remain viable during a public health crisis in which utilization is decreased.
- ✓ Following a disruption in the continuity of essential preventative care, practices need support to reopen and patients need encouragement to return to regular care.
- ✓ Patients had limited access to care and needed access to telemedicine for primary care and behavioral health visits. Practices scrambled to shift from in-person to telehealth visits due to fee-for-service primary care payment limitations and lack of investments in infrastructure.
- ✓ We need to continue to strengthen system efficiencies to effectively respond to COVID-19 and any potential additional waves of the pandemic. Particularly, the pandemic exposed limitations of primary care/specialists/hospital care coordination; tracking COVID-19 test results; and pediatric vaccinations.
- ✓ Ensure continued funding for a core statewide, multi-payer community health team network and an ongoing collaborative to optimize community-clinical linkages to support health equity.
- ✓ Rhode Island needs to maintain and grow the primary care workforce to meet future demands.

Responding to primary care under pressure



Data from a national survey effort by the Primary Care Collaborative and Larry A. Green Center, fielded routinely through the pandemic, has painted a picture of challenges faced by primary care. A snapshot from data collected November 13-17, 2020, with input from dozens of Rhode Island practices, shows practices are under great pressure:

- *Most Rhode Island providers were experiencing high to severe strain on their practices (69% compared to 56% nationally). In particular, practices were overwhelmed with patient questions and the need to spend a significant amount of time combatting misinformation about the pandemic.*
- *More than 90% of Rhode Island practices saw higher levels of mental health concerns, and more than 75% became more involved in providing mental health support for patients.*
- *71% of practices responded that telehealth was being used for patients with stable conditions and 69% of practices for mental or behavioral health counseling (69%).*
- *Most practices reported seeing patients experiencing unemployment, with many also noting food insecurity, housing insecurity, and other health equity challenges.*

In response to primary care's needs, CTC-RI has focused efforts on ensuring practices in Rhode Island have the knowledge, resources, and capacity to implement telemedicine, and launched new community-focused efforts to address the pandemic stressors impacting the health of Rhode Islanders.

Scaling telemedicine statewide

As use of telemedicine reached never-before-seen levels, CTC-RI formed a core planning team and telemedicine subcommittee to identify ways to scale effective use statewide. Three projects emerged:

1 CTC-RI conducted a statewide needs assessment, in partnership with the RI Department of Health:

47

Practices surveyed in Sept. 2020, earning incentive payments for participation

900+

Patients surveyed to give a clear picture on the realities of primary care's telemedicine needs

"Actually, I thought this was the best way to speak to my provider as I did not know what was wrong with me and I was worried I would infect others... I could not have driven to [my doctor's office] so I would have ended up in the ER or an urgent care center."

– Patient survey

With more than 90% of practices using telehealth in March 2020, it was clear that practices needed niche telemedicine support on a variety of topics¹.

2



6-Month Telehealth Webinar Series

was launched by CTC-RI and PCMH Kids in Nov. 2020, in partnership with Northeast Telehealth Resource Center, made possible by UnitedHealthcare and CARES Act funding. Topics ranged from coding and billing to workflow and etiquette.

3

New Telehealth Learning Collaborative

was launched by CTC-RI and PCMH Kids, with recruitment beginning in Nov. 2020 and 21 practices (adult, pediatric, family) beginning February 2021. Practices receive training and infrastructure payment to support their care delivery through telemedicine tools. Practices focus on a specific chronic condition (e.g., asthma, ADHD), and test which technology best supports patients with these conditions, with the goal of identifying solutions that can be scaled to more practices.

CTC-RI is a leader in healthcare in Rhode Island and it was a pleasure to support their efforts in this multi-faceted Telehealth Project! The mission and aim of this effort, like many of CTC-RI's projects, aligns closely with the goals of the NETRC, and we see this project as a stepping stone for collaborative efforts as both organizations aim to improve access to quality healthcare in RI. We're thrilled to see the preliminary results of this Telehealth Project, and we believe the efforts will amount to tangible improvements in patient care and organizational telehealth implementation for years to come.

– Reid Plimpton, Andrew Solomon, and the Northeast Telehealth Resource Center Team

**NORTHEAST
TELEHEALTH**
RESOURCE CENTER

¹ Field Report: Sample Stakeholder Challenges, Solutions, and Lessons Learned. *Northeast Telehealth Resource Center Monthly Report*. January 2021

Putting the patient needs at center

In partnership with the RI Department of Health and the Office of the Health Insurance Commissioner, CTC-RI/PCMH Kids secured CARES Act funding and established resource funds in December 2020 to help families in need. Six Community Health Teams and five Family Home Visiting Programs provided individuals and families with assistance, from food and transportation to PPE and telehealth services.



Community health workers, like Joann Esposito (left) on South County Health's Community Health Team, have made a world of difference for many Rhode Islanders.

"I was in a very depressed state. I was getting evicted from my apartment. Everything just kept hitting me, one thing after another," said Theresa, a Westerly resident who has received Joann's community health team assistance. "Then Joann came along and helped me crawl out of the hole I was in. If it wasn't for her, I wouldn't be around."

After conducting a community needs assessment to identify Theresa's social determinants of health, Joann determined the top priority was helping her find housing. Joann obtained a Medicaid waiver bid to place Theresa in an assisted living program to provide stable housing, and fundraised to cover the program's \$1,800 placement fees.

"It's absolutely heartwarming to watch somebody's growth and to be able to support them in their challenges and see them succeed," said Joanne. "It's an absolute joy to be supportive of an individual, either through their primary care office or any resources within the community that they may need. Theresa's socially engaged within her community, and it's just an absolute joy to be part of that journey."

CTC-RI's growing community health teams work continues to demonstrate success.

A recent evaluation by Brown University shows CHT engagement has lowered the cost of care. When compared to a matched comparison group, CHT members had significantly lower total cost of care (\$1,564 lower per quarter as compared to the control group). This was generally driven by lower emergency department and inpatient costs.

Finding ways to scale the successful work of community health teams statewide is a priority. A new online learning mini-series launched by CTC-RI in December 2020, "*Building Community-Clinical Linkages*," in partnership with national experts Somava Saha, MD, of Well Being and Equity in the World and Well Being in the Nation Network and Craig Jones, MD, Capitol Health Associates, focuses on growing a successful statewide community health teams network, supported by a multi-sector investment and payment strategy.

Addressing health equity to support vulnerable populations



Every Rhode Islander deserves to live a healthy life in a healthy community – regardless of race, ethnicity, ZIP code, level of education, level of income, or any other factor. The COVID-19 crisis has highlighted the obstacles to health faced by too many Rhode Islanders across our State, such as our communities of color who often experience higher rates of chronic disease as a result. This initiative is a wonderful example of how collaboration between our Health Equity Zones, healthcare provider organizations, and community health teams can help drive solutions that help every Rhode Islander to be healthy and thrive.

—Nicole Alexander-Scott, MD, MPH, Director of the Rhode Island Department of Health



Partnering with the RI Department of Health and Well-Being and Equity in the World, CTC-RI launched a new RI Diabetes Health Equity Challenge in April 2020 to support the community during the pandemic. Two regional teams (East Providence and Pawtucket/Central Falls), over five months, focused on building important links between primary care practices, community health teams, and the state's Health Equity Zones to improve health outcomes of vulnerable populations. The teams received coaching from national experts, and applied strategies and tools to people with diabetes who were at high-risk of poor outcomes in the context of COVID-19.

"I'm not always able to get to the market and when I am it isn't easy lugging bags onto the public transportation. If I'm not worrying how diabetes is affecting my health, I'm worrying if I measured all my meals correctly and if I'm eating the right foods. I think my biggest challenge has been being able to afford the right foods and having transportation. I have accessed the local food bank and God bless them for their willingness to help, but honestly, the foods they distribute do not help me in that none of what is handed out is good for feeding this demon... diabetes!"

– Jamie, a person with lived experience supported by the East Providence team

Both teams:

- Developed support networks to help individuals address equity issues impacting their chronic condition.
- Identified food insecurity as a challenge for individuals.
- Benefitted from including persons with lived experience to help inform the work and community solutions.

With food pantries and other food assistance programs commonly lacking diabetic-friendly options, the teams identified new solutions to overcome this equity issue and scale efforts, including healthcare food policies that would lead to sustainable community solutions.

Funding is now being made available in 2021 through a new initiative, "The Rhode to Equity," in partnership with the RI Department of Health and CTC-RI. This new 12-month learning and action collaborative will provide up to 6 cross-sector teams with the opportunity to test and evaluate strategies that will build leadership and operational capacity for clinical-community linkages, resulting in place-based communities that improve both health and social outcomes. The Rhode to Equity will bring together teams from Health Equity Zones, Accountable Entities, community health teams, and persons with lived experiences of inequity.

Keeping children safe, healthy, and vaccinated

As the early days of the pandemic closed down schools, data soon began to show the impact of the pandemic on children beyond just their physical learning spaces – their mental health and routine wellness needs were being impacted.

Dr. Elizabeth Lange, PCMH Kids co-founder, president-elect of Rhode Island Medical Society, and former president of the American Academy of Pediatrics RI chapter (RIAAP), was one of many pediatricians who has helped support families through COVID-19. RIAAP, in partnership with CTC-RI/PCMH Kids, launched a public awareness campaign, “Tips to Keep Your Family Healthy During COVID,” designed to empower parents and teens with information and resources to stay healthy mentally and physically through the ongoing COVID-19 pandemic.



Dr. Lange, meeting with Governor Raimondo, Education Commissioner Infante-Green, and RI Department of Health’s Dr. Jim McDonald in June 2020.

“

It was critical to educate families on why it’s so important, and safe, to come back into our offices for routine wellness visits and childhood vaccinations. Now, more than ever, children’s health issues deserve attention in the pediatric medical home.

– Dr. Elizabeth Lange

Addressing a drop in pediatric primary care visits and immunizations

The RI Department of Health identified a significant decline in pediatric vaccine rates (33% fewer immunizations were administered from March-May 2020 compared to March-May 2019). Families were less frequently visiting the pediatrician for routine wellness visits.

New COVID-19 Pediatric Advisory Council

Launched in response by the Governor's Office, RI Department of Health, Office of the Health Insurance Commissioner, and Medicaid to establish regular communication and develop strategies with



CTC-RI and PCMH Kids knew they could play an important role in reassuring to families that it was safe to return for a visit and support targeted efforts to get children up-to-date on immunizations.



Customized pediatric immunization reports

KIDSNET, the state's immunization registry, began monitoring performance on a bi-weekly basis, and CTC-RI/PCMH Kids provided customized reports to each practice that could inform and support their efforts. The state provided financial relief to practices participating in this effort due to the significant time allocation needed, and many practices stretched financially thin.

Statewide practice facilitation support

Thanks to financial support from Blue Cross & Blue Shield of Rhode Island, CTC-RI/PCMH Kids provided statewide practice facilitation support to help practices implement performance improvement plans, utilize monthly data share, and participate in "best practice sharing" meetings to learn from successful peer strategies.



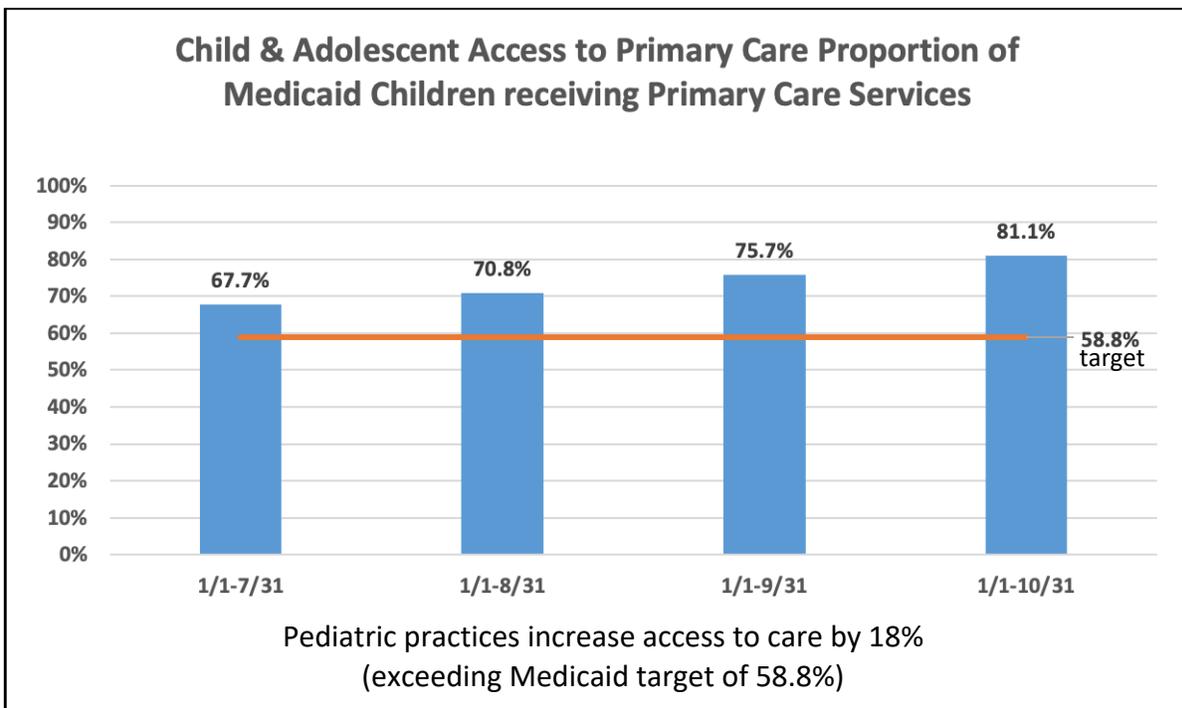
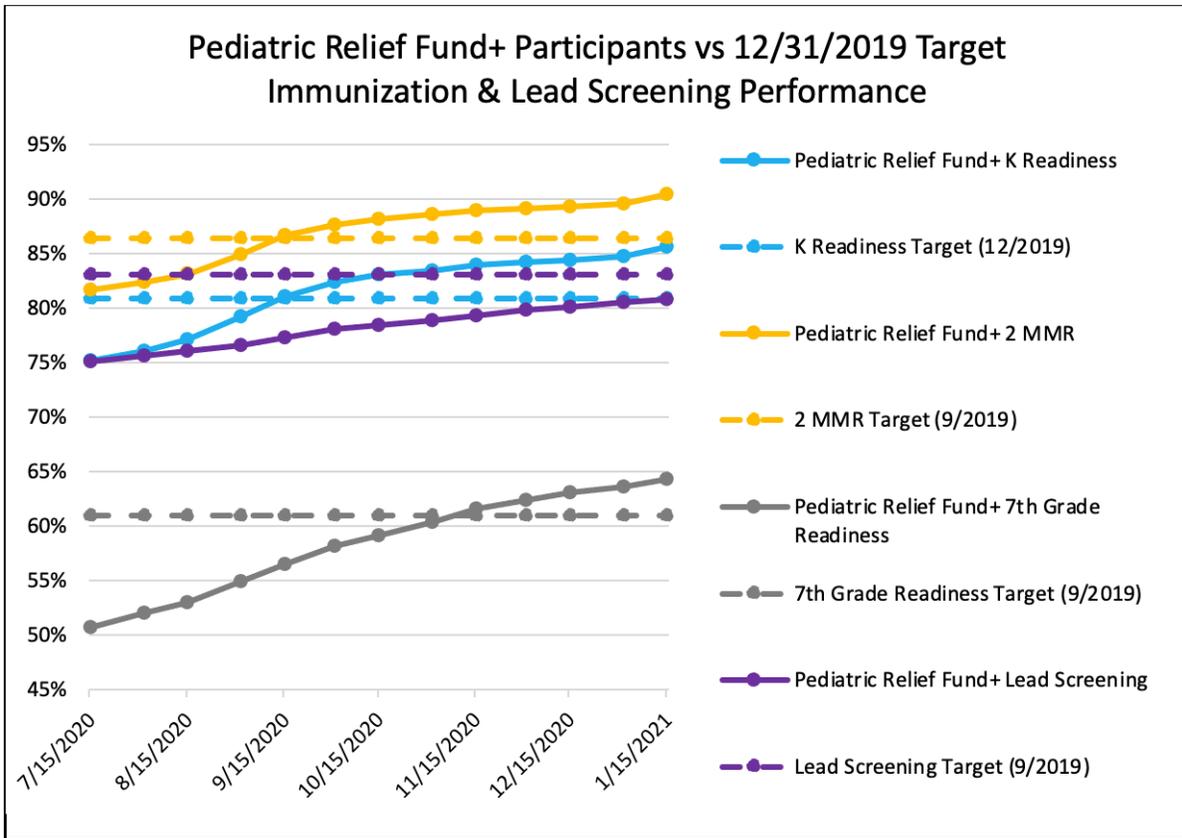
Medicaid Pediatric Primary Care Rate Supplement

Implemented by the state through the end of calendar year 2020, to provide monthly financial incentives to pediatric primary care practices to improve access to care during the COVID-19 pandemic and address related barriers to access.



Leadership, financial support, data, and practice facilitation support, together with state agencies and payers, were important elements in prioritizing Rhode Island children's health. Congratulations to all involved in this tremendous statewide success which helped dramatically increase immunization rates as well as well-child primary care visits.

Addressing a drop in pediatric primary care visits and immunizations



Santiago Medical Group adapts to better support children

Established in 2002, Santiago Medical Group has a team of three doctors and ten staff members – all bilingual Spanish and English speaking. The practice, with locations in Pawtucket and North Providence, supports nearly 6,000 patients – many who are historically underserved – with 70% of patients Hispanic and 73% of families on Medicaid. Santiago Medical Group joined Cohort 3 of PCMH Kids in July 2019.

“We thought joining PCMH Kids would help us with areas we needed support with, like better reporting and care tracking. It meant better care for our patients, and help moving in a direction our practice was already heading. It was an easy decision back then.” – Dr. Teresa Jeraldo

Flash-forward to the start of the pandemic with many unknown variables, Santiago’s care team initially anticipated a strong uptick of sick patients.



We quickly found out families weren’t coming in for well-visits or sick-visits – people were afraid to go out. Running reports helped us see exactly where we were. We noticed immediately when well-visits and vaccination rates began dropping. Despite the pandemic, parents always think of their children first. We needed to respond to that and have our office ready for families. That’s why we never closed our office for even a single day, and we’re on call 24/7. Parents will do anything for their children. Our challenge was to be ready for them.

– Dr. Teresa Jeraldo



According to Office Manager Dora Yepes, in addition to telehealth visits, the practice began calling families to educate them about the importance of visits, continued vaccination, and reassure the safety of the practice. In addition to new daily cleaning and safety protocols, a parking lot waiting system was introduced so families could be taken directly to a room for their appointment.

Thanks to the practice team’s hard work and support from PCMH Kids, the practice began seeing well-visit, screening, and vaccination rates begin to climb. As of January 2021:

99%

Well-child counseling (weight assessment and counseling for nutrition and physical activity)

99%

Developmental screening for the first 3 years of life

82%

Well-child visits (ages 12-21)

95%

Kindergarten patients meeting vaccine targets

84%

Patients met 7th grade vaccine requirements

Santiago Medical Group continues to respond to the needs of its families. When families struggled to find COVID-19 testing for babies and children, the practice pivoted to provide up to 100 tests per week to families, including grandparents, on-site in a new, tented area. Now, the practice is working to help their families more easily access the COVID-19 vaccination at their practice.

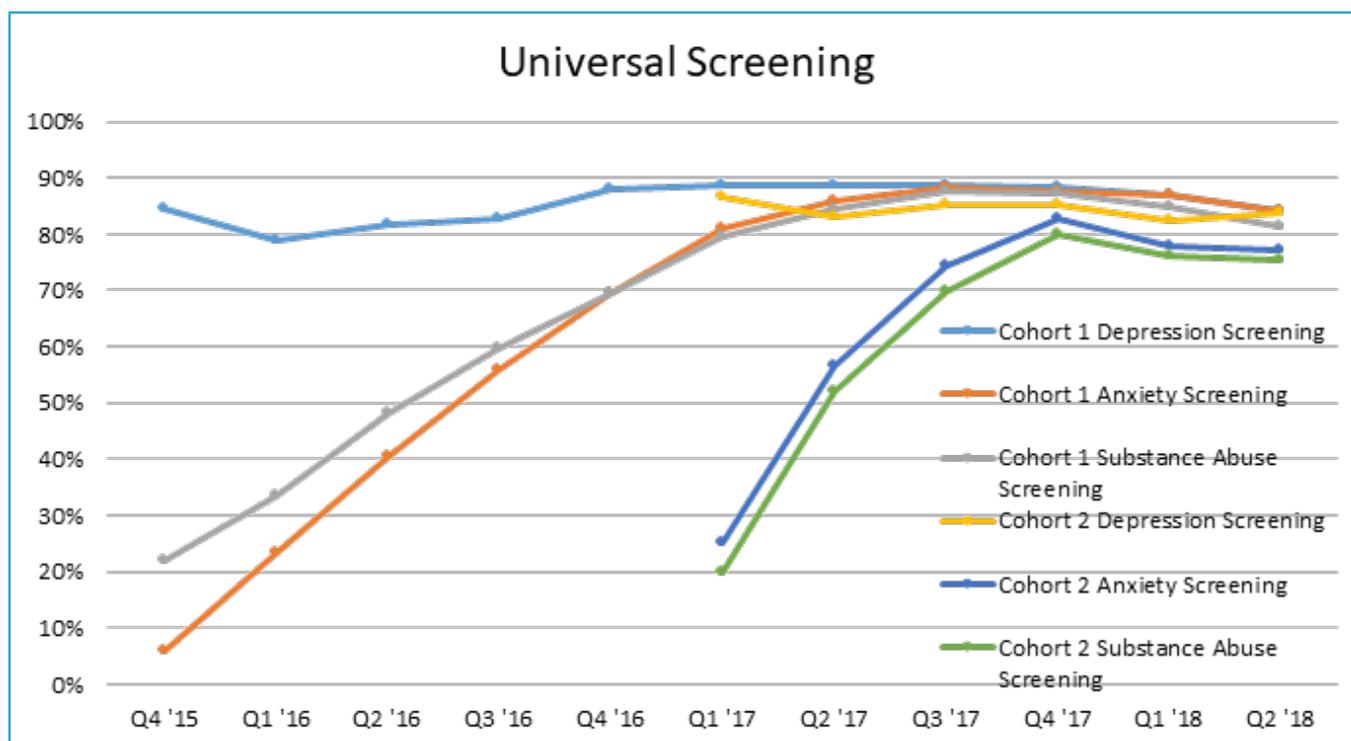
“We always look for new ways of serving our patients.” – Dr. Teresa Jeraldo.

Supporting families in a pandemic through integrated behavioral health

Among those living with a behavioral health disorder, 67% of people do not receive behavioral health treatment, yet 80% of people with a behavioral health disorder will visit primary care at least once in a year. Primary care has an important, and unique, path to supporting individuals with behavioral health needs.

Under the integrated behavioral health (IBH) model, universal screening for depression, anxiety, and substance use happens at a primary care practice and an embedded behavioral health professional is part of the care team.² On-site practice facilitation by subject matter experts supports the development of new workflows and billing processes to fully support integrated care³.

During the pandemic, the need for IBH is more important than ever. On average, [more than 1 in 3 adults in the U.S.](#) reported symptoms of anxiety and/or depressive disorder since May 2020, compared to just one in 10 adults in 2019. CTC-RI has worked to introduce and expand IBH in Rhode Island.



1. Yeracaris, P., Campbell, S., Coleman, M., Cabral, L., & Hurwitz, D. (2019). Care Transformation Collaborative of Rhode Island: Building a Strong Foundation for Comprehensive, High-Quality Affordable Care. *Rhode Island Medical Journal*, (June), 26-29. <http://www.rimed.org/rimedicaljournal/2019/06/2019-06-26-ims-yc-eracaris.pdf3>.
2. Hurwitz, D., Yeracaris, P., Campbell, S., & Coleman, M. A. (2019). Rhode Island's Investment in Primary Care Transformation: A Case Study. *Families, Systems, & Health*, 37(4), 328-335. <https://doi.org/10.1037/fsh0000450>

Supporting families in a pandemic through integrated behavioral health

How is IBH working? Let's hear from some practices!

"We developed a reputation in the community as a practice that was able to address the mental health concerns of our patients. We even had new families join the practice because they heard from their neighbors and friends about our screening process and in-office therapy options."

"There are many examples of how having an IBH clinician has helped our office provide better care to our patients. This project has been enormously successful in helping our patients get services that have been so helpful to them."

"Emerging from a troubled childhood, this young woman has struggled with anxiety, depression, PTSD, and multiple somatic symptoms and several medical problems for many years. She has not graduated from high school and spends most of her time at home with little energy accomplishing little. My patient has steadfastly refused counseling and feels the many psych medications I have prescribed for her are unhelpful. My patient finally admitted to Kristi (IBH Clinician) and now to me that the reason she does not want to go back for her GED or apply for jobs is that she really cannot read much at all. Kristi has worked with her on finding literacy resources and we are hoping she can make progress with reading after the pandemic. This patient is more optimistic and truly benefiting from the IBH input."

"Many parents shared with me that our screening program made them much more comfortable having discussions with their children and adolescents about mental health concerns. As we as providers became more comfortable with these discussions, so did our patients and their parents."

"One introverted teenage boy told me he was actually excited to come to his annual exam because his sister had just had her exam and told him all about the screening process and how the physicians are willing to talk about "everything". He was able to share his anxieties that had increased over the past few years and without this program I don't think he would have revealed his concerns and sought treatment."

As CTC-RI prioritized telehealth through the pandemic, a new CTC-RI/PCMH Kids IBH collaborative is being launched, with funding from UnitedHealthcare, to help 11 pediatric, adult, and family practices optimize tele-IBH services and/or apply for NCQA Behavioral Health Distinction.

Supporting the behavioral health needs of expecting mothers

The Obstetrics and Gynecology Care Center (OGCC) at Women & Infants Hospital, a large clinic with more than 20,000 patient visits each year, participated in the first round of behavioral health quality improvement initiative, the Rhode Island Maternal Psychiatry Resource Network (MomsPRN), through PCMH Kids in 2020.

“The American College of OBGYN recommends more enhanced screening than what we were doing, and this was a great way to ramp things up for our practice, get into a groove of more screening, and allowing people to use the resources available through Women’s Behavioral Health at Women & Infants,” said Dr. Renee Eger, Medical Director at OGCC.

While OGCC was already successfully screening for depression in postpartum patients, they recognized opportunity for enhanced screening among pregnant patients, who made up about 60% of patients.

“*Data show that women who have untreated depression during pregnancy don’t do as well as women who have depression that is recognized and treated. We needed to do a better job at identifying those women, and get them the resources they needed. – Dr. Eger*

In addition to increasing the frequency of these screenings among pregnant women, through the help of MomsPRN, OGCC also implemented a new tool to help with other important screenings, like anxiety and substance use.

“What I really like now is we actually have metrics – we have reports we can run and identify our peaks and valleys, and help our team with education and training so we’re capturing that important data. That was a really beneficial part of participating in MomsPRN.”

*– Melissa Maher,
Interim Associate Chief Nursing Officer-Ambulatory at OGCC*

The achieved goal of identifying individuals who are struggling and could benefit from services wasn’t the clinical team’s only win, this program also empowered them to feel more comfortable in treating anxiety and depression, and leaned on MomsPRN for supporting several patients with critical needs. The clinical team reached out to MomsPRN over the phone and was guided us through helping a patient start or resume a medication, ultimately with the goal of getting the patient in-person with Women’s Behavioral Health.

A bonus of the MomsPRN program? Getting comfortable with telemedicine early on, with tele-behavioral health referrals soon becoming the norm through the pandemic. Patients could access services from a familiar, comfortable environment, particularly important when addressing an issue that may already be uncomfortable to discuss.

“Having the MomsPRN resource at our fingertips was really helpful.”— Dr. Eger

Pharmacy initiative helps older adults better manage medications

CTC-RI recognizes the importance of identifying and implementing pharmacy-led initiatives to better support specific patients.

After months of planning in 2020, CTC-RI is launching a May 2021 pharmacy quality improvement initiative in collaboration with the Rhode Island Department of Health (RIDOH) and University of Rhode Island College of Pharmacy, funded by UnitedHealthcare and RIDOH. Through the 12-month collaborative, 6 chosen practices will:

- Receive support to participate in a data-driven learning collaborative.
- Utilize practice facilitation support and peer learning opportunities.
- Aim to reduce preventable hospitalizations and emergency department use.
- Improve patient care.

This effort follows a previous 12-month pharmacy quality improvement initiative where 7 practices implemented a data-driven performance improvement action plan to address a particular medication area of concern among adults ages 50 and older.



We found that this pharmacy initiative resulted in an improvement in patient symptoms related to COPD and asthma. Patients felt better and this resulted in fewer exacerbations. This is because patients were supported in an effort to ensure inhaler regimens were affordable and evidence-based. Also, we worked with patients to make sure individual inhaler regimens could be adhered to and that patients were comfortable administering selected devices.”

— Ronald Tutalo, Pharm.D., BCACP, CDCES, CNEMG-Pawtucket (Integra) Team

Fun Fact: The Rhode Island Pharmacy Association honored CTC-RI with the 2020 Charles Hachadorian award, presented annually to a non-pharmacist who recognizes and supports the efforts the profession of pharmacy makes to healthcare. CTC-RI was chosen because of its unique efforts and advocacy for pharmacy through its statewide pharmacy quality improvement project.

CTC-RI helps boost economic impact on primary care in 2020

Through 2020, CTC-RI's organizational work focused on comprehensive primary care capitation efforts, an immediate response to the pandemic. Led by the governor, Office of the Health Insurance Commissioner, Office of Medicaid, and the Rhode Island Department of Health, CTC-RI supported the distribution of key relief funds statewide.

\$3 million

Medicaid Pediatric Primary Care Rate Supplement Program

Supported 42 practices with monthly payments based on number of RI Medicaid-covered children served, awarded upon demonstration of performance improvement on a standardized measure of primary care access.

\$60,000

MomsPRN

Supported 6 practices with incentive payments for Cohort 1 of the MomsPRN behavioral health initiative.

\$4 million

Pediatric Relief Fund Payments

Supported 47 practices who took targeted actions to ensure patients were caught up on immunizations, with the support of CTC-RI and PCMH Kids.

\$6.07 million

Building Capacity

Support for infrastructure and capacity building provided through grants and contributions.

About the Care Transformation Collaborative of Rhode Island

Mission

The mission of the Care Transformation Collaborative is to lead the transformation of primary care in Rhode Island in the context of an integrated health care system; and to improve the quality of care, the patient experience of care, the affordability of care, and the health of the populations we serve.



Convened by the Office of the Health Insurance Commissioner and the Executive Office of Health and Human Services, the Care Transformation Collaborative of Rhode Island (CTC-RI), a multi-payer, public-private partnership, that promotes the patient-centered medical home, a model of primary care that provides patients and families with care that is accessible, focused on their needs, supported by a primary care team and coordinated with the medical neighborhood.

The work of advancing primary care through multi-stakeholder efforts has led to the recognition of Rhode Island as a leader in health system transformation. CTC-RI provides technical assistance and training to promote integrated, patient- and family-centered care, data-driven quality improvement, and prepare practices to perform successfully under alternative payment models. As a statewide learning collaborative, we facilitate the sharing of best practices in primary care, integration with specialists/ health systems and provide a platform for testing and evaluating new models that improve population health within the patient centered medical home model.

CTC-RI has supported comprehensive primary care that incorporates integrated behavioral health and community health teams as extensions of primary care to help address and mitigate behavioral health and social determinants of health needs. CTC-RI works with all major health care stakeholders to transform primary care in Rhode Island.

Board of Directors

Responsible for setting strategic direction and overall governance

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Benjamin Shaffer, MPA, Executive Office of Health and Human Services

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Vice President/President-Elect Peter Hollmann, MD, Brown Physicians, Inc.

Treasurer Al Charbonneau, MPS, Rhode Island Business Group on Health

Vice Treasurer Noah Benedict, MHL, RI Primary Care Physician Corporation

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Patricia Flanagan, MD, FAAP, Lifespan Physician Group / Hasbro Children's Hospital

Louis Giancola, Former Hospital CEO

G. Alan Kurose, MD, Coastal Medical

Steven Lampert, MD, MBA, Lifespan Physician Group

Claire Levesque, MD, Tufts Health Plan

Deborah Masland, RI Parent Information Network

John Minichiello, MBA, Integra Community Care Network

Christopher Ottiano, MD, Neighborhood Health Plan of Rhode Island

Rebecca Plonsky, LICSW, Integrated Healthcare Partners

Larry Warner, MPH, United Way of Rhode Island

Hugo Yamada, MD, Charter Care Medical Associates

Staff

Responsible for day-to-day management

Staff team:

Debra Hurwitz, MBA, BSN, RN, Executive Director

Pano Yeracaris, MD, MPH, Chief Clinical Strategist

Susanne Campbell, RN, MS, PCMH CCE, Senior Program Director

Linda Cabral, MM, SBIRT/CHT Project Manager

Nelly Burdette, PsyD, Senior Director of Integrated Behavioral Health

Jennifer Capewell, BA, Manager, Administration

Carolyn Karner, MBA, PCMH-Kids and IBH Program Coordinator / Data Analyst

Jazmine Mercado, MHA, Program Coordinator II

Sarah Summers, BA, Program Coordinator

Jade Arruda, BS, Telehealth and MomsPRN Project Coordinator



Practice transformation Participants

Current PCMH Kids Practices:

Children First Pediatrics
Drs Concannon & Vitale LLC
Hasbro Adolescent Medicine
North Providence Pediatrics
Ocean State Pediatrics
Partners in Pediatrics
PCHC - Capitol Hill (Pediatrics)
PCHC - Central (Pediatrics)
PCHC - Chafee (Pediatrics)
PCHC - Olneyville (Pediatrics)
PCHC - Randall Square (Pediatrics)
PCHC - Prairie Ave (Pediatrics)
Santiago Medical Group (Pawtucket)
Santiago Medical Group (Providence)
Tri-County Community Action (Johnston - Pediatrics)
Tri-County Community Action (Providence - Pediatrics)

Current RI MomsPRN Practices:

Blackstone Valley Community Health Care
Center for Obstetrics & Gynecology - Providence
CNE Women's Care - Providence
CNE Family Care Center - Pawtucket
LPG OBGYN Associates
RI Home Birth & Hope Family Health
Tri-County Community Action Agency
VICTA
WIH Maternal Fetal Medicine
WIH Center for Obstetric and Consultative Medicine

Current Diabetes Health Equity Challenge Organizations:

East Bay Community Action Program
Family Service of RI
Integra Community Care Network
LISC
Progreso Latino

Current Pediatric Integrated Behavioral Health Practices:

Anchor Medical Associates - Lincoln (Pediatric)
Comprehensive Community Action Program
Hasbro Pediatric Primary Care
Coastal Medical, Inc. - Bald Hill Pediatrics
Coastal Medical, Inc. - Waterman Pediatrics
Hasbro Medicine Pediatric Primary Care Center (Pedi)
Northern RI Pediatrics
Tri-County Community Action

Current Care, Community and Equity Practices:

CCAP Cranston
CCAP Warwick
CCAP Primary Care Partners
CCAP Coventry
Clinica Esperanza
Thundermist CHC Wakefield
Thundermist CHC Woonsocket
Thundermist CHC West Warwick
Tri County North Providence
Tri County Johnston
Wood River Health
WellOne Primary Medicine- Foster
WellOne Primary Medicine- Pascoag
WellOne Primary Medicine- North Scituate
WellOne Primary Medicine- North Kingstown

Current Community Health Team Expansion Practices:

East Bay Community Action Program
South County Health
Wood River Health

Current Tele-IBH/NCQA BH Distinction Cohort:

Associates In Primary Care Medicine
Anchor Medical Associates - Lincoln Adult
Anchor Medical Associates - Providence IM
Anchor Medical Associates - Warwick IM
PCHC Capitol Hill
PCHC Central
PCHC Olneyville
PCHC Prairie Avenue
Brown Medicine - Internal Medicine
Anchor Pediatrics
CNEMG Family Care Center

Current Telehealth Learning Collaborative Practices:

A to Z Primary Care
Anchor Medical Lincoln Adult
Anchor Medical Lincoln Pediatric
Anchor Medical Providence
Anchor Medical Warwick
Barrington Family Medicine
Barrington Pediatrics
CharterCARE Medical Associates
Coastal Medical
Encompass Pediatrics LLC
Hasbro Pediatric Primary Care/RIH Medicine-Pediatrics
Hasbro Medicine Pediatrics
Kingstown Pediatrics
Medical Associates of RI, Bristol
Medical Associates of RI, East Providence
P.R.I.M.A. Inc
Richard Ohnmacht, MD
Santiago Medical Group



ADVANCING INTEGRATED HEALTHCARE

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