Practice Facilitation Collaborative

Minutes

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| Date: 6 24 20  |  | Start/End Time: 11:00 to 12:00 (tentative)  |
| Meeting Location: +16468769923,,298000304# - Zoom: <https://ctc-ri.zoom.us/j/298000304> |  |
| MEETING INFORMATION |  | **Attendees noted with \*** |
| Meeting Purpose/Objective/Attachments: * To plan for assisting PCMH Kids Cohort 3 with improving immunizations for school aged children (MMR) and with achieving /maintaining NCQA PCMH recognition
* To plan for assisting primary care practices that participate in Vaccine for Children Program (VFC) with improving immunizations for school aged children (MMR);

Links to Attachments:* [PCMH Kids Practice Milestone Document](https://www.ctc-ri.org/sites/default/files/uploads/2019-2022%20July%20%20PCMH%20Kids%20Practice%20Milestone%20Document%20FINAL%20updated%20draft%206%208%2020.docx)
* [Implementation-Guide-Enhanced-Access](https://www.ctc-ri.org/sites/default/files/uploads/Implementation-Guide-Enhanced-Access.pdf)
* [IQIP at a glance](https://www.ctc-ri.org/sites/default/files/uploads/IQIP%20at%20a%20glance.pdf)
* [IQIP Operations Guide Version 1.1](https://www.ctc-ri.org/sites/default/files/uploads/IQIP%20Operations%20Guide%20Version%201.1.pdf)
* [KIDSNET Reports for School Readiness](https://www.ctc-ri.org/sites/default/files/uploads/KIDSNET%20Reports%20for%20School%20Readiness.doc)
* [PCMH Suggested Plan - Pediatrics](https://www.ctc-ri.org/sites/default/files/uploads/PCMH%20Suggested%20Plan%20-%20Pediatrics.docx)
* [Provider Office Reference Guide](https://www.ctc-ri.org/sites/default/files/uploads/Provider%20Office%20Reference%20Guide.doc)
* [Sample customer experience questionnaire](https://www.ctc-ri.org/sites/default/files/uploads/Sample%20Needs%20Assessment%20Questionnaire%20qualitative%20customer%20experience%20with%20vulnerable%20population%20and%20assessing%20access.docx)
* [Sample PDSA for immunization](https://www.ctc-ri.org/sites/default/files/uploads/4.%20PDSAWorksheetforTestingChanges_%20draft%20Immunization.doc)

   |  | Susanne Campbell \* Pano Yeracaris \*Candice Brown \*Sue Dettling \*Der Kue \*Pat Flanagan \*Beth LangeRena Sheehan Trish Washburn \*Janet Limoges \*Nancy Silva Kelsey RyanStacey Nickerson \*  | Jayne Daylor \*Carolyn Karner \*Suzanne Herzberg \* Vicki Crowningshield \*Marilyn BoichatElizabeth CarusoLauren Piluso \*Michelle Kollett \*Anne Primeau-Faubert \*Lori Clark \*Elizabeth Dennigan \*Jessica Signore \*Bernadette Parillo \* |
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|  Item #  | Owner | Topics | Action # |
| 1 | **Susanne** **10 minutes**  | Welcome: Introductions and Review of agenda  |  |
| 2 | **Rena Sheehan****Susanne Campbell** **Pat Flanagan** Group Discussion  | Update from 6/11/20 [(minutes of 6/11/20 meeting)](https://www.ctc-ri.org/sites/default/files/uploads/PF%20Immunization%20Planning%20Minutes%206%2011%2020.docx): * Blue Cross and Blue Shield of Rhode Island Proposal: Rena Sheehan: supports state-wide QI assistance for practices that participate in the Vaccine for Children Program;
	+ Funding has been approved – thank you BCBSRI!
* PCMH KIDS Cohort 3: Contract Committee: Proposal accepted; PCMH Kids Cohort 3 practices will be eligible for incentive payment (75% of $0.50 by 8/31/20; 25% of $0.50 by March 31,2021 for meeting immunization threshold: 90% of 1/1/19-12/31/19 MMR for 4-6 year olds compared with 1/1/20-12/31/20 rates [(email to the health plans)](https://www.ctc-ri.org/sites/default/files/uploads/email%20to%20health%20plans%206%2016%2020%20FINAL.docx)
	+ “Cohort 3” are 16 Practices that are part of the 3-year contract with CTC-RI/PCMH Kids
	+ All Health Plans that support PCMH Kids Cohort 3 agreed with the proposal, and will be providing Cohort 3 with an up-front incentive payment of $0.37 PMPM by end of August 2020.
	+ Practices that meet the threshold as reported in January, will received 25% of $0.50 PMPM in March 2021
	+ Currently in the process of finalizing deliverables for Cohort 3 – and have a PCMH Kids Leadership meeting June 25th; and on Friday, we will be sending out information to Practices

Pediatric Advisory Group (subgroup of Governor’s Task Force) Report out on June 11th meeting (Pat Flanagan) * Approximately 3 weeks ago, Gov. Raimondo announced the creation of a Covid Taskforce/Committee that would review determine how to work with State government to support Practices and the health of children significantly impacted by Covid
	+ Impacts include Providers not seeing children for anything other than emergency visits during March & April 2020
		- Numerous children are behind on Immunizations statewide and Providers must determine how to bring rates back up asap
	+ The areas the Committee is being charged with are:
		- Immunizations and how to keep them and children in the Medical Home for that catch up
		- Financial sustainability – Pediatric Practices were struggling financially before Covid due to high numbers of Medicaid children and low Medicaid reimbursement payment rates
			* Practices running small businesses were crushed due to low/no income
			* In the CARES Act funding, there is a Provider relief fund that initially used Medicare Provider numbers and Medicare Billing rates to determine where the money was sent
				+ Pediatrics Physicians do not see Medicare patients, except for end-stage renal disease patients – very few Pedi Practices were eligible for funding
			* Last week, there was a way for Medicaid Providers to obtain payment out of the Provider relief fund, but it is approx. 2% of their billing – and will not help practices that are barely holding on
		- How to work in the short term and the long term on firming up sustainability for Pediatric Patient Centered Medical Homes
		- Creative approaches to addressing children’s mental health crisis
			* There was a crisis before Covid that has worsened with the isolation and homeschooling impacts
* There has only been one meeting which was an organizing meeting; the next meeting is tomorrow June 25th
* The Governor is looking to have all immunizations caught up by the first day of school in September 2020
	+ Committee will do their best to develop a Program that will support Practices
		- KidsNet will be a major resource to help Practices determine who their patients are
		- Many Practices are part of Learning Communities and PCMH Kids – and have a common language and approach to Quality Improvement processes
* Dr. Flanagan will be able to provide an update on financial support for Pediatric Practices after the Governor’s Task Force Meeting concludes
	+ Due to social distancing, this program work will require Practices to work after hours, and all day Saturday & Sunday – staffing resources are needed and Practices are already financially strapped
	+ An orientation is needed that states this Program is about the Medical Home, and not about drive-up flu-shot clinics
		- If you missed an MMR, you have missed an important Primary Care Medical Home visit in which you likely missed your screening, and lead test, etc.
		- Consensus needs to be built with all parties to keep the process embedded in the Medical Home
	+ Summary of tomorrow’s meeting will be provided to this planning Committee with any updated information
		- Dr. Flanagan will make recommendations to this Committee for next steps, as there is an expedited turn-around time for this project; as well as requesting that this group provide support to any presentations to the State regarding any gaps and support within Medical Home model

Lead Screening Process: * There has been talk about changing over from venous to capillary draws in the office, if the office would like to try that approach – false positives can be limited with proper sanitary and blood collection training
	+ RIDOH encourages Practices to make this switch to capillary draws but has not yet helped a Practice implement this technique
	+ RIDOH does not support a Point of Care machine – they support actual capillary draws that are sent to an approved State lab for blood analysis
* There will need to be a change in the routine office visits – instead of a slip to bring in the patient for a venous draw, we would ask a Provider to collect capillary samples
	+ Practices can use the same A1C capillary sample for Lead Testing, as long as the lead is drawn first
	+ Samples need to be sent either to Lifespan or RIDOH lab for analysis
		- Result notifications are received the same as for venous draws: via fax, email, or sent to EMR
	+ Practices would not be billing for capillary collection of the blood as it is part of the office visit –insurance would pay for the analysis to the lab, and that lab would provide the sending office with materials needed for blood collection to keep the Practice’s business, and be able to bill for the sample
		- Practices that are doing capillary draws have higher screening rates
* If results are >5, then there is a combination capillary and venous draw
	+ For a future meeting, invite a Practice to present on their implementation workflow
		- How many capillary draws need to repeated with a venous?
		- How many kids avoid receiving a venous draw when an A1C/Lead capillary sample is done?
* Screenings rates were down 60%, now down 42%
* Parking Lot item for Community Solutions: The re-implementation of drawing lead at the WIC sites

Follow up items looking at options for PCMH Kids Cohort 3 practices with not fielding CAHPS* Practices do not have to use a certified vendor for Customer Experience

Update from Bernadette on RIPCPC process for [customer experience survey](https://www.ctc-ri.org/sites/default/files/uploads/Survey%20Template_Adult%2BPedi-for%202020%20Annual%20Reporting.docx) (alternative to CAHPS: using constant contact ([Excel Spreadsheet](https://www.ctc-ri.org/sites/default/files/uploads/Copy%20of%20TEST%20PRACTICE%20_Patient%20Satisfaction%20Survey%20Results.xlsx) and [email from Bernadette](https://www.ctc-ri.org/sites/default/files/uploads/feedback%20from%20Bernadette%206%2014%2020.docx)) – currently used for annual reporting renewals* Constant Contact is an application RIPCPC is using for virtual surveys, prior to Covid, Practices received paper surveys for patients to complete
* Patient email addresses are extracted from Epic Practices and non-Epic Practices provide RIPCPC with emails; and messages look like they are coming from the Practice to the patient – response rates are high and insightful comments received
* RIPCPC is unable to provide a uniform percentage of their Practices that have email addresses for their patients
* Surveys can be administered in several languages, picked by the responding patient
* Constant Contact provides graphical summary data of survey results for 10 questions; all questions hit the NCQA requirements for access, communication, care coordination, office support
	+ 5-Point Scale - 5 (extremely satisfied) down to extremely dissatisfied
		- Exported summary data is provided to the Practices and discussed for Quality Improvement approaches as appropriate
* Costs: $95/month for Basic Plan - $125/month for 5-10K contacts, and increases with more contacts
* For future projects – surveys will include vulnerabilities, race, and ethnicity

Update from Kelsey (Coastal) Coastal’s Internal Survey on Patient Experience as a sample for Planning Committee to build upon; and find out if Immunization is used as Clinical Quality Measure for NCQA | 12 |
| 3 | **Group**  | Planning for Pediatric Immunization QI Project* Updated immunization and lead screening information ([Excel Spreadsheet](https://www.ctc-ri.org/sites/default/files/uploads/Copy%20of%20COVID%20Preventive%20Care%20changes%206.19.2020.xls))
	+ Dr. Flanagan advised in her conversations with individual Practices, they feel like they are targeting appropriately and catching patients up on vaccines, though it’s not being reflected in the data we are viewing now
		- Practices need to work with their own KidsNet reports, as each will have their own intervention
		- Note: Doses reported as administered does not always translate to coverage
		- Strategies for bringing in school age kids
			* For Hasbro, kids <=2 are considered essential and were continued to be seen if parents agreed to bring them in through April and May – within last 45 days there has been a focus on 7th graders and 16 year olds as the next priority of kids to come in
			* Getting rid of the 365-day rule was critical on the part of all Payers – as they could complete a physical exam 1-2 days short as long as it’s completed within the calendar year – parents can bring the whole family and everyone can be caught up with well exam and immunizations
				+ Public transportation is a barrier
	+ Health centers and Immunizations
		- Data from FQHCs have not been seen to date
	+ Janet recommends that Practices review their patient lists to identify anyone that is no longer a patient, and remove them so KidsNet is aware that patient is no longer attached to said Practice

Discussion * How would practices be able to access historical baseline data on MMR (1/1/19-12/31/19)?
	+ RIDOH is able to run the historical data internally for a Practice because a Practice cannot run historical data for themselves through the KidsNet system – Practices would need to submit a historical data request to KidsNet, but can run current data on their own
		- Janet cautions that staffing limits at RIDOH can pose an issue for responding to data requests, however, CTC has offered to assist RIDOH if they can obtain permissions for their Program Coordinators to run historical reports for distribution to the Practices
	+ Tricia had a conversation with Libby & Cory at OHIC – and there will be a presentation on June 25th regarding pediatric relief payment markers and how Practices can reach / assess them; using School Readiness data as a marker, for a Cohort of kids within a certain date range: what is the percentage that have all their vaccinations ready for kindergarten and 7th grade?
		- Data to be looked at overall (statewide) from 2019 – 2020, and not by Practice
* Do we need to create measurement specifications for the practices to use?
	+ Within 10% of 2019 numbers – Practices will need to know their year-end 2019 numbers – age range: TBD by June 25th Taskforce Meeting – though typically looking at kids before their 6th birthday that have not had 2 MMRs
* What are options to consider around obtaining practice contact information (KIDS NET Practice administrator) or other options?
	+ To be discussed at PCMH Kids Leadership Meeting
* Practice Panel Size Information and PMPM for payment
	+ To be discuss at PCMH Kids Leadership Meeting
* What would be helpful for practices and recommendations for obtaining practice input?
	+ Utilize the Practice Facilitators for Cohort 3 to obtain feedback from the Practices – said information can potentially be used statewide
* Schedule next meeting after receiving Dr. Flanagan’s summary recommendations

**Update from Pat Flanagan - Governor’s Task Force / Pediatric Advisory Group**Governor’s task force is looking to get immunizations caught up by September 1, but concern was raised that the project needs to be started immediately, with the right resources, to meet that target. There will be financial support coming through for Pediatric practices. Some of that support will include a commitment to improve immunization rates. Hopefully some support for KIDSNET will be provided to generate the data. KIDSNET does not currently have the bandwidth. Getting money to the practices seems to be moving very quickly. Hoping for an application announcement next week. The vaccination, lead screening, well visit work is vague at this time. Practices are doing this work anyways. Looking for the go ahead for CTC to lead the effort. Understand that there are ongoing issues with who can know whose screening rates are lagging. If the health department can get funding to support KIDSNET reporting, we can figure out which practices are most lagging in immunization rates. PCMH Kids/CTC is well positioned to move this project forward. Think Cory and Libby will be talking to Deb & Pano about CTC involvement. Seems like there are a few more regulatory hurdles to overcome before funding can be assigned. Susanne pointed out that funding is available from BCBS to assist with practice facilitation. In the State application, practices will be asked to write up a paragraph outlining their plan to catch up with immunizations. Not clear that there is any incentive tied to meeting any goals. Trying to minimize additional data reporting burdens and therefore not setting specific goals; more general goal to bring immunizations back to last year’s level for school readiness is what is being recommended. Plan for Medicaid to email practices to fill out the application. Two-week window for practices to apply. Medicaid is hoping to have the money to practices by July 17 or July 31st. Concern about possibility of missing an important email, so investigating other avenues through PCMH Kids or the RIAAP as other means of communication. Might also use post cards. Funds are available for all pediatricians, including those that are not currently taking Medicaid patients. These practices would need to sign up on the MIS portal. All pediatric primary care docs, including family docs, are included in this initiative. FQHC are not included in funding as they have received separate funding through HRSA.HHS found a way to provide providers with 2% of their annual billings. In the application for RI money, practices will be asked what Federal money has already been received. Practices can’t make money on COVID, so they won’t receive more money than received during business, as usual. Don’t think 2% from Medicaid is going to make much of an impact. Able to move COVID relief money quickly by tying moneys to immunization rates.  | 34 |
| 5 | **Group** 15 minutes  | **Next Steps: TBD** |  |

| Date Added | Assigned to  | Action Item | Due Date | Date Closed |
| --- | --- | --- | --- | --- |
| 6/24/2020 | Dr. Flanagan | Provide Summary of June 25th Pedi Advisory Task Force Meeting | 6/26/20 | 6/25/20 |
| 6/24/2020 | Stacey/Kelsey | Provide sample of Coastal’s Internal Survey for Patient Experience | TBD |  |
| 6/24/2020 | Janet | Discuss with RIDOH Leadership the feasibility of CTC obtaining permissions for Coordinators to assist with running historical data reports for Immunization Program needs | TBD |  |
| 6/24/2020 | Susanne/Candice | Schedule next meeting per Dr. Flanagan’s recommendations  | TBD |  |