

THE PRIMARY CONNECTION

WORKING TOGETHER TO IMPROVE THE QUALITY OF
CARE FOR PATIENTS

RHODE ISLAND
PHYSICIANS CORPORATION
PRIMARY CARE

Fall 2016

LETTER FROM THE PRESIDENT

AL PUERINI, M.D.

In This Issue:

Summer is over and it was a great one! Very dry, but great for outdoor activities. Hope you all had a fun and relaxing few months.

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Letter from the President

Although POD meetings aren't held in the summer, our administration has been very busy managing our contracts, working on case management, pharmacy issues, our referral hub and many other activities.

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Operations Update

Here's an update on current activities.

Pg. 4 & 5

ACO Development & EOPC

Integra- Our infrastructure is progressing fast. You may have heard already that our MSSP (Medicare Shared Savings Program) went extremely well. In 2015 we saved \$3.8 million on our 16,000 Medicare patients. Unfortunately, because the threshold set by Medicare was \$4.3 million, we cannot share in the achieved savings for that year. But the message is clear. We saved a large amount of money in our first year when many of our initiatives were either not yet active or in their infancy. This bears very well for the future and for our other contracts. Most importantly, it provides confidence that with further development of our initiatives we should do very well when we transition from MSSP to become a NextGen ACO on January 1, 2017. As of now, we are the only ACO in the state that has been chosen by CMS to become a NextGen ACO.

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Behavioral Health Update

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PCMH & Eye Care
Committees

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Letter from Data Analyst &
Pharmacy Committee

NextGen ACO – What is it? Briefly, it is similar to our MSSP model with regards to care management and quality measures. The key difference is, by taking on more downside risk, we will be able to achieve more upside success. Knowing the dollars saved in MSSP in 2015, we are very confident that we will do well as a NextGen ACO. The key issues for success are:

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RIPCPC Monthly Calendars

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Nurses Corner &
Credentialing Committee

Controlling hospital ER usage – We are in active discussions with both CNE and Lifespan ER leadership to improve communication with PCP offices. Through this communication we must reduce admissions and unnecessary specialist referrals. It is imperative that all offices respond immediately to ER calls regarding your patients or the ER physicians will stop calling.

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Ortho Rhode Island

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Care Retention Initiative &
RIPCPC News

Letter from the President continued on page 2.

LETTER FROM THE PRESIDENT CONT...

Retention of specialty care within our network – Please remember to use the directory we published in May. This lists all Integra specialty providers and provides a quick and easy resource to choose the right specialist. After responding to your comments and suggestions, a final version will be published this fall.

More extensive use of our Primary Care Access Centers – This is a crucial part of Integra to prevent hospital ER use. It is very important that we educate our patients to use this network. Posters were distributed and should be posted in all waiting rooms. Brochures should be given to all patients that come into the office. Most importantly, we need to explain to the patients what this network is for and why it is so important to help with better continuity, higher quality and financial savings for the system.

Better HCC coding – Another crucial issue. Physician groups all over the country have significantly improved their income by learning how to code and document more accurately. We will be spending more effort on this at our POD meetings. If you read the Integra newsletter distributed recently, you'll see an intensive effort has been developed to assist Integra practices in improving their coding and documentation.

Continued transition to Epic Systems – There are huge advantages to converting to Epic. Once we get the bulk of our PCP's on this system, reporting, referring and quality will become much easier to achieve. If we were better at this in 2015, we most certainly would have achieved our threshold of \$4.3 million.

Further development of our Referral Hub – This initiative began earlier this summer and is going very well. It streamlines the referral process for our offices and has created a high level of patient satisfaction

Contract Success – RIPCPC continues to do well as an independent contractor. Our 2015 contracts with local payers were once again very successful. Our BCBSRI contracts brought in \$1.9 million dollars and our UHC contract for Medicare Advantage brought in \$600,000. These successes are entirely due to our high quality performance and outcomes for the year. Monies will be distributed to RIPCPC members in September.

Great work by our docs and our staff to improve patient care while improving reimbursement for our PCP's. Congrats to all!

Dr. Al Puerini
President & CEO



Maintain your independence - Collaborate with your colleagues - Improve the quality of care - Achieve professional satisfaction

OPERATIONS UPDATE

By: Noah Benedict, COO

Hi Everyone,

Looking forward to another great fall, I can't believe summer is already gone! We've been working hard to compile valuable content aimed to support you throughout the remainder of this contract year. Now that the PODs are back in full swing, we are excited to share this information with you. We want to finish this contract year as we did last year, with RIPCPC earning its largest quality incentive ever from a single payer. This is a testament to your efforts and the hard work of our many dedicated RIPCPC staff members. Please continue to welcome us into your offices, supporting this massive effort.

As it relates to the PODs, we will be providing patient level reports highlighting opportunities for patient education, as well as cost analysis' that will reveal financial opportunities. Whether we are alerting you to your ED frequent fliers or high-cost ancillary services, please partner with us on crafting a solution. The PODs are the most important touchpoint for your questions, thoughts, concerns and ideas. As we disseminate patient data and health system reports, think about how RIPCPC can better support you. Though we work hard to develop systems aimed to support your offices, you may have an idea that will enhance a program or initiative. If so, please bring it to our attention. We're here to support you throughout this transition from 'volume' to 'value-based' medicine.

Speaking to the transition from 'volume' to 'value', as you may have noticed, it hasn't happened overnight. There's been incremental progress since the passage of the Affordable Care Act. I often compare this transition to a book you bought that exploded out of the gate. Fabulous story, great characters and an entertaining read throughout the first half of the book. Innovations like PCMHs, ACOs, bundled payments...the brave new world of health care, all based on delivering value-based medicine! Well, we are now at the mid-point of the book. The story seems to be dragging a little, characters are becoming somewhat predictable and you are getting a little bored. This is where our health care system is now, new models of care (like our ACO) are gaining momentum, but still maturing. Payers are still learning how to interact with these new systems of care, and trying to shape 'value-based' reimbursement. Although we are moving swiftly down this path, it's going to take some time to fully develop. The good news - we've made lots of progress and are doing great in our contract arrangements. Even better news, we know what we need to do to guarantee a happy ending.

We're here to help you evaluate the utilization reports, assist you with patient education opportunities and support your quality improvement efforts. Please reach out to us with any questions.

Our ability to deliver quality care is unsurpassed, be proud to be a member of this high-performing organization. Keep up the great work!

If you have questions of any kind, feel free to contact me @ 401-401-654-4000 x105.

Thank you,

Noah Benedict
Chief Operating Officer
Rhode Island Primary Care Physicians Corporation
nbenedict@ripccpc.com

ACO DEVELOPMENT

By: Andrea Galgay, Director ACO Development

OHIC PCMH Designation Update – As was communicated in previous newsletters and POD meetings, OHIC is holding commercial health insurers in Rhode Island to an 80% target of PCPs with PCMH designation by the end of 2019. Current PCMH practices – both those participating in the Care Transformation Collaborative (CTC) or BCBSRI's program – must attest to the completion of Cost Containment strategies and Performance Improvement activities through a survey process by October 15, 2016. RIPCPC is overseeing this process and will complete the surveys on your behalf, but *we will need your help*.

Cost Containment Strategies - A majority of these requirements are automatically fulfilled through NCQA Level 3 recognition. The remaining requirements are met through activities that are centrally administered at RIPCPC/Integra and/or processes in place at individual practices. NCQA staff from RIPCPC will be contacting your offices to validate processes are followed in your practices specifically in areas where NCQA does not provide auto-credit. It is imperative that office staff responds to these requests in a timely manner given the number of PCMH practices we must assess by the October 15th deadline.

Performance Improvement – Performance Improvement will be evaluated using the core quality measures endorsed by the State Innovation Model (SIM) Measure Alignment workgroup. These measures align with those used in both the CTC-RI and PCMH Kids contracts and will reflect the Q3 2016 reporting period. Reports for these measures are built for all Epic practices. We will be contacting non-Epic practices to assess feasibility of meeting the reporting requirements. Endorsed measures include:

- **Adult**
 - o Comprehensive Diabetes Care: Hemoglobin (HbA1c) Control (<8.0%)
 - o Controlling High Blood Pressure
 - o Screening for Clinical Depression and Follow-Up Plan
 - o Tobacco Use Screening and Cessation Intervention
 - o Adult BMI Assessment
- **Pediatric**
 - o Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents:
Body Mass Index Assessment for Children/Adolescents
 - o Developmental Screening in the First Three Years of Life

Outstanding Gaps in Care Outreach – RIPCPC staff is currently compiling lists of patients with outstanding gaps in care for 2016. These patients will directly impact quality performance in 2016 and, in turn, associated payments with various pay for performance programs. Patients identified will include a combination of patients missing tests/services altogether (e.g. No A1c value in 2016, Mammogram missing or conducted prior to October 2014) or patients with values out of range (e.g. A1c >8%, Blood Pressure >150/90). Epic practices will be notified how to utilize Reporting Workbench reports to identify patients with potential gaps in care. Additionally, RIPCPC will provide patient lists directly to the practice.

Continued...

HCC Coding – Similar to gaps in care, RIPCPC/Integra are identifying patients with potential HCC coding opportunities. These opportunities include patients not seen in 2016 and those with “suspect conditions” – conditions coded in 2015 that have not yet been coded in 2016. Work is already underway on identifying these patients and closing coding gap opportunities. Although initiatives may differ slightly across payer, the intent is the same for FFS Medicare, and United Health and BCBSRI Medicare Advantage programs. Whenever possible, we will look to merge HCC and Quality Gaps in Care opportunities together.

As always, if you have any questions, please contact me at agalgay@ripcpc.com or 654-4000.

Thank you,

Andrea Galgay
Director ACO Development

ENHANCED OUTCOMES & PERFORMANCE COMMITTEE

By: Drs. Marcolino Ferretti & Jeffrey Wilson

The transition continues at RIPCPC with the movement of practices onto Epic. Epic's unique abilities is making it easier to track quality measures and create reports. This summer saw the implementation of a 'Health Maintenance' section which allows users to better document and follow colonoscopies, mammograms, diabetic measures and more.

Most members of RIPCPC are used to following these measures in the previous P4P era, but as we have moved to gaps in care the financial incentives are bigger and the need for accurate data collection is critical. It is important to keep abreast of new targets for our familiar measures and detailed lists are available at RIPCPC.

If you have any other questions feel free to ask any of the EOPC members. Keep up the great work and together we will again maximize our financial bonus!

Thank you,

Dr. Jeffrey Wilson
Co-Chair

2016 Rhode Island Pharmacists Association Service award recipient

Congratulations Dr. Martin Kerzer
for your 2016 RIPA Service Award.

Your dedication and commitment to pharmacy
services is outstanding.



BEHAVIORAL HEALTH COMMITTEE

By: Peter Oppenheimer, Ph.D.

The Behavioral Health Committee continues to work on developing the mechanisms for collaboration. The concept is easy. The devil is in the details. We have certainly come a long way and we are excited about what's on deck.

We will soon begin to connect behavioral practices to the EpicCare Link portal. We have been searching for a means for us to share patient information and collect data, and EpicCare Link is a great application that will allow for ease of information sharing. Primary care physicians will be able to electronically send referrals, and behavioral health clinicians will be able to access patient records, not just ones attached to referral but for all mutual patients and will have the means to communicate back. Thus opening communication. Behavioral health clinicians will continue to maintain their own medical records system, so only information that is intended to be shared will be shared.

Our members continue to be involved with Integra Committees developing the ACO's behavioral health system. We are continuing to work on developing a screening protocol. The consensus is that we will start by screening for depression. Later we can expand to additional symptoms (anxiety) and issues (trauma and substance abuse). We are also working on integrating our referral system with the Care New England system. We may be able to provide a system that is staffed by CNE 24/7.

We have also worked to better integrate with the PCP's by designating liaisons to each of the PCP PODS to help foster communications. Our liaisons are:

- Providence Mark Schneider, Ph.D. 401-949-2900 & mssphd@att.net
- Kent Tami Ringling, Psy.D. 401-732-5656 ext 286 & tringeling@thekentcenter.org
- South County Sara Little, Ph.D. 401-783-1310 x2 & drslittle@yahoo.com
- North Lisa Gallagher, PsyD. 401-944-3725 & drlgallagher@yahoo.com
- Pedi Peter Oppenheimer, Ph.D. 401-24500015 & pmpp@fopsych.com

Our liaisons will try to attend most of the POD meetings and will present when we have something to tell you. Please don't hesitate to contact them with any questions you may have.

The next behavioral health POD meeting will be held Thursday, September 29th, 6:00pm- 8:00pm at the RIPCPC offices. We will be delivering an overview of the ACO and some procedural issues for the POD. All behavioral health providers are encouraged to attend.

Thank you.

Peter M. Oppenheimer, Ph.D.
Chair
Behavioral Health Network

PATIENT CENTERED MEDICAL HOME

By: Gregory Steinmetz

The PCMH committee will now be the "PCMH/ER/Access" Committee to reflect our additional aims to help our doctors reduce inappropriate ER utilization and improve access for our patients.

Having returned from a national ACO conference, I am convinced that our physician led ACO is poised to succeed because of having a solid base of PCPs through RIPCPC, we have good infrastructure and data support, and we have a committed partner in CNE.

If not done so already, please review your ER utilization data for your UHC patients and look for trends. Our commitment to each other and our patients will help us excel in the future.

Thank you,
Dr. Gregory Steinmetz

EYECARE COMMITTEE

By: Dr. Stephen Montaquila, O.D.

The eye care POD has worked hard the first part of the year to get the referral database up and running and aid in streamlining communication using the PCP communication forms. At this point the referral database is up, viewable to all PCP's and staff and seen as a beneficial tool for the Integra referral hub. All the information listed in the database is based on information collected from providers. If there is any change to your information it is your responsibility to contact RIPCPC and let them know of the changes. You can send any changes to Irene Esposito at reception@ripcpc.com.

We want to thank all the providers that have been consistently sending in communication forms to update PCP's about mutual diabetic patients. This information will be extremely useful as we head into the 4th quarter and need to ensure we close all the gaps in care for diabetic eye exams. As of January 1st we have received 224 communication forms back. These forms were sent to the patients PCP's or uploaded into patient charts via EPIC. If you never received the communication form or the Rhode Island Primary Care provider listing, please contact Lisa Ariosto from RIPCPC, lariosto@ripcpc.com, or if you have any questions about the process.

The next step for the Eye Care POD is going to be the implementation of EpicCare Link. As RIPCPC providers continue the migration to EPIC, this is the piece that will further streamline referrals and communication. Beginning September 1st RIPCPC will reaching out to specialist practices about this application. It will take time to get everyone moved onto the application, but the benefits are incredible!

Please be on the lookout for the next POD meeting, at this meeting we will be able to provide a full update on POD activities.

Thank you,
Stephen M. Montaquila, O.D., Chairman &
Lawrence T. Ginsberg, O.D., Vice-Chairman

LETTER FROM DATA ANALYST

By: Rob Mencunas, Data Analyst

With the end of the year approaching here are some things that you should be aware of;

- Blue Cross P4P payments should be paid out with the next few weeks
- Same for UHC Medicare Advantage contracts – payments expected in the next few weeks
- QIP measures through EPIC should be completed in the next 2 weeks. Please be on the lookout for percentages and exception lists coming soon.
- Currently working on 2016 Blue Cross P4P gaps and entering them into the portal
- Be sure to be coding to the highest level for the UHC Medicare Advantage high risk patients
 - oYou can focus on colonoscopy and eye exams
 - oThe contract pays out 65% based on coding for 2016
- Also note that Tufts will be moving into the RI market on 2/2/2017
- Please continue keeping referrals in the Integra network – this is helping with tracking and reporting on measures

Keep up the good work for the rest of the year, and as always if you have any questions please reach out to me.

Thank you,
Rob Mencunas

PHARMACY COMMITTEE

By: Dr. Mark Rosenberg

The Pharmacy Committee would encourage all RIPCPC membership to begin to think about total cost of care in treatment of our patients. In choosing medication therapy options for patients consider the appropriateness, and cost-effectiveness of the therapy. Use of generic medications are typically preferred for most common diseases. We would also encourage physicians to annually re-assess all medications prescribed for potential discontinuations if no longer needed. Remember to leverage your practice resources to assist you in effectively managing the patient's disease such as the pharmacist or nurse care manager assigned to the office. Listen to how other physicians are using medications in their practices and learn from others experiences. The POD meeting presentations will continue to provide education regarding opportunities based on reviewing the pharmacy data for RIPCPC membership as well as highlighting practices that are using unique ways to successfully work with their patients to achieve improved patient outcomes remembering that pharmacy costs are nearly 25% of all healthcare expenses. Areas of focus for the remainder of 2016 are medication adherence, for statins, oral diabetes agents and ACE/ARB, use of cost effective medication options, and safe medication use.

On behalf of the Pharmacy Committee, we continue to provide the RIPCPC membership with actionable and meaningful pharmacy information through the POD meetings, individual physician education and patient specific details.

Mark Rosenberg
Pharmacy Committee Chair

RIPCPC CALENDAR

■ SEPTEMBER 2016 ■

SUN	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SAT
				1	2	3
4	5	6 PCMH 6:30pm & Integra Network Committee 6:30pm	7 EOPC 6:30pm	8 South County POD 6:30pm	9	10
11	12 Prov POD 6:30pm	13 Pharmacy Committee 6:30pm	14 BH Com. 7:30am, Pawt POD 6:30p & Integra IT & Data Governance Committee	15	16	17
18	19	20 Pedi POD 7pm	21 Prac. Mgrs 8:30m & Kent POD 6:30pm	22	23	24
25	26 Medical Directors 6:30pm	27	28	29 BH POD 6:00pm	30	

RIPCPC CALENDAR
 ■ OCTOBER 2016 ■

SUN	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SAT
						1
2	3 Prov POD 6:30pm	4 PCMH 6:30pm & Integra Network Committee 6:30pm	5 EOPC 6:30pm & Pawt POD 6:30pm	6	7	8
9	10	11 Pharmacy Committee 6:30pm	12 BH Com. 7:30am, Integra IT & Data Governance Committee	13 South County POD 6:30pm	14	15
16	17 RIPCPC Board 6:30pm	18 Pedi POD 7pm	19 Prac. Mgrs 8:30m & Kent POD 6:30pm	20 EPIC User Group 6:30pm	21	22
23 Medical Directors 6:30pm	24	25	26	27	28	29
30	31					

RIPCPC CALENDAR

■ NOVEMBER 2016 ■

SUN	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SAT
		1 PCMH 6:30pm & Integra Network Committee 6:30pm	2 EOPC 6:30pm	3	4	5
6	7 Prov POD 6:30pm	8 Pharmacy Committee 6:30pm	9 BH Com. 7:30am, Pawt POD 6:30p & Integra IT & Data Governance Committee	10 South County POD 6:30pm	11	12
13	14	15 Pedi POD 7pm	16 Prac. Mgrs 8:30m	17	18	19
20	21 Medical Directors 6:30pm	22	23	24	25	26
27	28	29	30 Kent POD 6:30pm			

RIPCPC CALENDAR

■ DECEMBER 2016 ■

SUN	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SAT
				1	2	3
4	5 Prov POD 6:30pm	6 PCMH 6:30pm & Integra Network Committee 6:30pm	7 EOPC 6:30pm	8 South County POD 6:30pm	9	10
11	12 Medical Directors 6:30pm	13 Pharmacy Committee 6:30pm & Pedi POD 7:00pm	14 BH Com. 7:30am, Pawt POD 6:30p Integra IT & Data Governance Committee	15 EPIC User Group 6:30pm	16	17
18	19 RIPCPC Board 6:30pm	20	21 Prac. Mgrs 8:30m & Kent POD	22	23	24
25	26	27	28	29	30	31

RIPCPC NURSES CORNER

**FREE DIABETES
EDUCATION CLASSES
STARTING in
September
(Cranston & Pawtucket locations)**

**Meeting on
Tuesday/
Thursday
evenings for
5 weeks
Times TBD**

**Summer is
over...Holidays are
around the
corner....don't FALL
behind !!!!**

Healthy Eating

Taking Charge
Of Diabetes

Medications

Active Living

Coping Skills

Please see your NCM or contact RIPCPC more additional information!

CREDENTIALING COMMITTEE

By: Dr. Dinusha Dietrich

RIPCPC would like to welcome the following physician's who have recently joined the organization;

Dr. Cindy Klipfel

Dr. Carla Cesario

Dr. Heather Mackey-Fowler

Dr. Aaron Way

Dr. Robert Fox

Dr. Karen Smigel

Dr. Derek Andelloux

Dr. Hana Hagos

Dr. Nicole Somvanshi

Dr. John Beauchamp

Dr. Laura Henseler

Dr. Gloria Sun

Dr. Charles DeAngelis

Dr. Mark Zullo

We continue to encourage all our members to recommend RIPCPC to their primary care colleagues. Stress to your unaffiliated peers within the medical community the value our IPA can bring to their practice.

Ortho Rhode Island

by Dr. Michael Bradley

A few years ago, five Rhode Island colleagues met up at an Orthopedic conference. Although we worked for competing groups, we were also friends and respected colleagues dating back to the days when we trained together at Brown University. It was at the conference, over a cup of coffee, we began the What If conversation...

What If (Ortho RI Vision)

What if we all came together. What if our new group was designed to 'Think Like a Patient'? After all, the patients' perception of their experience and value are what really matter. What if everything we did was designed to serve the patients well – surely we would achieve value for the insurers, our communities and the doctors. And what if in the process, we could improve the quality of life for our physicians and staff – actually have fun and bring joy into operating an orthopedic delivery system?

Ortho Rhode Island

Well, What if became 'Let's just do it', and Ortho Rhode launched in May 2015. As we look back, the What if conversation, which became our Vision, could also be described as Quadruple Aim- better care, better health, lower cost and we will call the fourth element - fun. Blackstone Orthopedics & Sports Medicine, Foundry Orthopedics & Sports Medicine and South County Orthopedics joined to become the largest and most comprehensive orthopedic practice in the state. We have 14 location and 40+ providers throughout Rhode Island and Southern New England.

Ortho Rhode Island Initiatives

The consolidation of practices has given us greater management capacity to support data analytics, create programs to provide better patient access and engagement and has enhanced our ability to work with payers on alternative payment models to reduce costs. A few examples are: coordination with primary care groups and ACOs, extended hours of service to deal with immediate access and postop patients, improving quality (time to access, communication with PCP's, improving patient experience.)

- Patient Satisfaction Survey: surveys will begin in June, 2016. We will benchmark against CAHPS and other national orthopedic practices. We will receive real time data to support continuous improvement. We will share this information with PCPs.
- Patient Reported Outcomes: Patient reported outcomes are essential in the orthopedic arena. We currently collect data for some procedures as will be mandated by CMS for Medicare total hip and total knee patients. We are moving to extend these to other procedures and more robust surgeon involvement.
- Access: you have told us you want same day access for acute patients. We are working on a program we hope to launch by Fall 2016 to include timely access and communication back to PCPs for patients in need.
- Integra; RIPCPC: It has been exciting to represent the orthopedic specialty arm of RIPCPC. We look forward to working with all of you to develop the musculoskeletal care for your patients and transitioning that into the Integra ACO network. Please do not hesitate to contact us with questions.

Dr. Michael Bradley
mbradley@orthopedicsri.com
meashe@orthopedicsri.com

Congratulations!



Dr. Albert Puerini, President and CEO of RIPCPC, has been elected Chairman of the Board of Integra Community Care Network.

Dr. Puerini has served as the ACO's vice chairman and a medical director since its inception in 2014. He succeeds Dennis D. Keefe, President and CEO of Care New England as Board Chair.

Congratulations Dr. Puerini and good luck!



Andrea Galgay, Director of ACO development for RIPCPC has been appointed as Chairman of the State Innovation Model Steering Committee.

This committee is responsible for providing financial and technical support to states for the development and testing of state-led, multi-payer health care payment and service delivery models that will improve health system performance, increase quality of care, and decrease costs for Medicare, Medicaid and Children's Health Insurance Program (CHIP) beneficiaries—and for all residents of participating states.

Congratulations Andrea and good luck!

CARE RETENTION INITIATIVE

By: Lisa Ariosto Stanelun

'We are Integra.' This is a phrase that we keep hearing and for good reason, we are Integra. However, do we all know what that means? As Integra we are a network of primary care providers, specialists, primary care access sites, and hospitals all connected together to deliver the highest quality care. We care for over 115,000 Rhode Islanders, and we do it well.

Starting October 1st we are moving forward with a care retention initiative to ensure maximum utilization of the Integra network. Presently we are sitting at 35% retention rate, but we know that we can do better. This retention rate shows 65% of our referrals and treatment is being sent outside this extensive network – why? There is inherent value in keeping treatment in-network;

- Care delivered is higher quality
- More effective care coordination
- Better communication between providers
- Reduction in duplicative testing
- Cost savings for both network and patient
- Patients are more satisfied with care delivered

We understand that we will never have a retention rate of 100% because of geographical challenges, but we can do a much better job than we are doing today.

The Integra network has 209 primary care physicians and over 1000 specialists, yet there are numerous specialists that are underutilized. These are issues that require immediate attention. Retention data and subsequent strategies will be presented at the POD meetings during the month of October. We will reach out to those providers who fall below a set threshold for in-network referrals, and explore opportunities to increase their numbers. For some, it will be as easy as locating specialists in their area that they were unaware of, and for others, it will be showing the value in our specialty network. Your confidence in the network, and who you are referring to, is key when engaging with patients.

At the PODs we will be presenting data as well as getting you acquainted with your local specialists. We will be inviting specialists to introduce themselves at POD meetings, geographically located near you, and briefly detailing their specialty and contact information. Please remember to take note of the faces you see, as they are your local in-network providers, ready to work with you to become part of your patients care team.

We will also continue to monitor the Integra referral hub, increasing the number of facilitated appointments and collecting as much data as possible. At this point everyone should have received the draft version of the Integra provider directory, if not please contact Lynne Perry at 401.430.2067 to get one. This directory has all the contact information to refer in-network.

If you have any questions, comments or concerns about this initiative, please feel free to contact me at Lariosto@ripccp.com or by calling 401.654.4000 ext. 115. We've worked hard to bring high quality healthcare services and providers together, now it's time for us to function as a coordinated network!

Thank you,
Lisa Ariosto-Stanelun
Specialty Network Development

'COCKTAILS FOR A CAUSE' UPDATE

We are pleased to announce that Cocktails for Cause raised **\$8,000** for Camp Surefire this year!! This was our 3rd year hosting this event and the biggest fundraiser yet. A huge THANK YOU to all that supported and attended the event this year. We are excited that we were able to raise much needed funds for the camp again. And let's not forget our wonderful sponsors!



We've grown again!
Let's send a warm welcome to the new RIPCPC employees

Pharmacy

Stacey Ranucci, R.Ph, CGP, CDE
Ron Tutalo, PharmD, CDOE, CVDOE
Jennifer Leavitt, PharmD, CDOE, CVDOE

NCQA Associates

Kayla Misto
Breanna Lemieux

Social Work

Tara Riccitelli
Melissa Cocroft

Resource Specialist

Katia Melendez

EPIC Data Abstractors

Sherry Cucca
Tabitha Desjardino