

# THE PRIMARY CONNECTION

WORKING TOGETHER TO IMPROVE THE QUALITY OF  
CARE FOR PATIENTS

**RHODE ISLAND**  
**PHYSICIANS CORPORATION**  
**PRIMARY CARE**

## Fall 2015

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## LETTER FROM THE PRESIDENT

AL PUERINI, M.D.

Hope everyone is having a great summer. As I write this it's 92 degrees and very humid. Ahh! Rhode Island summer!

Here's a quick review of what's been happening over the past several months.

**Integra Community Care Network** – Believe it or not, Integra just completed its first full year of business. We have accomplished a lot and all agree we have a long way to go. Creating a network of engaged and like-minded PCP's, specialists, ER docs & Hospitalists, Home Care agencies, SNF's and others is a huge task. But we are making great progress.

- We have added South County Hospital and most of its physicians as affiliate members of Integra
- We are building specialty networks in cardiology, orthopedics, behavioral health, eye care and dermatology to care for our Integra patients
- We are in active negotiations with Landmark to bring in as an affiliate member.
- We have developed a preferred SNF network
- We are building a statewide walk-in network
- We are in the process of transitioning all RIPCPC and CNE PCP's to Epic Systems
- We are active in 2 contracts (BC Medicare Advantage and Medicare Shared Savings (MSSP) (25, 000 lives)
- We are currently negotiating an Integra contract with BC Commercial (60,000+ lives)
- We have instituted an experienced Care Management team to focus on our top 5% sickest patients
- We are educating our docs to HCC coding

Our goal is to build a tightly organized virtually integrated health care system where all members work together to achieve the triple aim (improve quality, reduce costs, improve patient and physician satisfaction)

Letter from the President continued on page 2.

## LETTER FROM THE PRESIDENT CONT...

Our challenges:

- Improving communication and collaboration with our provider colleagues
- Steering patient care to Integra hospitals and facilities
- Steering specialty care to Integra specialists. A user friendly directory of Integra specialists is being developed.
- Engaging our pediatricians through future contracting with Commercial products and Medicaid

The Board and staff of Integra have many talented people from both RIPCPC and CNE. We have also brought in some great talent from out of state to further our mission.

Probably the most pressing issue for RIPCPC physicians is to work hard to keep the care of our patients within the Integra system. Presently there is a lot of room for improvement in this area. This will be addressed at our POD meetings as we track out of network care. Together we will find ways of doing this. It is essential to our success and will greatly improve patient care by staying within the network we are creating.

Dennis Keefe and I have been appointed to the Governor's Workgroup on Healthcare Innovation. We feel strongly that the Integra ACO could easily serve as a model for healthcare throughout R.I.

**UHC** – We continue to further a very positive relationship with UHC. Our meetings, contracts and physician performance confirm this. We have done very well financially with UHC as a result of continually improving the quality of care of UHC patients.

**Tufts** – Tufts is making an effort to re-enter the RI market in a big way. RIPCPC has had meetings with them to hopefully produce a relationship that will benefit Rhode Islanders.  
More to come on this as it develops.

So, as always, we have a lot of work to do. We need to re-assess some of our practice patterns. We need to be active participants in the process. As always, we need to stay on the cutting edge of health care by acting, rather than reacting.

Thanks for your patience with these changes. I know it will benefit us and our patients in a big way!

Albert Puerini, M.D.  
President



## **OPERATIONS UPDATE**

By: Noah Benedict, COO

I hope you all had a great summer! I can't remember one with so many sunny days, the odds are that your vacation was complemented by fabulous weather. It's hard to believe September is already here and summer is almost over. As already indicated in the newsletter, there has been a great deal of activity at RIPCPC over the last 3 months. Dr. Puerini provided a great high level summary of our efforts and I just wanted to highlight one initiative in particular – Integra's Complex Care Management Team. Dr. Finale, Integra's Chief Clinical Officer, spoke to us about this program at the June All POD. Since then, I have received a number of questions about the program and would like to provide more details.

Integra has launched a complex care management team that includes Nurse Practitioners, Nurse Case Managers, Pharmacists, Social Workers and a Medical Director. This team is charged with managing our (RIPCPC & CNE) most complex Medicare patients. It's essential to monitor these patients more closely due to their deteriorating disease state, frequent trips to the ED, skilled nursing facility activity and/or high number of prescribed medications. What differentiates this program from RIPCPC's care management program? Unlike our nurse care managers, these case managers are charged with following fewer, more complicated patients and at a moment's notice have the ability to meet the varied needs of these challenging patients. In real-time, they are able to deploy a social worker, nurse, pharmacist or nurse practitioner. This clinical team also meets on a weekly basis to evaluate the members within the case management program. Their discussions include ongoing care management efforts, care plan revisions, care transitions and provider communication.

This is an extraordinary opportunity for the patient and primary care physician. At no cost, the patient receives a level of care that could not be provided within an ambulatory practice setting, and the PCP has a tremendous resource that provides optics into the medical services and activities being accessed by your patient. Moreover, our RIPCPC NCM's are able to transition these complex patients to Integra's complex case management program, allowing more time for our NCM's to reach out to additional patient members within your practice. Most importantly, the patient is and will always be yours. This is an assist, not a theft! The nurse practitioner will contact you directly about care plan discussions and your nurse care manager will be alerted to care transitions.

As in any clinical program launch there will be some 'kinks' that will have to be worked out. The value of a program like this is immeasurable and we are all committed to making it a success. There are almost 300 patients enrolled and actively being managed. When in full swing, we would like that number to be over 1000! If a patient contacts you about this program and asks whether or not they should participate, please support enrollment.

If you have any questions about this program, feel free to contact me directly. I look forward to answering any additional questions you may have.

Noah Benedict  
Chief Operating Officer  
401-654-0000 x105  
nbenedict@ripcpc.com

## ENHANCED OUTCOMES & PERFORMANCE COMMITTEE

By: Drs. Marcolino Ferretti & Jeffrey Wilson

There has been a shift in the quality measure focus from QIP (P4P) to Gaps in care (All payers). The main focus of the Quality Measure gaps will be the 3 diabetic measures for the adults. We are going to focus on these heavily since this measures impact us the most. Passing these gaps in care quality measures helps not only the group but helps out the individual physicians as well.

It remains crucial to our goals that members provide data to the IT staff at RIPCPC in order to follow our progress. Without this information it is impossible to know where the group stands and where resources need to be applied to help struggling members. Also, because 25+ providers are now participating overall from last year, those members who have not been able to or do not improve their QIP and/or Gaps in Care measures will hurt the rest to a larger extent. This is even more stressed due to the fact that we have 20 practices currently transitioning over to EPIC and another 20 in the pipeline before the end of the year.

October 1st will start the probation period for any member who has not achieved 7 or more measures; this also includes those members who have not provided the required data for the QIP (P4P). If such members do not improve by December 1 then members will be removed from the contract. The EOPC would very much like to avoid these scenarios and help as much as possible prior to October 1st and certainly in the 3rd quarter to prevent anyone being removed. Please let any of the committee members know if there is anything we can do, and understand that our phone calls in the coming months are meant to help. Please keep working hard to assure RIPCPC stays on top.

Sincerely,

Jeffrey Wilson, M.D.

## HEALTHCARE COMMITTEE

By: Dr. Lucille Vega

The Healthcare Information Committee is always working to help our membership stay abreast of changes in healthcare, with special attention to our endeavors at RIPCPC. We review the latest articles and provide information about up and coming medications, medical trials, standards of care, PCMH insights, and common medical problems that we may encounter on a daily basis in primary care. We take the time to summarize and review this information, and ensure to send out the Quick Tips monthly to keep the membership informed. Please make sure that you are receiving the monthly Quick Tips and if not please reach out to RIPCPC.

Sincerely,

Lucille Vega, M.D.

## LETTER FROM DATA ANALYST

By: Rob Mencunas, Data Analyst

We are now past the half year point and are evaluating our performance IPA/ACO wide. Do not hesitate to reach out to me/us for any support you may need to boost your performance! I am here for you, all you have to do is ask.

As stated at the POD meetings back in April, there are no drastic changes to the QIP (P4P) from our 2014 measures, we did increase the targets for some of the measures so that they would overlap with our Gaps in Care contracts. We did take away 1 measure from the adults last year (LDL-C Control for Diabetic Patients) due to HEDIS retiring this measure from its catalog.

In other news, for the internal medicine/family practices we have been working hard on the UHC Medicare Advantage contract. Please continue your hard work on this. We as an organization have already submitted over 75% of the 3000 patients in the program. The 6 Quality Measures that we have been tackling are Colonoscopies, Mammograms, BMI, Diabetic Eye Exams, Diabetic Nephropathy and Diabetic HbA1c <8.0%

Please also note that we have a full time OPTUM/UHC member (Phoebe Zuromski) working with me on the contract for the UHC Medicare Advantage members. Please welcome her into your office and if your office needs help in contacting the patients with the open gaps feel free to use her as one of your own. She has been out to many offices already and is assisting in contacting the patients with the outstanding gaps (especially the diabetic patients and getting they're eye exams scheduled and/or results sent back to the pcip).

(Also for the Gaps in Care contracts with UHC Commercial and BCBS we are hoping these payers will be sending the data to us in late August). Once the data is in I will then send out reports for all the missing gaps.

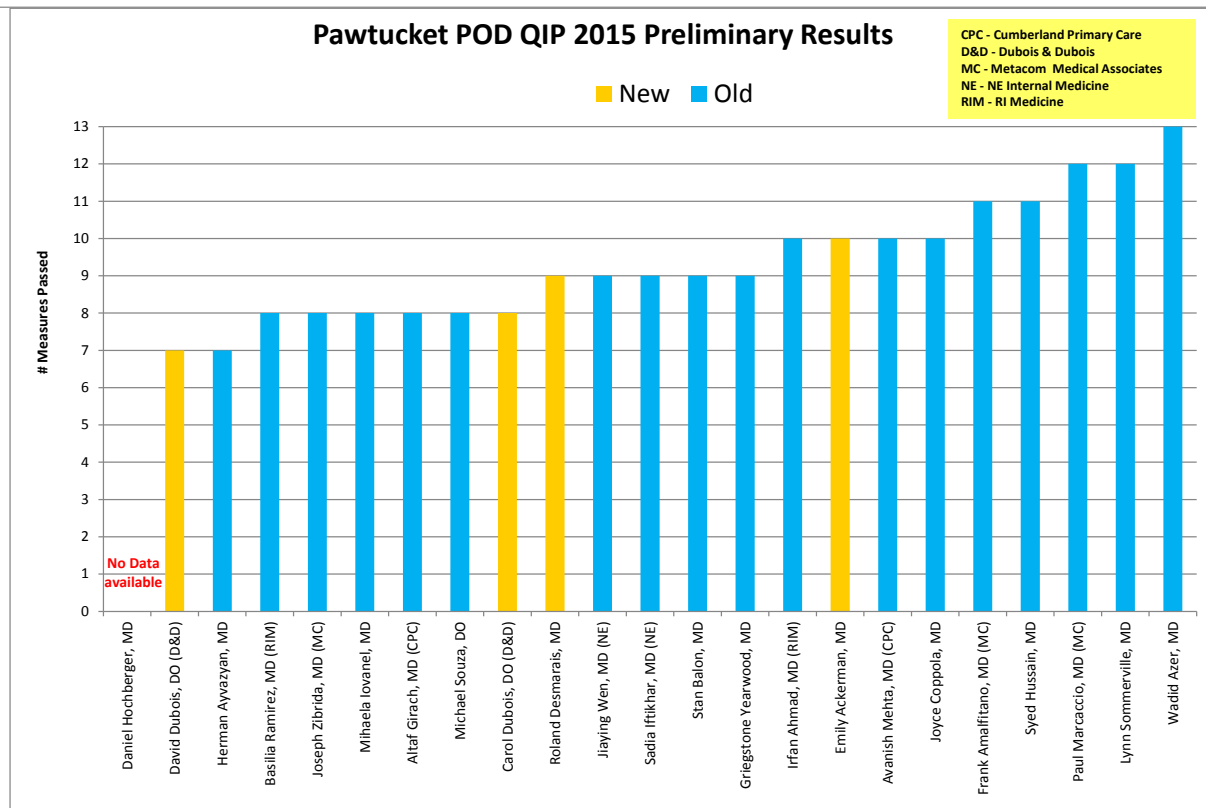
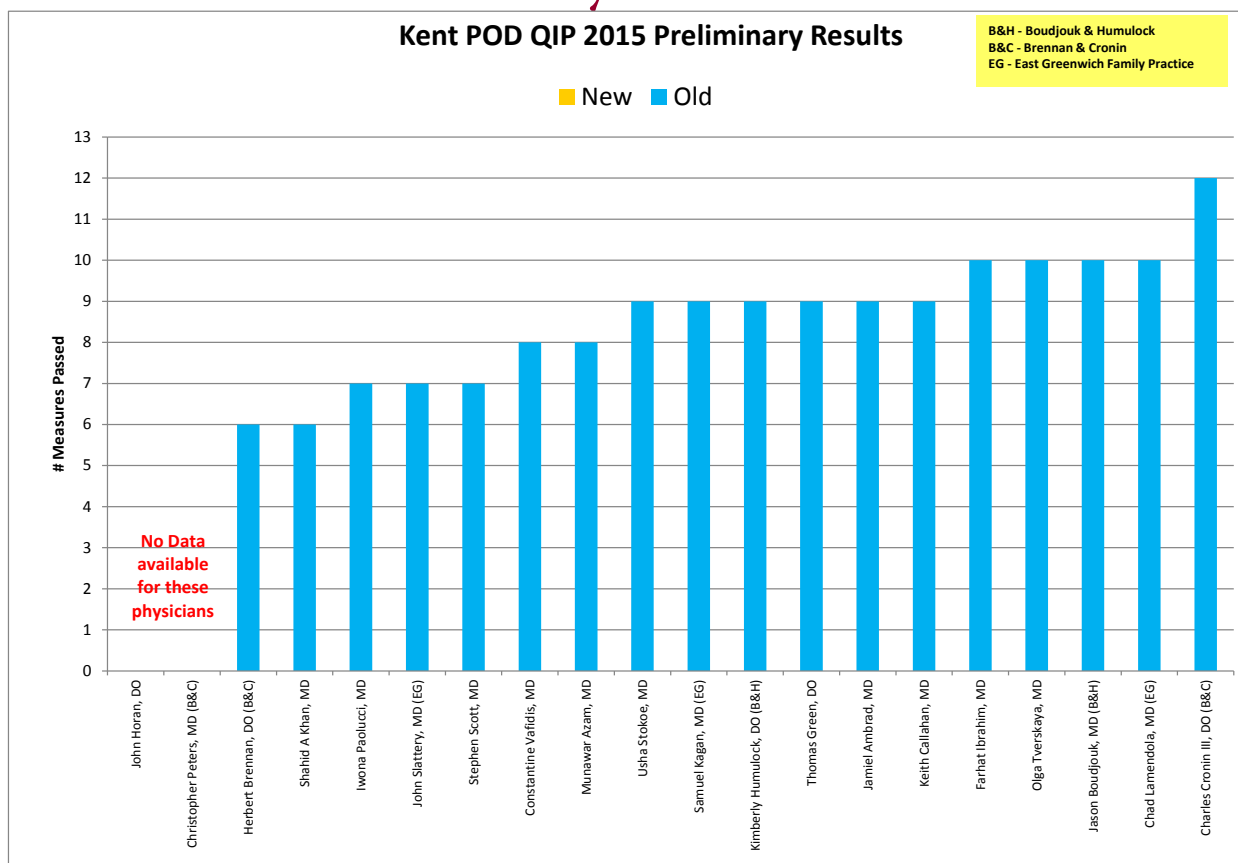
If you are having trouble with any measures or tackling the gaps in care, please contact me ASAP and we can work the issues out together

Sincerely,

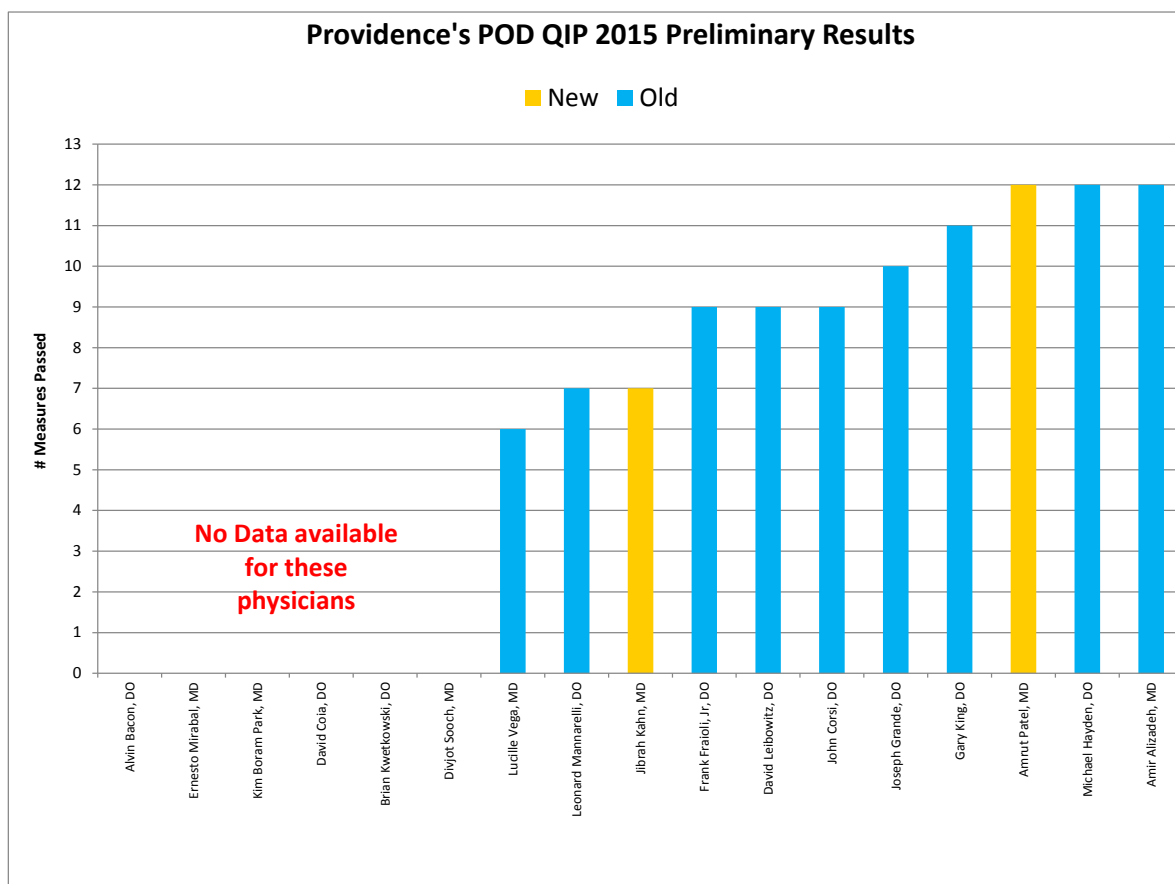
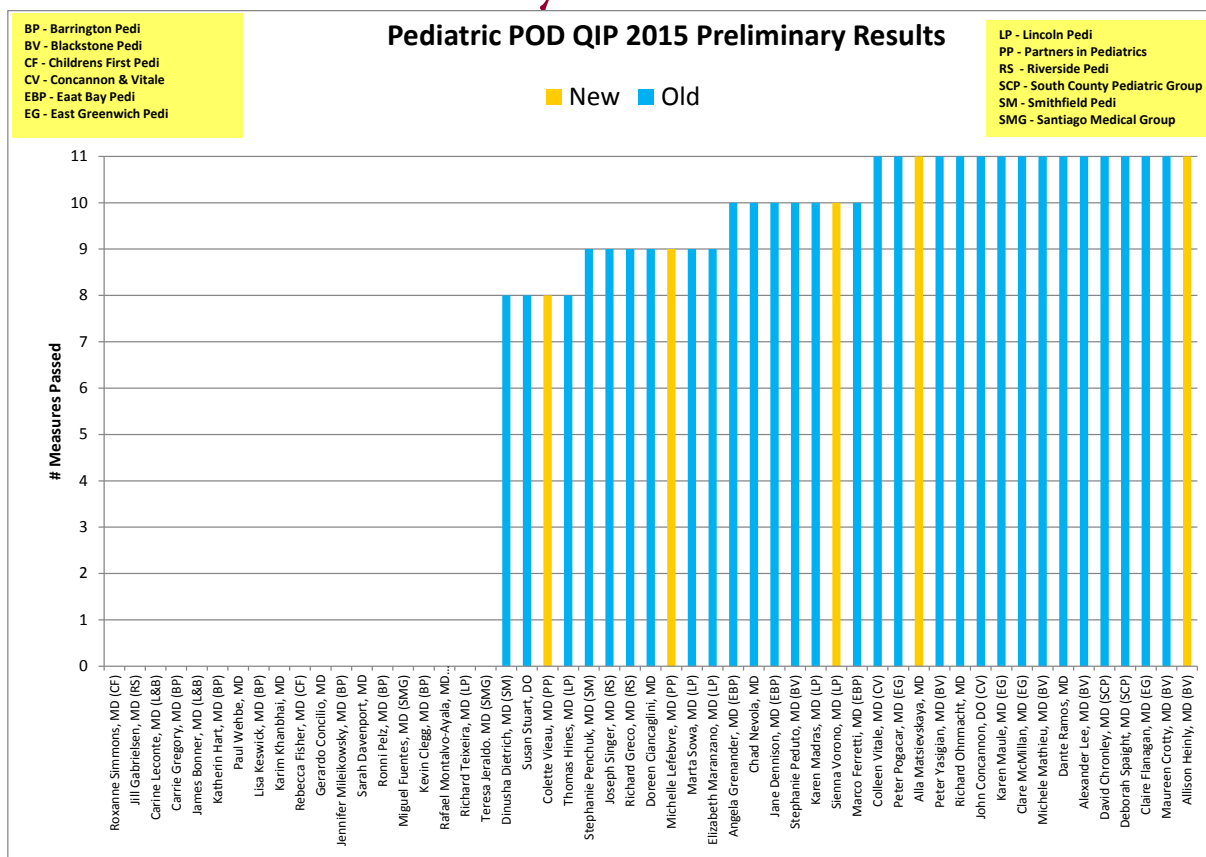
Rob Mencunas  
Data Analyst  
rmencunas@polarismedical.com  
401-612-3995



## 2015 Preliminary P4P Measurements



## 2015 Preliminary P4P Measurements





## BEHAVIORAL HEALTH COMMITTEE

By: Dr. Chad Nevola

The Behavioral Health Committee continues to work to improve access to quality behavioral health care for our patients. RIPCPC's online Behavioral Health Network Database continues to assist primary care physicians in coordinating timely, appropriate behavioral health access for their patients. Behavioral Health providers continue to reach out to RIPCPC practices to familiarize providers and their staff with the database. Please contact Lisa Ariosto at the RIPCPC office [(401) 654-4000 ext. 115 or [lariosto@ripccpc.com](mailto:lariosto@ripccpc.com)] with questions regarding the database.

Our Behavioral Health POD continues to flourish, boasting over 100 members. The primary goal of the POD is to meet and coordinate with our primary care members in order to build relationships and improve referral processes. The POD meets bi-monthly on the first Thursday evening of the month at 6 PM (starting in September. A full calendar will be posted on the RIPCPC website). RIPCPC members are welcome and encouraged to attend.

Our behavioral health providers continue their work on the new Behavioral Health/Primary Care Integration Committee which involves RIPCPC, Care New England, Blue Cross/Blue Shield of RI, and the Providence Center working together to coordinate and design the delivery of behavioral health care and developing and implementing complete services within the framework of the ACO.

We are pleased to participate in these projects as they continue to improve behavioral health services in Rhode Island. The Behavioral Health Committee meets at 7:30am on the second Wednesday of each month and remains open to anyone interested in our work. Our next meeting is scheduled for October 7th.

Sincerely,

Chad Nevola, M. D. & Peter M. Oppenheimer, Ph.D.  
Behavioral Health Committee Chairs

## CREDENTIALING COMMITTEE

By: Dr. Richard Greco

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

**Dr. Ernesto Mirabel**

**Dr. Sarah Davenport**

**Dr. Miquel Fuentes**

**Dr. Divjot Sooch**

**Dr. Teresa Jeraldo**

**Dr. Karim Khanbhai**

**Dr. David Coia**

**Dr. Rafael Montalvo**

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.

Thank You Dr. Richard Greco!



## PATIENT CENTERED MEDICAL HOME

By: Gregory Steinmetz

It is with sadness that we say goodbye to Susan Small, RN, our assistant program manager for many years at RIPCCPC. Susan's dedication to excellence has made our practices better, improving the health of thousands of patients in our community while improving their experience at their doctors' offices. Her impact is profound. Fortunately, part of Susan's legacy is a strong PCMH team at RIPCCPC.

This team continues to assist our RIPCCPC community in achieving/maintaining NCQA recognition, but more importantly, improving our patient care. As you know, with each iteration of NCQA criteria (and multiple subsequent revisions), the criteria has become more stringent. Fortunately, we have a dedicated team of professionals to support your practice. Be sure to use your nurse care manager to the limits of her abilities to improve patient care. Remember always that the team member is on your side, and sometimes, this means she has to give challenging news about how to meet the ambitious criteria for recognition. Make sure you and your staff are courteous and respectful at all times to your RIPCCPC team members.

As we get deeper into our ACO endeavors, PCMH concepts will be the core of the quality criteria in our contracts. This pertains to all practices, including those that have not gone through NCQA recognition. In the fall, the POD meeting presentations will focus on these measures to help us meet the population management criteria of our United Healthcare Contract. These measures will help prove our superior quality of care that we deliver in RIPCCPC.

Sincerely,

Gregory Steinmetz, MD  
PCMH Committe Chair

## EYECARE COMMITTEE

By: Dr. Stephen Montaquila, O.D.

The eye care POD is continuing to move forward with development of the referral database, which will result in making referrals more streamlined and opening up communication with primary care physicians. Though slow to start, the referral database is at the final stages and we are asking that everyone take one last look at their listing. If you have not have a chance to do so and need access, please contact Lisa Ariosto at [lariosto@ripccpc.com](mailto:lariosto@ripccpc.com).

In addition to the referral piece, eye care leadership is working on a set of best practice documents that will be helpful for all members and will be one step closer to determining how to measure quality within the eye care POD. There is still a need to track eye exams, especially diabetic exams and we are encouraging everyone to utilize the communication form that was sent out to the eye care membership to track eye care visits. By completing this form and sending it the patient's primary care provider it will alert the pcp that the annual eye exam was completed and let them know if there were areas of concern. The communication piece in this is critical to the specialty network. If you never received the communication form or the Rhode Island Primary Care provider listing, please contact Lisa Ariosto from RIPCCPC as well.

As we move into another year with RIPCCPC, please be on the lookout for the best practices information, POD meetings and educational sessions that will be offered.

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

## ACO DEVELOPMENT

By: Andrea Galgay, Director ACO Development

There are a number of activities occurring on a statewide level that will have a dramatic impact on primary care in the short and long term. Below, I have outlined these activities and provided links to get more information as you find appropriate.

**State Innovation Model (SIM)** – In February 2013, CMS awarded Rhode Island with a grant to “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.” The funds from the Round One grant were used to develop a model included in a Round Two grant submission in 2014. Rhode Island was selected in the Round Two submissions and was awarded \$20 million towards the implementation of its test model developed in the Round One effort. The approved grant places emphasis on both payment reform and quality improvement. Specifically, the grant articulates that 80% of health care spending will migrate to a non-FFS model by XX. Population health improvements focus on obesity; smoking; preventable ED and IP stays; behavioral health; prevention of infectious disease; child health immunizations, developmental screenings and asthma control; infant mortality; and end of life/palliative care. Details of the project are provided at <http://www.eohhs.ri.gov/SIM.aspx> including the project and budget narratives. I am actively involved on the SIM Steering Committee as well as a subgroup aimed at aligning quality and cost measures across payers.

**OHIC PCP Affordability Standards** – As you are all aware, OHIC enacted regulation in 2009 holding commercial insurers in the state accountable for an increase in year over year health care spend allocated to primary care. Many of the initiatives and contracts RIPCPC participates in (CTC, PCMH, shared savings, P4P) are a direct result of these standards. In the last year OHIC revised the standards and included a requirement that 80% of PCP practices achieve PCMH status as of 12/31/2019. OHIC convened two workgroups focused on Alternative Payment models and Care Transformation, which Noah and I actively participated in, respectively. A major deliverable of the Care Transformation committee included defining the expectations of PCMH. This definition includes NCQA at the base as well as additional requirements surrounding access and high risk member management – things RIPCPC is intimately involved in at an ACO and IPA level. Insurers strongly voiced their concerns around a lack of financial return among PCMH practices and have therefore made a push for greater cost containment strategies. I am involved in a subgroup facilitated by OHIC to determine these standards. My primary goal is to avoid duplication in efforts already covered NCQA recognition and/or ACO/IPA facilitated programs.

**Care Transformation Collaborative (CTC)** – Similar to the concerns voiced through the Care Transformation Workgroup, insurers are looking for greater performance of those practices with a long tenure in the CTC program. As of July 1, 2015 these most mature CTC practices are now included in the “Advanced Collaborative.” These practices will no longer receive incentive based payments for quality and CAHPS related targets through CTC, but rather be measured through our ACO and IPA contracts. These expectations will be placed on newer CTC practices as they evolve through the developmental contract. RIPCPC is here to help CTC practices with the achievement of their contractual obligations.

If you have any questions about the issues listed above or other statewide related programs, please don’t hesitate to contact me at 654-4000 or [agalgay@ripccpc.com](mailto:agalgay@ripccpc.com)

Andrea Galgay  
Director, ACO Development

## RIPCPC CALENDAR

■ **SEPTEMBER 2015** ■

SUN	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SAT
		1 PCMH 6:30pm	2	3	4	5
6	7	8 Pharmacy Committee 6:30pm	9 BH Com. 7:30am,& Pawt POD 6:30p	10 BH POD 6:00pm	11	12
13	14 PROV POD 6:30pm	15 Pedi POD 7pm	16 Prac. Mgrs 8:30m, Healthcare Info. 6:30pm & EOPC 6:30pm	17	18	19
20	21	22 Polaris Board 6:30pm	23 KENT POD 6:30pm	24	25	26
27	28 Medical Directors 6:30pm	29	30			

# RIPCPC CALENDAR

## ■ OCTOBER 2015 ■

SUN	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SAT
				1	2	3
4	5 PROV POD 6:30pm	6 PCMH 6:30pm	7	8	9	10
11	12	13 Pharmacy Committee 6:30pm	14 BH Committee 7:30am & Pawt POD 6:30pm	15	16	17
18	19 RIPCPC Board 6:30pm	20 Pedi POD 7pm	21 Prac. Mgrs 8:30m, Healthcare Info. 6:30pm & EOPC 6:30pm	22	23	24
25	26 Medical Directors 6:30pm	27	28 KENT POD 6:30pm	29	30	31

# RIPCPC CALENDAR

## ■ NOVEMBER 2015 ■

SUN	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SAT
1	2 PROV POD 6:30pm	3 PCMH 6:30pm	4 Polaris Annial Meeting 6:30pm	5	6	7
8	9	10 Pharmacy Committee 6:30pm	11 BH Com. 7:30am,& Pawt POD 6:30p	12 BH POD 6:00pm	13	14
15	16	17 Pedi POD 7pm	18 Prac. Mgrs 8:30m, Healthcare Info. 6:30pm & EOPC 6:30pm	19	20	21
22	23 Medical Directors 6:30pm	24 KENT POD 6:30pm	25	26	27	28
29	30					

# RIPCPC CALENDAR

## ■ DECEMBER 2015 ■

SUN	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SAT
		1 PCMH 6:30pm	2	3	4	5
6	7 PROV POD 6:30pm	8 Pharmacy Committee 6:30pm	9 BH Com. 7:30am,& Pawt POD 6:30p	10	11	12
13	14 Medical Directors 6:30pm	15 Pedi POD 7pm	16 Prac. Mgrs 8:30m, Healthcare Info. 6:30pm & EOPC 6:30pm	17	18	19
20	21 RIPCPC Board 6:30pm	22 KENT POD 6:30pm	23	24	25	26
27	28	29	30	31		

## PHARMACY COMMITTEE

By: Dr. Mark Rosenberg

The RIPCPC Pharmacy Committee has been focused on providing educational information and support to the RIPCPC membership related to pharmacy topics. The committee is committed to patient safety, medication appropriateness and lowest total cost. We welcome feedback for areas that the RIPCPC membership is interested in as well as feedback on the information that is shared with physicians at the POD meetings and on an individual physician basis.

Generic utilization continues to be a subject that will be addressed and highlighted as the savings opportunities for the patients and the healthcare system are staggering. If you are interested in learning more about your prescribing pattern, please contact Tara Higgins, Clinical Pharmacy Director, at 654-4000 x106 or [thiggins@ripcpc.com](mailto:thiggins@ripcpc.com).

The table below shows the generic utilization for Q1 2015 for the Blue Cross & Blue Shield of RI membership. As noted in the table, RIPCPC is performing well in the Medicare population and has opportunity for improvement in the Commercial population. Generic utilization has increased from last quarter of 2014 to the first quarter of 2015. Even small changes, 20-50 patients per practice, can equate to a range of \$50,000-\$130,000 in annual healthcare savings.

	Commercial	Medicare	Total
BCBSRI Network	85.9%	90.2%	87.5%
RIPCPC	85.5%	90.4%	87.1%
PHYSICIAN GROUP A	85.6%	90.3%	87.1%
PHYSICIAN GROUP B	85.9%	90.7%	87.5%
PHYSICIAN GROUP C	87.3%	91.6%	89.1%
PHYSICIAN GROUP D	85.7%	89.7%	87.1%
PHYSICIAN GROUP E	86.2%	89.8%	87.1%

Thank you for your attention to pharmacy measures, the care you provide to your patients, and your commitment to RIPCPC as an organization.

Mark Rosenberg, M.D.  
 Pharmacy Committee Chair



## RIPCPC NURSES CORNER

RIPCPC nurses once again put together a wonderful education seminar for our physicians patients, this time focused on pediatrics!

'Nutrition Expedition' was held June 30th and targeted 8-12 year olds and their families. The night focused on healthy eating and creating healthy habits. 12 youths and their families attended and were all entered into a raffle for a new bike!



## 'COCKTAILS FOR A CAUSE' UPDATE

We are pleased to announce that \$7,250 for Camp Surefire was raised at our 2nd annual fundraiser, Cocktails for a Cause. 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.

