

# THE PRIMARY CONNECTION

WORKING TOGETHER TO IMPROVE THE QUALITY OF  
CARE FOR PATIENTS



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

## Winter 2016

## LETTER FROM THE PRESIDENT

AL PUERINI, M.D.

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*There are two primary choices in life: to accept conditions as they exist, or accept the responsibility for changing them.*

-Denis Waitley

Three years ago, we came to an important realization - although we were doing great things to improve the quality of care delivered to our patients, we were having much less success controlling costs. Why? As PCP's we only directly control about 10% of the healthcare dollar. The bulk of spending occurs in hospitals, SNF's and specialist care. We were "accepting conditions as they exist".

With Integra, we have the unique and timely opportunity to help control the other 90%. Many studies have shown that if you do this, your quality of care rises accordingly. This occurs through reducing redundancy of services, improving communication among all providers and involving patients more in their own health. In essence we "accept the responsibility for changing" the status quo.

Through our ACO, we have this opportunity.

- We have built a network of Primary Care Access Centers with RIPCCP's 7 walk-in clinics plus 2 additional centers in Warwick.

- We continue to build a specialty network made up of the very best specialists in RI who, most importantly, are willing to work with us to improve care and reduce unnecessary costs.

- We have employed clinical care managers to work on our top 5% sickest patients and provide the more intensive care management they require.

- We are building a SNF network to develop relationships with more open minded and progressive facilities willing to work with us for our patient's benefit.

- We are forging relationships with other community hospitals so we can do a better job following our patients.

- We are moving to a more centralized IT system to provide better communication among all providers and patients.

Letter from the President continued on page 2.

## LETTER FROM THE PRESIDENT CONT...

- We just completed our first commercial contract as an ACO with BCBSRI that will bring over 60,000 additional lives into Integra.
- Soon, we will partner with Thundermist Health Centers to embark on a Medicaid ACO contract, bringing in another 30,000 lives.

The biggest responsibility will be with us, the PCP's. As first line providers, we will need to work hard to succeed. We will focus on three essential areas to achieve success.

First, we must work together to reduce unnecessary ER visits. Research has shown that over 40% of ER visits are avoidable and can be easily managed by the PCP. With our PCP network and our Primary Care Access Centers we have ample opportunity to fix this. It will take physician and patient education.

Second, we must reduce leakage. Currently, 40% of the care provided to our patients is performed within our Integra network. That means 60% of our patient's care is performed out of network! This is unacceptable. Through the programs we are developing, we need to reverse this. We will be distributing data measuring individual PCP retention percentage within the network at our upcoming Pod meetings.

Lastly, we need to improve access for our patients. Patients need to be seen in a timely manner, whether it is through the physician, our physician extenders or the Primary Care Access Centers. This is crucial to contain costs, provide better care and improve patient satisfaction.

There are other things as well. But these three are the essential ones we will be focusing on in the upcoming months.

These are exciting times. Medicine is changing. RIPCPC is changing. We WILL remain on the forefront of this change and accept the important responsibility. We, as PCP's, have to ensure these changes occur properly to realize the ultimate benefit - improving population health in RI.

We'll see you at the February RIPCPC All Pod meeting on Feb. 24th when many of our specialist colleagues will be attending. We are also looking forward to the Integra All Pod meeting on March 8th, when all Integra PCP's and specialists will be in attendance. There will be no individual Pod meetings in February or March.

As always, thanks for your ongoing great work. Let's keep the ball rolling!

Dr. Albert Puerini  
President & CEO



**OPERATIONS UPDATE**

By: Noah Benedict, COO

I hope everyone had a happy and healthy New Year. I want to congratulate you all on a successful & productive 2015 contract year. Your commitment to delivering high quality care was evident in our quality metrics and contract performance.

As you most likely read in the Providence Journal (<http://www.providencejournal.com/article/20160111/NEWS/160119844>), on 1/1/2016 Integra finally completed a BCBSRI commercial contract. Our partnership, through the Integra ACO, with Care New England and South County Hospital, has grown to include over 100,000 lives! It's amazing how fast Integra has expanded, quickly becoming the largest ACO (by far) in Rhode Island! Together we will improve the outcomes of our patients and realize the cost savings generated through our collective care coordination/management programs.

We wanted to take a minute and highlight one of the cornerstones of our Integra/BCBSRI commercial contract, our new **Primary Care Access Centers** program. A Primary Care Access Center is an Urgent Care/Walk-in facility that has agreed to service our patient members for after-hours care. These centers have signed a compact with Integra that guarantees access for our patient members, communication with your office (that details the treatment provided) and a commitment not to over prescribe or test. We will be monitoring the treatment your patients receive as well as the correspondences that are sent to our member practices. It is important that the access and communication that has been agreed to is not only happening, but continues to occur. Almost all of the centers that have been included in our network are RIPPC/Integra physicians, making it easier for us to monitor and manage.

Why is this program so important? We must decrease our emergency room utilization rate. As Al spoke about in his article, 40% of all emergency room visits are avoidable and should have been managed by a PCP. We have to get that message out to our patients.

These **Primary Care Access Centers** are geographically dispersed around the State of Rhode Island, making it easy for your patients to access any one of the 9 convenient locations. These centers also have a primary care co-pay - reducing the patients financial burden should provide an extra incentive to use our 'In-network' Primary Care Access Centers. Using our in-network Primary Care Access Centers will save our patients time, money and ensure their care is coordinated.

We will be reaching out to your offices to schedule a visit with your staff. We'll speak to them about this program and discuss other clinical opportunities these Primary Care Access Centers may solve. We have created a poster for your waiting room as well as a tri-fold brochure to be handed out to your patients. There will also be a mailing and other promotional activities.

Averting unnecessary emergency room visits is essential to having a successful contract year. If you have any questions about this program, do not hesitate to contact me at [nbenedict@ripcc.com](mailto:nbenedict@ripcc.com) or 401-338-9999.

Here is the list of our Primary Care Access Centers:

- Pilgrim Park Physicians  
-Warwick, RI
- Primary Care Walk-In Center  
-East Providence, RI
- Concentra Urgent Care  
-Warwick, RI
- Lincoln Urgent Care  
-Lincoln, RI
- South County Walk-In & Primary Care  
-Narragansett, RI
- North Smithfield Urgent Care  
-North Smithfield, RI
- Just Kids RI Sick Care  
-Cumberland, RI
- South County Hospital Medical & Wellness Center  
-East Greenwich
- Midland Medical Inc.  
-Cranston, RI

## ENHANCED OUTCOMES & PERFORMANCE COMMITTEE

By: Drs. Marcolino Ferretti & Jeffrey Wilson

Happy 2016! This year will be bringing some changes to the EOPC and expectations for RIPCPC members with respect to outcome measures. The P4P will still be active but the measures and benchmark goals will be adjusted, however given the fact that RIPCPC has consistently achieved 100% of goals for the last few years we expected as much.

There will be a stronger push for closing Gaps in Care as the potential amount of financial gains for both the plans and for RIPCPC members remains high and in our favor. It will also help insure that our patients are receiving the proper care and follow up that can sometimes be overlooked. For example, when patients follow a gynecologist for mammograms (but actually never went) or when diabetics SAY they have seen the eye doctor but don't remember that it was actually LAST year that they had their appointment.

We will also start to join forces with the members of Care New England under the ACO umbrella in order to support and learn from each other but our outcome numbers will remain separate.

Finally, there will be more emphasis placed on other areas of potential savings and care such as emergency room visits and improved hospital follow up. As always, if anyone has any issues or questions they should feel free to contact any of the members of the EOPC.

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

Congratulations on another fantastic year for achieving 11 out of 11 and 13 out of 13 on both the 2015 Pedi & Adult Measures for the QIP (P4P). We want to thank you and your staff for all the hard work that was put in.

Currently, on the UHC Medicare Advantage contract we are either at a 4 or 5 Star on ALL the Quality Measures for 2015. I want to personally thank all the PCP's and their staff for your diligent efforts on working with me on this contract. I also want to say thank you to Phoebe Zuromski from UHC/OPTUM for single handily working with patients and PCP's to get us a 5-Star rating on the Diabetic Eye Exam. Without her daily efforts we would not have been able to achieve this goal. So please continue to welcome her into your office as we begin work on 2016 measures.

Also, due to your hard work in 2014, UHC finally accepted our data file a few months back and we were able to achieve 6 5-Star Ratings and 2 4-Star Ratings on the Quality Measures. Those physician incentives were sent out at the end of 2015.

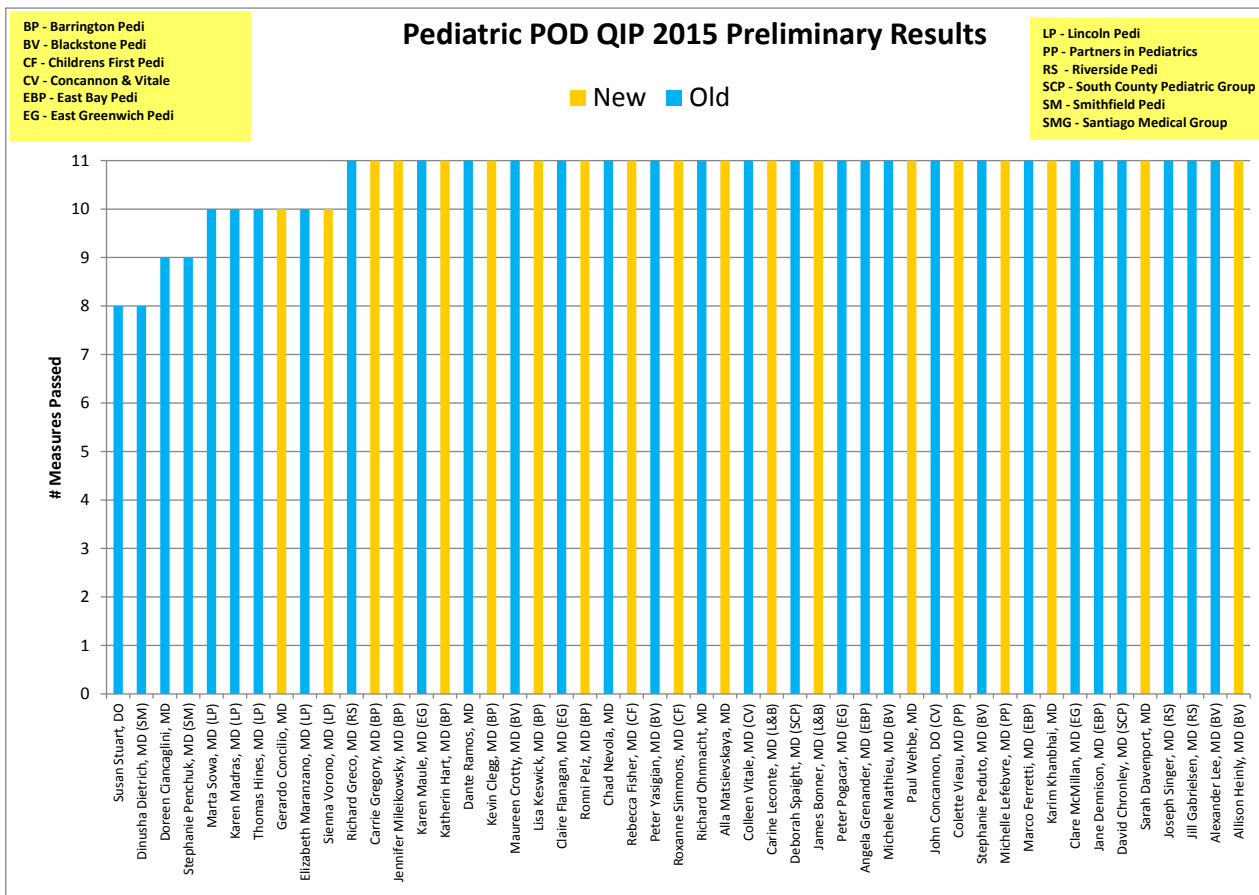
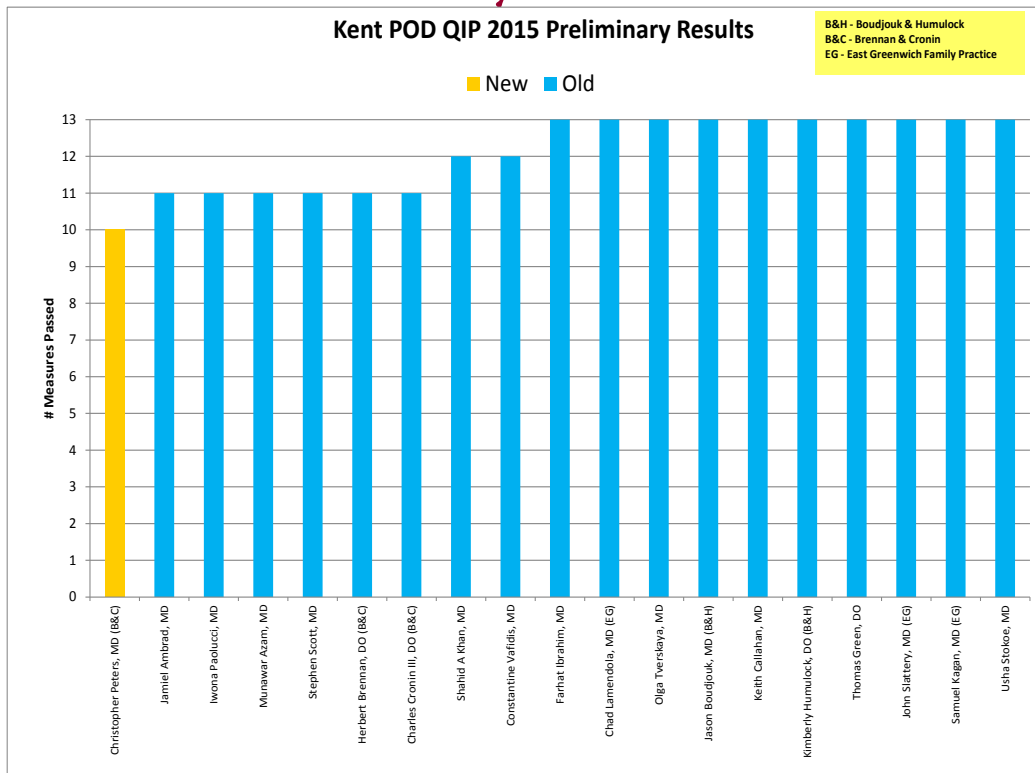
I am currently working on the BCBSRI Gaps. Much of the payout in 2015 is based upon: Adult BMI's and Pedi's administrating BMI Assessment, Nutrition Counseling and Physical Activity Counseling (at least once during the calendar year of 2015). Please remember to record adult BMI's at every visit. For the Pedi's, remember that at every WCC to do the 3 measures mentioned above.

Thanks again for all the hard work that you and your staff do every day. As we begin our new measurement period, please reach out to me with any questions about our quality improvement programming.

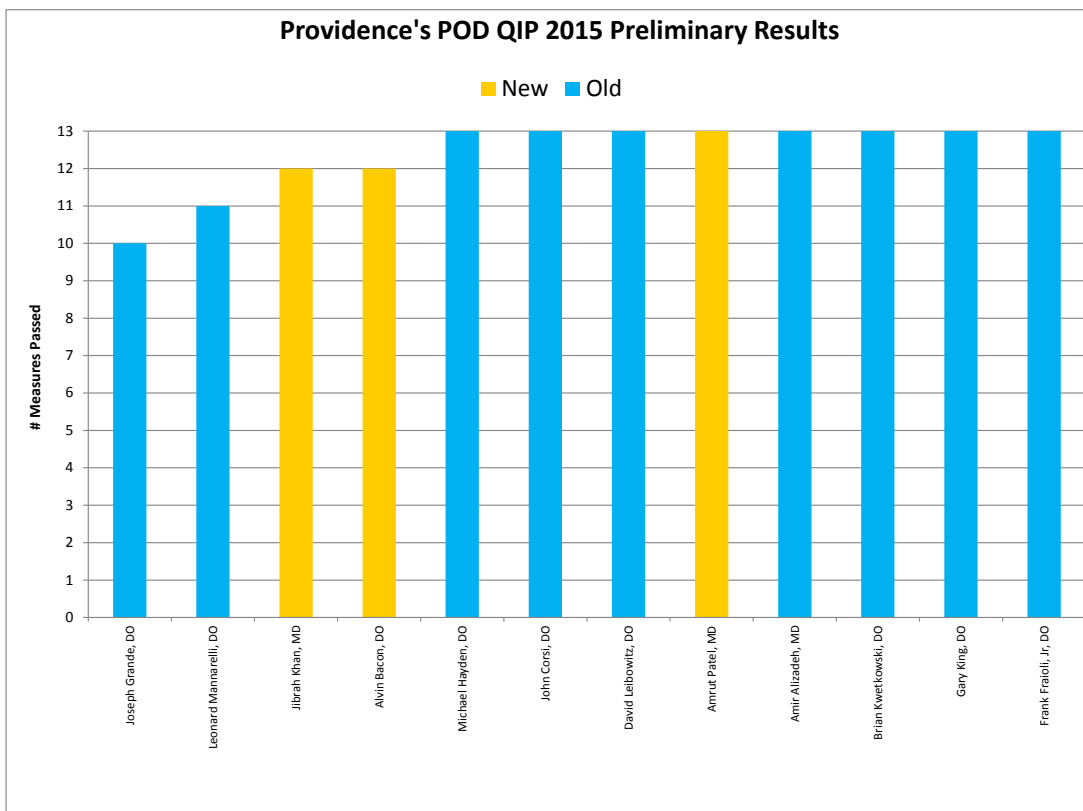
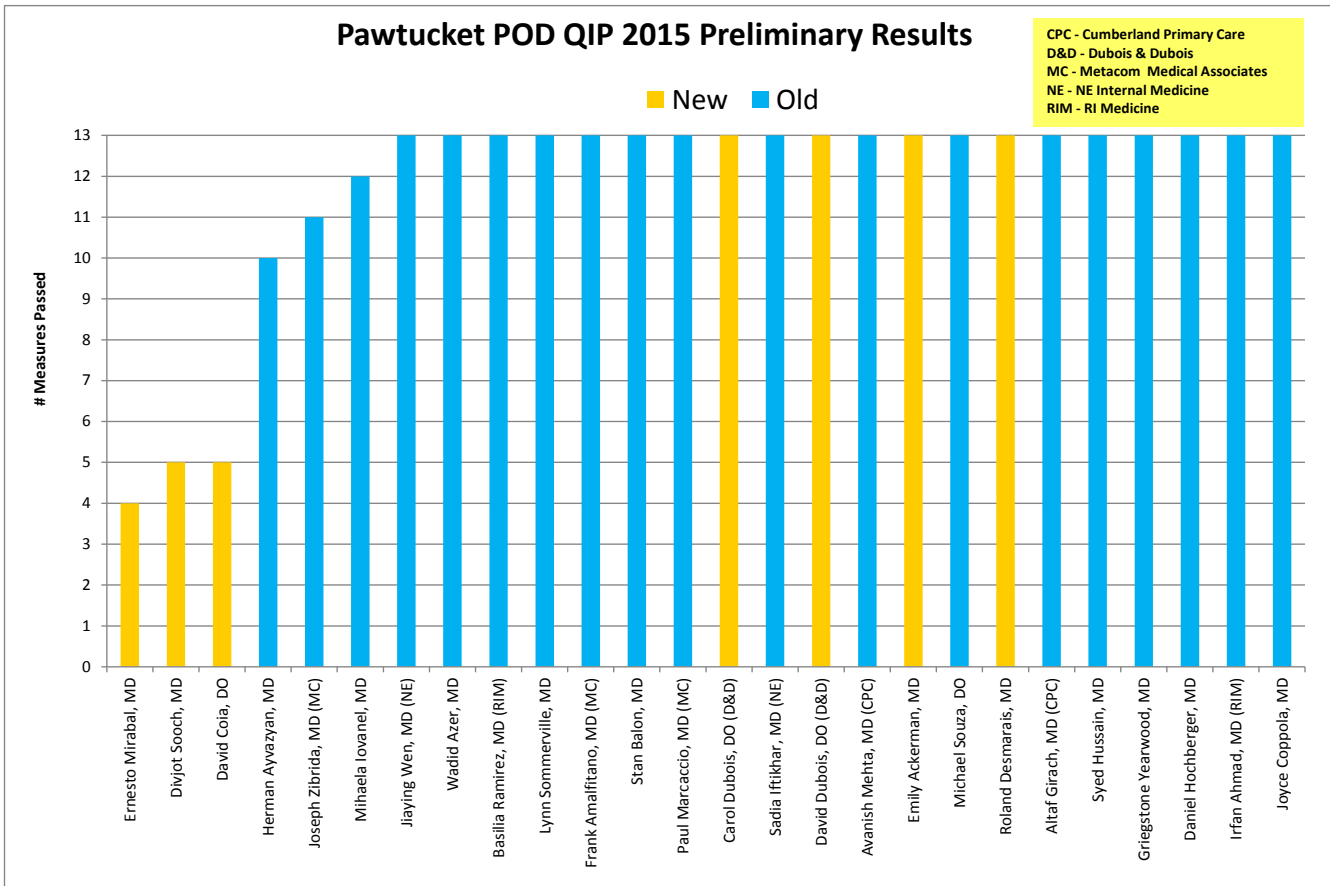
Rob Mencunas, Data Analyst, RIPCCPC  
rmencunas@ripccpc.com  
401-612-3995



# 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@ripcc.com](mailto:lariosto@ripcc.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. In this endeavor, we held our first collaborative POD between Pediatrics and Behavioral Health in the fall of 2015. The POD meets bi-monthly generally on the second Thursday evening of the month at 6 PM. RIPCPC members are welcome to attend. The next POD meeting is set for Thursday, March 3rd, 2016.

We continue to work with RIPCPC practices to improve screening for behavioral and developmental problems and to assist with timely pathways to care for these patients. In addition, we hope to begin work on a new suicide prevention project in the summer of 2016.

We are passionate in our participation in these projects as they continue to improve behavioral health services in Rhode Island. The Behavioral Health Committee meets every month on the second Wednesday of that month at 7:30 AM and remains open to anyone interested in our work.

Sincerely,

Chad Nevola, M. D. & Peter M. Oppenheimer, Ph.D.

Behavioral Health Committee Chairs

## CREDENTIALING COMMITTEE

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

**Dr. Timothy O'Mara**

**Dr. Jill Gabrielsen**

**Dr. Paul Barratt**

**Dr. Letitia Horrigan**

**Dr. Nitin Damle**

**Dr. Fadi Mansoutati**

**Dr. Allison Heinly**

**Dr. Gerardo Concilio**

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

Thank You!



## PATIENT CENTERED MEDICAL HOME

By: Gregory Steinmetz

The PCMH committee meeting has been branching out into new areas beyond our core commitment to assist our practices with NCQA certification. We had a great meeting with Dr. Peter Oppenheimer, co-chair of the RIPCPC Behavioral Health Committee, to discuss steps forward to further integrate behavioral health into our practices. This aim is most worthy of our time and efforts, as mental health conditions are intertwined with overall health. Our behavioral health POD is eager to assist us in this endeavor. Please continue your dedication to PCMH as it is superior care for our patients. The most common reminders from the PCMH team include:

- Tracking all referrals
- Sending patients results on all their labs and imaging studies
- Leaving slots open for same day visits each day

Your efforts allow RIPCPC to boast of our high quality standards and maintain our respect in the community. Thank you for accepting the challenge to give high quality of care on a daily basis.

Sincerely,

Gregory Steinmetz, MD  
PCMH Committe Chair

## EYECARE COMMITTEE

By: Dr. Stephen Montaquila, O.D.

Welcome 2016!

Over the last few months the Eye Care Committee has been working hard to continue building relationships with the insurers. We have had successful meetings with Blue Cross Blue Shield of Rhode Island and United HealthCare. Our goal for 2016 is to meet with Tufts and Neighborhood Health Plan.

We would also like to remind everyone of the communication forms that should be used when seeing a RIPCPC patient. These forms have been working great to get communication going between providers and were beneficial year end when RIPCPC needed to verify missing patient eye exams. If you do not have a copies of these forms or need further clarification on their purpose, please contact Lisa Ariosto at [lariosto@ripcpc.com](mailto:lariosto@ripcpc.com) or by calling 401.654.4000 ext. 115.

Lastly, please save the date for our next Eye Care POD meeting that is being held on **Wednesday, March 9th. with Dr. Munawar Azam from RIPCPC presenting on Diabetes.**

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

## ACO DEVELOPMENT

By: Andrea Galgay, Director ACO Development

Below I have outlined some important activities happening at a statewide level that will impact your practices over the coming months.

**OHIC PCP Affordability Standards** – OHIC’s Care Transformation Committee reconvened in the fall to finalize its Care Transformation Plan as well as the Cost Containment strategies specific to deeming practices with PCMH status. Insurers are mandated to have 80% of their participating PCPs deemed as PCMHs by the end of 2019. The bulk of the fall meetings focused on defining PCMH and Outlining a sustainable PCP financial model.

**Definition of “PCMH”** - Practice is participating in, or has completed, a formal transformation initiative and/or practice has obtained NCQA Level 3 AND is engaged in specific cost containment strategies:

1. The practice develops and maintains a high-risk patient registry
2. The practice offers Care Management/Care Coordination Services with a focus on high-risk patients
3. The practice improves access to and coordination with behavioral health services
4. The practice expands access to care both during and after office hours
5. The practice refers patients to providers who provide value-based care

Practices must attest to complying with the above standards in September of 2016. The good news is that achievement and maintenance of NCQA Level 3 standards satisfy a majority of these standards. Additionally, RIPCCPC as an organization helps your practices achieve all of these standards through centralized efforts aimed at improving quality and decreasing cost.

**State Innovation Model (SIM) Measurement Alignment** – In the summer, a workgroup was created to evaluate the plethora of measures either currently and/or potentially in use by Rhode Island health insurers. This committee was in direct response to concerns voiced by providers pertaining to the complexity reporting on multiple measure sets for multiple payers. The committee is limited in its ability to modify Medicare imposed measures, but these are taken into account when harmonizing the measure set used by commercial payers, especially a focus on CMS Star measures, which are used in both our United and BCBSRI Medicare Advantage incentive programs. The end goal is to compile a core set of measures from which Rhode Island payers could choose from to devise contractual and/or incentive programs. Understanding the different needs for different payer populations (i.e. Neighborhood versus BCBSRI) it is not mandated that all payers use the exact same measures, but they must choose from the agreed upon list.

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  
 ■ JANUARY 2016 ■

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

**RIPCPC CALENDAR**  
**■ FEBRUARY 2016 ■**

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

RIPCPC CALENDAR  
**MARCH 2016**

SUN	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SAT
		1 PCMH 6:30pm	2 EOPC 6:30pm	3 BH POD 6:00pm	4	5
6	7	8 Integra ALL POD 6:30pm	9 BH Committee 7:30am & Eye Care POD 6:00pm	10	11	12
13	14	15	16 Prac. Mgrs 8:30m	17	18	19
20	21	22	23 EPIC User Group 6:30pm	24	25	26
27	28 Medical Directors 6:30pm	29	30	31		

RIPCPC CALENDAR  
**APRIL 2016**

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

## PHARMACY COMMITTEE

By: Dr. Mark Rosenberg

2015 was a year of success for pharmacy measures and we look forward to 2016 having continued and improved success. This success was a direct result of the commitment of the RIPCPC physicians, with the guidance from the RIPCPC pharmacy team.

The Medicare 5-Star measures are important for both the United and Blue Cross & Blue Shield Medicare Advantage patients as they equate to financial gains, as well as improved patient outcomes. There are several pharmacy specific measures that we are striving to achieve a 5-star rating on. The measures include lower use of high risk medications in the elderly and improved adherence of statins, oral diabetes agents and ACE-I/ARBs. The RIPCPC pharmacy team provided telephonic outreach to engage patients in understanding the importance of adhering to their medication instructions. The outreach also explored for barriers to compliance. Specific patient issues that required immediate attention were communicated directly to the PCP. This coordinated outreach effort dramatically increased our adherence rates in all targeted areas. This program will continue in 2016 by the RIPCPC pharmacy team.

Measure	BCBSRI	United	2015 Target
Adherence –			
Oral Diabetes medications	87%**	79%*	83%
Adherence – ACE/ARB	88%**	86%**	85%
Adherence – Statins	85%**	84%**	82%
High Risk Medications (lower is better)	5%**	6%**	7%
Comprehensive Medication Reviews	700*	N/A	683

Data through November 2015 \*\*Indicates superior rating \*Indicates successful completion of target.

The Pharmacy committee will continue to provide monthly updates at the POD meetings. We welcome any feedback regarding the information that is provided. Please feel free to contact myself or Tara Higgins with any questions, concerns or comments. 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  
Pharmacy Committee Chair

## RIPCPC NURSES CORNER

RIPCPC is growing once again!

We are excited to announce that we have expanded our team and services we can provide. Understanding the growing need within RIPCPC, we brought on new nurse care managers and added 2 new roles. A team of social workers will be working with the pediatric practices and a new referral team has been set up to help with tracking referrals within our Integra ACO network.

Please welcome the new staff!

### **Nurse Care Managers**

Donna Jacques  
Sara Marino

### **Social Workers**

Linda Hughes  
Ashley Matthews

### **Referral Team**

Rebecca DeTorio  
Sophia DePina

## EPIC UPDATE

Now that the EpiChart to Epic transition is complete our team has shifted focus. During the past two months we've been working closely with the Care New England team to improve and customize the ambulatory Epic build to better fit the needs of our independent practices. We've made great progress and are excited to begin bringing new practices on to the system. Your practice may be contacted shortly by a member of our support team to schedule an appointment to discuss the implementation process and to learn more about your practice. We understand that an EHR transition can be a challenge, so we are providing monthly Epic User Groups to discuss new features, listen to your feedback, and answer any other questions you may have.

We will also be sending out monthly Newsletters to keep you updated and to pass along helpful hints. Our next User Group is scheduled for **Thursday, February 18th , 6:30 p.m. at our office in Cranston.** Topics for these meetings vary monthly and we appreciated any suggestions for what to cover.

If your practice is currently on Epic, please remember we have a Help Desk with Epic credentialed staff to assist you.

Scott Gendron  
Director, Information Technology  
401-654-4000 x118