



# Data Chartbook Q1 2014

Rhode Island Chronic Care Sustainability Initiative (CSI-RI)

Updated: June 11, 2014

[www.pcmhri.org](http://www.pcmhri.org)

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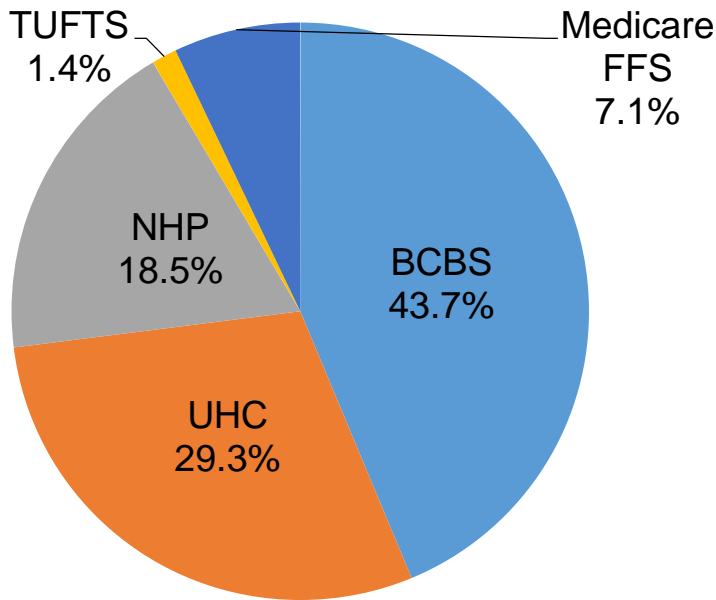
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# CSI-RI Health Plan Characteristics



## Attribution Breakdown by payer (Q1 2014 data)



### Payers

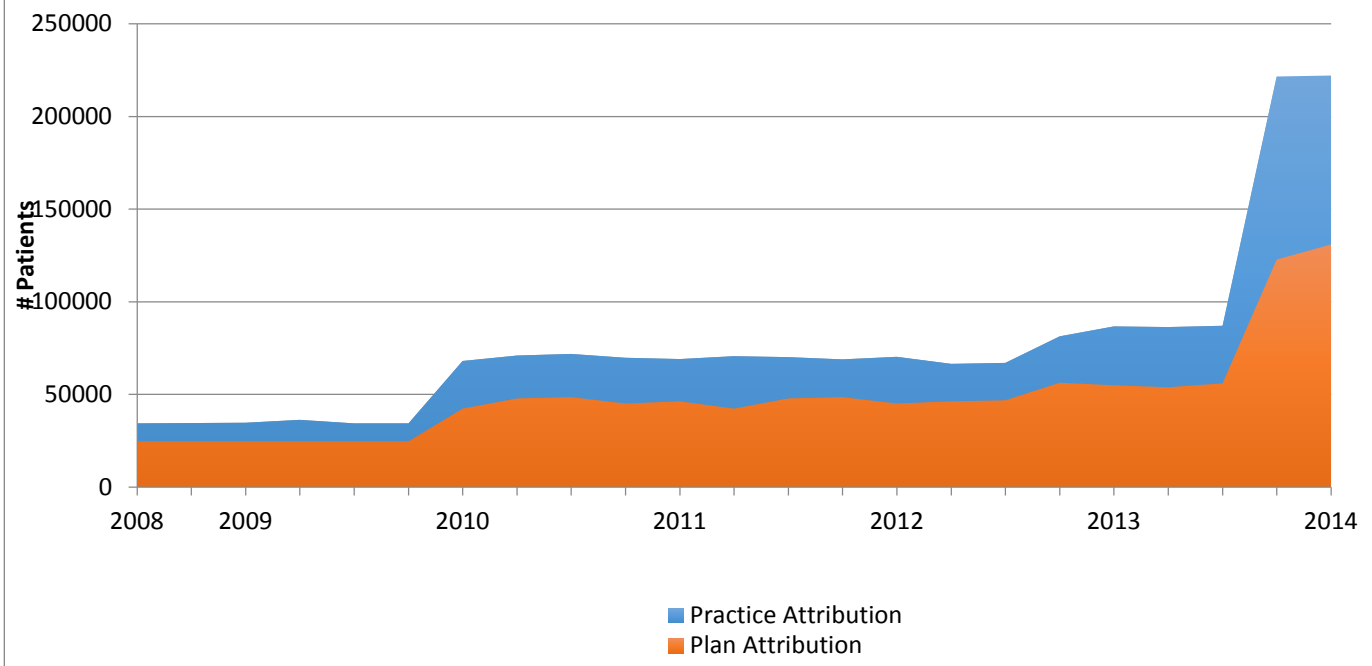
- Blue Cross and Blue Shield of Rhode Island (43.7%)
- United Healthcare (29.3%)
- Neighborhood Health Plan of Rhode Island (18.5%)
- Medicare FFS (7.1%)
- Tufts Health Plan (1.4%)

## Attribution Over Time

### About Plan and Practice Attribution Data

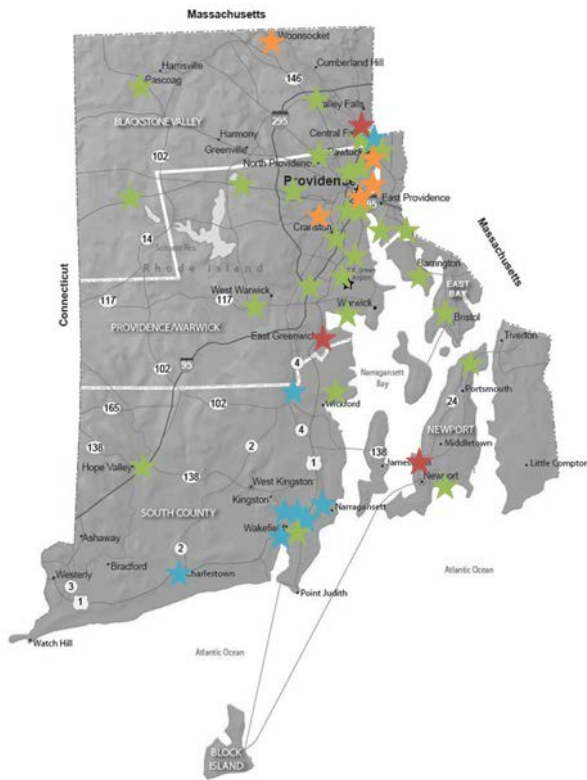
- Practices attribute their entire patient panel as their practice
- Health plan attribution is based upon claims data. Plan specific attribution methodologies will place patients at only one practice.
- Uninsured patients, gaps in coverage, care from different providers/practices, and other factors contribute gaps between practice and plan attribution counts.

## Patients Attributed to CSI-RI



# CSI-RI Practice Characteristics

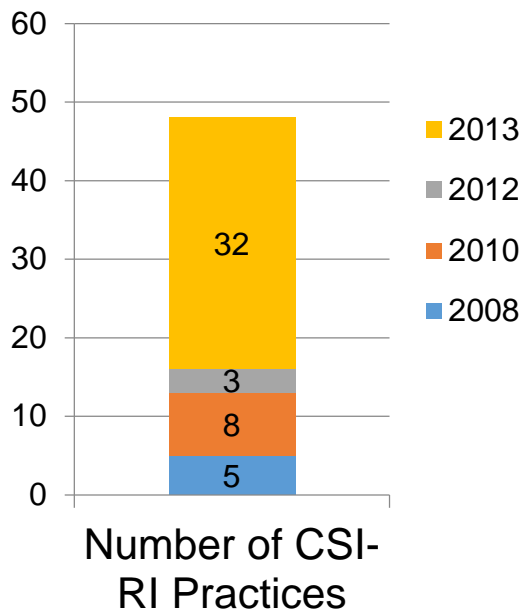
## Practice Distribution and Access Across Rhode Island



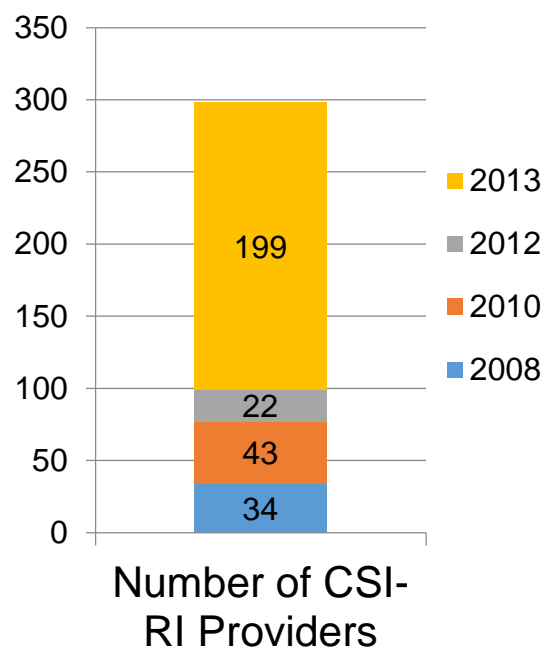
- **48 practices (303 providers)**
  - ★ 5 Pilots (2008)
  - ★ 8 Practice Expansion #1 (2010)
  - ★ 3 Practice Expansion #2 (2012)
  - ★ 32 Practice Expansion #3 (2013)
- **Covering approximately 200,000 Rhode Islanders**
- **14 Community Health Centers**

## Practice and Provider Growth Over Time

### Practice Growth 2008-2014



### Provider Growth 2008-2014

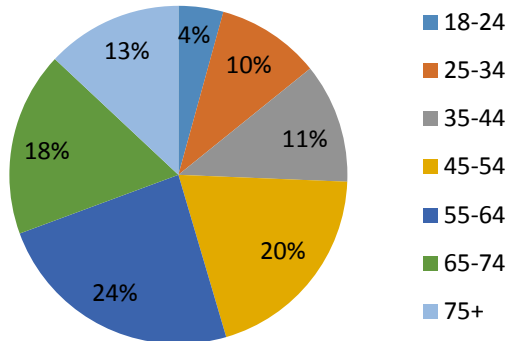


# CSI-RI Patient Characteristics

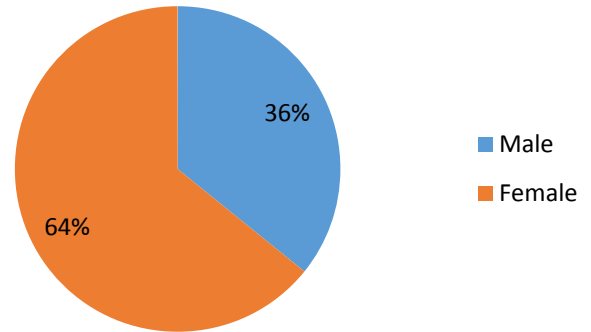
Based on 2014 CSI-RI CAHPS-PCMH Survey Results



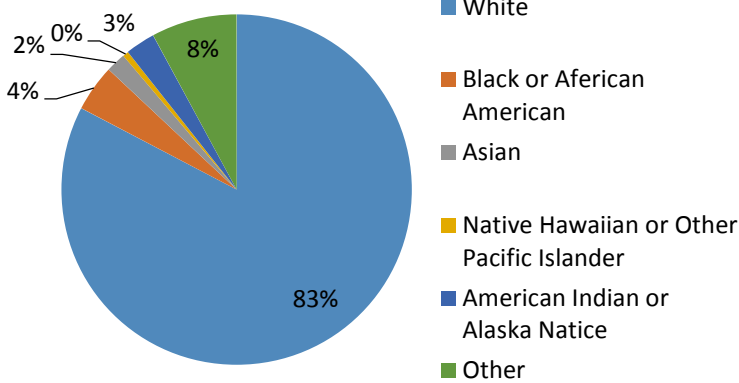
### Age (years)



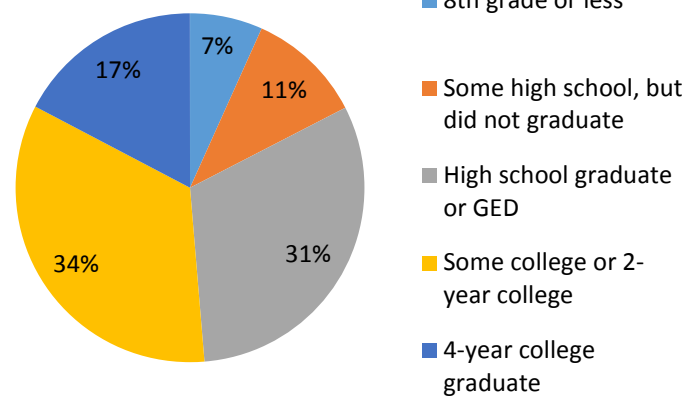
### Sex



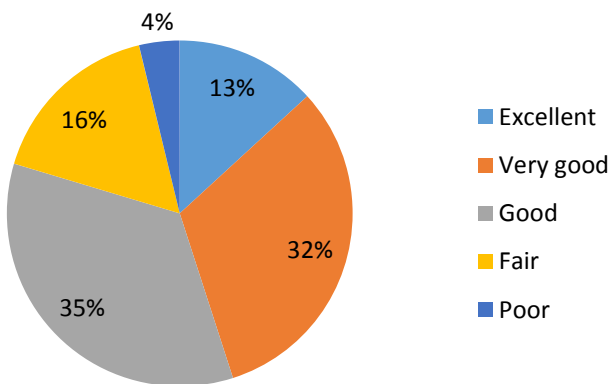
### Race



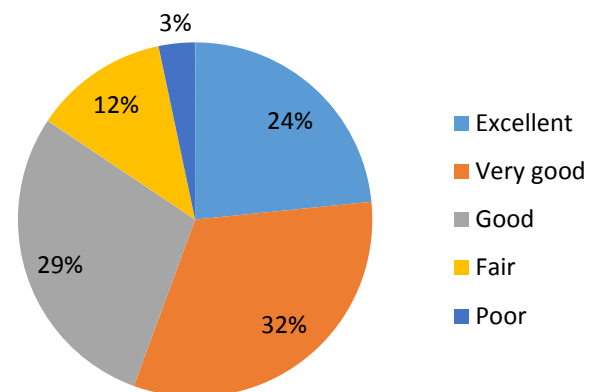
### Education



### Overall Health Rating



### Overall Mental Health Rating



# Developmental Contract Requirements



Practices payment is tied to performance on contractual targets:

- Target 1: Structural Metrics
  - After Hours of Care
  - NCQA Recognition
  - Nurse Care Manager
  - Outpatient Transitions of Care
- Target 2: Quality Metrics
  - Clinical Quality Metrics (from practice EHR)
  - Patient Experience (CAHPS PCMH survey)
- Target 3: Utilization Metrics (from all-payer database)
  - All-Cause Inpatient Hospital Admissions
  - All-Cause Emergency Department Visits
- Currently in development and being tested by the Pilot Sites are Nurse Care Manager Metrics:
  - NCM interactions and interventions with 3 categories of patients: high-utilizers, patients with complex or poorly controlled chronic conditions, and patients referred by outside organizations

# Evaluation of Pilot Program



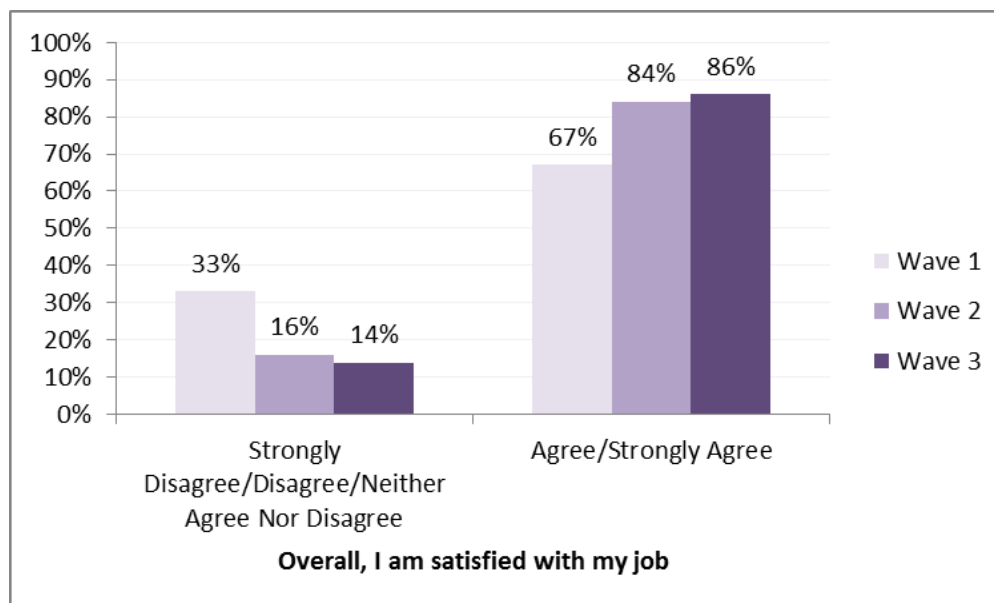
## Key Findings from Evaluation of Pilot Program

- Performed by Meredith Rosenthal, PhD, and her team at Harvard.
- After 2 years, the CSI Rhode Island pilot program was associated with a significant reduction in ambulatory care sensitive emergency department visits<sup>1</sup>.
- The participating groups made substantial progress in meeting the NCQA Physician Practice Connections–Patient Centered Medical Home criteria during a 2-year period, with notable gains in prospective population management and in tracking and coordination of care<sup>1</sup>.
- Increased provider satisfaction over the first two years of the pilot<sup>2</sup>.

## Improvement in NCQA Scores<sup>1</sup>

Standard (Total Possible Points)	Range of Points Among CSI Practices	
	Baseline	Year 2
Access and communication (9)	5.25-7.75	7.75-9.0
Patient tracking and registry functions (21)	9.0-15.75	18.0-21.0
Care management (20)	0.0-13.0	18.0-20.0
Patient self-management support (6)	0.0-2.0	4.0-6.0
Electronic prescribing (8)	0.0-4.5	3.75-7.25
Test tracking (13)	3.0-7.0	13.0-13.0
Referral tracking (4)	0.0-4.0	4.0-4.0
Performance reporting and improvement (15)	0.0-14.25	13.5-15.0
Advanced electronic communication (4)	0.0-1.25	0.0-1.25
Overall points (100)	30.0-56.0	88.0-92.0

## Increased Provider Satisfaction<sup>2</sup>



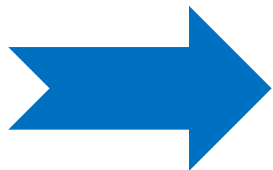
1. Rosenthal, PhD, Meredith B. "Effect of a Multipayer Patient-Centered Medical Home on Health Care Utilization and Quality: The Rhode Island Chronic Care Sustainability Initiative Pilot." *Jama Internal Medicine*. (September 9, 2013): E1 - E7. Web. <jamainternalmedicine.com>.

2. Rosenthal, PhD, Meredith B. "Year 2 Evaluation Results: CSI Rhode Island." CSI-Steering Committee. CSI-RI. Providence. 13 07 2012. Address.

# Medicare Multi-payer Advanced Primary Care Practice (MAPCP) Evaluation



Under the MAPCP Demonstration, CMS joined state-sponsored initiatives to promote the principles that characterize the patient-centered medical home. Rhode Island is one of eight states participating, amongst Maine, Michigan, Minnesota, New York, North Carolina, Pennsylvania, and Vermont.



***Please note:***

*The MAPCP Evaluation is currently in process.  
RTI is the national evaluator.*

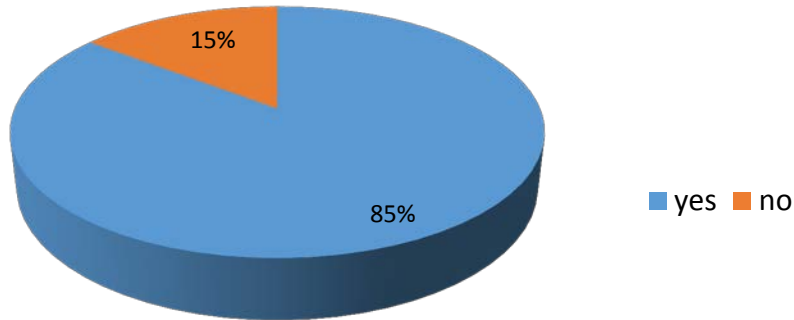


# CSI-RI Internal Performance Data



## Target 1: Structural Measures

### % of Total sites with NCQA Recognition as of June 2014



As of June 2014, 85% of the practices in CSI have achieved NCQA recognition. Of this 85%, all sites are NCQA Level 3, the highest level of recognition.

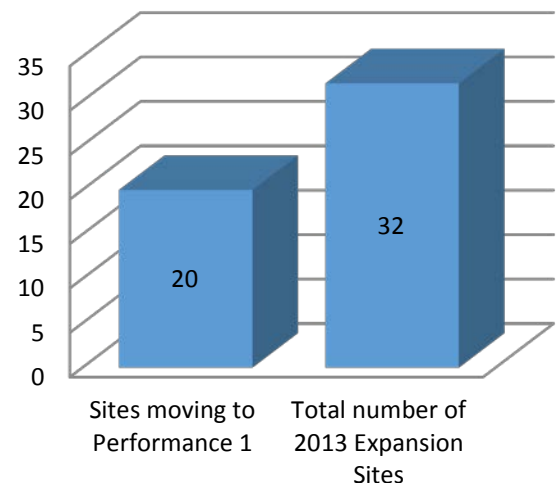
In October 2013, 32 new sites were accepted in CSI-RI as either Start-Up or Transition. In April 2014, sites had their first opportunity to advance in the Developmental Contract.

Every site who wished to advanced was able to meet the necessary deliverables and do so.

### All sites have:

- hired a Nurse Care Manager
- established compacts with high-volume specialists and
- developed an outpatient Transitions of Care policy by the necessary deadline

### Number of sites moving to Performance 1 on 4/1/14

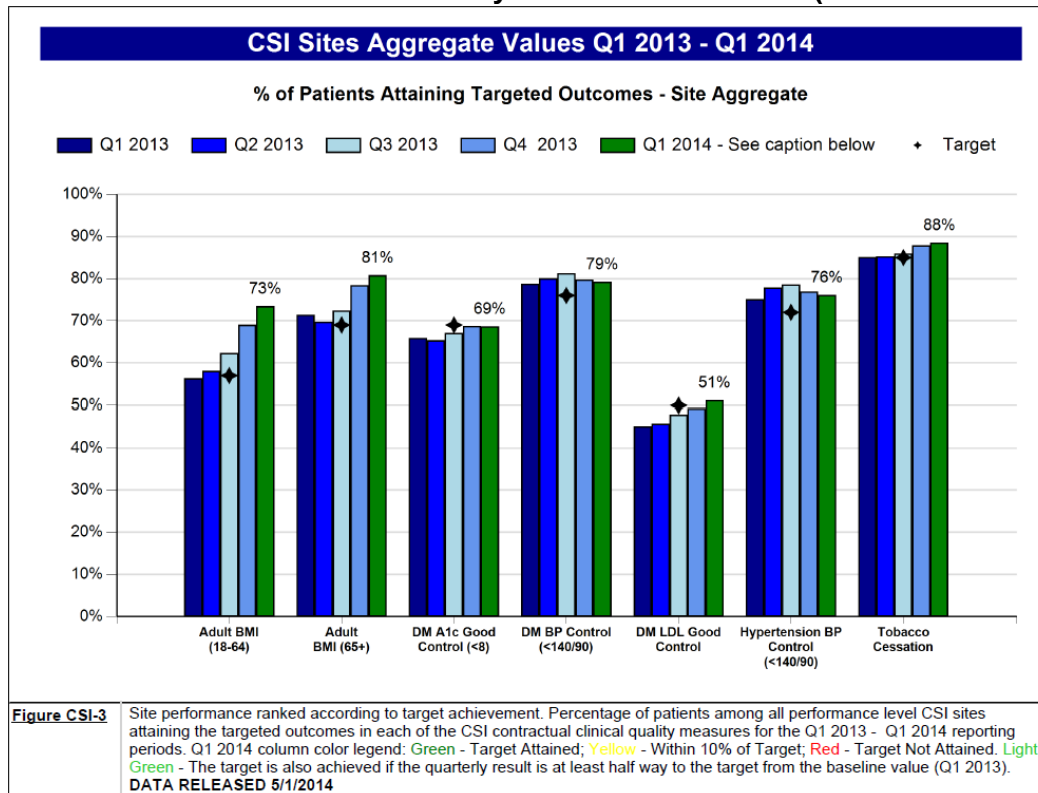


# CSI-RI Internal Performance Data



## Target 2: Clinical Quality Measures

### CSI-RI Performance on Clinical Quality Measures Over Time (Q1 2013 – Q1 2014)



### What does the data tell us?

- At the aggregate-level CSI met every contract measure target for Q1 2014
- CSI is showing quarterly trends toward improvement on most of the measures= CSI targets provide clear goals for performance improvement on clinical quality measures and are valuable for driving improvement within practices
- Practices tend to perform better on process measures than outcome measures
- Practices appear to have difficulty making large gains in improvement on some measures (e.g., A1c good control for patients with diabetes), highlighting specific opportunities for performance improvement activities for CSI

The graph shows CSI-RI performance on the 7 CSI-RI contractual quality measures for periods Q1 2013 – Q1 2014. All measures are self-reported by practices, from their EHR, and validated by the Practice Reporting Committee.

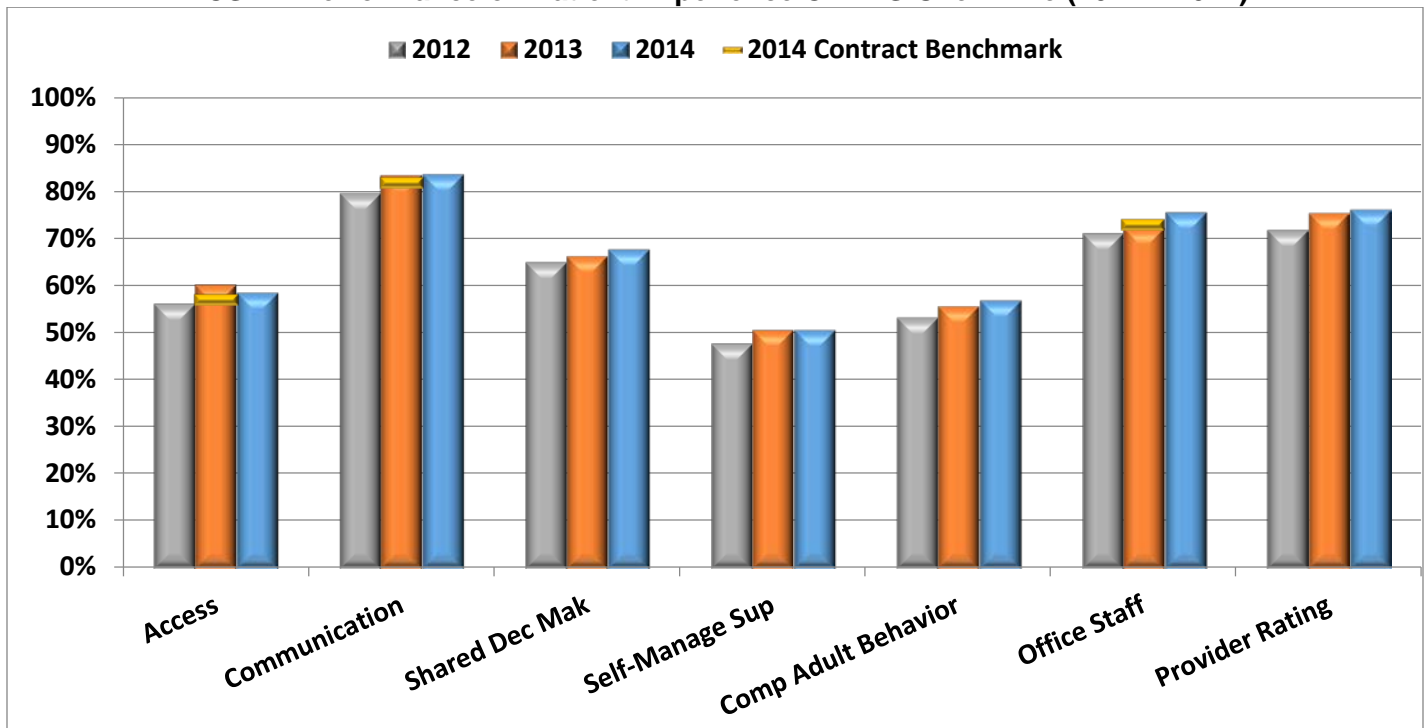
- **Adult BMI** - Percentage of patients age 18-64 or 65+ whose calculated BMI is either in the normal range or is above or below the normal range and have a documented follow up plan within the measurement year.
- **DM A1c Good Control** - Percentage of diabetic patients (Type 1 or 2) age 18-75 with controlled disease (having an A1c value less than 8.0%)
- **DM BP Control** - Percentage of diabetic patients (Type 1 or 2) age 18-75 with a blood pressure value less than 140/90)
- **DM LDL Control** - Percentage of diabetic patients (Type 1 or 2) age 18-75 with well controlled LDL cholesterol (having LDL-C value less than 100 mg/dL)
- **HTN BP Control** - Percentage of patients age 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled during the measurement year (having a BP value of <140/90)
- **Tobacco Cessation Intervention** - Percentage of tobacco users in the total Active Patient population, given tobacco

# CSI-RI Internal Performance Data



## Target 2: Patient Experience (CAHPS) Measures

CSI-RI Performance on Patient Experience CAHPS Over Time (2012 – 2014)



### What Does the Data Tell Us?

- CSI demonstrated small to moderate improvements from 2012 to 2014 on all of the patient experience domains
- Anecdotally, CSI targets appear to have driven large gains in the performance of some practices
- Domain composite scores mask substantial variability across practices and practices and providers vary across domain composite measures in terms of their performance relative to peers, with some practices scoring high relative to peers on some measures and low relative to peers on other measures
- It may be more difficult to achieve high performance scores in some domains (e.g. Management Support) than others (e.g. Office Staff)



**The graph shows CSI-RI performance on the 6 domains of the CAHPS PCMH survey, a validated survey of the patient experience in a patient-centered medical home.**

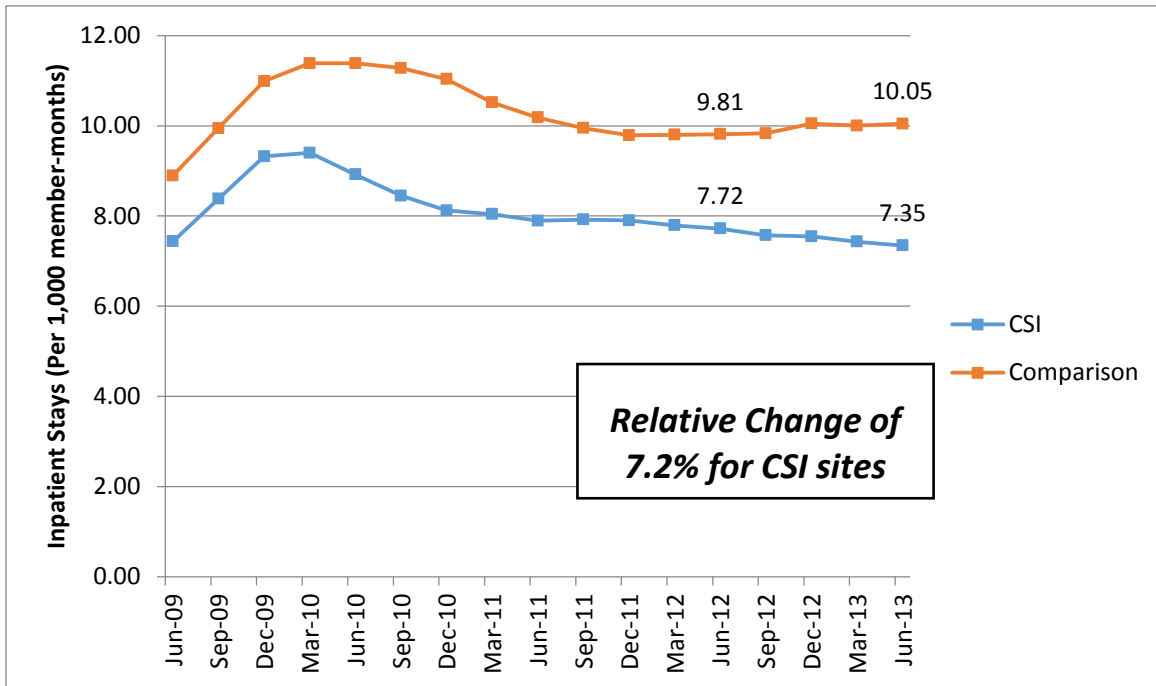
- Presented as domain composite scores
  - Weighted averages of questions related to specific areas
  - Domains: Access, communication, shared decision-making, self-management support, comprehensiveness (behavioral health), office staff, information, and coordination of care
  - Top box scores are displayed - Typically a single top or best choice for a yes/no question or a 4-point Likert scale
- Scores on the Access, Communication, and Office Staff domains are used for contractual purposes. Practices must meet Access and either Communication or Office Staff to be eligible for incentive payments in customer

# CSI-RI Internal Performance Data



## Target 3: Utilization Measures

Number of Hospital Admissions in Rolling Year Per 1000 Member Months  
Periods for Years Ending 12/2009-6/2013



### What does the data tell us?

- Cohort 1, which consists of the most advanced practices, decreased inpatient stays by 7.2% relative to the comparison group and were eligible for the utilization incentive payments
- For the CSI practices and for comparison practices, all-cause inpatient stay rates visit rates demonstrate a wave-like pattern over time, making it difficult to definitively determine CSI's impact on utilization
- The CSI practices have consistently demonstrated lower rates of inpatient hospital utilization
- In addition to the CSI intervention, a variety of factors, including differences in patient population and geographic location, could help to explain differences in utilization rates between the CSI practices and comparison practices
- Additional analyses are underway to examine differences in utilization rates between the CSI practices and comparison practices

### The graph shows CSI-RI performance on hospital inpatient admissions from the most recent quarter

- All-Cause Inpatient admissions data comes from all-payer claims database including BCBSRI, NHPRI, UHC commercial, Medicaid Managed Care, and Medicare Advantage claims. The most recent data available is from Quarter 2, 2013
- \*Medicare and Medicaid FFS will be added to the database in 2014
- CSI sites are grouped into cohorts based on their stage of development in the Developmental Contract.
- Cohorts are compared to a comparison group that includes patients who do not belong to any patient-centered medical home practice
- Practices are eligible for utilization incentives if, as a cohort, they decrease inpatient stays by 5% relative to the comparison group