CARE TRANSFORMATION COLLABORATIVE RHODE ISLAND

2016 Report on Program Performance

Care Transformation Collaborative of R.I.

CTC-RI BOARD OF DIRECTORS
MAY 27, 2016

2016 Has Been a Year of Accomplishments for CTC-RI

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Reducing In-Patient Admissions

Reducing In-Patient Admission Rates By Focus on High Risk

CTC-RI made a strategic shift to focus NCMs on high risk patients and saw a decrease in IP admissions

The CTC-RI collaborative defined high risk in 3 categories:

- 3 or more ED or IP admissions in last 6 months
- Complex conditions – uncontrolled (e.g. diabetes; COPD; CHF, Asthma)
- Health plan reported high risk based on plans predictive modeling

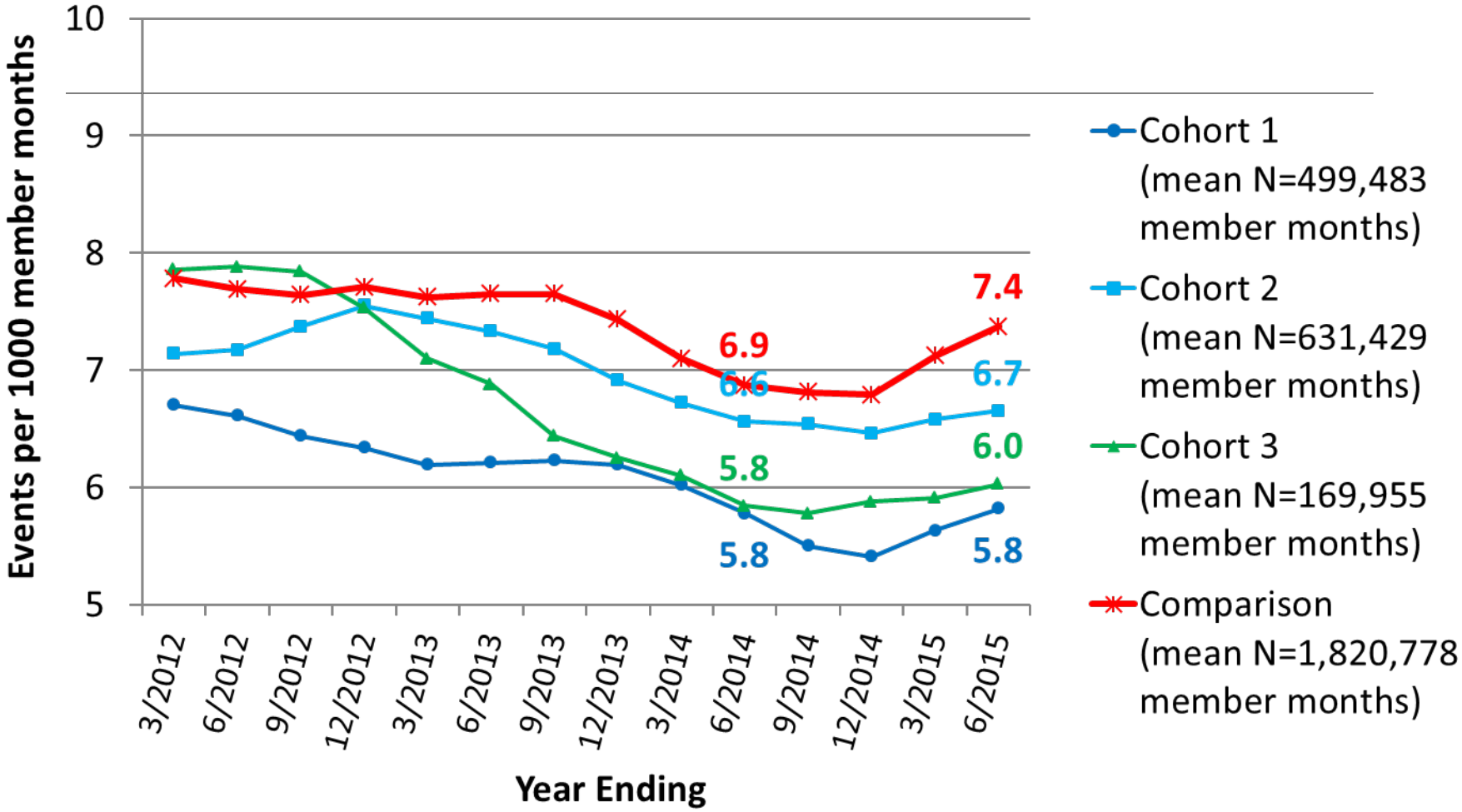
Developed high risk registries at the practice sites

Practice facilitators worked with the NCMs

NCM measures specifications developed and reported quarterly

Monthly/quarterly reporting to health plans on patient lists implemented

All-Cause Admissions: All CTC-RI Cohorts** Reduced IP Admission Rates vs. Comparison



*Includes BCBS-RI, UHC, NHP data. Does not include Medicaid FFS or Medicare FFS data or RHO Dual Eligible NHP members.

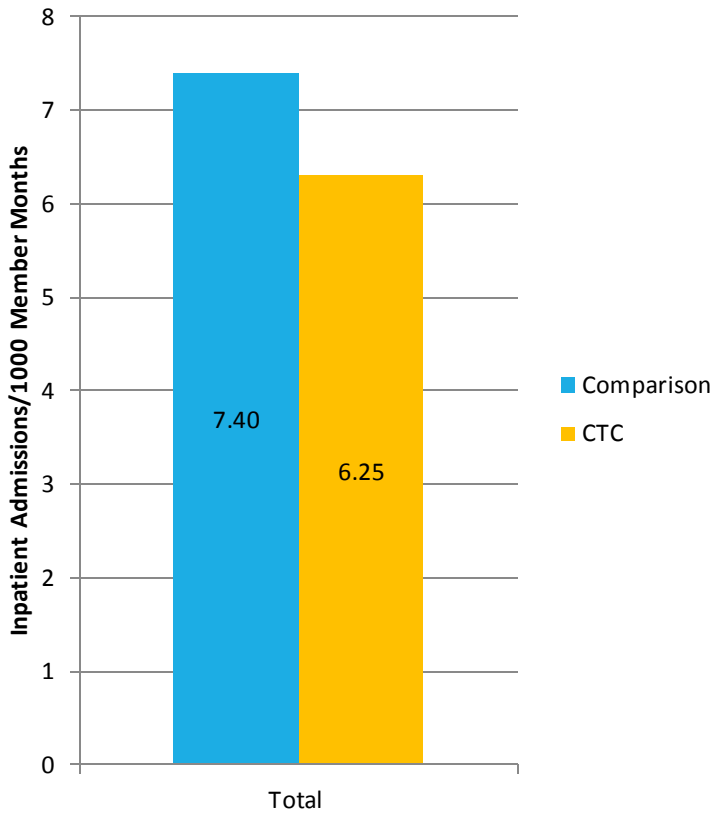
**Refer to Appendix for list of practices per cohort

All-cause Inpatient Admissions per 1000 Member Months…..CTC Target= 5%

Group	July '13 – June '14	July '14 – June '15	Difference	% Difference	Difference Relative to Comparison*
	(A)	(B)	(B-A)		
Comparison	6.9	7.4	0.5	7.0%	-
CTC Cohort 1	5.8	5.8	0.0	0.0%	**-7.0%**
CTC Cohort 2	6.6	6.7	0.1	1.0%	**-6.0%**
CTC Cohort 3	5.8	6.0	0.2	3.3%	**-3.7%**

Observation: the longer the practice cohort has been in CTC, the greater the relative reduction in IP admissions …….suggesting that transformation is hard work and takes time.

CTC-RI Practices Demonstrate In-Patient Savings > than program costs for FY2015



Difference in Admissions/1000 MM		1.15
Total CTC Member Months		1,538,538
Difference in number of Admissions (1.15 x 1,538,538 MM/1000)		1769
Average Cost per Admission *	$	12,000
CTC Savings	$	21,231,824
Total Program costs 2015-16**	$	15,754,793
Net Savings	$	5,477,031

*Cost per Admission = 60th percentile; vs mean=$14k; Median=$10k

**Total Program Cost include CTC Admin, CHTs and Practice Payments paid by health plans

Medicare Participation in CTC Through The
Multi-Payer Advanced Primary Care Practice
MAPCP Demo
Program Evaluation
For Year 2 (2013) and Year 3 (2014)

Hot off the Press!

MAPCP Overview

The CMS MAPCP Demonstration began in July1, 2011 and will end on December 31, 2016.

Practice participation in MAPCP = 16 CTC practices (capped at 10,000 beneficiaries)

With support from Senator Whitehouse and State leadership the demo was extended 1.5 years.

Medicare payments to practices in RI will total = $3.5M by the end of the program.

CPC+ is the Medicare follow on program to MAPCP

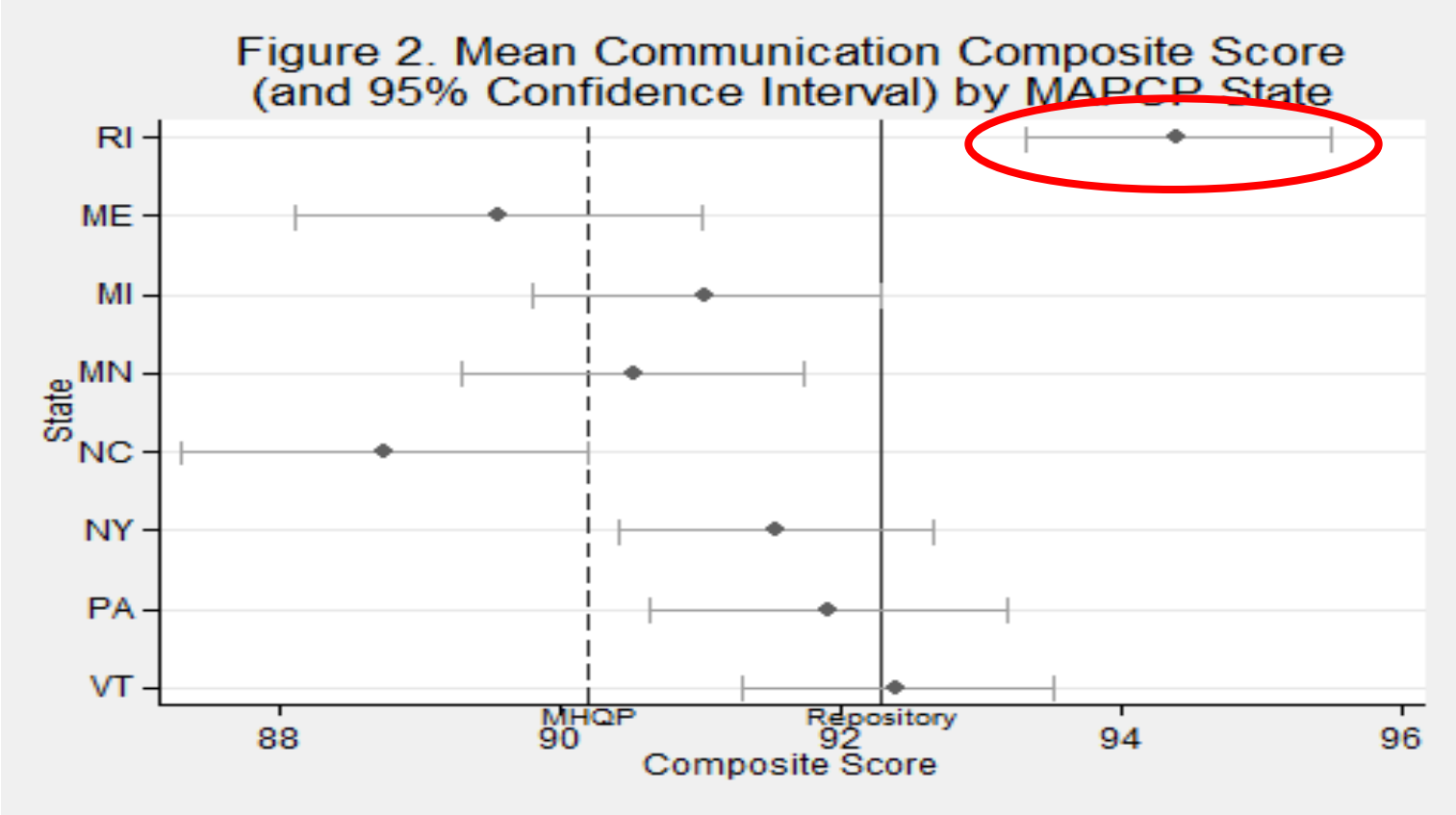
MAPCP Evaluation Shows Rhode Island With Second Highest Return On Investment >5:1!

Estimates of gross savings, MAPCP Demonstration fees paid, and net savings: Year Two of MAPCP Demonstration

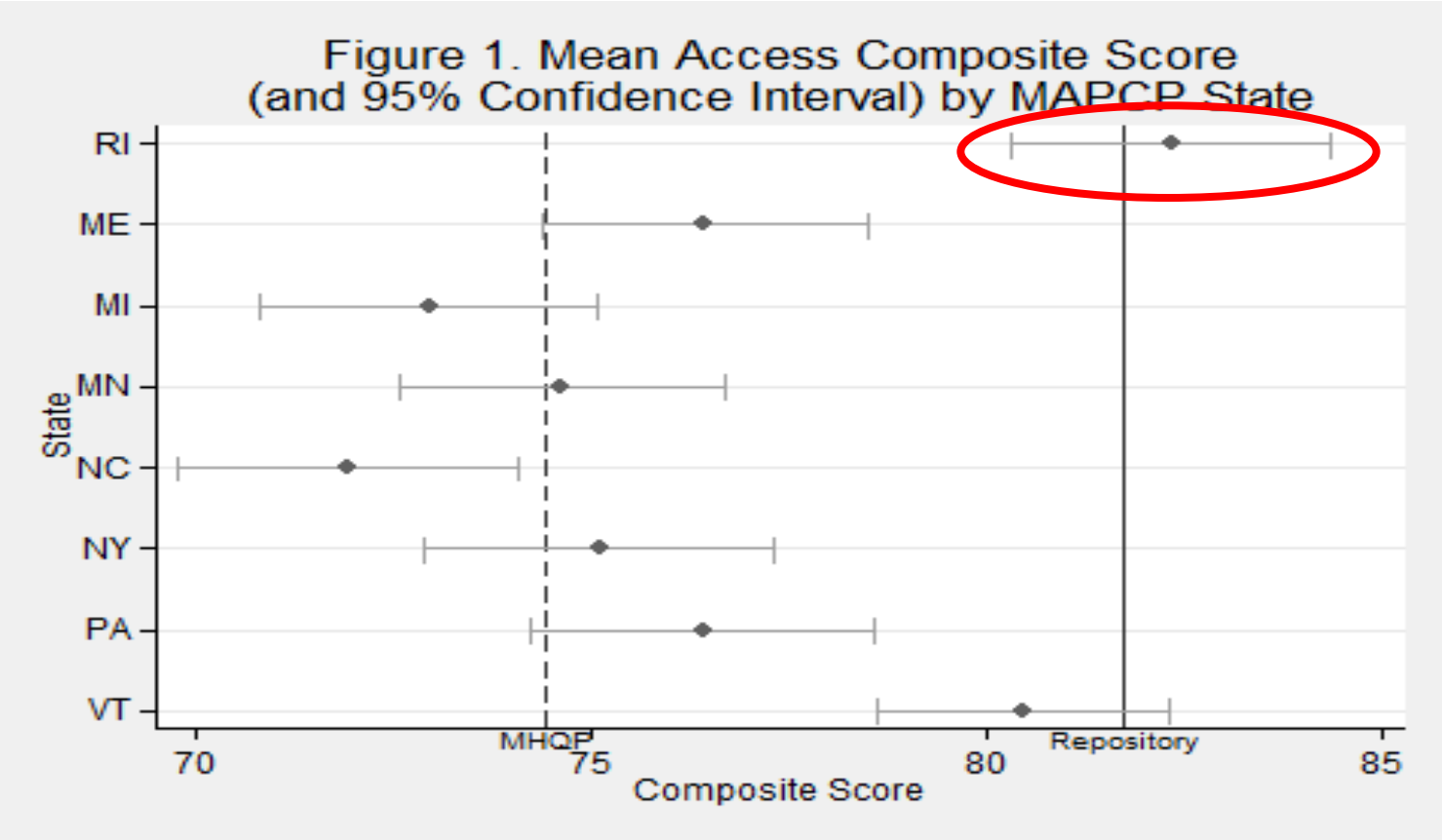
	MAPCP Demonstration States		Total MAPCP Demonstration fees	Net savings in Years One and Two	Return on fee investment
	Eligible beneficiary quarters in Years One and Two	Gross savings in Years One and Two			
New York	157,032	$12,637,119*	$3,258,078	$9,379,041	3.88
Rhode Island	**60,214**	**$5,795,880**	**$1,009,374**	**$4,786,506**	**5.74**
Maine	247,558	-$32,518,083	$7,238,571	-$39,756,696	-4.49
Minnesota	106,616	-$19,553,595	$1,258,309	-$20,811,903	-15.54
NorthCarolina	152,322	$9,955,916	$4,166,490	$5,789,426	2.39
Michigan	1,518,542	$380,069,806*	$43,964,835	$336,104,971*	8.64
Pennsylvania	217,997	$4,906,765	$3,916,170	$990,594	1.25
Vermont	381,814	$35,699,155	$8,603,828	$27,095,327	4.15
Total	2,842,095	$396,992,963	73,415,655	$323,577,266	5.41

2014 MAPCP CAHPS Patient Experience Data

Provider Communication statistically significant and Better Than All Other States – Note: This measure is a performance incentive in the CTC contract



2014 MAPCP CAHPS Patient Experience Data- Access Approaching Statistical Significance and Better Than All Other States



CMS Evaluators Interviewed CTC practices here is what they said…..

- "CTCs mission and existence has been a great thing for Rhode Island. I'm very proud of it, and our participation."
- "There's high value in participating, because of the collaboration. When all parties have an open communication, [the] same goal – a lot more can get done."
- "Patients know they are getting a lot more than traditional care in a fee-for-service environment. We listen, we care, we education them, we make it easy for them to communicate with us, empower them, make it easier for them to manage themselves. So that piece is good for everybody."
- "We all know our roles and try to do them to better take care of patients. I think we've been doing a lot of it before, but [now] a lot of it is codified, standard, and we keep records about it- those are the biggest changes over the past 5 to 6 years."
- We're always learning new lessons, it never stops"
- "Through the project, we've learned how to measure quality. Accurately measuring, actively improving, and making the whole interaction more rewarding for patients and provider has been key."

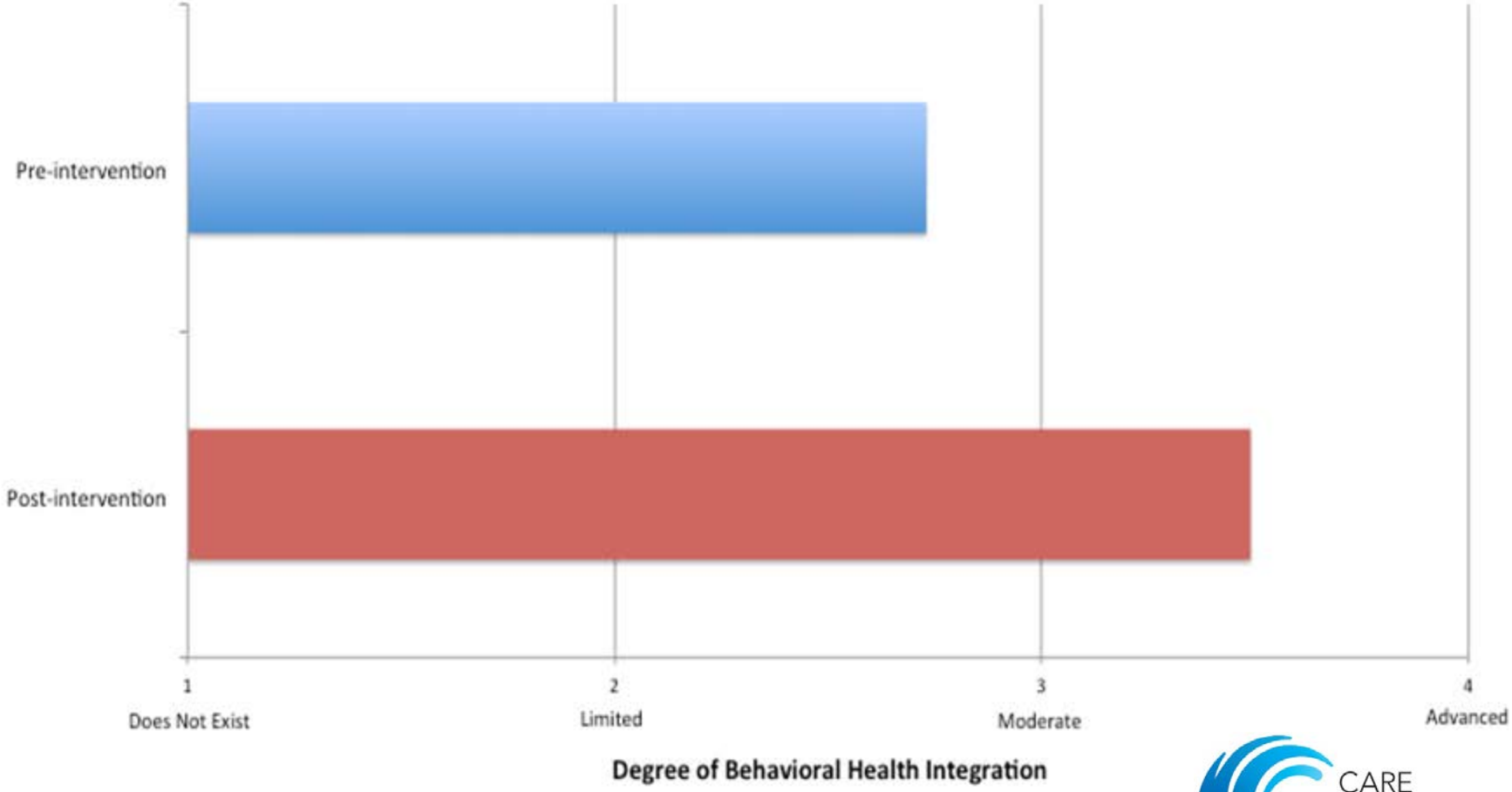
Integrated Behavioral Health

Integrated Behavioral Health Pilot (Phase1)

CTC-RI completed pilot (phase 1) of the IBH project funded through Tufts

- 12 practices participated in on-site training
- Intervention was on site consultation provided by Dr. Burdette who met with practices monthly and provided practice transformation coaching
- Practices used the Maine Site Assessment an evidence based tool that measures the degree of behavioral health integration in primary care (see next slide)
- Abstract accepted for presentation at national conference
- Manuscript under development for peer review publication by Dr. Burdette and Sarah Roderick medical resident/CTC intern

Maine Site Assessment -Evidence Based Tool Average for All Dimensions (18)



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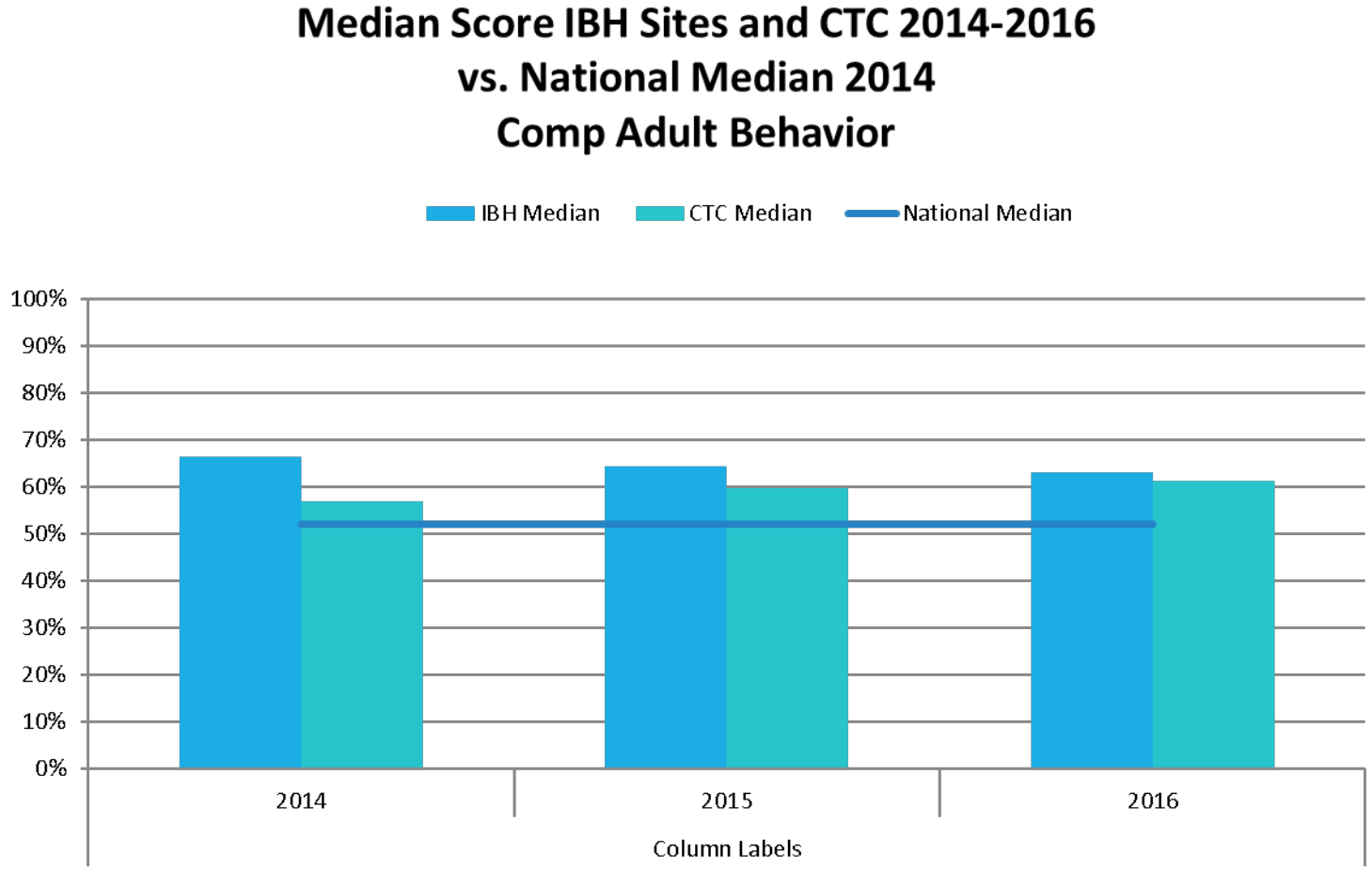
RHODE ISLAND

CTC Practices that participated in the IBH pilot Showed Higher CAHPS Score For Adult Behavioral Health Care



Integrated Behavioral Health Phase 2 – Began January 2016

CTC secured additional funding to move forward with IBH Pilot Phase 2 (RI Foundation $600k over 3 years; Tufts Health Plan $190k also requesting SIM support)

12 practice sites selected (competitive application process)

The intervention includes:

- Embedding a Behavioral Health clinician in the primary care as a part of the PCMH care team
- Dr. Burdette will provide monthly consultation and training for practice staff on workflow, use of screening tools, creating registries, monitoring and treating patients
- Staff training on universal screening for depression; anxiety and substance use disorder
- BH providers provides counseling for mild to moderate depression; anxiety and SUD
- Refers more complex cases to specialty BH and provides care coordination back to primary care

Working with Brown University, OHIC and APCD on data for evaluation

Community Health Teams

Community Health Teams Early Evidence…. Are we going in the right direction? Yes!

- Formative Evaluation conducted by Brown University Faculty
  - Patients felt supported, their situations **stabilized /improved**, patients able to make positive changes in their lives (e.g. **lost weight; stopped smoking; stopped drinking; improved relationships**)
  - CHT are **high touch** with average of 19 contacts/engaged patient
  - **Primary care providers reported that CHTs are a valuable** resource for high risk and home bound patients; and are seeking to refer more patients to the CHTs
- Evaluation recommendations to reduce variation, increase efficiency and scale statewide (consistent with evidence based best practices)
  - Centralized Management for consistent oversight
  - Standardize policies and procedures
  - Provide single data infrastructure for all teams
- Hospital Utilization and Total Cost of Care
  - Health plan data (limited by small sample size – but used as directional indicator)
  - APCD data (not available for phase 1, but pursuing for phase 2)
  - Crisis intervention and ED Avoidance (cited by CHTs and practices as evidence of success and cost savings)

Community Health Team Program Cost Analysis

Community Health Team	Number Referrals	Number Patients Served*	Program Costs**	Average Cost per Patient	Average Contacts Per patient	Average Cost per Contact
South Team	453	220	$475,000	$2195	19	$114
North Team	517	174	$475,000	$2730	19	$144
Total	970	394	$950,000	$2411	19	$127

*Patients served includes active, discharged and in outreach

** Program costs=total health plan investments to-date minus $75k startup

Cost Avoidance
Over 18 month operations

CHT		Crisis Interventions Resulting in IP Avoidance	ED Diversions	Ave $/ IP Admission	Ave$/ ED Visit	IP Cost Avoidance	ED Cost Avoidance	Total Cost Avoidance
South Co		25	10	$ 12,000	$ 700	$ 300,000	$ 7,000	$ 307,000
North Co		5	17	$ 12,000	$ 700	$ 60,000	$ 11,900	$ 71,900
Total Cost Avoidance		30	27	$ 12,000	$ 700	$ 360,000	$ 18,900	$ 378,900

After 18 months, the Community Health Teams have estimated $379k in cost avoidance, reaching a 0.6 ROI, we expect to reach breakeven and move to positive ROI next year by improving the speed of engagement and targeting not only high risk but high impact patients.

External Funding Received

FY16 External Funding Received Total=$877k Demonstrates Interest and Support for CTC-RI Program Initiatives

This year CTC-RI was successful in receiving grants and contributions to offset health plan contributions

- RI Foundation – Fund for Healthy Rhode Island awarded $600k over 3 years for Integrated Behavioral Health Pilot
- Tufts Health Plan provided $190k for Integrated Behavioral Health Pilot
- Tufts Health Plan provided $65k for integrated behavioral health training for PCMHKids
- Annual Learning Collaborative support from HEALTH, NESCSO, RIGHA total of $12K
- AHRQ Shared Decision Making Train-the-Trainer Programs -Free to RI
- Salesforce.com grant $10k to build CTC practice database

Education and Training Programs

Education and Training FY16

Program	Target Audience	Attendees
Large Learning Collaborative	Provider Champions, NCM, Practice Managers, Key Stakeholders	275 people
Lean Training Program (2 sessions)	Practice Managers, Providers, QI practice staff	55 people
Medical Assistant Training Program (4 sessions)	Medical Assistants	31 people
Integrated Behavioral Health ➢ Suicidality in Primary Care ➢ Motivational Interviewing ➢ Pain Management ➢ Screening for Anxiety, Depression and SUD ➢ Use of Registries	Primary Care Practice Team IBH pilot sites	25-50 people (in person or through webinar option)

Education and Training FY16 continued

Program	Target Audience	Attendees
Care Coordinator All Training Program	PCMH Kids practice sites and CTC Family Practice sites	70 people
PCMH Kids Integrated Behavioral Health Learning Collaborative	PCMH Kids practice sites and CTC Family Practice sites	70 people
AHRQ Shared Decision Making "Train the Trainer" Program	Provider Champions, NCM, Educational Trainers	68 people
Pro-Change : Using Stages of Change E-learning sessions On site CHT learning sessions	Community health team staff	40 people
Breakfast of Champions **Quarterly sessions**	Provider champions, practice managers, key stakeholders	100 + people

NCQA Recognition

NCQA Recognition: Paving the way for Future OHIC Sustainability Payments

Start up practices (25 Adult Practices)

- 23 practices have achieved Level 3 NCQA recognition
- 2 organizations have requested extension until Fall 2016 based on readiness (i.e. EPIC conversion)

Transition, PY 1, PY 2, Advanced Collaborative (48 Adult practices)

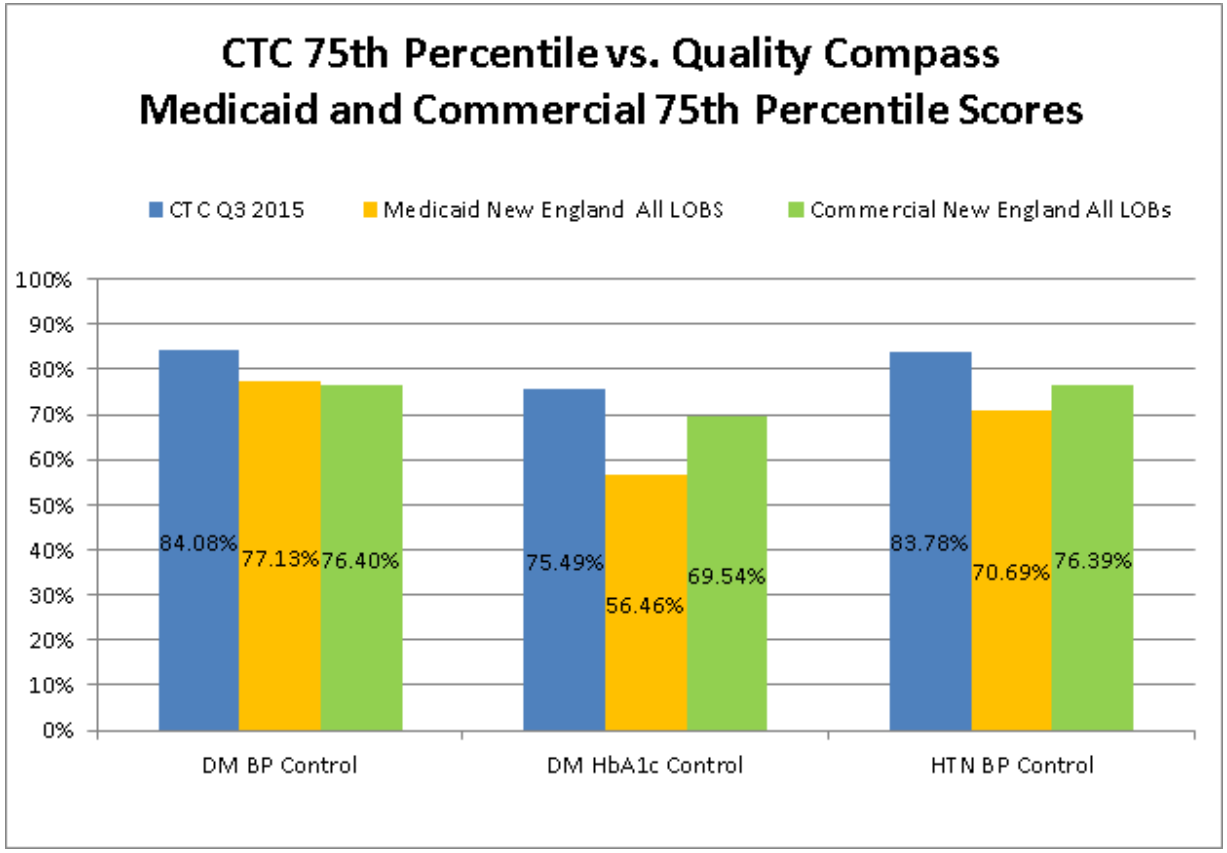
- All have maintained NCQA Level 3 Recognition

PCMHKids (9 practices)

- 6 practices have achieved level 3 and 3 are submitting by end of 2016

Quality Measures

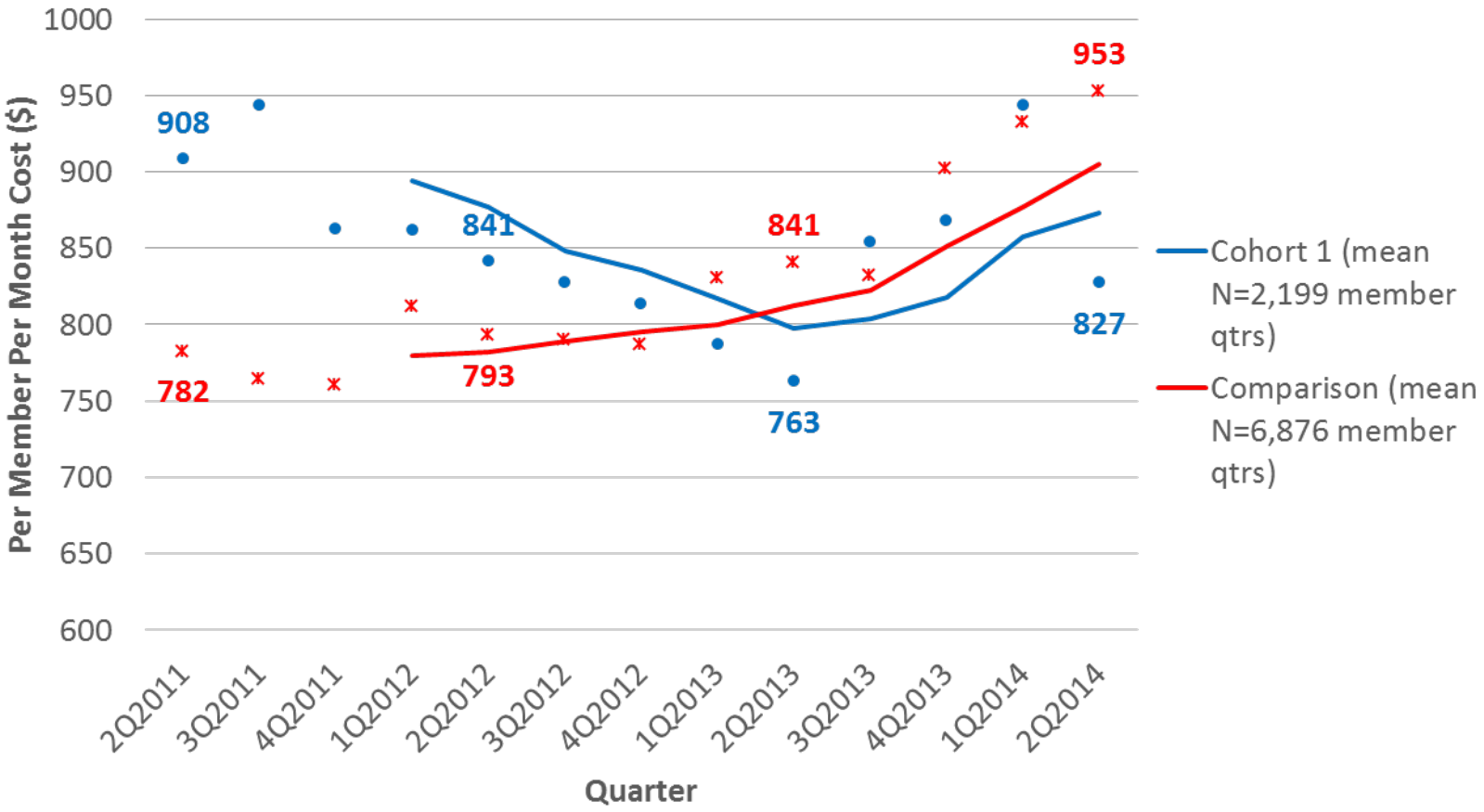
Clinical Quality
CTC Outperform Regional Benchmarks



RTI Total Cost of Care Analysis

Reflects Cohort 1
Updated Data Expected June 2016

RHP: Risk-Adjusted Total PMPM ($) Quarterly Costs with Rolling Year Trend Line



2013 Raw and Risk-Adjusted PMPM ($): RHP

	CTC Cohort 1 (N=27,271 member months)		Comparison (N=80,757 member months)		Differences (p-value)	
	Raw	Risk Adj.	Raw	Risk Adj.	Raw	Risk Adj.
Inpatient	177	178	221	219	-43 (<0.01)	-41 (0.01)
Outpatient	233	231	212	208	21 (0.02)	24 (0.11)
Prof. Serv.	178	179	168	165	10 (0.08)	13 (0.30)
Pharmacy	240	230	255	259	-15 (0.02)	-29 (0.03)
Total	828	818	856	851	-28	-33

January-June 2014 Raw and Risk-Adjusted PMPM ($): RHP

	CTC Cohort 1 (N=14,099 member months)		Comparison (N=37,900 member months)		Differences (p-value)	
	Raw	Risk Adj.	Raw	Risk Adj.	Raw	Risk Adj.
Inpatient	218	215	253	256	-35 (0.16)	-41 (0.11)
Outpatient	215	222	209	213	6 (0.65)	9 (0.68)
Prof. Serv.	178	178	178	177	0 (0.94)	0 (0.99)
Pharmacy	272	271	271	296	2 (0.93)	-24 (0.36)
Total	883	886	911	942	-28	-56

Summary: Rhody Health Partners

Cohort 1 demographics and average risk score are slightly different from the comparison group.

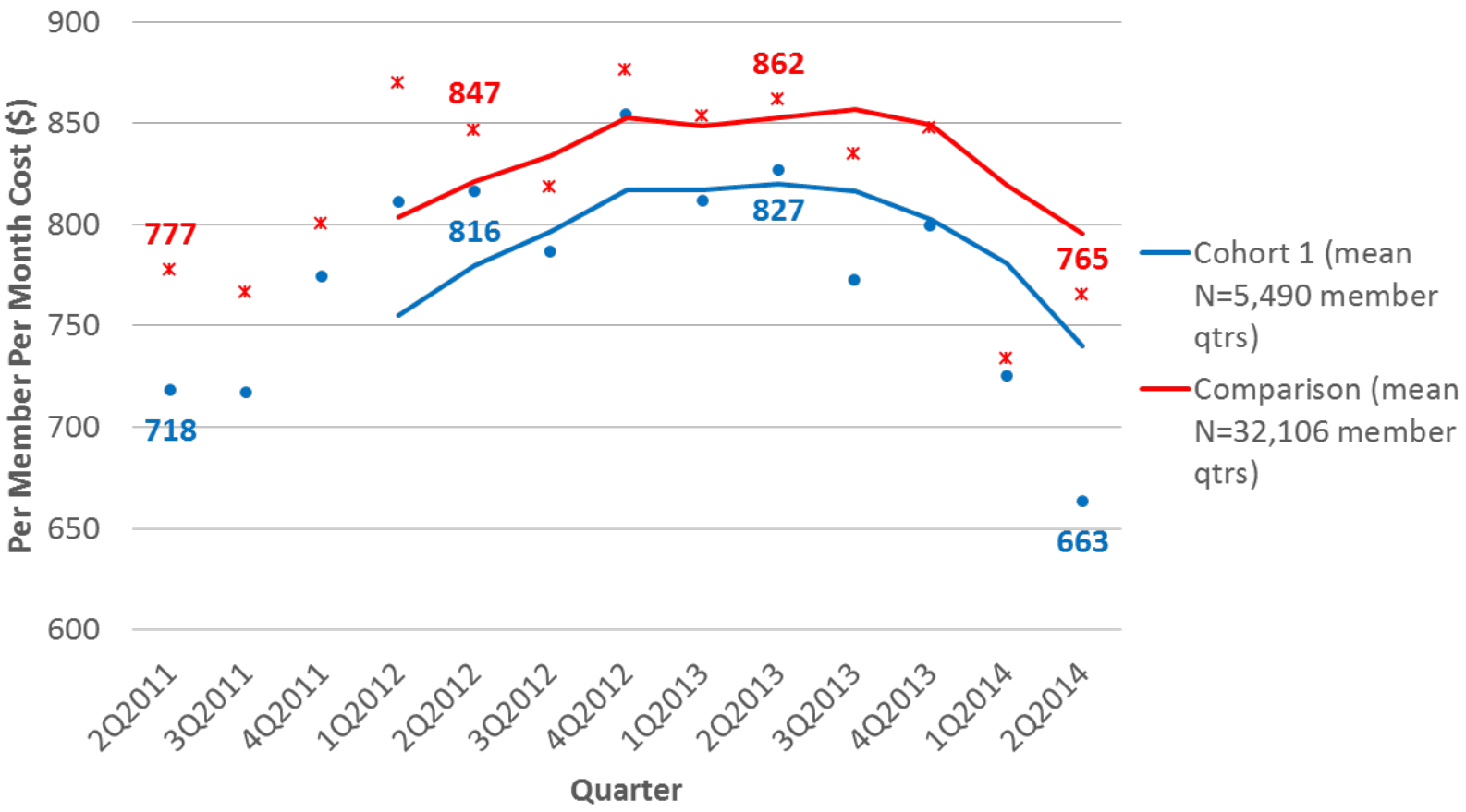
Modestly lower inpatient amounts for Cohort 1 sustained throughout the period.

Higher outpatient amounts, but decreasing faster than the comparison group.

Attribution is based on *assigned* PCP; some think attribution error is likely.

Small sample sizes for this group.

Medicare Advantage: Risk-Adjusted Total PMPM ($) Quarterly Costs with Rolling Year Trend Line



2013 Raw and Risk-Adjusted PMPM ($): Medicare Advantage

	CTC Cohort 1 (N=68,375 member months)		Comparison (N=383,618 member months)		Differences (p-value)	
	Raw	Risk Adj.	Raw	Risk Adj.	Raw	Risk Adj.
Inpatient	223	222	277	278	-54 (<0.01)	-56 (<0.01)
Outpatient	135	137	136	138	-1 (0.85)	-1 (0.88)
Prof. Serv.	249	252	251	251	-1 (0.71)	1 (0.90)
Pharmacy	177	192	183	184	-6 (0.07)	8 (0.39)
Total	784	803	847	851	-63	-48

January-June 2014 Raw and Risk-Adjusted PMPM ($): Medicare Advantage

	CTC Cohort 1 (N=32,325 member months)		Comparison (N=167,059 member months)		Differences (p-value)	
	Raw	Risk Adj.	Raw	Risk Adj.	Raw	Risk Adj.
Inpatient	202	202	233	235	-32 (0.02)	-33 (0.02)
Outpatient	112	115	126	128	-14 (0.01)	-12 (0.11)
Prof. Serv.	184	190	203	205	-19 (<0.01)	-16 (0.01)
Pharmacy	172	189	175	181	-2 (0.67)	7 (0.48)
Total	670	696	737	749	-67	-53

Summary: Medicare Advantage

Cohort 1 demographics and average risk score are slightly lower than the comparison group; risk adjustment increases estimated costs for Cohort 1 relative the comparison group.

Trend lines for Cohort 1 are the same shape throughout the period.

Modestly lower inpatient amounts for Cohort 1 sustained throughout the period.

The HCC score is not the same as the HCC score typically used by Medicare.

Next Steps…Our work is not done! FY 2017 CTC Strategic Goals

- Goal 1: Assist health plans to increase the number of primary care practices that meet the OHIC PCMH standards to 80% by 2019
- Goal 2: Participate in work force development to increase the number of qualified for PCMH team members (e.g. physicians, NPs, Pas, NCMs, Mas, and CHWs)
- Goal 3: Maintain an effective multi-payer program in RI that benefits all key stakeholders
- Goal 4: Expand services in primary care to enhance delivery of high quality care that addresses physical, behavioral and social determinants of health
- Goal 5: Increase patient experience as measured by CAHPS to 75% regional

Appendix
CTC Cohort Utilization Cohorts

Cohort 1 (15 sites):

- Blackstone Valley Community Health Care, Inc.
- Coastal Medical, Inc. - Greenville
- Coastal Medical, Inc. - Hillside
- Coastal Medical, Inc. - Narragansett
- Coastal Medical, Inc. - Wakefield
- Family Health and Sports Medicine
- Kristine Cuniff
- Memorial Hospital Family Care Center
- South County Hospital Family Medicine
- South County Internal Medicine
- Stuart Demirs
- Thundermist CHC - Wakefield
- Thundermist CHC - Woonsocket
- University Family Medicine
- University Medicine - Governor Street Primary Care

Cohort 2 (21 sites):

- Anchor Medical Associates – Lincoln, Providence, Warwick
- Aquidneck Medical Associates – Newport, Portsmouth
- Associates in Primary Care Medicine
- East Bay Community Action Program - East Providence, Newport
- Medical Associates of RI – Bristol, East Providence
- Ocean State Medical, LLC
- Tri Town Community Action Program
- University Internal Medicine
- University Medicine - 909 North Main Street, Barrington, East Ave, Plain Street, Warwick Family Medicine
- WellOne Primary Medicine – Foster, North Kingstown, Pascoag

Cohort 3 (12 sites):

- Affinity Physicians Family Medicine – Pawtucket
- Comprehension Community Action Program – Cranston, Coventry, Wilcox
- Internal Medicine Center
- Internal Medicine Partners
- Nardone Medical Associates
- Richard M Del Sesto
- South County Walk-in and Primary Care
- Thundermist CHC – West Warwick
- Women's Medicine Collaborative
- Wood River Health Services