CARE TRANSFORMATION COLLABORATIVE RHODE ISLAND

pcmh kids patient-centered medical home

ADVANCING INTEGRATED HEALTHCARE

The State of Primary Care in RI Today and in the Next 10 years: Where are now and where are we going?

Jeffrey Borkan, MD, PhD, Chair of Family Medicine; Assistant Dean for Primary Care/Population Medicine
Ed McGookin, MD: Chief Medical Officer Coastal Medical
Michelle Anvar, MD: Director of Primary Care Brown Medicine
Denise Coppa, PhD, APRN-CNP, FNP-C, PCPNP-BC, Program Director for Family NP Program at the University of Rhode Island
Suzanne McLaughlin, MD: Director of Med-Peds at Brown
Andrew Saal, MD: Chief Medical Officer Providence Community Health Center
Thomas Meehan, PhD, PA-C: Program Director of Physician Assistant Program, Johnson and Wales

Care Transformation Collaborative of RI

CTC-RI Conflict of Interest Statement

Session presenters have no financial relationships with a commercial entity producing healthcare-related products used on or by patients.

CME credits are offered and all relevant financial relationships of those on the session planning committee have been disclosed and, if necessary, mitigated.

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The AAFP has reviewed 'Advancing Comprehensive Primary Care Through Improving Care Delivery Design and Community Health,' and deemed it acceptable for AAFP credit. Term of approval is from 03/18/2022 to 03/18/2023. Physicians should claim only the credit commensurate with the extent of their participation in the activity. NPs and RNs can also receive credit through AAFP's partnership with the American Nurses Credentialing Center (ANCC) and the American Academy of Nurse Practitioners Certification Board (AANPCB).

Objectives

1. Engage with a panel discussion on key issues facing primary care in RI
2. Learn about ways to strengthen inter-professional educational
3. Discuss strategies to increase primary care effectiveness, recruitment, and retention

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Presenters

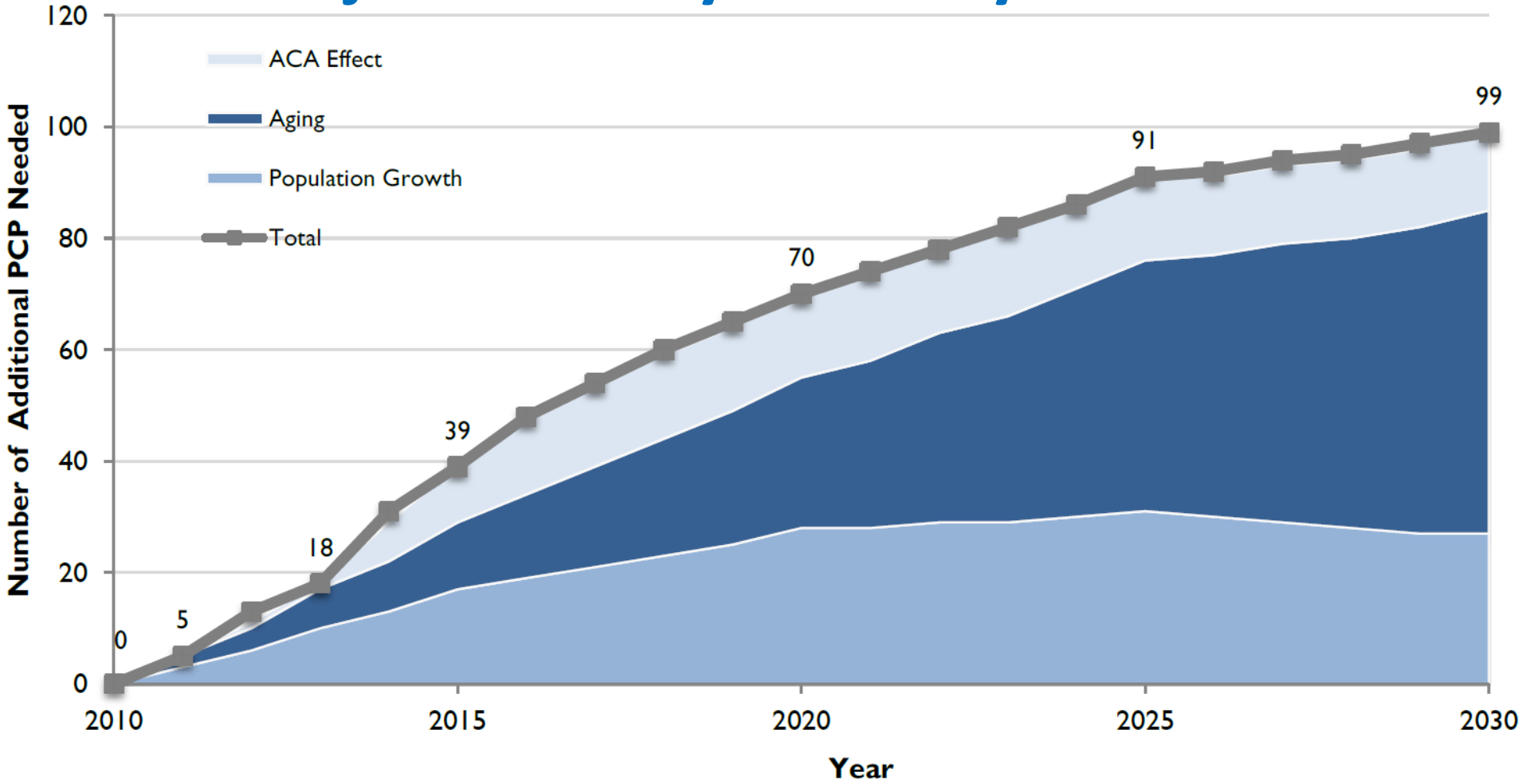
Moderator: Jeffrey Borkan, MD, PhD (Chair of Family Medicine; Assistant Dean for Primary Care/Population Medicine)

Facilitators: Pano Yecaris, MD and Pat Flanagan, MD

Speakers and their Affiliations/Disciplines:

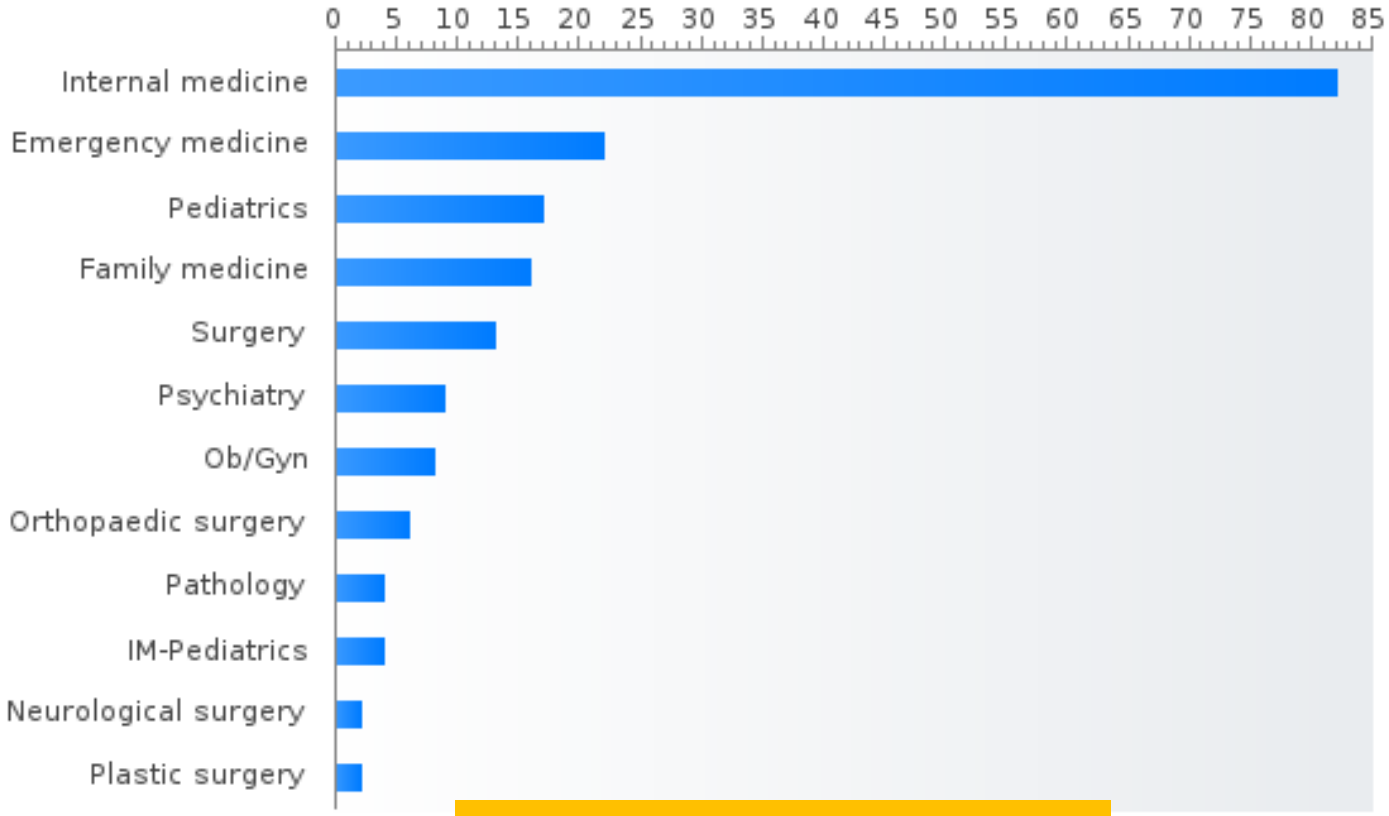
- Ed McGookin, MD: Chief Medical Officer Coastal Medical (Pediatrics)
- Michelle Anvar, MD: Director of Primary Care Brown Medicine (Primary Care Internal Medicine)
- Denise Coppa, PhD, APRN-CNP, FNP-C, PCPNP-BC, Program Director for Family NP Program at the University of Rhode Island
- Suzanne McLaughlin, MD: Director of Med-Peds at Brown (Medicine-Pediatrics)
- Andrew Saal, MD: Chief Medical Officer Providence Community Health Center (Family Medicine)
- Thomas Meehan, PhD, PA-C: Program Director of Physician Assistant Program, Johnson and Wales

Rhode Island Project Primary Care Physicians Need*



*Petterson, Stephen M; Cai, Angela; Moore, Miranda; Bazemore, Andrew. State-level projections of primary care workforce, 2010-2030. September 2013, Robert Graham Center, Washington, D.C.

Number of Positions by Specialty in Rhode Island: PGY-1 main residency Match data for 2020 (total 185)* PGY-1 & 2 Match Data for 2020 (total 221)**



1. **Internal medicine (82)**
2. Emergency medicine (22)
3. **Pediatrics (17)**
4. **Family medicine (16)**
5. Surgery (13)
6. Psychiatry (9)
7. Obstetrics and gynecology (8)
8. Orthopaedic surgery (6)
9. Pathology-anatomic and clinical (4)
10. **Internal Medicine-Pediatrics (4)**
11. Neurological surgery (2)
12. Plastic surgery (2)

45% “Primary Care” Good??

*https://www.residencyprogramslist.com/in-rhode-island

** https”//www.nrmp.org

Primary Care GME Training in RI

PROGRAM	MED-PEDS	PEDIATRICS*	FAMILY MED	IM-KENT	GENERAL INTERNAL MEDICINE - LIFESPAN	IM CATEGORICAL-LIFESPAN***	IM-ROGER WILLIAMS ****	TOTAL
Training Length	4 years	3 years	3 years	3 years	3 years	3 years	3 years	
Total Residents 2020-21	16	50	48	38	30	90	34	306
Total Residents Per Year	4	16	16	13	10	30	12	101
Entering Primary Care upon Graduation (average per year**)	2	6.5	14.5	1.7	7	1	2	34.7
% in Primary Care	50%	41%	94%	13%	70%	3%	17%	

*includes 2 chief residents (4 years of training)

**based on 2-5 year historical averages

***does not include preliminary slots

****based on website bios & coordinator estimate

35 Practicing Primary Care GME grads from a total of approximately 220 residency grads per year in RI = 16%

16%....maybe not so good??

The Current and Future State of Primary Care in Rhode Island

CTC-RI Clinical Strategies Committee

Ed McGookin, MD: Chief Medical Officer Coastal Medical

June 17, 2022

Coastal Medical
Lifespan. Delivering health with care.®

About Coastal Medical

- 142 clinicians caring for 110,000 patients at 20 locations
- **>90%** Primary Care
  - Cardiology
  - Pulmonary
  - Non-operative Orthopedics
  - Child and Adolescent Psychiatry
- Moved to Value-Based Care in 2012
  - 87% of patients covered by a value-based contract
  - 30% of revenue is non-fee-for-service

Coastal Medical
Lifespan. Delivering health with care.®

The current state of primary care as Coastal sees it

Strengths	Weaknesses	Opportunities	Threats
Collaborative healthcare environment (OHIC, CTC, EOHHS, RIDOH)	Limited number of primary care clinicians	Implement value-based care in medical and surgical specialties	Well-being of the workforce
Excellent primary care training programs	Aging of the primary care workforce	Recruit and retain clinicians	Recruiting new clinicians & retaining existing clinicians
Size and population density of Rhode Island	Primary care payment rates	Medical student debt relief	Aging patient population
High-quality clinicians	Weak social safety net – unmet needs among adults with mental illness	Primary care capitation	The slow evolution of value-based care
High patient satisfaction			Inflation

Overview of Current Physicians & SWOT

Michelle Anvar, MD: Director of Primary Care Brown Medicine

BROWN MEDICINE
BROWN PHYSICIANS, INC.

Overview – current physicians and APRN/PAs

Brown Medicine

Multispecialty Practice with medicine subspecialties

37,000 primary care patients

Member of BPI

Brown Medicine Primary Care/GIM

6 offices (northern ½ RI)+ Geriatrics

35 MDs (16 full-time PC)

6 APRN/PAs

3 leaving 2022- retiring, moving, doing subspecialty

Age of Primary Care Physicians

AGE,YEARS	PROVIDERS
30-34	9
35-39	3
40-44	0
45-49	2
50-54	5
55-60	5
61-64	3
>65	2

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IM Trainees

Brown IM Categorical and Primary Care :10 years

	Total in 10 years	PC	PC in RI
Categorical	302	14 (5%)	5 (2%)
PC	83	43 (51%)	12 (14%)
Total	386	57 (14%)	17 (4%)

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Brown Medicine SWOT

Strengths

- Trainees and academic mission
- Diversity of clinical roles and flexibility
- Physician run organization
- PCMH
- Physical space for new physicians and APPs

Opportunities

- DEI
- Promoting primary care among trainees
- Consistent loan repayment programs
- FMG recruitment
- Increase role and responsibility of APRN/PAs

Weakness

- Aging physician staff
- Role of primary care physicians / burnout
- Lack of support staff
- Unable to meet population demand for primary care physicians

Threats

- Lack of ability to recruit and retain physicians
- Regional competition
- Reimbursement
- Increasing demands of EMR / documentation
- National decline in primary care physicians

THE UNIVERSITY OF RHODE ISLAND COLLEGE OF NURSING

NURSE PRACTITIONERS ENHANCING PRIMARY HEALTH CARE

CARE TRANSFORMATION COLLABORATIVE OF RHODE ISLAND

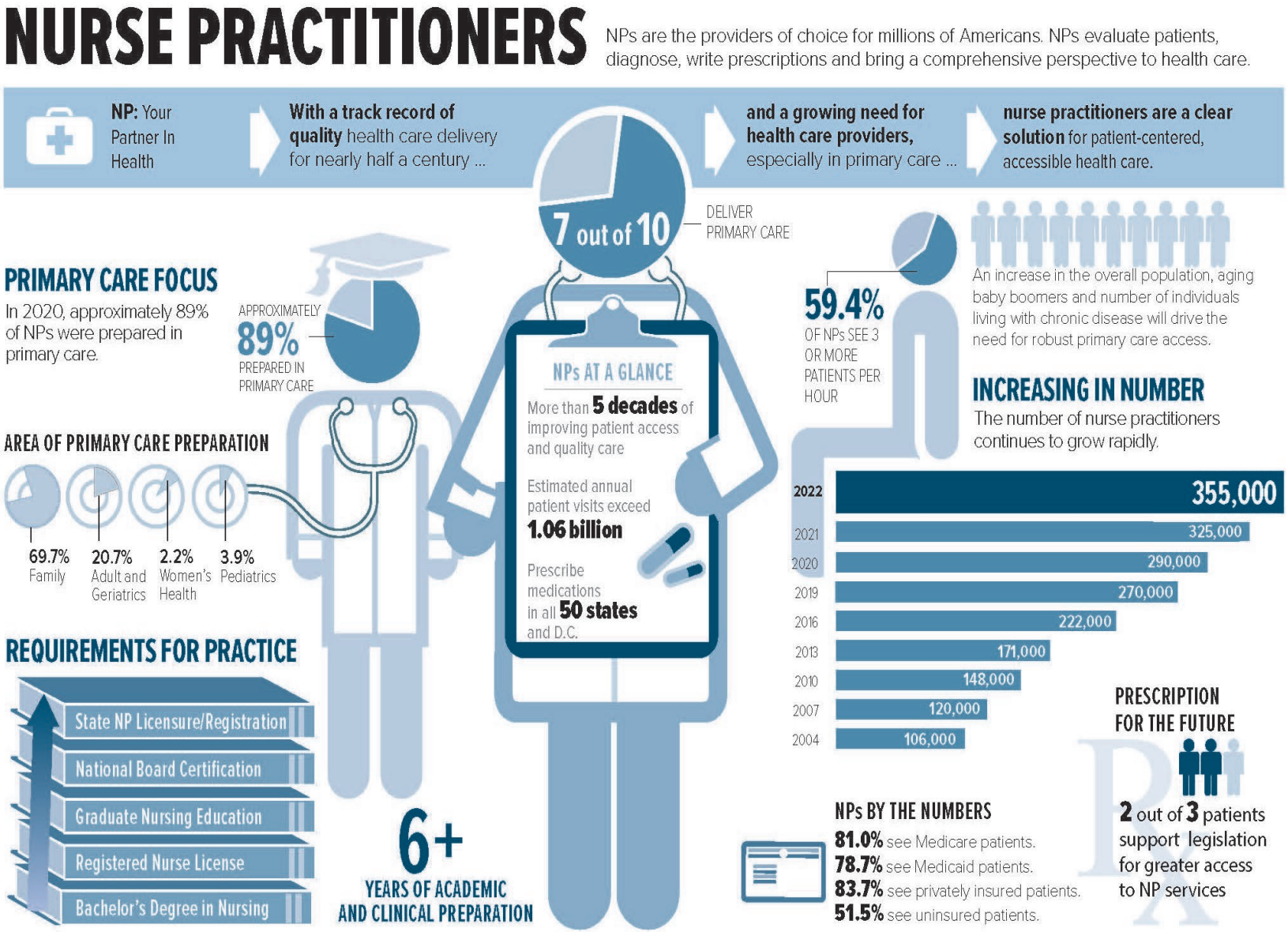
DENISE COPPA, PHD, APRN-CNP, FNP-C, PCPNP-BC, FAANP, FAAN

THINK BIG WE DO™

This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant numbers #D09HP28858, *URI College of Nursing Academic Practice Partnership (Advanced Nursing Education)* and #T94HP32906, *URI Advanced Nursing Education Workforce* as part of awards totaling $4,377,207 (#D09HP28858 $1,681,750; #T94HP32906 $2,695,457) with 0% financed with non-governmental sources. The contents are those of the authors and do not necessarily represent the official views of, nor endorsement, by HRSA, HHS, or the U.S. Government.

NP'S IN UNITED STATES

- 36,000 NP GRADS: 2019-20
- 88.9% TRAINED IN PRIMARY CARE
- 70.2% WORK IN PRIMARY CARE
- 42.5% HAVE HOSPITAL PRIVILEGES
- 4.1% ACUTE CARE
- 12.8% IN LONG TERM CARE

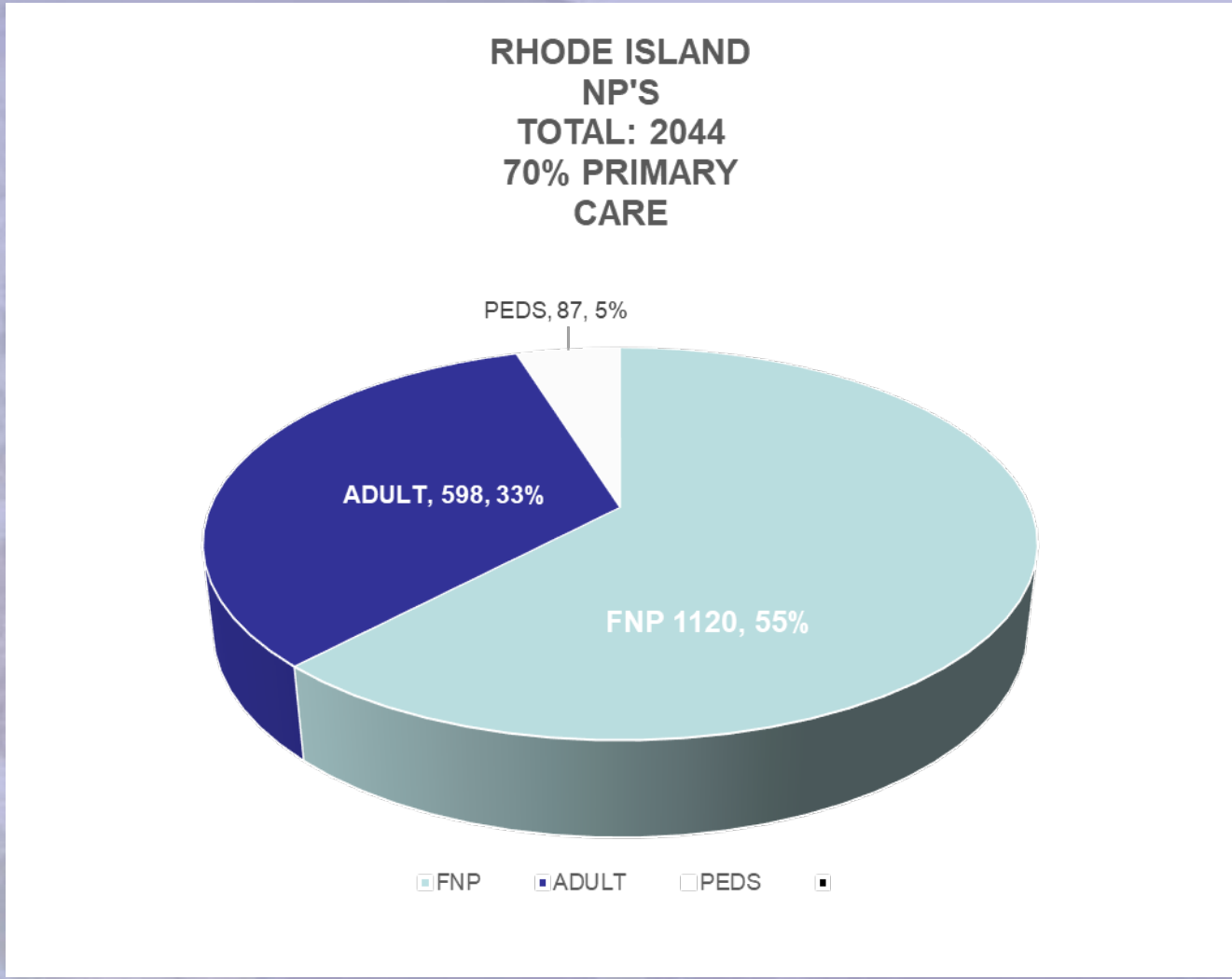


NP SPECIATIES IN RI

- 4.1 % OF AGNP'S WORK IN ACUTE CARE SETTINGS (Urgent, In-pt: critical and acute care, ED)
- 70% (AGNP/FNP/PNP) WORKING IN PRIMARY CARE SETTINGS (FQHC's, CHC's, Hospital based clinics, Private practice)
- 12.8% LONG TERM CARE
- 10%: PMHNP
- 2% (NEONATAL)

NP'S MORE LIKELY TO WORK IN HEALTH CENTERS, OUT-PT CLINICS, HOSPITAL BASED CLINICS.

FOCUS ON TEAM BASED PHC TO ENHANCE AND INCREASE PATIENT ACCESS.



PROJECTED PHC PHYSICIAN NEED IN RI, INCREASE BY 11% (99) BY 2030

PETERSON, ET AL (2013)

NP EDUCATION IN RI
Filling the Primary Care Need

NP PROGRAMS IN RI (PRIMARY CARE)

- URI: FNP/AGNP/PMHNP ranked #45/597 (USNWR). 20-30 grads/ year. Accredited CCNE
- SALVE: FNP. Offer on-line. 7-10 grads/yr Accredited: CCNE

WON'T MEET PHC NEED

BARRIERS AND SOLUTIONS

BARRIERS

- NP's reimbursed at 85% of physicians for Medicare, BXBS, United. "Incident to" billing. 75% for Medicaid
- BRANDING. "Mid-Levels", "Physician Extenders"
- NEED FOR PRECEPTORS
- HIGH BURN OUT RATES IN FQHC's

SOLUTIONS

- SUPPORT FOR NP'S TO RECEIVE EQUITABLE REIMBURSEMENT (state and Federal) & TEAM BASED CARE
- CULTURE CHANGE (If NP's are Mid-Levels, who are Low-levels)
- SUSTAINABILITY OF HRSA FUNDING ACADEMIC CLINICAL PARTNERSHIPS
- H 7236 PRECEPTORS TAX CREDIT ACT
- NP's higher rate of burn out than physicians, locally and nationally

HRSA FUNDING ESTABLISHES ACADEMIC CLINICAL PARTNERSHIPS WITH PROVIDENCE COMMUNITY & THUNDERMIST HEALTH CENTERS

TOTAL OF $4.4 million over 7 years to:

1. Increase clinical placements (total of 115 placements 2019-2022)
2. Provide tuition reimbursement to students (88 traineeships)
3. Establish Home Based Primary Health care program
4. Demonstrate cost savings with reduced Hospitalizations, ED visits, unnecessary hospital based care at end of life.

Preliminary Findings:
Emergency Department Visits & In-Patient Hospitalizations

Pre-Intervention Period of 1-Year Compared to Home Care Program Implementation

- **Number of ED visits *significantly* reduced by approximately 25%**
- **Number of In-Patient Hospitalizations reduced by 35%**

ED: 23.68%; $X^2(1)=15.95$, $p=0.001$
Hospitalizations: 34.88%; $X^2(1)=2.93$, $p=.087$

Program Impact: Emergency Department Cost Savings

- Cost of ED visits in RI in 2014:
  - $1,154 for Private Insurers
  - $667 for Medicare beneficiaries
  - $368 for Medicaid beneficiaries

- Cost savings:
  - 6-month pre-intervention cost savings of $11,776 to $36,928
  - 1 year pre-intervention cost savings of $6,624 to $20,772

Total potential cost savings: $6,624 to $36,928

RI Department of Health, 2014

Program Impact: Hospitalization Cost Savings

- Cost per in-patient hospitalizations for RI in 2015:
  - $2,624 for Nonprofit hospitals
  - $2,036 for For-profit hospitals
- Cost savings:
  - 6-month pre-intervention cost savings of $83,476 to $107,584
  - 1 year pre-intervention cost savings of $30,540 to $39,360

Total potential cost savings: $30,540 to $107,584

Kaiser Family Foundation, 2015

VALUE BASED APPROACH TO END OF LIFE CARE RESULTS SUMMARY

- HBPC PATIENTS HAD SIGNIFICANTLY FEWER HOSPITALIZATIONS AT EOL (0.4 vs. 0.7/ pt. SAVINGS ($88,000 - $440.000/ pt)
- HBPC PATIENTS HAD SIGNIFICANTLY FEWER ED VISITS (O.3 vs 0.7/pt). SAVINGS ($25,049./ pt/ yr)
- HBPC PATIENTS HAD LONGER VISITS WITH PROVIDERS (≥ 45 min)
- HBPC PATIENTS HAD SIGNIFICANTLY MORE SIGNED ADR & MOLST AGREEMENTS THAN CLINIC PATIENTS
- HBPC PATIENTS REPORTED HIGHER LEVELS OF SATISFACTION WITH RECEIVING PRIMARY CARE IN THE HOME

THANK YOU !

AANP

American Association of
NURSE PRACTITIONERS®

DCOPPA@URI.EDU

Internal Medicine-Pediatrics

Suzanne McLaughlin, MD: Director of Med-Peds at Brown

BROWN MEDICINE
BROWN PHYSICIANS, INC.

Internal Medicine-Pediatrics

The residency training program:

- Board specialty since 1969 dual-certified IM and Pediatrics
- Brown/Lifespan training since 1999, four residents per year x 4 years
- 94 graduates to-date
- 40% in primary care; 1/3rd practice in RI

The Medicine Pediatrics Primary Care Center 245 Chapman St Prov RI

- 16 residents, 6 attendings, on-site behavioral health, pharmacist, CSW, interpreter and CDOE; subspecialty on-site HIV, cancer survivorship and LARC
- ~6000 patients ages 0-98 80% MA-insured
- NCQA PCMH Level 3 certified

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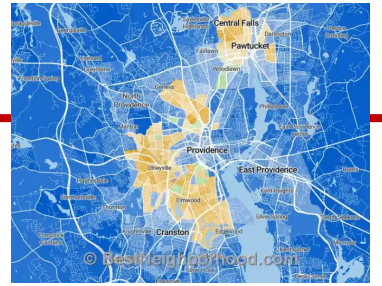
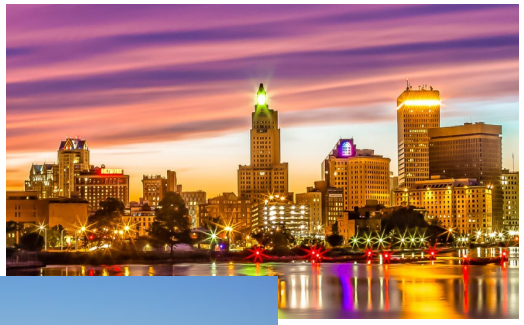
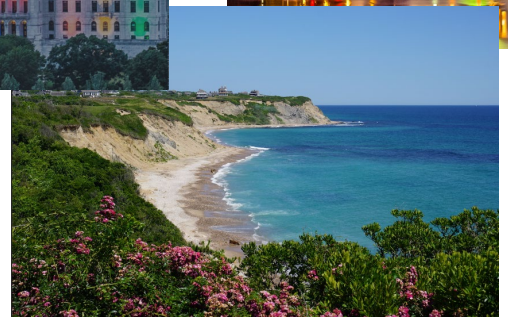
Internal Medicine-Pediatrics and Primary Care



Strengths:

- Excellence, collegiality, livability
- Care Transformation Collaborative (AND residency continuity clinics' enrollment in…)
- Primary Care Physicians Advisory Committee
- RI Office of Health Insurance Commissioner
- RI Department of Health
- Primary Care Loan Repayment program
- State immunization supplies and registry
- Training programs





Challenges:

- ANYTHING that makes it hard to care for our patients (insufficient reimbursement, prior auths, lack of care coordination/comm'ty navigators/interpreters, limitations on referrals…)
- excessive documentation requirements (time in EHR:patient interaction ratio)
- overwhelming behavioral health needs
- Limited residency positions (250 applicants for 4 MP positions)
- Non-competitive salaries

PCHC
PROVIDENCE COMMUNITY HEALTH CENTERS

Primary Care Redesign

Where We Are…
and Where We May Be Headed

Andrew Saal, MD MPH
Providence Community Health Centers
Chief Medical Officer

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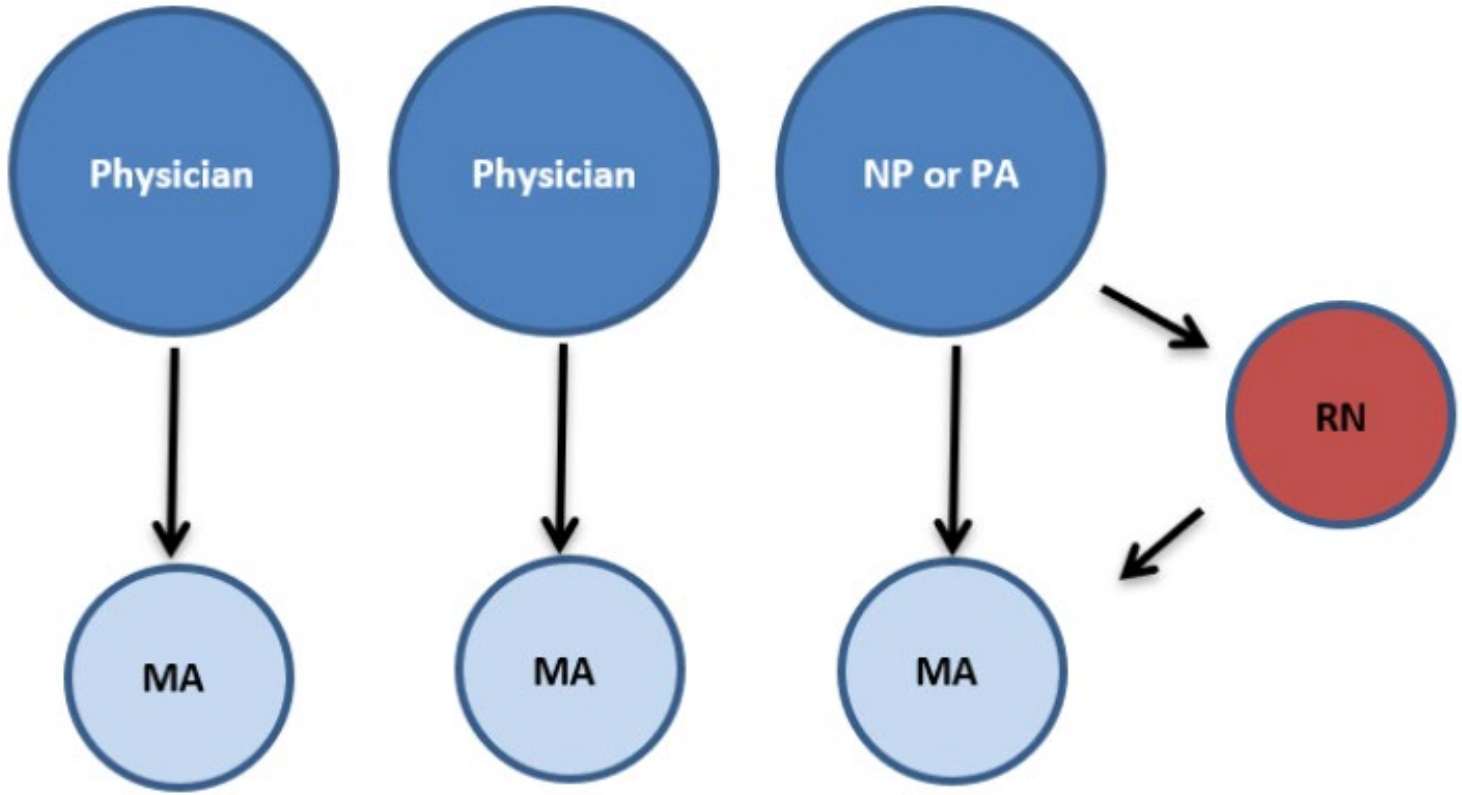
Primary Care Delivery

The Traditional Primary Care Model

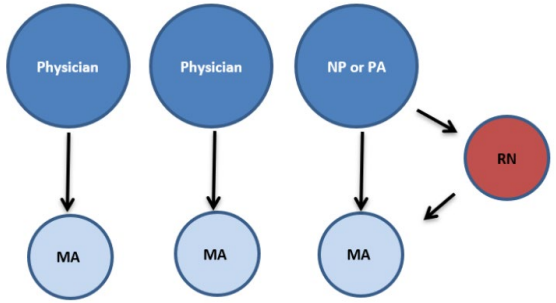


Primary Care Delivery

The Historical Primary Care Model

Clinician expected to be all things to all people all of the time. Repeat 22+ times per day.

What Can Go Wrong?



Quality Outcomes Vary Because:

1) It's clinician-dependent (vertical)
2) No one has time for preventative services
3) Relies on face-to-face visits
4) Care delivered only to those who show up
5) **Clinician burn-out**

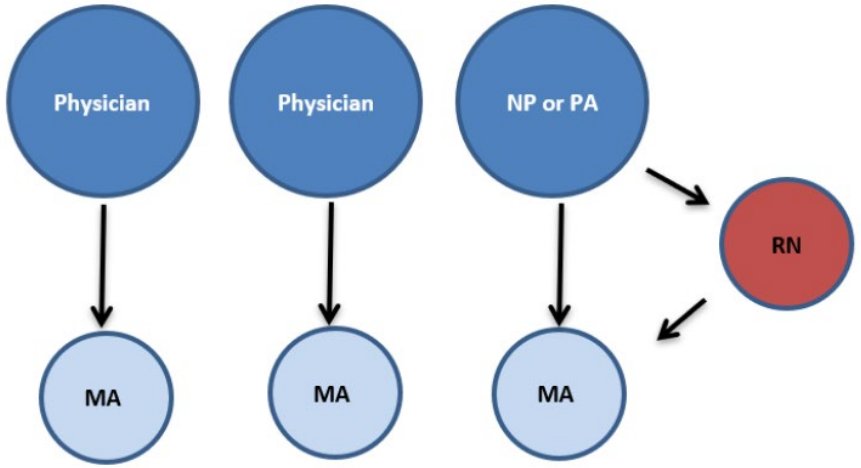
Assumptions and Paradigm Shifts

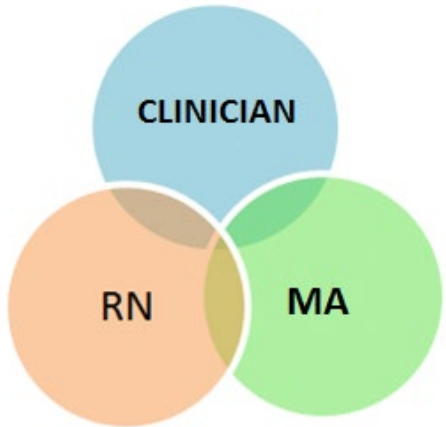
Who ever said…

- The clinician had to do everything?
- All care had to be delivered 1:1 in 15’ units?
- All care had to be performed face-to-face?
- All care had to occur in a clinical setting?

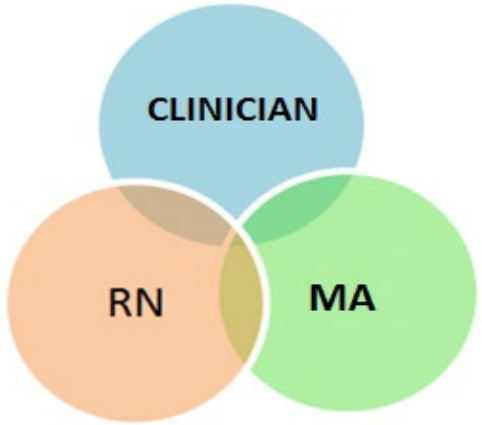
Primary Care Delivery

Re-Visioning the Primary Care Team





Team Based Care



MD / DO / APRN / PA

Solves complex problems, defines care plans, leads the team

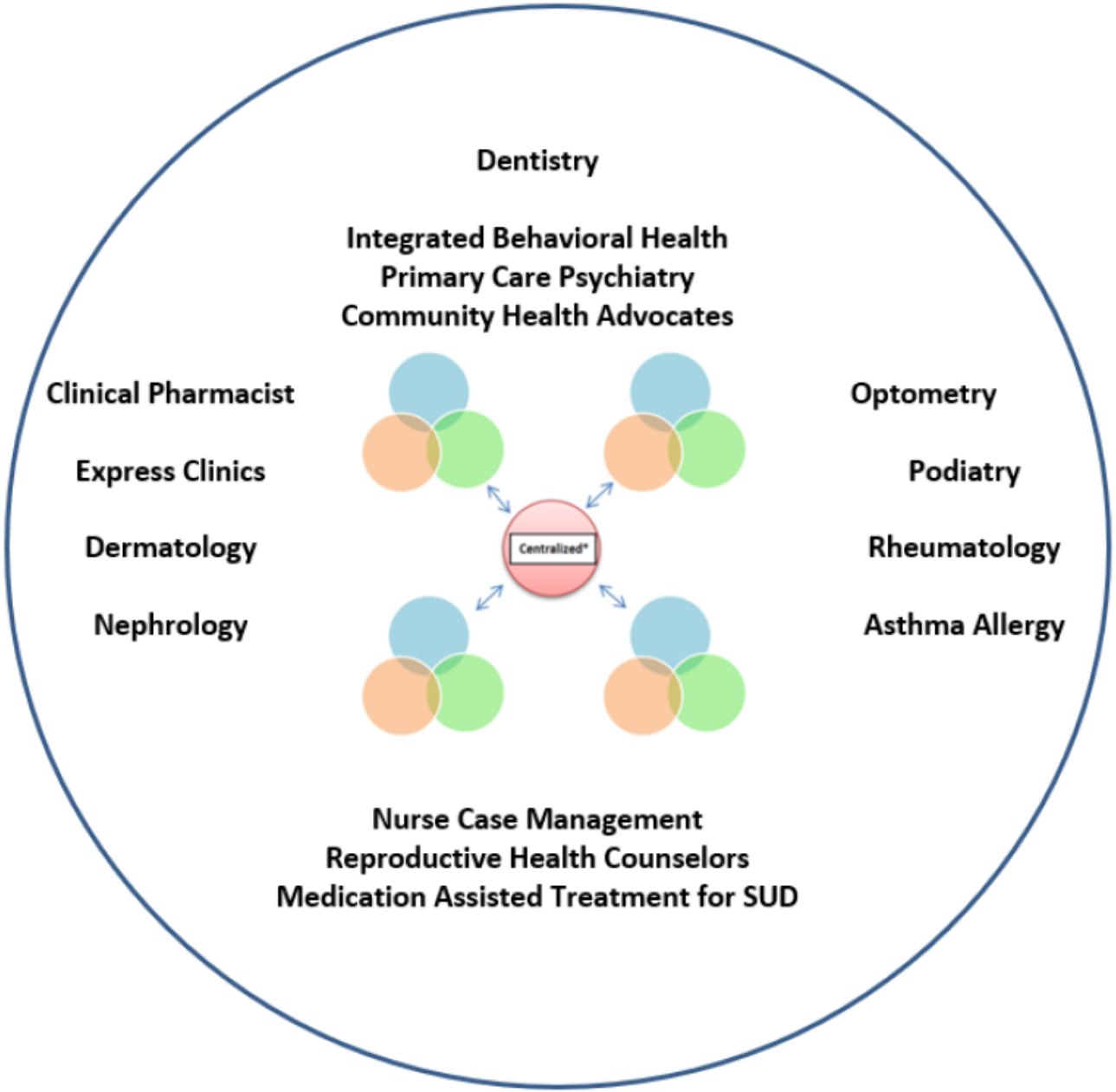
RN / LPN

Routine preventative services and population health management… Who is missing and why?

Medical Assistant

Screens for depression, anxiety, social determinants of health. Translates. Links patients to resources

Advanced Practice Medical Home at PCHC



Community Partnerships Matter

Actively Screen and Address the Social Determinants

PCHC partners with

- Family Services of Rhode Island
- Rhode Island Food Bank
- Farm Fresh Rhode Island
- One Neighborhood Builders
- Medical Legal Partnership of Boston
- Center for Justice
- Center for Southeast Asians
- House of Hope
- And *many* others

Primary Care is a Team Sport!

Where Are We Going?

Every SWOT Analysis Ever Made… Summarized

Strengths	Weaknesses
Opportunities	Threats

Every SWOT Analysis Ever Made… Summarized

Strengths ***Workforce*** X Y Z	**Weaknesses** ***Workforce*** X Y Z
Opportunities ***Workforce*** X Y Z	**Threats** ***Workforce*** X Y Z

Major Drivers in the Decade Ahead

- **Ongoing Workforce Shortages**
- **Decreased # of Primary Care Physicians**
  - Continued Burnout
  - Greying Workforce
  - Increasing Debt Load
- **Increased # of NPs / PAs**
- **Transition Towards Value Based Contracting**
  - New ways to approach population health
  - Continued evolution of the RN role
  - New types of population health advocates

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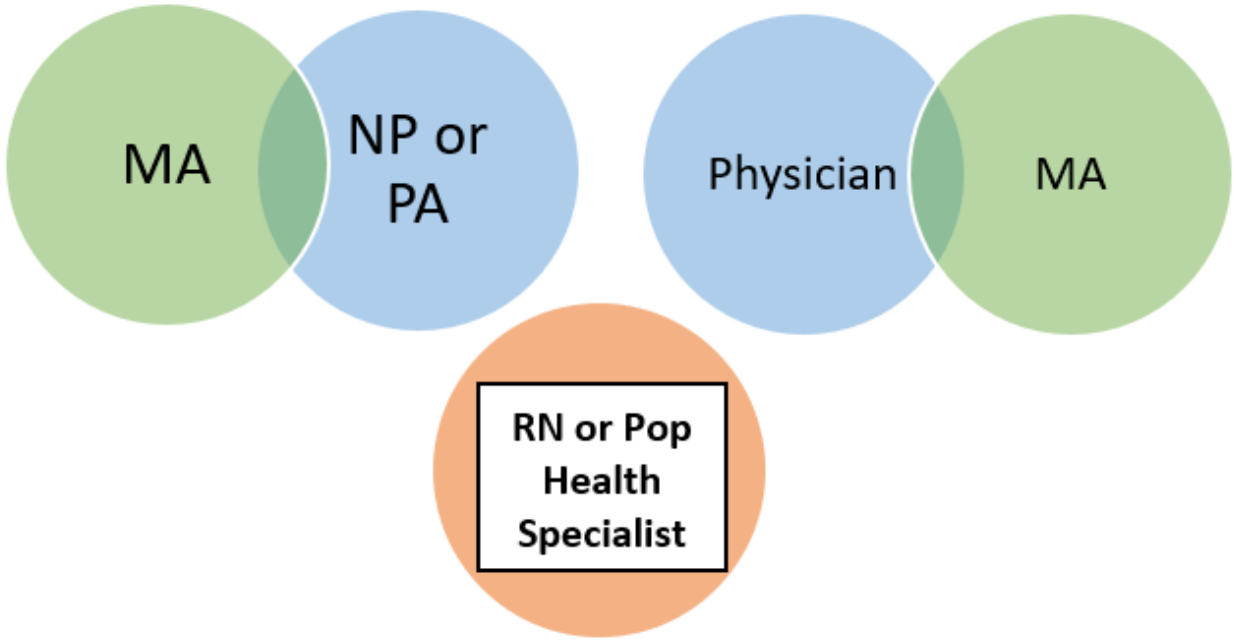
Alternative Primary Care Models

If preventative services are the foundation of primary care, why do we obligate people to see a clinician before ordering routine screening tests?



If you are waiting for a harried clinician to remember to click a box in order to deliver a flu shot, ***the barrier to care is the system itself!***

Alternative Primary Care Models

Tom Bodenheimer, et al. UCSF

	NP / PA 1	Team Physician	NP / PA 2
8:00	Patients	Patients	-
9:00	Precepting complex	Precepting	-
10:00	Patients	Patients	-
11:00	Patients	Patients	-
12:00	Lunch	Patients	Patients
13:00	Patients	Lunch	Patients
14:00	Patients	Precepting	Precepting complex
15:00	Patients	Patients	Patients
16:00	Patients	Patients	Patients
17:00	-	-	Lunch
18:00	-	-	Patients
19:00	-	-	Patients

NP / PAs manage panels of heathier patients with low to medium complexity at a slightly higher volume. Aim for 22+ encounters per day at 15-20' each. Daily precepting of rising risk and high acuity patients with team physician.

Lead physician manages a panel of moderate to high complexity patients on a lower template. Aim for 12-14 encounters at 30' each. Regularly precepts any higher acuity patients with rising risk with the team NP / PAs.

Net size of panel exceeds 3,500. Net encounter volume meets or exceeds 3 individual care teams operating independently of each other.

So How Will We Know If It's Working?

Happy Patients

Better Outcomes

Lower Cost

Happy Care Teams

Promotes Equity

Physician Assistants in Rhode Island

Thomas Meehan, PhD, PA-C: Program Director of Physician Assistant Program,
Johnson and Wales

JOHNSON & WALES
UNIVERSITY

CENTER FOR PHYSICIAN
ASSISTANT STUDIES

*Data courtesy of NCCPA Statistical Profile of Certified PAs

PAs in Rhode Island

- 517 certified PAs
  - 300 in 2014 (Largest % increase nationally)
- 48.9 PAs/100k – Ranked 22nd
  - National 45 PAs/100k

- New England
  - MA – 4007
  - CT – 2639
  - ME – 924
  - NH – 935
  - VT - 407

JOHNSON & WALES UNIVERSITY
CENTER FOR PHYSICIAN ASSISTANT STUDIES

*Data courtesy of NCCPA Statistical Profile of Certified PAs

PAs in Primary Care in RI

Primary Care (FM/GP, General IM, Pedi)

- 15.6% in Rhode Island
  - Down from 16.5% in 2016, 20.4% in 2014

- 24.3% Nationally
  - Down from 27.8% in 2016

- Distribution by most frequently practiced specialty:
  1. 19.6% Surgical Subspecialties
  2. 17 % Emergency Medicine
  3. 9.4 % Internal Medicine Subspecialties

JOHNSON & WALES UNIVERSITY

CENTER FOR PHYSICIAN ASSISTANT STUDIES

*Data courtesy of NCCPA Statistical Profile of Certified PAs

CME Credits & Eval

Reminder to please complete the evaluation in order to claim CME credits!

Even if you are not claiming CME credits, please take a minute to complete the evaluation!

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THANK YOU

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