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ADVANCING INTEGRATED HEALTHCARE

# Clinical Strategy Committee Meeting

April 18, 2025

*Care Transformation Collaborative of RI*

Topic	Duration
<b>Welcome &amp; Announcements</b> <i>Pano Yeracaris, MD, MPH, Chief Clinical Strategist, CTC-RI</i>	<b>7:30 – 7:35 AM</b> (5 Min)
<b>MomsPRN: Driving Impact in Maternal Mental Health and Looking Ahead in RI</b> <i>Jim Beasley, MPA, Program Manager, RI MomsPRN, RIDOH</i> <i>Margaret Howard, Ph.D., Executive Director, Women’s Mental Health, Care New England</i>	<b>7:35 – 8:15 AM</b> (40 Min)
<b>Discussion on an innovative COPD and Asthma Management Program</b> <i>Matthew Brazer, Pharm.D., Director of Pharmacy, CPGRI</i>	<b>8:15 – 8:55 AM</b> (40 Min)

# Primary Care Training Sites Program

The **Rhode Island Department of Health's Primary Care Training Sites Program (PCTSP)** aims to enhance and expand Rhode Island's capacity to train the next generation of physicians, nurse practitioners, and physician assistants. The Program, run in partnership with CTC-RI, provides grants of up to **\$90,000 per calendar year** to primary care training sites to:

- Provide financial incentives to primary care practices to expand their capacity to train medical students, residents, and fellows; nurse practitioners; and physician assistants
  - Support preceptors through learning collaboratives that promote best practices in clinical teaching and mentorship
- Create high-quality training opportunities for the next generation of healthcare professionals
- Strengthen Rhode Island's healthcare workforce by supporting a pipeline of skilled primary care professional

The PCTSP is part of the State's commitment to a more robust and accessible healthcare system. It plays a key role in Rhode Island's Health Care System Planning efforts, supporting efforts to increase the number of individuals who train in, and then continue to work in, primary care in Rhode Island.



Visit the [PCTSP website](#) to learn more about eligibility, requirements, and how to apply.

**Application deadline TOMORROW: Sat, April 19 at 11:59pm.**

For a sharable summary detailing the program, see the [PCTSP One Pager-4.1.25](#)

# Announcements

CTC-RI Annual Conference - **November 19, 2025**  
**Crowne Plaza in Warwick, RI**

**Still Accepting Abstracts!!**  
**Registration opens May 1<sup>st</sup>!**

Topic areas include, but are not limited to:

- Primary Care & Workforce Development
- Behavioral Health (IBH)
- Population Health
- Family-Child Health
- Aging & Older Adult Care
- Innovation in Healthcare
- Other topics such as: patient voice, policy, and technology

[See Detailed Submission Guidelines & Details](#)

## CTC-RI 2025 ANNUAL CONFERENCE CALL FOR ABSTRACTS & POSTER SESSIONS

**“Advancing Primary Care:  
Innovating for a Sustainable Future”**



The Care Transformation Collaborative of Rhode Island invites primary care team members, systems of care, health plans, community-based organizations and others to submit abstracts for concurrent sessions and our poster session at our conference on November 19, 2025 hosted at the Crowne Plaza in Warwick, RI.

**DEADLINE EXTENDED**  
**APRIL 17, 2025**

**\$500 stipend per  
presentation!**



**SUBMIT HERE**



CTC-RI  
Announcements



## **May Clinical Strategy Committee**

*Fri, May 16, 7:30 – 9:00am*

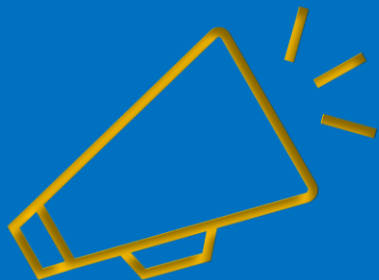
# **Primary Care Transformation in a Time of Crisis**

Panel discussion moderated by  
*John Minichiello, MBA*  
*CTC-RI Executive Director*

Interested? Contact Mitch Irving – [mirving@ctc-ri.org](mailto:mirving@ctc-ri.org)



## CTC-RI Announcements



# Best Practices in Team Based Care

## *Help is Here: Community Resources for Perinatal/Pediatric Families*

Tues, May 20, 12:00 – 1:00pm

Panel Discussion led by moderator Jody Vieira, LICSW

- Erica Oliveira, RI MomsPRN Teleconsultation
- Sarah Kelly-Palmer, FSRI CCBHC
- Marie Palumbo-Hayes, FSRI Family Visiting
- Justine Mainville, Sojourner House
- Lindsay Cutler, Coalition to End Homelessness

Interested? Contact Nijah Venditelli – [nvenditelli@ctc-ri.org](mailto:nvenditelli@ctc-ri.org)



*Not claiming CME credits today? Please still fill out the survey - we appreciate feedback from all attendees!*

**Complete Session Evaluation  
& Claim CME Here**



## CTC-RI Conflict of Interest Statement

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

*\*Pending\* - 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 04/16/2025 to 04/16/2026. 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).*

1. Understand the QI learning collaborative impact on patients, practices and screening rates of the RIMomsPRN program.
2. Recognize the work done to establish sustainable funding for the provider support line and an associated call to action.
3. Understand successes, challenges, and impact of an asthma/COPD care management program within a System of Care.





ADVANCING INTEGRATED HEALTHCARE



# RI MomsPRN

## Maternal Psychiatry Resource Network

Pano Yeracaris, MD, MPH, Chief Clinical Strategist, CTC

Susanne Campbell, RN, MS, PCMH CCE, Senior Program Administrator, CTC

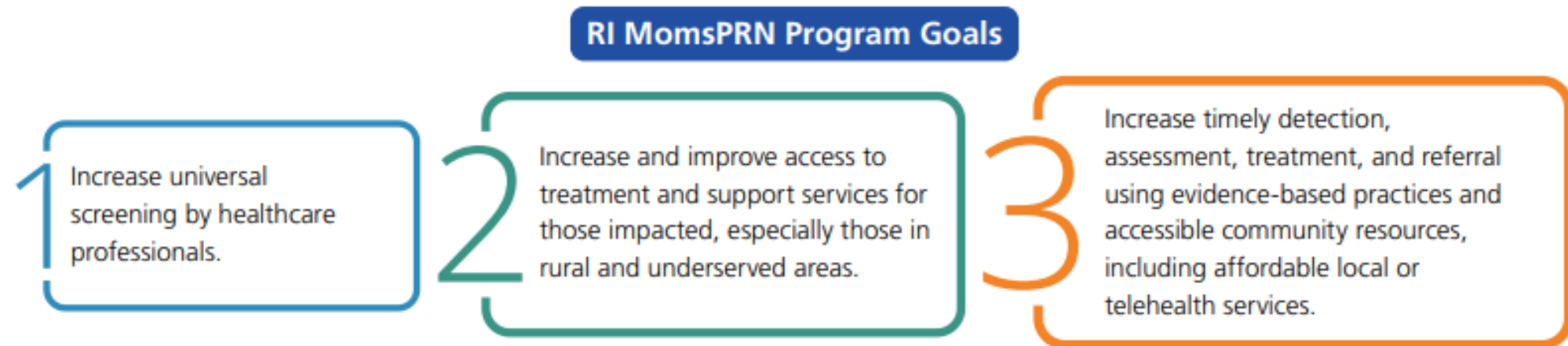
Margaret Howard, PhD, Clinical Professor of Psychiatry and Human Behavior and Medicine,  
Clinician Educator at the Warren Alpert Medical School of Brown University

Jim Beasley, MPA, RI MomsPRN Program Manager, RIDOH

*Care Transformation Collaborative of RI*

# Workforce Supports For Maternal Mental Health

- Statewide program launched in September 2019 that is modeled after Rhode Island's successful Pediatric Psychiatry Resource Network ([PediPRN](#))
- Two-levels of health professional supports are offered:
  - **Statewide mental health teleconsultation line that includes resource/referral support**
  - **Intensive practice-level quality improvement and professional education supports**



# Program Partners and Funding Streams



- **Program administration and evaluation** is managed by RIDOH
- **Clinical leadership and teleconsultation services** are provided by the Center for Women's Behavioral Health at Women & Infants Hospital
- **Professional education and quality improvement workforce supports** are facilitated by the CTC-RI
- Initially funded by a five-year federal grant awarded to RIDOH; now supported by one-time funding by RI EOHHS & RIDOH.



Healthcare professionals supporting pregnant and postpartum women are welcome to call the RI MomsPRN teleconsultation line Monday – Friday for support

**RI MomsPRN**

**401-430-2800**

Or send secure a email to request a teleconsultation  
call-back: [RIMomsPRN@CareNE.org](mailto:RIMomsPRN@CareNE.org)

A FREE PSYCHIATRIC TELECONSULTATION SERVICE FOR HEALTHCARE WORKERS



## Resource and Referral (Social worker)

- Call intake and triage
- Make connections to treatment and support services
- Schedule provider teleconsultation with perinatal behavioral health experts

**Any Healthcare professional  
or Relevant Staff**

## Clinical Consultation (Psychiatrist and Psychologist)

- Same-day, provider-to-provider psychiatric teleconsultation services
- Diagnostic support
- Treatment planning
- Medication and dosage recommendations

**Prescribers Only**

Learn More: [www.womenandinfants.org/ri-momsprn](http://www.womenandinfants.org/ri-momsprn)



## Statewide Teleconsultation Impacts



**3,152**  
Calls



From **858**  
Healthcare  
Professionals



at **280**  
Practices



**2,677**  
Perinatal  
Patients Helped



**44.9%**  
Reside in the  
Four Core Cities

### Utilizers of RI MomsPRN by Provider Type

Prenatal Care	20.7%
Psychiatric	16.3%
Primary Care	12.6%
Other Mental Health Provider	11.2%
Pediatric	4.4%
Other Professionals (doula, family visitor)	34.8%

### Clinical Concerns for RI MomsPRN Teleconsultations

Depression	2,077
Anxiety	1,540
Post-Traumatic Stress Disorder	282
Substance Use Disorder	218
Bipolar	214
Attention Deficit Hyperactivity Disorder	196
Other Psychiatric Disorders	229

*\*Other disorders include Complicated Grief, OCD, Psychotic Disorder, Eating Disorder, and Autism Spectrum Disorder.*

### Referrals/Services Requested by RI MomsPRN Callers

Outpatient Treatment	52.8%
Evaluation with Perinatal Specialist	20.5%
Medication Teleconsultation	16.9%
Care Coordination	5.1%
Intensive Treatment*	2.9%
Substance Use Treatment	1.8%

*\*Intensive treatment includes inpatient hospitalization, partial hospitalization, intensive outpatient, and crisis services*

### Patients Served by Race

American Indian or Alaska Native	2.0%
Asian	2.1%
Black or African American	16.4%
Native Hawaiian or Other Pacific	1.3%
White	64.6%
Multi Race / Other	13.6%

### Patients Served by Ethnicity

Hispanic	30.6%
Non-Hispanic	69.4%

### Patients Served by Health Plan

Public	61.5%
Private	38.0%
Uninsured	0.5%

### Patients Served by Age

Age ≤ 19	3.9%
Age 20-29	42.9%
Age 30-44	52.9%
Age 45+	0.3%





# Impactful Practice Workforce Supports

- 15-month learning collaborative workforce supports proactively enhance care



**15**  
Practices



**21**  
Sites



**4**  
Completed  
Cohorts

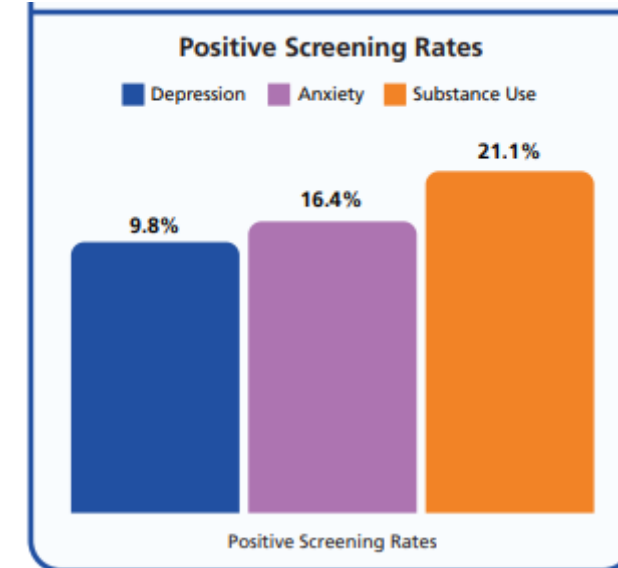
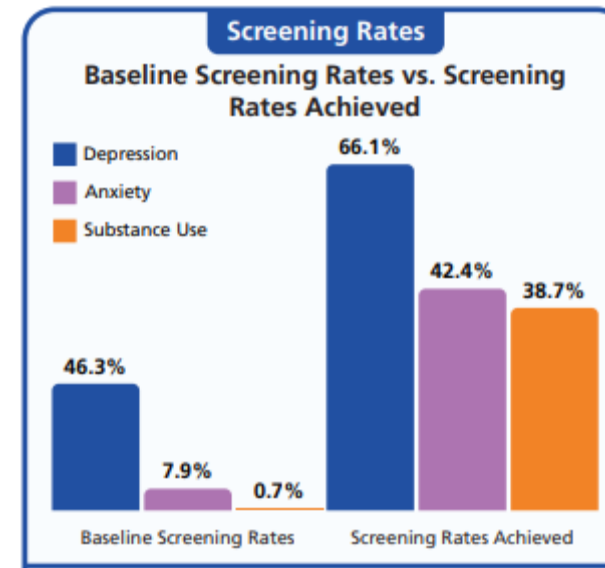


**152**  
Healthcare  
Professionals



**12,431**  
Pregnant and  
Postpartum  
Patients

- Facilitated in partnership with CTC-RI.
- Focused on professional education and quality improvement with depression, anxiety, and substance use screening, treatment, and referral protocols.





# Screening Results by Demographics

Race/Ethnicity	Depression		Anxiety		Substance Use	
	Screened (#)	%	Screened (#)	%	Screened (#)	%
White*	1,847	65.9	1,343	47.9	1,043	37.2
Black*	581	74.9	495	63.8	358	46.1
Hispanic	1,314	76.1	1,164	67.4	875	50.7
Asian*	120	66.7	94	52.2	72	40.0
> One Race*	60	66.7	40	44.4	34	37.8
AIAN*	25	69.4	14	38.9	16	44.4
NHOPI*	25	65.8	22	57.9	21	55.3
Other*	239	60.7	190	48.2	151	38.3
Age Group						
<25	750	73.3	627	61.3	489	47.8
25-34	2,525	69.7	2,013	55.5	1,558	43.0
>34	1,098	67.0	849	51.8	638	38.9
Insurance Type						
Medicaid	2,449	72.1	2,061	60.7	1,522	44.8
Private/Other	1867	66.1	1,376	48.7	1,106	39.2

- **Hispanic & Black pts** were screened > **White, non-Hispanic pts** (stat. sig).
- Perinatal **pts age <25** were screened > those **pts age >34** (stat. sig).
- Perinatal **pts with Medicaid** were screened > those **pts. with private insurance/other** (stat. sig).
- Possible factors: varying practice patient demographics, screening protocols, data capabilities, & unconscious bias.

\*Non-Hispanic; AIAN=American Indian Alaska Native; NHOPI=Native Hawaiian or Other Pacific Islander; Other includes Asian, AIAN, NHOPI, and >one race; select practices from cohorts 2 & 3.

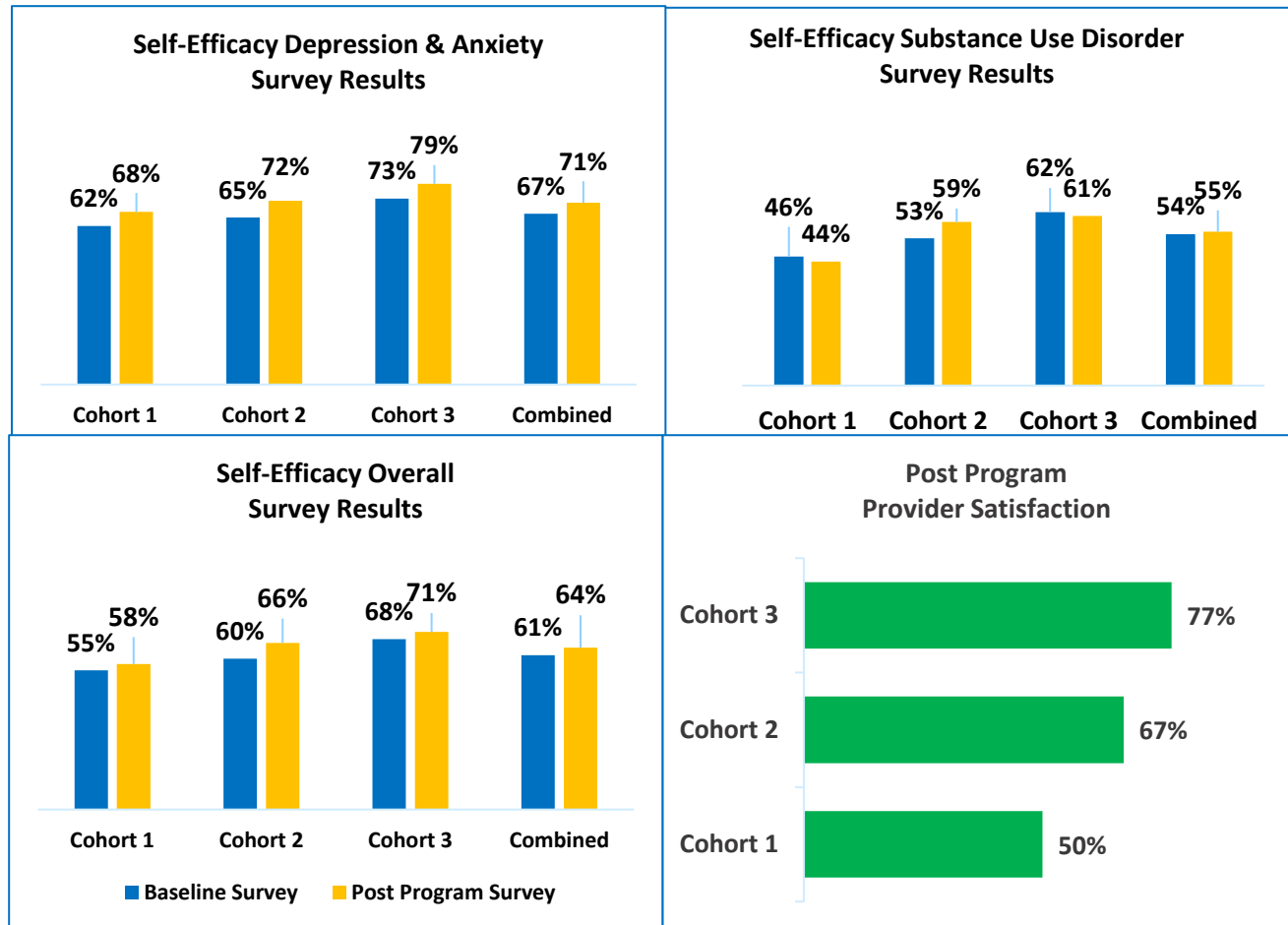
## Positive Screening Results by Demographics

	Depression			Anxiety			Substance Use		
	Positive Screen	Total	%	Positive Screen	Total	%	Positive Screen	Total	%
Race/Ethnicity									
White*	179	1,847	9.7	244	1,343	18.2	245	1,043	23.5
Black*	72	581	12.4	79	495	16.0	83	358	23.2
Hispanic	138	1,314	10.5	167	1,164	14.3	175	875	20.0
Other*	43	469	9.2	44	360	12.2	55	294	18.7
Age Group									
<25	85	751	11.3	123	628	19.6	118	489	24.1
25-34	263	2,527	10.4	316	2,015	15.7	346	1,558	22.2
>34	105	1,099	9.6	117	850	13.8	130	638	20.4
Insurance Type									
Medicaid	306	2,449	12.5	351	2,061	17.0	1,522	3,395	44.8
Private/Other	142	1,867	7.6	196	1,376	14.2	1,106	2,823	39.2

\*Non-Hispanic; Other includes Asian, American Indian Alaska Native, Native Hawaiian or Other Pacific Islander, and >one race; select practices from cohorts 2 & 3.

- No statistically significant differences by race/ethnicity.
- Perinatal **pts age <25** had higher positive anxiety screens > those **age >34 (stat. sig).**
- Perinatal pts with **Medicaid** had higher positive depression and substance use screens > those with **private insurance/other (stat. sig).**
- Possible factors: varying practice patient demographics, screening protocols, data capabilities, & unconscious bias.

# Improvements in Provider Self-Efficacy



Across all three cohorts among the 122 healthcare professionals who took pre/post self-efficacy surveys:

- Self-efficacy rose for **anxiety/depression** (67%→71%);
- **Overall behavioral** health self-efficacy improved (61%→64%);
- **Substance use** self-efficacy saw a slight increase (54%→55%);
- **Satisfaction** with program supports increased (50%→77%).

Cohort 1 (Oct '19–Dec '20), Cohort 2 (Feb '21–Apr '22) Cohort 3 (Sep '22–Aug '23)

# Key Trends in Maternal Behavioral Health

- Maternal mental health and substance use remain prevalent and urgent areas of concern needing continued focused and attention.
- Financial stress and economic uncertainty among perinatal patients are driving shifts in service utilization, including enrollment in partial hospitalization programs and seeking care in general.
- Healthcare professionals and organizations are facing challenges due to changes in the federal grant landscape.
- Integrated behavioral health models, such as the Collaborative Care Model, are gaining traction—particularly in Rhode Island.

## Call to Action

- **Utilize** RI MomsPRN (perinatal) and PediPRN (pediatric) statewide clinical teleconsultation services
  - Available Monday-Friday
  - **Not patient facing nor a crisis line**
- **Attend** May is Mental Health Webinar: Help is Here Virtual Resource Webinar 5/20 at noon.

Healthcare professionals and community-based staff are welcome to call these free service lines five days a week for real-time assistance:



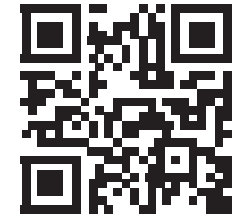
Serving professionals treating pregnant and postpartum women in partnership with Women & Infants Hospital

**Call: 401-430-2800**

Monday-Friday 8:00 am – 4:00 pm

Or send secure email to request a teleconsultation call-back: [RIMomsPRN@CareNE.org](mailto:RIMomsPRN@CareNE.org)

Learn More: [womenandinfants.org/RI-MomsPRN](https://womenandinfants.org/RI-MomsPRN)

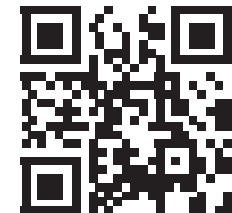


Serving professionals treating children and adolescents in partnership with Bradley Hospital

**Call: 401-432-1543**

Monday-Friday 8:30 am – 5:00 pm

Learn More: [PediPRN.org](https://PediPRN.org)



# Help Sustain What Works

- **RI MomsPRN Needs Stable, Ongoing Funding Amid Expiring Fiscal Support**
  - Federal grant funding ended in 2024, with no renewal awarded in 2023.
  - One-time fiscal support from EOHHS ended in January 2025.
  - One-time state legislative approved funding from RIDOH ends in June 2025.
- In Rhode Island, legislation has been introduced (HB [5461](#), SB [220](#)) to enact a health plan assessment to fund RI MomsPRN going forward like other states.
- We welcome your support to help sustain this important program that addresses the mental health needs of Rhode Island's mothers and families.
- Without action, RI MomsPRN services may end just as service demand rises.





# Thank You & Contact Information



**Margaret Howard, PhD**

Professor of Psychiatry and Human Behavior and  
Medicine, Clinician Educator at the Warren Alpert  
Medical School Brown University  
RIMomsPRN@CareNE.org



**Jim Beasley, MPA**

RI MomsPRN Program Manager  
Jim.Beasley@health.ri.gov

**Learn more:** [Psychiatric Resource Network Programs: RI MomsPRN and PediPRN Teleconsultation Services](#)

# IMPROVING COPD/ASTHMA MANAGEMENT



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# TOPICS FOR DISCUSSION

01 **Introduction and background**

02 **Conversio Program**

03 **Results**

04 **Successes and challenges**

05 **Future plans**

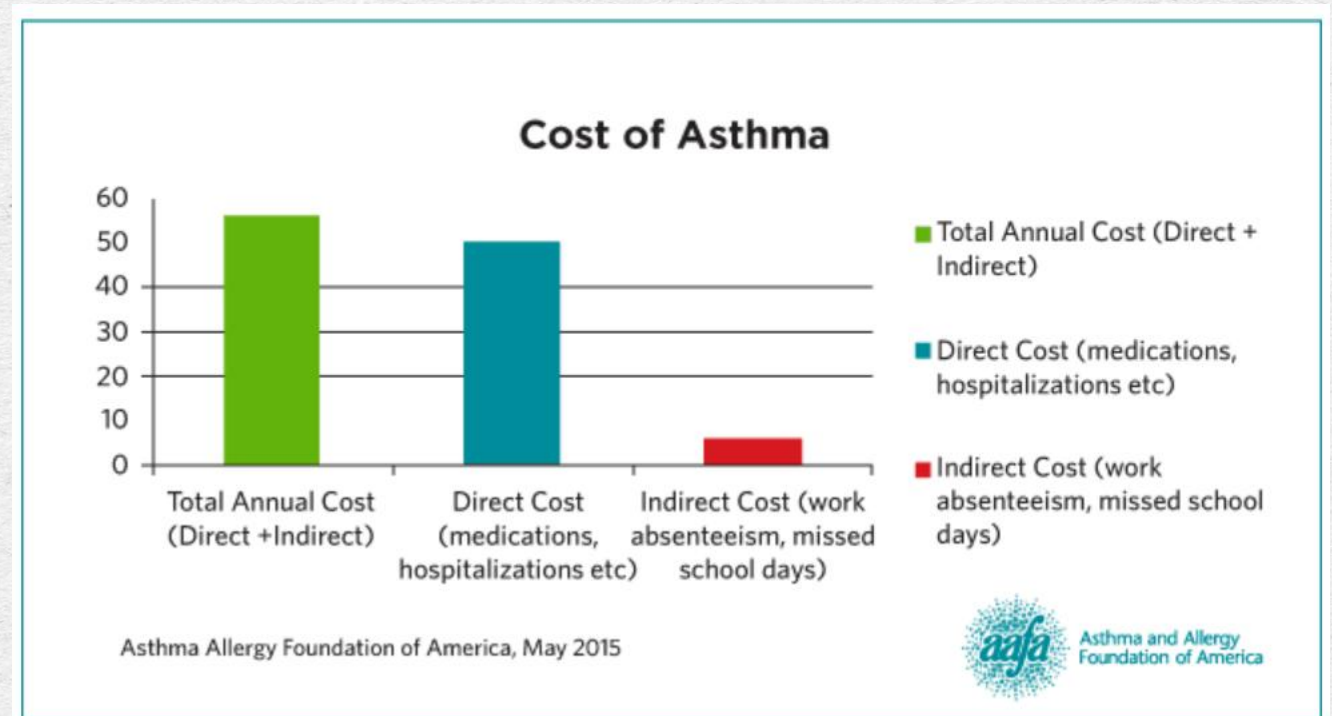
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# ASTHMA : A NATIONAL HEALTH CHALLENGE

## Asthma

- Chronic lung disease involving inflammation and bronchoconstriction
- Prevalence and Impact in the United States:
  - Approximately 8.7% of the American population and
  - 12.6% of the Rhode Island population have Asthma
- Significant healthcare costs estimated at \$56 billion
  - Direct costs: \$50.1 billion
  - Indirect costs: \$5.9 billion



\*in billions of dollars



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# COPD : A NATIONAL HEALTH CHALLENGE

## Chronic Obstructive Pulmonary Disease (COPD)

- Progressive lung disease with airflow limitations and tissue destruction
- Prevalence and Impact in the United States:
  - Approximately 6.4% or 15 million Americans with COPD
  - Sixth leading cause of death
  - Most COPD deaths (85%) occur among those 65+ years of age
- National healthcare costs with estimated \$50 billion annually
- Worsening quality of life with more progressive disease

### COPD by the Numbers in Rhode Island

Adults diagnosed with COPD <sup>5</sup>	50,641
COPD prevalence <sup>5</sup>	5.7%
COPD mortality <sup>3</sup>	385
Annual cost of COPD treatment <sup>4</sup>	\$118 Million
Workdays lost to COPD <sup>4</sup>	71,750
Medicare hospitalizations <sup>2</sup>	811



# THE BURDEN OF COPD

## COPD Hospital Utilization in the U.S.

- Approximately 1.5 million ED visits annually
- Approximately 20% readmissions for COPD exacerbation diagnosis within 30 days of discharge
  - 22-43% one-year mortality rates after acute COPD exacerbation hospitalization

## The Bigger Picture

- Significant financial burden on patients and global healthcare systems

## CHRONIC OBSTRUCTIVE PULMONARY DISEASE

**384 MILLION**

people suffer from  
Chronic Obstructive  
Pulmonary Disease  
(COPD) in the world



**3 MILLION**

people die  
each year of  
COPD

COPD is currently the

**3RD**

leading cause  
of death  
globally

COPD is highly  
prevalent in low  
resource countries





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# CHALLENGES WITH TRADITIONAL INHALERS

- **Cost: High co-pays and financial barriers**
  - **Inhaler Misuse:**
    - **28-68% of patients do not use inhalers well enough to benefit from prescribed medications (suboptimal drug delivery)**
    - **Difficulty with hand-breath coordination using metered-dose inhalers**
      - **Can drastically reduce the mass of medication inhaled**
        - **Even a 1 second difference in actuation vs. inhalation can cause a reduction of 90% in medication delivery**
    - **Decreased inspiratory force in patients with COPD using dry powder inhalers**
    - **Dose preparation errors (i.e., Spiriva Respimat or capsule insertion for Spiriva Handihaler)**
  - **Adherence issues:**
    - **Patients forgetting or skipping doses**
    - **Having multiple inhalers and forgetting the steps to use each one ("device dementia")**
  - **Lack of patient education/training, which must be device specific**
-



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# INTRODUCING THE CONVERSIO PROGRAM

- **Conversio is a COPD/Asthma support program helping thousands of patients with chronic respiratory conditions across the country**
- **Eligible patients receive a custom-made, compounded medication to use with a nebulizer machine**
  - **Convenient and easy**
  - **CharterCARE absorbs cost of the program, making it free for the patient**
    - **Removes financial barriers to medication adherence and increases patient satisfaction**
  - **Clinical care team provides personalized support and remote monitoring**
- **Focus on improving COPD outcomes for BCBSMA patients**

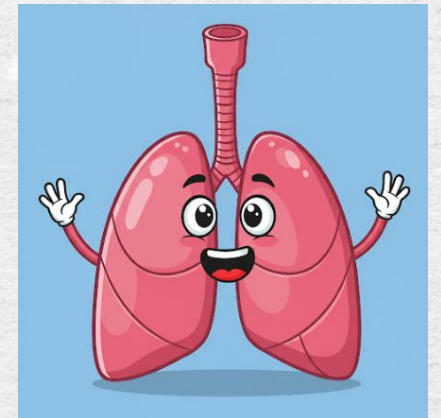




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# CONVERSIO'S INNOVATIVE OFFERINGS

- **Handheld smart nebulizers**
  - Portable with the ability to track medication adherence, inhaler technique, and spirometry data
- **Compounded nebulizer medications in all drug classes**
  - May not be a 1:1 change from conventional inhaler to compounded medication, but therapeutic options are available in every iteration of "traditional" drug classes
- **Virtual pulmonary rehabilitation program**
  - Support from pharmacists, respiratory therapists, and health coaches
  - Proactive clinical interventions upon increases in exacerbation risk







Are you a Blue Cross  
Medicare Advantage  
member?

*Is your breathing  
preventing you from  
doing things you enjoy?*

*Are the copays for your  
breathing medications  
too high?*



Conversio Health's  
free program gives  
you everything you  
need to breathe  
easier and worry less.

- \$0 copay breathing medications and smart devices sent right to your home.
- Personalized support from our clinical care team members.
- Access to breathing techniques, exercises & education.



If you are a Blue Cross  
Medicare Advantage  
member, ask your  
doctor to sign you up to  
Conversio's breathing  
program today!

Or call Conversio Health  
at 866-239-3784



Our SmartNeb  
nebulizer fits in  
your hand.



Our SmartCap  
device shows you  
the correct way to  
use inhalers.

## + SmartNeb® Portable Nebulizer



### WIRELESS

Automatic data sync via Bluetooth to  
Conversio Connect App

Real-time adherence data  
recorded via onboard storage

### PORTABLE

Pocket-sized — 2" x 2.9" x 4.4"

Rechargeable lithium battery  
(4+ hours of continuous nebulization)

### OPTIMIZED

Ultrafine particles for optimized lung  
deposition: 80% < 5µm

Smart sensor detects breathing to  
optimize medication delivery

## + SmartCap® 3-in-1 Inhaler Device

### SMART SENSOR

Records inhaler medication adherence in real-  
time

Records inhaler technique data  
(hand-breath coordination, orientation)

### CLINICAL-GRADE SPIROMETER

Captures FEV1 and PEF spirometry readings –  
from the same device

At-home spirometry in < 10 seconds

### TRAINING DEVICE

Light and audio queues train and  
encourage proper inhaler technique

Onboard storage allows comparison to  
personal best and average





# COPD/Asthma Support Program

## CharterCARE has partnered with Conversio Health

CharterCARE in collaboration with Conversio Health has developed an innovative solution to enhance patient adherence, improve outcomes, and increase patient satisfaction for our members with COPD.



## How Conversio Health is a Partner in Care:

- **High-touch Chronic Respiratory Management Program** that helps providers improve outcomes of high-risk COPD/Asthma patients
- **Nebulizer Medications available across each drug class** - shipped to patient homes along with Smart Devices (with no patient copay!)
- **Virtual Pulmonary Rehab Program** - exercises, breathing techniques, health education, and smoking cessation
- **Support, coordination, and remote monitoring** from Clinical Pharmacists, Respiratory Therapists, and Health Coaches

## Compounded Nebulizer Medications and Nebulizer Devices available: All at \$0 Copay

**\$0**  
Copay

**LABA-LAMA-ICS:** Formoterol 12mcg – Glycopyrrolate 37.5mcg – Budesonide 0.5mg (BID)

**LABA-LAMA:** Formoterol 12mcg – Glycopyrrolate 37.5mcg (BID)

**LAMA:** Glycopyrrolate 75mcg (Q Day)

**LABA-ICS:** Formoterol 12mcg – Budesonide 0.5mg (BID)

**ICS:** Budesonide 0.4mg (BID)

**SABA-ICS:** Albuterol 2.5mg – Budesonide 0.5mg (BID)

**SABA-SAMA:** Albuterol 1.25mg/Ipratropium 0.5mg  
Albuterol 2.5mg/Ipratropium 0.5mg  
Albuterol 3.75mg/Ipratropium 0.5mg

**SUPPLIES:** Smart Nebulizers, Traditional Nebulizers, Smart Inhaler Devices

## COPD/Asthma Management Program



Physical  
Exercise  
Sessions



Smart  
Bluetooth  
Devices



Tailored  
Educational  
Content



Smoking  
Cessation  
Support



COPD  
Action  
Plan

## SmartNeb



Portable nebulizer that tracks medication adherence

## SmartCap



Tracks adherence, inhaler technique + a clinical-grade spirometer

## Plans that are eligible for Service from Conversio:

- Blue Cross Blue Shield RI - Medicare Advantage

## Ways to Enroll Patients:



Send an **E-Prescription**  
to **Conversio Health**



**Email**  
referrals@conversiohealth.com



**Call**  
(866) 239-3784

**78%**

Adherence  
Rate

**95%**

Patient  
Satisfaction Score

If you have any questions, please contact Conversio Health Pharmacists at (866) 239-3784, option two, or online at [www.conversiohealth.com](http://www.conversiohealth.com).





# CONVERSIO CONTINUED



## Conversio – CPGRI Partnership



### COPD/Asthma Disease Management Program (\*\*\$0 Copay for Patients \*\*):

- ✓ Nebulizer-based COPD/Asthma Medications
- ✓ Smart Portable Nebulizer & Smart Inhaler Devices:
  - Records medication adherence, inhaler technique, and spirometry data
- ✓ Virtual Pulmonary Rehab Program
- ✓ Pharmacotherapy and Care Coordination Services → *Clinical Pharmacists, Respiratory Therapists, Health Coaches*

### Who is eligible to receive the COPD/Asthma Disease Management Solution?

- ✓ Prospect's full-risk BCBS RI Medicare population: 10,000 patients
- ✓ 780 patients is the estimated "target" higher-risk COPD/Asthma population
- ✓ Program Launch Date: May 1, 2023

### Goals of the Program:

- ✓ Optimize COPD/Asthma medication therapy → *evidence-based prescribing guidelines, improve lung deposition*
- ✓ Improve controller medication adherence → *medication affordability, patient education, remote patient monitoring*
- ✓ Reduce avoidable ED and hospital utilization
- ✓ Enhance Patient Experience
- ✓ Augment PCP, Pulmonologist, and Care Management team

Internal communication outreach to our primary care providers

## Information supplied to primary care offices



Give Your Patients the Best Care  
Available for Their COPD and Asthma

### We Stand by Your COPD and Asthma Patients Every Step of the Way:

- **Unique Nebulizer Medications** - Long-acting and Combination Ingredient Nebulizer Medications (including LAMA, LABA/ICS, LABA/LAMA, LABA/LAMA/ICS formulations)—Shipped directly to patient homes.
- **Smart Devices** - Enable remote monitoring, survey lung function, improve inhaler technique, and facilitate interventions to enhance patient care. We share smart device information with doctors to help improve patient outcomes.
- **Inspire™ Virtual Pulmonary Rehab Program** - Exercises, breathing techniques, health education, and smoking cessation.
- **Individualized Care** - Provided by our Clinical Pharmacists, Respiratory Therapists, and Health Coaches. We collaborate with doctors to ensure your patients receive the most effective treatments for COPD and asthma.

Medication Class	Conversio Nebulizer Medications	SIG	Commercially Available Inhalers	Commercially Available Nebulizer Medications
SABA/SAMA	Albuterol / Ipratropium (3 strengths)	Variable	Combivent	Duoneb
SABA/ICS	Albuterol 2.5mg / Budesonide 0.5mg	Variable	Airsupra	NONE
ICS	Budesonide 0.4mg	BID	Pulmicort, Qvar, Flovent, Arnuity	Budenoside
LAMA	Glycopyrrolate 75mcg	Q DAY	Spiriva, Tudorza, Incruse	Lonhala, Yupelri
LABA/ICS	Formoterol 12mcg / Budesonide 0.5mg	BID	Advair, Breo, Symbicort, Dulera	NONE
LABA/LAMA	Formoterol 12mcg / Glycopyrrolate 75mcg	BID	Bevespi, Anoro, Stiolto	NONE
LABA/LAMA/ICS	Formoterol 12mcg / Glycopyrrolate 75mcg / Budesonide 0.5mg	BID	Trelegy, Breztri	NONE



# Workflow

- Medical and pharmacy data reviewed to create criteria
  - Patient has COPD diagnosis (via ICD-10s on claims and HCCs)

AND

- Patient meets either of the criteria below:
  - Has history of 1+ COPD-related ED visit(s) or
  - 1+ COPD-related hospitalization(s)

AND/OR

- Has annualized COPD drug cost of \$3k+ PMPY
- Outreach started with local IPA pharmacy team
  - Scripting and workflow developed
    - Cold calls, cases in EMR, embedded pharmacist visits
    - PCP POD meeting presentations
- Enrollment was then primarily shifted to Conversio's outreach team
  - IPA pharmacy team used as support
  - PCP and NCM referrals encouraged

**Conversio.**  
HEALTH

www.conversiohealth.com  
P. 866-239-3784 | F. 800-977-9255  
Monday - Friday, 8:00 AM - 4:30 PM PT

**NEW PRESCRIPTION**  
FAX ORDERS: 800-977-9255  
VERBAL ORDERS / CLARIFICATIONS: 866-239-3784

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_  
Member ID & Group #: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_

**DIAGNOSIS:**

☐ COPD (J44.9) ☐ Asthma (J45.909) ☐ Chronic Bronchitis (J42) ☐ Emphysema (J43.9)  
☐ Other: \_\_\_\_\_

**ALLERGIES:** ☐ NKA or \_\_\_\_\_

**COMPOUNDED NEBULIZER SOLUTIONS:**  
One vial via inhalation

<input type="checkbox"/> Formoterol 12mcg/Glycopyrrolate 37.5mcg, 2mL	SIG: BID	STOP: Stiolto, Anoro, Bevespi, or _____
<input checked="" type="checkbox"/> Formoterol 12mcg/Budesonide 0.5mg/ Glycopyrrolate 37.5mcg, 3.5mL	SIG: BID	STOP: Trelegy/Breztri, or _____
<input type="checkbox"/> Glycopyrrolate 75mcg, 2mL	SIG: Q DAY	STOP: Spiriva, Incruse, Tudorza, Seebri, or _____
<input type="checkbox"/> Formoterol 12mcg/Budesonide 0.5mg, 3.5mL	SIG: BID	STOP: Advair, Breo, Dulera, Symbicort, or _____
<input type="checkbox"/> Budesonide 0.4mg, 3mL	SIG: BID	STOP: Qvar, Flovent, Pulmicort, or _____
<input checked="" type="checkbox"/> Albuterol 2.5mg/Ipratropium 0.75mg, 2mL	SIG: QID	TID BID Q4H Q6H PRN
<input type="checkbox"/> Albuterol 3.75 mg/Ipratropium 0.75mg, 3mL	SIG: QID	TID BID XXX Q6H PRN
<input type="checkbox"/> Albuterol 1.25 mg/Ipratropium 0.5mg, 2mL	SIG: QID	TID BID Q4H Q6H PRN
<input type="checkbox"/> Albuterol 2.5mg/Budesonide 0.5mg, 3mL	SIG: XXX	XXX BID XXX XXX PRN
<input type="checkbox"/> Albuterol 1.25 mg/Ipratropium 0.5mg/Budesonide 0.25mg, 3mL	SIG: QID	TID BID XXX XXX PRN
<input type="checkbox"/> Albuterol 2.5mg/Ipratropium 0.75mg/Budesonide 0.25mg, 3mL	SIG: QID	TID BID XXX XXX PRN
<input type="checkbox"/> Albuterol 2.5mg/Ipratropium 0.75 mg/Budesonide 0.5mg, 3mL	SIG: XXX	XXX BID XXX XXX PRN
<input type="checkbox"/> _____	SIG: _____	_____
<input type="checkbox"/> _____	SIG: _____	_____

**EQUIPMENT AND SUPPLIES:**

<input checked="" type="checkbox"/> SmartNeb, vibrating mesh nebulizer, masks, mouthpiece	SIG: Use as Directed, replace as needed
<input checked="" type="checkbox"/> SmartNeb, atomizing cup	SIG: Use as Directed, replace Q3 months
<input checked="" type="checkbox"/> SmartNeb, mask, mouthpiece	SIG: Use as Directed, replace as needed
<input checked="" type="checkbox"/> SmartCap	SIG: Use as Directed
<input checked="" type="checkbox"/> Compressor, nebulizer kits, mask, filters	SIG: Use as Directed, replace as needed

**QUANTITY:**  
Initial quantity 30-day supply, subsequent refills dispense 90-day supply and refills available for 1 year, unless otherwise noted.

Prescriber Name: \_\_\_\_\_ NPI #: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Fax #: \_\_\_\_\_

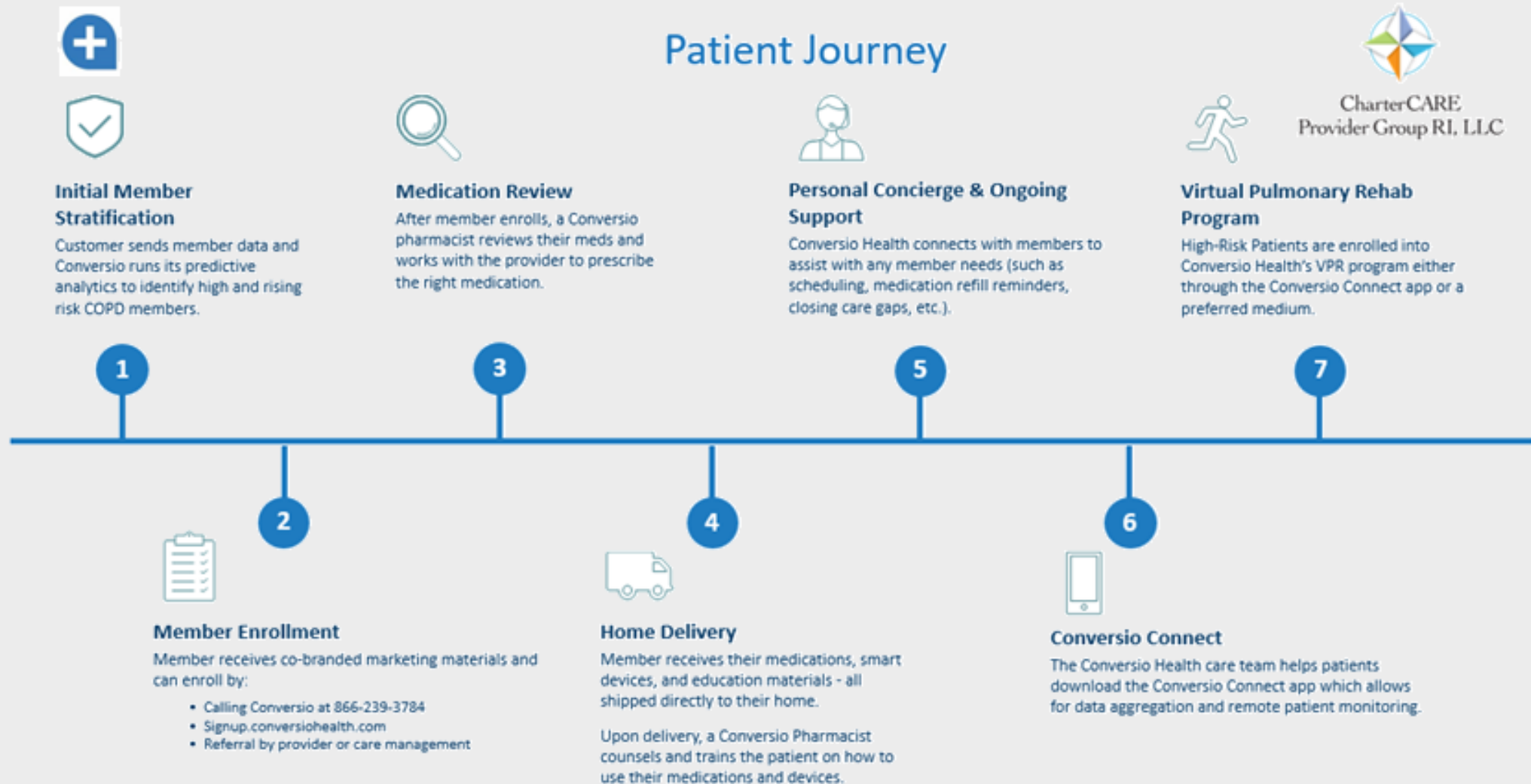
Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature stamps not acceptable

I certify that I am the prescriber identified above and that I have reviewed and approved the order above. I certify that the medical necessity information is true, accurate, and complete. I certify that the patient's medical records and supporting documentation which substantiates the utilization and medical necessity of products listed on order will be provided to Conversio Health upon request.

1835888

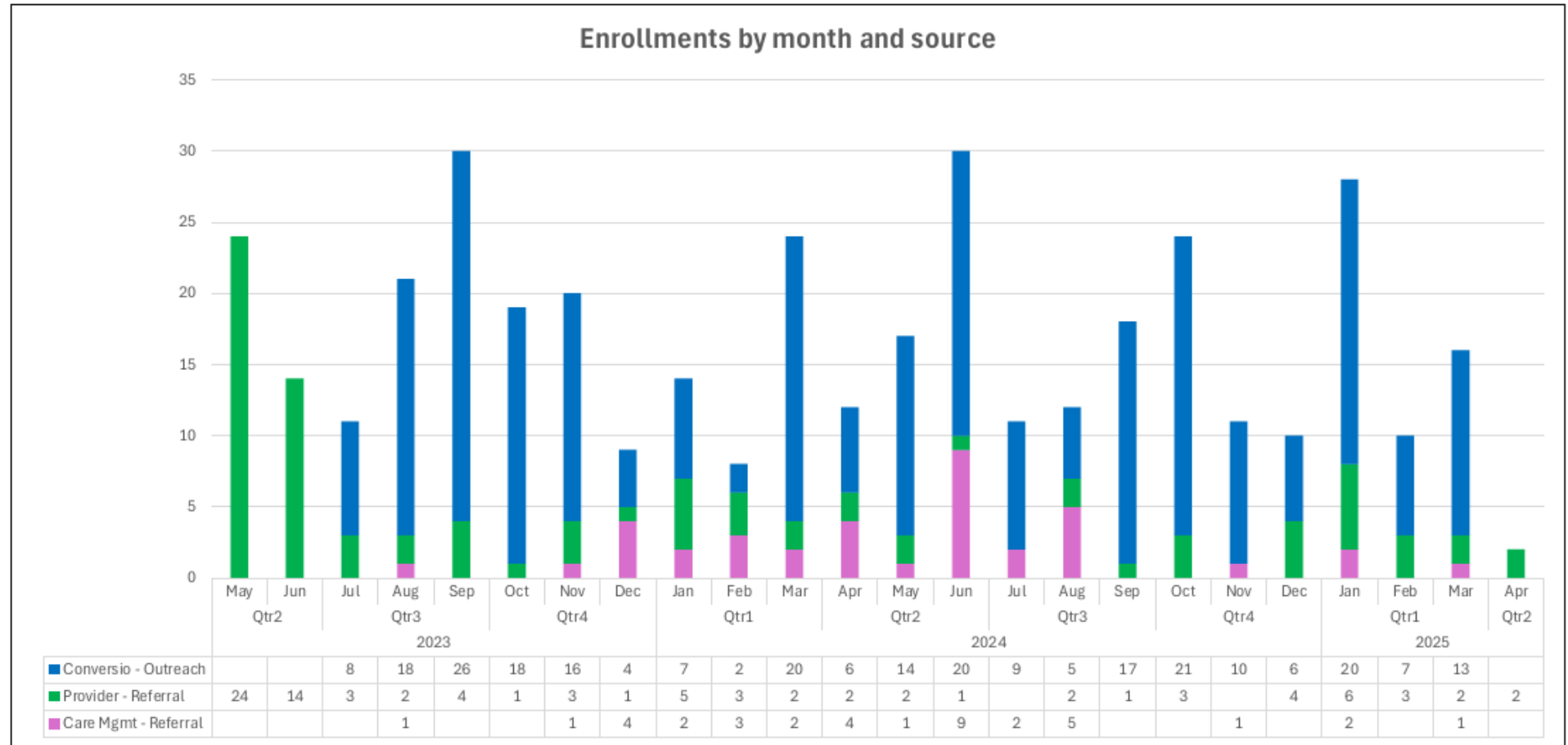
Blank prescription order sheet

# Workflow





# Enrollment

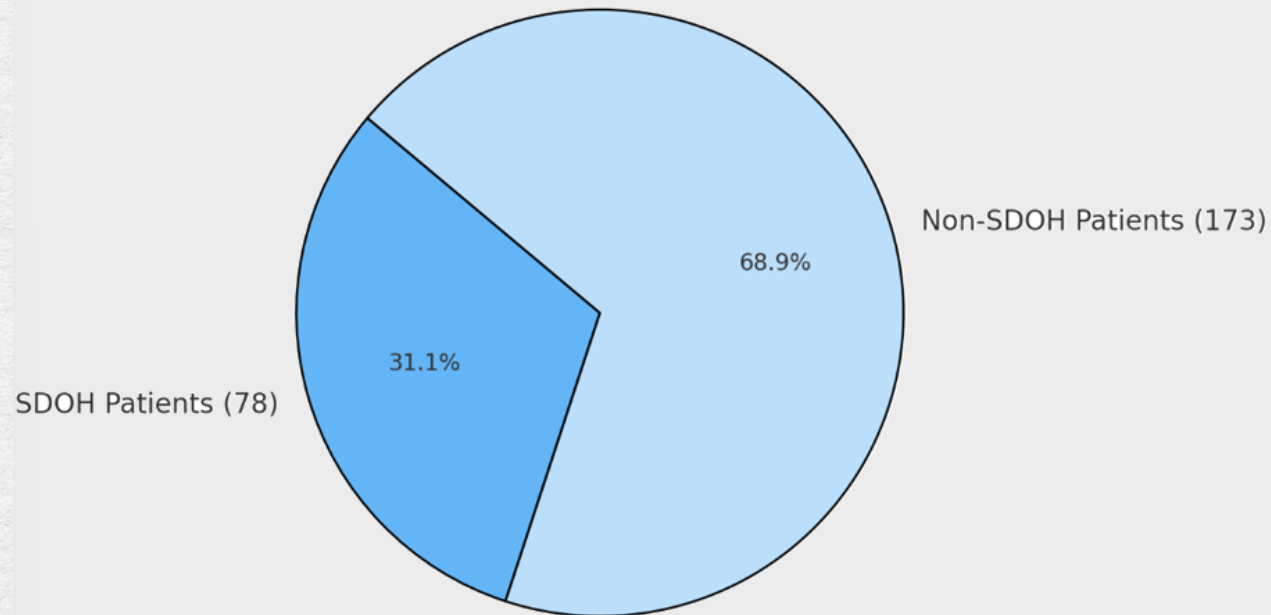


Category	Number of Patients	Percentage
Total Population	1157	100%
Active Enrollment	247	21.4%
Not Enrolled	910	78.60%

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# A Focus on Social Determinants Of Health

Patient Distribution: SDOH vs Non-SDOH



Total Patients: 251 (SDOH: 78, Non-SDOH: 173)

**Conversio Health offered these patients:**

- **Economic stability**
- **Education access and quality**
- **Health care access and quality**
- **Neighborhood and built environment**
- **Social and community context**



# Results

Gross savings to date = **\$478 PMPM**

Pharmacy: **\$200 PMPM** (79% reduction)

Medical: **\$278 PMPM** (22% reduction)

Net Savings (after Conversio fees) **\$303 PMPM**

Net Annualized Savings (after Conversio cost): \$844 K  
(assuming no additional enrollment)

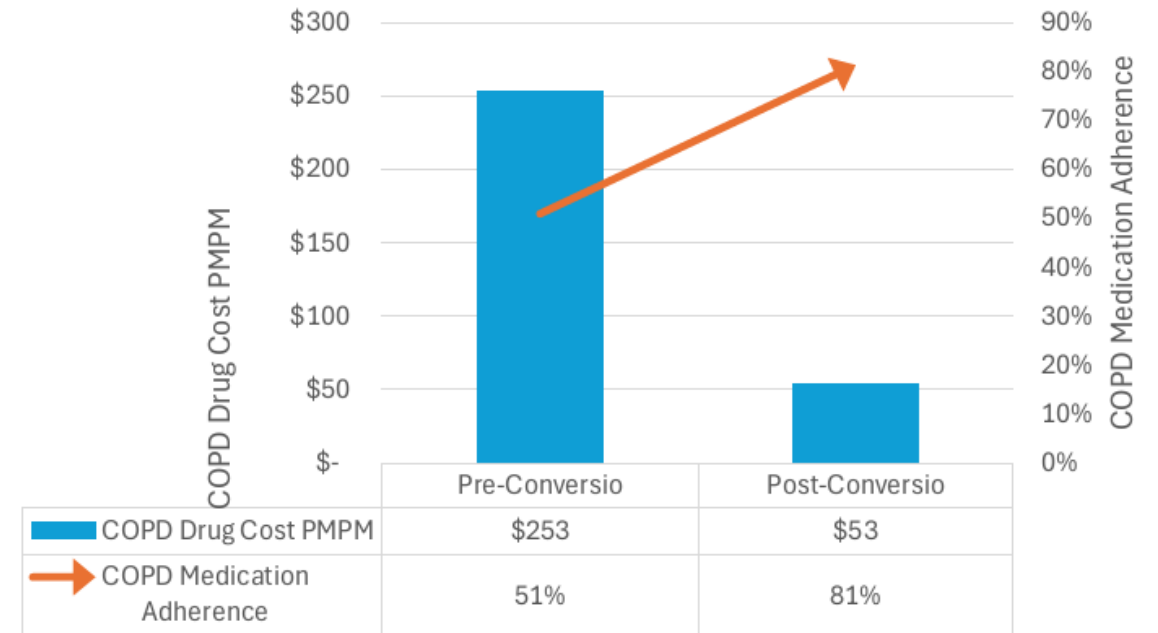
- Based on 232 active members

Post-Conversio COPD Medication Adherence: **81%**

COPD drug cost decreased by: **79%**

In the population  
of 247 patients

## COPD Drug Cost and Adherence



Patient Satisfaction: **90.8%** Patient Satisfaction Rate (based on 268 completed surveys)



# Program Successes

## Program Successes

- Cost-sharing: zero cost to patient
  - Huge selling point for our patient population
- Increased medication adherence
  - 50% with traditional inhalers to **83%** with Conversio
- Reduced COPD-related ED visits and hospitalizations by 52%
  - High-touch outreaches from Conversio contributed to fewer COPD exacerbations and resulting hospital visits
- Gross cost savings of \$459 PMPM +
  - Despite cost of program to CharterCARE, net savings noted
- High patient satisfaction scores (around 90%)
- Ease of use:
  - For some patients, nebulized solutions were more convenient and easier to use compared to their traditional inhalers
  - For many patients, the transition from traditional inhalers to the nebulized one was a non-issue



# Program Challenges

## Program Challenges

- Pharmacy workload: Increased demands on pharmacy team
  - Embedded pharmacists in MD offices facilitated growth for offices, but at the cost of time available to other patients
- Out-of-state company (California-based)
  - Challenges with communication and coordination
  - Medication delivery: Ensuring timely and accurate delivery to patients
- Technical difficulties noted with:
  - Device, needing new parts, patient literacy
  - Patients not using all the tech options (like syncing with smart phone)
- Cost-sharing:
  - Without financial investment from the patient, in some cases, waste noted
- Targeting errors:
  - Patient not on maintenance inhalers; the diagnosis code ended up on the chart in error
  - Patient has mild disease, does not need maintenance
- Conversio pharmacy not contracted with Prime Therapeutics
  - Unable to run zero dollar claims to capture medication fills





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# Patient Success Story

***John, a long-time COPD patient with a recent hospitalization currently on COPD medications***

**COVID-19 Legacy:** After a severe case of COVID-19 in late 2023, John was hospitalized for 4 days and missed 3 months of work. He faced ongoing lung and heart issues, as well as some memory problems. His weight increased to 325 pounds, making everyday activities a struggle.

**Inspire Program Offered Hope:** To regain his health, John enrolled in Conversio Health's Inspire Program. The program personalized his nebulizer treatment and provided weekly support from a respiratory therapist, health coach, and pharmacist, who guided him on exercise and nutrition.

**John's Remarkable Progress:** Through the program, John lost an impressive 54 pounds, improving his mobility and overall health. He can now enjoy activities like walking to the park. With continued monthly support, John maintains his progress and enjoys a better quality of life.



***The Inspire Program is easy to follow, and with the health coaches from Conversio Health, they make it a cinch to be successful. I continue to work the program and continue to lose weight and exercise daily."***

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# Provider Success Story

- Mr. C, a patient with COPD, was trapped in a cycle of frequent ED visits and poor medication adherence.
  - His condition was poorly controlled, impacting his quality of life
  - I referred him to Conversio Health, and their personalized program made a significant difference. They provided tailored medications, education, and support. Which led to improved symptom control, zero ED visits, and increased medication adherence.

***“Conversio Health is a valuable partner in helping patients like Mr. C achieve better respiratory health.”***

- While enrolling into Conversio, the embedded pharmacist met with patient for demonstration/education

## ***Outcome***

**Patient enrolled in program - motivated by no cost option**

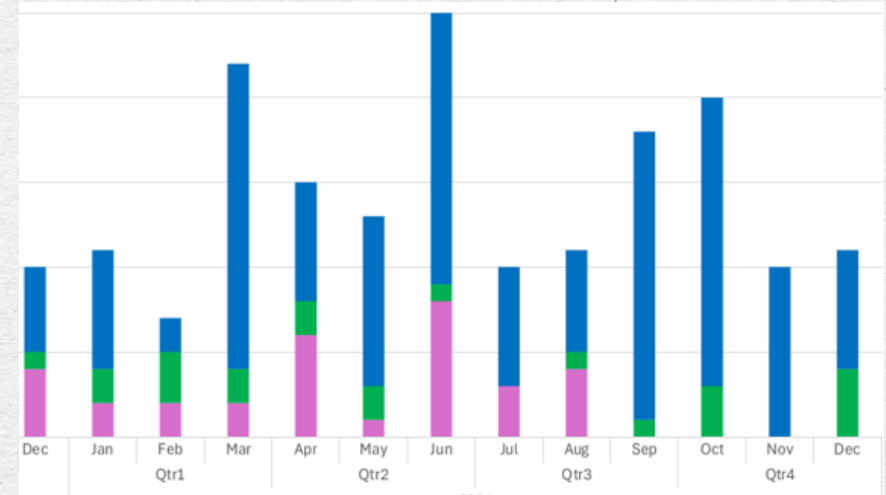
**Provider happy to have this resource and the teamwork to share responsibility for the patient**





# Future Plans...

- Focus on Care Management referrals
- Focus on engaging more PCPs
- Attempt to engage out-of-network pulmonologists



## ...and Goals

- Expand the program to reach a population of 300 by the end of 2025
- Address barriers and implement strategies for increased enrollment
- Continue monitoring outcomes and patient satisfaction



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# Questions/comments?





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# THANK YOU !



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*\*Pending\* - 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 04/16/2025 to 04/16/2026. 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).*



# THANK YOU

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