



Clinical Strategy Meeting: Primary Care Capitation

September 16, 2022

Care Transformation Collaborative of RI





Agenda	
Welcome & Intro: Matt Collins/Andrew Saal	5 min
Panel Discussion Progress and Challenges on Primary Care Capitation Brief review of past work Pano Yeracaris, MD MPH	60 min
Panel: Moderator: Peter Hollman, MD, Brown Medicine Division of Geriatrics and Palliative Medicine, Board President CTC-RI Cory King, MPP, Chief of Staff at Rhode Island Office of the Health Insurance Commissioner Ana Tuya-Fulton, MD, MBA, FACP, AGSF, Chief Population Health Officer & Executive Chief of Geriatrics & Palliative Care, Care New England. Chief Medical Officer, Integra Community Care Marty Kerzer, DO, Prospect Medical Hugo Yamada, MD, Charter Care Medical Associates, Lincoln Andrea Galgay, MBA, Chief Operating Officer, RIPCPC Matt Collins, MD, MBA, Executive Vice President and Chief Medical Officer, BCBSRI	
Further Discussion - Group	25 min

Next meeting: October 21, 2022



Announcements

• Resiliency Learning Session on Organizational Approaches for Pediatricians to Impact Changing Systems around Burnout and Resilience - Sept 21st 8-9am

• Asthma Essentials ECHO – Registration Closes Sept 21st; Kickoff Oct 12th

• Limited Openings for IBH Practice Facilitation Training – due Friday Sept 16th





September 21st 8-9am

Organizational Approaches for Pediatricians to Impact Changing Systems around Burnout and Resilience

Recommended Audience

- Executive Leadership/C-Suite
- Physician Leaders
- Healthcare Policy Makers

REGISTER NOW!

https://www.eventbrite.com/e/burnout-and-resiliency-for-pediatricianstickets-390450737667



Objectives

- Describe elements of a successful primary care capitation model
- Discuss challenges and strategies for adopting primary care capitation across a larger portion of patients with considerations for common risk adjustment factors and variations in scopes of practice
- Learn about how systems of care have positioned for primary care capitation and global risk contracts with BCBSRI (and other payers)





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.

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

Claim CME credits here: https://forms.office.com/r/pedBVYFPys

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).





Summary

- The specific recommendations outlined below resulted from months of collaborative work at the Clinical Strategy Committee during 2020 and 2021 outlining how to be successful in Comprehensive Primary Care Capitation within Total Cost of Care risk contracts.
- These are focused on essential care delivery components to achieve the achieve the quadruple aim with balanced attention to all four pillars.

NASEM Report: Implementing High-Quality Primary Care
NASEM Report Summary: Implementing High-Quality Primary Care





Pediatric Components of Care Delivery Model for CPCC/TCOC

MUST HAVE

- Expanded Care Teams
 - Integrated behavioral health
 - Care management (Rx, nursing, infection control)
 - Health/wellness support
 - Community health teams (HEZ, community-clinical linkages)
- Specialist referral network
- **Telehealth** (video visits, phone, text, email)
- National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS)

NICE TO HAVE

- Remote patient monitoring
- E-consult
- Oral Health
- Group Medical Appointments
- Infants Home Visits

Reference: Pediatric Comprehensive Primary Care





Adult Components of Care Delivery Model for CPCC/TCOC

MUST HAVE

- Expanded Care Teams
 - Integrated behavioral health
 - Care management (Rx, nursing, infection control)
 - Health/wellness support
 - Community health teams (HEZ, community-clinical linkages)
- Specialist referral network
- **Telehealth** (video visits, phone, text, email)
- National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS)

NICE TO HAVE

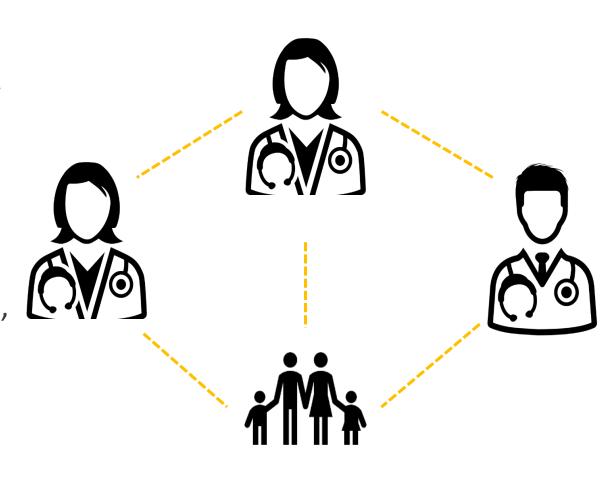
- Remote patient monitoring
- E-consult
- **Specialized practices** (e.g., geriatric care, substance use disorder treatment)
- Open access scheduling

Reference: Adult Comprehensive Primary Care



Expanded Care Teams Overview

- The provision of health services to individuals, families, and/or their communities by at least two health providers who work collaboratively with patients and their caregivers—to the extent preferred by each patient to accomplish shared goals within and across settings to achieve coordinated, high-quality care, *National Academy of Medicine*
- Increased satisfaction for patients and families, as well as the clinical teams, helps improve health equity, care coordination, and the effectiveness and sustainability of health care delivery.







Panelists

Getting to Capitated Primary Care Payment (CPCP)

- What have been barriers?
- Were they overcome/how?
- What key transformation was required?
- What transformation is ongoing?
- What support was required?
- What could CTC RI do to help?

Getting to Total Cost of Care (TCoC)

- Are you in TCoC contracts of any type?
- How are CPCP and TCoC related, if at all?
- What could CTC RI do to help?





• CPC+

- Partial CPCP 40% minimum capitation
- Report Quality- "risk" was thru MSSP
- Infra structure support based on individual RAF or dx of dementia.
- Attribution by past service history

PCF

- Monthly capitation and infra structure support (combined) based upon practice wide RAF
- Flat visit fee and cost share
- Attribution by past service history
- Quality minimums
- Acute Hospital Utilization adjustments
- Leakage rate



CME Credits & Eval

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

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