



Community Physician Partners

NEWSLETTER AUGUST 2023

Dear Member of Community Physician Partners,

This newsletter provides you with information and updates about Community Physician Partners (CPP) and our payor contracts.

The Lifespan Value-Based Contracting Department, with oversight from the CPP Board of Directors, negotiates contracts with payors on behalf of CPP members.

These contracts also include the Lifespan employed primary care practices. These are risk contracts with shared savings, infrastructure and quality incentive components.

We appreciate this important partnership between CPP and the Value-Based Contracting Department.

Dan Moynihan, Lifespan Vice President, Contracting and Payor Relations.



CPP Board of Directors

Christine Hebert, MD (University Internal Medicine)
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CPP Practices

Anchor Medical Associates	Kingstown Pediatrics
Angelo DiCenso, MD	Medical Associates of RI
Aquidneck Pediatrics, LLC	P.R.I.M.A. Inc
Atwood Pediatrics, Inc.	Richard Ruggieri MD Inc
Brown Medicine	University Internal Medicine
Children's Medical Group	Women's Internal Medicine, Inc.
David Steigman, MD	

Provider Spotlight



Dr. David Marcoux, President, CPP Board of Directors.

Dr. Marcoux is employed at University Internal Medicine in Pawtucket, RI.

If you have any questions regarding the CPP Board or interest in nomination to the Board, please email: dmarcoux@lifespan.org.



What is “Value-Based Contracting/Care”?

Value-based care ties the amount health care providers earn for their services to the results they deliver for their patients, such as the quality, equity, and cost of care.

Through financial incentives and other methods, value-based care programs aim to hold providers more accountable for improving patient outcomes while also giving them greater flexibility. (Commonwealth Fund).



Did you know?

Payor Incentives and Bonuses for providers are part of most contracts.

Contracts include such areas as closing gaps-in-care for quality measures, doing annual wellness visits, screening for social determinants/drivers of health while using the applicable Z codes, and scoring well on patient experience and health outcomes surveys.

Our Payor Contracts

Commercial: • Blue Cross Blue Shield RI • United Healthcare • Tufts

Medicare & Medicare Advantage: • CMS Medicare Shared Savings Program • Blue Cross Blue Shield RI • United Healthcare

CPP Strategies

Value-based care is an essential strategy for CPP primary care practices.

Dan Moynihan, VP of Value-Based Contracting, is working closely with primary care leaders regarding how our value-based payor contracts are strategically important and involve state and community partners. Part of the strategy includes working to create a stronger primary care environment with our colleagues in the Lifespan employed primary care practices.

We all need to start thinking about CPP strategies and how CPP is to be viewed in the future. Send any strategy comments to Dan Moynihan (dmoynihan@lifespan.org). Dan will relay opinions to Lifespan leadership to ensure we are all included in the strategies around value-based care/primary care.



The PQIP Incentive Payment Program

The BCBSRI Provider Quality Incentive Program (PQIP) awards providers an incentive payment. The Program focuses on quality measures, patient experience, and member-reported health outcomes.

PQIP incentive payments are based on an overall measure achievement score for each provider which affords you a means of understanding your performance relative to your peers.



Focus on Quality (these are new incentive measures that are in one or more contracts)

- Kidney Evaluation for Patients with Diabetes (KED): This measure requires an estimated glomerular filtration rate (eGFR) **AND** a urine albumin -creatinine ratio (uACR) for patients 18-85 with diabetes (type 1 and type 2) during the year.
- Chlamydia Screening: This quality measure includes sexually active women 16–24 years who need at least one test for chlamydia during the year.
- Advanced Care Planning (sometimes known as Advanced Directives-*Was advanced care planning ever discussed?*)
- Activities of Daily Living (*Were you asked if you needed help with bathing, using the bathroom, cooking, shopping etc.?*)



Social Determinants/Drivers of Health

- We are encouraging all providers to take into account *SDOH* during patient encounters.
- The five SDOH CMS Domains: (1) Food Insecurity (2) Housing Instability (3) Transportation Needs (4) Utility Difficulties (5) Interpersonal Safety.
- In some cases, ICD-10 for SDH may allow for a higher E&M code – see <https://www.aapc.com/blog/52108-account-for-social-determinants-of-health-when-coding-office-visits/> for details
- One current contract includes SDOH as a quality incentive and we anticipate other contracts will soon.
- A short tutorial may be found here [Social Determinants of Health Considerations for Network Care Providers \(chameleoncloud.io\)](https://chameleoncloud.io/social-determinants-of-health-considerations-for-network-care-providers)
(Thank you to Nate Beraha, MD-Anchor Medical- for the above SDOH information).
- Use SDOH Z codes when possible. Link for SDOH coding list: [Click Here](#)



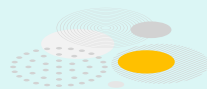
Clinical Pathway: *Dementia*

Clinical Pathways provide a standardized interdisciplinary care map and help reduce variations in practice.

Benefits for the pathway include increased communication among members of the health care team, decreased cost and length of stay, and increased patient and family satisfaction.

Health Care Provider Tasks		
Assessments	<ul style="list-style-type: none">• PCP<ul style="list-style-type: none">○ Mini - mental (MMSE) (depending on level of dementia)○ MoCa• Home Safety Evaluation	
Labs	<ul style="list-style-type: none">• Health Care Providers to order:<ul style="list-style-type: none">○ B12○ TSH, T4,○ Urinalysis○ Folate○ Comprehensive Metabolic Panel○ CBC○ Mg○ HbA1c	

	<ul style="list-style-type: none"> ○ LFTs ○ Vitamin D ○ Syphilis screening 	
Diagnostics	<ul style="list-style-type: none"> • CT or MRI Brain w or w/o Contrast • Other potential testing if indicated: <ul style="list-style-type: none"> ○ Barium Swallow 	
Referrals	<ul style="list-style-type: none"> • Neuro Psych Testing • Alzheimer's Disease and Memory Disorders Center at Rhode Island Hospital 	
Care Team Tasks (working with providers)		
Referrals (Other)	<ul style="list-style-type: none"> • Occupational Therapy <ul style="list-style-type: none"> ○ Consider Driving Assessment- RIH Occupational Therapy on Allens Ave (Report it sent to ordering provider. Report should be sent to DMV) • Physical Therapy • Behavioral Health (i.e., Psychiatry) • Palliative Care • Spiritual Care 	<u>Inpatient</u> <ul style="list-style-type: none"> • Butler- Geri Psych (inpatient) • Butler has a research-based Geri-psych that patients apply to be in • RWMC- (inpatient) – Geri Psych
Nutrition	<ul style="list-style-type: none"> • Failure to Thrive • Difficulty Swallowing <ul style="list-style-type: none"> ○ Speech Therapy ○ Thickening products if indicated. ○ Nutrition supplements (i.e., protein- Ensure, etc.) 	
Nursing/Care Management	<ul style="list-style-type: none"> • Education • Caregiver Support • Resources <ul style="list-style-type: none"> ○ Alzheimer's Association ○ Adult Day Centers ○ Hope Center – outpatient (adult day care but locked to care for level of need for Dementia patients) ○ Cornerstone Adult Services memory Care Day Center (St. Elizabeth's) ○ Non- skilled home health services for assist with ADLs / Home health aide: Home Instead, Visiting Angels, Home Health agencies. ○ Transportation: MTM, RIDE paratransit ○ DME companies: Assistive devices as needed. ○ Meals on Wheels or Mom's Meals ○ Care Breaks Diocese of Providence: Social Services 	
Pharmacy	<ul style="list-style-type: none"> • Education on Medications • Pill-packing (Lifespan pharmacy offers for free; WhiteCross pharmacy) • Check for patient assistance through manufacturer if any is offered 	
Care Transitions/ Transitions of Care	<ul style="list-style-type: none"> • Visit with ACO/SOC patients at the Bedside: <ul style="list-style-type: none"> ○ Provide education to patient and families. ○ Provide resources about adult day care, RIPIN, Office Healthy Aging ○ Collaborate with Inpatient Case Management and Social Work as needed. • Communicate with PCP NCMs and Care Team 	



ACO SNF Waiver & Updates

- The *MSSP Skilled Nursing Facility (SNF) Waiver* allows Lifespan Health Alliance (Medicare recipients) to receive full SNF benefits without requiring the 3-day inpatient hospital stay.
- Lifespan received approval to admit beneficiaries to a SNF from Inpatient and Emergency Departments.
- Lifespan went live with workflow in place as of 5/11/2023.
- There are 3 main sections of requirements:
 - Communication
 - Beneficiary Evaluation and Admission
 - Care Management Plan

- As part of the waiver application, we were required to list the diagnoses. *(This is not a CMS list)*
 - Congestive Heart Failure
 - Chronic Obstructive Pulmonary Disease
 - Pneumonia
 - Upper or Lower Extremity Injury from Fall
 - Cellulitis
 - Wound Care
 - Metabolic Derangement
 - Pain Management
- Patient must meet all the following:
 - On most recent LHA ACO attribution list
 - Cannot currently reside in a SNF or is in LTC
 - Must have a physician confirmed eligible diagnosis
 - Medically stable (as determined by physician)
 - Does not require (as determined by the physician) acute inpatient care
 - Requires skilled nursing



Coming Soon: Next Day Appointment-ED and PCP Collaboration

The Next Day Appointment-ED and PCP Collaboration Program assures a next-day follow-up appointment with a patient's PCP allowing ED providers to be more comfortable discharging certain patients. (For example, a patient with cellulitis who is given an IV dose of antibiotics and then started on oral antibiotics). If ED physicians know the patients will be seen the next day, a hospital admission may be avoided.

The IT and communication flow processes are being developed for this Program. Your practice will be contacted soon once orders are built in LifeChart and workflows are in place.



Equity

The Value-Based Contracting Department forwards reports from payors to your practices. We are mindful of equitable care for all regardless of insurance status and include the following language:

"Payor documents are forwarded to your practice by the Lifespan Value-Based Contracting Department as a source of information. We are pleased to collaborate with you. Our priority goal is healthcare equity for all regardless of insurance reports or a patient's insurance status."



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