



## Community Physician Partners

### NEWSLETTER SUMMER 2025

*Dear Member of Community Physician Partners,*

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

*We appreciate the important partnership between CPP and the Value-Based Contracting Dept.*

*Dan Moynihan, Brown University Health Vice President, Contracting and Payor Relations & ACO Executive Director.*



#### CPP Board of Directors

Michelle Anvar, MD (Brown Medicine)  
 Thomas Bledsoe, MD (Brown Medicine)  
 Pamela Harrop, MD (Medical Associates of RI)  
 Leah Marano, MD (Women's Internal Medicine)  
 David Marcoux, MD (University Internal Medicine)  
 Felicia Meila, MD (University Internal Medicine)  
 William Morocco, MD (East Side Pediatrics)  
 Sarah Riedo, MD (Medical Associates of RI)

#### CPP Practices

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

#### Provider Spotlight



##### **Dr. Pamela Harrop, CPP President**

*Dr. Harrop is employed at Medical Associates of RI in Bristol, RI. She was nominated as President of CPP in the Fall of 2024.*

*If you have any questions regarding the CPP Board or interest in nomination to the Board, please email: [pharrop@brownhealth.org](mailto:pharrop@brownhealth.org).*

**Save the Date:** Community Physicians Partners Annual Business Meeting on September 24, 2025, from 6-7pm via Microsoft Teams. Questions please email Kathy Primo: [kprimo@brownhealth.org](mailto:kprimo@brownhealth.org)

## 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 Brown Health 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 ([dmoynihan1@brownhealth.org](mailto:dmoynihan1@brownhealth.org)). Dan will relay opinions to Brown Health leadership to ensure we are all included in the strategies around value-based care/primary care.



## Social Determinants/Drivers of Health

We are encouraging all providers to take into account *SDOH* during patient encounters. Please continue to track SDOH outreaches, continue to work to demonstrate how SDOH data collection could be incorporated into your workflows to meet population needs, and if you cannot already run SDOH reports out of your EMR, please continue working with your EMR to develop those reporting capabilities.

- The five SDOH CMS Domains: (1) Food Insecurity (2) Housing Instability (3) Transportation Needs (4) Utility Difficulties (5) Interpersonal Safety.
- Addressing SDH may allow for a higher level E&M code – see link for details <https://www.aapc.com/blog/52108-account-for-social-determinants-of-health-when-coding-office-visits/>
- One past contract included SDOH as a quality incentive and we anticipate other contracts will soon.
- Use SDOH Z codes when possible. Link for SDOH coding list: [Click Here](#)



## BCBSRI 2024 MTM Patient Centered Pharmacy Program

### Recognition of Excellence: ACO Pharmacy Team Ranked #1 in 2024

We are proud to announce that our ACO Pharmacy Team has once again achieved the **#1 ranking** in the **2024 Blue Cross Blue Shield of Rhode Island Patient-Centered Pharmacy Program**, earning an exceptional **97% total score and overall performance rate**.

This recognition places our team at the top among five Systems of Care and stands as a testament to their clinical expertise, dedication to quality, and commitment to improving patient outcomes. Their consistent performance continues to set a benchmark for excellence in pharmacy care.

Thank you to everyone who supports our Clinical Pharmacists and the Medication Therapy Management (MTM) Program, and to everyone who helps make this work possible through ongoing teamwork and dedication.

Congratulations to the entire ACO Pharmacy Team on this well-deserved achievement!

## Clinical Pathway: Gastroenterology (for Adults)

CPP Clinical Pathways aim to improve the efficiency and quality of specialist visits. By working with specialists, we're identifying key steps primary care providers can take such as completing essential workups, to ensure referrals are thorough. This helps standardize care, reduce variation, enhance the patient experience, and support cost-effective care.

\*Note: If looking to Direct Book a Colonoscopy or Endoscopy, please ensure you send Gastroenterologist last PCP office visit note

If considering referral to Gastroenterology for further evaluation of:	*GI recommend PCPs consider these tests prior to referral. Please send Gastroenterologist: testing performed, and PCP's progress note with primary reason for referral <b>*please ensure it is listed clearly why the patient is being referred and consulting Specialist</b>
<b>Diarrhea</b>	<p>Diarrhea: Persistent diarrhea lasts between 2 and 4 weeks. Chronic diarrhea lasts longer than 4 weeks (acg.org).</p> <ul style="list-style-type: none"> <li><u>Bloodwork:</u> <ul style="list-style-type: none"> <li>TSH</li> <li>Celiac screen: <ul style="list-style-type: none"> <li>Tissue Transglutaminase Antibody</li> <li>Total IgA</li> </ul> </li> </ul> </li> <li><u>Stool Studies:</u> Stool Culture/C-diff PCR with reflex to EIA if acute diarrhea; Fecal Calprotectin, Fecal Elastase, Qualitative Fecal Fat</li> </ul>
<b>Abnormal Liver Function Tests (LFT's)</b>	<ul style="list-style-type: none"> <li><u>Testing:</u> <ul style="list-style-type: none"> <li>Right Upper Quadrant Ultrasound</li> <li>Fibroscan (if able to order)</li> </ul> </li> <li><u>Bloodwork:</u> <ul style="list-style-type: none"> <li>LFTs including fractionated (direct) bilirubin</li> <li>CBC, INR</li> <li>Hep A IgG and IgM, Hep B Surface Antigen, Hep B Surface Antibody with reflex to PCR, Hep B Core Total Antibody, Hep C Antibody with reflex to PCR</li> <li>ANA, Anti-smooth muscle antibody, Anti-LKM, Total IgG</li> <li>Anti-Mitochondrial Antibody</li> <li>Alpha 1 Anti-Trypsin Antibody</li> <li>Ceruloplasmin</li> <li>Iron Studies (Iron, Ferritin, TIBC, Transferrin Saturation)</li> </ul> </li> </ul>
<b>Refractory Constipation</b>	<ul style="list-style-type: none"> <li>Confirm there are no alarm features such as bleeding, occult blood in stools, weight loss</li> <li>Review Rx for anticholinergics</li> <li>Start regimen of stool texture modification: Daily fiber supplementation or daily Miralax titrated until stools are soft/comfortable (e.g. try Senna or other mild laxatives every 2-3 days if not having spontaneous bowel movements)</li> <li>If a patient remains constipated despite softer stool texture and use of laxatives, send to GI Specialist for further evaluation.</li> <li>If patient is 45 years of age or older, and has not had a structural exam, refer for direct screening colonoscopy as well as office referral.</li> <li>Bloodwork: TSH</li> </ul>
<b>Dysphagia</b>	<ul style="list-style-type: none"> <li>Start daily Proton Pump Inhibitor (PPI)</li> <li>Consider ordering Modified Barium Swallow with Speech-Language Pathologist (MBSS)</li> <li>All patients with dysphagia should be sent to GI for evaluation</li> </ul>
<b>Epigastric Pain</b>	<ul style="list-style-type: none"> <li>Epigastric pain that lasts at least a month and is accompanied by other upper abdominal symptoms is considered Dyspepsia. The ACG recommends several approaches to managing dyspepsia, including Testing for H. pylori: Test for H. pylori infection with a urea breath test or serology. If H. pylori is present, treat with antibacterial therapy. <ul style="list-style-type: none"> <li>Start with quadruple therapy as it is the most effective therapy followed by urease breath test 2-3 weeks off PPI or stool Ag for H pylori to document eradication.</li> <li>If alarming signs or symptoms, then direct-book endoscopy.</li> </ul> </li> <li>If pain persists despite eradicating H. Pylori, or after empiric PPI treatment, or if pain recurs after stopping PPI, Refer for an EGD to GI specialist.</li> </ul> <p>* For patients 60 years or older, an upper endoscopy is recommended.</p>

## Quality Spotlight

### United Healthcare Medicare Advantage STARS Program

#### Practice Spotlights

**Women's Internal Medicine** earned a perfect 5 Star in the 2024 United Medicare Advantage Average Star Rating Bonus.

**Angelo DiCenso, MD** earned above a 4 star for the first time since the 2021 program year, making the practice eligible for quality funds within the program.

#### Provider Spotlights (Quality Champions)

The following list of providers attained recognition for earning a 4.75 Average Star Rating or higher in the 2024 United Medicare Advantage quality program. The program focuses on closing gaps in quality measures such as cancer screenings, medication adherence, and exams for diabetic patients.

Dr. Yasin Abul (5)	Dr. Pamela Harrop (5)	Dr. Mariola Nowak (5)
Dr. Kathryn Banner (4.85)	Dr. Jennifer Jeremiah (5)	Tara Panciotti, FNP (4.89)
Dr. Avishek Chatterjee (4.8)	Dr. Warren Licht (4.9)	Dr. Howard Perrone (4.9)
Dr. Dana Chofay (5)	Dr. Emily Long (5)	Dr. Kristin Poshkus (4.8)
Dr. Cassandra Constantino (5)	Katherine Maiorisi, PA (5)	Dr. James Ross (5)
Dr. Kyla Dewar (4.8)	Dr. David Marcoux (5)	Dr. Alane Torf (4.88)
Dr. Angelo DiCenso (4.9)	Dr. Kelly McGarry (5)	
Dr. Margaret Furtado (5)	Dr. Leslie Mohlman (5)	

### Blue Cross Blue Shield of Rhode Island PQIP Program

The following list of providers attained recognition for earning a 5-star quality score within the BCBSRI Provider Quality Incentive Program (PQIP) for 2023. Results have not yet been released for 2024.

<u>MEDICARE ADVANTAGE</u>	<u>COMMERCIAL – ADULT</u>	
<b>BCBSRI 5 Star</b>	<b>BCBSRI 5 Star</b>	
Dr. Alexander Diaz De Villalvilla	Dr. Kathryn Banner	Jeanne Knight, NP
Jillian Frasca, FNP	Dr. Cassandra Constantino	Dr. Leah Marano
Dr. Pamela Harrop	Dr. Alexander Diaz De Villalvilla	Dr. Jeanne Oliva
	Jillian Frasca, FNP	Dr. Alicia Ringel
<b><u>COMMERCIAL - PEDIATRICS</u></b>	Margaret Gagner, RNP	Dr. Howard Schulman
<b>BCBSRI 5 Star</b>	Dr. Pamela Harrop	Dr. Alane Torf
Dr. Debra Filardo	LaNeir Johnson, NP	Dr. Robert Velasco
Dr. E. James Monti Jr.		
Practice: Medical Associates of RI		

## 2025 Quality Measures

### **Medicare Shared Savings – eCQM Measures**

1. CMS 122: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (Quality ID 001)
2. CMS 2: Preventive Care and Screening: Screening for Depression and Follow-Up Plan (Quality ID 134)
3. CMS 165: Controlling High Blood Pressure (Quality ID 236)
4. CMS 125: Breast Cancer Screening (Quality ID 112)

### **Blue Cross Blue Shield RI – Commercial Pediatric Measures**

1. Child and Adolescent Well-Care Visits
2. Chlamydia Screening in Women
3. Immunizations for Adolescents (Combination 2)
4. Lead Screening in Children

### **Blue Cross Blue Shield RI – Commercial Adult and Medicare Advantage Measures**

1. Breast Cancer Screening
2. Colorectal Cancer Screening
3. Controlling High Blood Pressure
4. Eye Exam for Patients with Diabetes
5. Glycemic Status Assessment for Patients with Diabetes
6. Kidney Health Evaluation for Patients with Diabetes
7. Osteoporosis Management in Women Who Had a Fracture\*\*
8. Transitions of Care Aggregate\*\*

\*\* Medicare Advantage Only

## Measure Spotlights

WCV: Remember the importance of **well-care visits** and their ability to identify barriers (SDoH), address preventative screenings and immunizations, and close additional quality gaps in care for your patients.

### **OMW: Osteoporosis Management in Women Who Had a Fracture:**

Brown Health Care Transition team continues to:

- Review Brown Health ED expedited appointments/ED discharge reports to identify patients coming in for fractures that meet the measure criteria
- Outreach to CPP practices to ensure patients are scheduled for DEXA scans and follow-up appointments
- Practices are reporting back with their updates for our internal tracking
- The ED is supporting our efforts by adding an automated note to discharge instructions recommending bone density testing for fragility fractures. It will appear in the AVS when the clinical impression matches designated fracture codes.

### **2025 PQIP Submission Updates**

Practices reviewed their May Gap in Care reports, with claims through March, and provided data to close gaps in a subset of measures. Over 1,300 gap closures were submitted to BCBSRI on June 30, 2025.

**Looking Ahead:** We plan to submit another PQIP file in the Fall of 2025. Files will also be due to BCBSRI on December 31, 2025, and February 28, 2026, for the 2025 Performance Year.

## Notes from your Lifespan Value-Based Contracting Team

**Patient Attribution:** If you have attribution issues with BCBSRI or UHC please feel free to contact our Contracts Administrator, Krista Sevigny at [ksevigny@brownhealth.org](mailto:ksevigny@brownhealth.org)

**Lifespan Health Alliance (LHA) ACO – Quarterly Meeting-** We look forward to reconvening for the upcoming LHA ACO Quarterly Meeting, scheduled to take place **in October**. Specific date, time, and location will be shared shortly.

**Tentative Agenda Items Include:**

- Financial Performance Overview
- 2024 Quality Performance Review
- Program Updates and Strategic Priorities
- Open Discussion and Q&A

Thanks in advance for making time to join us! We're looking forward to a great session.

### **eCQM Reporting – ACO Update**

- **Transition to eCQM Reporting:** As CMS phases out the traditional Web Interface reporting method, Lifespan Health Alliance (LHA) continues to prepare for the upcoming transition to **electronic Clinical Quality Measure (eCQM)** submission for the **2025 reporting year**. This shift marks a significant change in how quality data will be collected and reported.
- **Acknowledgment:** Thank you to all our ACO practices and quality teams for your continued efforts. Your dedication is critical in helping LHA meet the requirements for successful eCQM submission next year.
- **Advocacy Update:** NAACOS continues to advocate CMS on behalf of ACOs, particularly around the financial challenges associated with certain EMR vendors; an issue that remains a barrier for many organizations. LHA will continue to monitor any developments and share updates as they become available.

## 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 Brown University Health 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."*

### Contacts:

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[www.communityphysicianpartners.org](http://www.communityphysicianpartners.org)