Summary of Rhode Island Regional Quality Initiative
Funded by Center for Healthcare Strategies
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PROPOSAL

The RIDHS Center for Child and Family Health (CCFH) in partnership with the Office of the Health Insurance Commissioner will direct Rhode Island's Regional Quality Improvement project with the management support of Quality Partners of Rhode Island (Quality Partners). This two-year project will result in **the formation of a sustainable body of key stakeholders and the development of a coordinated system to align performance standards and financial incentives among Rhode Island's health plans, purchasers and providers for the delivery of high quality ambulatory care for chronic illness throughout our state.**

This project will build on the "Principles of Health Care Affordability" that have been adopted by the Governor's Health Policy Agenda, RIDHS RIte Care program (Rhode Island's Medicaid managed care program) and the Office of the Health Insurance Commissioner, i.e.:

- Focus on primary care, prevention and wellness
- Active management of the chronically ill population
- Use of the least cost, most appropriate setting
- Use of evidence based, quality care

In addition, the project will build on Quality Partners' experience with physician practice redesign, including implementation of the Chronic Care Model, office system workflow analysis, electronic health record implementation, and advanced access scheduling.

Year 1 Achievements: Evidence-Based Practices and Measures

- Convene a group of ***key stakeholders*** (see below) with an interest in chronic care delivery, including the Office of the Health Insurance Commissioner and the Medicaid program, who can affect change in the organization/sector they represent
- Obtain a commitment to the charge of the RQI
- Based on morbidity, cost and prevalence data, define a ***minimum of three chronic conditions*** on which to focus the RQI initiative
- Based on the best available evidence, define a set of ***key clinical and care delivery services*** which are likely to lead to high quality care for those conditions
- For each condition, develop and reach consensus on a set of statewide ***chronic care improvement goals***
- Develop a set of provider-based statewide ***quality measures*** for each chronic care improvement goal which can feasibly be collected and reported given available data
- Working through existing partnerships and within the stakeholder group organizations, ***publicize the Chronic Care Improvement Goals and Quality Measures*** to the broad healthcare community.

Year 1 Achievements: Financial Incentives

- Promote the adoption of chronic care improvement goals by purchasers, in order to drive health plan and provider adoption of key clinical and care delivery services
- Based on the best available evidence, develop ***consensus on reimbursement enhancement*** mechanisms which will support the adoption of the key clinical and care delivery services

- Work with health plans and purchasers to ***implement reimbursement enhancements***
- Identify the non-reimbursement ***barriers faced by providers*** in implementing the key clinical and care delivery services
- Develop a plan to ***assist providers*** in overcoming barriers, in order to maximize use of reimbursement enhancements
- Align available ***provider training and support*** programs with the chronic care improvement goals
- Define ***gaps in training and support*** services and work to fill those gaps

Year 2 Achievements: Evidence-Based Practices and Measures

- Convene stakeholder group
- Implement ***coordinated quality measurement and reporting program***
- ***Monitor progress*** toward achieving statewide Chronic Care Improvement Goals
- ***Publicize progress*** in achieving statewide Chronic Care Improvement Goals

Year 2 Achievements: Financial Incentives

- ***Assess effectiveness*** of re-imbursement enhancements by claims analysis and provider interviews. Adjust as necessary
- Facilitate ***provider training and support*** to maximize uptake of reimbursement enhancements
- Monitor extent of purchaser influence by ***assessing adoption*** of key clinical and care delivery services and reimbursement enhancements though purchaser/health plan contracts and work plans.

The above activities describe a comprehensive program of improving the quality of ambulatory care for chronic conditions (Appendix C). The program contains several elements which are key to avoiding the fragmentation and lack of focus of some improvement efforts. These key elements include:

- ✓ Using the authority of the Office of the Health Insurance Commissioner and the Medicaid Program to insure that the key stakeholder group includes individuals with the authority and position to affect change within their sector or organization
- ✓ A coherent, evidence-based, publicly articulated set of quality goals toward which the program will be working
- ✓ A public commitment to achieving those goals by the stakeholder organizations, including both providers, payers and purchasers.
- ✓ A program to monitor the progress toward achieving the goals
- ✓ Coordination and agreement among all health plans on the key clinical and care delivery services and measures
- ✓ A focus on the needs of providers in making real and sustainable changes in care delivery