

# Rhode Island Medical Society Council

Meeting of Monday, February 1, 2016

\*\*\*Meeting Highlights\*\*\*

## **New free “practice transformation” help for subspecialists and primary care**

CMS has awarded a large grant to the Rhode Island Quality Institute to help 1,500 Rhode Island physicians and other clinicians (those who are *not* currently part of a Medicare ACO) to improve care and adjust to alternative “value-based” payment models over the next four years.

Laura Adams, President & CEO of the Rhode Island Quality Institute (RIQI), told the RIMS Council that RIQI’s new status as one of 29 funded “Practice Transformation Networks” nationwide represents a window of opportunity for Rhode Island physicians (also physician assistants, nurse practitioners and clinical pharmacists) to:

- Improve outcomes for their patients
- Increase their chances of succeeding under new payment models
- Increase their practices’ attractiveness as potential partners in shared savings programs.

In contrast to previous initiatives of CMS, the beneficiaries of this free program are to be predominantly (75%) subspecialists. Officially known nationally as the Transforming Clinical Practice Initiative (TCPI), this \$685 million federal program is one of the U.S. government’s largest investments in clinical practices.

Under TCPI, Rhode Island physicians have a time-limited opportunity to reap “practice transformation” benefits through the RIQI, including:

- Free technical assistance, including one-on-one coaching
- Help in building specialist/primary care cooperative relationships
- Care coordination and transition-of-care services
- Data-driven quality improvement skill building
- Readiness assessments for the five successive phases of transformation
- Education and training
- A leadership academy for select clinicians

Ms. Adams reminded the Council that with the elimination of Medicare’s disruptive SGR formula last year, Congress created a choice for physicians between two “value-based” payment tracks, starting in 2019. On the one hand, elements of Physician Quality Reporting (PQRS), Meaningful Use and the Value Modifier will be combined to create the MIPS (Merit-Based Incentive Payment System), which will pit physicians against each other in competition to avoid penalties and win rewards in a zero-sum game. On the other hand, physicians may elect to participate in an Alternative Payment Model (APM), like an Accountable Care Organization (ACO).

Ms. Adams further noted that policies promulgated locally in Rhode Island by the Health Insurance Commissioner and RI Health and Human Services reinforce these federal policies and aim to promote expanded use of alternative payment models and risk-based contracts in the years immediately ahead.

Interested physicians should contact Darlene Morris, Director of RIQI’s Center for Improvement Science, [dmorris@riqi.org](mailto:dmorris@riqi.org).

**Financial planning for physicians** The AMA officially encourages physicians to avail themselves of professional financial planning. Over half of physicians work with a professional; many more say they would “if they could find a planner they trust.” Baystate Financial has worked with Massachusetts Medical Society members for 23 years (also with Mass General, Harvard Medical School, and others). RIMS now leverages Baystate’s expertise for the benefit of RIMS members. The state medical societies in Maine, New Hampshire and Vermont have begun doing the same.

**RIMS Physician Health** The annual report of RIMS’ busy Physician Health Program was distributed to the Council as a handout.

**RIMS advocacy on credentialing problems** Leading Rhode Island payers are disserving doctors, patients, practices and the state economy through unreasonable slowness in initial credentialing. RIMS is pressuring payers directly for solutions and may also seek legislation.

**RIMS legislative successes** 2015 saw the clean and final repeal of the provider taxes. Already in 2016 RIMS has won another big, hard-fought victory with the expedited enactment of the expanded Good Samaritan law for those who help in a drug overdose situation.

**RIMS legislative agenda 2016** Other issues targeted by RIMS in the current General Assembly session include abuse-deterrent drug formulations, telemedicine, utilization review, network adequacy, non-compete clauses, laser safety, disposition of medical records, and due process for physicians.

**“Eleventh Hour CME”** On Saturday, April 30, RIMS will again offer a “just in time” half-day CME event before the end of the state’s two-year medical licensure cycle and 40-hour CME requirement; [www.rimed.org](http://www.rimed.org) provides details and registration.

**RIMS membership challenge** Dr. Settipane challenged the Council to achieve 100% participation in RIMPAC in the current election year. He further challenged each member of the Council to secure two new members for RIMS; Megan Turcotte ([mturcotte@rimed.org](mailto:mturcotte@rimed.org)) can help Council members meet this challenge.