

## Regional Quality Improvement (RQI) Initiative Practice Site Improvement and Financing Overview

RQI Site	Practice Support	Financial Incentive	Other Issues of Interest
<b>Arkansas</b>	<ul style="list-style-type: none"> <li>▪ Practices will receive performance results for their county for select chronic conditions</li> <li>▪ Practices receive chronic care intervention tools and health education materials</li> </ul>	<ul style="list-style-type: none"> <li>▪ Developing an incentive plan</li> <li>▪ Investigating feasibility of ambulatory performance bonus program</li> </ul>	<ul style="list-style-type: none"> <li>▪ No specific issues identified</li> </ul>
<b>Rochester, New York</b>	<ul style="list-style-type: none"> <li>▪ Practices receive list of diabetic patients, and dates of and values from most recent services/tests</li> <li>▪ Practices receive assistance collecting diabetes data from medical records and calculating performance for DPRP certification</li> </ul>	<ul style="list-style-type: none"> <li>▪ Health plans contributing funding</li> <li>▪ Application fee for DPRP certification</li> <li>▪ 40 hours of consulting per practice site</li> <li>▪ Annual \$1,000 honorarium per physician</li> </ul>	<ul style="list-style-type: none"> <li>▪ How to encourage, build, and reward practices medical homes</li> <li>▪ How to gain physician buy-in re: needed change when physician may not agree, may have competing priorities, may believe they already provide excellent care, etc.</li> <li>▪ How to use financial incentives to motivate salaried physicians (e.g., academic institution, FQHC, etc.) to improve quality</li> </ul>
<b>Rhode Island</b>	<ul style="list-style-type: none"> <li>▪ Practices will generate practice-level performance results for select chronic conditions</li> <li>▪ Practices will receive technical assistance and ongoing support in developing and operating a patient-centered medical home (PCMH)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Commercial insurers and Medicaid plans contributing funding</li> <li>▪ Continued fee-for-service payment</li> <li>▪ Additional PMPM care management fee for implementation of elements of the PCMH</li> </ul>	<ul style="list-style-type: none"> <li>• How to reconcile difference between what plans and insurers want to pay for a PCMH, and what providers want to be paid for developing a PCMH</li> </ul>
<b>North Carolina</b>	<ul style="list-style-type: none"> <li>▪ Practices receive practice-level performance results for select chronic conditions</li> <li>▪ Quality Improvement Coaches (QICs) work with select small practices throughout the state to redesign and support quality improvement efforts</li> </ul>	<ul style="list-style-type: none"> <li>▪ Commercial insurers, Medicaid plans and state insurer contributing funding</li> <li>▪ Fee-for-service payment</li> <li>▪ \$2.50 PMPM care management fee to participate in CCNC network's quality initiatives</li> <li>▪ \$2,500 per practice, paid in stages, for working with QICs</li> </ul>	<ul style="list-style-type: none"> <li>▪ How to improve quality at the practice site without undergoing substantial redesign</li> <li>▪ How to pull the right data at the point of care from EHRs</li> <li>▪ How to help practices pull their own data</li> <li>▪ How to bring multiple payers to the table to jointly reimburse provider quality efforts</li> </ul>