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

<table>
<thead>
<tr>
<th>RQI Site</th>
<th>Practice Support</th>
<th>Financial Incentive</th>
<th>Other Issues of Interest</th>
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| Arkansas          | Practices will receive performance results for their county for select chronic conditions  
                    Practices receive chronic care intervention tools and health education materials | Developing an incentive plan  
                    Investigating feasibility of ambulatory performance bonus program | No specific issues identified |
| Rochester, New York | Practices receive list of diabetic patients, and dates of and values from most recent services/tests  
                    Practices receive assistance collecting diabetes data from medical records and calculating performance for DPRP certification | Health plans contributing funding  
                    Application fee for DPRP certification  
                    40 hours of consulting per practice site  
                    Annual $1,000 honorarium per physician | How to encourage, build, and reward practices medical homes  
                    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.  
                    How to use financial incentives to motivate salaried physicians (e.g., academic institution, FQHC, etc.) to improve quality |
| Rhode Island      | Practices will generate practice-level performance results for select chronic conditions  
                    Practices will receive technical assistance and ongoing support in developing and operating a patient-centered medical home (PCMH) | Commercial insurers and Medicaid plans contributing funding  
                    Continued fee-for-service payment  
                    Additional PMPM care management fee for implementation of elements of the PCMH | 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 |
| North Carolina    | Practices receive practice-level performance results for select chronic conditions  
                    Quality Improvement Coaches (QICs) work with select small practices throughout the state to redesign and support quality improvement efforts | Commercial insurers, Medicaid plans and state insurer contributing funding  
                    Fee-for-service payment  
                    $2.50 PMPM care management fee to participate in CCNC network’s quality initiatives  
                    $2,500 per practice, paid in stages, for working with QICs | How to improve quality at the practice site without undergoing substantial redesign  
                    How to pull the right data at the point of care from EHRs  
                    How to help practices pull their own data  
                    How to bring multiple payers to the table to jointly reimburse provider quality efforts |