



Innovation Support Project (ISP)

NOW offering support to adopt Telehealth

ISP Aim: To provide support to primary care practices that serve Medicaid patients to improve the quality of care while enhancing the opportunity to succeed in new payment models, including Medicaid's Alternative Payment Model (APM) for Primary Care

Target Practices: 80 Primary Care practices per year beginning March 2020

Family Medicine, Internal Medicine, Pediatrics and OB/GYN practices that provide comprehensive primary care services.

Guidance for Telehealth/Virtual Visit adoption:

- Incorporating telehealth and virtual visits is a way to provide care for chronic and mildly acute patients including behavioral health, and responding to patient needs, while reducing risk of exposure risk to patients and care teams at the same time generating revenue.
- Practices enrolling in ISP in April, May or June may take advantage of virtual practice facilitation prior to formally focusing on the larger ISP Program.
- The practice goals in implementing telehealth will be to adopt telehealth workflows consistent with current regulations.
- Practices will have access to experts in billing, coding, workflows, and documentation in this ever-changing environment.
- Enroll by the 15th of the month, to start in the same month.

Practices get the following:

- Practice facilitation support from the practice transformation organization (PTO) of their choice. The amount of on-site practice support is dependent on the practice's degree of evolution to advanced primary care:
 - Practices new or early in their progression to advanced models of care will receive monthly on-site practice facilitation provided by a trained practice facilitator.
 - Practices further along in implementing advanced models of care will have quarterly on-site practice facilitation provided by a trained practice facilitator with virtual meetings in the intervening months.
- If needed, support from a clinical health information technology advisor (CHITA) will be provided by the Practice Innovation Program @ CU.
- Two collaborative learning sessions per year will be offered to provide opportunities for peer to peer learning and sharing.
- Services of a Regional Health Connector (RHC) to assist with community linkages to support patient needs.
- Potential CME, Maintenance of Certification, and/or COPIC points for participation
- Support to help improve Colorado Medicaid Alternative Payment Model (APM) measures

Adult Measure Set	Pediatric Measure Set
Depression Screening: NQF 0418	Depression Screening: NQF 0418
BMI (Adult): NQF 0421	Maternal Depression Screening: Quality ID 372
Alcohol and other drug screening: NQF 0004	Weight assessment: NQF 0024
Hemoglobin A1c: NQF 0059	Childhood Immunizations: NQF 0038

What is expected of the practice?

- Form a quality improvement (QI) team to work with the practice facilitator. The QI team generally consists of a provider champion, a staff champion, and representatives from the nursing staff, front desk, and other clinicians as appropriate for the practice. The QI team will meet regularly with the practice facilitator to implement changes in the practice.
- Submit clinical quality measures on a quarterly basis.
- Participate in collaborative learning sessions.

Practice engagement timelines:

- Enroll by the 15th of the month to start in the same month. Enroll on the 16th or after, start the following month.

For more information or to enroll:

- Visit www.practiceinnovationco.org/isp
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