

# Practice Transformation Services

## ABOUT OUR SUPPORT SERVICES

Having worked with over 100 pediatric, family medicine, adult primary care practices, the Care Transformation Collaborative of Rhode Island (CTC-RI) has a proven track record for assisting primary care practices of various sizes to succeed in a value-based patient-centered medical home delivery model. CTC-RI can work with individual or groups of practices that are a part of systems of care.

CTC-RI has received national and regional recognition and awards for our innovation and leadership. Using a personal hands-on approach, we can assist you with developing a customized action plan designed to meet your strategic objectives by offering the following practice transformation services.

**Care Transformation Collaborative of Rhode Island's practice transformation services include:**

- **Practice Facilitation and Coaching Consulting Services** — Conduct gap analyses and needs assessments to understand where you are and what you need; provide coaching on quality improvement strategies to standardize care delivery, improve population health and deliver comprehensive, team-based patient-centered medical home care.
- **Peer Learning Opportunities** — Use learning needs assessments and project management support to help you develop peer learning opportunities around selected topics geared to leverage expertise, improve care and build a culture supportive of evidence-based care.
- **Nurse Care Manager Training Program** — Offer online state-of-the-art training supported by certified nurse care manager faculty coaching sessions to ensure nurse care managers understand and successfully apply foundational nurse care management patient-centered medical home care concepts.
- **Behavioral Health** — Provide consulting, practice facilitation and team training to integrate behavioral health and medication-assisted treatment within primary care.
- **NCQA Patient-Centered Medical Home Recognition** — Develop and support customized work plans based on practice assessments to assist practice teams with achieving and sustaining patient-centered medical home recognition.
- **Community Partnerships and Teams** — Advance the development of community health teams and partnerships to meet the needs of patients and families that are at high risk based on health-related social needs and complex medical and behavioral health conditions.
- **Measure, Capture, Display and Utilize Information** — Assist practices with applying measurement specifications to collect and use information to improve performance; CTC-RI can provide support in creating practice performance visualizations, trendlines, dashboards and outcome reports to monitor and improve outcomes.