VALUE CONNECTION

A Quarterly Newsletter of Arkansas Health Network, LLC

Sept 2017

Note from Arkansas Health Network Leadership

Daniel Felton MD
AHN Board Chair

Bob Sarkar
AHN President

We are pleased to bring you the 3rd issue of the Value Connection where we can share AHN's progress and new emerging opportunities. Despite the current political turmoil surrounding healthcare, the need for sustained investment and focus on value-based initiatives, population health, and innovation in care delivery remains constant. With this need in mind, AHN continues to grow, with membership now exceeding 1500 providers. We thank you for your continued engagement and look forward to our shared future successes.

What's in this Issue?

AHN By the Numbers

71,417

Patient lives currently managed by AHN

Care Management is a Team Sport

In 2017, under the leadership of Camille Wilson, Director of Population Health, AHN's Care Management team has grown to 12 full-time employees across the Central Arkansas and Hot Springs markets. Three additional positions are actively being recruited. The Care Management team consists of three distinct roles that work collaboratively to meet the needs of patients across the continuum of care.

Population Health Coach (RN)

- ◊ Coaching and care plans for high/rising risk patients
- ◊ Education and self-management of chronic illnesses
- ◊ Clinical complement to care provided in PCP office

Transitional Care Nurse (RN)

- ◊ Bedside visit the hospital to provide education and support
- ◊ Root-Cause Analysis (RCA) for readmitted patients
- ◊ Post-discharge calls at 24-48 hours, 10-14 days, and 30-days

Social Worker

- ◊ Counseling with patient on social-related issues
- ◊ Examples: Transportation, End-of-life planning, Access to meds
- ◊ Frequently needed for high ED utilizers

For questions or comments, please contact Camille Wilson (crwilson@stvincenthealth.com)

Common Generic Rx Switches to Control Rising Costs

Arkansas Health Network has effectively managed CHI St. Vincent's employee and dependent lives since 2015 by leveraging its Health Coaches and analytics resources to improve the cost and quality of their care. One remaining opportunity is Pharmacy Cost. Since 2015, Pharmacy Cost per member per month has increased in this population by 31%. As providers, you can impact this metric by choosing to prescribe low-cost generic drugs rather than brand-name options. The table below details opportunities for switching drug therapies to lower cost alternatives.

Commonly Prescribed Brand Drugs (often expensive, may require prior authorization or may not be covered by insurers)	**Possible Therapeutic Alternatives** (typically covered on lower tier insurance plans)
Crestor, Lipitor, Livalo, Vytorin	Atorvastatin, simvastatin, rosuvastatin, pravastatin
Lyrica	Gabapentin
Dexilant, Nexium, Zegeric (omeprazole-bicarbonate)	Omeprazole, pantoprazole, lansoprazole, esomeprazole
Bystolic	Carvedilol
Adderall XR, Intuniv, Vyvanse	Amphetamine-dextroamphetamine mixed salts ER, dextroamphetamine ER, methylphenidate ER
Glumetza, Fortamet	Metformin, metformin ER
Diovan, Benicar, Atacand	Losartan, irbesartan, valsartan, candesartan
Tricor, Trilipix	Fenofibrate, fenofibric acid
Celebrex, Flector, Voltaren	Meloxicam, diclofenac sodium, celecoxib, naproxen
Vesicare, Gelnique, Enablex	Oxybutynin ER, tolterodine ER, trospium ER

Population Update: Medicare Shared Savings Program (MSSP)

For the 4th year, AHN is a Track 1 Medicare Shared Savings ACO. In 2017, the ACO is managing 25,614 patient lives. The ACO can earn shared savings if it is successful that at reducing costs and increasing quality over the course of the year. The table to the right highlights several key metrics based on the ACO's performance during the 1st two quarters of 2017. Overall expenditures per beneficiary have decreased due to lower rate of hospital utilization and readmissions. We believe this is due to an improved rate of post-discharge provider visits. In upcoming quarters, AHN will be focusing on COPD and patients who frequently utilize the emergency Department.

METRIC	**PRIOR YEAR** (2016 - Qtr 2)	**CURRENT YEAR** (2017 -
Total Expenditures per Assigned Beneficiary	$9,187	↓ $9,070
Total Hospital Discharge Rate (per 1,000 beneficiaries)	325	↓ 305
Emergency Department Visits (per 1,000 beneficiaries)	584	↑ 595
30-Day All-Cause Readmissions per 1,000 Discharges	159	↓ 143
30-Day Post-Discharge Prov. Visits per 1,000 Discharges	716	↑ 738
COPD Discharge Rate (per 1,000 beneficiaries)	6.01	↑ 8.03

For questions or comments, please contact Rachel Kahn (rdkahn@stvincenthealth.com)

Transitions of Care - What's it all about?

"Care Transitions", or the points at which patients move from different healthcare settings or providers, are key focus areas in population health and care management. Data clearly indicates that poorly managed transitions of care lead to preventable hospital readmissions and avoidable complications, both of which are undesirable for the patient and detrimental to quality and cost metrics in most value-based initiatives. For this reason, AHN has hired two RN Transitional Care Nurses (TCN) to provide coaching to the patients in this critical, vulnerable time. Their workflow shown below follows the patient from the bedside to 30 days post-discharge.

During Hospital Admission

⇒ Face-to-face visit to provide education and prepare for post-discharge follow-up from TCN or Population Health Coaches

⇒ Validate PCP and initiate follow-up appointment

Post-Discharge

⇒ 24-48 hours - Review discharge instructions and medications, confirm follow-up appointments, answer questions, and escalate concerns to the primary care team as needed

⇒ 10-14 days - Review outcomes of post-discharge PCP appointment. Provide education, set care goals, and escalate as needed.

⇒ 30-days - Review recovery progress and adherence to discharge instructions. Graduate if there is low risk of readmission.

Success Story from Krystal Throgmartin, Transitional Care Nurse:

"I reached out to this patient for a 24-48 hour post-discharge follow-up call. While reviewing the patient's medications, the patient stated she had question about the prescriptions given to her. As we talked, we discovered that the patient's discharge instructions indicated a change in one of her home medications to a lower dosage than what the patient had available at home. Additionally, the patient told me her pharmacist had raised concerns about a potential medication interaction between three of her medications. Ultimately, I confirmed the correct regimen with the patient's cardiologist and ensured her PCP had the same regimen in their records as well. I think there's a good chance that without my help, the patient would not have taken the correct meds and would have been at high risk to be readmitted to the hospital."

For questions or comments, please contact Camille Wilson (crwilson@stvincenthealth.com).

Welcome to new AHN Board Members!

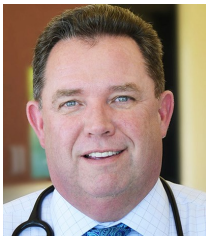
In the last quarter, four new physicians have joined Arkansas Health Network's Board of Managers, all bringing a wide variety of specialty and regional knowledge.

- Dr. David Griffin - Cardiology, CHI St. Vincent Heart Institute
- Dr. William "Lew" McColgan - General Surgery, Surgical Associates of Conway (Conway Chapter Representative)
- Dr. Robert Muldoon - Hematology/Oncology, Genesis Cancer Center (Hot Springs Chapter Representative)
- Dr. Srinivasan Ramaswamy - Family Medicine, CHI St. Vincent Chenal Clinic

Many thanks to Dr. Drew Kumpuris, Dr. Michael Pollock, and Dr. Keith Cooper for their numerous years of participation on the AHN Board.

David Griffin,MD

Lew McColgan, MD



Robert Muldoon, MD

Srinivasan Ramaswamy, MD

MACRA is HERE!

2017 Reminders & 2018 Preview

2017

If you are a participant in AHN's Medicare Shared Savings Program ACO, you qualify for the MIPS-APM Pathway.

Reporting Requirements: March 2018

- MIPS-APM - You're only required to report for the Advancing Care Information (ACI) category. The ACO will cover reporting for Quality and Clinical Practice Improvement.
- MIPS - Your practice must report on Quality, CPI, and ACI. You are only required to report 1 metric to avoid negative penalties. Unsure what metrics to pick? Check out qpp.cms.gov or your medical specialty society.

2018

CMS has proposed to continue several of the "learning year" approaches from 2017 which relieved some reporting burdens on practices.

- "Pick your pace" will continue in 2018. The threshold has increased from 3 to 15 points to avoid a negative penalty. This is still highly achievable.
- Cost will remain 0% of the overall MIPS score in 2018. MIPS clinicians should continue prepare since cost will account for 30% of their score in 2020
- CMS has increased the low-volume threshold exclusion to $90,000 in Part B charges and 200 Part B patients.

The Value Connection Newsletter was designed and written by Rachel Kahn, Market Director of Operations, Arkansas Health Network. Please email her (rdkahn@stvincenthealth.com) with feedback, future story ideas, or requests to be added to the distribution list. For more information, please also visit AHN's website— www.arkansashealthnetwork.com