

# VALUE CONNECTION

A Quarterly Newsletter of Arkansas Health Network, LLC

April 2017

## AHN Coaching Earns Cover Story of CHI National Spirit Magazine



AHN was honored to be featured on the cover of a Catholic Health Initiatives (CHI) Spring 2017 Spirit Magazine, a quarterly publication shared with all employees subscribed to the CHI Medical Plan in 17 states. The story entitled “Partnering to Relieve Pain” featured Terry Gartin, BSN, RN, one of AHN’s RN Population Health Coach, and described her successful coaching relationship with Mary Jane Smith, an employee of CHI St. Vincent Hot Springs. Terry began coaching Mary Jane after she received a diagnosis of lupus which was causing her ongoing intense pain. After following the coaches’ recommendations of low impact exercise, dietary changes, and physical therapy, Mary Jane’s pain has largely subsided.

### What’s in this Issue?

- ◇ **MACRA...p.2 & 4**  
What Path Am I In?  
2017 Transition Year
- ◇ **CPC+.....p.3**  
MSSP Dual  
Participation
- ◇ **Evidence-Based  
Guidelines:  
Diabetes.....p.3**

### AHN By the Numbers

**1358**

Providers in the network.  
3/4 are independent.



### United Healthcare & CHI St. Vincent Reach Agreement

Arkansas Health Network is pleased to report that as of March 31, 2017, CHI St. Vincent and UnitedHealthcare have reached an agreement to continue access to all CHI St. Vincent providers and facilities. There were no interruptions or gaps in coverage to patients. On behalf of our partners at CHI St. Vincent, we thank all of our physician members for their support throughout the negotiation process.

### Welcome Camille Wilson!



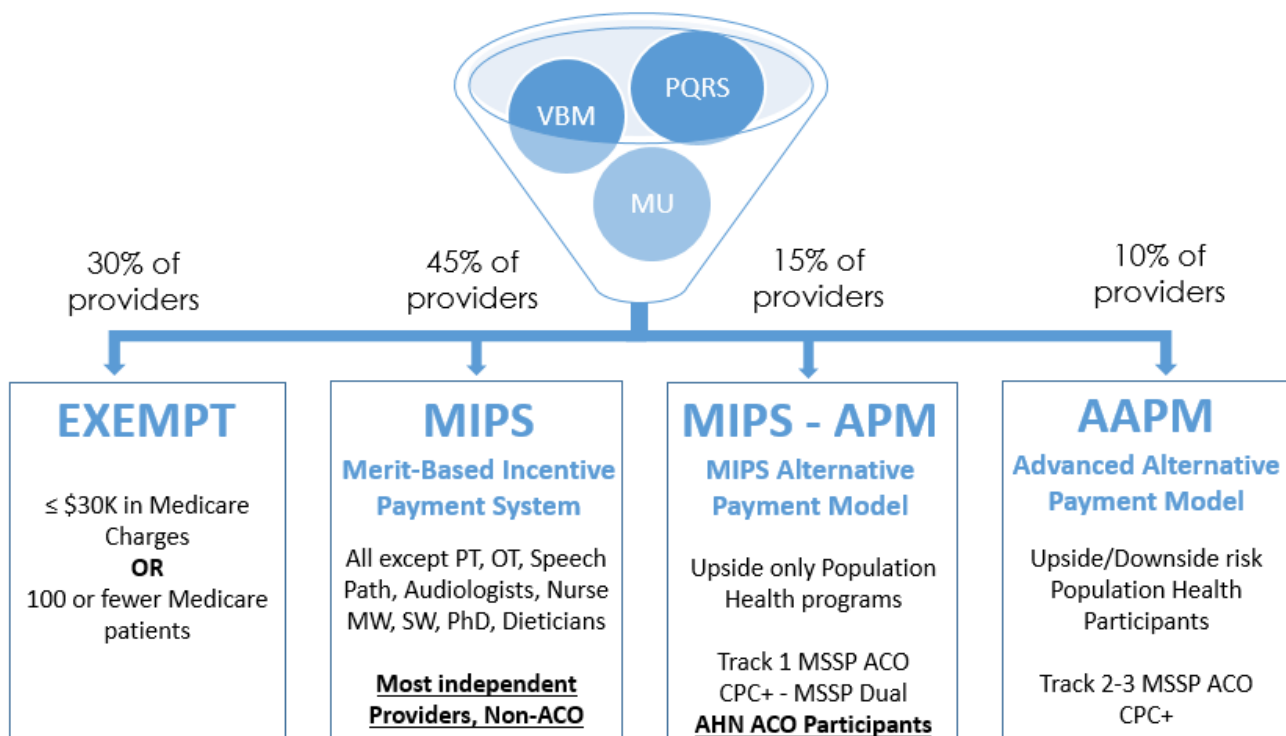
We are thrilled to welcome Camille Wilson, MSN, RN, to the Arkansas Health Network leadership team as our new Director of Population Health Management. She will be leading the Care Management personnel and function of AHN, including oversight of RN Population Health Coaches, Social Workers, and Transitional Care nurses. Camille brings 10 years of experience in population health management and has already hit the ground running in her first couple of weeks in the role.

### COMING SOON! 1st Annual Value Report

Arkansas Health Network will release its 1<sup>st</sup> Annual Value Report sharing key performance metrics and news for 2015 and 2016 for our Medicare Shared Savings Program ACO, self-funded employer commercial ACO, and the Bundled Payment for Care Improvement. Our performance indicates that AHN continues to deliver value both to its patients and its providers across the state of Arkansas.

## Decoding MACRA — Which Pathway are you In?

Under the new Quality Payment Program (QPP) which was established with the passage of MACRA, previous Medicare Part B programs are being phased out. Instead, providers will fall into one of four comprehensive pathways which will determine their respective reporting requirements and financial risk. See the graphic and descriptions below:



### What does each Pathway mean for me and my practice in 2017?

	Financial Upside & Downside (2017)	Reporting Requirements (2017)
<b>Exempt</b>	No financial upside or downside	No MACRA reporting required
<b>MIPS</b>	Protected from all penalties if you report on at least 1 metric for any period of time. More potential upside (up to 4% in 2019) with increased reporting. Full 4% penalty in 2019 if your practice reports nothing.	Reporting on selected metrics (Quality, Clinical Practice Improvement, Advancing Care Information) must be done through QCDR, EHR, or CMS Web Interface. No cost reporting required.
<b>MIPS-APM</b>	Through the ACO (or other APM), there will be a potential bonus up to 4% in 2019. Shared Savings may be earned through your ACO for the 2017 performance year as well if cost and quality performance meets established benchmarks.	ACO will take responsibility for reporting for all its participating members for Quality and CPI. All practices will need to report on ACI metrics through QCDR, EHR, or CMS Web Interface. Exempt from cost. Guaranteed 100% score on CPI.
<b>AAPM</b>	Through the ACO, participating members have some downside risk if you the organization does not meet established cost benchmarks. However, through MACRA, all AAPM members have a guaranteed 5% bonus in	AAPM members are free of MIPS Reporting but there will be other reporting requirements for them through their value-based program (i.e. Track 2 ACO, CPC+ etc).

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

# Get with the Guidelines

## Diabetes Management



Year-round, AHN's Clinical Care Committee researches and votes upon Evidence-Based Medicine (EBM) guidelines and clinical pathways, with the expectation that eventually all participating provider groups will practice them 100% of the time.

Clinically Integrated Networks who successfully implement EBM guidelines in all their participating groups are primed for success in population health management because they reduce variation in care, improve the health of their patients, and ultimately reduce patient healthcare costs across the care spectrum.

This quarter's featured Evidence-Based Guideline is for patients with Diabetes. See the guidelines listed below. Associated clinical pathways will be made available on the AHN website in upcoming months.

- ✓ **HbA1c Management**      HgBA1c less than 7% for Type II Diabetes Mellitus
- ✓ **LDL/Statin Therapy**      LDL lipid panel less than 70
- ✓ **Diabetic Foot Exam**      Assess every 12 months
- ✓ **Diabetic Eye Exam**      Dilated eye exam screened every two years if negative for retinopathy

*For questions or comments, please contact Dr. Randy Hill ([hhill@stvincenthealth.com](mailto:hhill@stvincenthealth.com)) or Camille Wilson ([crwilson@stvincenthealth.com](mailto:crwilson@stvincenthealth.com)). Clinical Care Committee physician members listed page 4.*

## Did you Know? - CPC+ and MSSP Dual Participation

Beginning in 2017, CMS granted approval for primary care clinics to participate in both the Comprehensive Primary Care Plus (CPC+) and Medicare Shared Savings Program (MSSP).

This marks an evolution of Comprehensive Primary Care "Classic" (CPCi) which forced practices to pick one program over the other to prevent duplication of payments. Now, under CPC+, dually participating clinics will continue to receive up front Care Management Fees on a per-member-per-month (PMPM) basis from payors for CPC+. However, these clinics will



Also forfeit the Performance-Based Payments (PBP) of the CPC+ program in exchange for Shared Savings earned through the MSSP ACO.

Dually-participating clinics must be aware that the Care Management Fees are added to the total cost of care for the MSSP ACO, thus increasing the hurdle to meet its benchmarked cost target.

AHN is partnered with 19 CPC+ clinics. We are jointly investing in personnel in the Little Rock and Hot Springs markets including Population Health Coaches, Social Workers, Transitional Care Nurses, Practice Coaches, and Data Analysts.

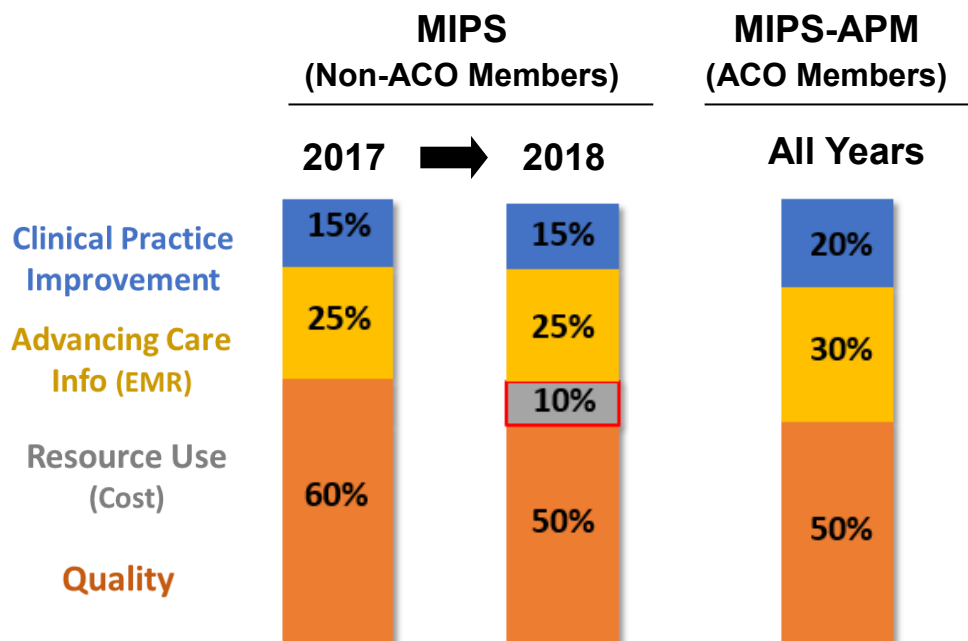
## MACRA Final Rule - 2017 Transition Year

Given the wide diversity of clinical practices, the first year of the Quality Payment Program (QPP) implementation will allow physicians and groups to pick their pace of participation with low financial risk at any level. CMS hopes that by lowering the barrier and risks to participate in this first program year, providers will be more engaged and establish a foundation in their clinics that will support strong QPP performance in future years, thus improving the quality of patient care.

### Key Final Rule Changes which create a “Transition Year”

**1. MIPS “Pick your Pace” Structure** - CMS does not require full -year reporting in 2017 to earn financial bonuses under MIPS. If clinicians report on 2 or more measures for at least a 90-day period, they may earn a neutral or positive adjustment. If a clinician reports on 1 metric for any period of time, they will receive neither a positive nor a negative adjustment. **If clinicians report no metrics or activities, they will automatically receive the full 4% negative adjustment.**

**2. MIPS Resource Use Metric deferred until 2018** - CMS will not evaluate clinicians on the Resource Use metric in 2017. This is focused on cost efficiency. However, Resource Use will be evaluated for MIPS clinicians in 2018 at a 10% weight. Resource Use will also be removed from the MIPS Composite score for ACO participants for all performance years.



## Clinical Care Committee

### Members

Tom Cummins, MD  
 David Foster, MD  
 Harold Hedges, MD  
 Randy Hill, MD (Chair)  
 Nidhi Jain, MD  
 Ann Layton, MD  
 Lew McColgan, MD  
 Lisa Sajovitz, MD  
 Rob Steele, MD  
 Alex Tyler, MD  
 Muhammad Waqas, MD

## AHN Leadership Team

### Board Chair

Daniel Felton, MD

### President

Bob Sarkar, MBA, FACHE

### Chief Medical Officer

Randy Hill, MD

### Director, Pop Health Mgmt

Camille Wilson, MSN, RN

### Director, Operations

Rachel Kahn, MHA

The Value Connection Newsletter was designed and written by Rachel Kahn, Director of Operations, Arkansas Health Network. Please email her ([rdkahn@stvincenthealth.com](mailto: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](http://www.arkansashealthnetwork.com)