

# Value Connection

Arkansas Health Network's Newsletter

Fall 2018

## A Harvest of Good News: Arkansas Health Network Medicare ACO earns Shared Savings for the 2nd Time!

For the 2017 performance period of the Medicare Shared Savings Program (MSSP) Arkansas Health Network saved CMS a grand total of \$6,401,881 for their population of 25,639 beneficiaries! The final Quality Score for the year was 92.5%, which is calculated based on aggregate performance on 34 different measures across four domains including Patient/Caregiver Experience, Care Coordination/Patient Safety, Preventative Health, and At-Risk Population. Based on AHN's combined cost and quality performance, CMS will be awarding the ACO with \$2,901,786 in Shared Savings. Since 2014, AHN has consistently saved money for CMS and was also awarded \$1,913,524 in Shared Savings for 2014 performance.

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Arkansas Health Network is very proud of this achievement and grateful to its participating providers for their engagement and high performance. Approximately 34% of all Medicare ACOs earned Shared Savings in 2017. Fewer than 25% achieve repeat successes like AHN has done, proving the strength of their model.

*For questions or comments, please contact Rachel Longfellow ([rldlongfellow@stvincenthealth.com](mailto:rldlongfellow@stvincenthealth.com))*

### Arkansas Health Network & Arkansas Children's Care Network Partner to Offer Healthcare Delivery Model

On July 5, 2018, Arkansas Health Network (AHN) and Arkansas Children's Care Network (ACCN), the only pediatric-focused Clinically Integrated Network (CIN) in the state, announced a partnership to bring population health management services to self-funded employers in Arkansas. This announcement is the first of its kind in the state and is indicative of a growing industry trend for employer-sponsored health plans to address their rising health plan costs by aligning with providers in their community around the overall value of care being delivered to their members.

AHN and ACCN's care delivery model is unmatched in the market for several key reasons:

- ◆ Through their combined resources and expertise, their model will coordinate care for the *whole family*



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## AHN- ACCN Healthcare Delivery Model Continued

with AHN focusing on the adult population and ACCN focusing on the pediatric dependents.

- ◆ As locally-based CINs, AHN and ACCN have engaged physician members in their network will who will participate in the quality and cost improvement efforts health plan members within their clinics, including the practice of evidence-based medicine guidelines.
- ◆ AHN has a track record of success managing CHI St. Vincent health plan lives since 2015 years and two years of earned shared savings through their Medicare ACO.



Over the next several months, AHN and ACCN will be jointly meeting with local employers to explore health plan opportunities for the 2019 plan year. AHN participating providers will be receiving communication via mail regarding a proprietorial fee schedule which may apply to the health plan beneficiaries seen within their clinic. For more information, please visit [www. ArkansasHealthNetwork.com/employers](http://www.ArkansasHealthNetwork.com/employers)

*For questions or comments, please contact Aaron Pilkington ([apilkington@stvincenthealth.com](mailto:apilkington@stvincenthealth.com))*

## Continuing Care Network: Creating Alignment Across the Continuum

On August 22nd and 29th, Arkansas Health Network and CHI St. Vincent hosted a series of kickoff Partnership Meetings for a revived Continuing Care Network (CCN). The CCN is a select group of post-acute providers who will collaborate with AHN and CHI St. Vincent to deliver high value care to patients across the continuum by sharing data and engaging in process improvement work to achieve better quality and cost outcomes. Over 70 clinical and business leaders were in attendance, representing more than 27 post-acute facilities in central Arkansas.

The presenters included Bob Sarkar, President of AHN, Dr. David Foster, Interim CMO for AHN, and Dr. Doug Ross, CMO for CHI St. Vincent. They discussed the importance of forming a CCN and best practices seen in the healthcare industry as well as the expectations for partners in the CCN including CHI St. Vincent, AHN, and the selected participating facilities. In addition, all attendees participated in a valuable group discussion of opportunities for collaboration between inpatient and post-acute facilities, including transitions of care, telemedicine, and education of patients and family members.

Post-acute facilities who wish to participate submitted applications in September. Review of applications will take place throughout October with formal selections made in early November.



*For questions or comments, please contact Camille Wilson ([crwilson@stvincenthealth.com](mailto:crwilson@stvincenthealth.com))*

## Agreement Signed for 2018 Collaborative Health Initiative with Arkansas Blue Cross Blue Shield

Arkansas Health Network (AHN) has signed an agreement for its providers to participate in a Collaborative Health Initiative with Arkansas Blue Cross Blue Shield (ABCBS) from June 1, 2018—December 31, 2018. This new contracts represents 25,581 patient lives seen by AHN providers in ABCBS’s fully insured and Arkansas Works books of business.

This Collaborative Health Initiative (or “CHI”) works very similarly to the Medicare Shared Savings Program. Based on historical utilization, a cost savings target has been set by ABCBS. If AHN surpasses this target by 2% or more they can share in 50% of the savings. In addition, AHN’s performance is measured by three select quality metrics including annual A1c testing for patients with diabetes, breast cancer screenings, and annual serum creatinine for patients with hypertension. AHN’s aggregate quality score will determine what percent of the potential shared savings will be earned. See the year-to-date cost and quality performance below.

*As of June 30, 2018:*

| Risk-Adjusted Cost Target | AHN Performance YTD       | Comparison to Target          |
|---------------------------|---------------------------|-------------------------------|
| \$358.26 Total Paid PMPM  | \$374.48 Total Paid PMPM  | 4.5% Above Target             |
| Diabetes A1c Testing      | Breast Cancer Screening   | Hypertension Serum Creatinine |
| 99.4% (9 gaps to close)   | 94.6% (103 gaps to close) | 100% (0 gaps to close)        |

AHN will share lists of gaps in care and PCP scorecards with participating providers. The best focus areas for cost improvements include reduction in pharmacy costs, ED utilization, and improved network integrity, meaning retaining admissions within AHN to ensure quality care.

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### Other News & Announcements

#### New Network Participant Additions

Arkansas Health Network welcomes the following practices to its roster of participants:

- ◇ Dr. Georges Nawar  
*General Surgery, Morrilton, (501) 354-1190*
- ◇ New Hope Therapy  
*Physical Therapy, Hot Springs, (501) 701-4348*
- ◇ Centerview Surgery Center  
*Urological Surgery, Little Rock (501) 410-1127*
- ◇ Integrated Psych Solutions  
*Psychology, Little Rock, (501) 416-1019*

All new participants are reviewed and approved by the AHN Board of Managers

#### COREO Training Update

AHN continues to roll out training for the new COREO® analytics platform in phases. AHN’s analytics and care management team have been trained and are live in the platform. For the provider community, a series of introductory webinars entitled “Ready, Set, Go” were completed in the months of August and September. For those who were unable to attend, recordings of these sessions will be made available on the AHN website by the end of October.

AHN and Navvis will be offering in-person training in the Little Rock, Conway, and Hot Springs markets. Dates are not yet finalized.

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# Recommended Algorithm for 2018-2019 Flu Season Testing

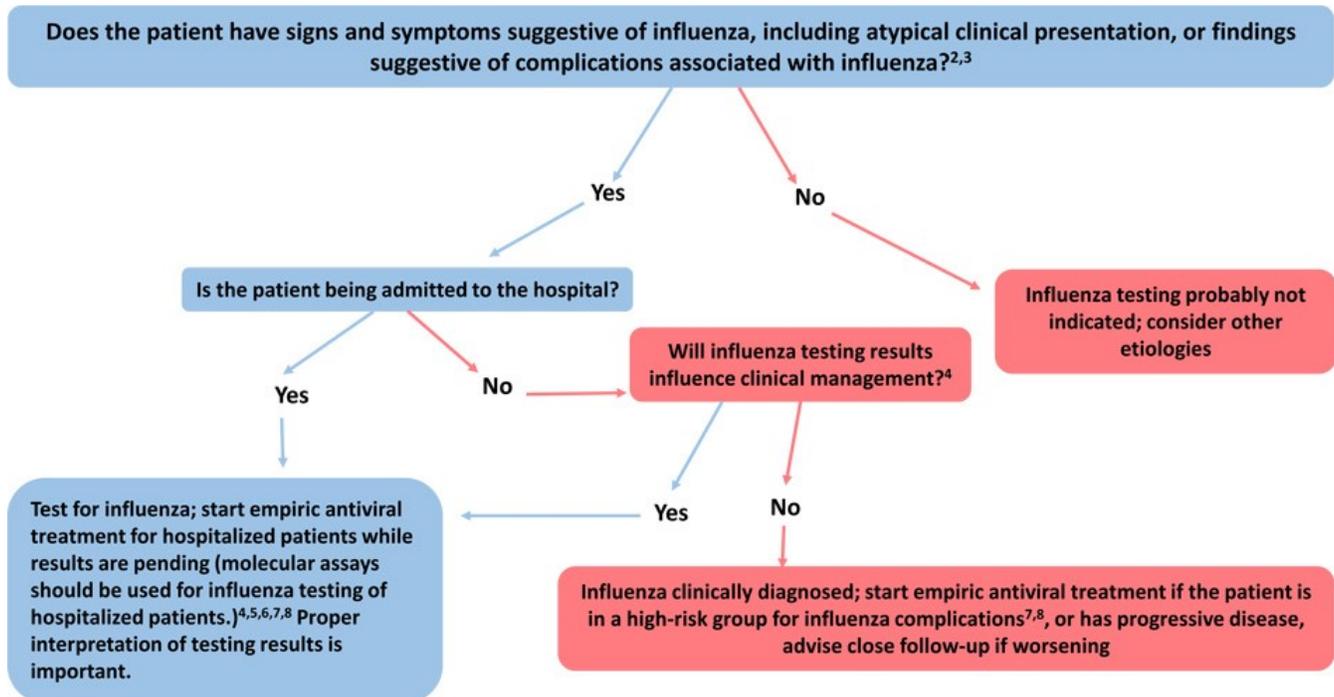
Flu season is approaching! In preparation for the upcoming flu season, CHI St. Vincent is recommending the use of the CDC flu testing algorithm below. During the 2017 flu season, 84% of flu swab tests across the CHI St. Vincent Arkansas market were negative. For a brief period flu swabs were unavailable for those critical patients most in need of testing. As we move into the 2018 flu season, CHI St. Vincent Chief Medical Officer, Dr. Doug Ross, is encouraging hospital and ambulatory providers to use clinical judgment and the included CDC algorithm and criteria to help guide decisions around flu testing and treatment.

The following patients should be tested for influenza:

- ◇ Patients aged <5 yrs or > 65 yrs
- ◇ Patients who appear extremely ill with significant pulmonary symptoms/hypoxia
- ◇ Sickle-cell patient
- ◇ Morbidly obese patients
- ◇ Nursing home residents
- ◇ Co-morbidities including pregnancy, CAD, AHF, Diabetes, COPD or lung disease including asthma, immunocompromised (cancer, HIV, or on steroids or other immunosuppressants), kidney or liver disease
- ◇ Patients clinically severe enough to require hospitalization

## Guide for considering influenza testing when influenza viruses are circulating in the community (regardless of influenza vaccination history)

<https://www.cdc.gov/flu/professionals/diagnosis/consider-influenza-testing.htm>



For questions or comments, please contact David Foster ([dfoster@stvincenthealth.com](mailto:dfoster@stvincenthealth.com)) or Camille Wilson ([crwilson@stvincenthealth.com](mailto:crwilson@stvincenthealth.com)). Additional information available from the CDC at <https://www.cdc.gov/flu/professionals/diagnosis/index.htm>

The Value Connection Newsletter was designed and written by Rachel Longfellow, Market Director of Operations, Arkansas Health Network. Please email her ([rldongfellow@stvincenthealth.com](mailto:rldongfellow@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)