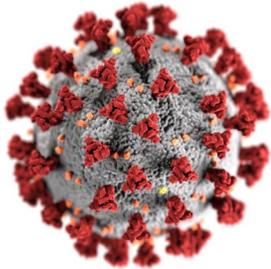


Value Connection

Arkansas Health Network's Newsletter

Spring 2020

COVID-19 Crisis: AHN Lends a Hand



COVID-19 poses an increased risk to the elderly population and those with chronic diseases. AHN currently manages nearly 30,000 Medicare patients through our participation in the Medicare Shared Savings Program (MSSP). With the onset of the COVID-19 pandemic in late March, AHN decided to temporarily focus our care management team on proactively helping our most vulnerable patients.

Utilizing data analytics, AHN identified the top 20% highest risk MSSP patients. All clinical team members (RN Population Health Coaches, RN Transition Coaches, RN Practice Coaches, RN Coordinator Facility Relations, Social Workers and Pharmacist) worked together to reach nearly 6,000 highest risk patients over the phone within six weeks and provided them education so they may stay safe during the COVID-19 pandemic.

Our clinical team members covered the following topics with patients:

- ◆ **Medications** – appropriate supply of Rx, OTC to have on hand, pharmacy delivery options, refills
- ◆ **Food** – appropriate supply, options for home delivery, minimizing exposure if grocery store trips are necessary
- ◆ **Access to community mental health resources, if needed**

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ABCBS Medicare Advantage Contracting

In April, AHN worked on behalf of its provider network to negotiate a value-based component with Arkansas Blue Cross Blue Shield (ABCBS) for its new Medicare Advantage (MA) product. AHN had directed ABCBS to handle all fee-for-service (FFS) negotiations directly with your practices. However, AHN initially received all correspondence and FFS contracts that included a 10% withhold, which was misaligned with its core principles as a Clinically Integrated Network.

After sharing the concerns with ABCBS Medicare Advantage leadership on Friday April 24, ABCBS agreed to remove the 10% withhold from all AHN participants' FFS contracts for this MA product, thereby allowing you to take full advantage of the value-based component negotiated by AHN.

With this change, ABCBS will now deliver a revised contract to your practice that does not include the 10% withhold language. We urge you to carefully review your FFS agreement provided by ABCBS to ensure the withhold language has been removed prior to signing documents.

For questions or comments, please contact Bob Sarkar (bbsarkar@stvincenthealth.com)



COVID-19 Patient Outreach Continued

- ◆ **Doctor's appointments** – how to handle routine appointments, how to handle sick visits, what to expect when seeking care, utilizing virtual visits
- ◆ **Protection against scammers** – educating patients about scammers who were attempting to cheat the most vulnerable via phone, email, texts, and home visits
- ◆ **Other COVID-19 related questions and concerns** – screening, testing, self-quarantine, etc.

How did patients respond to AHN's outreach?

The feedback from patients was extremely positive. They were appreciative of the calls and the information provided. Many expressed comfort in knowing the AHN team checked on them to ensure they were prepared for COVID-19. In several instances, the AHN team was able to intervene early to positively impact a patient through this critical outreach.

Patient Story #1 - The AHN RN was working with a patient's spouse who was feeling ill and refused to call their PCP. After speaking with AHN's team member, the spouse changed their mind and called to notify the PCP of their current symptoms.

Patient Story #2 - An AHN team member assisted a high risk patient with setting up prescription delivery services with their pharmacy to avoid potential exposure from in-person pharmacy visits.

AHN is now actively working with patients to re-connect them with network providers and resolve open gaps in care and overdue preventative health screenings that arose during the COVID-related lockdown.

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

CMO Note: How our Providers are Responding to COVID-19

Providers in AHN have risen to the challenge of caring for their patients during COVID-19 pandemic. Many practices have changed how they care for their patients to ensure continuity of care without exposing them to COVID-19, to ensure safety of their coworkers, and to conserve resources for sick patients.

To achieve these goals, below are common changes that some AHN providers made at their practices:

- ◆ Routine and preventive care visits (e.g., annual wellness visits, screenings, etc.) were rescheduled to a later date until new patient safety procedures were in place
- ◆ Virtual visits (Telemedicine using audio only or audio-video platforms) are now used to provide care. CMS and commercial payors have waived multiple regulatory requirements to make it easier for the providers to offer telemedicine. Some useful tools for practices are available at www.CommonSpiritVirtualCare.org
- ◆ For patients who need to see a provider in person (e.g., to undergo a physical exam or testing), patients are asked to stay in their cars after arriving at the practice. Patients are then brought into the office, one at a time, sometimes bypassing the waiting room, to minimize exposure to other patients. The number of attendants accompanying the patients are often limited as well
- ◆ Drive-thru services are offered, as appropriate, at some offices (e.g., for blood pressure checks, blood draws, throat swabs, etc.)
- ◆ Upgraded and more frequent sanitization of all spaces and equipment

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PHARMACY CORNER

COVID-19 Treatment—Frequently Asked Questions

Q What antiviral drugs are available for treatment of COVID-19?

A The U.S. Food and Drug Administration (FDA) has approved the use of Remdesivir for treatment of patients with severe COVID-19 disease (details at www.fda.gov/media/137566/download) . Several other treatments are also under investigation. These include Lopinavir/Ritonavir, Interferon beta-1a, Hydroxychloroquine, Chloroquine, and several other antivirals, immunotherapeutic, host-directed therapies, and plasma transfusion from recovered patients (details at clinicaltrials.gov).

Q Do patients with suspected COVID-19 need to be placed on empiric antibiotics?

A The decision to use empiric antibiotics for COVID-19 patients should be based on the possibility of concomitant bacterial pneumonia, illness severity, and antimicrobial stewardship concerns. The CDC recommends using guideline of the American Thoracic Society and Infectious Diseases Society of America: Diagnosis and Treatment of Adults with Community-acquired Pneumonia to determine if empiric antibiotics are necessary.

Q Should Angiotensin Converting Enzyme inhibitors (ACE-I) or Angiotensin Receptor Blockers (ARB) be stopped in patients with COVID-19?

A There are no data to suggest a link between ACE-I or ARBs and worsening COVID-19 outcomes. The American Heart Association , the Heart Failure Society of America , and the American College of Cardiology recommend continuation of these drugs for patients who receive them for heart failure, hypertension, or ischemic heart disease.

Q Do Nonsteroidal anti-inflammatory drugs (NSAIDs) worsen the outcome of patients with COVID-19?

A At this time, there is no evidence of any adverse impact of NSAIDs (e.g., ibuprofen, naproxen) on patients with COVID-19.

References: www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html, www.cdc.gov/coronavirus/2019-ncov/hcp/therapeutic-options.html, www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html#Medications

For questions or comments, please contact Shahid Shafi, MD (sshafi@stvincenthealth.com)

Network Update - Shared Savings Distributions

In October, AHN shared it's success in earning \$7.9M in total shared savings in 2017 and 2018. The AHN Board of Managers voted to distribute a total of \$1M of those earnings to the 537 eligible providers for their contributions to the 2018 Medicare Shared Savings Program and 2017 QualChoice Advantage contract. These distributions were calculated using three criteria: Participation, Volume, and Value (i.e. Quality). Since the majority of these savings were generated in primary care settings, 70% of the distributions were allocated to primary care providers. In late March, checks were mailed directly to practices, who will manage payments to individual providers. AHN is currently working on a mobile app which will allow providers to securely log in and view all individual providers contributions.

For questions or comments, please contact Shahid Shafi, MD (sshafi@stvincenthealth.com)

CMO Note - How our Providers are Responding to COVID-19 (Continued)

- ◆ Prescription refills are offered over the phone, waiving the requirements for office visit
- ◆ Extensive use of personal protective equipment by clinic staff, even when patients are not exhibiting signs of COVID-19
- ◆ Screening of clinic staff to ensure they have not been exposed to COVID-19



Practice Spotlight: CHI St. Vincent Medical Group

CHI St. Vincent Medical Group has adopted many of these COVID-19 related changes. They have expanded their ability to perform virtual visits at many of their clinics using various platforms. They also established a hotline number for COVID-19 screenings at (501) 552-0876. COVID-19 tests are being administered at three clinic locations, CHI St. Vincent Primary Care - Sherwood, CHI St. Vincent Convenient Care - Hot Springs, and CHI St. Vincent Little Rock Diagnostic Clinic (LRDC). Two of these locations offer drive-thru testing. In addition, LRDC is set up as an acute ambulatory clinic for more detailed assessments of patients suspected of having COVID-19.

We are thankful to all the providers in our network who remain committed to providing the highest quality care to our patients during this pandemic.

For questions or comments, please contact Shahid Shafi, MD (sshafi@stvincenthealth.com)

New Network Participant Additions

Arkansas Health Network welcomes the following practices to its roster of participants. All new participants are reviewed and approved by the AHN Board of Managers.

- ◆ Abraham Breast Clinic
Breast Surgery, Little Rock, (501) 492-2600
- ◆ Arkansas Central Primary Care
(Jacksonville Medical Care & Cabot Medical Care)
Family Medicine, Jacksonville & Cabot, (501) 985-5900, (501) 843-4555
- ◆ Arkansas Family Medicine
Family Medicine, Little Rock, (501) 725-7919
- ◆ Bray Family Medicine, LLC
Family Medicine, Arkadelphia, (870) 464-1515
- ◆ Hospital Medicine, LLC
Internal Medicine, Little Rock
- ◆ James W. Chambliss, MD
Family Medicine, Magnolia, (870) 234-3802
- ◆ Ked L. Davis, MD
Family Medicine, Magnolia, (870) 234-3802
- ◆ Magnolia Regional Medical Center
Acute Care Hospital, Magnolia, (870) 235-3000
- ◆ Medical Hearing Associates of Arkansas
Audiology, Little Rock, (501) 490-9191
- ◆ Prime Endocrinology, LLC
Endocrinology, Little Rock, (501) 455-7009
- ◆ Prime Medical Group (formerly Dermatology Group of Arkansas and Pinnacle Dermatology)
Dermatology, 6 locations, <https://www.pinnacledermar.com/>, <https://dermgroupar.com/>
- ◆ Snell Prosthetics & Orthotics
Prosthetics (DME), 10 locations, <https://www.snellarkansas.com/>
- ◆ Tilley Diagnostic Clinic, PA
Internal Medicine/Family Medicine, Malvern, (501) 337-5678
- ◆ WLRPT, Inc./Innovative Spine Rehab
Physical Therapy, Little Rock, (501) 221-6009

For questions or comments, please contact: Tiffani Butler (tbutler@stvincenthealth.com)

The Value Connection Newsletter is designed and written by Rachel Longfellow, Market Director of Operations, Arkansas Health Network. Please email her (rdlongfellow@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 or call 501-552-8400.