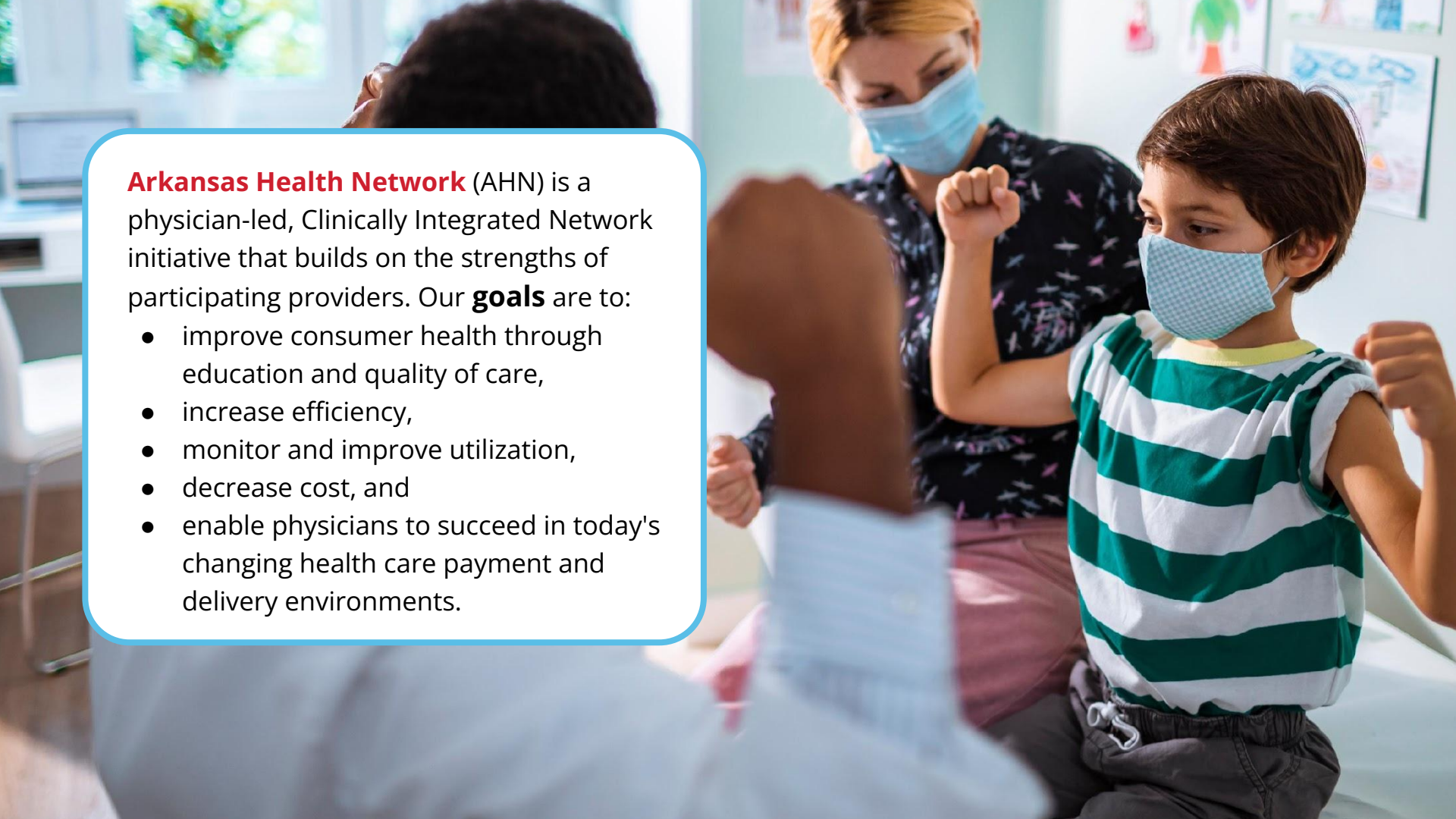




# AHN Provider Training

2024





**Arkansas Health Network** (AHN) is a physician-led, Clinically Integrated Network initiative that builds on the strengths of participating providers. Our **goals** are to:

- improve consumer health through education and quality of care,
- increase efficiency,
- monitor and improve utilization,
- decrease cost, and
- enable physicians to succeed in today's changing health care payment and delivery environments.

# AHN by the Numbers

# 138K+

VALUE-BASED PATIENT LIVES CURRENTLY MANAGED\*

*Data derived from P2 Tool of CommonSpirit Health*

# 3,700+

PARTICIPATING PROVIDERS ACROSS ARKANSAS

- 76% Independent / 24% Employed
- 24% Primary Care / 76% Specialist

# \$63M+

IN TOTAL SAVINGS SINCE 2014

*For all VBA contracts*

# What is a Clinically Integrated Network?

## Typical Healthcare Experience



*Treating illness* → *Preventing illness*  
*Fragmented care* → *Coordinated care*  
*'Do-It-Yourself' care* → *RN Health Coaches*  
*Payor-led* → *Physician-led*

## Clinically Integrated Network



# The Value of a CIN to Stakeholders

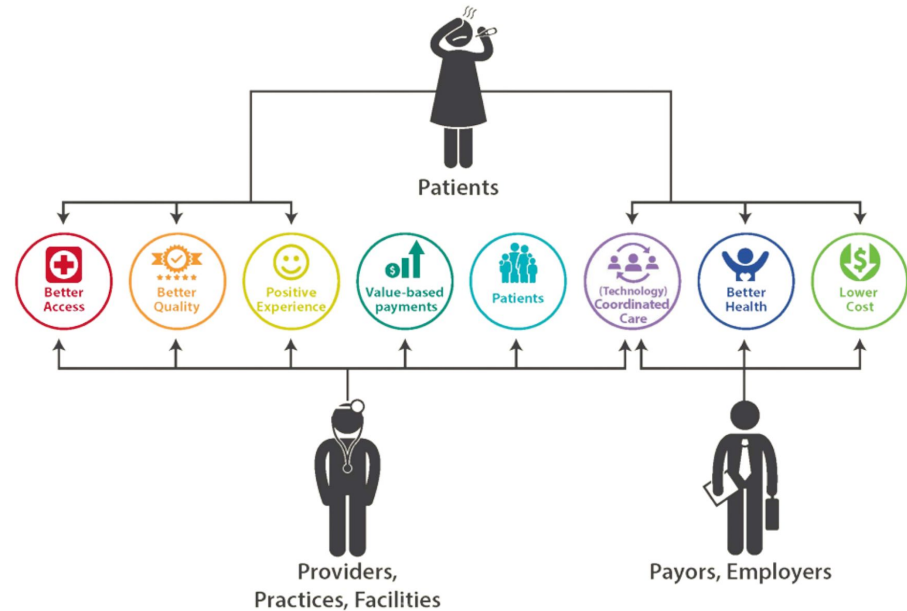
We work with healthcare providers, payers and patients/employers to achieve the Quadruple Aim:

**Better Health**

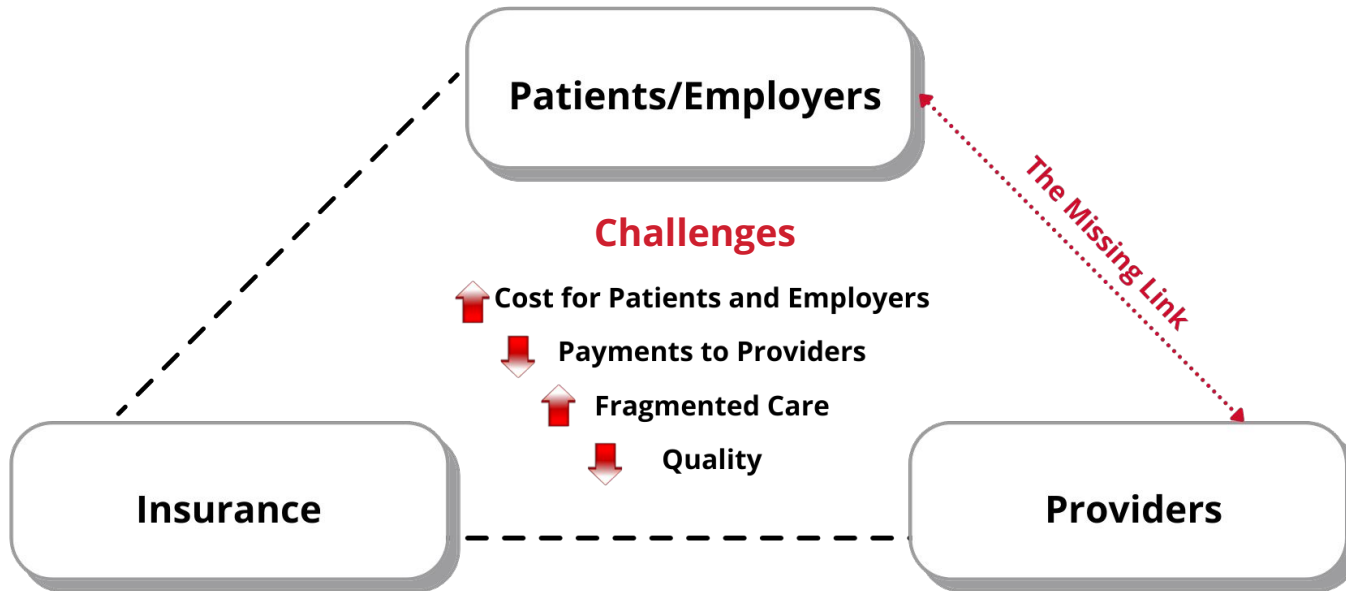
**Decreased Cost**

**Improved Patient and Provider Experience**

## Benefits of a Clinically Integrated Network

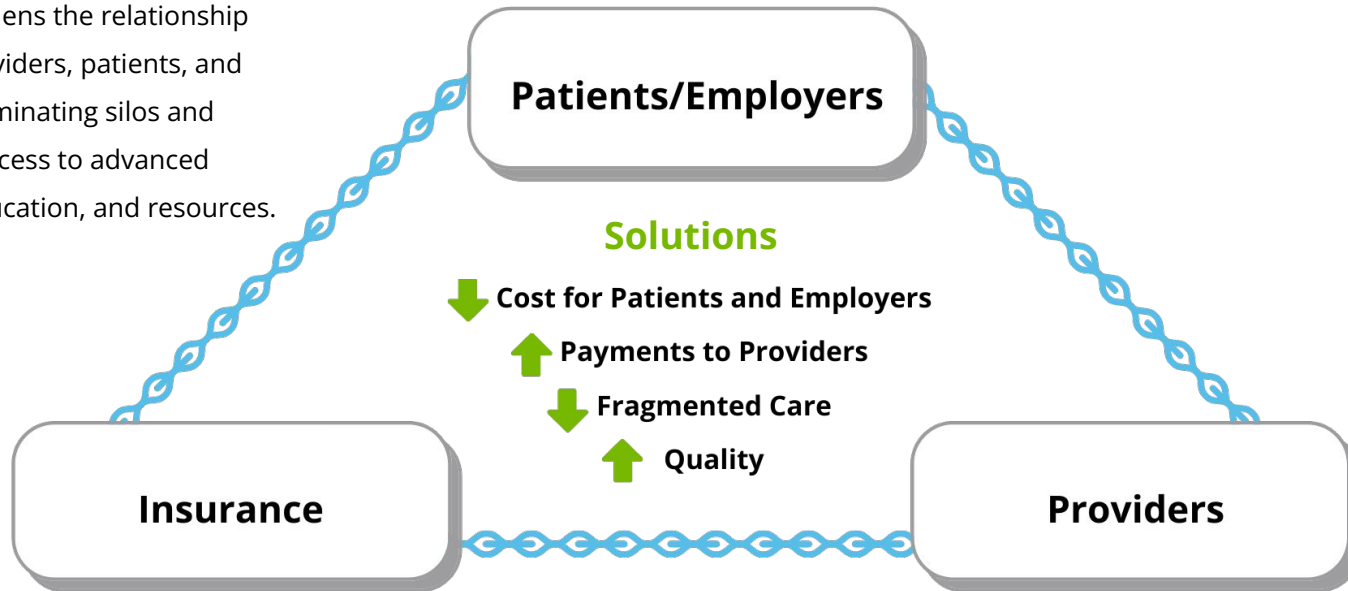


# Why Do We Need A CIN?



# Why Do We Need A CIN?

AHN strengthens the relationship between providers, patients, and payers by eliminating silos and enhancing access to advanced analytics, education, and resources.



# Compliance Requirements

## Providers

- Abide by Common Spirit's [Values in Action Policy and Reference Guide](#)
  - Download the document and refer to page 9 for more information
- Attest that updated **provider training** is reviewed upon practice onboarding and delivered every four years
- We will communicate to providers through the AHN newsletter and website
- Compliance policies and updates will be shared annually with providers



# Compliance Requirements

## Provider Credentials

- Current license and/or certification in Arkansas
- Board certification (if applicable)
- DEA certification
- Clinical privileges at a CIN affiliated hospitals or be credentialed by a CIN payer
- Participant in Medicare, Medicaid, and/or other private payers
- Professional liability coverage
- Sign Participating Provider Agreement and remain in compliance with AHN's standards including the provisions of the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health (HITECH) Act. See Privacy Standard A-1003S on the AHN website

# Participation Requirements

## IT Capabilities

- High speed internet access
- Confidentiality provisions with HITECH and HIPAA
- Certified Meaningful Use Stage 2 Electronic Health Record system
- Actively use an email account
- Use of CPT Category II, ICD-10 coding or its successor
- Participate in information system training by the CIN (Innovaccer)
- Provide access to electronic claims data and quality performance data
- Offer telehealth visit and services to patients

# Participation Requirements

## Other

- Maintain records, including patient medical records
- Follow and implement AHN's Evidence-Based Medicine Guidelines
- Attest that patient experience information is collected and reviewed for clinical process improvement and an understanding of the AHN Patient Experience Strategy
- Agree to participate in clinical quality, efficiency, and cost effectiveness initiatives of the CIN
- Participate in communication related to care coordination and transition plans with AHN staff
- Meet AHN training standards
- Communicate with AHN through email, website, and roster updates

# Consumer Safety Mechanisms

- AHN directs clinically integrated providers to have processes in place to respond to situations that pose an immediate threat to the health and safety of its patients
- Policies and processes include the following:
  - Standards for **safe transitions of care** between settings and providers
  - Refer to the [National Transitions of Care Coalition \(NTOCC\) 7- Essential Elements](#)
  - AHN providers will follow state and federal reporting and transitions of care requirements
- The ability to **direct consumers to urgent and emergent services** during and after business hours of operations
  - AHN providers will attest that there is a process in place to provide access to care for patients with urgent issues that occur outside normal office hours that need to be addressed immediately
  - After hours, at a minimum, the clinically integrated providers' Interactive Voice Response (IVR) or voicemail indicates that if the consumer is having an emergency, they should dial 911
- A process for dealing with **consumers for possible harm to oneself, harm to others, and clinical distress** (see sample process on next slide)
- Identification and appropriate **reporting of abuse**, actual or potential violence, or gross negligence as required by law
  - Suspected cases of physical, mental, and/or financial abuse or assault are reported to appropriate agencies for children, elderly and domestic abuse
- Failure to maintain consumer safety mechanisms by clinically integrated providers may be considered a **violation of conditions of participation in the network and may be grounds for de-selection of providers**

# Distressed Caller Sample Process

- Sample process for dealing with consumers for possible harm to oneself, harm to others and clinical distress:
  - Staff who might have contact on the phone with a distressed consumer (defined as one who threatens harm to oneself or others or is in clinical distress [i.e., an allergic reaction or a heart attack]) will be trained on how handle these calls
  - Staff will not place the person on hold and will speak calmly to the distressed consumer
  - The staff member in receipt of the distressed consumer call signals to a colleague to dial 911 immediately
  - The staff member remains on the line until 911 emergency services arrive

# Provider Participation in Care Management

- Data is reviewed annually regarding access to care and availability of providers in a geographic area to determine the need for additional providers to the network
- The provider is responsible to provide telehealth and technology services
- These standards are intended to ensure that enrollees can access care with a network provider within a reasonable distance from their residence. Targets include:
  - Primary care: 60 miles
  - Specialists: 100 miles
- Availability data reviewed may include waiting times for appointments based on urgency. Targets include:
  - Same day: day of the call
  - Urgent: within 48 hours
  - Routine: within 4 weeks
  - Physical: within 60 days

# Provider Participation in Care Management

- The Arkansas Health Network's Care Management team prioritizes self-management of chronic conditions, strong relationships between patients and their primary care providers, and seeking care in ambulatory settings as much as clinically possible
- Risk stratification through data analytics identifies disease focused, high-risk, high-cost clients for care management
- Provider patient referrals and patient self-referrals are encouraged
- Members of the team provide proactive care management to at-risk populations to maintain health and minimize illness. Members of the team include:
  - RN Population Health Coaches
  - Social Workers
  - Pharmacist

# The Value of innovaccer for Your Practice

- The platform offers a view of quality, cost, utilization and health metrics for patients across multiple AHN Contracts (i.e. Medicare Shared Savings Program (MSSP), Direct to Employer (DTE), Medicare Advantage). This overcomes their challenge dealing with lots of distinct reports from diverse payers.
- AHN aggregates both clinical and claims data in one setting. This means providers can see more real-time clinical data (including lab results) across the care continuum in the platform as well as the adjudicated claims data which is effective for cost and utilization detail. Typically, a practice would just have visibility to data within their own EMR.



# innovaccer Training

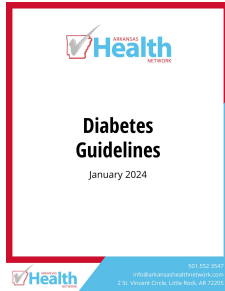
- AHN will provide training regarding the data analytics platform Innovaccer with the following process:
  - Role-Based Training - Training content and length adjusted based upon roles (ranges from 30-90 minutes):
    - **Practice Administrator** - Most comprehensive, both provider and practice level access; key quality and utilization dashboards
    - **Quality Coordinator** - Focused on quality and utilization improvement dashboards, both provider and practice level access
    - **Provider** - Least comprehensive; focused individual providers' dashboards
  - In-person training sessions completed within each AHN chapter (Little Rock, Hot Springs, Conway)
    - Flexible sessions will be provided (based on provider availability)
    - Distinct training sessions per role
  - We track attendance for each training session

# Request Access to Innovaccer Dashboard

You can request access to the Innovaccer platform for your practice staff.

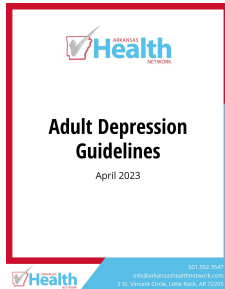
Please click on the link below to complete the request form [here](#).

# Evidence-Based Medicine Guidelines



- [Diabetes Mellitus II Guideline](#) – approved by AHN Clinical Care Committee and updated annually using Standards of Medical Care in Diabetes by ADA

- [Hypertension Guideline](#) – approved by AHN Clinical Care Committee and updated as needed with ACC/AHA guideline



- [Adult Depression Guideline](#) – approved by AHN Clinical Care Committee and updated as using the CCNC Toolkit

- All EBM guidelines and supporting documentation can be found on the [AHN website](#)

# Quality Measures

- The Clinical Care Committee reviews and approves the Quality Measures for various contracts annually
- Quality measures are posted on the [AHN website](#)
- Provider/practice quality measure scorecards generated by the data analytics platform are distributed to practices by AHN RN Practice Coaches.
- Manual audits of selected quality measures are completed for providers whose EMRs are not captured in the data analytics platform

# Patient Experience Strategy

- We expect that providers (and not AHN) take full responsibility for the patient experience process to include performing surveys, collecting data, analyzing data and improving processes to enhance the patient experience.
- This patient experience data may include information related, but not limited to:
  - Ease of scheduling appointments
  - Availability of information
  - Communication with providers
  - Responsiveness of providers/staff
  - Coordination of care providers
- The provider understands that AHN may request data related to patient experience and process improvement as part of the overall AHN Quality Program.
- The provider attests that a patient experience process (as outlined above) is in place and that he/she understands the AHN Patient Experience Strategy.

# Network Fidelity

- Network Fidelity reports are shared with providers who participate in multiple AHN contracts including Medicare Shared Savings Program (MSSP) ACO
  - Payors' claims data is used for these reports
- Network Fidelity provider meetings are held with the goals to:
  - Maximize use of “in-network” providers
  - Improve access and experience for patients and their providers
  - Achieve quality and cost improvements in patient care
  - Increase and sustain successes in our value-based arrangements
- Talking points for in-network patient referrals are available on [our website](#)
- Participating providers and facilities are listed on [our website](#)

# Thank you!

You have 1 last step to complete the  
2024 AHN Provider Training.

Click the button below to sign  
the attestation form.

**Complete the  
attestation form**