

# KC PA Newsletter

Informed Care. Better Health. Lower Cost.

8/2015

Issue 8

## Notes from the CEO

### PCMH, Clinical Integration and ACO: What's the Difference?

KCMPA is leading a transformation from fee for service to value based payment. We use terms regularly that can be unfamiliar to others.

**Patient Centered Medical Home** is a redesigned approach to *primary care* that views a strengthened, long-term relationship between patient and primary care team as central to better care. Six fundamental elements:

- A care team that extends beyond the primary care physician (PCP)
- Disease registry utilization
- Comprehensive care delivery that involves preventive care and chronic disease management
- Active patient engagement
- Improved patient access
- Cross-continuum care coordination

**Patient Centered Specialty Practice** is a redesigned approach to *specialty care* that views coordinating and sharing information among primary care clinicians and specialists as better care. It requires clinicians to organize care around patients—across all clinicians seen by a patient—and to include patients and their families or other caregivers in planning care and as partners in managing conditions. Goals of PSCP:

- 1) to improve quality
- 2) reduce waste and poor patient experiences that result from poorly coordinated care

**Clinical Integration** is defined by federal regulators as “an **active and ongoing** program to evaluate and modify the clinical practice patterns of the physician participants so as to create a high degree of **interdependence** and **collaboration** among the physicians to **control cost** and **ensure quality**.”

-FTC/DOJ Statements of Antitrust Enforcement Policy in Health Care, #8.B.1 (1996)

Clinical Integration in Practice is a network of otherwise independent physicians who collectively commit to quality and cost improvement. To support these efforts, physicians in the CI network may—under a "safe harbor" from antitrust law—negotiate collectively for commercial payer contracts, with joint

## Upcoming Meetings

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### Care Team Consortium

Friday, August 28<sup>th</sup> at 8:00 AM at Northland Family Care.

### IT Committee

**Meeting** – Tuesday, September 1<sup>st</sup> at 9:00 AM by conference call.

### KCMPA and KCMHA ACO Board of Directors Meetings

Thursday, September 3<sup>rd</sup> at 6:30 PM, location to be determined.

### KCMPA Webinar

**Series**– Topic: Consulting Project Update. Tuesday, September 15<sup>th</sup>, 12:00-1:00. [Register here!](#)

### Quality Improvement Committee Meeting –

Thursday, September 17<sup>th</sup> at 5:30 PM by conference call.

Click [here](#) for a list of 2015 meetings

contracting seen as "reasonably necessary" to support investment (of both time and resources) in performance improvement and ensure cross-referrals among participating providers.

What is a Clinically Integrated Network (CIN)?

- generally multispecialty
- A set of clinical and administrative metrics defining the network's performance improvement goals
- Membership selectively limited to those physicians able to advance those goals
- A system to monitor physician performance against those goals
- A physician-led governance structure to oversee program operations, supported by administrative staff
- An IT infrastructure to identify improvement opportunities and facilitate exchange of patient information between participants
- Performance-based payment incentives to motivate physician achievement of goals
- Joint contracting with commercial payers/employers for physician services

An **Accountable Care Organization (ACO)** is a group of providers—physicians, hospitals, post-acute providers, and others—who are collectively responsible for the care outcomes of a patient population. ACOs enter into contracts that reward them for improving quality and lowering total costs for patients over time. CMS maintains a specific definition and rules for ACOs participating in its

Different Models, Similar Goals

- ACO/PCMH relationship is highly dependent, very hard to successfully execute on population management without implementing the type of care management and coordination that medical homes support.
- CI can serve as the physician platform for building an ACO, providing the legal framework needed to align a large group of independent physicians around goals for standardization, coordination, efficiency, etc.

Medicare Shared Savings Program (MSSP). KCMIPA-ACO participates in the MSSP.

What Makes an ACO?

- An aligned physician network, with physicians integrated either through CI or extensive employment
- An IT infrastructure that facilitates exchange of patient information and identification of care improvement opportunities
- An optimal capacity strategy, including a streamlined acute care enterprise and a comprehensive ambulatory network
- Transformed clinical operations, including standardized care pathways, emphasis on primary care, smooth care transitions, and patient activation
- Partnerships with payers willing to collectively reward all participants for better population management (e.g., payment bundles, shared-savings, global risk)

Putting it All Together

- PCMH and PCSP focuses on care improvement for primary care and specialty services respectively;
- CI focuses on care improvement for physician practices across specialty types – it links the two;
- ACO focuses on care improvement for an entire patient population, across the continuum

KCMIPA has components of all of them

- Built on foundation of PCMH
- Seeking to build out with PCSPs
- Infrastructure to support CI
- Medicare ACO and group Medicare Advantage contracts
- Seeking other ACO-type contracts

### Local Clinical Integration Activity

Many health care entities have started talking about clinical integration beyond their employed physicians.

- Children's Mercy
- Shawnee Mission
- North Kansas City
- KU
- Mosaic
- Prime

### KCMPA Operational Capabilities

- Clinical Integration Strategy
- Data Aggregation from Multiple EHRs
- Data Reporting (GPRO/PQRS)
- Health Information Exchange (HIE)
- Patient Registry
- Patient Centered Medical Home Support
- Practice Transformation/Redesign
- Claims/Utilization Analysis
- Care Coordination
- Care Management
- Dietitian
- Certified Diabetes Educator
- Clinical Pharmacists

### Membership dues

The Finance Committee met prior to the August board meeting for its regularly scheduled quarterly meeting. The Committee discussed KCMPA and KCMPA-ACO's financial positions. The Advance Payment funds that have funded KCMPA-ACO's operations since early 2013 are depleted. Without immediate action, KCMPA and KCMPA-ACO will not be able to meet its obligations. John Amick, MD, Finance Committee Chair, recommended on behalf of the Committee the following actions:

- 1) Transfer \$35,000 from KCMPA to KCMPA-ACO to cover operating expenses through September 1, 2015
- 2) Implement a membership fee of \$100 per month per physician in the KCMPA primary care and specialty physician membership categories and \$50 per month for allied professionals in KCMPA's allied member category.

A full discussion of the recommendations occurred at the board meeting, and both were approved.

Practices may pay dues annually, bi-annually or monthly. For monthly and bi-annual payments, a credit card will be set up for recurring automatic payments. Dues will be assessed until such time as other revenue is routinely received to cover operational expenses.

KCMPA will send a letter and invoice to all member practices within the next month. If you have questions, please contact Jill Watson or bring them to the next board meeting.

## Patient-Centered Medical Home Tips

### Lab and Imaging Tracking

- Ineffective management of laboratory and imaging test results can result in less than optimal care and may compromise patient safety.
- In the Patient Centered Medical Home the practice tracks lab and imaging tests from the time they are ordered until results are available, and flags tests results that have not been made available.
- The flag may be an icon that automatically appears in the electronic system or a manual tracking system with a timely surveillance process.
- The practice follows up with the lab or diagnostic center to determine why results are overdue.

2014 Standards and Guidelines for NCQA's Patient-Centered Medical Home – Standard 5 Element A Factor 1 & 2

Please visit our [website](#) and connect with us on social media!



## Referral Resources

Did you know there is a complete listing of [KCMPA practices](#) on our website? Please use this resource for referrals and inform your staff as well! Let's continue to support KCMPA practices!

## Resources at your Fingertips

Please utilize the resources available to your clinic.

- [Community Resource Guide](#)
- [TRIA Medication Management](#)
- [Referral Guide to KCMPA Practices](#)
- Dietician and Certified Diabetic Educator-contact [Melissa Leslie](#).
- PCMH Facilitation and Renewal assistance – contact [Cindy Campbell](#).
- Smoking Cessation Materials Request– contact [Kerri Craven](#).

## Innovations at the Clinic

### Choosing Wisely at the Clinic

Waste and overuse are widespread in American medicine, with severe effects on both the quality of care (up to 30,000 deaths annually result from overuse) and costs to the health care system. To highlight and address this problem, the ABIM Foundation, in partnership with over 70 medical specialty societies and Consumer Reports, operates the Choosing Wisely® campaign. As part of Choosing Wisely, each participating specialty society created lists of tests or treatments that they say are overused in their field, with the ultimate aim of promoting physician-patient conversations about avoiding unnecessary care (<http://www.choosingwisely.org/wp-content/uploads/2014/10/Choosing-Wisely-Grant-Report.pdf>).

A 2014 study showed that only 1 in every 5 providers are aware of Choosing Wisely.

Choosing Wisely will:

- Guide providers to the most current medical professional society recommendations
- Enhance building physician knowledge and skills in the area of stewardship and responsible management of resources
- Create community collaborations
- Foster attitudinal and cultural change
- Change practice and move toward implementation of interventions aimed at reducing unnecessary care

<http://www.choosingwisely.org/>

<http://www.choosingwisely.org/wp-content/uploads/2015/01/Choosing-Wisely-Recommendations.pdf>