

KC PA Newsletter

Informed Care. Better Health. Lower Cost.

4/2016

Issue 4

Notes from the CEO

KCMPA Pursuing APM and Medicare Payment Enhancements

You formed KCMPA to help yourselves, as independent practices, adapt and evolve to new payment mechanisms without having to sell your practices. You want to remain independent. KCMPA was the first in the Kansas City area to dip our toes into the Medicare Shared Savings Program by becoming an ACO in 2013. We have learned a lot through the Medicare ACO experience about what value based payment arrangements will work for KCMPA providers. We've pushed for the first commercial orthopedic bundle which is now well under development with Blue KC. We've pursued alliances that make sense to improve care transitions, reduce unnecessary expense, and position KCMPA to accept risk contracts.

Helping our members adapt and evolve to allow you to thrive into the future remains KCMPA's primary goal. Given the Medicare payment reforms that are coming with MIPS and APMs, KCMPA leadership believes KCMPA should become an APM – Alternative Payment Model. That will put you, our members, in the best position to receive Medicare's 5% lump sum incentive payment in 2019 and avoid the individual reporting requirements of MIPS – Merit-based Incentive Programs.

At this time, some Medicare ACOs will be considered APMs, but not the upside-only track that KCMPA is in. The National Association of Accountable Care Organizations (NAACOS) is lobbying to have Track 1 ACOs included as APMs, but KCMPA won't wait on the hope of their success. In order to become an APM, KCMPA will need to transition to a track that accepts downside risk. It will be our goal to do that by the end of 2018. KCMPA's specialty practice should all plan to join KCMPA-ACO by the end of 2018.

The Clinically Integrated Network we are pursuing with three of the top five hospitals that see our current ACO patients is key to our APM strategy. These facilities share patients with your practices already. Their revenue is already dependent to some level on a positive relationship with your practices. They are motivated to align with you through KCMPA. They also have the money to accept downside risk that can be well managed. They understand what KCMPA wants for our independent practices and we have their support – in writing. Being clinically integrated with these hospitals accomplishes a lot of goals:

- It allows independent groups to be better connected to the facilities where your patients receive inpatient care, and remain autonomous
- It will improve care transitions and allow you to know more reliably when your patients are admitted and discharged.
- It increases our ability to reduce inpatient costs and the likelihood that we could achieve shared savings since the hospitals will be aligned with our cost reduction goals
- It gives KCMPA the ability to consider downside risk to become an APM.

While 2019 is approaching, it's still more than two years away. There is plenty of time to make these changes. **KCMPA is working on this every day.** No one is working harder on this for you than we are. You are right where you need to be. **Please don't panic or be pressured to go in another direction.** If you want more assurance about what we are planning and how it could impact your practice, please contact me. Don't wonder or worry in silence. Jill.watson@kcmetrophysicians.com or 816-456-7924.

Upcoming Meetings

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KCMPA & KCMPA ACO Board of Directors Meetings Special Event

Thursday, May 5th at 6:30 PM at Brio Tuscan Grille, 502 Nichols Road, KCMO.

KCMPA Webinar Series

Topic: 2015 Estimated Quality Performance.
Tuesday, May 17th, 12:00-1:00 PM. [Register here!](#)

Quality Improvement Committee Meeting

Thursday, May 19th, at 5:30 PM by conference call.

IT Committee Meeting

Tuesday, May 31st, at 9:00 AM by conference call.

Care Team Consortium

Friday, May 27th at 8:00 AM at Sunflower Heartland

Click [here](#) for a list of 2016 meetings

Closing Care Gaps

Establishing a structured process to make certain all patient health needs are assessed on a routine basis is crucial to a high performing clinical practice. This involves the care team reaching out to patients to see their provider at regularly scheduled intervals rather than waiting for patients to schedule appointments episodically. This is especially important for those patients at higher risk for hospitalization or ER visits due to chronic health needs, however, focusing on the healthy population to stay healthy is just as necessary. Patients with chronic conditions should be seen by their provider at least every 3 months to review their health, medication, and determine overall patient status. For those of the healthy population, annual well visits and immunizations are necessary to maintain wellness and allows for early detection and education of a potential health issue.

You're invited to attend a special dinner event...

An Evening with KCMPA

*Brio Tuscan Grille, 502 Nichols Road, KCMO
Date: May 5th, 2016 6:30 PM CDT*

Join us for dinner, learn about the mission and vision of KCMPA, who we are, and our progress in building a Clinically Integrated Network!

Following, we will welcome Dr. Michael Ogden, Chief Clinical Integration Officer with Cornerstone Health Care, PA who will present on ***Improving the Delivery of Patient-Centered Diabetes Management and Integrated Team-Based Care.***

Please extend this invite to your care team members and colleagues as well! ***Please RSVP for all attendees by April 28th: [An Evening with KCMPA](#)***

This meeting is in lieu of our regularly scheduled May board meeting.

Update on the Zika Virus: On January 15, 2016, the Centers for Disease Control and Prevention (CDC) released a Health Advisory via the Health Alert Network entitled, "Recognizing, Managing, and Reporting Zika Virus Infections in Travelers Returning from Central America, South America, the Caribbean, and Mexico" (CDC HAN-00385). On January 16, 2016, via the Missouri Health Notification System, the Missouri Department of Health and Senior Services (DHSS) forwarded this CDC Health Advisory along with additional reporting and testing information specific to Missouri medical providers and local public health agencies. This notification is available at: <http://www.health.mo.gov/emergencies/ert/alertsadvories/pdf/cdcHAD11616.pdf>

Additional resources:

[Shigella Info for Providers](#)

[Update 4: Zika Virus Infections—New CDC Guidelines](#)

[Update 5: Zika Virus](#)

**Care Team Consortium
April 29th, 2016
8:00 AM-10:00 AM
Northland Family Care**

Topics: Immunization Notification Program and Understanding RAF Scores.

This is an open event to all individuals from health care organizations in the KC area!

Finding Undiagnosed Hypertensive Patients

Million Hearts® has made blood pressure control a national priority to help save lives and improve Americans' cardiovascular health. Approximately 13 million people with uncontrolled hypertension don't know they have it and are not receiving treatment. Million Hearts® has developed tools and resources that your ACO participants and providers/suppliers may find helpful in identifying patients with undiagnosed hypertensive. Invite them to visit the **Million Hearts® "Hiding in Plain Sight" webpage** to view what's available. On this page, you'll find:

- **"Finding Undiagnosed Hypertensive Patients" video:** Viewers will learn four steps health systems and practices can take to find patients with potentially undiagnosed hypertension.
- **Million Hearts® Hypertension Prevalence Estimator Tool:** This tool generates an expected percentage of patients with hypertension based on the specific characteristics of a health system's or practice's patient population. Providers can then compare the expected prevalence to their calculated prevalence. If the values are quite different, there may be patients with undiagnosed hypertension.
- **Partner Toolkit:** Contains social media messages, social cards, and newsletter content.

The Centers for Disease Control and Prevention (CDC) and Centers for Medicare and Medicaid Services (CMS) are co-leaders of Million Hearts® within the U.S. Department of Health and Human Services (DHHS).

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



Don't forget: Connect to our social media sites for up to date information about industry hot topics, innovations, changes and other items of interest!

Resources at your Fingertips

[Community Resource Guide](#)

[TRIA Medication Management](#)

[Referral Guide to KCMPPA Practices](#)

[Low Income Resources](#)

[Simplified Health, LLC](#)

Dietician and Certified Diabetic Educator-[Melissa Leslie](#).

PCMH Facilitation and Renewal assistance – [Cindy Campbell](#).

Smoking Cessation Materials Request– [Kerri Craven](#).

Patient-Centered Medical Home Tips

PCMH vs. NCQA: Does NCQA recognition mean your practice is a Patient Centered Medical Home?

The Patient Centered Medical Home is a care delivery model whereby patient treatment is coordinated through their primary care physician to ensure they receive the necessary care when and where they need it, in a manner they can understand. The objective is to have a centralized setting that facilitates partnerships between individual patients, and their personal physicians, and when appropriate, the patient's family.

To achieve NCQA recognition, a practice must provide documentation for 6 defined standards that represent the medical home. It has been noted in the past that once recognition is achieved, practices have not always engaged in transforming the culture of their practice to a PCMH.

Changing practice culture requires ongoing testing and implementing change processes to become more patient centered in the area of access, team-based care, care coordination, care management, and patient experience. Followed up with a process to measure your performance and ensure the practice quality goals are being met.

NCQA has been working to redesign the renewal process, which will be complete by 2018. The redesign will move from an every 3 year renewal to an engaged annual check in process. The goal is to demonstrate that changes are anchored in the day to day culture, continuing to enhance their patient-centered approach to care.

For more information, please view the [Full Article](#).



PRACTICE SPOTLIGHT: MARCH 2016

CONSULTANTS IN GASTROENTEROLOGY

Practice Specialty:

Consultants in Gastroenterology (CIG) is committed to delivering the highest quality care in the field of gastroenterology, making us the first choice for GI care. CIG is a thirteen physician, two nurse practitioners, and one registered dietician practice of gastroenterologists serving the greater Kansas City area since 1994. In addition to three office locations, two being in the Northland, CIG provides outpatient procedures at our three Endoscopy Center locations, which are all state licensed and AAAHC accredited. CIG also serves three hospitals on a daily basis and provides periodic outreach clinics at a rural hospital.



Consultants in
Gastroenterology®
*Ultrasounds • Endoscopy • Nutrition

Services:

- Screening and Diagnostic Colonoscopy
- Flexible Sigmoidoscopy
- EGD
- ERCP
- EUS (9/16)
- Capsule Studies
- Hemorrhoid Banding
- Infusion
- Halo treatment for Barrett's Esophagus
- Fecal Transplant
- Dietician/Nutrition Counseling
- Disease Management
 - Liver
 - Celiac
 - IBD/Crohn's, Ulcerative Colitis

Schedule an appointment or speak to a nurse at (816) 478-4887

Fax referrals to (816) 478-7222

A special thank you to the KCMPPA practices who are paying monthly dues!

[Adams Physical Therapy](#)

5901 NE 63rd Terrace, Suite 50
Kansas City, MO 64151

[Chiropractic Life Center](#)

Gladstone, MO 64118
816-454-5433

[Clay Platte Family Care](#)

Kansas City, MO 64151
816-842-4440

[Consultants in Gastroenterology](#)

Independence, MO 64055
816-478-4887

Kansas City, MO 64118
816-478-4887

Liberty, MO 64068
816-478-4887

[Cobblestone Family Health](#)

Liberty, MO 64068
816-781-7400

[Drisko, Fee and Parkins](#)

North Kansas City, MO 64116
816-561-3003

Independence, MO 64057
816-303-2400

Kansas City, KS 66109
816-561-3003

[Gates Hospitalists](#)

North Kansas City, MO 64116
816-968-9320

[Imaging for Women](#)

Kansas City, MO 64118
816-268-3309

[Midwest Orthopaedics](#)

Overland Park, KS 66204
913-362-8317

[Modern Physical Therapy](#)

335 NW Barry Road
Kansas City, MO 64155

[Northland Family Care](#)

Kansas City, MO 64158
816-994-8708

[Preferred Physical Therapy](#)

Gladstone, MO
816-413-0900

Kansas City, MO
816-489-4161

Lansing, KS
913-727-2022

Lenexa, KS
913-492-0333

[Priority Care Pediatrics](#)

9405 North Oak Trafficway
Kansas City, MO 64155

1540 NE 96th Street
Liberty, MO 64068

[Summit Family and Sports Medicine](#)

3601 NE Ralph Powell Road
Lee's Summit, MO 64064

[Sunflower Medical Group](#)

Kansas City, KS
913-299-3700

Lenexa, KS
913-299-3700

Mission, KS
913-432-2080

Shawnee Mission, KS
913-722-4240

[United Medical Group](#)

Kansas City, KS 66102
913-287-7800