KCMPA Newsletter

Informed Care. Better Health. Lower Cost. 5/2015 Issue 5

Efficient Scheduling Can Keep Patients Out of the Emergency Room

Keeping patients, especially those with chronic illness, out of the emergency department is critical to lowering healthcare costs. But when patient access to their doctor is limited, the emergency department is the first place they turn for care. Below are tips to improve clinic scheduling processes to help keep patients out of the emergency department:

- Offer same day scheduling.
- Ensure that front desk and scheduling staff is not routinely sending patients to the emergency department at the end of office hours or due to limited scheduling availability for urgent care needs.
- Put guidelines into place so that urgent care needs can easily be scheduled into the day.
- If patients are calling at the end of office hours, establish guidelines where the patient can either be scheduled to come in the next day or be provided a list of area urgent care centers.
- Have a clinic wide "Call First" campaign in which all patients are urged to call their doctor first before going to the emergency department, unless it is a life threatening emergency.
- Teach patients what an actual life threatening emergency is.
- Consider changing the order of your phone messaging – many clinics phone messaging begins with "if this is a life threatening emergency, hang up and dial 911" – moving this statement to later in the message may encourage patients to contact their provider before going to the emergency department.
- Follow up with those patients that are routinely using the emergency department to determine what care needs they have that could keep them better supported, i.e., medications, transportation, food, and community support.

Upcoming Meetings

IT Committee Meeting – Tuesday, June 2nd at 9:00 AM by conference call.

Note the Date Change: KCMPA and KCMPA ACO Board of Directors Meetings Thursday, June 11th at 6:30 PM, location to be determined.

Quality Improvement Committee Meeting – Thursday, June 18th at 5:30 PM by conference call.

Care Team Consortium Friday, May 29th at 8:00 AM at Sunflower Heartland Office.

Click here for a list of 2015 meetings

Welcome to our new Administrative Specialist

Welcome Kerri Craven!

Kerri joins the KCMPA staff as Administrative Specialist and will be taking on IT projects, meeting planning, membership management and communication, and other supportive responsibilities. She has a diverse, relevant background with several membership organizations, and most recently with TransforMED.

Please visit our website for more information or to contact KCMPA.

Follow us on LinkedIn. Subscribe to our Youtube channel.

KanQuit! 1-800-QUIT-NOW (784-8669) KSquit.org

THE Missouri Tobacco QUITLINE 1-800-QUIT-NOW

Innovations at the Clinic

ALR Technology for Management of the Diabetic Patient

- Clay Platte Family Medicine is working with ALR Technologies (ALRT) to improve the health of patients with Type 2 diabetes by increasing their adherence to treatment.
- Health-e-Connect remotely monitors patient blood-glucose levels and alerts physicians when those levels are trending out of established protocols. Patients tend to alter their behavior when they know their levels are being monitored.
- In a clinical trial, Internet-based Blood Glucose Monitoring Systems such as Health-e-Connect were associated with a reduction in average A1c levels from 8.8% to 7.6% over a six-month period.
- Clay Platte Family Medicine Clinic has been participating in a demonstration project of the Health-e-Connect system with diabetes patients in the Kansas City area. Results have matched those of earlier clinical trials.
- Due to effectiveness in lowering A1c levels in some of the most challenging patients with Type 2 diabetes, Clay Platte Family Medicine has decided to use ALRT's Health-e-Connect system for the broader diabetes population.

For more information visit ALRT's website at www.alrt.com

Patient-Centered Medical Home Tips

Can the clinic be a PCMH without having a dedicated Care Manager?

- Risk stratified care management is a cornerstone of the foundation of the patient centered medical home.
- Providing intensive care management for high risk patients is a key element of managing the patient population in the patient centered medical home.
- Being a PCMH requires redesign of the care team, with the care manager playing an integral role in the direct care of the high risk patient.
- Care managers and care coordinators are a role that should be in every Patient Centered Medical Home and practice that is in an Accountable Care Organization. This role should be independent of other roles in the clinic. It is estimated that the Care Manager will become more critical to the primary setting than the practice manager.

For more information on how Care Managers and Care Coordinators are key roles in redesigning health care click here.

Resources at your Fingertips

Please utilize the resources available to your clinic.

- Community Resource Guide
- TRIA Medication Management
- Dietician and Diabetic Educator-contact Melissa Leslie.
- PCMH Facilitation and Renewal assistance – contact Cindy Campbell.

Notes from the CEO

The federal "doc fix" bill called MACRA does much more than repeal the flawed SGR physician payment formula. MACRA also lays out a roadmap for payment changes that will pay physicians more when they are part of alternative payment models (APMs).

Highlights of MACRA

- SGR Repealed
- July 2015 .5% payment increase
- Annual .5% payment increase through 2019
- 0% increase 2020 through 2025
- 2026 and beyond
  - .75% increase for those in APM
  - .25% increase for all others
- In 2019, physicians must choose:
  - Stay in FFS with Merit Based Incentive Payment System (MIPS) Meaningful Use, PQRS, Value Based Modifiers OR
  - Alternative Payment Model (APM)

There is $1 billion set aside for technical assistance for small and solo practices to become ready for the payment transition. I would expect most of that assistance to come through state Quality Improvement Organizations, Primaris and the Kansas Foundation for Medical Care, in our area.

What are Alternative Payment Models – APMs

- Medicare Shared Savings Program
- Projects from CMMI
- PCMH collaborations

Physicians in APMs will receive a 5% lump sum payment each year from 2019 to 2023. Calculate what 5% of Medicare collections would be for your practice to start to determine whether pursuing an APM is something you should do.

KCMPA is a way for your practice to get in an APM. KCMPA's Medicare Shared Savings Program ACO is an APM. It has been – and continues to be – KCMPA's intention to expand beyond adult primary care to specialty care and pediatrics. Whether it is through our ACO or some other mechanism, KCMPA will be analyzing and developing ways for KCMPA physicians to achieve the best payment options going forward. If you've not been at the table in a while, it's time to come back.

I believe primary care and specialists will do best when they work together than by trying to develop arrangements/carve outs/special deals for their practice or specialty alone. Primary care has the prevention and care coordination measures and attribution for total cost of care contracts. Specialists have a tremendous impact on utilization -- inpatient, outpatient, and post-acute care. Together you've got the equation covered. KCMPA is the place to fill out the details and design the arrangements that will work.