



# 2016 Annual Value Report

*A physician-driven, clinically integrated network*

*Improving patient health and increasing efficiency*

*Enabling physicians to succeed in today's changing  
healthcare payment and delivery environment*

# Letter from Leadership

Arkansas Health Network (AHN) is pleased to present the 2016 Value Report. Our results from 2015 demonstrate a continued commitment to furthering the field of population health and delivery high-value care to patients across the state of Arkansas.



**Daniel Felton, MD – Board Chair**

## **AHN By the Numbers:** *As of Dec. 31, 2016*

- 1,320 Providers – 2/3 are Independent
- 53,934 Value-Based Managed Patient “Lives”
- 3 Physician-Led Chapters – Little Rock, Hot Springs, & Conway



**Bob Sarkar – President**

2016 holds the promise of many new opportunities to further refine and develop AHN’s model based on its core principles of physician leadership, evidence-based medicine guidelines, data-driven decision-making, and long-term relationships with patients to improve their health and well-being from medical, social, and mental perspectives. Among these opportunities is the QualChoice Advantage program. AHN’s network will be the narrow network for QualChoice Advantage members also support Care Management activities to improve patient health. Meanwhile, our team continues to advance in its current Track 1 Medicare Shared Savings Program and CHI St. Vincent Employee ACO. Based on AHN’s successes in these programs, we will be progressing to downside risk-taking models within the next 2 years.

The AHN Team has also been thoroughly researching the details and implications of the Medicare Access & CHIP Reauthorization Act (MACRA) Final Rule, which was released in October of 2016. This legislation represents long-term, bipartisan support of fee-for-value programs. AHN’s goal is to be a resource to all providers in the community for education implementation so that they will be successful at avoiding penalties and earning bonuses.

We thank you for your continued interest and look forward to future collaboration together.

Daniel Felton, MD – Board Chair

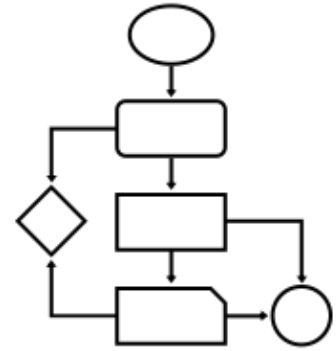
Bob Sarkar – President

# Guidelines to Excellence

## An Update from AHN's Clinical Care Committee

Arkansas Health Network's physician-led Clinical Care Committee is the driver behind network-wide quality and process improvement initiatives. The committee leads this work through several approaches including consistent review of detailed performance metrics, development of action plans, and development of new approaches for care management. Most importantly, the Clinical Care Committee researches and votes upon Evidence-Based Medicine (EBM) guidelines and clinical pathways, with the expectation that eventually all participating provider groups will practice them 100% of the time. Clinically Integrated Networks who successfully implement EBM guidelines in all their participating groups are primed for success in population health management because they reduce variation in care, improve the health of their patients, and ultimately reduce patient healthcare costs across the care spectrum.

In 2016, the Clinical Care Committee established Evidence-Based Medicine guidelines for two large disease groups within AHN's portfolio of value-based patients: **Diabetes** and **Hypertension**. See chart below for more details.



### Diabetes

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Clinical Care Committee Approved Evidence-Based Guidelines:

- 1) **HbA1c Management:** *Based on American Diabetes Association*  
HgbA1c less than 7% for Type II Diabetes Mellitus
  - Perform A1C test at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
  - Perform the A1C test quarterly in patients whose therapy has changed or who are not meeting glycemic goals
  
- 2) **LDL/Statin Therapy:** *Based on American Diabetes Association and AHRQ*  
Assess statin therapy for LDL > 70 (patients 40-75 years old with Type II Diabetes Mellitus)
  - "High-intensity" statin therapy (lowers LDL cholesterol by ≥ 50%) or "moderate-intensity" statin therapy (lower LDL cholesterol by 30% to < 50%)
  - Intensity based upon age and ASCVD risk factors (e.g. cholesterol, high blood pressure, smoking, overweight/obesity, family history)
  
- 3) **Diabetic Foot Exam:** *Based on American Diabetes Association*  
Diabetic foot exam every 12 months
  - All patients should be assessed for diabetic peripheral neuropathy starting at diagnosis of type 2 diabetes and 5 years after the diagnosis of type 1 diabetes and at least annually thereafter.
  - Assessment should include a careful history and 10-g monofilament testing and at least one of the following tests: pinprick, temperature, or vibration sensation.
  
- 4) **Diabetic Eye Exam:** *Based on American Diabetes Association*  
Dilated eye exam upon initial diagnosis, if negative for retinopathy patient may be screened every two years.

## Hypertension

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Clinical Care Committee Approved Evidence-Based Guidelines:

- 1) **Blood Pressure Management:** *Based on Center for Disease Control & Prevention*  
Blood Pressure Goal – Systolic <140, Diastolic <90
  - Stage 1 Hypertension: 140 < Systolic < 159 or 90 < Diastolic < 99
  - Stage 2 Hypertension: Systolic > 160 or Diastolic > 100

2017 will be focused on network-wide education on both EBM guidelines. In addition, AHN is investing in the hiring of Practice Coaches, whose role will be focused on assisting clinics as they hardwire the guidelines and pathways.

### Clinical Care Committee Leadership



Chair: Randy Hill, MD  
Chief Medical Officer  
Arkansas Health Network



Co-Chair: Camille Wilson  
Director, Population Health Management  
Arkansas Health Network

### Clinical Care Committee Members

Tom Cummins, MD  
David Foster, MD  
Harold Hedges, MD  
Nidhi Jain, MD  
Ann Layton, MD  
Lew McColgan, MD  
Lisa Sajovitz, MD  
Rob Steele, MD  
Alex Tyler, MD  
Muhammad Waqas, MD

## Medicare Shared Savings Program (MSSP) – Accountable Care Organization

**2015 Quality Results:** 93.05% Overall Score

Domain: Patient/Caregiver Experience			
Measure Title	2015 AHN Performance	Mean Performance Rate (all MSSP ACOs)	AHN Percentile
CAHPS: Getting Timely Care, Appointments, & Information	83.61	80.61	●
CAHPS: How Well Your Providers Communicate	91.51	92.65	●
CAHPS: Patients' Rating of Provider	89.91	91.94	●
CAHPS: Access to Specialists	83.54	83.61	●
CAHPS: Health Promotion & Education	50.14	59.06	●
CAHPS: Shared Decision Making	70.59	75.17	●
CAHPS: Health Status/Functional Status	71.91	72.30	●
CAHPS: Stewardship of Patient Resources	26.14	26.87	●

Domain: Care Coordination/Patient Safety			
Measure Title	2015 AHN Performance	Mean Performance Rate (all MSSP ACOs)	AHN Percentile
Risk Standardized, All Condition Readmission	15.32	14.86	●
Skilled Nursing Facility 30-day All-Cause Readmission	20.12	18.07	N/A
All-Cause Unplanned Admissions for Patients with Diabetes	50.55	54.60	N/A
All-Cause Unplanned Admissions for Patients with Heart Failure	80.31	76.96	N/A
All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions	66.60	62.92	N/A
Ambulatory Sensitive Condition Admissions: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults	0.89	1.11	●
Ambulatory Sensitive Conditions Admissions: Heart Failure	1.09	1.04	●
Percent of PCPs who Successfully Meet Meaningful Use Requirements	86.90%	76.22%	●
Documentation of Current Medications in the Medical Record	93.78%	84.07%	N/A
Falls: Screening for Future Fall Risk	63.75%	56.46%	●

### Domain: Preventative Care

#### Performance Indicators Key

● Exceeds Expectations   ● Meets Expectations   ● Below Expectations   ● No Performance Bonus

Measure Title	2015 AHN Performance	Mean Performance Rate (all MSSP ACOs)	AHN Percentile
Preventive Care and Screening: Influenza Immunization	71.29%	62.03%	●
Pneumonia Vaccination Status for Older Adults	79.87%	63.73%	●
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	81.43%	71.15%	●
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	96.59%	90.16%	●
Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan	43.13%	45.25%	●
Colorectal Cancer Screening	54.18%	60.06%	●
Breast Cancer Screening	70.18%	65.67%	●
Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	77.27%	70.04%	●

Domain: At-Risk Population			
Measure Title	2015 AHN Performance	Mean Performance Rate (all MSSP ACOs)	AHN Percentile
Depression Remission at Twelve Months	0.00%	6.11%	N/A
Diabetes Composite (All or Nothing Scoring)	22.18%	35.38%	N/A
Diabetes Mellitus: Hemoglobin A1c Poor Control	14.91%	20.38%	N/A
Diabetes: Eye Exam	24.73%	41.05%	N/A
Hypertension: Controlling High Blood Pressure	68.90%	69.62%	●
Ischemic Vascular Disease: Use of Aspirin or Another Antithrombotic	88.40%	83.82%	●
Heart Failure: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	88.10%	87.22%	●
Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy - for patients with CAD and Diabetes or Left Ventricular Systolic Dysfunction (LVEF<40%)	71.37%	77.73%	●

Performance Indicators Key

● Exceeds Expectations   ● Meets Expectations   ● Below Expectations   ● No Performance Bonus

## CHI St. Vincent – Employee & Dependent Accountable Care Organization

**2015 Quality Results:** 75.83% Overall Score

Domain: Financial Metrics			
Measure Title	2015 AHN Performance	Meets Expectation Benchmark	AHN Performance
% Increase - Medical Claims Per Member Per Year	- 2.3%	+ 3.00-4.99%	●
% Increase - Pharmacy Claims Per Member Per Year	+15.8%	+ 3.00-4.99%	●

Domain: Clinical Metrics			
Measure Title	2015 AHN Performance	Meets Expectation Benchmark	AHN Performance
Annual Increase - Imaging Claims Per Member Per Year	- 2.0%	+ 3.00-4.99%	●
Average Length of Stay	3.80	4.00-4.24 (min. 3.00)	●
% Total Admits Readmitted	9.7%	6.00-6.99%	●
% Prescriptions-Generic	89.8%	85.0-87.4%	●
# ED Visits per 100 Lives	24.1	15.0-17.4	●
% Decrease - # ED Visits per 100 Lives	-6.2%	(-5.0) – (-9.9)%	●

## Bundled Payment for Care Improvement – Total Joint Replacement

**2015 Financial Results:** \$596,030 Total Savings

Domain: Financial Metrics				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
# of Episodes	109	92	107	85
Final Net Payment Reconciliation Amount (NPRA)	\$198,714	-\$13,996	\$204,169	\$207,142

### Performance Indicators Key

● Exceeds Expectations   ● Meets Expectations   ● Below Expectations   ● No Performance Bonus