

VALUE CONNECTION

A Quarterly Newsletter of Arkansas Health Network, LLC

Dec 2017



Season's Greetings!

The holiday season gives us all a time to reflect on the year. We are personally thankful to have had the opportunity to be a part of an organization that continuously works to improve the health of the members of our community.

Arkansas Health Network (AHN) exists to provide the highest quality healthcare and the best experience possible to our patients, while optimizing costs. This is what we strive for every day, and sincerely hope we have accomplished this in 2017.

Looking ahead, AHN is poised to continue providing the highest level of quality, safety and positive experience. In order to sustain this commitment to you, we have innovative plans in place that will help us ensure that this type of care will continue and improve, well into the future. We are excited about the future of AHN and the positive impact it will surely have on the health and well-being of our Clinically Integrated Network's patients and the communities we serve for many years to come.

We would like to extend our warmest wishes to you and your family for a Merry Christmas, Happy Hanukah, Happy Kwanza and a wonderful new year!

*Daniel Felton, MD, Board Chair, Arkansas Health Network
Bob Sarkar, FACHE, President, Arkansas Health Network*

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Letter of Agreement for Conway Regional Employee Health Plan

Conway Regional Health System and Arkansas Health Network (AHN) have signed a Letter of Agreement to partner together to provide Population Health Management services to the employees and dependents on CRHS's medical plan. AHN has previously demonstrated its ability to drive improvements in per member cost and quality for commercial populations through a similar partnership with CHI St. Vincent Employee Plan since 2015. AHN would be working closely with the CRHS plan beneficiaries, their physicians and other stake-holders for this initiative. Although the effective start date of this partnership is January 1st, 2018, the functional launch of this program would start after an employee information session, sometime in January '18.

For questions or comments, please contact Rachel Kahn (rdkahn@stvincenthealth.com)



CPC+ - Year 1 in Review

Beginning January 1st, 2017, Arkansas Health Network has partnered with 19 clinics from CHI St. Vincent Medical Group which were accepted into the Comprehensive Primary Care Plus (CPC+). CPC+, an evolution of the former Comprehensive Primary Care “Classic” program, is



in it's first year across the country. As one of the early adopters of the program, Arkansas Health Network and CHI St. Vincent Medical Group have collaboratively developed governance, infrastructure, and workflows to meet the milestones of this program. Though the participating clinics do not yet know their year-end cost and quality performance, they are actively planning for the new, upcoming 2018 performance year based upon the key takeaways from 2017. The summary below reviews the top successes and learnings from AHN and this group of clinics.

Establish collaborative, multi-disciplinary governance early in the process

Prior to the launch of the program, representatives from Arkansas Health Network and CHI St. Vincent Medical Group established a joint Steering Committee which met weekly to discuss budget projections, allocation of funds, and recruitment of personnel. In later months, subcommittees focused on operations and implementation were launched. These committees and subcommittees always contained leadership representation from both Arkansas Health Network and CHI St. Vincent Medical Group while also including physicians, additional experts as needed from Finance, Human Resources, Information Technology, and front line Population Health team members.

Invest in personnel to address patient and provider needs across the care continuum

Using the prospective Care Management Fees, the CPC+ Steering Committee decided to recruit for positions both inside and outside the clinic setting. Within the clinic, 20 Clinic Care Coordinators were hired to focus on pre-visit planning, gaps in care, risk stratification, and serving as a liaison between the providers and the AHN Population Health Team. Outside the clinic, CPC+ funds were used to finance 13 total FTEs— 6 RN Population Health Coaches to address education and chronic disease management, 4 Social Workers to assist patients with social barriers to medical care, and 3 RN Transition Coaches to facilitate effective post-discharge transitions of care. In addition to recruiting these roles, it is critical that there is clear education on the scope of each position. Furthermore, CHI St. Vincent and Arkansas Health Network experienced great success when these roles had an opportunity to engage with one another and discuss opportunities to improve workflows. In 2018, addition recruitment include Data Analysts, Practice Coaches, Clinic Referral Coordinators, and Pharmacists.

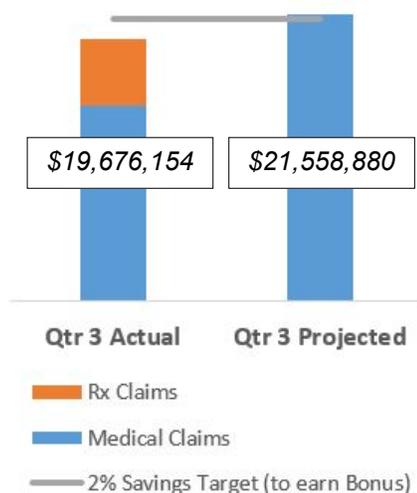
Closely monitor incoming funds to ensure you receive the amount appropriate for your population

When CPC+ funds are transferred to clinic bank accounts, they are very difficult to identify. Furthermore, CHI St. Vincent Medical Group experienced several instances of incorrect attribution which substantially impacts incoming Care Management Fees. Maintain a close watch of the expected funds stated on the Beneficiary Attribution Reports.

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Population Update: CHI St. Vincent Employees & Dependents

Total Health Plan Claims Cost (YTD through Quarter 3)



As of September 2017, the CHI St. Vincent Health plan is trending at 8.8% below the projected cost of all combined medical and pharmacy claims for its employees. These savings are supported by improvements in utilization, particularly in readmissions and emergency department room visits. For example, compared to 2016 the rate of readmissions has decreased from 8.6% to 7.3%. Emergency department visits per 1000 lives have also decreased from 188.7 to 185.3. Arkansas Health Network has dedicated two RN Population Health Coaches to this group of patients. They have multiple interventions that could be contributing to this improvement including, but not limited to:

- * Outreach to patients within 24-48 hours of hospital admission
- * Education on appropriate use of the emergency room versus convenient care or primary care
- * Involvement with CHI St. Vincent Wellness program to encourage healthier lifestyle choices

Community and AHN Resources Support Smoking Cessation

According to the 2016 Annual Report of America's Health Rankings, 24.9% of Arkansas residents currently smoke. This is the 3rd highest statewide smoking rate in the U.S. This is highly relevant to the field of population health because smoking has a direct causal link to many costly, difficult, and preventable illnesses including respiratory disease, heart disease, stroke, and cancer. A report from the US Department of Health and Human Services states that cessation, even in longtime smokers, can have profound benefits on current and long-term health outcomes. When smokers quit, the risk of a heart attack drops sharply after just one year. Risks for cancer of the mouth, throat, esophagus, and bladder are cut in half after five years. Those who quit before age 35 reduce their risk of premature death to almost the same level as non-smokers. A key role for both Primary Care and Specialty providers alike is to provide counseling to patients who actively smoke and connect those who are ready to quit with community resources. As an example, a new Freedom From Smoking® support group is due to launch in Little Rock at the beginning of 2018. All members of the community are welcome! See the details below to share with patients. Arkansas Health Network is exploring a model with CHI St. Vincent employees where dedicated health coaches also play a role in encouraging cessation and referring patients to helpful, low-cost options to help them quit smoking.

Freedom from Smoking Group Quit Program - Open for Enrollment in 2018!

This FREE program is designed to assist patients, families, and community members successfully quit smoking in a safe supportive environment by providing them with evidence-based tools and resources. Enrollment includes a booklet and eight small group therapy sessions led by a trained facilitator. Past individuals who completed the FFS program were six times more likely to remain smoke-free one year later than individuals who quit on their own. Additional programs will be offered throughout 2018.

Begins January 10th, 2018 @ 5:30pm at CHI St. Vincent Infirmary ♦ Call 552-6500 for questions or enrollment

FOCUS - FIX - FOLLOW-UP: Secure Collaboration Platform

Arkansas Health Network has responded to your request for enhanced communication across the network by contracting with a new tool called Secure Collaboration. This tool which can be accessed through both iOS and Android mobile apps will allow AHN participants to look up fellow participants in real time through a electronic directory and exchange secure messages on clinical matters. Furthermore, AHN leadership can share



performance reports, evidence-based medicine guidelines, committee updates, and general network communication directly with all participating providers. This content will be permanently accessible through an online data repository. Furthermore, the platform will offer discussion boards for collaboration and responses to any available information. Secure Collaboration is due to launch January 2018.

For questions or comments, please contact Rachel Kahn (rdkahn@stvincenthealth.com)

It's Almost Time! GPRO & MACRA 2017 Reporting

This time at the end of the year is also important as we prepare for annual reporting for the Medicare Shared Savings Program (also known as GPRO) and MACRA, which will both take place in the 1st quarter of 2018.

GPRO Reporting - January 22nd—March 16th, 2018

GPRO is the annual time during which Arkansas Health Network will self-report compliance on 17 measures for Medicare Shared Savings Program participants. The list of measures focus on preventative screenings and processes to improve management of chronic illnesses. The ACO's overall performance will be applied to all participating groups and will represent the Quality score under the MIPS program. Arkansas Health Network will be working with your practice to determine a strategy for reporting. This may include requesting personnel from your clinic to attend training and to assist with chart audits.

MACRA Reporting - March 31, 2018 Deadline

To avoid a negative adjustment in 2019, non-excluded providers must report 2017 data for at least 1 metric in the Quality, Clinical Practice Improvement, and Advancing Care Information categories.

ACO Participants: GPRO reporting will cover your practice for Quality and Clinical Practice Improvement categories. Your practice is still required to report for Advancing Care Information. If you require assistance, please contact Rachel Kahn at rdkahn@stvincenthealth.com or consider utilizing free reporting resources through TMF at 1-844-317-7609 or QPP-SURS@tmf.org.

The Value Connection Newsletter was designed and written by Rachel Kahn, Market Director of Operations, Arkansas Health Network. Please email her (rdkahn@stvincenthealth.com) with feedback, future story ideas, or requests to be added to the distribution list. For more information, please also visit AHN's website— www.arkansashealthnetwork.com