ACO: Be in the Know

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Western Maryland PHYSICIAN NETWORK, LLC

ACO Contacts:

Debbie Mullaney, Business Analyst
240-964-8267 dmullaney@wmhs.com

Karen Ullery, Manager, WMHS Primary Care Practices
240-964-8265 kullery@wmhs.com

Jill Mazzeo, Manager, Business Operations & Data Analytics
240-964-8259 jmazzeo@wmhs.com

Jeff O'Neal, Director, Clinics and Practices
240-964-8268 jdoneal@wmhs.com

Michele Martz, Executive Director of WMPN, LLC
240-964-7376 mmartz@wmhs.com

Steve Smith, MD, Medical Director of WMPN, LLC
240-964-1782 ssmith@wmhs.com

Karen Howsare, WMHS Director of Care Coordination
240-964-1078 khowsare@wmhs.com

Participating Practices - WMPN, LLC

Allaway & Parousis Urology, MD, PA
Juan A. Arrisueno, MD, PA
Chapman & Associates Healthcare, LLC
Cumberland Anesthesia and Pain Management Associates, PC
Janjua Neurology, MD, PA
Shiv C Khanna, MD, PA
Mountain View Primary Care
Huma Shakil, MD, PA
Wonsock Shin, MD, LLC
Western Maryland Health System
Terry E Williams, LLC
Qamar Zaman, MD

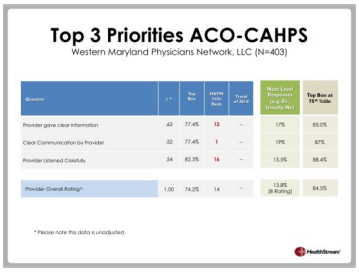
Welcome to the first edition of the Western Maryland Physician Network provider newsletter, **"ACO: Be in the Know"** - a monthly publication that will provide important updates, reminders and key information to keep our practices up to date.

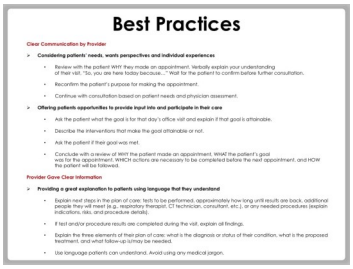
- ***GPRO: Thanks to everyone for making our first GPRO submission a success!***

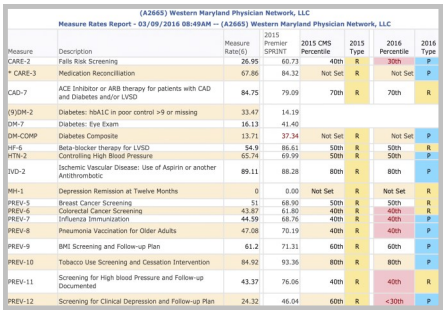
Quality Measure Benchmarks for reporting for PY2016 indicate that we need to reach at least the 30th percentile on at least one clinical performance measure in each of four domains to be eligible for shared savings in PY2016. All 33 measures from PY2015 will be present for PY2016 GPRO reporting plus the addition of a statin therapy measure.

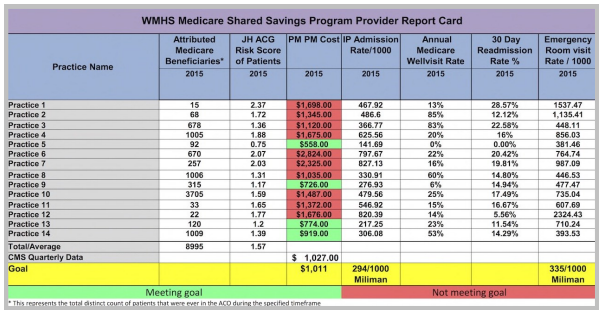
Consumer Assessment of Healthcare Providers and Systems (CAHPS) Results:

The three ACO CAHPS slides (below) from HealthStream show results from 2015 and action plan for 2016 areas for improvement ***(Click on each slide for a larger pdf version)***









(17 Clinical measures GPRO PY2015 performance vs PY2016 goals)

Choosing Wisely:

Dr. Steve Smith
Medical Director

In the evaluation for a simple syncope and a normal neurological examination, don't obtain brain imaging studies (CT or MRI).

American College of Physicians

Choosing Wisely®
An initiative of the ABIM Foundation

Care Coordination:

Community Care Coordination is working with approximately 130 high-risk, complex patients. Examples of Care Coordination interventions include: disease education, med reconciliation, arranging transportation, advance directive completion, and assisting with financial needs.

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Patient Centered Medical Home (PCMH)

We are pleased to announce that after a year of data gathering, quality improvement efforts with improvements and many transformations, the following three practices from our ACO (WMPN LLC) have achieved the esteemed recognition of a Level 3 Patient Centered Medical Home (PCMH): **South Cumberland Primary Care,** 1050 Industrial Bld.; **LaVale Primary Care Center,** 1313 National Hwy; and **Dr. Shakil/Dr. Naeem Primary Care,** 625 Kent Ave.

These offices experienced many transformations within the year to include appointment availability. This was accomplished by adopting new office hours starting as early as 7 a.m. and remaining open until 7 p.m. along with offering Saturday appointments. The providers came together as a team to provide 24/7 access for their patients by forming an on-call group. This allows their patients to contact a provider after hours and weekends to seek medical advice. Another key component to this success was the integration of care coordination and behavioral health services into each practice.

This recognition is awarded by NCQA which is a private, non-profit organization dedicated to improving health care quality. NCQA recognizes the vital role clinicians play in advancing quality patient care. The Recognition Program assesses whether clinicians and practices support the delivery of high-quality care and are built on evidence-based, nationally recognized clinical standards of care.

We are dedicated to being patient-centered and giving our patients high quality, evidenced-based healthcare. If you and your staff would like to join us to achieve this esteemed recognition, please contact **Karen Ullery, Supervisor of Clinics and Practices, at 240-964-8265.**

Upcoming CMS and Premier webinars & conference calls:

CMS - Designing Data Reports for Practitioners

Date: May 19, 2016

Time: 2:30 - 4 p.m. (Eastern time)

Please contact Debbie Mullaney at 240-964-8267 for more information.

Quality Performance/Clinical Measures

Measures of the Month

Each month we will focus on a few of the clinical measures and items for quality performance for the ACO. These measures and guidelines are what every ACO must document for assessment of compliance with the ACO directives. This month's focus will be on two Clinical Measures: **MH-1 Depression: Remission at 12 Months** and the new **PREV-13 Statin Therapy for the Prevention and Treatment of Cardiovascular Disease.**

Depression Remission: The Depression Remission measure for PY2016 needs to have the diagnosis of major depression or dysthymia (whether new or existing) and an initial PHQ-9 score greater than 9 documented in the medical record between 12/1/2014 and 11/30/2015 for all patients 18 or older with Medicare insurance who do not reside in a nursing home or receive palliative care/hospice. A follow-up score of less than 5 on the PHQ-9 must be documented in the EMR at 12 months from the index date (+/- 30 days) (per CMS guidelines).

New Statin Therapy: The new Statin Therapy measure for PY2016 looks at patients age 21 or older who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD) **OR** have a fasting or direct low-density lipoprotein cholesterol (LDL-C) level >= 190 mg/dL **OR** patients aged 40-75 with a diagnosis of diabetes (type I or II) with a fasting or direct LDL-C level of 70-189 mg/dL anytime in 2013, 2014, or 2015. Patients who are exempt from this measure are those that have an allergic reaction to statins, those receiving palliative care, patients with end-stage renal disease, patients with hepatic disease or impairment, or patients with diabetes that are not on statin therapy. (Statin must be documented in EMR medication list as an active medication within the measurement period.)

Reports & Dashboards

Premier has identified several areas for improvement within the ACO that should move WMPN into better standing with comparable ACOs. WMHS is actively reviewing patients with high utilization of ED visits, Part B Medicare drug spend, high cost imaging utilization, and Medicare Wellness Visit coding/appointments. WMHS has already implemented a MWV protocol by hiring dedicated LPNs to schedule and see patients for these visits.