ACO: Be in the Know

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Western Maryland PHYSICIAN NETWORK, LLC

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Welcome to the fourth 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.

ACO Practice Spotlight: Dr. Birat Dhungel, M.D. - General Surgery

Dr. Birat Dhungel

Birat Dhungel, M.D., a three-year employee of the Western Maryland Health System, is a general surgeon located in Suite 640 of the Western Maryland Medical Arts Center in Cumberland. Dr. Dhungel completed his residency and internship in general surgery at the Oregon Health and Science University in Portland. He received his medical degree from Jahurul Islam Medical College and Hospital in Bangladesh. Dr. Dhungel completed his medical and surgical internship training at the National Academy of Medical Sciences' Bir Hospital in Kathmandu, Nepal. He is accepting general surgery referrals - call 240-964-8717.

Reports & Dashboards

A new provider packet with reports and graphs will be distributed to all ACO providers within the next few weeks. Please be on the lookout for this important reporting information that may include ED utilization, ACO clinical measure scorecard, HCC RAF scoring, patient satisfaction survey results (for WMHS employed providers only), and Medicare Wellness Visit standings. We have some good data showing how we are doing on all of these initiatives for the first part of 2016. This will enable us to concentrate on our weaker areas for the later part of this calendar year in preparation for GPRO reporting starting in January 2017.

Upcoming CMS and Premier webinars & conference calls:

- **CMS - Improving GPRO Reporting**
  Lessons Learned from 2015 Quality Measures Validation Audit

Webinar Date: August 24
Time: 1:30 - 3:30 p.m. (Eastern time)

Contact Debbie Mullaney at 240-964-8267 for more information on these calls.

ACO Management

- *The next quarterly provider meeting for ACO participants will be held on Monday, September 12, 2016, @ 6:00 p.m. in the WMHS Auditoriums.*

Choosing Wisely

Dr. Steve Smith
Medical Director

Avoid imaging studies (MRI, XT, or X-rays) for acute low back pain with out specific indications.

- American Society of Anesthesiologists

Choosing Wisely®
An initiative of the ABIM Foundation

American Society of Anesthesiologists®

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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 2 Clinical Measures: **ACO-18 PREV-12 Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan and ACO-33 CAD-7: Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy-Diabetes or Left Ventricular Systolic Dysfunction (LVEF < 40%).**

ACO-18 PREV-12 Screening for Clinical Depression and Follow-up Plan: The Screening for Clinical Depression and Follow-up Plan measure is a performance based measure for the ACO to report for PY2016. This measure is based on the percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen. Patients with an active diagnosis for Depression or a diagnosis of Bipolar Disorder are excluded. Those patients that decline to participate OR patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status OR situations where the patient's functional capacity or motivation to improve may impact the accuracy of results of standardized depression assessment tools are also considered exceptions. The definition of SCREENING is completion of a clinical or diagnostic tool used to identify people at risk of developing or having a certain disease or condition, even in the absence of symptoms. The definition of Standardized Clinical Depression Screening Tool is a normalized and validated depression screening tool developed for the patient population in which it is being utilized. WMHS is using the standardized PHQ-2 form for screening and commencing to the PHQ-9 if any of the questions on the PHQ-2 are positive. The follow-up plan for a positive depression screening MUST include one or more of the following: additional evaluation for depression, suicide risk assessment, referral to a practitioner who is qualified to diagnose and treat depression, pharmacological interventions, other interventions or follow-up for the diagnosis or treatment of depression. The name of the age appropriate standardized depression screening tool utilized must be documented in the medical record. The depression screening must be reviewed and addressed in the office of the provider filing the code, on the date of the encounter. The screening and encounter must occur on the same date. Standardized Depression Screening Tools should be normalized and validated for the age appropriate patient population in which they are used and must be documented in the medical record.

ACO-33 CAD-7 Coronary Artery Disease ACE and ARB Therapy and LVEF measure: This is a performance-based measure for the ACO to report in PY2016. This measure is based on the percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who also have diabetes OR a current or prior Left Ventricular Ejection Fraction (LVEF) < 40% who were prescribed ACE inhibitor or ARB therapy. There are no exclusions. The only exceptions to this measure are documentation of medical reasons, patient reasons, or systemic reasons for not prescribing ACE inhibitor or ARB therapy (such as allergy, intolerance, patient declined, lack of drug availability). For the purpose of this measure, a diagnosis of Left Ventricular Systolic Dysfunction (LVSD) is equivalent to a qualitative finding of "moderately to severely depressed" Left Ventricular Systolic Function as well as a quantitative LVEF result <40%.