

# ACO: Be in the Know

Volume 1, Issue 5 September 2016



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## **Participating Practices - WMPN, LLC**

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Cumberland Anesthesia and Pain  
Management Associates, PC  
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Mountain View Primary Care  
Huma Shakil, MD, PA  
Wonsock Shin, MD, LLC  
Western Maryland Health System  
Terry E. Williams, MD, LLC  
Qamar Zaman, MD

Welcome to the fifth 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 Management:** *The next quarterly provider meeting for the ACO participants will be held Monday, September 26, 2016 @ 6:00 p.m. in the WMHS Auditoriums.*

CMS has provided all ACOs with their un-embargoed PY2015 reports that show performance results as well as Shared Savings status. WMPN will be posting our results online by October 7. The WMPN web page can be found by going to [www.wmhs.com](http://www.wmhs.com), clicking on "About Us" and then clicking "Western Maryland Physician Network (ACO)" in the middle of the page.

## **ACO Practice Spotlight: WMHS Urgent Care Centers**

### **Frostburg Medical Center**

10701 New Georges Creek Road  
Frostburg, MD  
301-689-3229

### **Hunt Club Medical Clinic**

Route 28 Hunt Club Plaza  
Short Gap, WV  
304-726-4501

WMHS Urgent Care Center are open 7 days per week from 8 a.m. to 8 p.m. Newly expanded convenient hours and services! Treatment of minor illness and injuries, colds and coughs, ear aches, flu-like symptoms, physicals, urinary tract infections, lacerations, immunizations and more. Walk-Ins are welcome. Open on holidays!

**Schwab Family Cancer Center Infusion Department:** Many people may not know of the extended services that are available to patients in the Infusion department. We have attached a convenient flyer that you may want to print and post with in your office for reference. Click [HERE](#) for pdf.

**Cara Carpin, CRNP – Transitional Care program:** WMHS is happy to announce that Ms. Carpin has joined the Clinics and Practices team and will work in our Transitional Care program. Inpatients that have been discharged and cannot get in to see their primary care providers within 3-5 days are given an appointment for follow-up. This is a critical program that WMHS is proud to offer its patients and community providers.



Cara Carpin,  
CRNP

**Reports & Dashboards:** A new provider packet with reports and graphs has been distributed to all ACO providers within the last week. Please be on the lookout for this important reporting information that may include ED utilization, ACO clinical measure scorecard, patient satisfaction survey results (for WMHS employed providers only), and Medicare Wellness Visit standings. All reports should have a key of terms included. Any of these reports are available to be drilled down to the patient level if you are interested in digging deeper into your results. We have some good data showing how we are doing on all of these initiatives for the first half 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. We only have 4 months left to affect our ratings and measures for PY2016. Any questions on the reports can be directed to Debbie Mullaney 240-964-8267.

*Upcoming CMS and Premier  
webinars & conference calls:*

- **CMS - ACO Lessons  
Learned from GPRO  
Reporting**

**Tuesday, September 27**

Time: 2:30 - 4:00 p.m.

Call Debbie Mullaney at  
Ext. 4-8267 for more info

## 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 three Clinical Measures: **ACO-27 DM-2: Composite (All or Nothing Scoring): Diabetes: Hemoglobin A1c Poor Control** and **ACO-41 DM-7: Composite (All or Nothing Scoring): Diabetes: Eye Exam** and **ACO-16 PREV-9: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-up Plan.**

**ACO-27 DM-2: Composite (All or Nothing Scoring): Diabetes: Hemoglobin A1c Poor Control:** This is a performance based clinical measure for reporting for PY2016. DM Composite measure consists of DM-2 and DM-7. This measure is based on the percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period. (A lower score for this measure indicates better quality.) (The most recent HbA1c level (performed during the measurement period) is the score that counts.) The patient is compliant if the most recent HbA1c level is > 9%, the most recent HbA1c result is missing, or if there are no HbA1c tests performed and results documented during the measurement year. Only patients with a diagnosis of Type 1 or Type 2 diabetes should be included in the denominator of this measure, patients with a diagnosis of secondary diabetes due to another condition should not be included.

**ACO-41 DM-7: Composite (All or Nothing Scoring): Diabetes: Eye Exam:** This clinical measure is part of the composite measure with DM-2. This is a performance measure for PY2016 and is based on the percentage of patients 18-75 years of age with diabetes who had a retinal or dilated eye exam by an eye care professional during the measurement period or a negative retinal exam (no evidence of retinopathy) in the 12 months prior to the measurement period. (A higher score indicates better quality.) Patients with an eye screening for diabetic retinal disease are counted. This includes diabetics who had one of the following: a retinal or dilated eye exam by an eye care professional in the measurement period or a negative retinal exam (no evidence of retinopathy) by an eye care professional in the year prior to the measurement period. Only patients with a Type 1 or Type 2 diabetes diagnosis should be included in the denominator of this measure; patients with a diagnosis of secondary diabetes due to another condition should not be included. The eye exam must be performed by an ophthalmologist or optometrist.

**ACO-16 PREV-9: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-up Plan:** This is another performance based reporting measure for PY2016. This measure is based on the percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous 6 months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous 6 months of the current encounter. Normal parameters are: Age 65 years and older BMI  $\geq 23$  and  $< 30$  kg/m<sup>2</sup> and age 18 – 64 years BMI  $\geq 18.5$  and  $< 25$  kg/m<sup>2</sup>. (A higher score indicates better quality.) The initial population consists of all patients 18 years and older on the date of the encounter with at least one eligible encounter during the measurement period. The exclusions to this measure are patients who are pregnant or encounters where the patient is receiving palliative care, refuses measurement of height and/or weight, the patient is in an urgent or emergent medical situation where time is of the essence and to delay treatment would jeopardize the patient's health status, or there is any other reason documented in the medical record by the provider explaining why BMI measurement was not appropriate. The follow-up plan is a proposed outline of treatment to be conducted as a result of a BMI out of normal parameters. A follow-up plan may include, but is not limited to: documentation of education, referral (for example a registered dietician, nutritionist, occupational therapist, physical therapist, primary care provider, exercise physiologist, mental health professional or surgeon), pharmacological interventions, dietary supplements, exercise counseling or nutrition counseling. There is no diagnosis associated with this measure. This measure is to be reported a minimum of once per reporting period for patients seen during the reporting period. An eligible professional or their staff is required to measure both height and weight. Both height and weight must be measured within 6 months of the current encounter and may be obtained from separate encounters. Self-reported values cannot be used. The BMI may be documented in the medical record of the provider or in outside medical records obtained by the provider. If the most recent BMI documented is outside of normal parameters, then a follow-up plan is documented during the encounter or during the previous 6 months of the current encounter. The documented follow-up plan must be based on the most recent documented BMI, outside of normal parameters.