

What's New in Clinical Integration

SRQCN'S QUARTERLY NEWSLETTER FOR PARTICIPATING PROVIDERS

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Annual Business Meeting Covers Population Health, Clinical Guidelines

In May, physicians and staff members from throughout the St. Rose Quality Care Network (SRQCN) gathered at Gaetano's Ristorante for the network's annual business meeting.

Guest speaker Amir Bacchus, MD, MBA, gave an informative presentation on the Roadmap to Success in Population Health Management (PHM). Throughout his 20 years in operating, managing and guiding physician groups, Dr. Bacchus has focused primarily on health care delivery and working with managed care organizations to promote improved quality, access and cost of care. He also specializes in risk contracting, working to educate and lead providers from fee-for-service models to managing a risk portfolio of patients.

Most recently, Dr. Bacchus founded P3 Health Group and consulted with Ascension Medical Group (AMG) to move their more than 7,000 physicians to managed risk for their patient populations. He used his presentation to address the fundamentals and guiding principles of PHM and the role of technology and information in improving health outcomes, quality of care and innovative access to appropriate care – while at the same time reducing the overall cost of care.

Meeting attendees also heard from SRQCN Chief Physician Executive Robert Pretzlaff, MD, who shared a brief overview of the chronic disease management clinical guidelines that we will focus on in the coming year, which include:

- [Diabetes Mellitus](#)
- [Hypertension](#)
- [Hyperlipidemia](#)

Event exhibitors included:

Gold: CareMore Health Plan

Silver: Kaercher Insurance and MedPro Group



Three New Members Begin Board Terms

At May's SRQCN Annual Business Meeting, attendees voted on three new members for the network's Board of Managers. The following providers began their three-year terms on July 1:



Robert Gong, MD

Dr. Gong is the managing physician of Siena Hills Primary Care. He is board certified in internal medicine with more than 23 years of experience in the Las Vegas area. He graduated in 1987 from the University of Southern California Keck School of Medicine and completed his residency at Letterman Army Medical Center in San Francisco. Dr. Gong has received vitals.com Patients' Choice awards in 2008, 2010, 2011 and 2012, and Compassionate Doctor recognition in 2010-2011. He previously served as a member of the Board of Managers for SRQCN and is chairman for the Quality Committee.



Brian Lee, MD

Dr. Brian Lee specializes and is board certified in internal medicine and has more than 15 years of experience. He graduated in 2002 from Ross University School of Medicine in Roseau, Dominica, and completed his residency at the University of Nevada, Las Vegas. Dr. Lee has a private practice, Southern Nevada Internists, and he previously served as a member on the Board of Managers and is a member of the Finance Committee for SRQCN.



Dara Welborn, MD

Dr. Welborn was born and raised in southern Nevada. She attended University of Nevada, Reno School of Medicine, graduating in 1999 with the faculty recognition of "Most Outstanding Student in the Las Vegas Family Medicine Clerkship." She completed her residency in the Department of Family and Community Medicine, Las Vegas at the University of Nevada, Reno School of Medicine in 2002. Dr. Welborn entered into private practice in Henderson immediately thereafter, and has worked with managed care plans and contract negotiations since then. She opened Cornerstone Family Practice in January of 2006, previously served as a member on the Board of Managers and is chairman for the Payer Committee, and has been on staff with St. Rose since 2002.



Current Contracts

The current SRQCN contracts are listed below. You can also find this information with more detail at srqcn.org.

CareMore Health Plan (CMHP) of Nevada

- Covers the population enrolled in CMHP for Medicare-eligible patients.
- Providers are paid according to Health Services Agreement terms for claims/encounters submitted directly to CMHP.
- Offers no-cost chronic disease management programs for CMHP patients.

Bundled Payments for Care Improvement Model 2

- This is an initiative model within the Center for Medicare and Medicaid Innovation.
- Designed to increase efficiencies of care, improve quality and enhance patient satisfaction.
- It's a three-year partnership with naviHealth that focuses on acute care hospital stays and 90 days post-acute care.

- Physicians are reimbursed their standard CMS fee-for-service reimbursement.
- Gainsharing is available for physicians who've signed a contract, rendered patient services in selected episodes and achieved identified quality measures.
- There is no downside risk for providers.

Medicare Shared Savings Program – Track 1

- Data collection began Jan. 1, 2017, for payment adjustment on Jan. 1, 2019.
- MACRA/MIPS streamlines PQRS, Meaningful Use and Value Modifier for clinicians to report under the Quality Payment Program.
- Payment adjustments: +/-4% to +/-9% by 2022.
- For more information, visit: qpp.cms.gov.

Clinical Pathways and Protocols

Over the past year, a group of physicians representing the clinically integrated networks (CINs) from across Dignity Health formed a Chronic Disease Management Task Force that focuses on creating evidence-based clinical pathways and protocols. The protocols are designed to assist with the outpatient management of chronic illnesses such as diabetes mellitus, hypertension, hyperlipidemia and COPD.

Each of these protocols has been approved by your local CIN's quality committee and board of managers. While you may have received instructions and a copy of these protocols through your local CIN, we believe they are important enough to highlight in our clinical integration quarterly newsletters.

The use of these protocols is not *mandatory*; however, we expect that should your patient's clinical condition be out of

control, that you will find the protocol a useful resource in guiding the patient's care. We understand that there are many reasons why patients' clinical conditions may be out of control, and most importantly, we will rely on your good judgment to manage these difficult conditions.

In addition to the hyperlipidemia protocol below, you can find copies of the diabetes mellitus and hypertension protocols at <http://srqcn.org/content.aspx?PageID=10254>. The next clinical protocols in development will be COPD and opioid use.

The protocols are living documents, so if you have suggestions that you would like us to consider incorporating into the protocols, please do not hesitate to contact us.

Download and review the lipid guidelines today.



Population Health Platform Provides Data and Insights

SRQCN's Care Coordination team is now using athenaHealth Population Health to acquire key data about population trends and quality measures, identify and inform patients in need of care, and provide robust care coordination workflows to engage patients in their health.

With access to athenaHealth's data, SRQCN will be better positioned to effectively manage and analyze costs, quality,

care and patient engagement. We'll also gain a full view of patient process and outcomes measures, which will help the Care Coordination team address care gaps.

We look forward to sharing more information with you on this exciting new platform and its functionality, as well as the data we acquire.

Important Survey Coming This Fall

Recently the Dignity Health Clinical Integration Networks worked together to update their quality and performance improvement programs. Integral to this process was looking for ways for each of our medical communities to collaborate around the process of improving the quality, efficiency and cost of health care. During this process there was a good deal of discussion about the importance of collaboration and excellent communication between the members of the medical community who are caring for our patients.

As a result, we have designed a brief (1- to 3-minute), web-based peer evaluation survey. You will be invited to select peers whom you will rate on collaboration and

communication. In turn, you will receive composite scores from those who rated you. You will receive a copy of your results, and the SRQCN Board of Managers and/or Quality Committee will have high-level visibility of the results as well.

While this is an important initiative, there is no set score you must achieve. The results will not be tied to incentive payments or distributions. They are for your information, and we hope they help enable more effective collaboration going forward.

Look for the survey link in your inbox this fall. Thank you for participating in this process!

Have You Explored the MACRA Playbook?

Dignity Health's Clinical Integration Leadership has prepared a playbook to outline SRQCN's strategy regarding the Merit-based Incentive Payment System (MIPS) and offer support to its participants for reporting requirements that began this year. The MACRA Playbook aims to assist physicians in understanding what MIPS is, identifying which metrics to report on and developing a strategy for successful reporting and performance in 2017.

The playbook contains information separated into two categories:

1. MSSP ACO participants
2. MIPS participants not in MSSP

Download the MACRA Reporting Playbook now. Then check out the MACRA WebEx Tutorial.

par8o Helps Manage Costs and Referrals

As you know, one MSSP requirement is to work toward better cost management for Medicare fee-for-service patients. To help control costs for patients cared for under the MSSP, and for all Medicare fee-for-service patients, referrals should be documented in par8o. In addition to helping control costs, par8o assists providers by notifying the referring practice which providers are in your clinically integrated network – and therefore share your commitment to patient care.

As of May 1, all Medicare fee-for-service referrals should be processed through par8o.

Using par8o's platform and algorithms, SRQCN's network of physicians will benefit from a simplified and streamlined referral workflow, ensuring that patients have access to the right provider at the right time. This will support the process

of capturing referrals for your attributed lives through:

- Easier identification of attributed Medicare members via the par8o Care Compass platform, beginning in early April
- Customized ranking criteria to keep referrals in-network, which helps improve patient quality and cost of care
- An easy-to-follow work queue for the lifecycle of referral
- Supporting a positive patient experience and quality metrics
- Transparency on referral responsiveness on the receiving side

Should you have any questions about these changes, please contact Alicia.Erosa@DignityHealth.org regarding SRQCN or MSSP, and contact support@par8o.com for questions about your par8o account.

Welcome New SRQCN Staff!

SRQCN would like to welcome the following new staff who joined us this year:

Dr. Teresa Hong, *Medical Director*

Kalie Valencia, *Director Physician Integration & Ambulatory Operations*

Tarra Cortez, *BSN, RN, CCM,*
Clinical Practice Coordinator

As the network evolves as an ACO, additional leadership and staff have been brought on to support and provide specialized and local expertise to ensure successful implementation of MSSP, bundled payments and initiatives such as diabetes management and par8o referrals.

Dr. Teresa Hong is a family medicine provider with Dignity Health Medical Group and splits her time with the responsibilities as Medical Director for SRQCN and also serves as physician champion for the Diabetes Initiative Program.

Kalie has an MBA and more than five years of health care management experience, most recently as the Director of Finance at St. Rose San Martin. She oversees operations for both DHMGN and SRQCN.

Tarra has a BSN and is a Certified Case Manager with more than 10 years of health care experience. She joins us from HealthCare Partners where she was an RN care manager since 2013. Tarra oversees the coordination of clinical care for our MSSP patients in the ambulatory setting and will work closely with our RN coordinator to manage the population.



Leadership Council Biannual Meeting Update

Dignity Health's Clinical Integration Leadership Council, which includes executive directors, medical directors and Population Health Management leadership, held its biannual meeting in May.

In light of the collaborative work occurring between the Dignity Health Medical Foundation and CI networks as it relates to the MSSP initiatives, it was decided to include leadership representation from the Foundation. Representatives from both groups met to discuss duplicate population health processes and brainstorm strategies to better align their efforts. The CI leadership meeting opened sharing those ideas and included a discussion of the proposed expansion of the Clinical Steering Committee and the roles of the various sub-committees that will report into the Steering Committee.

The two-day event then focused on the main components of the Clinical Steering Committee:

- **Practice Transformation.** We discussed the main components of depression screening, fall risk and annual wellness exams – all requirements for MIPS/MSSP. A playbook for physicians is on the horizon.
- **Quality.** A Centralized Quality Committee and charter to make recommendations to local quality committees as well as the Clinical Steering Committee was proposed. Additionally, new Quality 2.1 measures were proposed.
- **Care Transitions.** It was recommended that current chronic disease care coordination protocols be merged into existing chronic disease management protocols, covering type 2 diabetes, hypertension, lipids and COPD.

In addition, the group received detailed market updates on each network. We also discussed advancing care information and clinical practice improvement activities, and the group learned how annual wellness exams can be used as an opportunity to fill in gaps with HCC coding.

Based on the meeting, we have identified the work necessary to continue to develop our CINs in preparation for MIPS and MSSP. And we remain pleased with the direction we're heading. Thank you for all you're doing in your practice to help us get there.

Sincerely,

Gary Greensweig, DO
*Vice President & Chief Physician Executive
for Physician Integration*
Dignity Health

Clinical Integration Leadership Council Action Items

Our key next steps are to:

- Continue to build out roles and responsibilities within proposed Clinical Steering Committee structure
- Continue discussion of how to align Foundation and CIN resources
- Develop a playbook for depression screening, fall risk and annual wellness exams
- Continue to build out structure, representation and charter of Centralized Quality Committee
- CI Quality Committees need to approve updated Quality 2.1 measures
- Work to merge current chronic disease care coordination protocols into existing chronic disease management protocols
- Create audit binders and a master file to track ACI and CPIA reporting readiness



Improving the Quality of Health Care

Fellow CI Physician,

At St. Rose Quality Care Network (SRQCN), we are working together to improve the quality of health care. As an SRQCN physician, you're working with our hospital partners in an effort to improve the health of our community through efficient and effective care, by monitoring outcomes, and improving processes and utilization.

We're here to help you achieve your goals. I encourage you to take advantage of all the resources available to you – including this newsletter and other communications from Dignity Health and SRQCN, as well as our Town Halls and other in-person meetings. I also encourage you to take an interest in your practice's performance metrics. When we have a deeper understanding of how our work affects the populations we serve, we can truly drive change.

With our Diabetes Management Program, for example, we are working to bring down patients' A1C levels. A coordinated effort and patient-centered approach to diabetes means that our patients gain access to community-based resources and a case manager to help coordinate their care and even work with them in their homes.

And as we focus on better managing chronic conditions, I also want to call your attention to the clinical guidelines for diabetes, hypertension and hyperlipidemia. These pathways are endorsed by clinical integration leadership, as well as SRQCN's Quality Committee and Board of Managers. They are based on national society and consensus group evidence-based best-practice guidelines.

Our goal is to provide optimal management for patients with diabetes and hypertension, and these evidence-

based guidelines are one way we are coordinating care across all of Dignity Health's clinically integrated networks. If you haven't yet reviewed these evidence-based guidelines, you can download them now.

Thank you for being a part of SRQCN.

Sincerely,

Teresa Hong, MD
Medical Director

St. Rose Quality Care Network Is Now on Social Media

SRQCN is now on social media, with the latest news from the network, as well great posts on health care, healthy living, fitness, local events and, of course, the best content from Dignity Health.

Follow us on the networks below, and start liking and sharing posts today!

Twitter: twitter.com/SRQCNetwork

LinkedIn: www.linkedin.com/showcase/18021391

Instagram: www.instagram.com/strosequalitycarenetwork

Facebook: www.facebook.com/St-Rose-Quality-Care-Network

We'd also like to feature you and your staff and the amazing work you do for us every day. Share your photos and a description of what you are working on anytime by emailing **Diana.Diaz-Pangilinan@DignityHealth.org**.



Physician Leadership

Board of Managers

Irwin Simon, MD – Chair
 Robert Gong, MD – Vice Chair
 Anna Salcedo, MD – Secretary
 Dara Welborn, MD
 Scott Selco, MD
 Troy Bertoli, MD
 Shane Flaviano, MD
 Rama Harouni, MD
 Brian Lee, MD
 Raji Venkat, MD

Payer Committee

Dara Welborn, MD – Chair
 Heath Hodapp, MD
 Scott Manthei, DO
 Raji Venkat, MD
 Sanford White, MD

Finance Committee

Scott Selco, MD – Chair
 Fred Herman, MD
 Brian Lee, MD
 Chandra Narala, MD
 Matt Treinen, DO

Quality Committee

Robert Gong, MD – Chair
 Dennis Chong, MD
 Shane Flaviano, MD
 Gaurav Jain, MD
 Kim LaMotte-Malone, MD

Performance Evaluation Committee

Donna Miller, MD – Chair
 Joseph Adashek, MD
 Szu Nien Yeh, MD
 Anna Salcedo, MD
 Colby Young, MD



Upcoming Events

- July 13 – Board of Managers
- July 19 – Quality Committee
- July 20 – Performance Evaluation Committee
- July 25 – Finance Committee
- Aug. 2 – Payer Committee
- Aug. 10 – Board of Managers
- Aug. 31 – Performance Evaluation Committee
- Sept. 6 – Payer Committee
- Sept. 14 – Board of Managers
- TBD – Town Hall Meeting
- Oct. 4 – Payer Committee
- Oct. 12 – Board of Managers
- Oct. 18 – Quality Committee
- Oct. 26 – Performance Evaluation Committee
- Oct. 31 – Finance Committee
- Nov. 1 – Payer Committee
- Nov. 9 – Board of Managers
- Dec. 6 – Payer Committee
- Dec. 14 – Board of Managers
- Dec. 28 – Performance Evaluation Committee



SRQCN Leadership/Staff

Robert Pretzlaff, MD

Chief Physician Executive
 702-616-5720

Margie Roper

VP Physician Integration &
 Ambulatory Operations
 702-616-5720

Teresa Hong, MD

Medical Director
 702-616-5761

Kalie Valencia

Director Physician Integration
 & Ambulatory Operations
 702-616-5710

Ali Erosa, CMA, AAMA

Physician Practice Liaison
 702-616-5717

Sandie Rapp, RN, CDE, CCM

RN Coordinator
 702-616-5791

Tarra Cortez, BSN, RN, CCM

Clinical Practice Coordinator
 702-616-5714

Missy Neuman, RN, CCM

Quality Management Nurse
 702-616-5704

Diana Diaz-Pangilinan

Administrative Assistant
 702-616-5761

Mission Statement

The mission of the St. Rose Quality Care Network is for its physician members, in collaboration with their hospital partners, to improve the health of the community through the efficiency and effectiveness of the care they deliver, monitoring outcomes across the health care continuum, and focusing on improvement of processes and appropriate utilization to ensure quality.