AAMC Collaborative Care Network Clinical Integration Education

March 2019

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Anne Arundel Medical Center
Collaborative Care Network

The Purpose of These Modules

We want you to know about CCN membership benefits and expectations. These modules provide an overview of those, plus a description of resources available to you now.

There is a quiz at the end of the modules. The quiz allows you to receive free CME credit.

We expect it will take you less than an hour to complete all of these modules, and the quiz together.

What We'll Cover in This Module

After completing this module, you'll know more about:

CCN purpose

CCN corporate structure, governance,and infrastructure

The role of clinical integration

Expectations of CCN membership

Preparing for success

Why the CCN?

Medicare's Quality Payment Program, MIPS and Advanced Alternative Payment Models. . . change is **here**. Even commercial insurance companies are renegotiating contracts to incentivize docs to drive patient outcomes.

Our talented and diverse medical community has long enjoyed success in a no-questions-asked, fee-for-service environment. But now the payment model has changed, and our incomes increasingly are tied to patient outcomes.

Yet no doctor alone can be responsible for any one patient's outcome.

Why the CCN?

The CCN provides infrastructure and support to prepare you and your practice to succeed in this new era of accountability and risk.

The CCN combines the considerable resources and talent of our local medical community to help all of us succeed, together.

Whether you are a specialist or a primary care CCN member, independent or employed, the CCN's purpose is to promote productive collaboration that drives the best outcomes for our patients and clinicians.

What Does the CCN Provide?

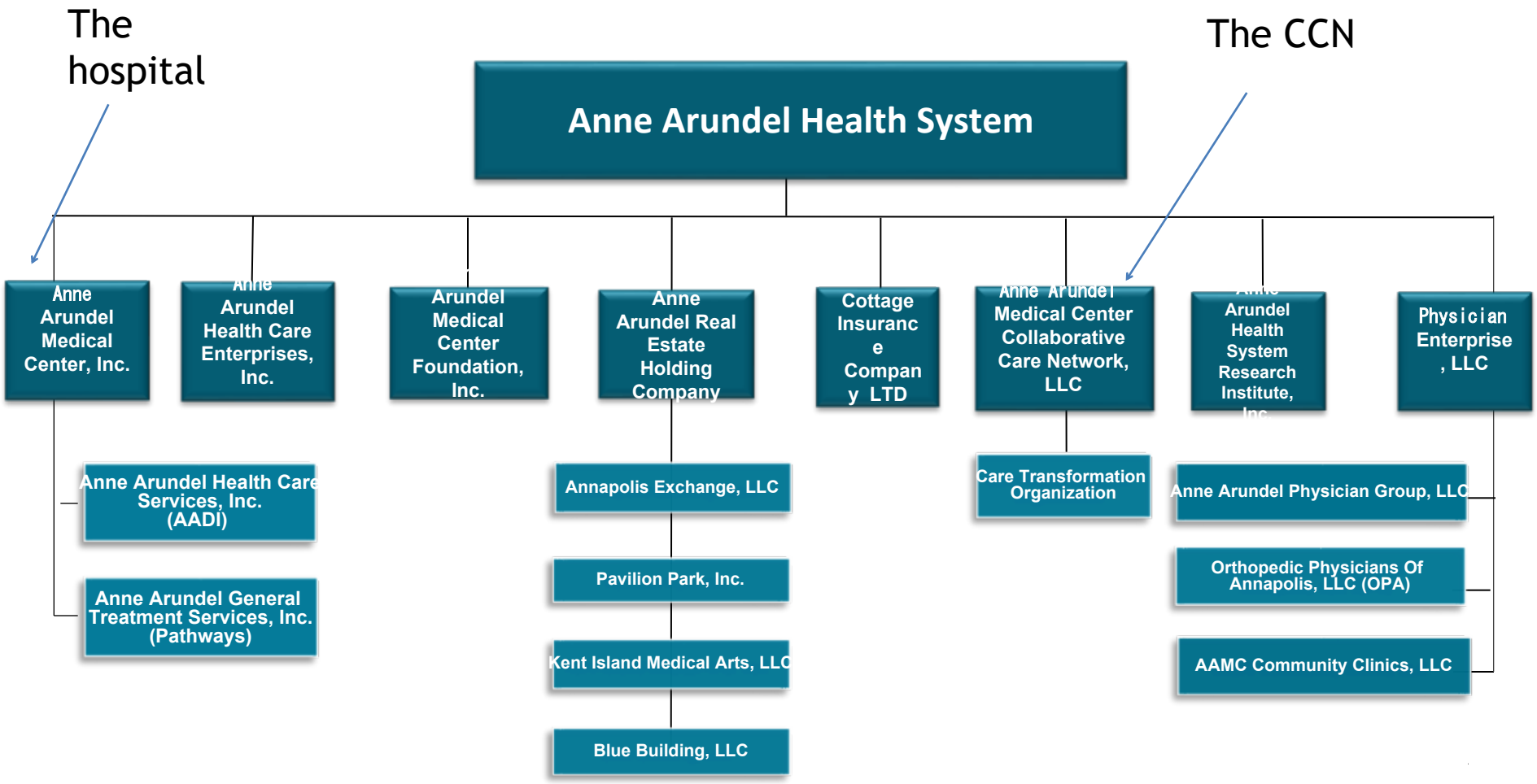
- **Information** – we are your trusted source for details on evolving care redesign and payment program opportunities, whether those are local, state-based, or national.
- **Resources** – we created a growing portfolio of tools and programs designed by and for you. These resources are described in the accompanying modules.
- **Community**- we provide the platform to combine these resources, along with the clinical expertise of our local medical community and data analytics, to improve care experience and outcomes for patients and clinicians of all types
- **Commitment** – this is OUR local community – we are invested in sustaining its success
- **Opportunity** – we solicit clinician input and physician leadership in an organized process of decision-making. We want the best for our patients and our medical community, and we want you to be a part of that success.

Mutual success depends on recognizing our interdependencies and aligning our goals.

CCN Corporate Structure, Governance, and Infrastructure

The CCN is a subsidiary company of AAHS, just as AAMC hospital is a subsidiary company. (See next slide.)

Corporate Structure



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CCN Leadership

The CCN has a Board of Directors and three committees: Quality, Finance, and Membership.

CCN leadership (at both the Board and committee level) represents independent, employed, primary care, and specialty care practices.

The CCN Board and committees are supported by AAHS resources, including finance, business decision support, IT, marketing, care management, contracting, pharmacy, etc.

Board members have a fiduciary duty to act in the best interests of the CCN.

Collaborative Care Network

Board of Directors

Brian Baker, MD
Chair

Members	Staff
Victoria Bayless, CEO	Mitchell Schwartz, MD
Rob Hanley, MD, Past Chair	Renee' Kilroy
Meg Malaro, MD	Cathy Yurkon
Will Maxted, MD	Dave Lehr
Mike Remoll, MD	Pamela Hinshaw, RN
Jim Rice, MD	John Ness, PharmD
George Samaras, MD	
Alex Shushan, MD	

Quality Committee

Mike Remoll, MD, Chair

Neddy Abell, MD
Nicole Camp-Alerte, MD
Lori Franks, MD
Curtis Foy, MD
Parabh Gill, MD
Michael Kent, MD
Barbara Onumah, MD – Associate Chair
Chip Parmele, MD

Supported by:
Renee' Kilroy
Dave Lehr
John Ness, PharmD

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Scott Eden, MD
Terry Everhart, MD
Fred Guckes, MD
Steve Hamilton, MD
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Steven Proshan, MD
David Todd, MD
Marc Weber, MD

Supported by:
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Hung Davis, MD
Cindy Huffaker, MD
Annie Johnson, MD
Steve Killian, MD
Mike Pardo, MD
Chad Patton, MD
Maria Scott, MD
Tim Woods, MD

Supported by:
Renee' Kilroy

The Role of Clinical Integration

What is Clinical Integration?

Textbook definition: The integration of clinical information and healthcare delivery services from distinct entities in order to coordinate care across a continuum of services, including preventive, outpatient, inpatient acute hospital care, post-acute including skilled nursing, rehabilitation, home health services, and palliative care to improve the value of the care provided.

In other words: recognizing and benefitting from our interdependencies, sharing data and resources to improve care, and ensuring **positive outcomes** for mutual patients.

What Outcomes, Exactly?

Outcomes can be clinical, financial, or subjective.

Let's explore these for a moment.

Clinical Outcomes

Enduringly positive, patient-centered clinical outcomes linked to quality of life are the most highly valued by consumers.

To illustrate this, consider this list of 3 possible clinical outcomes in an overweight patient getting a total knee replacement:

1) He needed to return unexpectedly to the OR within 12 hours because of bleeding, but otherwise did okay.

2) He suffered a devastating complication and 6-week ICU stay following his operation, owing to uncontrolled diabetes or unrecognized coagulopathy, or another dangerous and unmanaged co-morbidity.

3) He had an uneventful recovery, resumed activity, lost weight, and enjoyed an added 10 years of functional independence to his lifespan because of the knee replacement.

Good Clinical Outcomes

Let's assume our patient experienced the third outcome, the one with the happy ending. Who was responsible for it? In no particular order:

Orthopedic surgeon
Primary care
Anesthesiologist
Hospitalist
Specialty consultants, as needed
Inpatient nursing and ancillary team, PT, etc.
The patient and his family

PLUS: all the support staff and services that keep operations in the hospital and our practices running smoothly every day.

That's clinical integration at its best.

Financial Outcomes

Financial outcomes are linked to clinical outcomes, and are also important to consumers.

Take our knee replacement patient. The best financial outcome for him, and society, is a low-cost hospitalization followed by an uneventful postoperative course, followed by an improved lifespan and quality of life with a trouble-free, durable appliance.

The CCN recognizes that an individual practicing good medicine will promote good outcomes, but the best outcomes are realized when *all* providers of care communicate well and have the necessary resources and aligned goals. This is clinical integration at its best.

Subjective Outcomes of Care

We have tough jobs. We get frustrated.
We are not robots, and neither are our patients.

Patients and clinicians alike can feel demoralized and helpless if their care experience is disjointed, fraught with bureaucratic obstacles, and there is miscommunication or lack of communication among team members. When care outcomes are suboptimal, it takes an emotional toll on us.

The CCN defines success in many ways, including improving role satisfaction of clinicians. We are building a growing portfolio of resources to support practices and improve the care experience for both clinicians and patients. That's why and how the CCN will become clinically integrated.

Being clinically integrated will enable….

- AAHS and clinicians to take responsibility for the cost and quality of care for our regional population *together*
- Better coordination of care across settings and clinicians
- More effective management of chronic disease by both clinicians and patients
- Measurable improvement in health outcomes
- Successful performance in pay-for-value programs
- Better role satisfaction
- The CCN to become an organized medical community recognized and preferred by consumers and clinicians

Expectations of CCN Membership

Expectations of Members

- Meet membership criteria annually, as recommended by the CCN Membership Committee and decided by the CCN Board
- Participate in relevant Value-Based Payment Programs (these programs, which may be payer- or population- or even disease-specific, offer added income for performance)
- Participate in clinical integration training and practice improvement activities as requested by the Board from time to time
- Tier 3 connectivity with CRISP in order to integrate clinical data electronically
- Ensure patient coverage by another CCN clinician, as described in the CCN's Covered Services Policy, when not available for patient care yourself.

Clinical Integration Measures

The CCN Board requires all members to meet annual standards on Clinical Integration (CI) Measures, which are approved by the CCN Board.

The CI Measures are revised annually and designed to move the CCN toward clinical integration. They represent shared commitment and aligned goals across the CCN.

CI Measures for fiscal year 2019 include relevant education sessions (i.e. CI Education and ICP modules) alternative access to care strategies, point-of-care communication, and performance metrics on quality indicators as approved by the Board.

The CI Measures will help align our membership and allow us to test our capability to consume external data, integrate it with existing data sources, and then report on outcomes.

CCN FY 19 CI Metrics

Infrastructure and Education

1.The percentage of providers that complete relevant education sessions (30 points)

Improving Chronic Illness Care Outcomes

2. Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose most recent practice-based blood pressure was <140/<90mmHg (25 points)

3.Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period (low percentage is good) (25 points)

Access to Care

4. Primary care practices will implement at least two alternative access to care strategies by 6/30/19 (13 points)

Preventive Health

5. Percentage of patients aged 6 months and older seen for a face to face visit with an included CCN provider during the measurement period and who received an influenza immunization during that period (13 points)

6. Percentage of patients 65 years of age and older who have documentation that they have received a pneumococcal vaccination (13 points)

7. Well child care: the percentage of patients who had 6 or more well child visits with a PCP during the first 15 months of life (25 points)

Antibiotic Stewardship

8. Percentage of children 2-18 years of age who were diagnosed with pharyngitis, ordered an antibiotic and received a group A streptococcus test for the episode (13 points)

Efficiency

9. Percentage of prescriptions for generics or drugs with no generic equivalent (30 points)

Care Coordination

10. Provider demonstrates point-of-care communication via the use of secure texting (13 points)

Informational System-wide Measures **(will be reported on provider scorecards, however will not count towards performance scoring)**

11. All-Cause Unplanned Admissions
12. ED visits per 1,000

BOD Approved: 10/19/18

CI Dashboards

The CCN has created a dashboard that will provide real-time data for your patient panel. You will be able to see your performance scores related to the CI Measures.

Shared Data - CRITICAL

The CCN dashboards are powered by data collected from CRISP. It is critical for all CCN member practices to integrate their EMRs with CRISP in order to share clinical data automatically. No manual clinical data entry will be required by the practices once EMRs are integrated with CRISP.

Preparing for Success

- ## Payment Reform Support and Technical Assistance
    - The CCN provides educational materials, protocol and policy summaries, professional forums and CMEs to stay abreast of healthcare reform (as with Medicare's Quality Payment Program) and clinical best practices.

- ## Practice Transformation
    - The CCN provides practice transformation support to member practices. This service supports clinician practices in sharing, adapting and further developing their own comprehensive quality improvement strategies *that make sense to them in their own practice environment*. This experience will prepare member practices to succeed in MIPS in the near-term as well as future opportunities that will reward them for outcomes.

- Data Analytics
  - The CCN provides data support and analytics to provide accurate and timely performance data, integration and support teams to help drive savings and better care for your patients.
- Care Management Resources and Practice Tools for Success
  - These are described in the next modules in this course

Please proceed to the next module.