

THE PARADIGM

Our Journey to Value-based Healthcare

3RD QUARTER 2017 ISSUE OF THE PARADIGM!

By forming an IPA model that is more structured and focused around a specific group of physicians, we can support you with the “Quadruple Aim”: improved patient care quality outcomes, improved patient experience, lower cost of care, and improved physician practice satisfaction.

With your signing of the Participating Physician Agreement (PPA) with PAR, you will learn how to earn incremental revenue through shared savings and a risk-based bonus structure. Such criteria for these shared savings would possibly include each physician’s total cost of care and Risk Adjustment Factor (RAF) scores. Physicians participating with PAR will have a unique opportunity to help shape the future of health care delivery as the current fee-for-service model shifts to the value-based care model

Hospital Transition of Care:

There are numerous benefits to actively managing your patients when admitted to the hospital from quality patient care to cost savings. In order to assist our PAR members, we have been meeting with the hospital leadership teams throughout the Denver-metro area to review the case management processes we currently have in place to coordinate your patient’s care when they present to the ER, are under observation, and/or are admitted.

We have a wealth of experience in the decision-making process for discharge planning and transitions of care from the hospital setting. However, it is still incumbent on your office to coordinate early and timely patient follow-up after the acute care and/or rehab stay.

Many times you may not be notified in a timely manner by the hospital that your patient was admitted, making it difficult for you to manage care. If you are signed up for the Physician Portal located on the PAR website, you have access to view your patients who are currently admitted to the hospital, and those who have been discharged.

We closely track patients to ensure they are in the appropriate level of care to ultimately avoid the patient being readmitted. Retrospectively, we review claims data for your patients to identify trends. This allows us to determine the highest quality, and most cost-effective facilities and providers.

DID YOU KNOW?

If you have signed the Participating Physician Agreement (PPA) with Physician Alliance of the Rockies (PAR), your United Healthcare Medicare Advantage patients **will not** be impacted. **However, if you have not yet signed the PPA,** please do so as soon as possible to avoid any chance of your United Healthcare Medicare Advantage patients being reassigned to another PAR physician panel.

PAR’s website has great information. It includes a link to our provider portal to access your patients currently admitted to the hospital, as well as your patients who have been discharged. It is easy to Register by going to www.paotr.com and click the “Physician Pre-authorization Portal button.”

To Get Started to View Your Patients in the Hospital:

Simply log-in to the portal and click on “Cases”. Then click on “Primary Care Physician’s Neighborhood”. On the right-hand side, under the “Alerts”, you will see your list of patients currently admitted. If you want to see all your patients who have been discharged, click the “Show all” under the discharge section on the far right.

A Practical Algorithm for Shoulder Pain Complaints:

The medical management department for PAR continues to receive requests for advanced imaging from providers without appropriate supporting documentation. Our goal is to help improve your patient’s outcomes as well as reduce low-value imaging studies.

In this issue, we will review a practical algorithm for shoulder pain complaints. Unfortunately, many providers are requesting an MRI of the shoulder without any physical exam of the shoulder documented in the progress note.

As you can guess, all of these requests will be denied. We will closely review the note to understand the time course of the pain by reviewing the following:

- Whether there was an injury involved
- The nature of functional limitations on activity
- Any previous interventions that have been attempted to resolve the symptoms
- The physical exam

The exam should note active and passive range of motion, rotator cuff strength testing, and special testing to identify impingement and joint stability. As you can see from the attached algorithm, the overwhelming majority of acute and chronic shoulder pain patients should be initially managed with physical therapy, potential injection trial, and plain radiographs.

It is only the acute shoulder injury with findings of a likely full thickness rotator cuff tear that should go straight to MRI and the patient should have surgical repair within six weeks. Most patients with an acute injury can start with physical therapy for a few weeks and still have time to receive surgical care if they do not improve.

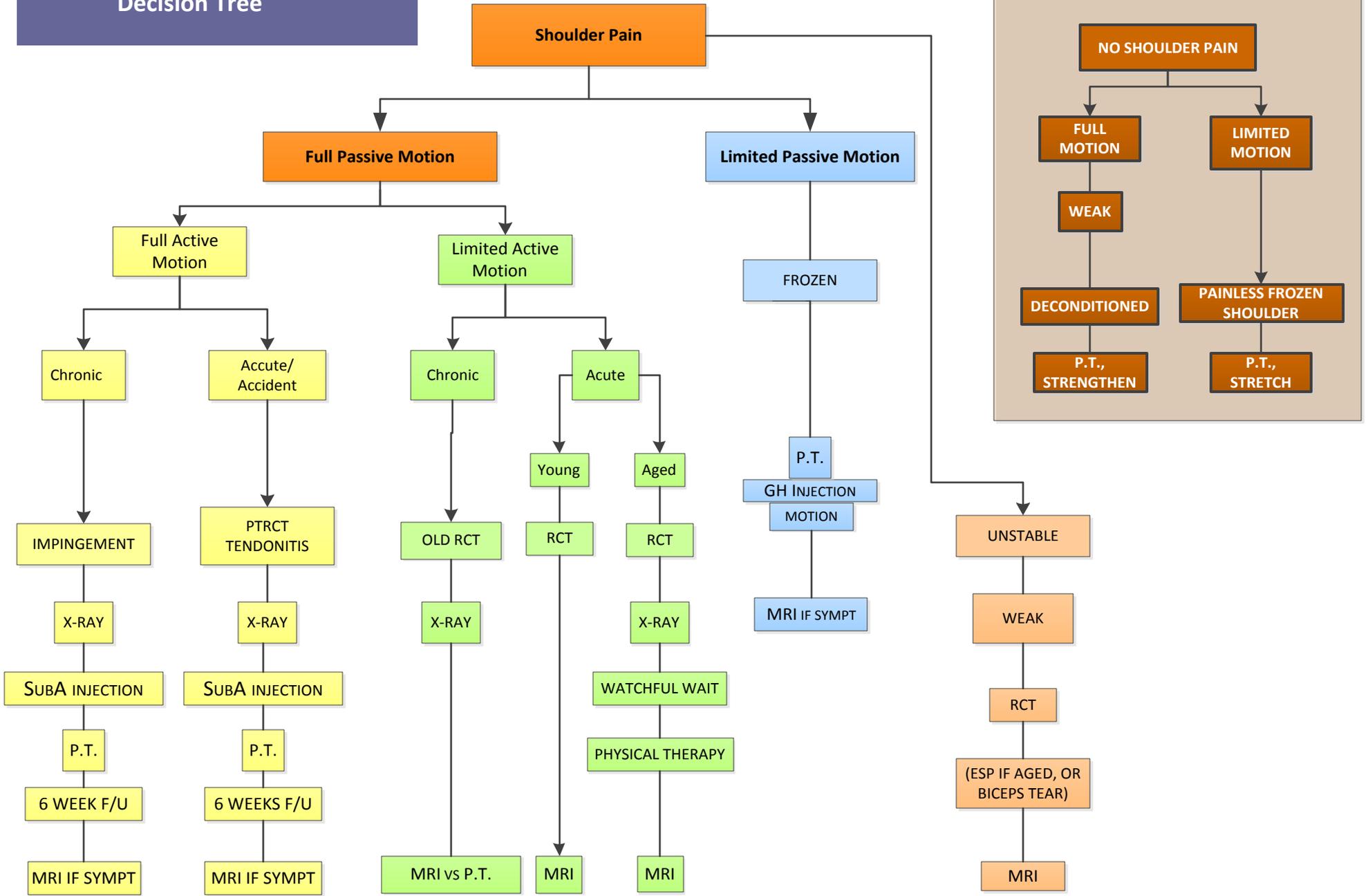
Thank you for your time and let us know if you have any questions or comments about the information provided.

Warm regards,

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Shoulder Algorithm Intervention Decision Tree



RCT = ROTATOR CUFF TEAR, PTRCT = PARTIAL THICKNESS RCT, SUBA = SUBACROMIAL, GH=GLENOHUMERAL,