

THE PARADIGM

Our Journey to Value-based Healthcare

3RD QUARTER 2019 ISSUE OF **THE PARADIGM!**

Incentive Performance Results are in for 2nd Quarter!

The Annual Physical incentive is paid when the important and applicable codes related to the PAR UHC Medicare Advantage members condition are indicated on the attestation form and documented in the clinic notes during the performance quarter. Overall, **807** attestations were submitted during the 2nd quarter 2019 by 63 PAR physicians. This was an increase of **68%** for submitted attestations compared to 1st quarter 2019. In addition, approximately **75%** of the total submitted attestations in the 2nd quarter were approved for payment, compared to only **64%** for the 1st quarter.

AS AN IMPORTANT REMINDER TO MAXIMIZE THIS INCENTIVE:

For each accurately completed attestation form submitted with the patient's clinical health maintenance/physical visit charted notes, where the high-risk conditions have been appropriately documented and coded, an incentive payment of \$100 will be paid to the PCP. All of the attestation forms and clinical notes will be reviewed to determine the clinical note support for designated diagnoses. The attestations with either no or insufficient documentation and coding for the high-risk conditions checked on the attestation form will not be eligible for the incentive payment. Please remember that the incentive payment is a one-time payment per patient per year for completion of the yearly patient physical. Details regarding the process for submission of the completed attestation form to be eligible for the incentive are on our website at www.paotr.com.

The second incentive relates to percentage use of the PAR Preferred Specialist Network for referrals. The overall percentage use of the PAR Preferred Specialist Network during the 2nd quarter is **63%**, which is a slight decline from the 1st quarter at **64%**. As a comparison, during the 2nd quarter, **90%** of the PAR PCP providers achieved at least the tier 1 performance ($\geq 50\%$) for Preferred Network referrals compared to 1st quarter with **94%** of the PAR PCP providers achieving at least the tier 1 performance and incentive payment.

To assist with Preferred Specialist Network usage, an alert flag will appear on the Physician Portal when you have **not** selected a Preferred Specialist which allows you to reconsider your selection.

AS AN IMPORTANT REMINDER TO MAXIMIZE THIS INCENTIVE:

Prior to proceeding with a non-preferred specialist, you have the option to edit your specialist referral to a preferred specialist, which will significantly impact your incentive payout.

DID YOU KNOW?

According to delegation requirements, below are the utilization management guidelines PAR follows for medical decision making.

In compliance with NCQA and our delegating health plans, PAR is required to annually advise staff about the utilization management process.

Affirmative Statements About Decision Making

- 1) We make decisions based on eligibility and benefits and the appropriateness of care and service.
- 2) We do not provide incentive to or encourage its decision-makers to place barriers to care and service.
- 2) We do not provide incentive to or encourage its decision-makers to make decisions that result in a pattern of under utilization.

PAR ACO Medicare Advantage (MA) Shared Savings Program Summary

The PAR ACO MA shared savings program is a vehicle for facilitating the clinical integration and coordination of ACO providers in order to promote quality and efficiency gains in the delivery of health care. To accomplish those goals, United Healthcare has created an incentive program to reward ACO for achieving specific objective measures in the delivery of care by ACO providers to United MA members.

The incentive model is outlined by the Financial Performance Program that includes the potential for shared savings incentive payments based on **aggregate of all ACO Provider's actual performance** against an established target/budget of **86%**. The financial target is the ratio of Total Medical Costs to Total Revenue. The current ratio of Total Medical Costs to Total Revenue is 89%.

In addition to the 86% target, the ACO is not eligible to receive payment under the Financial Performance Program if ACO has not met the applicable Eligibility Criteria Requirements described below, which can be amended from time to time.

The current ACO performance is above threshold on all eligibility criteria, except for Diabetic Nephropathy Screening. **A best practice for diabetic nephropathy urine screening is to send a urine microalbumin/creatinine formally to the lab yearly with the diabetes/physical appointment labs. In fact, if it is 6-9 months old, still send another one when the patient is in the office. Do this for ALL, even the ones who are on ACE/ARB medications. If you perform a urine dip in the office, it does NOT get captured.**

<u>Eligibility Criteria Requirement</u>	<u>Description</u>	<u>Performance / Threshold</u>
HbA1c Screening – Diabetic	Percent of eligible members who have had a HbA1c test this calendar year.	94% / 80%
Nephropathy Screening – Diabetic	Percent of eligible members who have had a Kidney function test this calendar year.	78% / 85%
BMP/CMP/Renal Panel - Congestive Heart Failure and/or Renal Disease	Percent of eligible members who have had a BMP or CMP or Renal Panel test this calendar year.	71% / 65%
Annual Comprehensive PCP Visit	Percent of eligible members who have had a comprehensive office visit with a PCP this calendar year.	85% / 75%

SAVE THE DATE: Tuesday, September 17th for Upcoming PAR Dinner Meeting

We are busy planning our next PAR Dinner meeting, which will include a presentation from Dr. Chad Bittner, Chief Medical Officer with OPTUM Utah. Dr. Bittner has extensive experience with IPA development and management and understands the unique challenges with being an independent practice. He is going to share his experiences and what he has learned about various incentive plans they have employed that have provided benefit to both providers and patients. **Please mark your calendar for Tuesday, September 17th at 6pm so you can attend this valuable and informative session.**

Call Us First Campaign

PAR is in the process of launching the “Call Us First” campaign, which is a multi-pronged patient education program designed to help route patients to the most appropriate healthcare venue. Free-standing ERs have proliferated in Colorado in the past few years resulting in scores of patients using these types of facilities for non-emergency conditions, ranging from flu-like symptoms to swelling bee stings, and leaving with bills averaging \$2,200 per visit. Comparative Urgent Care visit cost for similar conditions is \$168. The disparity in costs are primarily driven by the emergency facility fees, like those found with hospital affiliated ERs.

We will be providing your practice with various patient education tools and communications that will help facilitate this conversation and awareness with your patients regarding contacting your practice first and information directing them to the most appropriate local settings to help address their condition. This may include magnets, flyers, table-top display, and tri-fold brochures to name a few. We would like to hear from each practice to determine the communication plan to meet your needs.

As a general guide, please communicate with your patients the following pathway post discharge:

For Questions or Concerns After Discharge:

- 1st - Call your Primary Care Provider's Office.
- 2nd - Consider Urgent Care if you have a minor illness or injury (see links to urgent care locations below).
- 3rd - Call Dispatch Health at 303-500-1518 (8am-10pm, 7 days a week). They have emergency medicine trained mobile teams that can be dispatched to your home for a variety of injuries, illnesses and post hospital complications to provide advanced medical care when you are homebound.
- 4th - Go to an Emergency Room located in a Hospital if your condition is life threatening.

AFC AMERICAN FAMILY CARE URGENT CARE

<https://www.afcurgentcare.com/locations/>

NEXTCARE URGENT CARE

<https://nextcare.com/locations/co/>

CONCENTRA URGENT CARE

<https://www.concentra.com/urgent-care-centers>

CARE NOW URGENT CARE

<https://www.carenow.com/locations/>

PAR Hospitalist Program Implementation

PAR has implemented a hospitalist program to provide clinical care to your patients presenting at select hospitals. Effective, April 1, 2019 we began to coordinate the hospital care for your patients at Littleton and Porter hospitals as part of our first phase. Our hospitalists will reach out to you to provide an update on the status of your patient with their transitions of care. During our second phase of the hospitalist rollout, we will be adding Lutheran Medical Center, St. Anthony Hospital, and Swedish Medical Center.

Hospitalist intervention has demonstrated the following benefits for the patient and PCP:

- 1) Identifying your high-risk patients to avoid potential re-admission
- 2) Providing the best transitions of care
- 3) Reviewing high utilizers of ER
- 4) Follow hospital discharges by providing post discharge information/instructions/suggestions to the PCP

We are excited about this opportunity and its benefits for your PAR patients. Please let us know your feedback so we can continue to improve the value of this service to you and your patients.

OPTUMCare Forum for Evidence-Based Medicine

Beginning with the March/April 2019 OPTUMCare Forum for Evidence-Based Medicine, OPTUMHealth Education is designating one hour of CME/CNE credit per issue.

For more information about education and medical management insights, please see attached **OPTUMCare Forum for Evidence-Based Medicine - July/August 2019 issue**. Also, for more information to claim one hour of CME/CNE credit, visit www.optumhealtheducation.com/ebm-forum.

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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Vice President and Executive Director