



Pathways to Success
Your ACO's Medicare Shared Savings Program

NEWSLETTER

MESSAGE FROM ACO LEADERS

As we reflect back on an unprecedented year filled with significant trials and tribulations across our communities, nation, and world – we've also witnessed acts of heroism, kindness, and compassion. We are bound together with a common sense of humanity, the desire to serve, and to persevere even under the most arduous and challenging of circumstances. We thank you for your tireless commitment to serve patients and families in our communities and look forward to a safer and healthier year ahead.

“When we learn how to become resilient, we learn how to embrace the beautifully broad spectrum of the human experience”. Jaeda Dewalt

What's With All The Names?

Parent Company

CommonSpirit™



CommonSpirit was created by the alignment of Catholic Health Initiatives and Dignity Health as a single ministry in early 2019. This health care system is comprised of 137 hospitals and more than 1,000 care centers serving 21 states; and through more than \$4 billion annually in charity care, community benefits, and government program services.



With a large geographic footprint representing diverse populations across the U.S. and a mission to serve the most vulnerable, CommonSpirit is a leader in advancing the shift from sick care to well care, and advocating for social justice.

The CommonSpirit name was inspired by scripture: “Now to each one the manifestation of the Spirit is given for the common good” (1 Corinthians 12:7 NIV). Those words motivate and guide us every day. They celebrate the healing gift of compassion that God gives to us all, and they remind us of our calling to serve the common good.



January 2021, Virginia Mason and CHI Franciscan united to form Virginia Mason Franciscan Health, bringing together the region’s leading health systems to make an even greater impact on the health and well-being of the communities we serve. As a result of this new chapter in our partnership, we will expand care options and access points for patients across the Puget Sound, the surrounding five-state region and the country. Together, we will transform health care through a better patient experience and more accessible care, and we will continue to improve our quality metrics. Combined, we will have the highest quality outcomes in the region and the opportunity to invest in patient-centric innovation.

Accountable Care Organization



In January 2013, the Centers for Medicare & Medicaid Services (CMS) awarded a contract to a newly formed Accountable Care Organization named Franciscan Northwest Physicians Health Network, LLC (aka Rainier Health Network).

Rainier Health Network is an ACO that delivers high-quality health care and drives down costs with an innovative approach to care. Our network provides integrated care that’s physician-led and patient-centered, and that means it’s designed with you in mind.

Our network of providers has increased to over 5,000 health care providers in the [Puget Sound region](#), patients are supported every step of the way. Our value-based approach brings together [patients](#), [providers](#) and [payers](#) in a system that rewards high-quality care and healthy outcomes.

COVID Vaccine Update

As of April 22, 316,438 vaccine doses have been provided by Virginia Mason Franciscan Health throughout our Pacific Northwest Region.

We continue to offer COVID Vaccines in our CHI-Franciscan Covid Vaccine clinics. In fact, we have available appointments on May 11th and 14th. Covid Vaccine is available by appointment or for select locations via walk-in. Go to, CHIfranciscan.org and select COVID vaccine to schedule an appointment. St. Joseph, St. Anne, and St. Anthony are giving Pfizer and can vaccinate 16-17 with a parent present. All other sites are giving J & J vaccines to those 18 and older. Please encourage vaccination and help fill our appointments.

Network/Provider Access Update

We are pleased to announce the availability of VMFH's **Gig Harbor Day Surgery Center**, conveniently located off SR16 on Kimball Drive. There is generous block time with newly equipped Operating Rooms housing three C-arms, an integrated Stryker system and other upgrades. Our spacious set-up optimizes patient-centric care and can accommodate **orthopedics, podiatry, gyn, plastics, ENT, pain management, urology** and other disciplines. A proud Gold AORN Go Clear award recipient, the center is also pleased to launch Perioperative Surgical Home in June for unprecedented multidisciplinary care coordination from pre-op through post-discharge.

For additional information, please contact your Market Development Representative Wendy Williams at wendy.williams@commonspirit.org or Periop Director Jill Howie at jill.hildesheim-howie@commonspirit.org

Compliance Reminder

First quarter audits for beneficiary signage displayed in clinic were 100%, THANK YOU!

Who? All Participants in RHN-ACO **What?** Help us maintain a perfect score and be prepared if your



practice is audited. **When?** Every office can be selected for **Compliance Auditing during the year.** **Why?** CMS requires every physician office to display Medicare Beneficiary Notices. This poster provides information for Medicare Patients your service to improve the quality and experience of care they receive by being part of an Accountable Care Organization (ACO). **How?** Complete the notice with your practice name and phone number, print and

display in a high visible location in your clinic lobby (attachment). Print copies of the Beneficiary Notice Inquires and have them available at your front desk for patient's requesting additional information (attachment).

Compliance Education Training

The MSSP Federal Regulations at 42 C.F.R. §425 (H)(4)(a) mandates that each ACO participant (who is either a physician or advanced practice provider) receives MSSP compliance education.



The annual compliance education information was e-mailed to every practice with instructions on February 22nd, from your ACO Operations Manager, Paulette Cranshaw.

Included was the CommonSpirit Standard of Conduct for your review. **Every provider in your practice** needs to review the compliance education, **sign and return attestation(s)** to the Compliance Office.

To remain compliant with CMS, please send your attestations prior to May 29th to:

Joela Russell, Compliance Analyst: Joela.Russell@DignityHealth.org or Fax: 916-859-1848

If you have any questions or further concerns, please feel free to contact RHN's Compliance Officer Christi directly at Christi.Knox@DignityHealth.org or Phone: 916-545-4965

Annual Quality Reporting

Quality Reporting(QP) has been completed, THANK YOU to all the clinics for completing your audits with our VMFH abstractors staff!

Results for QP should be made available by CMS in early summer. CMS does not include the quality score in your practice "look up" on the QPP website, so look for RHN's Quality Score in your Q3 Newsletter! The quality score of RHN-ACO will be the score your practice receives.



To learn more about your Quality Status as a practice/provider, please visit the Quality Payment Program website @ <https://qpp.cms.gov/>.

The Importance of Annual Wellness Visits

Reminder: HCC List have been e-mailed to independent providers/practices. Please review and have your patients scheduled for their Annual Wellness Visits.

- ✓ **Diabetes: Hemoglobin A1c (HbA1c) Poor Control**
- ✓ **Preventive Care and Screening: Screening for Depression and Follow-up Plan**
- ✓ **Controlling High Blood Pressure**

Annual Wellness Visits are important to our community and the families we serve. They impact our Medicare population at multiple levels. As an annual health risk assessment, the AWV provides information needed to create a comprehensive interactive care plan for our patients. The visit also provides a great opportunity to have candid conversations about our patient's health and offer prevention screenings and/or referrals. Additionally, the AWV provides an opportunity for care teams to engage patients in health care related decisions and develop a stronger provider-patient relationship. This relationship is key to crucial decisions and discussions about ongoing health needs including discussion about end of life care.



Did you know?

- ❖ Only 43% of seniors report very good to excellent health.
- ❖ For this reason, it is imperative to establish preventive care and identify early disease states to improve quality of life and promote longevity for our patients.

- ❖ Six in ten adults in US have a chronic disease and four in ten have two or more
- ❖ 90% of nation's \$3.5 trillion health care costs are for people with chronic health conditions
- ❖ Promoting good health includes lifestyle modifications (smoking cessation, healthy eating, exercise) & completing preventative screenings
- ❖ While 94% of seniors have a dedicated care provider, gaps persist in key preventive services.
- ❖ Only 25% of adults aged 50 to 64 and less than 50% aged 65 or older are up to date on essential preventative services, including cancer screenings; accounting for late diagnosis and higher cost of care
- ❖ Seven out of 10 deaths are attributed to chronic disease, many of which can be detected early or even prevented in the screening associated with the Annual Wellness Visit.
- ❖ The American Journal of Managed Care printed a study (March 2019) in which the association of AWVs and health care costs, including ED Visits, hospitalizations, and clinical quality measures, were examined in a population of 8,917 Medicare Beneficiaries. The results showed a 5.7% reduction in total health care costs when AWWs were implemented. Beneficiaries who received AWW were more likely to complete preventative services including breast and colon cancer screenings, A1C control and pneumonia vaccination.

Consider the following information and benefits related to the Annual Wellness Visit:

- Completion facilitates gap closures for essential preventive services like cancer screening
- In one study conducted by the CDC, Breast Cancer Screening increased by 9% when co-pays were eliminated
- Many patients are unaware that AWWs are a covered service with no out of pocket expense
- 100% covered by Medicare Part B & Medicare Advantage Plans
- Socializing this has the potential to improve scheduling of annual wellness visits and in turn, promote higher quality lives, improved longevity and fewer overall visits for our patients
- Substantial revenue generator
- A practice with 150 Medicare patients could generate a minimum of \$17,900/year and an additional 4 +RVU for the visit
- Decreases hospital visits and the need for multiple appointments freeing up valuable appointment and administrative time in the office

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Additional Information

MH-1 Depression Remission at Twelve Months

Included Population:



The percentage of adolescent patients 12 to 17 years of age and adult patients 18 years of age or older with major depression or dysthymia who reached remission at 12 months (+/- 60 days).

Exclusions

- ◆ Hospice
- ◆ Comfort Care
- ◆ Palliative Care
- ◆ Patients with a diagnosis of bipolar disorder
- ◆ Patients with a diagnosis of personality disorder
- ◆ Patients with a diagnosis of schizophrenia or psychotic disorder
- ◆ Patients with a diagnosis of pervasive developmental disorder
- ◆ Patients who were permanent nursing home residents

Definition

Twelve Months - Is defined as the point in time from the first instance of elevated PHQ-9 or PHQ-9M greater than nine AND diagnosis of depression or dysthymia extending out twelve months and then allowing a grace period of sixty days prior to and sixty days after this date.

The most recent PHQ-9 or PHQ-9M score less than five obtained during this four month period is deemed as remission at twelve months, values obtained prior to or after this period are not counted as remission.

Remission - Is defined as a PHQ-9 or PHQ-9M score of less than five.

Definition

- ◆ Diagnosis codes are identified during the CMS sampling process. Confirmation of the diagnosis of major depression or dysthymia can occur using any of the following methods:
 - ◆ Diagnosis code on the encounter or problem list (regardless of vendor assigned description of the code)
 - ◆ Words “major depression”, “major depressive disorder”, “dysthymia”, “dysthymic disorder”, “pervasive depressive disorder” (DSM 5 term for dysthymia) on progress notes or problems lists can be used to confirm the diagnosis. Additionally, in paper records, the description “depression” may be used with the option to confirm by billing code.

- ◆ PHQ-9 or PHQ-9M administration does not require a face-to-face visit; multiple modes of administration are acceptable (telephone, mail, e-visit, email, patient portal, iPad/tablet, or patient kiosk).
- ◆ Patient remission, a follow-up PHQ-9 or PHQ-9M result less than 5, may be determined during a telehealth encounter.

Rationale

The Centers for Disease Control and Prevention states that during 2009-2012 an estimated 7.6% of the U.S. population aged 12 and over had depression, including 3% of Americans with severe depressive symptoms. Almost 43% of persons with severe depressive symptoms reported serious difficulties in work, home and social activities, yet only 35% reported having contact with a mental health professional in the past year. Depression is associated with higher mortality rates in all age groups. People who are depressed are 30 times more likely to take their own lives than people who are not depressed and five times more likely to abuse drugs. Depression is the leading cause of medical disability for people aged 14 - 44. Depressed people lose 5.6 hours of productive work every week when they are depressed, fifty percent of which is due to absenteeism and short-term disability.

Sources

Center for Medicare & Medicaid Services. (2020. MH-1 (NQF 0710): Depression Remission at Twelve Months – National Quality Strategy Domain: Communication and Care Coordination. In C. f. Services, 2020.CMS Web Interface V4.0 Registry (2 ed., pp. 1-29). Center for Medicare & Medicaid Services.

If you have any questions, please do not hesitate to contact Rainier Health Network @ rhn@chifranciscan.org or 253-428-8444.



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