KNOW YOUR ACO: Alabama Physician Network

In this month's edition:

- ACO Provider Attribution
- Shared Savings Distribution
- Opportunities for Improvement
- Meet our Care Coordinators
- Success Stories

APN Participants:
UAB Health System
UAB Medical West Hospital
Christ Health Center
Cahaba Medical Care

ACO Governing Board:
Chair
Tony Jones, MD
UA Health Services Foundation

ACO Executive Director
Don Lilly
UAB Health System

Secretary
Michael Moore, MD
The Healthcare Authority for Medical West

Treasurer
Bob Bourge, MD
UA Health Services Foundation

Quality Chair
Stephen Stair, MD, FACP
UAB Health System

ALABAMA PHYSICIAN NETWORK

Provider Attribution

Patients in an Accountable Care Organization (ACO)/Medicare Shared Savings Program (MSSP) are attributed to up to three providers by the Centers for Medicare and Medicaid Services (CMS). Primary care providers (PCPs) are generally first in the "logic" from Medicare, but we have to manipulate this in our system, as CMS is not always correct. If a patient does not have a UAB/ACO PCP, they will be attributed to the provider with the "plurality" of care, which could be a specialist or an APP.

Our goal would be for all patients to have a PCP, but our patients can come from many miles away several times a year to see their neurologist, cardiologist, or oncologist. Approximately 24% of our ACO patients, in fact, do not have a PCP within the ACO. These still become our "primary care patients" even though they don't have a local PCP, so we are responsible for their care and their quality measures. Our care coordinators take on this responsibility as much as possible.

Here are the top volume primary care providers with patients in the ACO:

- Jay Herndon, MD . . . . . UAB Inverness . . . . . 293 patients
- David Gettinger, MD . . . UAB Whitaker . . . . . 239 patients
- Andrea Shirey, MD. . . . . Medical West . . . . . 225 patients
- Amy Lejeune, MD . . . . . UAB Inverness . . . . . .214 patients
- Lisha Thornton, MD. . . . UAB Hoover . . . . . .213 patients
- John Mitchell, MD . . . . . UAB Selma . . . . . 206 patients
- Clark Gray, MD . . . . . Medical West . . . . . 206 patients
- James Williams, MD . . . UAB Whitaker . . . . . 201 patients
- Anisa Ssengoba, MD. . . UAB Hoover . . . . . .195 patients
- Alan Gruman, MD . . . . . UAB Whitaker . . . . . .193 patients

Patients who have seen their PCP and had their annual wellness visit are much more likely to have improved quality metrics for vaccinations, cancer screenings, blood pressure control, and diabetes care. They also have lower costs overall. **If you are a specialist, make sure your patients have visited their PCP in the calendar year, or schedule an appointment with a PCP within the network!**

KNOW YOUR ACO: Alabama Physician Network

Shared Savings in an ACO

At the beginning of the year, each ACO is given a "historical benchmark" per member, per year amount of spending. With care coordination, quality measure improvement, and collaboration with hospitals, nursing homes, and home health agencies, our goal is to improve quality and reduce costs for these patients. If the benchmark amount decreases more than 3% at the end of the year, CMS (Medicare) gives 50% of the savings back to the ACO, which in turn is distributed to the providers based on their patient distribution.

There is a wide range of success among ACOs in the United States, which manage about 10% of the entire population (30 million patients). Many ACOs are able to save millions of dollars, while others barely break even or lose money.

The Alabama Physician Network (our ACO) has a financial committee dedicated to the distribution of any savings we attain at the end of the year. These will be distributed among all providers based on their patient attribution (see left) and their specialty.

Opportunities for Improvement

Hypertension Quality Metric:
Please be sure to have your nurse repeat any initial blood pressure >140/90 and record in your EMR:

- In IMPACT under "Repeat Vital Signs"
- In MediTech in the clinic chart
- In AllScripts in the Population Health note

Diabetes:
Make sure your patients have had an A1C drawn this year as well as visited their eye care professional for a dilated retinal exam ('diabetic eye exam').

Medication Reconciliation after Discharge:
Be sure to document medication reconciliation from the hospital discharge list when you see a patient within 30 days of a hospital or rehab discharge.

Meet Our Care Coordinators

Heather Thrash, RN, CCM
Works with the Selma/Montgomery clinics

Kim Mareno, RN
Works with the Whitaker Prime Care, Inverness Geriatrics and Family Medicine clinics

Latycia "Tish" Jones, LGSW, CCM
Works with the Whitaker, Gardendale, Leeds, and Hoover Prime Care clinics

Darnetta Hurbert, RN
Works with the Medical West clinics

KNOW YOUR ACO: Alabama Physician Network

Success Stories

- During a follow-up phone call, a patient complained to one of our care coordinators of itching and said she felt like she was having an allergic reaction to a new medication. The care coordinator confirmed that the patient was not having any swelling or hives and did not need acute medical care. The patient said she was planning to go to the ED for treatment. This allowed the care coordinator to educate the patient on when to seek emergency care and work with the Access Center to find an appointment with the patient's PCP for the next day. Her PCP determined that the itching was caused by a seafood allergy, the patient was treated with over-the-counter medication, and a costly ED visit was avoided.

- An 85-year-old female with a history of COPD, osteoarthritis, hypertension, and anxiety and depression has a history of poor medication and treatment compliance and multiple social barriers, including the lack of a family support system. The patient was identified to be in the high-risk MSSP population due to frequent ED and inpatient admissions. The care coordinator, Kim Mareno, reached out to the patient to schedule a face-to-face meeting during her transitional care office visit.

  Through collaboration with the patient, home health care agency, and PCP practice, a treatment plan was established, and the patient is now compliant with that treatment plan. Kim communicates with the patient on an almost daily basis and has established a trusting relationship with her. Kim also collaborates frequently with the home health agency and the PCP office staff.

  During the patient's last clinic visit, she mentioned that Kim brought her balloons and a gift on her birthday. "I know there are people that care about me now," the patient said. The patient remains compliant with her medications and hasn't been to the hospital in over three months. This success demonstrates how care coordinators can make a big difference in patients' lives.