

KNOW YOUR ACO: Alabama Physician Network

ACO NEWSLETTER MARCH 2021:

- Welcome, New APN Board Members!
- In Focus: Annual Wellness Visits & HCC Codes
- Quality Metric Initiatives: High BP and Depression Screenings
- CMS Q4 2020 E&U Reports

APN Participants:

Vincentian Physicians Services
UAB Medicine
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

Quality Chair

Stephen Stair, MD, FACP
UAB Health System

WELCOME, NEW APN BOARD MEMBERS!

With a new fiscal year and the addition of Vincentian Physician Services to the Alabama Physician Network (APN), we welcome new board members! Current board members are:

- Tony Jones, MD (Chair)
- Stephen Stair, MD (Medical and Quality Director)
- Irfan Asif, MD
- Elizabeth Turnipseed, MD
- Gaurav Jain, MD
- John Waits, MD
- Rob Record, MD
- Michael Moore, MD
- Leigh Copeland, MD
- David Smith, MD
- John Nichols, MD
- Don Lilly (Executive Director)
- Patricia Pritchett
- Sean Tinney
- Randy Granata
- Charlie Perry

IN FOCUS: ANNUAL WELLNESS VISITS & HCC CODES

Please encourage patients to schedule their annual wellness visit! This is a covered visit for Medicare beneficiaries that is designed to prevent disease and disability and is important for optimizing health and minimizing disease risk factors. An annual wellness visit is not a physical exam; it is a distinct visit covered by Medicare and gives patients an opportunity to speak with their provider about preventive measures regarding their health.

Annual wellness visits should include:

- A health risk assessment
- A review of family and past medical history
- Updating current medications
- Updating care providers and measurements of height, weight, blood pressure, and other routine indicators
- A cognitive assessment
- Personalized health advice
- Discussion of risk factors and respective treatment options
- A screening schedule for appropriate preventive services

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Make sure to indicate relevant hierarchical condition category (HCC) codes for your patients! HCCs are chronic condition codes that are important in assessing patient risk.

Examples include:

- Chronic kidney disease with stage documented
- Depression in remission
- Morbid obesity
- Diabetes with hyperglycemia and complications documented
- Type of heart failure (systolic, diastolic, chronic, or acute)

QUALITY METRIC INITIATIVES: HIGH BP AND DEPRESSION SCREENINGS

Please remember that the last blood pressure reading on the chart is the one that is submitted for our quality metrics, so nurses should recheck BP (at the end of the visit) if the initial clinic BP is greater than 140/90 and record the second number in IMPACT. Most of the time, a high initial BP reading reflects multiple factors including visit anxiety, stress from parking, and talking during the reading.

Depression screening with the PHQ2 questions is vital to helping us uncover underlying depression in our older adult patients. Please address any PHQ2 score that is positive!

NOTE: Different electronic health record systems are used by various members of the APN accountable care organization (ACO). The instructions above are specifically for Cerner/IMPACT at UAB. If you have questions about capturing these two metrics in your respective EHR, please reach out to these contacts:

- UAB Thalia Baker thbaker@uabmc.edu
- St. Vincent's Lexie Fleming lexie.fleming@ascension.org
- Cahaba Medical..... John Waits..... john.waits@cahabamedicalcare.com
Jackie Palmer jackie.palmer@cahabamedicalcare.com
Lacy Smith..... lacy.smith@cahabamedicalcare.com
- Christ Health..... Evan Isbill..... eisbill@christhealthcenter.org
- Medical West Michael Moore mmoore@uabmw.org
Wyvern Wallace wyvern.wallace@uabmw.org

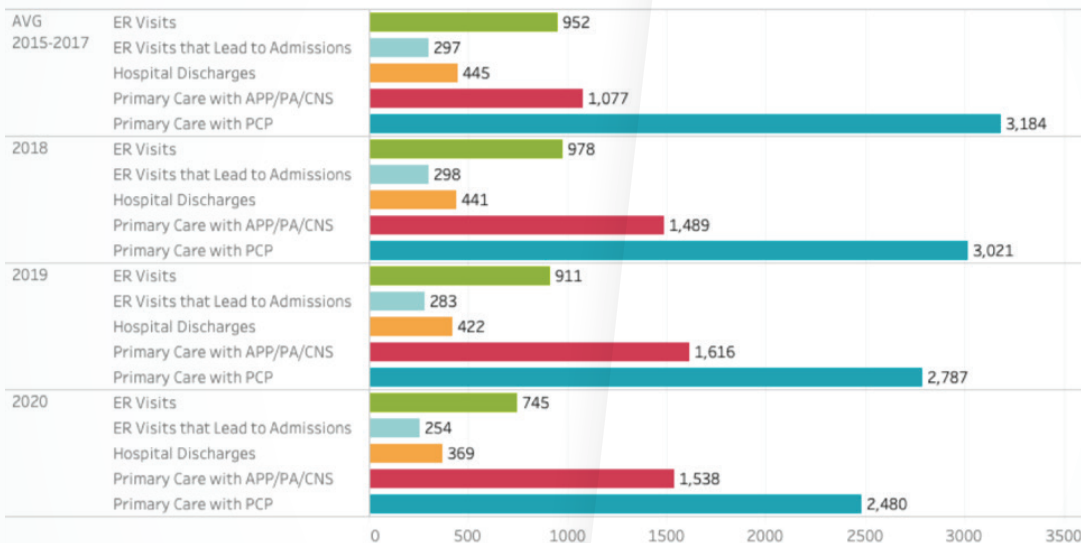
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CMS Q4 2020 E&U REPORTS

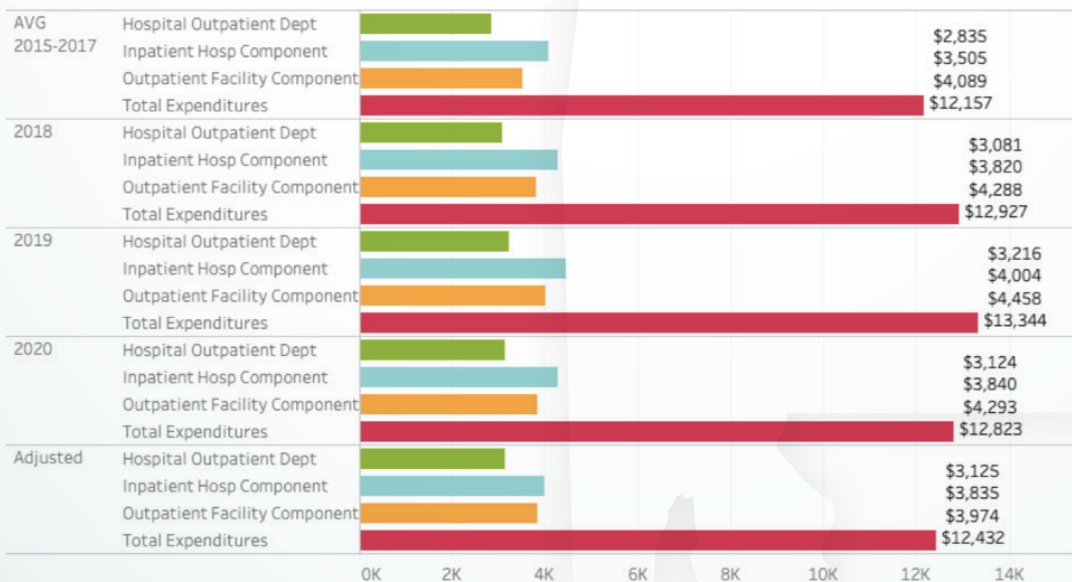
The Q4 E&U Reports were released in February 2021. Our final annual performance will be released in the Final Reconciliation Report in August or September of this year.

According to the Q4 reports, overall expenditures per beneficiary are down, as are hospital visits among APN beneficiaries. Given the ongoing COVID-19 pandemic, the decrease in hospital visits is not entirely surprising. ED utilization was down in 2020, which highlights that many ED visits are not necessary. In cases where patients unnecessarily seek emergency care, they often would have been better suited for primary or specialty care. We need to be vigilant about encouraging our ACO beneficiaries to call their primary care provider or clinic first in non-emergency situations.

Expenditures per 1000 Persons



Expenditures per Beneficiary



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While our beneficiary mix shows great improvement – with expenditures trending down for patients who are dual- and non-dual-enrolled – our disabled population expenditures have increased in the past few years. The APN, on average, has a greater mix of ESRD and disabled patients compared to other ACOs. Disabled patients tend to be less compliant with their medical care, and currently we are working on solutions to lower this population’s expenditures. Note that the “adjusted” values are for 2020, taking into account the COVID-19 pandemic.

Expenditures per Beneficiary

