

KNOW YOUR ACO: Alabama Physician Network

ACO NEWSLETTER QUARTER TWO 2021:

- Strategy: Accountable Care Organization (ACO) Contract
- Operations: Practice Manager Meetings
- ACO Participants

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*

Treasurer

Sean Tinney
*The Healthcare Authority for
Medical West*

Quality Chair

Stephen Stair, MD, FACP
UAB Health System

Summer is here, and things are settling down after a long year in a public health emergency. We understand that it has been wild and challenging, but we want to give a big shout-out to all of you for making adjustments to your practices in order to best serve and care for our Medicare beneficiaries in the Alabama Physician Network (APN). Thank you!

We hope you will take a few minutes to read through this second-quarter newsletter and see what is going on in the APN.

STRATEGY: ACCOUNTABLE CARE ORGANIZATION (ACO) CONTRACT

Our current contract with CMS started Jan. 1, 2018. We joined the Medicare Shared Savings Program (MSSP) as a Track 1 participant, which means that we only have upside risk exposure – we share in the savings we provide CMS but not in the losses. We are waiting for reports on 2020 performance to see if we successfully achieved savings. More on this will come later in the fall.

The MSSP Track 1 originally was a three-year performance period, but it was extended by one year due to the pandemic. This fourth year has allowed us to continue refining our processes and operational activities as we consider renewing our contract with CMS and move into the updated ACO program called Pathways to Success. Our due diligence is ongoing, and we will make a final decision by the final application deadline this fall.

OPERATIONS: PRACTICE MANAGER MEETINGS

On May 11, we launched quarterly meetings with managers across all of our practices. About 40 people participated via Zoom in this first meeting. Our objective with these quarterly meetings is to share best practices across all of our sites and cascade information to front-line leaders who are caring for our Medicare patients.

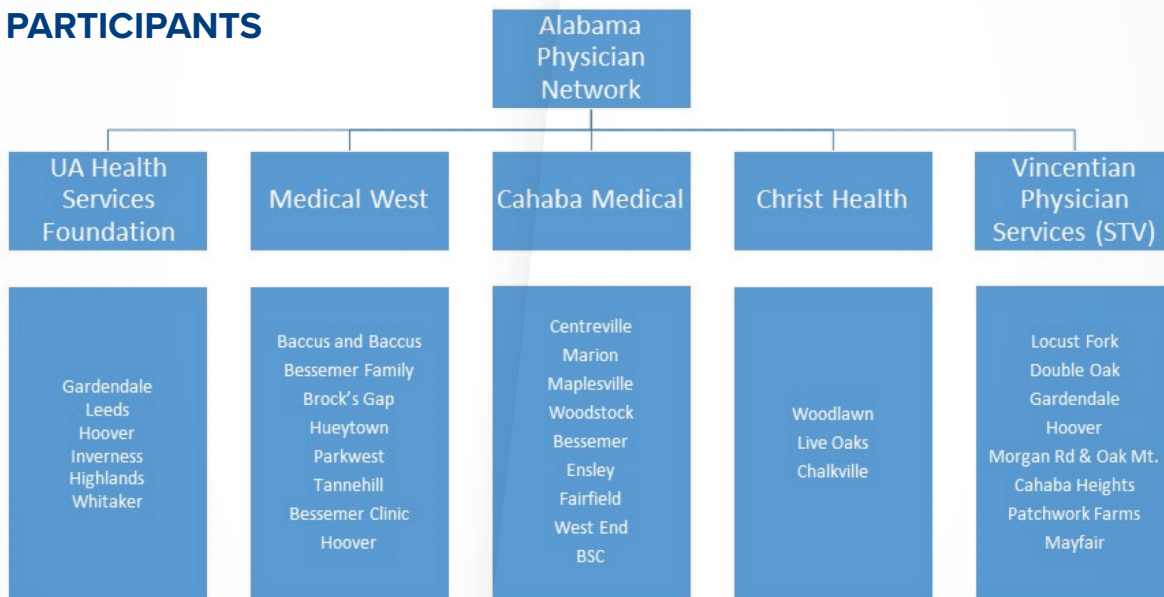
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During this meeting, we covered the following topics:

- Overview of the ACO
- Historical performance
- Importance of practice-level engagement on aggregate performance
- Tools we utilize, such as practice- and provider-level scorecards
- Clinical matters
 - Annual wellness visits
 - Blood pressure monitoring
- Practice manager directory

We want to thank Annie Shedlarski from the UAB Medicine Hoover Primary & Specialty Care Clinic for contributing her best practices. Below are some key highlights and graphics from the meeting. The next meeting is scheduled for August 18 at noon.

ACO PARTICIPANTS



Goal #1 – Annual Wellness Visits

Make sure to encourage patients to have their annual wellness visit! These Medicare-covered visits are designed to prevent disease and disability, focusing on current health and other risk factors. Please note that an annual wellness visit is not a physical exam. A wellness visit is a distinct visit covered by Medicare and gives patients an opportunity to speak with their provider about more preventive measures regarding their health. The visit should include:

- A health risk assessment
- A review of family and past medical history
- Updating current medication(s)
- Updating care providers; and measurement of height, weight, blood pressure, and other routine measures
- A cognitive assessment
- Personalized health advice
- A discussion of risk factors and respective treatment options
- A screening schedule for appropriate preventive services

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Goal #2 – BP taken again at end of visit

- The last recorded blood pressure of visit counts
- Take subsequent blood pressure before patient departs exam room
- Most likely will be lower

Please remember that the last blood pressure on the chart is the one submitted for our quality metrics, so please make sure that nurses repeat (at the end of the visit) any initial clinic BP that is greater than 140/90 and that they record the second number. Most of the time, the first blood pressure reflects multiple factors including visit anxiety, parking deck stress, and talking during the reading.



7 SIMPLE TIPS TO GET AN ACCURATE BLOOD PRESSURE READING

- USE CORRECT CUFF SIZE**
Cuff too small adds 2-10 mm Hg
- PUT CUFF ON BARE ARM**
Cuff over clothing adds 5-50 mm Hg
- SUPPORT ARM AT HEART LEVEL**
Unsupported arm adds 10 mm Hg
- KEEP LEGS UNCROSSED**
Crossed legs add 2-8 mm Hg
- SUPPORT BACK/FEET**
Unsupported back and feet adds 6 mm Hg
- DON'T HAVE A CONVERSATION**
Talking or active listening adds 10 mm Hg
- EMPTY BLADDER FIRST**
Full bladder adds 10 mm Hg

The common positioning errors can result in inaccurate blood pressure measurement. Figures shown are estimates of how improper positioning can potentially impact blood pressure readings.

Sources:
1. Pickering, et al. Recommendations for Blood Pressure Measurement in Humans and Experimental Animals Part 1: Blood Pressure Measurement in Humans. *Circulation*. 2005;111: 697-716.
2. Handler J. The importance of accurate blood pressure measurement. *The Permanente Journal*/Summer 2009/Volume 13 No. 3 51

This 7 simple tips to get an accurate blood pressure reading was adapted with permission of the American Medical Association and The Johns Hopkins University. The original copyrighted content can be found at <https://www.ama-assn.org/ama-johns-hopkins-blood-pressure-resources>.

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