Volume 1, Issue 2 March 2017

Community Health Partners℠

PHYSICIAN HOSPITAL ORGANIZATION

DLC (David Lawrence Center) partnered with Genoa Pharmacy and will be opening an onsite pharmacy at DLC to help assist patients with obtaining and adhering to their prescribed medications. We have confirmed with Envision that Genoa is participating provider.

Envision is the Mail-order pharmacy for the Collier County Government, Schools, and Sheriffs Office.

INSIDE THIS ISSUE:

The Clinically Integrated Network—CIN

An update on our CIN progress:

We have submitted our application to URAC (Utilization Review Accreditation Commission), for accreditation. The next step is the completion of the desktop review, and provider and staff interviews. The Oversight Committee is moving ahead with forming the Finance and Contracting Committee in March. The PHO Board has approved the amended PHO Bylaws to add language regarding the formation of the CIN and the CIN Provider Agreement. The Quality and IT Committee have met twice to review and approve standards regarding clinical quality, health outcomes, and efficiency of care. A provider manual has been developed to provide an overview of CIN requirements for participation, provider responsibilities, provider education and general information.

We are preparing the provider contracts to be presented to primary care physicians to form a high functioning network that can be marketed and sold to self-insured companies and/or insurance companies. We are very excited about our CIN progress as it continues to build interest and opportunities within the insurance arena.

CIN Quality and IT committee members:

Dr. Gregory Leach, Dr. Robert Wilson, Dr. Gary Parsons, Dr. Alejandro Perez, Dr. Max Kamerman, Dr. Lindita Hobdari and Dr. Karen Henrichsen

CommonWell & Carequality

CommonWell and Carequality for an Alliance to Boost Nationwide Interoperability :

In mid-December, it was announced that CommonWell and Carequality would formally be working together to improve interoperability of health information. Both organizations are comprised of numerous Healthcare IT Vendors and other stakeholders with the common goal of making health information more accessible to a patient's provider – regardless of where the care occurred. "As a result of the new collaboration, providers using CommonWell services will be able to exchange data with providers using Carequality, and vice-versa. Jitin Asnnaani, executive director of CommonWell."

To read more, use this link: http://www.healthdatamanagement.com/news/carequality-commonwell-alliance-a-boon-to-interoperability-progress

GASTROENTEROLOGISTS

It was recently discovered that due to a 2017 ACA compliance strategy, colonoscopy preparations now require a PA (prior authorization) through Envision for the Collier County Schools, Government, and Sheriffs members.

If you have any questions, please call Community Health Partners 239-659-7700.

http://www.commonwellalliance.org/

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The Health Advocate Program at Collier County Public Schools

CHPs Health Advocate Program at the Collier County Public Schools is called *Pathways to Enhanced Health*. It is a behavior change-based wellness program available to all benefit-eligible employees. The program offers "incentive/wellness activities" designed to increase employee well-being by promoting healthy behaviors through improving health risk awareness and encouraging proactive prevention of chronic diseases. Benefits to CCPS include reduction in health care costs, improved employee productivity, morale and retention, and reduced absenteeism.

Participation in incentive activities is voluntary and only required if an employee opts for one of the higher "incentive tiers" available within CCPS's medical insurance plan. The higher tiers offer richer coverage and lower out-of-pocket costs to the employee. More than 90% of CCPS employees participate on an annual basis.

Wellness activities include: blood work done through Quest; biometric measurements; individualized consults with a health coach; diabetes education; referral to smoking cessation classes and age and gender based screenings which include preventive physicals with employees' personal primary care providers, mammograms and colonoscopies. The health coach's role is to: review the results of screening labs and biometric measurements; highlight risk factors for chronic disease; create nutrition and exercise goals; apply motivational interviewing to encourage adoption of positive lifestyle changes and; provide support to maintain good health.

Pathways to Enhanced Health is staffed by three health coaches and a Program Coordinator. Health Coaches include a nurse, exercise physiologist, registered dietitian, physician assistant and certified diabetes educator. Coaches strongly encourage employees to share/discuss their screening results and wellness activities with their primary care providers.

The Health Advocate Program at the Collier County Government

CHPs Health Advocate Program at the Collier County Government was created to assist employees and their spouses in a worksite wellness environment; finding new and creative ways to inspire members to reduce or eliminate high risk behaviors and incorporate healthier habits. The Health Advocate Office works closely with the on-site Millennium Medical Clinic, Wellness Program and benefits offices, and is responsible for establishing relationships with members who are enrolling in the worksite's employee benefits programs. The Health Advocates seek opportunities not only to role-model health-promoting behaviors in day to day operations but also to provide inspiration, life-style coaching and accountability for members who are ready to move closer to their goals. Advocates meet with members one-on-one or in small sessions, utilizing motivational interviewing techniques to help employees become proactive about their health, including but not limited to improving nutrition, increasing physical activity, managing weight, handling stress, preventing diabetes, quitting tobacco and creating work-life balance. Additionally, for those members managing chronic conditions such as diabetes, heart disease and obesity, the Health Advocates promote member understanding of disease processes, and prevention of complications. The Health Advocates provide information geared to the individual member's needs and literacy level, and facilitate referral to community resources such as specialty physicians, support groups and others while helping the employer maintain efficiency with their health-care dollars.

IMPORTANT INFORMATION: Laboratory Services/Genetic testing:

We are reminding you that members of the Collier County Schools, Collier County Government, and Collier County Sheriff's Office- Must be referred to physicians and other providers within the network to obtain coverage under in-network benefits. This referral requirement applies to Laboratory and Pathology services as well. Some members have contacted us regarding Laboratory and Pathology services that are being performed by out of network providers. When medical services are provided by an out of network provider or facility, the member is penalized financially with a higher out of pocket expense or no coverage for the service. The member's are relying on you to refer them to in network providers. ***If you plan to conduct an array of laboratory tests, please inform members prior to services being rendered. If you plan to conduct genetic testing, member must be notified and written consent must be obtained. Genetic testing is not always a covered service and member will be financially responsible.***
If for some reason you must refer to an out of network laboratory or pathology provider, you must notify Community Health Partners so we can facilitate documentation for accurate claims processing. Please complete a pre-cert form available on our website **www.chealthpartners.com.** This policy applies to all services including specimens from colonoscopy and endoscopy procedures. If you have any questions, please contact Provider Relations Department at 659-7760.

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Clinical Integration Network (CIN)
Frequently Asked Questions

Q: What is clinical integration?

A: Clinical integration is a structured collaboration between community physicians and a hospital to develop active and ongoing clinical initiatives designed to improve the quality and efficiency of healthcare services. Participation in such clinical integration creates a high degree of interdependence and cooperation among participants. Clinically integrated systems are recognized by the FTC and allow joint managed care contracting in order to accelerate improvements in healthcare delivery.

Q: What are the characteristics of clinical integration initiatives?

A: An effective clinical integration network contains initiatives that involve all physicians committed to a common set of clinical goals. These goals are likely to improve the health of a community, provide measurable results in quality improvement, efficiency of care and patient safety. Measurable results can also be used to compare physician performance which results in quality improvement.

Q: What does a clinically integrated network look like?

A: Clinical integration involves both private practice and physicians in the NHC Healthcare system who join together in an organization or network that allows them to:
1. Identify and adopt best practices for the treatment of patients;
2. Develop systems to monitor performance against adopted metrics;
3. Collaborate with NCH Healthcare System to improve processes of care; and
4. Enter into contractual arrangements with health plans that financially recognize physicians' efforts to improve quality and efficiency.

Q: Why are physicians nationwide engaging in clinical integration?

A: Physicians have numerous and overlapping motivations for joining together in clinically integrated networks including the following:
1. Enhancing the quality of care provided to patients;
2. Allowing physicians and hospitals to market themselves on the basis of higher quality;
3. Legitimately negotiating with payers as a network; and
4. Access to technological and quality improvement infrastructure that enables evaluation of physician performance.

Q: Will physicians be involved in the development and leadership of a clinically integrated network?

A: Yes. NCH and the physician members of the IPA SWFPA have been actively engaged in the process of exploring a clinically integrated physician network. The CHP CIN will be governed by an operating committee led by physicians and will operate for the explicit purpose of developing and implementing a clinically integrated network. The CHP CIN will negotiate single signature payer arrangements with health plans and will share in the savings generated by improving quality and reducing costs.

Q: If I join a CIN, will my current commercial contract rates go down?

A: No, one of the advantages of a CIN is the ability to market and negotiate on behalf of the entire network to derive reimbursements that recognize quality and scope of the network. Additionally, it is anticipated that the CIN will negotiate pay for performance elements in addition to the fee-for-service base payment rate. Such performance incentives are not currently available to physicians.

Q: Will a CIN change how my practice operates?

A: Community physicians will maintain their own practice. Membership in the CIN does not imply employment by NCH Healthcare System and does not impact practice identity, operations or staff. CHP CIN membership does require a commitment in terms of time, accountability, and compliance with the CIN's clinical initiatives.

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Q: What will physicians need to do in order to participate in the CHP CIN?

A: Physicians will be asked to agree to specific guidelines outlined in the CIN Provider Agreement.

Q: Is it mandatory that I participate in the CIN?

A: No, it is not required that you participate in the CIN and will not affect your current membership or status with SWFPA/CHP.

Q: What happens if I decide not to participate?

A: Your current agreements with CHP will remain in place.

Q: Will the CIN be a separate payer agreement from agreements I currently participate?

A: Yes, if you agree to participate in the CIN you will sign a CIN provider agreement and agree to CIN payer agreements.

Q: Date of implementation?

A: This could be end of 2017 or earlier depends on URAC accreditation and CIN agreements obtained.

Q: How do I enroll if I wish to participate?

A: We will provide enrollment information once all necessary governing documents are approved and URAC accreditation is finalized. CHP will contact providers about participation.

Q: Will physicians be required to abandon medical staff appointments at non-NCH hospitals or admit patients only to NCH hospitals and care facilities?

A: No. The CHP CIN does not impose limitations on a physician's ability to admit patients to non-NCH facilities.

Q: What clinical initiatives will the CIN include?

A: The CHP CIN is still in the development stage but the following are likely to be included:

- -Chronic disease management
- -Care episode management
- -Generic drug use
- -PQRI and other quality reporting
- -Communication among primary physicians and specialists
- -Hospital cost enhancement efforts
- -Patient satisfaction efforts

Q: Will participation in the CIN require physicians to change the way they practice medicine?

A: Yes. Participation in the quality and care management initiatives of the CHP CIN will require focused time and attention from physicians to achieve the goals of the CIN. The CIN will not supersede a physician's clinical judgment in the practice of medicine. However, the CIN will develop clinical guidelines and participation in quality and utilization efforts. CIN physicians will be eligible to obtain financial rewards for their additional efforts.

Q: What role does an electronic medical records (EMR) system play in clinical integration?

A: An ambulatory EMR is not a prerequisite for the development of clinical integration. While a common EMR across all participating physician practices can certainly accelerate, and strengthen a clinical integration program, many successful models nationwide do not

depend on an ambulatory EMR system for data on physician performance. Sharing claims data and performance metrics will be necessary to enable the success of the CIN.

Q: If I am required to share my claims data, how can I be sure the data won't be used against me or be shared with my competitors?

A: Data will be downloaded to a secure database. Access to that database will be restricted to the CIN leadership and the CIN Board will determine how the data is utilized.

Q: I have heard that the Federal Trade Commission (FTC) has not yet adequately clarified the meaning of clinical integration. Is this true?

A: No. Since 1996, the FTC has been very consistent in its definition of clinical integration as well as the analytical framework it applies when evaluating clinical integration among a network of independent physicians. As defined by the FTC, a "qualified clinically integrated arrangement" is… an arrangement to provide physician services in which: 1. All physicians who participate in the arrangement participate in active and ongoing programs of the
arrangement to evaluate and modify the practice patterns of, and create a high degree of interdependence and cooperation among, these physicians, in order to control the costs and ensure the quality of services provided through the arrangement, and 2. any agreement concerning price or other terms or conditions of dealing entered into by or within the arrangement is reasonably necessary to obtain significant efficiencies through the joint arrangement. The FTC has also indicated on numerous occasions that clinical integration programs may include:
... (1) establishing mechanisms to monitor and control utilization of healthcare services that are designed to control costs and assure quality of care; (2) selectively choosing network physicians who are likely to further these efficiency objectives; and (3) the significant investment of capital, both monetary and
human, in the necessary infrastructure and capability to realize the claimed
efficiencies. (Statements of Antitrust Enforcement Policy in Healthcare by the FTC and the U.S. Department of Justice, Statement 8, August 1996).

Q: How is it lawful for a network of clinically integrated physicians to collectively negotiate with health plans when the FTC is actively investigating and prosecuting physician networks for negotiating PPO contracts?

A: The FTC views clinically integrated physician networks as an opportunity to create efficiency and quality in care that outweighs any restraint on trade. However, the FTC will continue to monitor those networks that fail to demonstrate the elements of true clinical integration.

Q: What benefits do health systems provide in the development of clinical integration programs?

A: Partnering with a health system can provide advantages to a network of private practice physicians in the development of clinical integration. When the health system shares the same quality vision as the physicians, the health system can be a powerful ally in program development by: 1. Development of clinical integration initiatives using existing inpatient quality measures 2. Providing financial assistance and personnel 3. Demonstrating to payers that the CIN program is legitimate and valuable.

Q: Why should NCH Healthcare System and its affiliated physicians believe that clinical integration is a good business and healthcare strategy?

A: Physicians and health systems nationwide are developing clinical integration programs because they believe in the value they create for the patient, provider and payer. Clinical integration allows physicians and health systems
to: 1. Demonstrate their quality to current and future patients 2. Choose the clinical measures they will be evaluated against 3. Enhance revenue through better management of patients 4. Gather collective support for necessary infrastructure 5. Engage in group contracting.