

QUALITY LEADS

Progress Notes from the CMO, Dr. Georgean deBlois



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Power in Numbers

VCP Executes Shared Savings Contracts

As payors move to value-based contracting, they recognize the value VCP brings to the market. The thousands of covered lives attributed to physicians in our network enable insurers such as Cigna and Aetna to execute shared-savings contracts with us that are not feasible at the individual practice level.

Shared Savings - What determines quality?

Higher quality, lower costs drive potential shared savings. To succeed in this type of contract, VCP must meet quality and medical spend targets established by the payor. The quality gate is the determined threshold quality score that the network must achieve before it is eligible to share any potential savings.

Payors utilize claims information to determine the percentage of patients who have successfully met their pre-determined quality measures such as colorectal cancer screening and annual retinal exams for diabetics (see [Aetna Clinical Performance Measures](#)). These quality measures reflect evidence based medicine and are often HEDIS measures based on National Quality Foundation (NQF) guidelines or National Committee for Quality Assurance (NCQA) specifications. The PQRS measures that we use to track quality are also based on NQF & NCQA guidelines, and they share many features with HEDIS measures. HEDIS measures, however, are designed for insurance plans, thus have stipulations around time in plan, etc, that are not clinically related.

One of the goals of the network is to encourage a comparable set of quality measures across all payors, making it more feasible for physicians to achieve quality goals.

Shared Savings - What determines savings?

When the per member per month (PMPM) medical spend over a defined period is less than the medical cost target established by the payor, there is a potential for shared savings. Each contract will have a formula for calculating the amount of savings to share with the network. If the network quality gate threshold is missed, no savings are shared. Closing gaps in care is the only way to meet the quality gate. (see [What are 'Gaps in Care'](#))

[Glossary of Terms and Payor Arrangements](#)

Shared Savings - What is required for success?

VCP provides clinical analytics through Crimson Population Risk Management (CPRM) and Crimson Care Management (CCM). Claims data, lab data, pharmacy data from the HCA, Cigna and Aetna contracts will be run through these sophisticated, payor-agnostic programs. Aggregating data across multiple payors will enable physicians to have exceptional insight into potential quality and cost opportunities.

Analytics are just a tool, however. Shared savings will only be realized if you and your practices work with VCP to examine the data and implement the practice processes necessary to achieve the quality and cost targets.

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Stratification and Risk

The Key to Population Management

VCP has contracted with Crimson to implement Crimson Population Risk Management (CPRM), an analytics platform that enables the network to maximize shared savings opportunities by taking a closer look at our covered lives across our contracted payors. Because this tool is cost-prohibitive on an individual practice level, the network can absorb the expense for advanced technology, a necessity in the current contracting landscape.

To reduce costs and improve outcomes for patients under network care, VCP is developing care delivery programs designed to proactively manage high-risk, high-cost

patients. To do this, the organization needs to identify those individuals and stratify them into high-risk, low-risk, and rising-risk groups. The risk stratification provided by CPRM will be crucial to the successful execution of our shared saving contracts with Aetna and Cigna.

"Effective population health management requires that providers keep tabs on the health status and utilization of thousands of patients...Moreover, it requires the ability to predict risk within a patient population so it can be managed with appropriate preventive and early interventions." Larkin, Howard. "Population Health: The Risks and Rewards." H&HN , 2/ 11/14.

CPRM allows the network to validate payor analytics as well as evaluate and

pinpoint actionable opportunities across the continuum for clinical

improvement. VCP will also be using Crimson Care Management

(CCM) software to automate workflow, standardize documentation

and integrate ambulatory, hospital and care management metrics to

assist in monitoring clinical care gaps. Chrissy Brooks, MBA has

joined VCP as Quality Analytics and Performance Improvement Manager. She will

oversee implementation and management of the tools. Chrissy comes from HCA's

Capital Division as Manager, Financial Information Systems with extensive experience

in data management and reporting.



Click to learn more about [Crimson's Population Risk Management Tools](#) .

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ICD-10

www.cms.gov/ICD10

Are you ready?

As a member of VCP and our affiliation with HCA, physicians have been assigned an HCA 3-4 ID that enables them to access ICD-10 Physician Education with several options for CME credit. Click here for information on how to access [ICD-10 curriculum](#) through HCA's Healthstream.

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New VCP Scheduling Hub -- PCP Connect

As part of their participation in VCP, Primary Care Physicians can enroll in a free scheduling service that connects patients with PCPs who have new patients appointments within two weeks. The service is promoted to HCA employees (see ad below) and through the HCA Employer Solutions department when they provide onsite screenings and health education sessions to local employers.

Don't Wait Until You're Sick to find a Primary Care Physician!

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at a convenient time and location for you.



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If you are a VCP primary care physician, NP or PA with new patient appointments available within two weeks and are interested in participating, please contact [Cathy Soffin](#).

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