

QUALITY LEADS

Progress Notes from the CMO, Dr. Georgan deBlois



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VCP Signs With Humana and United Healthcare

Humana Medicare Advantage Contract includes 10,000 Lives

Medicare Advantage (MA) contracts offer additional shared savings opportunities for primary care providers as they manage care for their enrollees. Comprehensive annual documentation and coding of enrollees' health status, both current and historical, are an essential part in establishing the patient's true health status and that payments are appropriate for managing the risk level of enrollees. Click here for [Medicare Advantage Q&A](#).



Humana's subsidiary, [Transcend](#) will work side-by-side with VCP's primary care practices to assist in understanding the coding specificity and documentation required.

United Healthcare (UHC) Shared Savings Contract Includes 18,000 Lives

VCP signs three-year contract with UHC beginning April 1, 2016. Like the network's other shared savings contracts, VCP primary care physicians will be focusing on gap closure and appropriate utilization management. (See link below for Quality Clinical Measures)

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PQRS -- A Thing of the Past

As VCP has progressed to shared savings contracts, the network will shift focus to the

quality metrics specific to those contracts. These metrics have been reviewed by our Quality Committee, with the goal of implementing core metrics that apply across multiple contracts. Reflecting the emphasis on primary care as the foundation of a clinical integration network, the metrics are largely primary care focused. [Quality Clinical Metric Sets for Aetna, Cigna and UHC.](#)

In the formative years of VCP, PQRS provided a way for the network to meet the FTC requirements regarding the sharing of quality data, as well as a way to appropriately distribute funds from non-shared savings contracts. As our network made striking progress in reporting and performing on PQRS measures, we were able to leverage that outstanding performance into multiple shared savings contracts.



We've heard from many of you about the challenges and frustration of reporting PQRS measures. Starting in 2016, we will utilize comprehensive claims data from Crimson Population Risk Management and payers to track our progress as a network. After 2015, PQRS reporting and performing are gone!

For the remainder of 2015, please continue to capture PQRS measures for any applicable services.

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Benchmarks of Shared Savings

Quality and Cost Reduction

Shared savings contracts have two key thresholds: quality and cost savings. Each contract has specific formulas for calculating these thresholds. We are developing Physician Scorecards where you will be able to compare your metrics to your colleagues'. These reports are designed for education. They will be utilized to help identify opportunities that will enable you to succeed in the shared savings contracts, resulting in a larger distribution pool.

There are two types of Quality Metrics.

Gap Closure

'Close the gap' for your patients by making sure they receive appropriate preventive care, follow up care or medication as indicated by evidence-based quality measures.

Specific quality measures are outlined for each contract and VCP has worked to establish a core set of metrics that apply to multiple contracts.

A 'gap' exists if your patient meets eligibility criteria for the measure but the payer has no record of the measure being performed in the specified interval. The gap 'closes' when a claim is paid for that service.

Utilization

Manage appropriate utilization by NOT prescribing unnecessary medications or performing unnecessary tests based on as defined by evidence-based measures.

Examples:

GAP CLOSURE	UTILIZATION
Mammogram for patients age 52-70 in the last 27 months	Patients with uncomplicated low back pain that did not have any imaging studies (plain film, CT, MRI) within 28 days of diagnosis
Colorectal cancer screening (colonoscopy, sigmoidoscopy, FIT testing) ages 50-75	Patients age 3 mos-18 years with a diagnosis of upper respiratory tract infection were <u>not dispensed</u> an antibiotic on or within three days of diagnosis
Retinal exam for diabetic	Patients age 18-64 years with a diagnosis of acute bronchitis were <u>not dispensed</u> an antibiotic on or within three days of diagnosis
Annual well-child visit	
Patients with coronary artery disease or diabetes taking a statin	

We will provide a list of gaps to primary care practices quarterly. **Each practice will be responsible for closing their gaps and managing appropriate utilization.** The physician-led Performance Committee will be regularly reviewing physician scorecard data and contacting physicians as necessary to ensure the network's quality performance.

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2016 Looking Strong

As 2015 concludes, VCP is on target to meet and exceed the network PQRS quality reporting and performing thresholds of 60%. Once the data are finalized in Q1 2016, we will be working to determine the individual incentive payouts, as specified by the 2015 Distribution Plan. We anticipate payouts will be distributed by April, 2016.

The network's strong performance to date positions us to deliver on quality metrics as indicated by each contract to earn incentives through shared savings.



Thank you all for the effort you and your practice staff have expended to continue VCP's success. On behalf of myself and the VCP staff, we wish you and yours the best over the holidays and the New Year!

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