

PROGRESS NOTES

from the CMO, Dr. Georgean deBlois



May 2016

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VCP Welcomes Amy Smith New Vice President for Clinical Integration

On behalf of the Board of Managers, please welcome Amy Smith, RN, CCM, BHA, MBA as our new Vice President for Clinical Integration effective May 2. She has 20 years of experience in hospital and managed care settings including utilization management, care management, quality improvement, and payment innovation programs including shared savings and patient centered medical homes.

Amy served as the Provider Clinical Liaison and Patient-Centered Care Consultant Sr. since 2012 for Anthem. She worked with primary care practices to assist in their transformation to patient centered medical homes (PCMH). Amy utilized population health data analysis to lead quality improvement at the practice level. By identifying processes that could be implemented to improve patient health and reduce costs, Amy proved instrumental in helping practices succeed in value-based contracts. Through her collaborative work in Anthem's Enhanced Personal Health Care Program, a large number of the participating practices achieved shared savings while focusing on the Triple Aim of improving patient outcomes and patient satisfaction, and reducing cost of care.



Amy Smith,
RN, CCM, BHA, MBA

Previous to this role, she was Senior Case Manager for Anthem. She has worked as a

nurse for Southside Regional Medical Center and in the Pediatric Intensive Care Unit at the Medical College of Virginia. Amy has completed the Six Sigma Yellow Belt Project Management Certification and NCQA PCMH courses.

Amy brings exceptional breadth of experience and leadership to VCP. The staff, Board of Managers and Committees look forward to working with her.

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Outpatient Imaging Costs Vary Widely Not All Billed at Outpatient Rates

Only 43% of total network outpatient MRIs and CTs are done at the most cost-effective outpatient imaging centers. Managing these costs more closely means the network can achieve cost reductions for our shared savings contracts. Even more importantly, the network can help patients save money on medical services especially if they participate in high deductible health plans.



Practice-based imaging is the most cost-effective way for patients to get the imaging services they need. If your practice does not provide imaging, patients will pay significantly less by using an outpatient center that does not bill its services as a department of a hospital.

Even though patients need to understand how their specific benefits apply to outpatient imaging (i.e. is pre-certification required? does plan have preferred providers?), you and your practice staff need to be aware of those centers that provide comprehensive, high quality imaging services at substantial costs savings. For our value-based contracts, HCA VA is the only area health system that has outpatient imaging centers that do not bill as a hospital department. When your patients have their imaging studies done at one of these four HCA VA outpatient imaging centers, [Buford](#), [Appomattox](#), [Chesterfield](#), [Independence Park](#), they receive premiere quality service at a lower cost.

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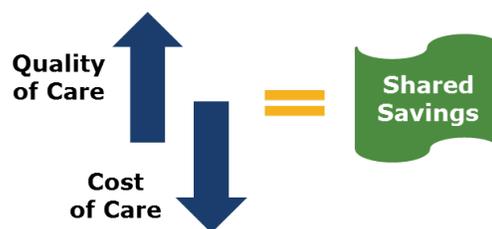
2015 Quality Incentive Payout

Providers reported on **87.92%** of PQRS measures in **2015, exceeding the 60% network reporting threshold. Network performance reached 83.6%.** More than 77% of the network providers earned a quality incentive bonus and [272 providers received the maximum incentive](#) by performing at 90% or higher.

For those practices who earned a quality bonus, the practice manager will receive a FedEx packet in May containing a check made payable to the practice with supporting documentation outlining each provider's performance and incentive earned.

Remember, in 2016, we are not capturing PQRS measures. Our shared

savings contracts focus on two key thresholds -- quality and cost savings based on core primary care focused metrics that apply across our multiple contracts. Regularly throughout the year, I will be meeting with our primary care practices to share individual physician performance. Our continuous review process, as outlined in a [letter from the Performance Committee](#), is supported by population health analytics. VCP will become increasingly successful as we use the insight gained by quality and cost analytics, in conjunction with active coordination of care between network specialists and primary care, to improve patient health outcomes.



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