



# QUALITY LEADS

*Progress Notes from the CMO, Dr. Georgan deBlois*



June 2015

## In This Issue

[VCP Signs with Aetna](#)  
[Gaps in Care Q&A](#)  
[New Committee Chair](#)

## Quick Links

[2014 Payout Letter/Q&A](#)  
[VCP Governance](#)

## VCP Signs with Aetna

### Population Health a Focus of Contract

VCP has signed a two-year, shared savings agreement with Aetna which includes 20,000 covered lives. In addition to achieving certain savings targets, VCP physicians will be responsible for 8 Clinical Performance Measures.

Shared savings offers incentives for provider entities to reduce health care spending for a defined patient population by offering them a percentage of any net savings realized as a result of their efforts to deliver more efficient, quality care.

VCP's quality analytic staff will also be evaluating Aetna's claims data to identify high cost-drivers and opportunities to deliver services like Transitions of Care and Gaps in Care that can bring down costs and increase patient satisfaction and engagement in their own wellness.



In addition to this contract which begins July 1, VCP has contracts with Coventry, Optima, Cigna and Richmond's largest employer, HCA who has also provided financial, staffing and other support since the organization was formed. The Aetna agreement brings the total number of covered lives under contract to 90,000.

[Return to Top](#)

## Gaps in Care Q&A

**Q: What are 'Gaps in Care'?**

**A:** Gaps in Care are identified on individual patients who have not received appropriate preventive or follow-up care as defined by evidence based measures (EBM) established by organizations such as NCQA, NCCN, NQF\*. Gaps in Care show similarities among payers.

For example:

- Adolescent (12-21 years)has not had an annual Well Child Visit
- Diabetic patient has not had a dilated retinal exam
- Female patient has not had appropriate interval Pap smear or mammogram

\*NCQA: National Committee for Quality Assurance

NQF: National Quality Forum

NCCN: National Comprehensive Cancer Network

**Q: Which VCP payer contracts ask physicians to address Gaps in Care?**

**A:** Cigna. As we cultivate additional contracts, payers will likely request that Gaps in Care be addressed.

**Q: What do Gaps in Care have to do with quality?**

**A:**

1. Cigna and other insurers define "quality" by the number of covered lives who have closed the appropriate Gaps in Care.
2. For the Cigna contract, in order to maintain the per member/per month (PMPM) payment , VCP physicians must demonstrate quality equal to, or better than, the "market" which is comprised of primary care physicians and their attributed patients in Central Virginia who are not members of VCP, .
3. Closing gaps is important to our network's quality score, which will help determine our ability to receive shared savings beginning in Q3, 2016.

**Q: Who identifies the patients who have Gaps in Care?**

**A:** Cigna identifies patients with Gaps in Care through claims data and sends a quarterly report to VCP.

**Q: Patients change insurers. How does the insurer know if the gap was closed while the patient was covered by a different carrier?**

**A:** Gaps will only show up if the covered patient has had the designated insurer for the period of time for which the gap is pertinent.

**Q: I've seen my "Gaps in Care". A lot of it is wrong. Why? I know I have closed many of the gaps and documented appropriately.**

**A:** Because Gaps in Care are identified after claim adjudication, there is a significant time delay. In January 2015, we received Gaps in Care for claims that had been completed through September, 2014. So, any patient seen, and gap closed, between October 1 and time you see the list of Gaps in Care, will be listed as a potential "Gap".

**Q: Why as the primary care provider am I responsible for gaps pertinent specialist care i.e. they see a GYN for Pap smear, mammogram?**

**A:**

1. Payers look to primary care physicians to oversee the comprehensive health and wellness of their patients.
2. Even if you don't order the test or perform the procedure, the patient benefits

- from having all their medical information in one place
3. Collaboration and communication between specialist and primary care physician are key to delivering improved patient outcomes
  4. A paid claim from any provider around a gap in care, will close that gap in care.

**Q: What can VCP do to help me close Gaps in Care?**

**A:** VCP RN Care managers are assigned to each primary care practice, to work on your behalf. Many of the practices have allowed the Care Manager to access the practice EMR. When VCP Care Managers can review patient records in the EMR, they can ascertain which gaps have been closed and provide you with a list of "actionable" gaps. Your office can then call the patients and schedule them for the appropriate visit, test, etc.

We are finding, in general, that approximately 50% of the "Gaps" have been closed by the time we review the quarterly list.

**Q: What happens if we do not give the VCP Care managers access to our EMR?**

**A:** If you and your practice would prefer, we can provide you with the list of gaps. We will give you a worksheet where you can document the closed gaps.

**Q: To close Gaps in Care takes practice time, money and energy. Why should we do this?**

**A:**

1. "Gaps in Care" reflect current evidence-based measures that, when closed, contribute to improved patient quality outcomes
2. Physicians and their staff do a better job than payers of connecting with patients to help them get the care they need.
3. Scheduling patients appropriately to close the gap makes good business sense for you and your practice.
4. Commercial insurance plans written under the ACA generally cover the cost of the preventive screening/care with no out-of-pocket to the patient, although there may be some exceptions for "grandfathered" plans.

**Q: How can closing Gaps in Care benefit me and my practice?**

**A:**

1. Quality scores are raised when Gaps in Care are closed.
2. Quality scores directly affect our ability to earn shared savings, beginning Q3, 2016, Cigna.
3. More dollars from shared savings will increase the pool of dollars available to VCP members who have successfully met the quality/performance benchmarks. This will be reflected in the 2016 distribution plan.

**Q: VCP is asking Primary Care Physicians to do the tough work to close Gaps in Care. How will their effort be recognized?**

**A:** The VCP Payer Committee and Board recognize the foundational role and hard work done by Primary Care. The 2015 Bonus Distribution Plan is

significantly weighted toward Primary Care to reflect the hard work of Primary Care Physicians.  
Future Distribution Plans will also take into account the essential role and major effort of Primary Care.

**Q: I thought that the 2015 VCP Distribution Plan reflected the Quality and Performance Benchmarks established by the Board. Why are we being asked to do additional work?**

**A:**

1. Closing Gaps in Care is not required to earn the incentive bonus in 2015.
2. The 2015 incentive bonus is based exclusively on both reporting and performing 60% of eligible patient encounters for the specialty assigned metrics.
3. Closing Gaps in Care will result in higher Network quality scores, which will enable the network to continue to earn the PMPM and directly affect the network's ability to earn shared savings, beginning Q3, 2016.
4. Money earned through shared savings will be paid into the distribution pool, in addition to the current PMPM.
5. More money in the distribution pool means more potential bonus for physicians who achieve the quality benchmarks.
6. The 2016 Distribution Plan will reflect the additional work required to general shared savings.

**Q: As a specialist, do I have anything to do with closing Gaps in Care?**

**A:** Yes. Absolutely!

1. Ask patients who their primary care physician is, and document it in your record.
2. Ascertain that your practice has a process to send consultation report, test results e.g. Pap smear, mammogram, colonoscopy, dilated retinal exam to the PCP.

## Board Elects New Payer Committee Chair

Beginning in July, Dr. John Siedlecki will become the Chair of the VCP Payer Committee and Treasurer of the Board of Managers. He has served on the Payer Committee since its inception in 2012.

Dr. Siedlecki earned his B.A. in Chemistry and Religion from UVA in 1991. In 1995, he received his Doctorate of Medicine from the VCU School of Medicine. After earning his medical degree, he completed his residency in Family Practice at VCU, serving as chief resident. Dr. Siedlecki has been a partner with Family Practice Specialists of Richmond, PC since 1998 and has special interests in preventive medicine and sports medicine. He currently serves as the team physician for Trinity Episcopal High School and is an Associate Clinical Professor at VCU School of Medicine.



John Siedlecki, MD

VCP's Board of Managers would like to thank Dr. Cary Gentry for his years of service as Chair of the Payer Committee and Treasurer of the Board of Managers. "Dr.

Gentry was instrumental by leading the payer committee in securing our contracts to date," said Nolie Barnes, Executive VP. "We are pleased that he will continue to serve as a member of the Payer Committee."

[Return to Top](#)



[Click here for the 2015 Spring VOICE - HCA Employee Newsletter](#)

[Return to Top](#)

## Virginia Care Partners

7650 E Parham Road, Suite 300 · Richmond, VA 23294  
804-887-2140

### **VCP Leadership:**

[Nolie Barnes](#), RN, MSN  
Vice President, Clinical Integration

[Georgean deBlois](#), MD  
Chief Medical Officer

### **Newsletter Editor:**

[Cathy Soffin](#)  
Marketing Manager  
804-887-2143

[Forward this email](#)



This email was sent to catherine.soffin@virginiacarepartners.com by [catherine.soffin@virginiacarepartners.com](mailto:catherine.soffin@virginiacarepartners.com)

[Update Profile/Email Address](#) | Rapid removal with [SafeUnsubscribe™](#) | [Privacy Policy](#).



Virginia Quality Care Partners | 7650 E Parham Road | Suite 300 | Richmond | VA | 23294