

Serving Bannock and Bingham Counties

Developing Care Management at PQA

Care Management programs are widely used across various health care systems to help enhance the medical care patients receive, in an effort to improve their overall health. This is done by engaging them in a support system to help manage a wide variety of medical conditions. Portneuf Quality Alliance is happy to now be adding Care Management to its list of services and capabilities.

Dani Jones, Executive Director of PQA, is thrilled about incorporating this vital service into the PQA organization. She states, "Care Management will be a valuable function to PQA (or any organization) that is trying to do population health management and improve the quality of patient care. It is an important component of utilization management and ensuring that coordination of care along the continuum is improved so we can deliver the right services at the right time. A centralized care management department helps to support the efforts of our providers in the network make sure their patients are tracked appropriately, get referrals for available community resources, receive care when needed, and have an active partner to help manage their overall health."

PQA has recently enlisted the help of two part-time Care Managers; one who has a clinical nursing and community health background, and the other who has a social work and behavioral health background. The role of these Care Managers will be to collaborate with providers and different agencies within the community while utilizing the robust Crimson data tools to come up with programs for these individuals who continually need healthcare assistance. They will provide additional knowledge to individuals about their conditions, as well as the healthcare resources within the community to help support efforts in improving their health. Overall, the Care Manager's role will be to ensure that patients who are managed by PQA consistently use the appropriate health services according to their customized care plans.

In summary, PQA is optimistic that implementing a Care Management program will help to increase the overall health in the community, eliminate unnecessary use of health services, and lower the cost of care for their patients, while improving quality and patient satisfaction.



PQA BOARD MEMBERS

The PQA Board of Directors is currently being chaired by Bradley Burton, MD and also includes the following physicians and administrators:

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|---------------------|--------------------|
| Ben Call, MD | Richard Wathne, MD |
| David Denton, MD | Daniel Ordyna |
| Mark Horrocks, MD | John Abreu |
| Richard Maynard, DO | Shaun Menchaca |

PQA MISSION

The Portneuf Quality Alliance is an innovative health care team dedicated to utilizing the medical resources of the community to bring higher quality medical care, enhanced medical value, improved medical outcomes, reduced medical costs, and increased collaboration between the men, women, and children of southeastern Idaho and their medical providers.

PQA Medical Director Announced

PQA is pleased to announce Drew McRoberts, MD as its permanent Medical Director. Drew W. McRoberts was born and raised in Pocatello, the son of a surgeon. His father shared his 30 years of surgical experience with Dr. McRoberts and has continued to be available as a guide and mentor.



He enjoys participating in outdoor activities, traveling, and spending time with his family. He also looks forward to learning, understanding, and introducing new and innovative methods and technology to our surgical community.

“Portneuf Quality Alliance is the first and only Clinically Integrated Network in eastern Idaho. It was founded and is operated by physicians in the interest of improving quality and controlling the costs of medical care through the use of robust and accurate data. It is clearly the future of medical care. I am honored to serve as medical director and look forward to working with my

colleagues in this visionary program,” said Dr. McRoberts.

Dr. McRoberts is board certified in General Surgery, a Fellow of the American College of Surgeons, and co-founder of Portneuf Surgical Specialists. The surgical partnership facilitates communication among surgeons, develops lasting relationships for best patient practices, accommodates existing and future surgical demands and most importantly, provides a satisfying care experience for patients by delivering care more efficiently. He presently serves as Chief of Surgery and Trauma Director for Portneuf Medical Center.

Dr. McRoberts received his medical degree from the University of Washington School of Medicine in Seattle, Washington and completed his Surgical Residency and Internship at the University of Washington Hospital. He has over 20 years of surgical experience.

Medical School: University of Washington School of Medicine

Residency and Internship: University of Washington Hospital

Board Certifications & Affiliations: General Surgery, Thoracic Surgery, Fellow of the American College of Surgeons

Specialties: General Surgery, Colon & Rectal Surgery, Gastroenterological Surgery, Laparoscopic Surgery, Trauma & Emergency Surgery

Private Practice for 17 years in Pocatello before joining Portneuf Surgical Specialists in 2011

NEW PROVIDER GROUPS AND ASSOCIATES

Portneuf Quality Alliance would like to announce the addition of several new provider groups and associates to the PQA Network. A tremendous response to the network’s recruitment efforts allows us to now welcome the following providers and practices:

Diagnostic Imaging Service of Idaho
Ed Snell’s Pharmacy Shop
Encompass Home Health of Idaho
Express Lab
Firth Medical Center, PLLC
Flicker Physical Therapy
Horizon Home Health & Hospice

Idaho Prosthetics & Orthotics
Idaho Sports & Spine
Idaho Vein Center
Meadowland Therapy
Medical Imaging Associates
Cassia Morton, LCPC
Physical Therapy Specialists of Idaho

Physicians Mental Health Services
Rocky Mountain Diabetes & Osteoporosis Center
Shaver Pharmacy
Michael Stevens, LCSW

PQA Payer Updates

Blue Cross of Idaho ConnectedCare (Commercial POS):

Enrollment is holding at about 1200 individual members. Membership rosters are being sent out to practices each month via secure email so PCPs are aware of the ConnectedCare patients on their panel. Welcome letters were sent to members informing them of their PCP selection, welcoming them to the practice and providing them some educational about the plan itself. Adjudicated claims data on this population from BCI is currently being loaded into the Crimson Population Risk Module in order to better manage the care for these patients.

Blue Cross of Idaho True Blue (Medicare Advantage HMO):

Enrollment is estimated at about 900 for this population and the program technically went live on 1/1/15. We are still awaiting the final contractual terms of this arrangement from BCI, but we have received the adjudicated claims data on this population, which is being loaded into the Crimson Population Risk Module along with the ConnectedCare data.

Regence Blue Shield of Idaho Total Cost of Care (Commercial PPO): We are in the process of finalizing the contract language and terms of this program, but a go-live date of 7/1/15 has been determined via approval of the program by the PQA Payer & Finance Committee, as well as the Board. The receipt of population claims data and access to additional analytical tools are soon to come, which will help us to better manage the health of this population.

PMC Employee Health Plan through UMR (Commercial

TPA): Membership on this plan is roughly 2300 members and we are receiving ongoing adjudicated claims feeds from UMR, which are being input into the Crimson Population Risk Tool for the identification of care management and cost containment opportunities. We will initially focus on improvements with ED utilization and generic prescribing.

Humana, PacificSource and Aetna have all expressed an interest in partnering with PQA as well, so we are furthering our discussions with each.

PQA From an IT Perspective: Brad Rogers Q&A

1) Describe your role with PQA.

- Provide vision and leadership by championing key technology initiatives related to the Crimson Health Information Systems solution.
- Lead the project implementation, operation, maintenance and support related to these health information systems.
- Establish information system procedures and ensure application availability and stability.
- Analyze user requirements and problems and enhance current capabilities.

2) Of the 85 clinics currently participating in PQA, how many have you been able to start sharing data with?

Forty-two participating practices are actively submitting claims data to the Crimson Continuum of Care solution. We have grouped practices with like specialties and practice management software programs into implementation groups, which we refer to as iterations. We are currently working through iteration 7 of 9.

3) Describe the Crimson suite of tools that PQA is implementing.

Crimson Care Management

The purpose of the Crimson Care Management program is to demonstrate the impact of business intelligence in helping organizations become best-in-class on collaborating on a shared plan of care for their patients and elevating

Brad Rogers Q&A (cont.)

overall performance. Crimson Care Management is designed to facilitate the care management of attributed patients.

- A robust workflow engine that drives the day-to-day work of the care team members responsible for managing the patient's care plan and guiding patient compliance.
- Data aggregation from multiple sources including ADT feeds, medications, diagnoses, lab feeds, paid claims, and psychosocial data to perform risk stratification on a population of patients.
- A proprietary rules engine that generates a unique, patient-centered plan of care based upon the initial assessment of the patient's condition including the risk score, psychosocial details and clinical factors.
- Longitudinal shared care plans that show patient information over time and is updated in real time in response to triggers such as an ER visit or discharge, as well as any information added to the plan by the care manager.
- A library of care plans and interventions with flexible architecture, allowing the customization of care coordination practices.

Crimson Population Risk Management

The purpose of Crimson Population Risk Management is to demonstrate the impact of business intelligence in helping organizations become more effective at managing the overall health status and cost of a population while maximizing return on their population health management and wellness spending. Crimson Population Risk Management is comprised of three major components:

- Education and Population Health Management Strategy Development Support
- Web-Based Reporting and Business Intelligence tool with access to customized reports
- Best Practice Research, Member Networking and Benchmarking

Educate key stakeholders on value-based payment basics, how to strategically use their self-insured plan to develop and demonstrate effective population health capabilities, and work with providers in managing additional populations

health and costs for which they are assuming risk using the Crimson Population Risk Management membership platform.

Crimson Continuum of Care

The keystone of membership in the Crimson Continuum of Care program is a web-based business intelligence tool that provides high quality analytics and reporting capabilities across physician performance management efforts, including the following:

- Ability to track patients across the care continuum and provide downstream analytics to support a Physician Quality Initiative or a Clinical Integration Program

All three of these points together come up with this main point:

Technology allows us to present the information timely with intent of improved accuracy to a larger audience. It also allows different methods of displaying information for an improved way of working and making decisions.

4) Since the date of its inception (August 2013), what progress and growth have you seen in PQA?

The biggest area of progress and growth has been with the practices' desire to collaborate and participate in the process of developing a clinically integrated network. Leadership and providers are more willing to be engaged with helping drive this change.

5) Where do you see PQA's readiness to help quality and overall cost of care in 1 year? In 5 years?

The investment of a technology platform in Crimson is key to PQA's ability to have quality metrics and assess cost and utilization for all of its participating providers. In the first year, (readiness will show us) we will be able to see, collectively as a group, where the opportunities lie. In 5 years, we will use the information in a sophisticated manner to help make key decisions directly related to improving quality, cost and utilization.

6) Is there anything you would like to acknowledge at this time that I didn't mention in the questions?

If there are any questions or concerns that anyone has, to not be afraid to reach out to PQA. I can help specify and answer any questions that providers are having with the Crimson technology.

