



Volume 3, July 2018

**SAVE THE DATE!**  
**October 18, 2018, 5:30 p.m.**  
**KCN Educational Program:**  
**Chronic Pain Management**

## Welcome!

Kootenai Care Network and Kootenai Accountable Care continue to deliver on our commitment to provide patients with high-quality coordinated care, while helping to slow the growth of health care costs.

Our physician led committees are focusing much of their energies on identifying opportunities to enhance collaboration and bring forth education on issues that are especially challenging to our community practices. In this issue:

- learn more about the annual meeting educational program on palliative care (if you missed it, ask a colleague who attended...few got out of their seats during the program spanning 90 minutes)
- learn about the intentional work of a newly formed subcommittee that is dedicated to developing community solutions to address the national crisis surrounding opioid addiction
- allow Family Health Associates to share with you how they have completed 74% of the Medicare Annual Wellness visits for their attributed patients
- help us close those gaps in care and achieve our goals for clinical quality targets

**Our first chronic care management video is now available for you to view!** This truly inspiring video highlights the value of care management for patients and practices and can be found on our website at [kootenaicarenetwork.org](http://kootenaicarenetwork.org). Thank you to Dr. Jonathan Shupe, Toni Wells, and our production team for producing this video to share with your patients and their families. While on the KCN website, also note that our team has now provided compliance training available for all offices to use. The compliance training modules can be found under the Provider Member Benefits section.

As always, our team stands ready to support you and your practices as we work together to transform the way healthcare is delivered in our community.

**Dr. David Chambers**  
Chair, Board of Directors

**Patricia Richesin**  
President

**Dr. Karen Cabell**  
Medical Director

**Annual Meeting: Palliative Care referrals have doubled since the April presentation!**



**“I will be sharing all of this information with my patients! Using the information provided in this session, I will be having conversations with my patients about their end of life choices.” Terry Riske, MD, Hayden Lake Family Physicians**

**“You matter to the last moment of your life, and we will do all that we can to not only help you die peacefully, but to live until you die.” (Dame Cicely Saunders, Founder of the Modern Hospice Movement).**

This essential principle framed the discussion for the educational program of the Kootenai Care Network Annual Meeting. Over 100 KCN healthcare providers were inspired and enthralled by the KCN Annual meeting and educational presentation on palliative care this past April. By observation very few left their seats at all during the 90 minutes in which Dr. Nicole Pelly, Kootenai Clinic Palliative Care, and Dr. Robert Ancker, Hospice of North Idaho, presented to the crowd of providers on the importance of understanding palliative care and the benefits the program has for their patients with chronic conditions. Dr. Pelly and Dr. Ancker were joined by Dr. Todd Hoopman, North Idaho Lung, Asthma and Critical Care, and Dr. Michael Meza, Heritage Health Post-Acute Care, for a panel discussion surrounding how to engage patients and their families in conversations around the need for palliative care services.

**Among the action items from the program were:**

- 1) Hold pre-hospital goals of care discussions
- 2) Facilitate difficult conversations
- 3) Ease suffering (physical, emotional, spiritual)
- 4) Manage symptoms
- 5) Discuss Advanced Directives
- 6) Support team communication

**Tips for engaging in those difficult conversations:**

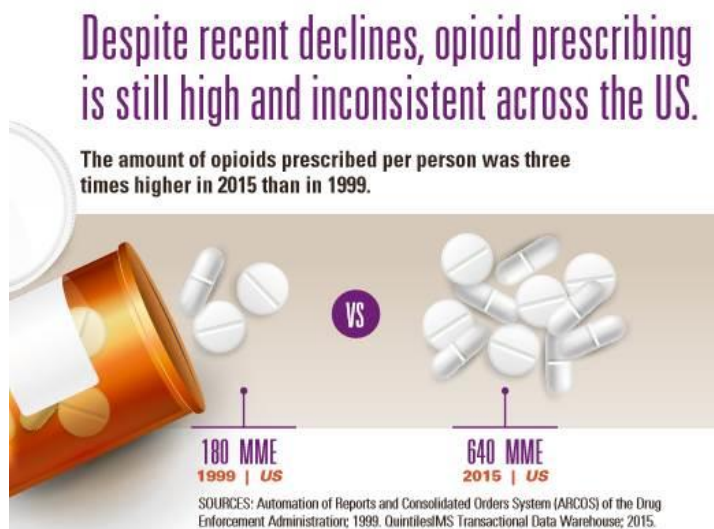
- 1) Ask open ended questions (Identify emotion such as “You look sad.....” or “What is making you cry?”)
- 2) Use silence
- 3) Hope but Plan
- 4) “I’m worried that.....”
- 5) Be present for the suffering
- 6) Empathy through eye contact

**Consider Hospice:**

- Prognosis: 6 months or less IF the disease runs its normal course**
- Ask the question “Would you be surprised if this patient died within the next year?” If no, then consider hospice and review the goals of care!**

Providers can submit referrals to Dr. Pelly through Nextgen, through the use of a fax referral sheet, or by calling her office at 208-625-6960. For questions related to hospice care, providers can contact Dr. Robert Ancker at 208-772-7994.

**Primary Care Service Line Establishes Chronic Pain Subcommittee**



“The current opioid epidemic is the deadliest drug crisis in American history. Overdoses, fueled by opioids, are the leading cause of death for Americans under 50 years old — killing roughly 64,000 people last year, more than guns or car accidents, and doing so at a pace faster than the H.I.V. epidemic did at its peak.” New York Times, October 2017

**In 2016, Idaho was above the national average for the rate of opioids dispensed per 100,000 patients, and research validates that Idaho has experienced a significant increase in heroin use over the past decade.**

The Kootenai Care Network Primary Care Service Line has chartered a workgroup to provide a supportive, evidenced-based structure for providers and their patients who are affected by pain. The workgroup has identified four bodies of work and four areas of opportunity:

Bodies of Work	Areas of Opportunity
<ul style="list-style-type: none"> <li>• How will our community collectively treat acute pain?</li> <li>• How will our community collectively treat new chronic pain?</li> <li>• How will our community collectively treat existing chronic pain patients, including those who re-locate to our community?</li> <li>• How will our community meet the needs of patients who struggle with opioid addiction?</li> </ul>	<ul style="list-style-type: none"> <li>• Identify alternative resources in our community to treat the different pain pathways, such as chiropractic medicine and physical therapy</li> <li>• Provide pain education materials to help support providers’ pain management practices</li> <li>• Offer continuing education for providers with regards to pain management</li> <li>• Explore ways in which the Kootenai Care Network can help provide any additional resources</li> </ul>

**Please save the date, October 18<sup>th</sup>, 2018, for the Kootenai Care Network sponsored continuing education event regarding Chronic Pain Management. This event meets annual requirement for attendance at a board-approved meeting and board-approved educational program.**



Staff of Family Health Associates

- Nationally, only **20%** of eligible patients take advantage of the Medicare benefit of an Annual Wellness Visit (AWV).
- In 2017, Kootenai Care Network had a completion rate of **35%**.
- Last year, the providers at Family Health Associates, members of Kootenai Care Network and Kootenai Accountable Care, were successful in achieving a **74%** completion rate!
- Realizing the importance and value of the AWV, Kootenai Care Network is challenging participating network practices to complete **80%** of AWV's in 2018.

Tips from Manuela Orban, ARNP, of Family Health Associates in Coeur d'Alene:

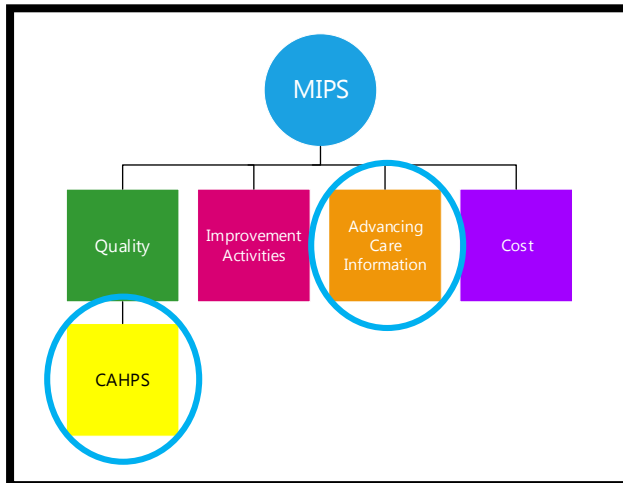
- 1) The patient's attitude depends on their expectation of, as well as the value they see in, the appointment. If they anticipate one thing and then show up to the office and experience another, they can be confused and unhappy.
- 2) Treat the annual wellness visit as a typical physical, but focus more in depth on nutrition, lifestyle, risk factors and the other key components spelled out by CMS for AWV's.
- 3) If a patient hasn't had a physical or their labs are overdue, ask them to schedule an appointment, during which you can:
  - a. conduct the wellness assessment
  - b. review the patient's problems and concerns, building on the relationship and addressing issues that really matter to them

Although a physical exam is not a requirement of the annual wellness visit, Ms. Orban believes that her patients are willing to come in because they understand the concept of having a physical. "If you're just going to do a regular physical across the board, then I think you have happier patients."

For more information on AWV go to <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/mm7079.pdf>



**Practice Leader Corner: Focus on MIPS - Consumer Assessment of Health Care Providers and Systems Survey (CAHPS) and Advancing Care Information (ACI)**



**What do practices need to know about the Accountable Care Organization (ACO) patient survey that begins in October 2018?**

**Q: What is the purpose of the ACO Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey?**

**A:** The ACO CAHPS survey is required for MSSP ACO participation. It is intended to measure the patient’s experience with his/her primary provider within the ACO.

**Q: How many questions are on the ACO CAHPS survey?**

**A:** The ACO CAHPS survey will have 58 questions.

**Q: How often will data collection occur for the official CMS ACO CAHPS Survey?**

**A:** The official ACO CAHPS survey will be administered once per year over a four-month period.

**Q: When will the next data collection occur?**

**A:** 2018 performance year data collection will take place October 2018 – January 2019 for patients who have been assigned to Kootenai Accountable Care (KAC),

**Q: What survey methodology and protocol will be used for the public ACO CAHPS survey?**

**A:** Patients receive a pre-notification letter followed by two waves of mailed paper surveys. If the patient does not reply to the mailed surveys, up to six phone attempts are made to capture survey results by phone.

**Q: How many ACO members will be surveyed?**

**A:** CMS will randomly select up to 860 fee-for-service Medicare beneficiaries to sample for each ACO and provide the sample directly to the survey vendor. KAC will be using Press Ganey to administer the survey.

**Q: What are the criteria for inclusion in the survey sample?**

**A:** The selected sample includes Medicare fee-for-service beneficiaries who were assigned to KAC based on where they incurred the most primary care claims. Selected beneficiaries will have had at least two visits with a KAC primary care provider in the previous year.

**Q: What restrictions exist related to survey questions or solicitation of responses?**

**A:** ACOs and their survey vendors are prohibited from:

- Influencing or encouraging beneficiaries to answer survey questions in a particular way
- Offering incentives
- Asking the exact ACO CAHPS questions of beneficiaries 4 weeks before, during, and after the survey administration period.

**Advancing Care Information (ACI)**

**Q: If the ACO submits quality measure data under the ACO's TIN, will the ACO also submit promoting interoperability (PI) (formerly advancing care information) data?**

**A:** No. Each practice (participating billing TIN) within the ACO will need to submit data for the PI performance category at the group practice level according to the MIPS PI group reporting requirements.

**Q: Does each practice in the ACO need to report for the same 90-day period under PI requirements?**

**A:** No. Each practice may select its own 90-day period to report PI data to CMS.

**More information on API reporting will be provided to all practices. Watch for upcoming meeting dates!!**

**There is Still Time to Close Care Gaps for 2018!**

Measure	Performance Target	Current Performance
Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer:	78%	67%
Percentage of adults 50-75 who had appropriate colorectal cancer screening:	79%	65%
Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine:	70%	67.5%
Percentage of diabetic patients seen with a hemoglobin A1c >9%:	20%	39% (Lower is indicator of better performance)

\*\*Data includes performance as of 7/30/2018 for Blue Cross of Idaho Qualified Health Plan, Blue Cross of Idaho Medicare Advantage, and PacificSource Medicare Advantage.

Providers can meet these goals at the point of care or identify gaps in care through cohort lists available to your practice through Lightbeam.

While the network staff has been out to primary care practices, if you are unsure how to use Lightbeam to identify your care gap opportunities, please give us a call and we will come to your office and work with you on how to best use the system to support your work efforts.

## Calendar

The meetings of Kootenai Care Network are open to members of the network. In some cases, schedules may be subject to change to accommodate holidays or special events.

- Board of Directors, Dr. David Chambers, Chair
  - 1st Wednesday of Month
  - Noon to 1 p.m.
- Contract and Finance Committee, Dr. Brad Brososky, Chair
  - 4th Monday of Month
  - Noon to 1 p.m.
- Shared Savings Distribution Subcommittee, Dr. Mark Borsheim, Chair
  - As scheduled
  - 5:30 p.m. to 6:30 p.m.
- Quality Committee, Dr. Robert Scoggins, Chair
  - 3rd Wednesday of Month
  - Noon to 1 p.m.
- Primary Care Service Line Collaborative, Dr. Karen Cabell, Chair
  - First Thursday of Month
  - 7 a.m. to 8 a.m.
- Health Information Technology Committee, Dr. Robin Shaw, Chair
  - 2nd Thursday of Month
  - 7 a.m. to 8 a.m.
- Membership Committee, Dr. Geoff Emry, Chair
  - Last Wednesday of Month
  - 5:30 p.m. to 6:30 p.m.
- Practice Operations
  - Practice Leaders
    - Last Wednesday of Month
    - Noon to 1 p.m.
  - Care Management Affinity Group
    - 3rd Thursday of Month (**Recently Changed**)
    - Noon to 1 p.m.

**Contact us at 208-625-6611 or by email:**

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| <ul style="list-style-type: none"><li>• Patricia Richesin, President<ul style="list-style-type: none"><li>○ prichesin@kh.org</li></ul></li><li>• Dr. Karen Cabell, Medical Director<ul style="list-style-type: none"><li>○ kcabell@kh.org</li></ul></li><li>• Casey Meza, Director, Operations<ul style="list-style-type: none"><li>○ cmeza@kh.org</li></ul></li></ul> | <ul style="list-style-type: none"><li>• Shelley Janke, Director, Quality and Care Management<ul style="list-style-type: none"><li>○ sjanke@kh.org</li></ul></li><li>• Tyler Freeman, Manager, Strategic Analytics<ul style="list-style-type: none"><li>○ tbfreeman@kh.org</li></ul></li></ul> |
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