



**Note: Educational Program  
Hierarchical Condition Category (HCC) Coding  
First Class for 2019 - April 4<sup>th</sup> 5:30 – 6:30  
Kootenai Health Resource Center  
RSVP or Drop-In Registration**

Volume 5, March 2019

## Welcome!

**Dr. Brad Brososky**, Kootenai Care Network, Chair, Board of Directors, Annual Meeting, February 2019

*“After practicing primary care in this community for over 20 years, I have to say that this gathering of healthcare people is pretty remarkable,” said Dr. Brososky. He went on to comment that he is most encouraged by the “interactions of the providers on the Kootenai Care Network Board of Directors, committees, subcommittees and support staff who are involved on a day to day basis with the network.”*

Addressing more than 150 network providers in attendance at the Annual Meeting, Dr. Brososky noted that the hard work of everyone has resulted in clinical benefits through new practice guidelines, cooperation and discussions between primary care practices on strategies to implement best practice models and care management for at-risk patients, just to name a few. He also commented the positive results being generated by Kootenai Care Network on quality and healthcare dollars saved is remarkable for a clinically integrated network that is still very young. He then called upon **Dr. Karen Cabell**, Kootenai Care Network Medical Director, and Patricia Richesin, Kootenai Care Network President, to highlight the many ways the network is working to enhance the healthcare delivery system in our community.

This newsletter will highlight some of the same messages that you heard at the Kootenai Care Network Annual meeting. The work of the various committees is showing great results and, as Dr. Brososky said, “health is a pretty big challenge that we will have to figure out together going forward into the future.”

Thank you for all who attended the Annual meeting. We look forward to another successful year in 2019!



**Dr. Brad Brososky**  
Chair, Board of Directors



**Patricia Richesin**  
President



**Dr. Karen Cabell**  
Medical Director

## Rosemary Gibson Presents at Annual Meeting



Kootenai Care Network was pleased to host a special speaker at this year's annual member meeting. Rosemary Gibson is an award-winning author of *China Rx: Exposing the Risks of America's Dependence on China for Medicine*. The book reveals the dramatic shift in where medicines are made. It highlights the centralization of the global supply chain in a single country that creates vulnerabilities in the event of a natural disaster, public health emergency, or geopolitical event.

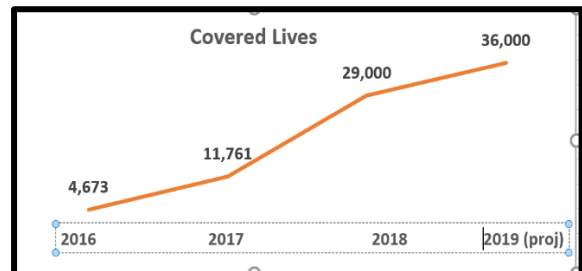
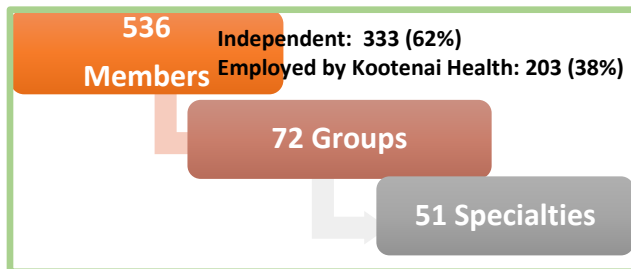
In her presentation, Ms. Gibson discussed a root cause analysis of the Valsartan recall in 2018, the Heparin contamination incident in 2007-2008, highlighted the creation of penicillin and vitamin C cartels, and proposed action steps for clinicians, hospital/health systems, and public policymakers to report issues with medications. Those in attendance appreciated the newly provided awareness of our national health system's reliance on foreign countries for prescription drugs.

*Dr. Beth Martin, Coeur d' Alene Pediatrics physician and Kootenai Care Network Board Member, commented that the presentation made her more aware that "medications could be causing some bad outcomes with patients due to impurities and improper manufacturing of medications in unregulated Chinese factories." You can view a video of her full presentation online at [Kootenaicarenetwork.org](http://Kootenaicarenetwork.org)*

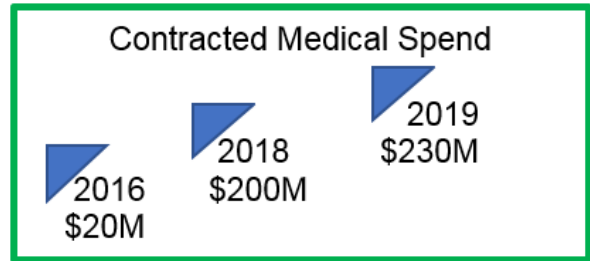


## Network by the Numbers

Patricia Richesin, KCN President, and Dr. Karen Cabell, KCN Medical Director, discussed network statistics during the annual meeting. Entering its 4<sup>th</sup> year, KCN is demonstrating value and growing quickly.



- Health Plan Contracts:**
- Blue Cross of Idaho QHP
  - Blue Cross of Idaho Medicare Advantage
  - PacificSource Medicare Advantage
  - Kootenai Health Employee Health Plan
  - Medicare Shared Savings Program ACO
  - Blue Cross of Idaho Commercial (new in 2019)



### Spend Reductions Against Targets

Overall spend reduction across contracts in 2018: \$12.7million

**KCN quality outcomes showed significant improvement in 2018!**

Measure	2017 Contracted Patients	2018 Contracted Patients
Breast Cancer Screening	63%	78.5%
Colorectal Cancer Screening	59%	69.2%
A1c Poor Control (lower is better)	38%	24%
Pneumococcal Vaccination	63%	72.6%
Annual Wellness Visits	35%	47%



**Primary Care Service Line**

**Early detection using low-dose chest CT screening is effective!**

- Lung cancer accounts for more deaths than any other cancer in both men and women in the U.S. and worldwide
- 175,000 new cases of lung cancer are diagnosed each year
- 27% of all cancer deaths in 2015 were from lung cancer
- Lung cancer accounts for as many deaths as colon, breast and prostate cancer combined

**Dr. Todd Hoopman**, and Coreena Sowa, RN, OCN presented the facts noted above and provided information on lung cancer screening at the KCN Primary Care Service Line on February 7, 2019.

Since introducing low-dose CT screening as an effective means of early detection, the use rate of low-dose CT screening has risen dramatically in our region and early detection of lung cancer has increased.

Understanding that our region has an extremely high rate of lung cancer and recognizing that the radiation dose of low-dose chest CT is “similar” to that of a mammogram, please consider this screening for your patients that are at risk. A clinical pathway for lung cancer screening can be found at [kootenaicarenetwork.org](http://kootenaicarenetwork.org)

**Update:** Dr. Hoopman is reporting that lung cancer screenings have increased significantly since the meeting with Primary Care Service Line on February 7, 2019. Thank you for your interest in making sure your patients have this life saving low-dose cancer screening.



## Hierarchical Condition Category (HCC) Coding Begins Again!

*Are there upcoming board approved educational classes available regarding HCC Coding? Yes! Board approved, educational classes for HCC coding will be held on **April 4, June 13, September 12 and December 5, 2019.** All classes are one hour, 5:30 – 6:30 p.m. and will be held in the Kootenai Health Resource Center.*

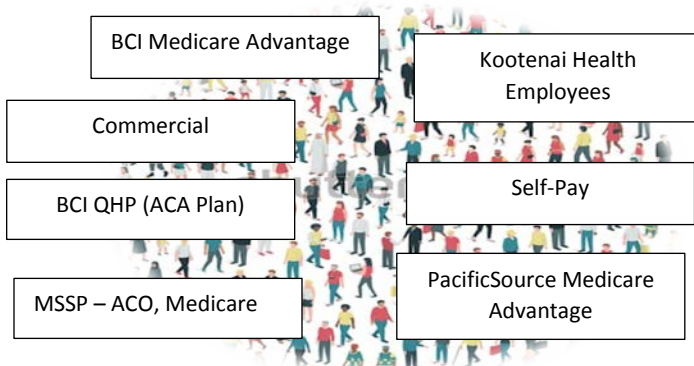
Only when we are able to clearly demonstrate the illness burden of the population we are serving can we get the credit we deserve for delivering comprehensive services, achieving clinical outcomes, managing health and wellness through quality measure reporting, and benefit from the funding necessary to take care of those patients at risk or rising risk. The nationally held standard for this reporting is the use of Hierarchical Condition Category (HCC) coding and the application of risk adjustment factors for populations.

**Why is HCC coding important?** HCC coding communicates the severity of illness of a patient. HCC coding documents chronic conditions and allows care providers to anticipate the amount of care a patient will need on an annual basis.

**Does HCC coding need to be completed every year for a patient?** Yes! Every year a provider needs to accurately document at the highest level of specificity the condition of the patient through HCC coding.

**How do I know what conditions have previously been documented on a patient?** Through Lightbeam, our population health analytics tool, your office has access to previous conditions that have been documented for a patient as well as possible conditions that need to be considered based on triggers within the software.

**Remember, all HCC coding has to be completed every year for every patient.**



Remember, clinical integration affects all patients.....Some happen to have an insurance plan that is contracted with KCN/KAC because it is recognized that we improve care, get results, and can manage healthcare spend

**Practice Corner**

**Promoting Interoperability Requirements for 2019.... What every practice must know!**

Please be aware that it is your practice’s responsibility to successfully report your Promoting Interoperability (PI) outcomes to Medicare. One major change to the program in 2019 is that eligible clinicians participating in the Merit-Based Incentive Payment System (MIPS) will be required to use **2015 Edition certified EHR technology (CEHRT)** beginning in the 2019 performance period. Please see the final rule at [CMS.Gov](https://www.cms.gov)

In addition to your reporting, Kootenai Accountable Care is also required to attest that at least 50 percent of our eligible clinicians use a 2015 CEHRT. Our team will be contacting your office to validate and verify that your electronic health record is in compliance with the CMS requirement. We appreciate your attention to this detail. If you are not current, you need to be in contact with your EHR vendor.

**Lightbeam Training Offered**

**Dr. Eric Gilbert**, St. Joseph’s Ear, Nose and Throat, Vice-Chair of the KCN Health Information Technology Committee recently noted that his staff is proficient in using Lightbeam. “Using the Lightbeam face sheets is incredibly valuable to me and my team in guiding our delivery of daily care to our patients. We rely on the Lightbeam system to give us current medication lists, access to recent labs and information from a single easy to access source, that we may otherwise have a difficult time obtaining in a timely, efficient fashion from the referring physician, or from the patient’s memory,” stated Dr. Gilbert.

In order for your practices to be successful in closing care gaps, properly coding the severity of illness (HCC coding), and having a complete picture of the care being delivered, KCN will be working with practices to support and encourage utilization of the Lightbeam application. The goal is to increase utilization of the data within Lightbeam to make sure the right care is being delivered at the right time.

Class Description	Dates	Times
Lightbeam Clinical/Front Office Workflow	April 8, 2019	12:00 – 1:00 pm
Lightbeam Practice Leader Training	April 9, 2019	7:00 – 8:00 am
Lightbeam Clinical/Front Office Workflow	April 9, 2019	12:00 – 1:00 pm
Lightbeam Clinical/Front Office Workflow	April 10, 2019	7:00 – 8:00 am
Lightbeam Practice Leader Training	April 10, 2019	12:00 – 1:00 pm
Lightbeam Clinical/Front Office Workflow	April 11, 2019	12:00 – 1:00 pm

**Quality Corner**

**Outreach System Results in 3 Breast Cancer Findings**

As Kootenai Care Network providers, your offices spend a lot of time reminding patients to take advantage of important preventative screening. Kootenai Clinic Family Medicine and Kootenai Clinic Internal Medicine have put in place the Expectation Management and Medical Information (EMMI) system to generate patient reminders and are having great success in our community. EMMI is an automated phone service that reminds patients of yearly screenings.

“Last May we launched our first mammogram campaign and saw tremendous results,” Vivien Spyra, Kootenai Clinic Appointment Center Manager, said. The May mammogram calling campaign targeted 1,312 patients. Of those patients called, 676 patients engaged with the call (over 50 percent), and 88 transferred to schedule an appointment. Of those 88, three people were actually diagnosed with breast cancer!”

“We were able to diagnose three people who may not have otherwise scheduled an appointment. Who knows how much further along it would be before they noticed something was wrong and scheduled an appointment,” Ms. Spyra said. After seeing the success of the first campaign, Kootenai Clinic is excited to expand the call reminders to other screenings. Kootenai Clinic hopes to offer reminders for colorectal screenings, well-child exams, and prostate screenings.

“The results of the EMMI System are fabulous and contributed to the network’s increased breast cancer screening rate for all of our contracts,” said Shelley Janke, KCN Director of Quality and Care Management. “KCN Quality Committee will be reviewing the results of EMMI and considering ways to enable community wide patient recall systems.”

**Chronic Care Management (CCM) Early Results Are Exciting**

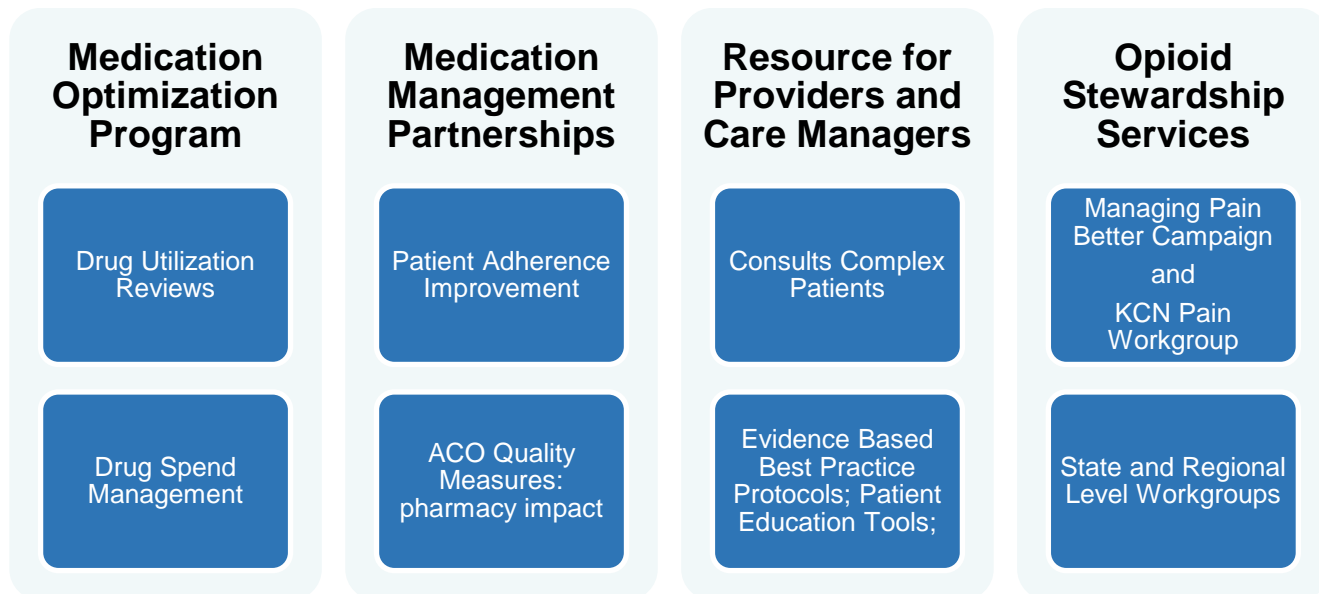


	Before Initial CCM Visit (8,294 Months)	After Initial CCM Visit (5,004 Months)	Difference (Per Month)
ER Visits	895	482	-11%
IP Acute Admits	314	154	-19%
IP Re-Admits	40	17	-30%
Medicare Monthly Spend per Patient	\$ 1,328	\$ 1,305	-2%



- 800+ High Risk patients in KCN currently enrolled in CCM
- 9 Active RN Care managers in Primary Care Practices are building relationships
- The average CCM patient has 14 months of data prior to their initial CCM visit, and 9 months of data after their initial visit
- Note: New educational video available. Please view the care management story of **Dr. Geoff Emry** and Ironwood Family Practice’s successful program at [kootenaicarenetwork.org](http://kootenaicarenetwork.org)

## Kootenai Care Network Pharmacy Team Stands Ready to Help



Kootenai Care Network has a robust pharmacy team ready to support the needs of all clinics and patients in our community. Shelly Rutledge, PharmD, and Mike Harmon, Pharmacy Technician, work with patients on a daily basis and with the care managers who are managing the high-risk, chronically ill patients in our community. Together, this team is available to:

- Provide medication education
- Reduce unintentional medication related harm
- Improve patient outcomes and adherence
- Identify and close care gaps
- And, be a resource for providers and patients

Lynne Kinson, RN, Care Manager with Kootenai Clinics in Hayden uses the services of KCN’s pharmacy team on a regular basis while caring for her high risk patients. “I appreciate having the pharmacy team available to talk with when I have a patient on multiple medications due to multiple health issues. The team helps me and

my patients SO much. They review medication lists with me to address any concerns, talk to the patients about the timing of their medications and make sure there are no drug interactions. The doctors in my clinic value the pharmacy advice. I feel that we can offer much better care due to their expertise,” said Ms. Kinson.

## 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. Brad Brososky, Chair
  - 1st Wednesday of Month
  - Noon to 1 p.m.
- Contract and Finance Committee, Dr. Don Chisholm, 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. Michael Williams, 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. Mark Mrocenko, 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.

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

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|--|---|
| ○ Patricia Richesin, President                               | ○ Shelley Janke, Director, Quality and Care Management              |
| ○ <a href="mailto:prichesin@kh.org">prichesin@kh.org</a>     | ○ <a href="mailto:sjanke@kh.org">sjanke@kh.org</a>                  |
| ○ Dr. Karen Cabell, Medical Director                         | ○ Tyler Freeman, Manager, Strategic Analytics                       |
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| ○ Dr. Dave Chambers, Assoc. Medical Director                 | ○ Janet Gambatese, Director, Payor Strategy and Program Performance |
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