



Happy Holidays



Volume 4, December, 2018

Leadership Changes at Kootenai Care Network

In just three short years, Kootenai Care Network has grown from a simple business model to a dynamic matrix of committees, subcommittees and work groups. We have begun to see our work positively transform patient care, and we are even receiving recognition for the difference our program is making in our community.

The complexity of our work is placing greater demands on clinical decision making. As we consider care integration, clinical pathways, utilization management, and the leadership required to continue the work we have started, the network has asked Dr. Dave Chambers to assume the role of Associate Medical Director of Kootenai Care Network and Kootenai Accountable Care. Dr. Chambers will remain in his practice at Ironwood Family Practice as well as in his roles with Kootenai Urgent Care and the Family Medicine Residency Program. He will be working in a consultative role with Dr. Karen Cabell, Medical Director of Kootenai Care Network and Kootenai Accountable Care, and Shelley Janke, Kootenai Care Network's Director of Quality and Care Coordination.

With the change for Dr. Chambers, opportunities arose for others in the network to assume new leadership roles.

- Dr. Brad Brososky, Family Medicine, Hayden Lake Family Physicians, and a member of the Kootenai Care Network and Kootenai Accountable Care Board of Directors has agreed to fill Dr. Chambers' term as board chair. Dr. Brososky has been the Committee Chair for Contract and Finance. His work has driven deeper understanding of both the business relationships with payers as well as the complexity of contemporary health care payment design. Dr. Brososky is a balanced primary care physician with a history of considerably and thoroughly reviewing numerous complicated decisions that have come to the board.
- The changes on the board also resulted in an opening for an independent primary care provider. Dr. Brad Drury, Family Health Associates, was recently voted into the seat vacated by Dr. Brososky.
- With Dr. Brososky assuming the position as Board Chair, this resulted in an opening for Committee Chair, Contract and Finance. Dr. Don Chisholm, Ironwood Family Practice, was approved and accepted that position

Please join us in thanking Dr. Chambers for his leadership of your network and ongoing service as our Associate Medical Director. He has been instrumental in launching this network and setting it on a course to success!

Dr. Brad Brososky
Chair, Board of Directors

Patricia Richesin
President

Dr. Karen Cabell
Medical Director

Quality Corner

Only 25 days left to close the Gaps for 2018!!

Measure	Performance Target	July 30, 2018 Performance	Current Performance as of 11/25/18
Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer:	78%	67%	74.2%
Percentage of adults 50-75 who had appropriate colorectal cancer screening:	79%	65%	60%
Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine:	70%	67.50%	71.8%
Percentage of diabetic patients seen with a hemoglobin A1c >9%:	20%	39% (Lower is indicator of better performance)	32.7% (Lower is indicator of better performance)

**Data includes performance as of 12/06/2018 for Blue Cross of Idaho Qualified Health Plan, Blue Cross of Idaho Medicare Advantage, and PacificSource Medicare Advantage and Kootenai Health Employees

Practice Corner

Your Office May Receive a Call.....

The traditional fee for service Medicare beneficiaries have begun receiving surveys from Medicare. Known as CAHPS (The Consumer Assessment of Health Providers and Systems), the survey is intended to measure the patient’s experience with his/her primary physician within our ACO and asks questions related to the patient experience. If one of your patients calls your office and inquires about receiving the survey, please encourage them to respond to the survey. Their opinions matter! And it is an essential component in our ACO performance. For additional information, please see the Practice Leaders Corner in the July 2018, volume 3 edition of our newsletter. kootenaicarenetwork.org

Compliance Training Attestations:

As a Kootenai Care Network participant, all staff and providers in your practice are required to complete annual compliance training. Your office can use the self-guided training modules available on the KCN website or you may use other external training resources. Regardless of training method, a training attestation form for each practice must be submitted annually to KCN. Please use the following link for access to available training information as well as the necessary attestation form. [KCN Compliance Information](#)

EIDM Accounts Must Be Active:

Groups participating in a Shared Savings Program (SSP) ACO must obtain their own Enterprise Identify Data Management (EIDM) accounts and roles under the Participant Tax Identification number to submit and meet the Advancing Care Information requirements. Your practice must secure your EIDM account and identify your Security Official. To find out if your practice is registered in the EIDM, please contact the Quality Payment Program at 1-866-288-8292 or by email at gpp@cms.hhs.gov. If you have any questions, please contact us at the network.

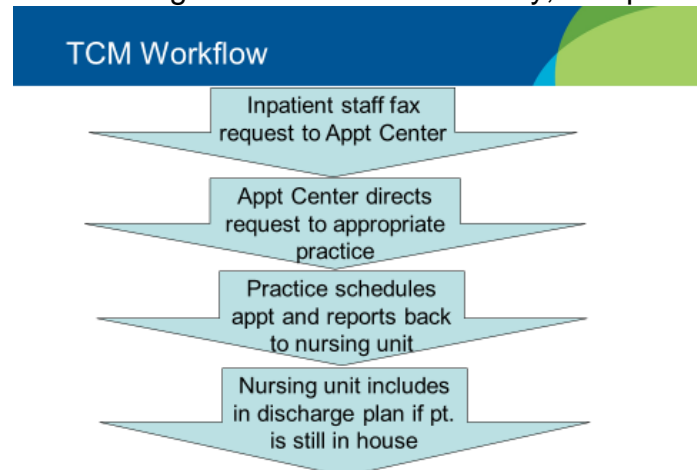
Primary Care Service Line

Transitions of Care Appointments Are Vitally Important

The transition between the inpatient and outpatient setting is a high-risk period for patients.

Despite all of the best intentions, there are many barriers to care coordination, including the lack of interoperable electronic health records, the lack of integrated health care delivery, and primary care provider shortages to name but a few. From the patient perspective, the discharge instructions can be very complicated; they are hard to comprehend when you are well and even more challenging when you are recovering from an illness.

What is clear is that timely follow-up with a provider is critical. The presence and role of the primary care provider (PCP) is critical during this transition. The Primary Care Service Line is addressing this issue and, along with Kootenai Health, has designed a process whereby every discharged patient will have a primary care visit....



**If patient has discharged, practice is to call and confirm appt time with patient.*

Survey Results Are in!

The 2018 Provider Survey has been completed! 487 Kootenai Care Network providers participated in the online survey consisting of 6 questions. This survey was designed to provide the leadership of Kootenai Care Network insight as to whether or not providers understand the work of a clinically integrated network. The results were as follows:

- 82% of respondents report they are engaged in the work of KCN
- 86% report that they understand the work of the clinically integrated network
- 61% agree KCN is providing valuable guidance to their practice
- 68% agree KCN is enhancing the community focus on quality
- 82% report KCN is guiding our community to value based care
- And, 79% of respondents agree that KCN is enhancing collaboration amongst healthcare providers in our community

We want to thank you for your participation in this survey process and assure you that the results will be used to design a communication strategy for 2019.

Care Management is a Team Sport!

Kootenai Health featured Chronic Care Management in Issue 4-2018 Kootenai Health Magazine. The article focused on Dr. Sean Linford, Kootenai Clinic, Lynne Kinson, RN, Care Manager, and patient Don Jenkins and his wife Evelyn. Here is the story:

Managing a chronic health condition like high blood pressure or diabetes can be challenging for those who may not be familiar with navigating the complexities of health care. The questions and logistics increase with each new condition, medication, or therapy added to the mix. Patients managing multiple chronic conditions can find the help they need with the help of a care manager with Kootenai Care Network.

“Managing multiple health conditions can be extremely overwhelming if you don’t have a background in health care,” Lynne Kinson, RN, Care Manager, said. “My role is to help these patients by coordinating their care, making sure they’re visiting necessary specialists, and providing them with valuable information to help them navigate the system and make important health care decisions.”

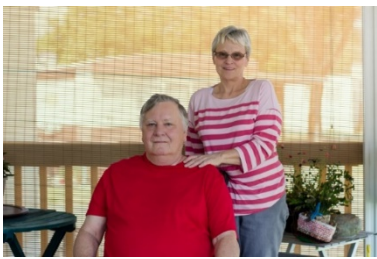
Don Jenkins and his wife, Evelyn, struggled for years to gain control of his heart disease and diabetes. Just over a year ago, Don switched primary care providers and began seeing Sean Linford, M.D., at Kootenai Clinic Family Medicine in Hayden. Together, Dr. Linford, Don and Evelyn came up with a plan to better manage Don’s chronic conditions.

“Dr. Linford suggested I work with Don and Evelyn to implement Don’s new care plan. He needed to start a new insulin that was much more expensive than his previous prescription,” Lynne said. “I first contacted the insulin company and then another medication assistance program to reduce

the cost of the insulin and make it affordable for Don. The next steps involved incremental lifestyle changes with nutrition and exercise education and goals.”

Prior to working with Lynne and Dr. Linford, Don described himself as lethargic, feeling unwell and depressed. Once his blood sugars were in better control, Don felt like he could take an active role in changing his habits to positively affect his overall wellbeing.

“Once I began my new insulin and my blood sugars were under control, I started walking at the mall and around my neighborhood. I lost weight and felt like I could enjoy life again,” Don said. “I took up hobbies like building and flying drones and now I can run errands with Evelyn again. Lynne has been a wonderful friend and mentor through this process. She always takes time to help us and answer questions” While this progress is exciting for Don, Evelyn is also pleased with



his newfound energy and outlook. For the past 10 years, Evelyn has watched Don’s health slowly decline and often has had to serve as a caregiver and manager of their home.

“We’ve been married for over 30 years, and during the last 10 years Don has had a pretty poor quality of life,” she said. “Without Lynne and Dr. Linford, we wouldn’t have changed what we were doing and Don would not be getting better. You can feel very alone in circumstances like these, but Lynne has been so sweet. She’s helped us with everything from diet plans to financial resources and everything in between.” [Care Manager Video](#)

Opioid Crisis CME Video Recording Available at KootenaiCareNetwork.org



Dr. Scott Magnuson address the 67 network providers attending the Oct 18th CME

Sixty-Seven (67) providers attended the CME on Oct 18th to learn about current chronic pain initiatives both nationally, locally, and within the network. All feedback received was very positive.

The majority of the survey responders reported that their top 3 take-away topics include tapering plans for opioids and benzodiazepines, recommended morphine milligram equivalency amounts, and realization that the opioid crisis is real within our community. As work is continuing to be done, more information will be provided. If you were unable to attend, please go to our website to view the recorded CME session and handouts. Information distributed during this CME event include a new Chronic Pain Rack Card for patients and the KCN Chronic Pain Pathway and Policy. [2018 Opioid Crisis CME Video](#) , [Chronic Pain Clinical Pathway](#)

For any questions feel free to contact Shelly Rutledge, your KCN pharmacy clinical supervisor. 208.625.5492 or email srutledge@kh.org

Kootenai Accountable Care – What you need to know about GPRO Reporting!

The Season for ACO Reporting!

For those of you in the Medicare ACO, in just a few short weeks, on January 22, 2018, Kootenai Accountable Care will receive a list of their attributed beneficiaries for whom KAC must submit clinical quality measures on behalf of all KAC providers.

15 Quality Measures, 248 Consecutive Beneficiaries in 6 weeks!

Kootenai Accountable Care will be conducting 2018 quality reporting for all ACO participating providers. The ACO-reported clinical quality measures (15 measures) are reported by the ACO through use of the Group Practice Reporting Option Web Interface (GPRO).

The mission beginning the first weeks of January is to collect data for 15 measures, with a minimum of 248 patients per



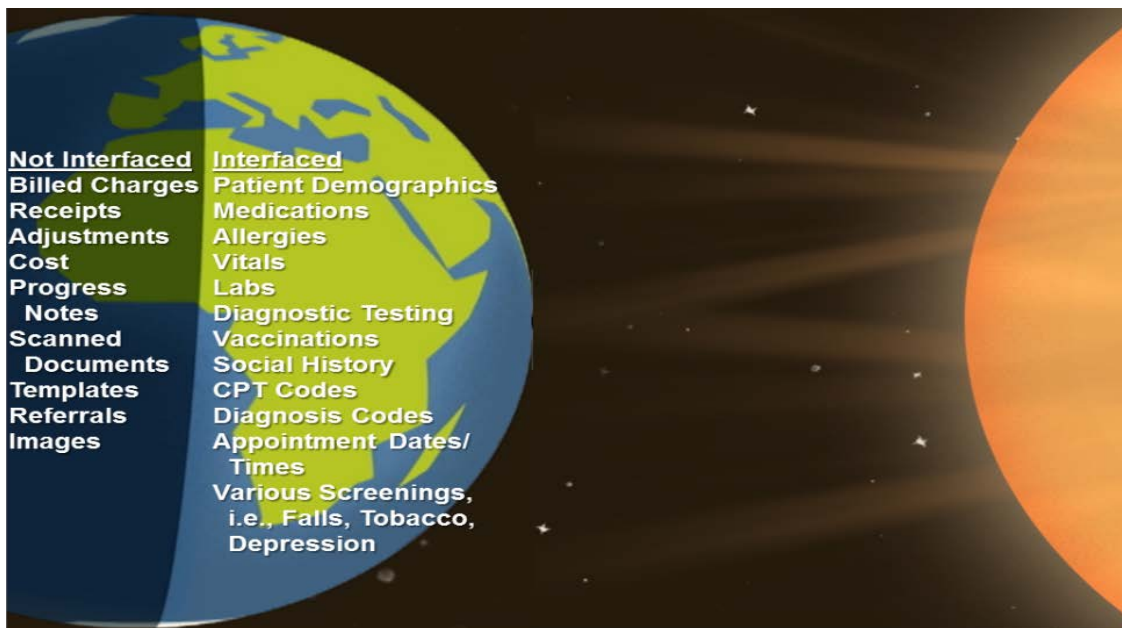
disease module or patient care measure, across all of our multiple physician practices. While the task of collecting data can be an enormous task, the use of Lightbeam will streamline the process.

Lightbeam will allow Kootenai Accountable Care to:

- Automatically pre-populate the ACO reporting registry with clinical data.
- Filter the measure grouping based on completion status to quickly identify gaps in reporting.
- Allow providers to easily view and report for their individual patient population.
- Guide reporting staff through chronological order of reporting steps for each measure.
- Submit data directly to GPRO on behalf of Kootenai Accountable Care.

Health Information Technology (HIT) Committee

The HIT Committee is keenly aware of ensuring that you know what data is being extracted from your EMRs to support the work of KCN. In meeting the objectives of population health, it is important to appreciate how data is used. Under the direction of Dr. Robin Shaw, HIT Committee Chair, the graphic below was designed to distinguish the data that is NOT interfaced and the data that IS interfaced. We particularly value this graphic as it identifies the data that “sees the light of day” in the network and the data that is “kept in the dark” and seen only by your practice. The committee hopes this visual is helpful as there have been numerous questions from practices about the data elements that are extracted from your EMR into Lightbeam.



Data Populating in Lightbeam: Interfaced and Not Interfaced Information

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. 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
 - Noon to 1 p.m.

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

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| • Dr. Dave Chambers, Assoc. Medical Director <ul style="list-style-type: none">○ dlc@ironwoodfp.com | • Tyler Freeman, Manager, Strategic Analytics <ul style="list-style-type: none">○ tbfreeman@kh.org |