The Pulse

Achievements and milestones during an anniversary year

What a year it was! New healthcare programs, changes to incentive models and much more made 2016 a turbulent year for the healthcare industry. Working with physician members and practice staff, The Physician Alliance also reached some milestones and achievements. These improvements and accomplishments by our physician organization require a great team effort from TPA staff, physicians, practice staff, practice resource team members and some of our partners.

Highlights of these key accomplishments include:

**TPA expanded its education offerings** through the development of numerous tip sheets focused on coding and billing, incentive programs, how to improve quality metrics, and more. TPA also hosted several free seminars and videos. A multitude of patient education posters were created to help improve quality measures and initiate conversations with patients. Topics include breast cancer screening, wellness exams, decreasing low back imaging and more. These posters are available on TPA’s website for practices to print or order for display in waiting and exam areas.

**TPA’s disease registry, Wellcentive,** expanded to include 18 interfaces to help practices manage patient data. With 150 physicians participating, representing approximately 800,000 patients in the registry, TPA can help physicians track patient care, improve cost, close gaps in care and manage population health.

**Project Harmony continued to improve quality measures by focusing on closing gaps for preventative measures.** Launched in 2015 to a small pilot group, TPA expanded Project Harmony to include 39 practices by the end of 2016. Through the development of regional teams, including practice resource team members, a regional medical director and TPA IT staff person, practices receive more specialized assistance to identify and close gaps and understand quality improvement opportunities.

**TPA increased its primary care practices earning patient centered medical home (PCMH) designation** from Blue Cross Blue Shield of Michigan to 132 primary care practices, representing 355 physicians (up from 339 in 2015). A record number of 809 specialists received the BCBSM value-based reimbursement (formerly fee uplift).

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Dear members,

Welcome to a new year with promises of great accomplishments!

If last year seemed like a whirlwind of new programs and changes, I think we’ll need to buckle up for continued movement during this year too. As CMS launches MACRA (now also called the Quality Payment Program, or QPP), new reporting requirements and reimbursement changes are on the horizon. My staff and I are working hard to stay abreast of the continuous updates to this program and others. Several of us went to the National MACRA Summit in Washington, DC to hear firsthand about this program and the future of payment programs. We also are hosting an education seminar in January to provide an overview of the MACRA program (this program sold out quickly so stay tuned for another option in the near future). We’re working with CMS, Blue Cross Blue Shield of Michigan and other local healthcare organizations to provide the best education and information to our members. These programs change quickly and often times unexpectedly, providing challenges to information dissemination, so I thank you for your patience as we want to ensure accurate and up-to-date details.

I’m very pleased at the overall successes of last year. We had a record number of primary care practices achieve patient centered medical home designation and specialty physicians receive a value-based reimbursement from BCBSM. TPA distributed more than $3 million in incentive payments to physicians participating in the Physician Group Incentive Program, while millions were paid directly to our practices via the VBR. Thanks to the hard work and dedication of our physicians, practice staffs, practice resource team and TPA staff, our quality metrics increased in many areas, including important screening measures.

Please don’t forget to check out our updated website (www.thephysicianalliance.org) for helpful information on a variety of topics, including coding tip sheets, patient education posters, incentive program overviews and much more. Our staff is committed to helping you succeed and this information and materials are created and provided with this in mind.

This new year promises to bring both challenges and successes. TPA’s staff and I are ready to support you in your commitment to providing the best patient care.

In good health,

Michael R. Madden
President & CEO

TPA participates in BCBSM’s Program Optimization, which seeks to improve quality metrics. In 2016, TPA practices received an overall improvement score of 90 out of 100, up from 60 in 2015, to receive a rating of ‘very strong improvement’ in overall quality improvement. The Program Optimization score is based on a physician organization’s performance and improvements on key quality, PCMH/PCMH-N and leadership measures.
The Physician Alliance's partnership with Wellcentive Outcomes Manager offers member practices a progressive patient registry that supports 18 interfaces to help practices manage their data. With this patient registry tool for population health, physicians can better track and improve cost and quality of care while closing gaps in care. Wellcentive allows for practices to capture information from either manual entry or an interface for which The Physician Alliance can report data to payers to close gaps in care.

This patient registry is a great reporting tool to gather information on HEDIS performance measures.

The collection of data is an important part in managing quality of care and performance measures for chronic conditions. Also, tracking preventative screenings is easier to manage through Wellcentive. Physician practices can follow up with patients that are due for recommended screenings to schedule appointments for the screenings. Launched in 2012, TPA’s disease registry has grown to include 150 primary care physicians participating in BCBSM’s Physician Group Incentive Program, representing almost 800,000 patients. It is projected that more than one million patients will be included by the end of 2017.

Wellcentive is also a care coordination tool for use in Admission Discharge Transfer (ADT) messages from hospitals and skilled nursing facilities (SNFs) throughout Michigan. When a patient in the database is admitted to a hospital, the registry sends a feed to their identified physician. For example, if a patient lives in Southeast Michigan, but is vacationing in Traverse City and ends up in an emergency room there, an alert of their admittance is sent to the primary care physician through Wellcentive even though that health system is located in Northern Michigan.

The Physician Alliance has agreements in place with several payers to provide and share supplemental patient data to benefit practices, thus saving time for physician practices. The Practice Resource Team (PRT) and TPA performance facilitators also use this data reporting tool to help in identifying gaps in care. The team members utilize this information to proactively help close gaps to aid physician practices in managing care.

The Physician Alliance created a short video to offer step by step guidance in understanding ADT in Wellcentive. To view this video, visit TPA’s website at www.thephysicianalliance.org, then click on the Learning Center and Videos/Webinars.

The Physician Alliance produces and distributes quarterly patient population report cards for patient centered medical home and PCMH-Neighborhood practices to track improvement of overall quality of care through closing gaps. This gives physicians a chance to see where they stand against their peers and also gauge their performance within TPA as a physician organization.

Wellcentive enhances a physician’s capabilities to manage overall population health by identifying gaps in care. Through the program customization to address such gaps, The Physician Alliance is committed to offering resources to help physicians deliver high quality care with value based payment models.

If you would like information on how your practice can participate in Wellcentive, contact us at thephysicianalliance@thephysicianalliance.org.
ADT
Admission, discharge, transfer: ADT systems can be used as an alert upon a patient’s admission to a healthcare facility, and provide follow through of the patient’s care upon discharge and transfer to another facility or home.

HIE
Health Information Exchange: The sharing of patient information in the healthcare industry enables physicians, nurses, pharmacists and other health care providers to appropriately access and (securely) share a patient’s vital medical information electronically. This method improves the quality, safety, timeliness and cost of care. Sharing of patient information among healthcare providers can help improve diagnoses, reduce readmission, avoid medication duplication, decrease duplicate tests, and more.

MACRA
Medicare Access and CHIP Reauthorization Act of 2015 and QPP (Quality Payment Program): These two program names are essentially the same. MACRA is now the law’s referred name, while the QPP is the new name for MACRA. The launch of MACRA by CMS ended the Sustainable Growth Rate formula, which impacted clinicians participating in Medicare with a significant payment cut. MACRA/QPP has two tracks to participate in: Merit-based Incentive Payment System (MIPS) or Advanced Alternative Payment Models (Advanced APMs).

OSC
Organized System of Care: An Organized System of Care (OSC) is a community of caregivers consisting of primary care practices, specialists, hospitals and other providers that measure performance, set goals, track progress, and coordinate care across the continuum for the primary care-attributed patient population. The OSC assumes responsibility for establishing shared information systems and care processes, and accepts accountability for delivering effective and efficient patient care over time and across settings of care. TPA is a low cost benchmark performer in Blue Cross Blue Shield of Michigan’s program. This designation provides TPA physicians with an additional 10 percent VBR.

PDCM
Provider Delivered Care Management: The Provider Delivered Care Management (PDCM) is a healthcare model where care management is provided within the primary care physicians’ practice by trained care managers. PDCM was created based on studies that supported care management delivered in-person by care managers within practices is more effective than centralized care managers. PDCM is delivered by a highly qualified care manager along with a clinical team. The care manager works in the physician practice, or with the practice via their affiliated physician organization, to provide care that’s personalized and focused on the whole patient. These health care professionals are directly affiliated with the patient’s primary care physician in order for service to be integrated and coordinated.

PRT
Practice Resource Team: A field team consisting of registered nurses and practice transformation partners work closely with TPA staff and its member practices. A team of PRT staff are assigned to physician practices to provide support and expertise related to transformation processes needed to become a BCBSM Patient Centered Medical Home or a Patient Centered Medical Home Neighborhood; navigating requirements for a practice to be successful in pay for performance programs; and guidance to improve quality, cost and efficiencies in patient care.

Making sense of the ALPHABET
These are just a few of the healthcare acronyms that you may see often in the current healthcare arena. For more acronym assistance, visit www.thephysicianalliance.org, then click Learning Center.

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Check out our new website at www.thephysicianalliance.org where you can:

• Download tip sheets for improving quality metrics, coding and billing.
• Find information about pay for performance programs.
• Learn how you can save money through our Physician Discount program.
• Watch webinars and videos.
• Print or order patient education flyers.
• Register for upcoming education events.
• Meet our board of managers and leadership team.
• Log into TPA’s secure physician portal.

Visit www.thephysicianalliance.org today!

TPA launches new website

The navigation menu was updated to help locate materials on the website, and lots of new education and information materials were added to help physicians and practice staff improve patient metrics and practice revenue.

Resource Stewardship Initiative: BCBSM created the Resource Stewardship Initiative (RSI) to promote the use of evidence-based medicine when making health care stewardship decisions. The RSI also encourages conversations between physicians and patients about appropriate and necessary care. The RSI focuses on appropriate use of services to improve quality and safety of patient care along with reducing healthcare costs.

Value-Based Reimbursement: Value-based reimbursement (formerly called the fee uplift) is a payment structure model in Blue Cross Blue Shield of Michigan’s Value-Based Partnership program that shifts the care delivery focus from volume to value based to deliver better patient care at a lower cost. This reimbursement model promotes an integrated system in managing patient populations where reimbursement is based on quality of care and improved patient outcomes.
Feeling confused, frustrated, or overwhelmed by the upcoming monumental changes in reimbursement models for physicians? You are likely struggling with what steps you need to take in order to survive the upcoming, somewhat radical, changes in healthcare. These changes aren’t going away, regardless of which party is in office, so you need to educate yourself soon on MACRA/MIPS/APMs and many other new acronyms created by the Centers for Medicare and Medicaid Services (see the acronym article in this newsletter or on TPA’s website).

As you read this, MACRA, a bi-partisan act of Congress, has begun (CMS recently dropped the MACRA acronym and relabeled it the Quality Payment Program, or QPP). The goal of MACRA (aka QPP) is to modernize “Medicare to provide better care and smarter spending for a healthier America.” MACRA (QPP) is not easy to understand on your first drive by. The good news is CMS has developed thorough online education for physicians (https://qpp.cms.gov/). It is interactive and is written in a style that I would call “MACRA for dummies.”

The WHY of MACRA/QPP: Andy Slavitt, acting administrator at CMS, recently shared at a MACRA summit that taxpayers spend over $500 billion each year for the Medicare program. Costs need to be controlled, particularly as over 10,000 Americans enter Medicare each day. Under the MACRA rule there are two tracts to reimburse physicians: the Advanced Alternative Payment Model (APM), which will only include approximately six percent of physicians, and the Merit-Based Incentive Payment System (MIPS) for the vast majority of providers. (It may be easier to think of MIPS as a combination of Meaningful Use and PQRS on steroids.)

The WHO of MACRA/QPP: Physicians, PAs, RN anesthetists, NPs and certified RN specialists must submit information to avoid a four percent reduction in Medicare fees in 2019. There are some exceptions: If you have less than 100 Medicare Part B patients per year or if your charges to Medicare are less than $30,000 you are exempt from MACRA. If you currently are participating in an Advanced Alternative Payment Model (APM) or the Comprehensive Primary Care Plus (CPC+) program, you are exempt from MIPS reporting. If you are in an ACO that does not qualify for the advanced APM (i.e. MSSP) your ACO will likely do the MIPS reporting for you.

If you are in a health system employed group, the health system will likely be completing the reporting. Even if your ACO or health system is doing the work, you really need to know which quality measures, improvement activities and care information activities your group is reporting. If you choose to change your employment status or dis-enroll from an ACO, your performance from 2017 will likely follow you in 2019.

The WHAT do you need to do for MACRA/QPP: The payment in MIPS is based on a point system. You earn points by submitting information in three areas:

1. You will need to choose at least one Quality measure to report on for a minimum of 90 days. You can report up to six quality measures (including one outcome measure) to achieve maximum points. The quality measures are designed by specialty and many of the measures overlap the HEDIS metrics and PQRS for PCPs. (Groups with over 25 physicians have to report on 15 quality measures for the full year.)

2. You need to report on Improvement Activities for at least 90 days if you are not a PCMH designated practice. If you are a PCMH practice, you won a get out of jail free card. All specialists must report on this measure, although non-patient facing physicians receive “special consideration.” There are about 90 activities you can choose to report on such as expanded patient access, care coordination, beneficiary engagement etc. Many of these activities align with the PCMH-N capabilities. There are also possible “bonuses” involved if you use a certified EMR to report these activities.

3. Advancing Care Information (formerly known as meaningful use) requires reporting of five mandatory measures for a 90-day minimum. You can choose to submit up to nine measures for a minimum of 90 days for additional credit. The five required measures include Security Risk Analysis, e-Prescribing, Provide Patient Access, Send Summary of Care, and Request/Accept Summary of Care. (The Advancing Care Information does not apply to some specialists and they do not need to submit for this category.)

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The MACRA Maze, continued from page 6

If you are still reading at this point, you realize this is a CMS version of rocket science and not easily applied to your practice without reading a very large document or hiring a consultant to assist you in this “transformation” to provide better health care and smarter spending. Try to stay calm and remember you only need three points on a 100-point MIPS scale to avoid a -4% penalty in 2019. If you are a PCMH practice designated by BCBSM or NCQA you already have 40 points. It will not be so easy in future years to avoid negative penalties so seize the moment. The maximum penalty under MIPS rises to -9% in 2022. Most consultants advise capturing data from 2017 and evaluate at year end prior to submission in March 2018.

The WHEN of MACRA/QPP: CMS is offering a “pick your PACE” option for 2017, allowing physicians to participate in the minimum and submit data for 2017 by picking one quality and one improvement activity or five advancing care information measures by the reporting deadline. This would prevent you from receiving a negative payment adjustment in 2019. You could report on more than the minimum for at least 90 days and hope for a possible small positive payment adjustment. Or you can be an overachiever and hope for a 4% or slightly higher bump in 2019 by fully participating starting on January 1, 2017. The over achiever model includes reporting on six quality measures, four improvement activity measures and five to nine advancing care information measures. There are also bonus points which makes this MACRA maze even more complicated. Remember, MACRA by law is budget neutral, so in the end, the positive payment adjustments are balanced out by the negative payment adjustments. This program will not be a windfall for anyone.

As we enter this new era of health care reform think about this from Slavitt at CMS, “… Medicare is a uniquely American promise. One that for more than a half century has said to all Americans that as you get older, or if you have a disability, you will be able to access care, and your family won’t go broke in the process. We are on a journey as a nation towards better health for all. Patients. Caregivers. Consumers. You know them better than anyone because you care for them.” I believe the majority of people providing healthcare will acknowledge the need to improve quality and reduce cost. When the United States is compared to other countries it is obvious we are not providing value-based care. MACRA may possibly provide an impetus for better care and smarter spending.

Make saving money a new year resolution in your practice

The Physician Discount program offers products and services at discounted pricing for members. The physicians and practices of The Physician Alliance have access to premium services and high-caliber products at discounted rates. These cost-effective, innovative solutions help reduce business overhead costs and optimize business performance with vendor partners.

Our current partners include:

- **401(k)/Wealth Management** – Hollander & Lone
- **Accelerate Patient Payments** – Exchange EDI
- **Accounts Receivable Management and Collections** – Transworld Systems, Inc.
- **Construction and/or Design Services** – Ferlito Construction
- **Cyber Liability Insurance** – Huntington Insurance
- **Digital TV Marketing** – Reel Health Network
- **Document Scanning** – Bactes Imaging
- **Document Storage** – Leonard Bros. Data Management

**Employee benefit/Insurance consulting services** – LoVasco Consulting Group

**Legal Services** – Rickard & Associates, P.C.

**Medical Answering Service** – Ambs Call Center

**Medical-Surgical Supplies** – McKesson Medical-Surgical Supplies

**Medical Waste Services** – Bio-MED Medical Waste

**Office Supplies & Solutions** – Office Depot

**PQRS Reporting** – PQRSWizard/CeCity and Wellcentive

**Technology Support** – MBM Technology Solutions

**Vaccine Purchasing Program** – Merck

For a complete list of partners’ contact information and special offers for TPA members, visit www.physicianalliance.org, click Physician Discounts.

If you have a suggestion for a new partner, send your ideas to thephysicianalliance@thephysicianalliance.org.
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