Beginning the New Year – Challenges and Opportunities for ICP

By Dr. Michael Pinnolis
Chief Medical Officer, ICP

Before the holidays, ICP held several community meetings with ICP members to recall ICP’s origins and where we need to go. I’d like to take this opportunity to summarize the meetings so those who couldn’t attend receive the same information as those who did.

ICP was founded in 2013 as the result of Hartford HealthCare’s recognition that to succeed in a changing healthcare environment, a new business model for delivering care was necessary.

It was apparent that the traditional fee-for-service model was not sustainable and that government and commercial payers were moving toward payments tied to performance, quality and cost. This means focusing on what the Centers for Medicare & Medicaid Services (CMS) calls the Triple Aim: high quality, affordable care and a differentiating customer experience.

A New Model of Care
As a result, we have been moving away from a hospital-centric, “sick care” system to managing population health, which involves improving quality and by improving quality, reducing costs.

But what does population health management really mean?

In a population, the minority accounts for the majority of morbidity and cost. According to the Agency for Research and Quality, about half the U.S. population spends little or nothing on healthcare, while 5 percent of the population spends almost half of the total amount. And patients with multiple chronic conditions cost up to seven times as much as patients with only one chronic condition. Many of these high-risk patients are Medicare patients.

Medicare Linked to Quality & Cost
In January 2015, CMS announced a timetable for Medicare payments to be linked to performance on quality and cost. Medicare will require some incentive for quality or value to be tied to 85 percent of spending beginning this year and 90 percent by 2018.

Through 2018, penalties will be imposed for underperformance on quality, cost and not meeting Meaningful Use requirements for electronic health records. In 2019, providers will have two options: the merit-based incentive system, which provides a bonus or penalty based on performance on quality, efficiency, Meaningful Use and practice improvement; or the alternative payment mechanism, where the provider must accept the up and downside risk on the cost of care.

Medicare Income Can Be Uncertain
With penalties, Medicare income is uncertain and there’s the potential for significant payment reductions. A best-possible performance could mean a medium income for a primary care provider of $190,000. A worst-possible performance could result in a medium income of $90,000.

Medicare Shared Savings Program (MSSP) participation provides protection from CMS penalties. MSSP will qualify as an alternative payment model. This means providers will have a stable and predictable baseline income - although financial reward will depend on performance.

Good News for ICP
ICP has a history with MSSP. Our 2014 MSSP performance was in the top 20th percentile of participating MSSP accountable care organizations (ACOs) in the nation. We were 66th out of a total of 334 ACO participants. In 2014, our second year of participation, we reduced the total cost of care by $5.58 million.

In our commercial value-based agreements, we are distributing $1 million in shared savings, with 77 percent of ICP primary care physicians and 74 percent of ICP specialists expected to receive their full shares. (Continued on Page 2.)
This is the good news. But we still have work to do. We must improve in closing gaps in care and in reporting on that work, and we must do a better job of reducing hospital admissions and readmissions.

**Rewards for Good Performance**

To improve performance, we are aligning physician incentives in our negotiated value-based agreements, which include a care coordination fee, guaranteed funds and earned funds. These funds pay for care manager assistance in reducing patient use of medical resources and for the primary care provider’s incentive to close gaps in care, which will result in higher quality at a lower cost, which means more savings for our payers – and more reward for us.

Reducing avoidable utilization to 2.5 percent can generate a savings of more than $12 million in our shared-savings agreements. Because utilization is higher in Medicare, the savings potential is larger.

To provide consistent quality and to manage costs requires accountability and support. If we stay within our network, we can provide the highest-quality care in the most effective way.

We also must manage chronic disease, particularly diabetes, coronary artery disease, congestive heart failure, COPD and depression/anxiety. All of this requires active collaboration with the primary care physician, who is the quarterback of healthcare in this new model of seamless care delivery.

Quality and cost are not just important to the government and commercial insurers. As businesses cut back on what they’re willing to pay for healthcare for their employees, the employees increasingly are shopping for healthcare – comparing prices and quality as they might do for appliances or hotels. CMS has implemented a five-star rating system for hospitals, something consumers know well and understand. Quality care and cost matter.

ICP leader physicians can attain Hartford HealthCare’s vision of clinical excellence and personalized coordinated care by working to successfully deliver integrated value-based population health. Physicians define our performance objectives, quality standards and evidence-based medicine protocols; assist in forging partnerships with health plans, employers and providers, which increasingly are tied to quality; and establish requirements for participation.

As an organization, we continue to work to help one another to provide and demonstrate consistent high-quality care and manage the cost. Again, this is about coming together to serve our patients. We will continue to lead the way in changing how healthcare is delivered.

**ICP Members’ Participation in HHC Employee Wellness Campaign**

ICP members are Tier One providers for the more than 26,000 Hartford HealthCare (HHC) employees and family members enrolled in an HHC medical insurance plan.

As part of a wellness incentive to earn a $250 to $500 reward, employees (and family members) must report five wellness measurements (the 5Ws), which they may ask your office to provide during a visit (if you are a primary care provider or OB/GYN specialist):

- Blood pressure
- LDL cholesterol
- Fasting glucose
- Height/weight
- Nicotine use

HHC/ICP will provide your office with forms where this information can be recorded and given to HHC patients. The employee or employee family member will take this information from your office and use it to complete an online form to receive a cash incentive.

Your participation in this program is appreciated. Please be aware that your office may be asked to provide the 5Ws.

www.integratedcarepartners.org
ICP Community Practices Rewarded for Achieving Excellence

During ICP regional meetings in November and early December 2015, the ICP leadership team recognized multiple ICP community practices for their overall engagement with ICP’s 2014 Performance Management Program that included achieving 100 percent compliance on all performance metric goals, completing gaps in care reports, and providing specialty clinical data metrics. Congratulations to all who were recognized. We are looking forward to more exceptional work in 2016.
Epic Electronic Health Record and You – What You Need to Know

Hartford HealthCare (HHC) has partnered with Epic Systems to introduce Community Connect. Unlike most electronic health records (EHRs), Community Connect offers community healthcare providers access to a single Community Health Record, thereby improving patient care and the overall patient experience. Community Connect also offers an all-inclusive, fully-integrated EHR solution.

Why Choose Community Connect?

- **Epic is an award-winning EHR** – Epic Systems has been ranked best in KLAS in several categories for more than a decade, including as the No. 1 Overall Physician Practice Vendor and Software Suite.
- **Create and share a community health record** – By uniting patient clinical information on a single EHR platform, you will have seamless access to patient clinical information at all Hartford HealthCare facilities and several other healthcare systems using Epic.
- **Get on board with a widely used, practice-proven EHR** - Epic has been growing for the past 35 years and is used by many of the nation’s top healthcare systems, including Cleveland Clinic, Mayo Clinic, Kaiser Permanente, and Johns Hopkins Hospital.
- **Easily meet Meaningful Use and monitor quality measures** – Epic makes meeting Meaningful Use (MU) criteria easy and has several integrated analytic tools to help you monitor MU, quality metrics and much more.

As an ICP member you will receive the highest donation from HHC toward the cost of Community Connect: **Up to 80% of the cost will be paid by HHC!** Contact Community Connect Account Manager Samantha Somma now as 2016 go-live dates are limited. ([Samantha.Somma@hhchealth.org](mailto:Samantha.Somma@hhchealth.org) 860-677-3876)

ICP Member Check-in ... Your ICP To-Do List for January 2016

- If you have not yet completed the 2015 video requirement which was part of your performance metric, please contact your provider relations specialist who can direct you through next steps.

- All ICP member community providers (not employed by Hartford HealthCare) must complete and submit the MultiPlan (MPI) opt-in/out form that was sent to your practice Dec. 23, 2015. The MPI group opt-in/opt-out form must be completed, dated and signed by the individual with signature authority for the practice and **returned to ICP by January 15, 2016**. Please return the completed forms to Sharon Goulet via one of the options below:
  
  - **Fax:** (860) 972-5035
    Attention: Sharon Goulet
  - **Mail:** Integrated Care Partners
    Attention: Sharon Goulet
    1290 Silas Deane Highway
    Wethersfield, CT 06109
  - **Email:** Sharon.Goulet@hhchealth.org

Ready to Assist You
ICP’s provider relations specialists are available to answer your questions or assist your practice. If you have questions, please contact your ICP provider relations specialist:

- Shaleighne Murphy – 860.972.9063 [Shaleighne.murphy@hhchealth.org](mailto:Shaleighne.murphy@hhchealth.org)
- Christine Garthwaite – 860.972.7140 [Christine.garthwaite@hhchealth.org](mailto:Christine.garthwaite@hhchealth.org)