Aetna Contract Expanded; Multiplan Agreement Signed

ICP on May 15 signed an amendment to the Aetna contract to include Coventry, an Aetna subsidiary. The Aetna contract extends through Dec. 31, 2016.

Coventry programs include Workers’ Compensation, First Health Rental, Government Programs (CNN) and Auto. ICP providers have the choice of opting-in or opting-out of each of these programs.

ICP also signed an agreement May 15 with MultiPlan. The programs include Rental, Workers’ Compensation and Auto. The MultiPlan contract extends through May 14, 2016, but automatically renews unless terminated by either ICP or MultiPlan.

Providers were sent written notice about the amendment and the agreement, as well as opt-in/opt-out forms that must be completed, dated, signed by the individual with signature authority for the practice and returned to ICP by fax (860-972-5035, attention Andrea Donovan) or mail (Integrated Care Partners, Attention Andrea Donovan, 1290 Silas Deane Highway, Wethersfield, CT 06109) by June 30, 2015.

If you have questions, please contact your ICP provider relations specialist:

- Shaleighne Murphy – 860.972.9063 or Shaleighne.murphy@hhchealth.org
- Christine Garthwaite – 860.972.7140 or Christine.garthwaite@hhchealth.org

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CHF Bridge Clinics Show Results; Accept Physician Referrals

Congestive heart failure (CHF) is the top reason for hospital admissions and readmissions for people age 65 and older. Nationally, about 25 percent of CHF patients are readmitted within 30 days of discharge, and under healthcare reform, Medicare penalizes hospitals for CHF readmissions. The direct and indirect costs of the disease are estimated to be nearly $38 million per year, and readmissions account for $17.4 million or 5 percent of total Medicare spending, according to the Centers for Medicare & Medicaid Services.

Dr. Justin Lundbye, director of Cardiology at The Hospital of Central Connecticut (HOCC), established a Heart Failure Resource Center in November 2011, also known as a “bridge clinic,” to more successfully transition (Continued on page 2.)
Bridge Clinic (Continued from page 1.)

bridge) patients from inpatient care to outpatient and self-care. The hospital also began to give extensive instructions to CHF inpatients.

When the clinic opened, HOCC’s readmission rate for CHF patients was 24 percent. In FY 2014, patients seen in the clinic had an 8 percent readmission rate compared to 14 percent for those who didn’t use the clinic.

HOCC’s clinic became ICP’s model.

CHF bridge clinics provide resources to help recently discharged heart-failure patients and their families become more engaged in the patient’s care. Physicians and APRNs give initial exams, and extensive education is provided to patients and their families about the importance of adherence to medication, diet and regular checkups.

Windham Hospital’s bridge clinic has been in operation since March 2014. Hartford Hospital’s clinic will open June 5, and implementation of a CHF bridge clinic is under way for MidState Medical Center.

The clinics not only see patients discharged from the hospital, but also see patients referred by providers.

Providers can refer a patient to the HOCC clinic, located in the hospital’s Cardiology Department, by calling 860-224-5694 or faxing a referral to 860-224-5749. The Heart Failure Resource Center at Windham is located in the Cardiac Diagnostic Center. To refer patients to Windham, providers should call 860-456-6160. Hartford Hospital’s bridge clinic is located in the Center for Advanced Heart Failure and Transplant in the Jefferson Building at Hartford Hospital in Suite JB-208. Providers can refer patients by calling 860-972-1212.

“The advantage of these bridge clinics to physicians is that they have the benefit of best practices delivered to their patients,” said Dr. Lundbye. “The patient’s physician is informed about the patient’s visit, and physicians have access to outcomes data to illustrate to the community the high level of care they deliver. The advantage to patients is reduced readmissions, improved ability to participate in their own care, better outcomes and an improved quality of life.”

News You Can Use

Community Connect Offers Easy Access to Uniform EHR

Community Connect offers providers and practices associated with Hartford HealthCare direct access to the ambulatory suite of Epic electronic health record products linked to the inpatient and ancillary systems of Hartford HealthCare (HHC).

HHC has partnered with Epic to improve and better coordinate patient care.

A financial donation plan is provided to offset a significant portion of the cost that a practice would otherwise incur to acquire and implement such a robust system.

The purchase of Community Connect includes the necessary software tools, system integration, training and support. The financial and billing information of patients at each practice is kept separate from HHC.

To learn more or request a demonstration of Epic, please contact account manager Samantha Somma at Samantha.Somma@hhchhealth.org.
Dr. Kent Stahl  
Vice President, Physician Network Development

What does your role at ICP involve?  
I work to develop the ICP network by increasing our number of providers, especially in primary care, so we can increase the number of lives whose care we manage. We’re also working to develop the capacity to measure and improve the value of the care our members deliver to our patients. This includes development and deployment of quality and cost metrics and the capability to monitor the financial performance of our network (total cost of care) for the patient lives we manage.

What’s your main goal for this year?  
ICP has about 250 primary care physicians; 1,200 physician specialists and 500 advanced practitioners. We want to expand primary care by more than 10 percent, because primary care providers are critical to care coordination and integration.

How does your role fit in with ICP’s mission of being a high-performing network of integrated providers successfully delivering value-based population health? The challenge before us is to build a network and infrastructure that can deliver on that promise. ICP seeks to help our providers make the transition from fee-for-service medicine to the future. We are working hard to better define the world of value-based population health.

How does your background help?  
I was one of three doctors to found a group in 1983 that has become part of Hartford HealthCare Medical Group. From one office, the group has grown to 250 providers. I have worked in every conceivable role in the primary care part of the practice, as well as practicing urgent care and occupational medicine. I also held a variety of administrative roles within the practice and led the implementation of the Allscripts electronic medical record system at Hartford HealthCare.

My hope is that those varied experiences will help me be an effective integrator of the administrative and clinical elements and to facilitate the strategic and tactical work we need to accomplish for ICP to be successful.

What have you been working on since you assumed this role?  
Over the past several months, with ICP’s provider relations specialists, I’ve met with more than 100 primary care physicians to review our mission and their role in making ICP successful. The primary care physician’s work in managing populations and closing “gaps in care” is critical to our success in developing and accessing shared savings.

In addition, the ICP team is building a “three-legged stool” of capability to accomplish the work of moving to value. I work daily with the teams involved in financial and contract administration; quality, cost measurement and improvement; and provider network development and management.

What is your vision for ICP’s physician network?  
Healthcare is at a defining moment. We have an enormous opportunity to improve the lives of our patients, improve economics and actually enhance the experience of practicing medicine for our physicians and providers. ICP will play a major role in assuring that we have the most positive possible outcomes for all our stakeholders. More than at any other time in my 35 years at Hartford Hospital and Hartford HealthCare, we need the engagement and participation of all our providers and staff to maximize our ability.
Conference registration will begin at 3:15 p.m.

Keynote Speaker:
Dr. David Weissman
Palliative Network of Wisconsin
Palliative Care Education LLC

Who should come?
- Primary care and specialist providers and students
- Practice/office managers
- Behavioral health providers, provider organization members and students
- Health system leaders

www.integratedcarepartners.org

More information to come.

SAVE THE DATE:
Wednesday, September 2, 2015
4 to 8 p.m.
Aqua Turf Club, Southington • CEUs/CMEs available

Thanks
Thanks in advance to ICP providers and staff for your work to close patient gaps in care relative to established quality metrics.