

# PCP FOCUS



**METROWEST AHO**

**AUGUST 2017**

## **Patient Experience Tip of the Month - Kayi Teko**

**INTEGRATION OF CARE DOMAIN - Demonstrate you are well informed about the care patients receive from specialists.** For example, you should have any imaging reports performed available to discuss with your patients and incorporate it in the treatment plan.

**ONCOLOGY** - Dr. Zachary Spigelman will be leaving our Organization at the end of this month. Charles River Oncologists have offered to assist Dr. Kala Seetharaman in the interim. We think this is a good solution. Charles River is not affiliated with the AHO therefore a referral will be required.

**QUALITY** - Our 2016 Gate Score is currently at a 3.2 with NEQCA at a 3.3. We still have appeals and a few claims to process.

As you know, in 2017 we have gone to percentage of completion which is now payor blind. Our most recent data shows the AHO is at a 22.9% completion rate and NEQCA is at 25.7%. It is pretty early to place any significance on these percentages. Each PCP has received their individual dashboards with the number of patients still required to meet measures. Please continue to work with your PQAs, Jen Clair and Susan Divitto if you have any questions or concerns. Remember, there is a 90 day lag time with claims so some of these numbers may not be reflected in patients still being processed.

Also there were questions regarding HTN blood pressures not showing as compliant in the registry when entered. The numbers will show compliant once diagnosis of HTN has been submitted and claim is paid. Until then it will appear as out of range.

**ACO QUALITY** - Please be aware that Julie Kim and her team, Shaeleen Perreault, Mike Noonan and Denise Plundier will be reaching out to you requesting approximately 30 minutes of your time to review your quality scores from 2016 and where you need to focus your efforts in 2017.

**PHARMACY OPPORTUNITIES** - Recently physicians were provided with a list of High Cost Generic Medications with recommendations of equivalent or same medications in different form at a much lower cost. Please review and make changes accordingly

**TERTIARY CARE** - Whenever possible, Tertiary Care should be sent to Tufts Medical Center or Floating Hospital. To date we have had 61 Tertiary admissions with only 11 patients being seen at TMC/Floating.

As part of our Citizenship Requirement I will be reaching out to you each time one of your patients is seen at a Tertiary facility other than TMC/Floating. PCPs need to use their own judgment when referring patients, but we will still need to pass on information to determine if PCP was aware and ask why referral went outside of our Network. If you have any concerns with TMC admissions or care your patient receives, you should outreach to Elizabeth Folan your TMC liaison to investigate why there was a negative outcome.

## **WELLFORCE/NEQCA MEDICAID ACO**

**WITH FALLON** - You will be contacted by our office to sign agreements to participate in the Medicaid ACO. Only physicians who have signed a letter of intent will be able to join for 2018. Those that did not sign a letter of intent can join in 2019. Physicians who sign the ACO agreement are committing themselves for one year. If you decide after one year that you no longer wish to participate, you will be able to leave the contract.

**SUBSTANCE DEPENDENCY** - In an effort to help our patients with opioid addiction, the Alliance will be developing & sponsoring a **Substance Dependency Program**. We are fortunate to have two PCPs with expertise in this area, Drs. Karl Liebermann and Ali Goli. They will be leading the program. If you are interested in participating, please contact Tina Mangan. You will hear more specifics in the near future.

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