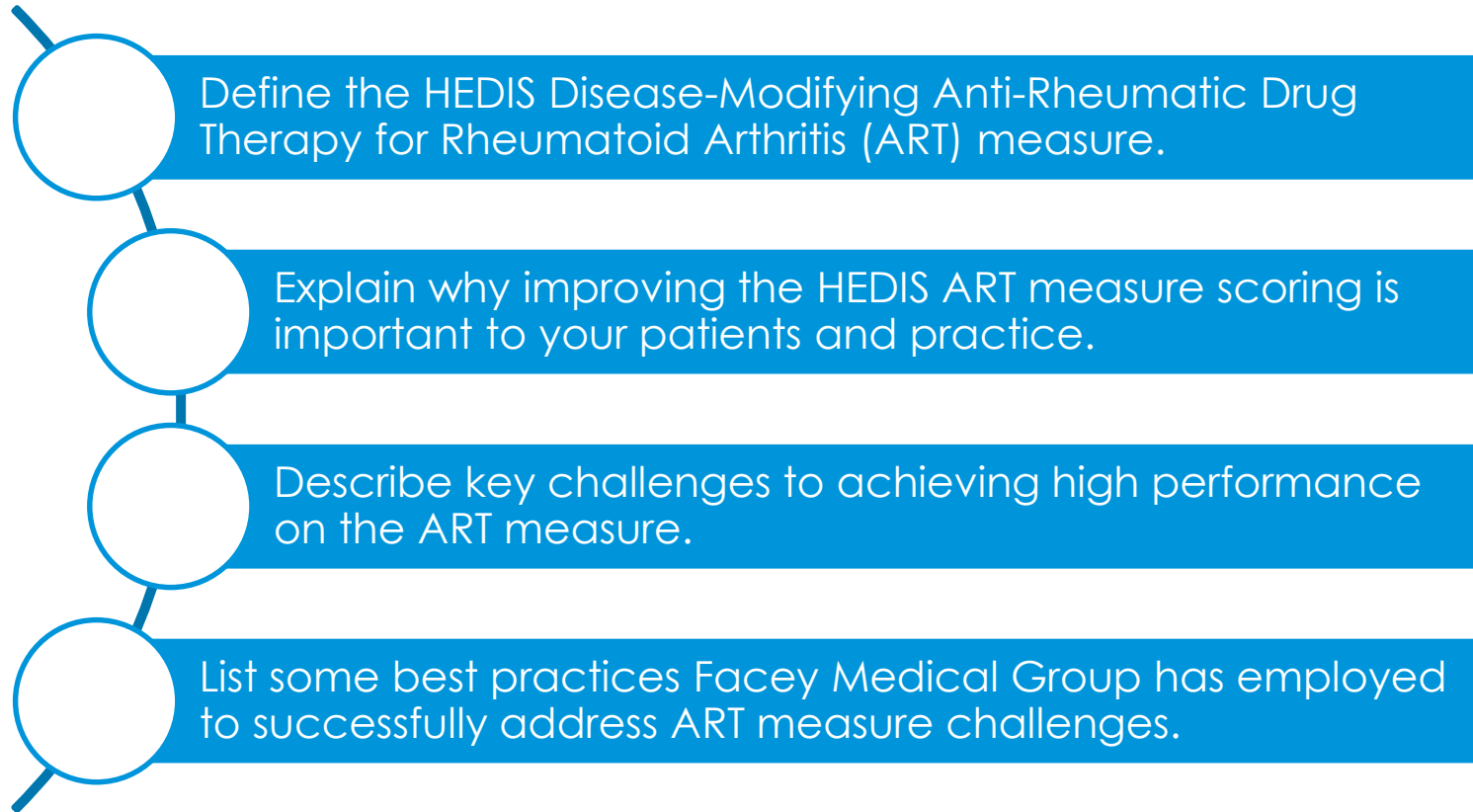


Five Stars for ART: Strategies for improving HEDIS® performance

Facey Medical Group

Learning objectives



This presentation and a link to the recording will be emailed to you within five (5) business days.





Star rating overview



Amanda Calvert, MPH

Clinical Program Manager, Medicare Star Program

Clinical Quality, Network and Markets

Blue Shield of California

What is the Star rating?

- The Centers for Medicare & Medicaid Services (CMS) uses a 5-star rating system to measure the quality of care and experience that members receive from Medicare Advantage plans.
- HEDIS performance makes up nearly one-third of the Star rating.

plan performance					
★	★	★	★	★	Excellent
★	★	★	★	★	Above Average
★	★	★	★	★	Average
★	★	★	★	★	Below Average
★	★	★	★	★	Poor

**Blue Shield of California
is a four-star plan.**



Patient experience and the Medicare Star rating



Positive patient experience

- Better adherence to medical advice and treatment plan
- Better health outcomes
- Lower medical malpractice risk
- Reduction in employee turnover



Negative patient experience

- Patients may switch to a different provider
- Low Star rating based on responses on the CAHPS* and HOS† surveys

Why improve the Star rating?



- A low Star rating can affect a plan's member retention and future enrollment
- A health plan with less than a 4-Star rating does NOT receive a quality bonus
- The plan channels quality bonus back towards quality improvement in the form of richer member benefits

* Consumer Assessment of Healthcare Providers and Systems (CAHPS)

† Hospital Performance Evaluation Survey (HOS)



ART HEDIS measure defined

Title: **Disease-Modifying Antirheumatic Drug (DMARD) Therapy for Rheumatoid Arthritis (ART)**

Description: The percentage of adults 18 years and older with a diagnosis of rheumatoid arthritis (RA) who were dispensed at least one ambulatory prescription for a DMARD during the measurement year.

Denominator: Adults with two visits, each visit has a RA diagnosis, and dates of service are between January 1 and November 30 of the measurement year.

Documentation: Not required. Compliance for this measure is met through claim, encounter, and pharmacy data.





Facey Medical Group introduction



Joyce Nuesca, M.D.
Regional Medical Director
Blue Shield of California

Introducing Dr. Chung



Sue Y Chung, M.D., FACP; Rheumatology
Vice Chair of Medicine
Facey Medical Group





Five Stars for ART

Strategies for improving HEDIS performance



Facey Medical Foundation

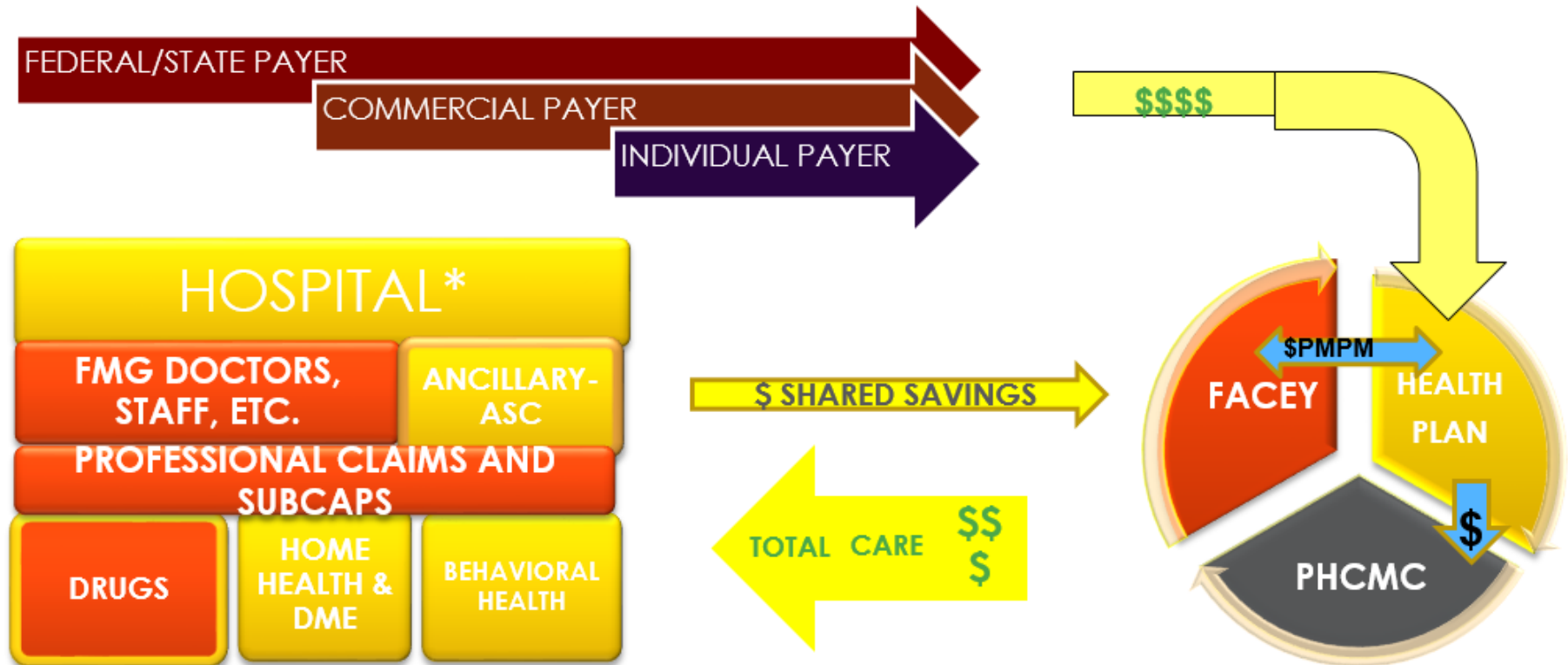
- Nonprofit, Public Benefit Corporation
- Affiliated with Providence Health & Services since mid-2012
- 501(c)(3), 1206(l) Foundation
- Employs all staff including AHPs
 - 1,145 employees
 - 35 AHPs
- Contracting Entity with all Payors
- Lessee of Medical Clinics
- The Providence and Facey Medical Foundation “MSO” provides administrative services for Facey Medical Group, Axminster Medical Group/Providence Medical Associates, and Saint John’s Physician Partners as well as Exer Medical Group and Providence Health Network.
- Long-term Management Agreement with FMG until 12/31/2032

Facey Medical Group

- Physician-led organization for over 90 years
- Multi-specialty Medical Group (180 Physicians)
 - Primary Care Providers: 91
 - Specialists: 73
 - Ob/Gyn: 13
- Professional Medical Corporation with 107 Shareholders
- Employs MDs, DOs, & DPMs
- 500 External Specialty and Ancillary Contracted Providers / 350 preferred status

FACEY/PROVIDENCE DELEGATED MANAGED CARE

BLUE SHIELD ACO



Total Commercial: **69,715**
Senior HMO: **14,604**
Total enrollment/member months:
84,319

San Fernando Valley

- Burbank
- Mission Hills
- Mission Hills Annex
- Northridge
- Porter Ranch Plaza

Santa Clarita Valley

- Canyon Country
- Copper Hill
- Valencia
- Valencia Specialty & Women's Center

Simi Valley Tarzana

Facey Quality Management

- Quality team helps assist administratively with ART measure
 - Scrubs list of rheumatoid arthritis (RA) patients to identify:
 - Gaps in RA care
 - Confirm compliance with Disease Modifying Antirheumatic Drug (DMARD)



Donald Huey, M.D.
QM Medical Director



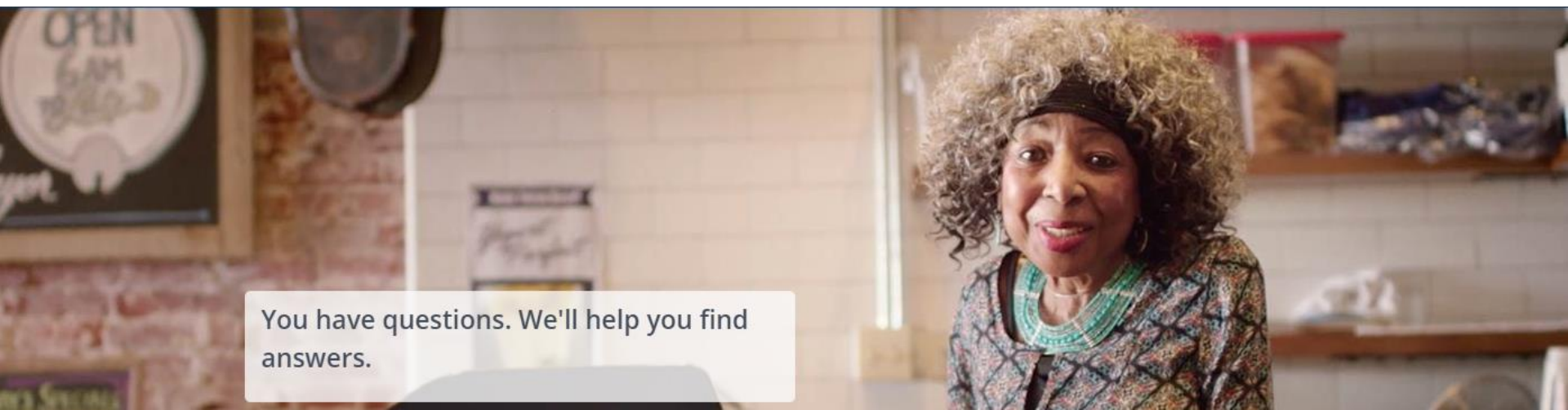
Elijah Wasson, M.D.
QM Assistant Director



Hira Ahmed
QM Specialist

Challenges with ART measure

- Obtaining prescription data claims from pharmacies in a timely manner
 - Discordant data from health plan claims and EMR
 - Patients without RA included in the denominator
 - PCP accidentally adds diagnosis of RA to chart without confirming
 - Code for inactive RA does not yet exist
 - Senior patients unable to afford Biologics, high risk with orals



You have questions. We'll help you find answers.



#1 – Requesting Documentation

Patient shows up on flagged list because there is no claim for DMARD therapy, yet patient is noted on EMR to be taking and refilling therapy with improvement clinically.

Steps:

1. Specialist scrubs list of noncompliant patients by going through encounters and medication fills.
2. Rheumatologist confirms that the patient is currently taking DMARDs.
3. Specialist calls pharmacy to confirm.

Challenge:

- Difficulty obtaining documentation, even though it's confirmed that the prescription was picked up.



#2 - Misdiagnosis

Steps:

1. Quality Management finds patient with questionable RA diagnosis by scrubbing through encounters with PCP.
2. Rheumatologist reviews and confirms the diagnosis is incorrect. Rheumatologist confers with PCP and the diagnosis is removed from EMR, but the problem remains active under patient's health plan.

Challenge:

- Process to correct claim with misdiagnosis is not standardized.
- Communication and help from health plan to remove diagnosis.



#3 – Inactive RA Patients

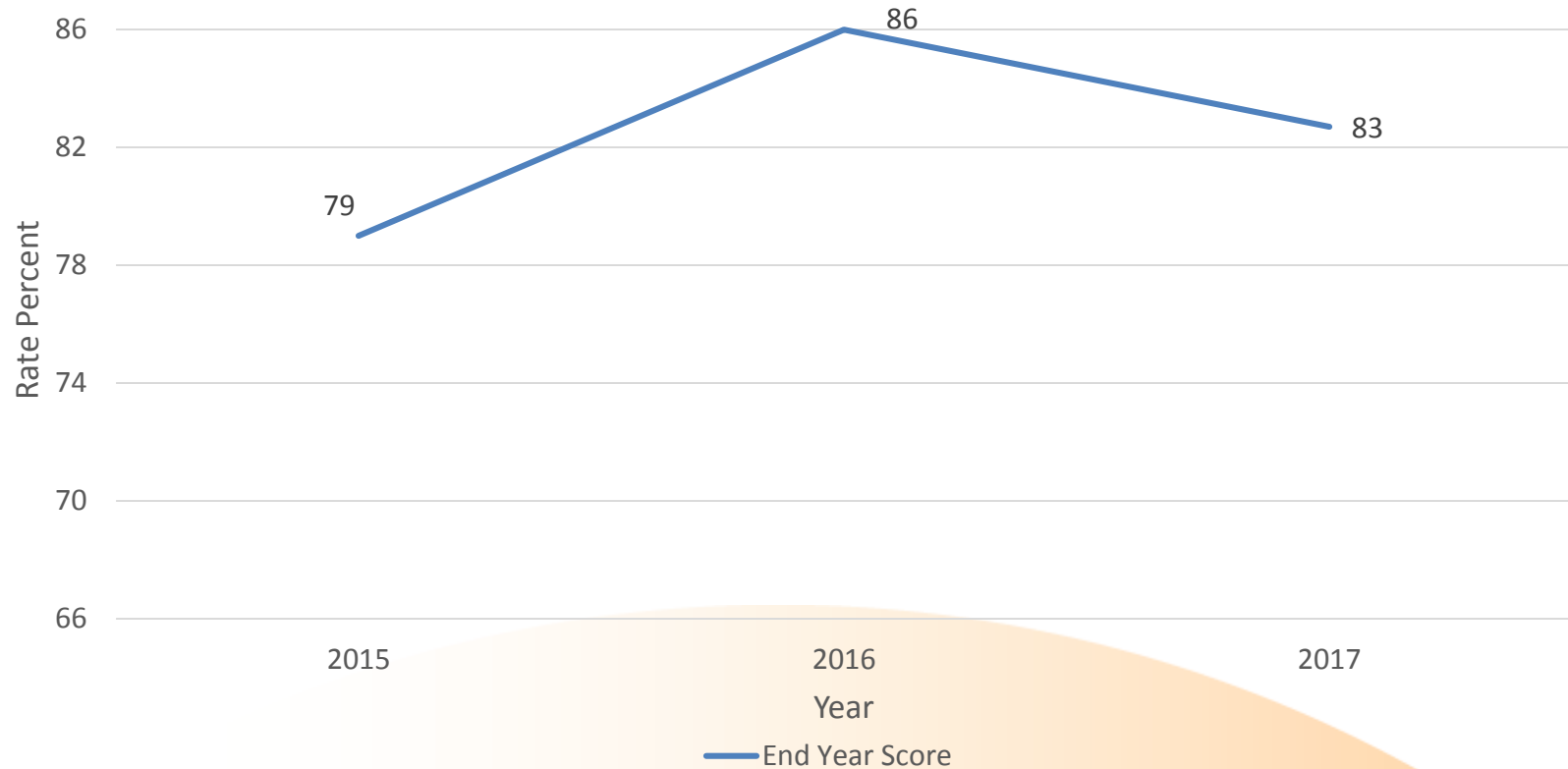
Steps:

1. Quality Management finds patient with history of RA. “History of Rheumatoid Arthritis” is not a billable code, however. Rheumatologist is still asked to follow-up with patient to ensure that patient remains inactive with no need for immunosuppressive therapy. Follow-up still requires an assessment by Rheumatologist and review of labs and exam.
2. Inactive RA no longer requires medications

Challenge:

- Cannot code for inactive RA.
- Requires extra steps to remove from denominator.

ART year-to-year scores





Facey Medical Group Best Practices

Staff Message

Enter Staff Message

Message Options

To ... CHUNG, SUE Y [N9041622];



Cc ...

F5: Open search window

Subject: Question re patient

Patient: Patient Lookup

Phone: ☐ Call Me

Notes:  Insert SmartText 

I have a patient with joint pains and swelling. I am suspicious of an autoimmune cause like Rheumatoid Arthritis. What labs should I send? Can you see my patient?

Priority

☐ High

☒ Routine

☐ Low

Flags

☐ Call with results

☐ Call patient

☐ Patient reminder

☐ Schedule follow-up

☐ Write letter

☐ Personal reminder

☐ Home Health Review

Due date

Due time

Save As QuickAction

Accept

Cancel

- Primary care provider communicates with Facey Rheumatologist to order labs if patient is suspected to have RA.



MyChart®
Your Online Health Record

Sign up today!

Manage your health online with MyChart
Request prescription refills, email your care team, view lab results, and much more.

< >

Welcome to the Facey Family

Administrative Overview

- Referral Authorization

- Specialty Access Report

Specialty "Best Available" 3NA *Business Days
SEPTEMBER 2018

■ SCV ■ SFV

- Patient Satisfaction



Meds & Orders

AMB REFERRAL TO RHEUMATOLOGY FMF [Accept] [Cancel] [Remove]

Internal Ref

ral: To dept: []

To dept spec: **Rheumatology** [Rheumatology]

To provider: []

Reason: **Specialty Services** [Specialty Services Required] [Patient Preference]

Priority: **Routine** [Routine] [Urgent] [Elective]

Type: **Evaluate & Treat** [Evaluate & Treat] [Follow Up]

of visits: 1

s: **Normal** [Standing] [Future]

ity: **Routine** [Routine] [STAT]

ments: [abc] [?] [?] [Insert SmartText]

Clinical Indications: ***

d Inst: [Click to add text](#)

Medical Practice

Top Box By Received Date - Jul-2018

Question - CAHPS - Rate provider 0-10 (CMS View Applied)

Score: High to Low

Service Average: 84.7

n

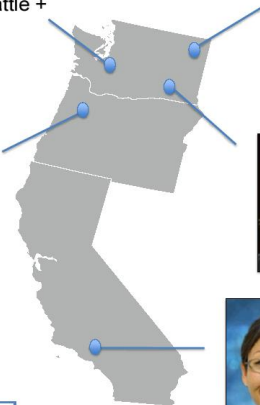
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Rheumatology




Education

- CME RA case studies
 - Department of Medicine
 - Northridge Residency Program
 - Hospitals
 - Providence Holy Cross Medical Center
- Providence Rheumatology Focus Group







Phillip Mease, MD
Seattle +




Rebecca Muntean, MD
Spokane +



Peter Bonafede, MD
Portland -



Kalpita Hatti, MD
Richland +



Sue Chung, MD
Los Angeles +

Rheumatology Research

- + Research Coordinator available
- Coordinator in progress

Providence St. Joseph Health

VARIATIONS IN RHEUMATOID ARTHRITIS THERAPY:

A CASE-SERIES LOOK

SUE CHUNG MD

2010 ACR/EULAR RA Classification Criteria

Swollen/Tender Joints (0-5)		Symptom Duration (0-1)	
0	1 large joint	0	< 6 wk
1	2-10 large joints	1	≥ 6 wk
2	1-3 small joints	Acute-Phase Reactants (0-1)	
3	4-10 small joints	0	Normal CRP and normal ESR
5	> 10 joints (≥ small joint)	1	Abnormal CRP or abnormal ESR
		Serology (0-3)	
		0	Negative RF and ACPA
		2	Low-positive RF or ACPA
		3	High-positive RF or ACPA

Patients with a score of ≥ 6 have "definite" RA

ACPA = anti-citrullinated protein antibody; ACR/EULAR = American College of Rheumatology/European League Against Rheumatism; CRP = C-reactive protein; ESR = erythrocyte sedimentation rate; RA = rheumatoid arthritis; RF = rheumatoid factor. Aletaha D, et al. *Arthritis Rheum.* 2010;62:2569-2581.

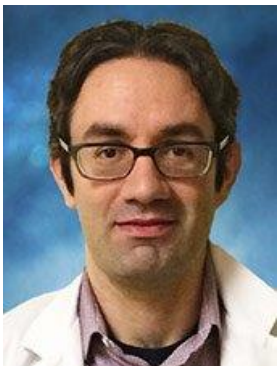
Meet our Facey Rheumatologists!



Sue Y. Chung, M.D.



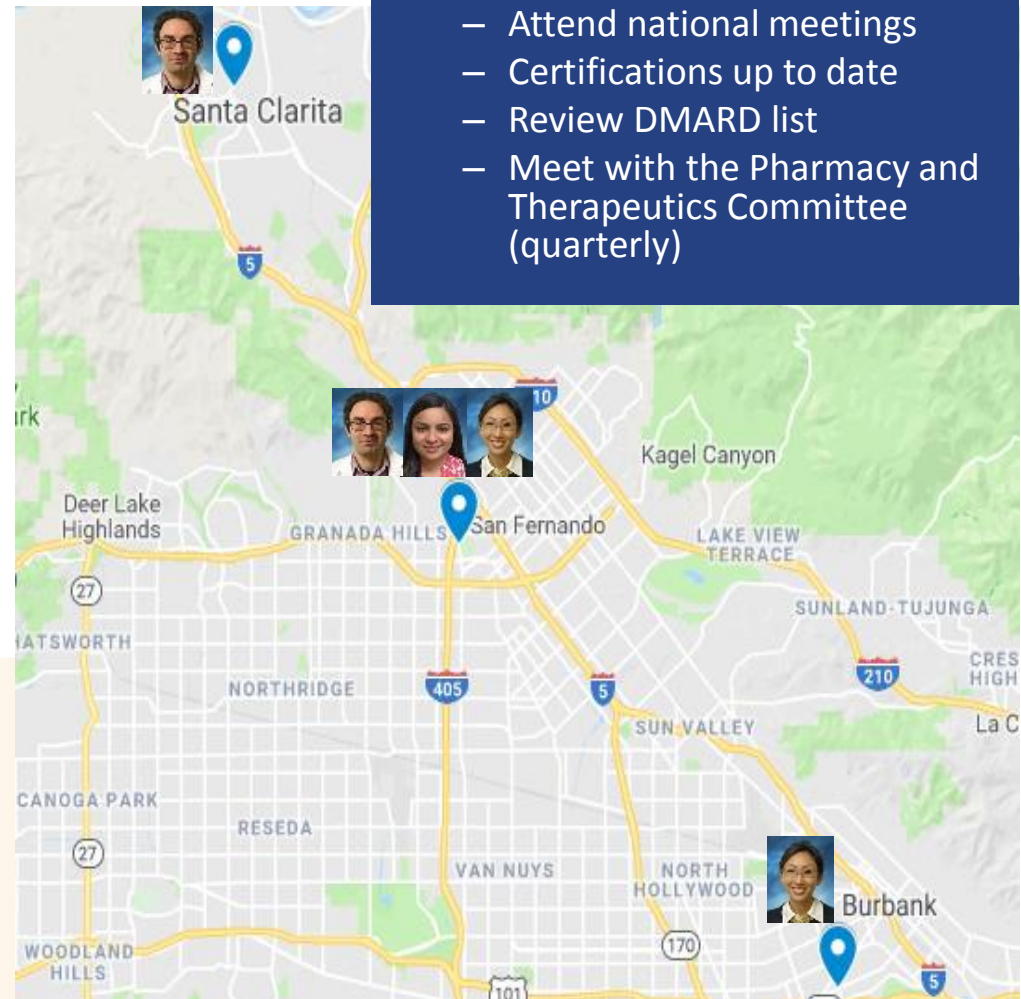
Hitasha Singh, M.D.



Howard J. Van Gelder, M.D.

Facey Rheumatologists meet monthly

- Standardized practice
- Attend national meetings
- Certifications up to date
- Review DMARD list
- Meet with the Pharmacy and Therapeutics Committee (quarterly)



PRE-TRIGGER SERVICES



Imaging



Labs



Referring provider

- PCP
- NP
- ER
- Urgent Care
- Patient

EPISODE TRIGGER



Rheumatologist

POST-TRIGGER SERVICES



**My Chart
physician
response**



Medication

- Retail pharmacy
- Specialty mail-order pharmacy
- Infusion center
- Home health

**My Chart
patient
question**

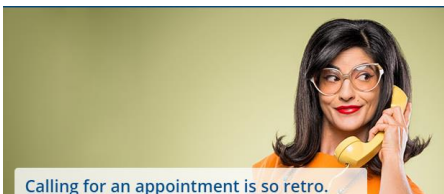


Follow-up MD visit

- Acute 1-2 weeks
- Follow-up of new therapy 4-8 weeks
- Follow-up of chronic therapy 6 months

Labs

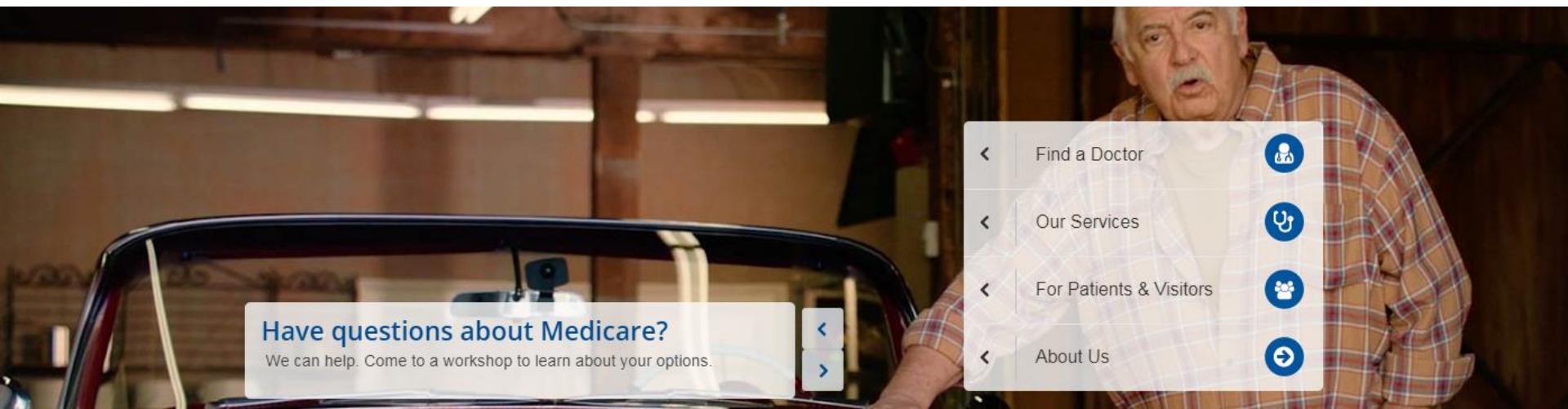
- 3-4 weeks within new high risk medication
- Every 3 months for stable chronic therapy



Calling for an appointment is so retro.

Senior RA Patients

- **Challenges:**
 - Cost of medication (gap in prescription cost coverage)
 - Transportation
 - Side effects from medication
- **Overcoming barriers:**
 - Educate on health plan options
 - Communication with PCP's, caregivers, SNF's, home-health



Patient-Centered Care

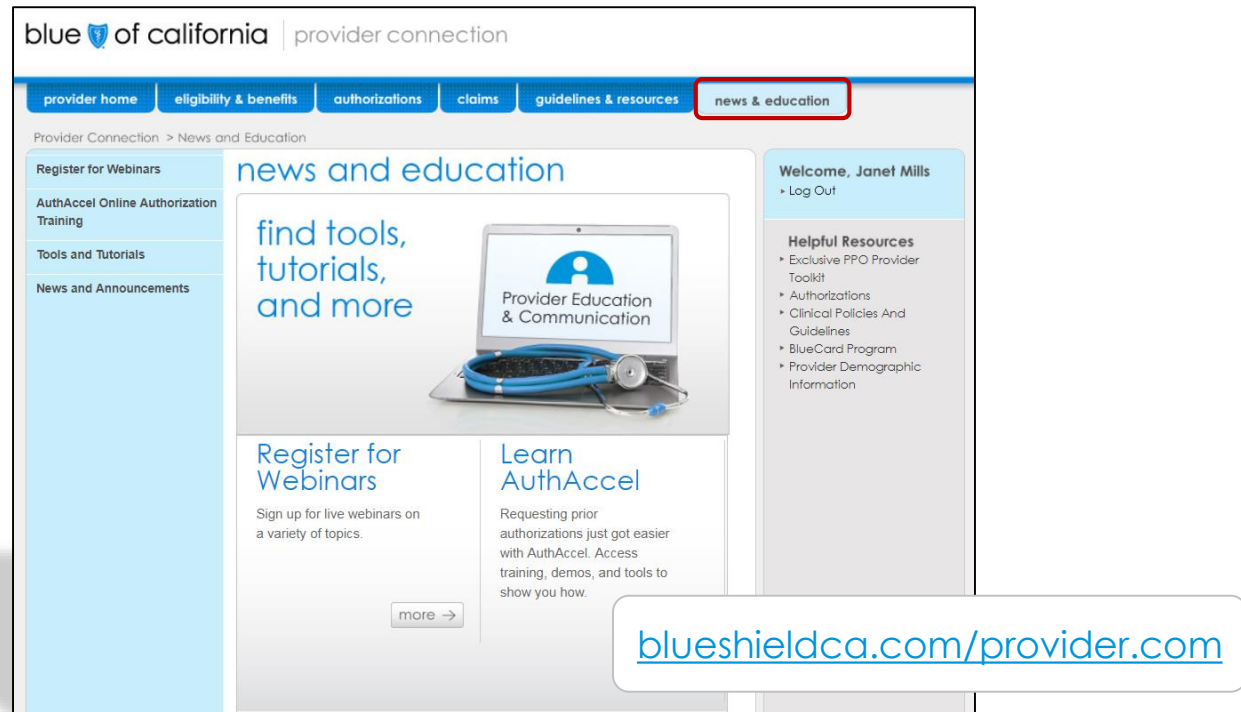
- Additional touch point via portal outside of MD visits
- Patient engagement with medications
- Assessment of patient function and satisfaction with treatment plan



Summary of Best Practices

- Identify challenges with the ART measure
- Optimize communication between PCP and Rheumatologist on suspected cases of RA
- Conduct CME RA case studies
- Hold monthly meetings with Rheumatologists
- Educate senior patients on health plan options
- Support accessibility through patient portal, engagement with medications, and satisfaction with treatment plan

Provider education on Provider Connection



The [News & Education](#) tab houses information to help you work most effectively with Blue Shield and our members. Click this tab to ...

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3. View [tools and tutorials](#) on topics related to you, your patients, and Blue Shield.
4. Read Blue Shield [news announcements](#) of interest.

