

Network NEWS

Winter 2022

Trinity Health Mid-Atlantic Clinically Integrated Network (CIN) Update

KEY VALUE-BASED STRATEGIES



Dan Bair, FACHE
Regional Executive Director
Clinically Integrated Network
Trinity Health Mid-Atlantic

As the Center for Medicare & Medicaid Services (CMS) continues towards its vision of having every fee-for-service Medicare beneficiary in a care relationship with providers accountable for cost and quality by 2030, our collective work will become increasingly important from an industry perspective. As many of you are aware, CMS policy typically sets the stage for the commercial lines of business as well.

In this edition, I'd like to share a little bit about two of Trinity Health's key value-based strategies for FY2023 and beyond. These include:

1. Increasing Alternative Payment Model (APM) revenue.
2. Growing our number of attributed lives under our APMs.

Historically, Trinity has done very well in both strategies, exceeding our projections in FY2022 by \$8 million and 2,000 attributed lives, respectively. To continue on that successful path at Trinity Health Mid-Atlantic, we are keenly focused on several specific initiatives throughout FY2023.

Regarding increasing APM revenue, we intend to shift a greater percentage of our attributed lives into risk-bearing arrangements. This transition will offer us a greater financial incentive to assure we can continue to reinvest in the robust infrastructure required to manage our large and diverse patient populations. For those of you participating in our risk-bearing Trinity Health Integrated Care (THIC), Medicare Shared Savings Program (MSSP) and some of our larger risk-bearing commercial arrangements, we have a proven track record of earning shared savings for our network physicians and managing the downside risk successfully year over year. By taking on more risk in order to get closer to the premium dollar, we also subsequently reduce the amount of savings we need to share with insurance companies and CMS.

(continued on page 2)

Table of Contents

- 1 Trinity Health Clinically Integrated Network Update
- 2 EpicCare Link
- 3 Meet the Clinically Integrated Network Managers
- 4 Hierarchical Condition Category (HCC) Coding
- 5 Cancer Screenings
- 6 Palliative Care
- 6 Care Management Leaders



Trinity Health
Mid-Atlantic

Mercy
Accountable Care



Trinity Health Mid-Atlantic Network NEWS

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KEY VALUE-BASED STRATEGIES

With regards to growing our number of attributed lives under our APMs, we intend to entertain value-based agreements with additional commercial payers, as well as work with market data to identify new high-value physicians and physician groups for participation in our network. A large part of our success over the years has been a direct result of having such high-quality physicians and other healthcare providers like you participating in our network and value-based programs.

Our mission calls us to be a transforming, healing presence and our vision calls us to be a trusted healthcare partner for life. We are finding our way forward in an unpredictable environment and we will emerge better and stronger as one Trinity Health Mid-Atlantic Clinically Integrated Network.

Sincere thanks once again for your continued support and for your participation in our Trinity Health Mid-Atlantic Clinically Integrated Network.

Sincerely,

Daniel Bair
Regional Executive Director
Clinically Integrated Network
dbair@mercyhealth.org



WE ARE PLEASED TO ANNOUNCE THAT DR. CHERYL JACKSON HAS JOINED the Clinically Integrated Network as the Medical Director for Ambulatory Services for the Mercy Market.

Dr. Jackson will be responsible for leading performance improvement work specific to our CIN's 2023 Independence Blue Cross (IBC) Full-Risk Medicare Advantage arrangement and Trinity Health Medical Group (THMG) IBC pay for performance programs.

TogetherCare
Powered by **Epic** to deliver
People-Centered Care

TRINITY HEALTH MID-ATLANTIC TRANSITIONED TO TOGETHERCARE (EPIC) ON OCTOBER 29. As part of the transition, we are offering EpicCare Link.

Alicia Irving, Clinically Integrated Network Manager and Regional EpicCare Link Coordinator, is your contact for EpicCare Link questions and requests: airving@mercyhealth.org and 484.459.9552.

TOGETHERCARE HAS TWO ACCESS TYPES:



EPICARE LINK

You care for your patients who are seen by a Trinity Health Mid-Atlantic provider and/or utilize a Trinity Health site and you need to view information about your patient, but do not need to document in the medical record. **No documentation capability/view only with additional benefits.**



TOGETHERCARE HYPERSPACE

You need this access if you are an employed or contracted clinician at Trinity Health Mid-Atlantic or see patients in a Trinity Health owned site. **Documentation capabilities in the medical record.**

Meet the Clinically Integrated Network (CIN) Managers

Trinity Health Mid-Atlantic is fortunate to have three excellent CIN managers leading population health initiatives with our physician partners. The primary focus for the CIN managers is to provide direct support to our participating practices as we travel down the value-based care journey together. The CIN managers act as a conduit between our physicians, the ACO leadership team, and our owned hospitals. These colleagues are experts at supporting performance improvement initiatives in ambulatory care settings including clinical care gap closure, HCC coding, and implementing practice transformative activities to optimize shared savings potential. Your CIN network manager can help you understand your performance data, walk you through your patients with gaps in care including those needing an annual wellness visit and provide other strategies to transform your operations to support population health management. I welcome you to collaborate with your CIN manager if you have not already done so!



Brittany Danoski, MHA
Regional Director of
Population Health

Brittany received both her master's and bachelor's degrees from Saint Joseph's University in Philadelphia where she studied healthcare administration and interdisciplinary healthcare services. Brittany strives to foster a dynamic team environment that boasts innovation, service to our communities, and optimal results for our stakeholders. Outside of work, Brittany can be found making memories with her two young sons. Their favorite places to visit are the Jersey shore or the Philadelphia Zoo.

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Kevin Cary
Delaware Care Collaboration
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Kevin holds a bachelor's degree from Temple University in allied health and joined the organization in April. Kevin brings over 25 years of experience in the healthcare industry to Trinity Health Mid-Atlantic and the Delaware Care Collaboration. He is supporting our participating physicians in the Wilmington community as they work on practice transformation initiatives. Outside of work, Kevin loves football, swimming, and spending time with family and friends.

Kevin holds a bachelor's degree from Temple University in allied health and joined the organization in April. Kevin brings over 25 years of experience in the healthcare industry to Trinity Health Mid-Atlantic and the Delaware Care Collaboration. He is supporting our participating physicians



Alicia Irving
Mercy Accountable Care
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Alicia holds a bachelor's degree in communication studies from West Chester University and spent time at the University of Oregon national exchange program as well as an internship in intercultural communications at WCU. Alicia has worked at Trinity Health Mid-Atlantic in multiple capacities since 2013 and brings years of experience in healthcare recruitment, marketing, and sales. In her free time, she enjoys cooking, summertime, being outdoors, and time with her family and dog. In addition to her CIN manager position, Alicia serves as Trinity Health Mid-Atlantic's Regional EpicCare Link Coordinator.

Alicia holds a bachelor's degree in communication studies from West Chester University and spent time at the University of Oregon national exchange program as well as an internship in intercultural communications at WCU. Alicia has worked at Trinity Health Mid-Atlantic in multiple capacities



Aileen Webb, MBA
Quality Health Alliance
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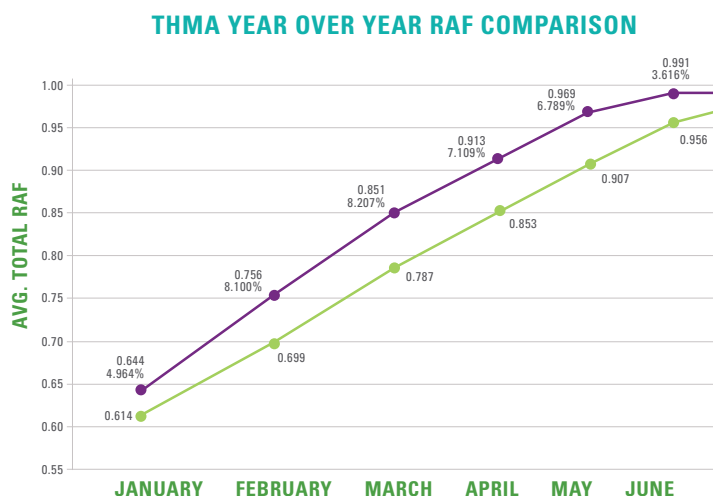
Aileen earned her Master of Business Administration at West Chester University and joined the Quality Health Alliance team in April of this year. She has been a part of the St. Mary Physician Group family since 2008, working as a medical assistant before moving into quality transformation roles and later the quality manager for the medical group. When she isn't working, she enjoys time with her family and friends, trips to the beach, time in the mountains, baking, and exercising.

Aileen earned her Master of Business Administration at West Chester University and joined the Quality Health Alliance team in April of this year. She has been a part of the St. Mary Physician Group family since 2008, working as a medical assistant before moving into quality transformation

Hierarchical Condition Category (HCC) Coding: What you need to know

Your continued knowledge of Hierarchical Condition Category (HCC) coding is showing! The THMA CIN's are proud to report a 3.6% improvement on risk adjustment factor (RAF) scores on THMA lives from 2021. By continuing your participation in the Trinity Health Chronic Condition Documentation (CCD) program, you are ensuring the best personalized care for your patients and coding to the highest specificity to achieve accurate patient RAF scores.

Accurate RAF scores will continue to be the top priority in this program and helps the payers understand and correctly reflect the Clinical documentation and accurate ICD-10-CM of your patients. RAF scores can change throughout the patient's lives, therefore it is important to review common disease states that lack appropriate level of specificity, such as Diabetes or Depression.



HCC Coding Tip of the Month: Diabetes

ENDOCRINE, NUTRITIONAL, AND METABOLIC DISEASES (E00 – E89)

Diabetes Coding Hierarchy: There are three tiers of Diabetes severity in the CMS-HCC Risk Adjustment model. The higher the tier the greater the Risk Adjustment score. Code to the highest Diabetic severity you are treating to accurately portray the patient's risk score.



Highest Severity:
DKA, Hyperosmolar
Nonketotic Coma



Moderate Severity (Diabetes with secondary complications): Diabetic Neuropathy, Diabetic Retinopathy, etc.



Lowest Severity:
Diabetes without any complications.

DIABETES WITH SECONDARY COMPLICATIONS

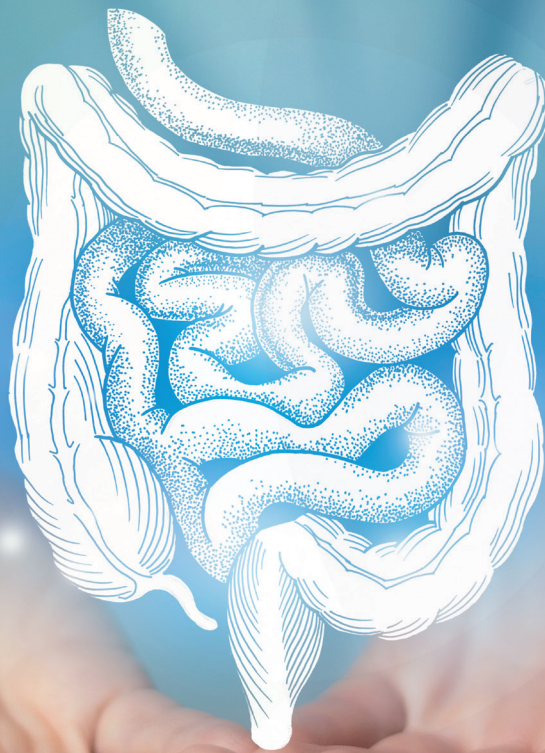
When documenting two diabetic conditions with complications, the term "with" is presumed the conditions are related. Examples:

1. **Type 2 DM with Neuropathy**—code E11.40
2. **Type 2 DM with Neuropathy and Retinopathy**—code E11.40 and E11.319
3. **Type 2 DM with Neuropathy and Retinopathy and Nephropathy**—code E11.40 and E11.319 and E11.21

Other diabetic manifestations may require additional codes to explain the complication. For example:

Type 2 DM with Diabetic Foot Ulcer—code E11.621 and L97.509 (non-pressure chronic ulcer of other part of unspecified foot with unspecified severity).

Cancer Screenings and the Annual Flu Vaccine



Physician partners, as we move into the fall season and embark on the influenza months, we encourage you to utilize a best practice identified by Kaiser Permanente Northern California coined as “FLU-FIT” in which “non-physician led health care teams offer FIT Kits to eligible patients when they seek annual influenza vaccinations.” Colorectal cancer is the second leading cause of cancer-related death in the United States and the best way to change this statistic is through early detection.

The FLU-FIT initiative raises awareness to this very important, yet simple approach to FIT Kit distribution during annual influenza vaccinations to improve overall screening rates. Pre-visit planning empowers your team to identify colorectal cancer screening gaps in care for patients aged 45 – 75 who are at average risk for colorectal cancer and have not had a colonoscopy or other approved screening. These patients are eligible for annual stool based testing and in real time can receive education and FIT Kits.

IN THE NEWS



Generated Savings for CMS for Seventh Year in a Row which totaled \$21.7M for 2021.



Dr. Naomi McMackin, MD featured in Healthcare Innovation Article on how strong relationships with CIN physician practices drives strong performance.



Dr. Naomi McMackin and Dan Bair were featured panel speakers at the National Association of ACOs (NAACOS) Fall Conference.



CLICK HERE FOR MORE INFORMATION ABOUT FLU-FIT.



Palliative Care

Palliative care plays a key role in supporting patients and their families with serious illnesses in managing complex care needs such as difficult physical and emotional symptoms, related medication management, goals for care conversations and advance care planning. Palliative care is based on the individual needs of the patient and, unlike hospice, is not defined by prognosis or the choice for ongoing aggressive treatment. The palliative care model supports and aligns with the goals of the ACO to improve patient experience and outcomes while reducing unnecessary healthcare costs.



According to Center to Advance Palliative Care (CAPC),

the addition of palliative care has been shown to improve quality of life and reduce symptom distress by 66%, driving high patient satisfaction and positive experience rates. 93% of people who receive palliative care are likely to recommend it to others.

Palliative care has also been shown to decrease avoidable healthcare spend and utilization across all settings with an average of 48 – 50% reduction in admits/readmits and 35% reduction in ED visits as highlighted by CAPC.

Across the Trinity Health Mid-Atlantic region, there are now multiple home-based outpatient palliative care specialty programs available that offer both consultative and co-management options to enhance the care and management of patients with chronic or serious illness.

Consider home-based palliative care referrals for patients who may benefit. If you would like additional information on home-based palliative care providers in your area, or support with goals for care and ACP conversations, please reach out to your care management team or appropriate CM leader.

Care Management (CM) Leaders

To refer patients to our FREE program, please call or email your care manager or program director.

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THE BENEFITS OF PALLIATIVE CARE.**