A message from Dr. Randy Curnow, TPHO President

Care Consolidation- the Missing Link?

Care consolidation, or keeping care appropriately within our TriHealth PHO system, is rightfully a priority. As the TriHealth Population Health Organization evolves and matures, the opportunity for improved care consolidation looms large. In fact, I believe the ability to demonstrate enhanced care consolidation is the missing link between our formative days in population health and becoming a truly transformational regional engine for value-based delivery. To fully impact the lives of the patients we serve, our TPHO member providers will need to embrace the potential of care consolidation.

So exactly why do I believe care consolidation is a lynchpin to THPO's future success? It comes down to the fact that consolidation of care fundamentally improves the basic algebra of population health. More specifically, it has been shown consistently in many systems across the country to be positively correlated with decrease mortality and adverse events, improved cost savings, and enhanced care continuity/patient experience. Though there are a host of reasons consolidation can drive improvement, I like to focus on the following:

- Managing/monitoring across care continuum: consolidated care leads to greater ability to track patients across the continuum and to more rapidly and easily intervene during critical moments
- Enhanced clinical collaboration: physicians within the physical and virtual framework of the system have a greater ability to communicate and share access to the same transparent clinical reports within the network
- Improved transparency: care datapoints (quality, cost, access, utilization, etc) within the network is more readily available for analysis and process improvement than disparate information from other systems

Our own experience has demonstrated that improved outcomes, with consistent 10-20% relative decreases in 30, 60, and 90 day readmissions rate in network compared to out. But I think a patient example best illustrates the power of care consolidation:

- Ms. A is a CHF patient discharged after an exacerbation a few months ago. At the time of discharge, she was placed on a higher dose of diuretic along with a new potassium supplement. Within a day of discharge, the TPHO Care Coordination RN contacted patient for follow up. Ms. A noted that she could not afford the dirutic or potassium due to the fact the potassium cost $600/month. The RN referred the situation to one of our own population health pharmacists- who was quickly able to review the records, pharmacy options, and discuss with providers to assess the options. Turns out the discharging physcian had no way of knowing that particular brand of potassium was so expensive for that patient. The pharmacist was able to pend on order for Ms. A's PCP to sign a brand that was only $3.50/month. Further follow up of patient in with RN and PCP office visit confirmed Ms. A was back on track. Such collaboration and integration could only occur when care is delivered within the network.

What could have been an episode of noncompliance spiraling to a readmission was transformed into a shining example of how care consolidation can transform outcomes and patient experience. At THPO, we are working closely with you and the system to make it easier to identify and engage in network physicians and resources. We also welcome your feedback on care considation, especially any hurdles you might find by reaching out to care_retention@trihealth.com. As always, thanks for your engagement and leadership as we drive towards being one of the most successful population health organizations in the country by provding the highest value of care for our patients and the region.

Payor and Provider Engagement and Contracting Payor-provider partnerships around value are still in the early stages of development. However, there is acknowledgement that within the necessary partnership there are shared challenges along with shared opportunities. To collaborate around value, payors and providers must first agree that "value" contains three key components: quality of care, cost, and patient satisfaction. Next, payers and providers must determine where to focus value efforts, set goals for value initiatives, and agree on how to measure progress. Key ways that payors and providers could collaborate:

1. Lowering the total cost of care with out-of-the-box thinking.
2. Operationalizing value improvement.
3. Driving consumer engagement.
4. Enabling technologies for value-based care.

Developing a "Best Practice Toolkit" can further solidify the Payor-Provider partnership. Listed below are 5 ways that TPHO has implemented to improve collaboration and more effectively align to drive sustainable gains in value:

1. Don't be afraid to experiment around value. This can include COE designations and bundling, two progressive paths where TPHO has already embarked. Both of these methods promote "value" by ensuring quality of care, cost savings and patient satisfaction. Review the next page to learn how TPHO has embraced these payor partnership opportunities.
2. Develop shared data sets for value collaboration. It is imperative that the agreed upon data sets are communicated throughout the provider organization. This will further establish accountability in performance standards.
3. Use shared data to determine which populations to focus upon. (i.e. Cancers, Diabetes, Heart Disease)
4. Look for ways to improve the consumer experience and enhance engagement.
5. Hire creative professionals who leverage data to improve value and care.

Partnerships and collaboration are increasingly effective and important tools for realizing value. We're going to see a greater shift toward partnership-based models for value, rather than ownership-based models.

Ref: Erik Johnson Vice President of Value-Based Care, Optum Advisory Services

Featured TriHealth Department: Managed Care

Our focus this month is Payor and Physician Engagement. We must acknowledge the work completed by the Managed Care Team that enables TPHO's ability to move forward in the world of value based contracting and patient care.

Managed Care skillfully uses their payor relationships, industry knowledge and trends to implement contracts that align with TPHO's goal to collaborate in key areas such COE designations and Bundle Payment. These discussions require collaboration that culminates into a concise agreement on terms and services that will ultimately provide the intended result of reducing unnecessary health care costs, improving patient care and satisfaction. This can be accomplished through a variety of mechanisms, including: economic incentives for physicians and patients to select less costly forms of care; programs for reviewing the medical necessity of specific services; regulations on inpatient admissions and lengths of stay; selective contracting with health care providers; and the intensive management of high-cost health care cases.   Managed Care is also instrumental in leveraging payor relationships to implement programs like the Anthem Prior Auth Pass program which allows a subset of codes to process without "prior auth" relieving some administrative burdens on the practices.

Many Thanks to the Managed Care team for bringing our goals to fruition.

VBC Dashboard-Current

Membership Attribution
260k (goal, LEM 5)
263,332 ↑ (Actual)

Quality
80% (goal)
73% (actual)

RAF Score
1.050 (goal)
N/A (actual)

Care Consolidation
70% (goal)
N/A (actual)

TriHealth engages in nontraditional opportunities that require collaboration with payors to promote value and alignment. Currently there are two methods that we've implemented that provide the needed exposure to move forward with Value Based Care and contracting. Please look below to review the details on our Bundles and COE designations.

The table below list details on TPHO's bundle arrangement with various payors. Bundles are a cost effective way to manage an episode of care and requires the collaboration of the Payor, Provider and Patient.

TriHealth   Humana   GE   Ohio | Department of Medicaid

All bundles (Episode Based Payments) that TriHealth participates through 2018.

Year	Payer	Episode Based Payment (Bundle Name)	Type	Risk	Payment Type
2019	GE	Maternity	N/A	N/A	N/A
2019	Humana	Maternity	Retrospective	Upside Only	Shared Savings
2019	Humana	Total Knee/Joint	Retrospective	Upside Only	Shared Savings
2019	ODM	ADHD	Retrospective	N/A	Shared Savings
2019	ODM	Neonatal	Retrospective	N/A	Shared Savings
2019	ODM	Skin & Soft Tissue Infections	Retrospective	N/A	Shared Savings
2019	ODM	Low Back Pain	Retrospective	N/A	Shared Savings
2019	ODM	Pediatric Acute LRI	Retrospective	N/A	Shared Savings
2019	ODM	Tooth Extraction	Retrospective	N/A	Shared Savings
2019	ODM	Congestive Heart Failure (HF) Exacerbation	Retrospective	N/A	Shared Savings
2019	ODM	Otitis Media	Retrospective	N/A	Shared Savings
2019	ODM	Headache	Retrospective	N/A	Shared Savings
2019	*Humana	Oncology	Retrospective	N/A	P4P
2020	Anthem	Maternity	Retrospective	TBD	Shared Savings
2020	Anthem	Maternity	Retrospective	TBD	Shared Savings

Please scroll to the next page to learn more regarding TriHealth's COE designations.

A COE (Center of Excellence) designation is a reflection on TriHealth's ability to implement and sustain standards in specialized programs that supply exceptionally high concentrations of expertise and related resources centered on particular medical areas and delivered in a comprehensive, interdisciplinary fashion. These standards afford many advantages for healthcare providers and the populations they serve. Review the table below to see where TriHealth's COE designations are and how you can incorporate their use into your practice. As with Bundles, COE use requires the collaboration of the Payor, Provider and Patient.

TriHealth

Centers of Excellence
Data Source: OptumHealth, Anthem, Aetna, Cigna
Last Revised Date: August 12, 2019

Designated as a **Blue Distinction®** Center for Bariatric Surgery · **Anthem**   **Cigna**   AETNA INSTITUTES OF QUALITY **aetna**   **OPTUM** Center of Excellence

Medical Service	Minimum Eligibility Clinical Criteria	Hospital	Anthem Designation	Aetna Designation	Cigna Care Designation
Bariatric	• Must have MBSAQIP Accreditation • Program must be open for a minimum of 2 years • Must have 2 Contracted Surgeons	Good Samaritan	Blue Distinction+ Effective: 1/1/18	Aetna Institute of Quality Effective 5/1/2015	N/A
		Bethesda North	N/A	N/A	N/A
Cardiac Care	To be eligible as an IOQ Cardiac Care facility, 12-month procedure volumes must meet or exceed the following: •Cardiac medical intervention IOQ designation – 200 percutaneous coronary interventions (PCIs) (also referred to as angioplasty or stent procedures)•Cardiac surgery IOQ designation – 200 open heart surgery cases (for example, coronary artery bypass graft surgery and heart valve replacement surgery)•Rhythm disorder IOQ	Good Samaritan	N/A	Aetna Institute of Quality Effective 5/1/2019	Cigna Center of Excellence
		Bethesda North	Blue Distinction+ Effective 1/1/19	Aetna Institute of Quality Effective 5/1/2019	N/A
Cancer (Oncology Services)	• Program Accreditations • High patient volume and surgical volume	Good Samaritan	N/A	N/A	N/A
		Bethesda North	N/A	N/A	N/A
Chronic Kidney Disease	• NO COE Criteria's - Recognized as COE if we have :	Good Samaritan	N/A	N/A	N/A
		Bethesda North	N/A	N/A	N/A
Knee & Hip Replacement	• Hospital-level risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA). • Hospital-level 30-day, all-cause risk-standardized readmission rate (RSRR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA).	Good Samaritan	N/A	N/A	N/A
		Bethesda North	Blue Distinction+ Effective 1/1/2020	N/A	N/A
		TH Evendale	n/a	N/A	Cigna Center of Excellence
		MHMH	Blue Distinction	N/A	N/A
Orthopedics (Spine & Joint)	• Initial screening using CMS and UHC utilization Data • Quality survey including volume and	Good Samaritan	N/A	N/A	Cigna Center of
		Bethesda North	Blue Distinction+ Effective 1/1/20	Aetna Institute of Quality	N/A
Women's Health Services – Maternity Care	• Utilize a credible process and produce credible results with meaningful differentiated outcomes. • Align with other national efforts using	Good Samaritan	Blue Distinction+ Effective 1/1/18	N/A	Cigna Center of Excellence
		Bethesda North	Blue Distinction+ Effective 1/1/18	N/A	Cigna Center of Excellence
Colon Surgery	• Combined HCAHPS Star rating score of 5 or 6 stars based on Hospital Utilization, Cost, and Quality Profile Detail in order to be rated a Center of Excellence • Meet Cigna's minimum volume criteria of 100 incidences • CMS HAI index value greater than 1.5	Good Samaritan	N/A	N/A	N/A
		Bethesda North	N/A	N/A	Cigna Center of Excellence
Gallbladder Removal, Laparoscopic	• Combined HCAHPS Star rating score of 5 or 6 stars based on Hospital Utilization, Cost, and Quality Profile Detail in order to be rated a Center of Excellence • Meet Cigna's minimum volume criteria of 100 incidences • CMS HAI index value greater than 1.5 • MBSAQIP accreditation	Good Samaritan	N/A	N/A	N/A
		Bethesda North	N/A	N/A	N/A
Maternity	• Must have accreditation (TJC, or HFAP & AAHS, or NAIHO, or CIHQ) • Must meet specific Quality Metrics (ex. PC01, Early Elective Delivery, PC-02	Good Samaritan	N/A	N/A	N/A
		Bethesda North	N/A	N/A	N/A