

Primary  
Care



CONNECTED  
CARE PARTNERS

COMMON PRACTICE

## Connected Care Partners Update

We can continue to make a push over the last few months of this year to promote and achieve value with the patients we are caring for in alternative payment models. As I prepared slides to speak at a recent conference, I realized how much work has been put into this over the last two years and how far we have come as a network. We continue to sail with one foot in the fee-for-service boat and one foot in the value-based care boat. In doing so we must continue to improve in our quality measures and work hard to reduce cost so we can improve value for our network of patients. We need to be reminded and continue to have conversations around the value we are bringing to patients with our efforts.

As a CCP network we met our measures and achieved shared savings last year. From January to November 2018 our year-over-year performance around utilization and cost showed the fruit of our effort. ED utilization was down 10.1%. Readmission rate was up 2.1%. Hospital admissions were down 6.5%. Imaging rate was down 6.8%. Generic prescription rate improved 3.6%. Generic efficiency rate improved 1.6%. And, overall cost of care was reduced by 7.74%.

We continue to center our efforts around the big eight: ED utilization, hospital admissions, readmission reduction, pharmacy benefit management, imaging, post-acute care services, durable medical equipment and network utilization.

Our main emphasis has been and continues to be appropriate ED utilization. We continue to emphasize the right place and the right time in our effort to get people evaluated and cared for in the appropriate cost setting. We have seen data that many who go to the ED are making these visits when clinics and urgent cares are open. This really highlights our need for access in our clinics, having the ability to see acute, same-day issues that would be appropriate level of care in the clinic setting as opposed to the ED. This is true with both our CIN and ACO populations.

Nurse Link has been expanded to offer 24-hour access to help direct patients into the appropriate care location. Nurse Link staff can even schedule into the NMMC primary care clinic schedules for the next day so the patient can see his/her provider if appropriate. We continue to make efforts with Population Health to reach out and wrap our care around high ED utilizers, attempting to see them more often either in clinic or through

a call from the Population Health nurse and sometimes both. We have identified high utilizers when they come in the ED by color of banner changes. We are using the red envelope and the triage note to reduce duplication and promote understanding of why the patient was sent to the ED. We have produced newsletters to educate providers about asymptomatic hypertension to help better care for those patients instead of just sending them to the ED where nothing further can be done for them. The ED Strategies Committee continues to discuss and develop resources to reduce unnecessary ED utilization.

We continue to work through Population Health and transitional care visits to reduce hospital readmissions for our patients. We as a network want to reduce any readmission penalties and continue to be a high reliability organization as we seek to be involved in more value-based contracts to reduce health care cost.

We continue to be very effective and efficient at pharmacy benefit management. We prescribe a generic if we are able, being cognizant of the cost of branded medication.

We continue to try to order images appropriately for patients as to reduce unnecessary cost for these imaging modalities. The ED has looked at a metric to reduce the number of images in the ED to an appropriate level.

We are making great strides in post-acute care. We have utilized the three-day waiver program for many of our ACO patients as they have not had to be hospitalized to transition to a post-acute level of care. We continue to spur each other on as organizations with our post-acute collaborative transparently working to continue improving our value toward patients in the post-acute world.

We have begun efforts around durable medical equipment. We are trying to only provide necessary O2 and other equipment as patients' needs direct this often necessary cost.

We continue to make an effort to refer within our network of value-thoughtful providers. Our network of providers who are all rowing the same way in the value boat will make an ultimate difference in delivering higher quality, less costly care.

We will continue to sail forward in our efforts around access, appropriate point of care for visits including telehealth expansion, and improving HCC scores. Our network depends on effort by all of us. Thank you for putting patients first and caring valuably for them in a connected way.

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