of Tennessee

JANUARY 2015

PATIENT-CENTERED MEDICAL HOME NEWS

FROM OUR HOME TO YOURS

PCMH Next Generation: Moving Toward Population Health Management

The Patient-Centered Medical Home (PCMH) model has been evolving since the day it was first established. One thing that has not changed, however, has been its keen focus on improving patient care through proactive outreach and care coordination.

Since 2008, BlueCross BlueShield of Tennessee has partnered with high performing practices to help them to achieve National Committee for Quality Assurance (NCQA) PCMH Recognition. Care Coordinators were embedded in the practices and primarily focused on closing gaps in care. These principles helped pave the way to move toward a Population Health Management (PHM) approach, which is also patient-centered and uses data to improve quality of care, offer greater efficiency and reduce costs.

BlueCross made significant investments in building the PCMH technology infrastructure by introducing the Crimson Care Management (CCM) application across all our PCMHs, allowing us to identify patient populations most likely to benefit from interventions that proactively enable better care. The technology allows Care Coordinators to focus on a stratified population of high-risk and rising-risk members.

We began building clinical nurse teams to assist with Care Coordinator oversight, workflow efficiencies and physician engagement. We have hired three regional Clinical Managers and six PCMH Care Coordinators in the Middle Region. A Medical Director will also be hired to support PCMH and value-based programs in early 2015.

Core components of the next generation PCMH programs include:

- Identifying patient populations who would best benefit from interventions
- Focused efforts to improve the quality of care through care coordination
- Proactive preventive care
- Proactive evidence-based health management
- Cost and utilization management
- Data exchange and medical informatics support

PCMH Program Expansion into 2018

The PCMH model has proven to provide patients with improved quality care, offering treatment using enhanced tools and processes and support to build the largest program of its kind in Tennessee.

BlueCross is committed to the effort and has taken several steps to ensure the program's ongoing success:

- We created the Network Innovation department that focuses specifically on value-based programs like PCMH and strategic partnerships. The Network Innovation team secured additional funding to support the expansion of the PCMH program through 2018.
- A physician advisory panel was established, which consists of key physician leaders from PCMH practices statewide. The group is responsible for providing strategic direction for PCMH practices.
- The PCMH program will add at least nine new PCMH practices in 2015. Approximately 15 groups are expected to join PCMH from 2016 to 2018. The program will continue to focus on improving patient quality and care through improved processes and tools.

Thank you for helping make the PCMH a success story.

Clinical Managers Guide Critical PCMH Care Coordination Efforts

Much of the success behind the Patient-Centered Medical Home model can be attributed to its effort to coordinate the health care needs of our members. Using evidence-based medicine and clinical support tools, a team of care coordinators helps ensure patients get the right care at the right time for the best outcomes. This proactive approach helps physicians reach the member before, during and after they develop a disease or before cancer is detected.

Every time a patient receives care at a PCMH facility, our team can capture important data that help identify risk factors, gaps in care and other opportunities to reach those individuals and improve their care.

To ensure that data is used in a meaningful way to benefit patients, BlueCross has added a team of clinical managers in the East, Middle and West regions. These individuals are responsible for the clinical operations of the PCMH program, including management of the care coordinators.

Please join the PCMH team in welcoming the new Clinical Managers for each region:

Brent Hall, RN, MBA – *East Tennessee Region*

Nancy Muldowney, RN, BSN, MLAS – *Middle Tennessee Region*

Kathy Beck, RN, MSN, CPHQ – *West Tennessee Region*

Brent Hall has spent 19 years in various positions in the nursing field. He worked as a critical care/ICU nurse while traveling throughout the United States. Hall served in leadership roles as a home health field nurse at multi-regional sites. He recently earned his Master of Business Administration from King University.

Nancy Muldowney has spent 19 years in various positions in the nursing field. The majority of her experience has been in adult medical oncology and hematologic malignancies, including critical care management and bone marrow transplantation. Most recently, Muldowney was a Project Manager on the Transition Management team for the Vanderbilt-Health Affiliated Network, where she focused on quality improvement within the Case Management and Social Work Department.

Kathy Beck has 20 years of nursing experience that includes various positions in adult and pediatric intensive care and emergency care and adult trauma intensive care. Her experience includes clinical operations, performance improvement and case management. Beck spent the last 14 years at the University of Mississippi Center Grenada (formerly known as Grenada Lake Medical Center) as Chief Nursing Officer with responsibilities for inpatient and outpatient clinical operations, performance case management, home health, infection control and wellness.

Each Clinical Manager will partner with his or her region's Provider Performance Consultant who will continue to focus on PCMH NCQA Recognition - and the region's Corporate Medical Director.

The PCMH staff is confident all the Clinical Managers' experience will be an asset to the Care Coordinators and to the PCMH initiative. We are pleased to welcome them to our program and team.

Region	Clinical Manager	Provider Performance Consultant	Corporate Medical Director
East	Brent Hall, RN	Sabrina Logan	Ian Hamilton, MD
Middle	Nancy Muldowney, RN	Kay Newcomb	Kelley Riley, MD
West	Kathy Beck, RN	Terry Brenner	Robert Yates, MD

2015 PCMH Quality Measures Identified

The 2015 PCMH Quality Measures closely align with last year's measures. (NCQA retired the LDL measures for HEDIS® 2015 due to changes in the latest ACC/AHA guideline, which focus on statin therapy for patients with established ASCVD.) The measure thresholds and targets will be discussed at quarterly Joint Operation Committee (JOC) meetings and provided through monthly reporting.

PCMH Measures – 2015 (14 HEDIS® Measures)

- Retinal Eye Exam
- A1C Testing
- A1C Control < 8%
- Medical Attention to Nephropathy

- Use of Appropriate Medication for Asthma
- Spirometry Testing for diagnosis of COPD
- Avoidance of Antibiotic Treatment in Adults with Bronchitis

- Controlling High Blood Pressure < 140/90

- Breast Cancer Screening
- Cervical Cancer Screening
- Colorectal Cancer Screening
- Adult BMI Assessment

- Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis
- Osteoporosis Management in Women Who Had a Fracture

Clinical Data Exchange (CDE) – Effort Well Underway

Late last year, BlueCross began working with several PCMH practices to exchange clinical data. The infrastructure has been set up to receive HL7, CCD, C-CDA and custom data files. Some advantages to this approach include fewer manual data entries, reduced onsite chart audits and improved quality scores that are reflective of the practice's actual performance.

We will be discussing the CDE work and spotlighting the experiences of one of our PCMH practices at our Annual PCMH Best Practice Meeting in May.

Crimson Care Manager and Enhancements

In 2013, BlueCross rolled out the Crimson Care Manager (CCM) tool for onsite use by the care coordinators. Since initial rollout of the tool, we have continued to improve user functionality and capabilities. Thanks to your feedback, we are pleased to announce the following enhancements in the very near future:

- Refreshed Care Plan Dashboard, which will include a column for the PCP name
- Improved sort capabilities
- Improvements in the Risk Assessment process
- Better reporting and tracking of work within CCM
- Stronger process flows

In addition to the functionality changes, we are now up-to-date with the most recent BlueCross claims data available and we are working to ensure ongoing weekly refreshes of claims data. Thanks for your feedback, and look for more great changes in 2015!

PCMH Physician Advisory Council

In August 2014, BlueCross formed a PCMH Physician Advisory Council with representation from all three regions. The Advisory Council serves as an advising body for the overall direction of the BCBST PCMH program and new value-based payment models. The Council met in August and December last year in Nashville.
We are grateful to all the physicians on the Advisory Council and appreciate their time and feedback. The following physicians have agreed to participate in the PCMH Physician Advisory Council:

Dr. William Baucom,
Summit Medical Associates (Hermitage)

Dr. Harold Chertok,
Cookeville Primary Care (Cookeville)

Dr. Leah Cordovez,
Nashville Medical Group (Nashville)

Dr. Nicholas Cote,
Murfreesboro Medical Clinic (Murfreesboro)

Dr. John Guenst,
Saint Thomas Medical Group (Nashville)

Dr. Barry-Lewis Harris, II,
Memphis Health Center (Memphis)

Dr. Jeffrey Hopland,
Medical Care PLLC (Johnson City)

Dr. Sid King,
Sumner Medical Group (Gallatin)

Dr. Patrick Malone,
The Regional Medical Center (Health Loop Clinics) (Memphis)

Dr. Fred Ralston,
Fayetteville Medical Associates (Fayetteville)

Dr. Jake Vargo,
Memphis Children's Clinic (Memphis)

Dr. Volker Winkler,
McKenzie Medical Center (Memphis)

Erlanger Family Practice Earns NCQA Recognition

Congratulations to the Erlanger Family Practice in Chattanooga, TN. It earned the PCMH NCQA Recognition Level I in 2014.

For more information on how to plan your facility's path to PCMH recognition, please contact your PMCH Provider Performance Consultant.

Terry Brenner (West Region)
(901) 544-2243 or Terry_Brenner@bcbst.com

Kay Newcomb (Middle Region)
(615) 386-8549 or Kay_Newcomb@bcbst.com

Sabrina Logan (East Region)
(423) 535-6009 or Sabrina_Logan@bcbst.com

NCQA PCMH Recognition Training

NCQA Recognition Programs holds monthly customer education sessions for each program. All current and potential customers are invited to attend audio (telephone) conference workshops or WebEx training sessions that combine audio and Internet-accessible video presentations. No reservations are required. Follow the links below to access course information.

TELEPHONE NUMBER FOR ALL EVENTS:
(866) 505-4013

PARTICIPANT CODE:
7023159766#
(You must enter the # after the code)

WEBEX INTERNET URL:
ncqaevents.webex.com/meet/RecognitionEducation

WEBEX PASSWORD:
Ncqa0001
(case sensitive)

February 2015

Patient-Centered Medical Home & Patient-Centered Specialty Practices (Getting On Board—Learn It)
9 **February 9** | 10 to 11 a.m. (ET)
WebEx and Telephone

Patient-Centered Medical Home (PCMH 2014) Part 1 Standards & Guidelines
11 **February 11** | 2 to 4 p.m. (ET)
WebEx and Telephone

Patient-Centered Medical Home and Patient-Centered Specialty Practices (Getting On Board—Earn It)
12 **February 12** | 10 to 11 a.m. (ET)
WebEx and Telephone

Patient-Centered Medical Home and Patient-Centered Specialty Practices (Getting On Board—Keep It)
13 **February 13** | 3 to 3:45 p.m. (ET)
WebEx and Telephone

Patient-Centered Medical Home and Patient-Centered Specialty Practices (Getting On Board—Learn It)
23 **February 23** | 10 to 11 a.m. (ET)
WebEx and Telephone

Patient-Centered Medical Home and Patient-Centered Specialty Practices (Getting On Board—Earn It)
26 **February 25** | 2 to 4 p.m. (ET)
WebEx and Telephone

Patient-Centered Medical Home and Patient-Centered Specialty Practices (Getting On Board—Keep It)
27 **February 27** | 3 to 3:45 p.m. (ET)
WebEx and Telephone

March 2015

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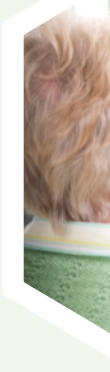
Patient-Centered Medical Home (PCMH 2014) Part 2 Standards & Guidelines
25 **March 25** | 2 to 4 p.m. (ET)
WebEx and Telephone

Patient-Centered Medical Home & Patient-Centered Specialty Practices (Getting On Board—Earn It)
26 **March 26** | 10 to 11 a.m. (ET)
WebEx and Telephone

Patient-Centered Medical Home & Patient-Centered Specialty Practices (Getting On Board—Keep It)
27 **March 27** | 3 to 3:45 p.m. (ET)
WebEx and Telephone



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PCMH Provider Newsletter