

News & Highlights

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What's up Doc?

From Dr. Imad Mansoor; OPNS, CMO

Crunch Time

It's that time of the year again; all the hard work done through the year has already made significant progress towards health plan goals in boosting financial and quality outcomes. Identification of gaps in care and promoting patient outreach is increasingly important before the end of the year. Some good strategies to use that have a positive impact on physician incentive programs include:

- Set a date, reminder or cadence to monitoring gaps in care and performance reports to monitor targets and opportunities for focus outreach
- Ensure proper/accurate coding and utilizing tip sheets for enhancing data capture and need for last minute data supplemental data entry
 - Category II codes
 - Self-reported measures such as colorectal cancer screening and breast cancer

Value-Based Reimbursement (VBR) will continue to be tied to cost, quality and utility of services. It is never too late to make a final push for the year to get in patients and optimize performance targets.

Preparing for the next season

As you look ahead to the next performance year, it is also important to review cost and utilization data. Individual OPNS BCBSM PGIP Utilization and Cost Scorecards are available on Physician Direct Focus to assist in identifying areas of opportunity for lowering cost and utilization on key measures including ER, Inpatient, Radiology etc.

OPNS Specialist Physicians are encouraged to be mindful of opportunities to reduce cost and utilization as these costs attribute back to the primary care physicians and impact overall OPNS performance. Primary Care Physicians are encouraged to consider the cost and utilization patterns of Specialists when referring patients for care.

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From the desk of
Rodger Prong

Thinking of you

With various traditional holidays coming we are entering one of the busiest seasons of the year.

Regardless if traditional if traditional holidays are coming for you or not it's a perfect time to begin planning for the new year to set the tone and pace and for next year's priorities. We're so overwhelmed as the new year approaches with strategic decision and budgets and marketing. There's expenses and staffing, maybe new services or products. Preparing for next year is paramount to your business. You really can't start too early, especially when it comes to putting thoughtful, well developed plans into an action focused approach that will connect you with your patients and reach new prospects.

Now. How about you? What will you do for you in the new year? Research funded by the U.S. Travel Association, studied the effects of vacations on the workplace. We're finding that the idea of sacrificing time off to get ahead is actually not working. The research found that workers who took 11 or more vacation days per year were more likely to have received a raise and/or bonus in the previous three years than workers who took 10 or fewer days. It seems time away may spark creativity or improve work habits. Ideas for major businesses, like Instagram, or the musical "Hamilton," were reportedly conceived by someone who was on vacation. Productivity, creativity, generating and bringing new ideas to fruition apparently isn't as common to the person who is working crazy hours. It's more likely someone who's getting outside of their day-to-day routine occasionally. Studies also find that there are health benefits from taking vacation time, like lower stress, better mental health and even less likelihood of a heart attack.

So vacations are important because not only do they replenish the mind, they also reduce the physical effects of stress on the body. Workload stress is in fact one top barrier to taking vacations. Surveys of Americans found that 43 percent of workers did not take time off because they feared returning to a mountain of work. Cost is also a factor, with 32 percent saying they cannot financially afford to take a vacation. Well, remember who got the raises? So experts say short frequent breaks away from the office can have a big impact on productivity. Many studies recommend vacationing twice per year to improve health benefits even if the time off must be shorter. It's also important for workers to unplug from work, at least a little, when they're on vacation. Research found one-third of Americans work or check in with work on vacation. While not the best practice at least they benefit from time off and perhaps calling in helps to relax the mind and reduce the mountain of work.

Anyway, the most important thing is that you make a regular habit this year and don't start skipping some good you time. The worst negative effects have been shown for people who don't take vacation at all for several years. **Have yourself some great holidays and go into next year planning your vacation times.**



Patient Satisfaction Surveys through Survey Monkey

This is something that is always on the bottom of the priority list and the last thing that a busy office would like to pay attention to. The office is knee-deep in activity and many other priorities. Patient care can take on a lot of different definitions, but if a patient does not feel safe and taken care of, then they will most likely go somewhere else. How do we find out if the patients are happy with their care? We conduct a patient satisfaction survey. Not only is this a PCMH capability but it is also a vital source of information that the office can use to improve their own process.

Patient Satisfaction Surveys for 2021 are **due** before the end of **December 2021**. The PCMH Team will be glad to send a survey link upon an email request. Your office will have 2 weeks to complete the surveys from the date of the email (50 survey Minimum). Upon completion, we will send you a power point of the results.

You will need **2 consecutive years** of results to keep/put 4.4 11.4 and 14.9 PCMH capabilities in place. Therefore, this survey must be completed on a yearly basis. If you did the surveys last year and not this year, these capabilities would need to be reverted until your office has 2 consecutive survey years, then these capabilities can easily be put back in place. Feel free to contact the PCMH Team with any questions.



BCBSM PCMH/PCMH-N Participation

PCMH PCP and PCMH/N Specialist nominations are complete for 2021 engagement. If you are a PCP or Specialist and are wanting to participate in PCMH/PCMH-N to be nominated to potentially earn PCP Designation or Specialist Value Based Reimbursement from BCBSM, as well as OPNS incentives, please contact one of the PCMH team members, Deborah Spencer at dspencer@opns.org, Kortnie Strain at kstrain@opns.org or Lauren Maier at lmaier@opns.org or you can also call the OPNS office at 248-682-0088.



Implicit Bias Training

Needed Implicit Bias training for Staff and Physicians

Not only has this training been adopted by the Michigan Department of Licensing and Regulatory Affairs for licensure or registration of health care professionals in Michigan, it is also recognized in the BCBSM PCMH/PCMHN Capabilities 5.13 and 5.14 (applicable to Primary Care Only) . This ongoing training, as stated below, is to reduce disparities and improve equity in the delivery of health care to Michigan residents through practical education.

BCBSM PCMH Capability **5.13** speaks to Clinical Staff Training for Physicians, Advanced Practice Practitioners, Care Managers, Medical Assistants, Nurses, Pharmacists, Physician Assistants, and Social Workers. Capability **5.14** speaks to all other Staff Training for Billing Specialists, Call center personnel, Office Manager, Receptionists, and Scheduling personnel. If this training is something your office is already doing or you would like to participate in these capabilities, please contact the OPNS PCMH Team.

Please see below for the Implicit bias training rules officially adopted The Michigan Department of Licensing and Regulatory Affairs:

Implicit bias training rules officially adopted

The Michigan Department of Licensing and Regulatory Affairs adopted new administrative rules on June 1 to require annual implicit bias training as part of the knowledge and skills necessary for licensure or registration of health care professionals in Michigan.

The new rules take effect one year later, on June 1, 2022, to allow training sponsors time to develop courses and give applicants an opportunity to take training prior to their next renewal date. Ordered in Executive Directive 2020-07 upon recommendation by the Michigan Coronavirus Task Force on Racial Disparities, the new rules aim to reduce disparities and improve equity in the delivery of health care to Michigan residents through practical education.

Implicit bias training may be sponsored by a nationally or state recognized health-related organization, an accredited college or university, a state or federal agency, a continuing education program approved by a state licensing board or an organization specializing in diversity, equity and inclusion issues. Several health care providers already offer implicit bias training and various health associations are currently developing training for their members.

Michigan currently licenses over 400,000 health care professionals and is a national leader in recognizing and addressing disparities that affect the equitable provision of health care. The announcement caps nearly 11 months of collaboration and engagement with licensees, insurance providers, hospitals, health care associations, legislators, state agencies, higher education, and community and advocacy groups.

New applicants for licensure or registration will need to complete a minimum of two hours of training, and applicants for renewal will need to complete a minimum of one hour of training each year. The annual training curriculum can cover a variety of topics related to implicit bias but must incorporate strategies to reduce disparities, including the administration of self-assessments. “LARA is proud to support our health care professionals in delivering the highest quality of care to all patients,” said LARA Director Orlene Hawks. “While technical knowledge and clinical skills should always be held to a high standard, it is equally important that health professionals understand the ways in which they view and interact with the communities they serve. As a result of this new training requirement, we anticipate improvements in the delivery of care, stronger relationships with communities and ultimately better health outcomes.”

The new requirements are included in sections [R 338.7001 – 338.7005](#) of the Public Health Code — General Rules. For more information, visit Michigan.gov.*

Self-Management Training

Self-Management Training needs to be completed yearly to keep PCMH Capabilities 4.4, 11.4, 14.9 fully in place. If your training certificate has expired or is going to expire and your office does not have a self-management trained Care Manager, a staff member, that can train the rest of the staff, will need to attend a training session. A new training session will be scheduled for the end of January or beginning of February 2022. Please contact the PCMH Team if you would like to or need to participate in this training.

Gaps in Care/Unmet Measures

Gaps in Care/Unmet Measures continually need special attention. Items like well child exams, adult physicals, blood pressure, hemoglobin A1C, etc. PCMH Domain 2 talks about gaps/unmet measures that your office should be running reports and working them (by contacting and bringing patients into the office for needed services) on whichever capabilities your office has in place for this domain. Please let our informatics team know if you do not have a PD Focus sign on or your access is locked out.



Social Determinants of Health (SDOH)

Capturing those conversations of Social Determinants of Health (SDOH) questions are difficult to initiate. The way your office poses those questions to your patients and how you document those conversations is very important. BCBSM now has a PCMH Capability, 2.25, that talks about the Registry having the ability to capture these conversations. PD Focus has the option of tracking these conversations through a SDOH tab and a box at the end to record any needed services. Please feel free to reach out to the OPNS PCMH or Informatics Teams for more information.

Quality Performance

Primary Care Practices are encouraged to monitor their quality performance that will impact future VBR and Health Plan Incentive programs as well as OPNS Clinical Quality Initiatives!

Quality Improvement opportunities based on current BCBSM metric scores include:

Controlled Blood Pressure for HTN

- **Don't round up: <140/90** meets metric criteria
- **Take multiple readings** - use lowest diastolic and lowest systolic from same office visit
- **Report BP at every office visit** using ICD 10 Cat II codes with diagnosis of HTN (last reading counts)

Colorectal Cancer Screening

- **FOBT** (do not count digital rectal exam) in measurement year **OR**
- **Sigmoidoscopy** in measurement year or 4 years prior **OR**
- **Colonoscopy** in measurement year or 9 years prior **OR**
- **CT colonography** in measurement year or 4 years prior **OR**
- **FIT-DNA** test in measurement year or 2 years prior

Breast Cancer Screening:

- Follow-up and Tracking: Writing the order may not be enough. Track completed mammograms and make follow-up reminder calls to patients who didn't complete the service.
- Offer to make the appointment at the time of the office visit when the order is given.

Low Back Pain Imaging

No imaging study (plain X-ray, MRI, CT scan) **within 28 days** of a **primary** diagnosis of LBP

Health Plan Incentive Rewards are offered by:

- Aetna Better Health
- BCBSM/BCN
- Blue Cross Complete
- Humana
- McLaren
- Meridian
- Molina
- Priority Health
- Total Health Care
- United Healthcare



TRANSITION OF CARE (TRC)

Transitions of Care (TRC) is a HEDIS measure that must be completed for members 18 or older with an eligible inpatient discharge between January 1 and December 1 of the measurement year.

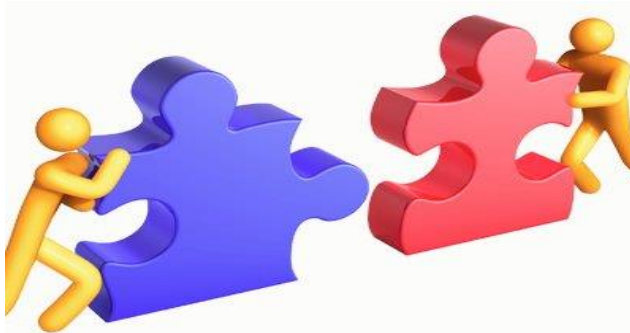
Component
Receipt of Admission Including documentation of the date the receipt was received
Receipt of Discharge Including documentation of the date the receipt was received
Patient Engagement
Medication Reconciliation Conducted or cosigned by a prescribing practitioner, clinical pharmacist, or RN

For the **Medication Reconciliation Post-discharge (MRP)** portion, participating providers in the Performance Recognition Program (PRP) will receive credit for MRP when TRC is completed. The reporting code **1111F** can be billed in conjunction with other TRC codes.

While each component has a specific completion timeframe, all components of TRC must be completed **within 30 days of discharge** from an eligible inpatient stay.

- An eligible inpatient stay includes admission to an acute or nonacute care inpatient setting. A hospital observation or emergency department visit does not require TRC.

The need for TRC is based on discharges, not members. If a member has more than one eligible discharge, **TRC must be completed following each discharge.**



Urgent Care

Patient Access to Urgent Care – Do your patients know where to go for after hours care? Do they know where the local Urgent Care facilities are located closest to them?

PCMH Capabilities 5.3 and 5.5 speak to an urgent care that is **not located** in the practice location but is within 30 minutes in a separate location. PCMH Capabilities 5.11 and 5.12 are specific to an urgent care, non-ED access, being **located within** the providers office outside of the normal business hours.

OPNS has Urgent Care brochures available for your convenience to give to your patients. If you would like copies of this brochure or know of an Urgent Care that you would like added, please contact the OPNS PCMH Team. The Urgent Care brochure is also located on OPNS.org under the PCMH tab.



Coming November 12, 2021 - Next Steps ACP Facilitator Training

OPNS is pleased to offer, for the first time, the second in a series of the highly respected ACP facilitator training courses called **Next Steps**. This **Respecting Choices** course is designed to assist physicians and clinical staff in having ACP conversations with patients when chronic illness has become more advanced and complications, frequent hospitalizations and decline in function are occurring. OPNS is subsidizing \$175 of the \$200 fee for OPNS physicians and staff. Completion of the **First Steps** program is not required to enroll.

Registration deadline for the November 12 in person workshop at OPNS headquarters is October 29 but late registrations will be considered if space permits. Contact Beverly Walters at bwalters@opns.org for information or to obtain a registration form.

Congratulations ACP Initiative Awardees!

16 OPNS medical practice qualified for the 2021 Advance Care Planning Incentive Award. These practices are actively engaged in ACP as an integral part of their daily office practice and have been submitting documentation of ACP conversations and completed Advance Directive documents to the OPNS Physician Direct Focus registry for the past 9 months. The efforts of physicians in these practices will be recognized with an ACP Incentive bonus as part of the annual OPNS shareholder award.

As a result of this year's Incentive program **640** conversations and **149** completed directives were submitted to the OPNS registry as of September 2021. Advance Care Planning is alive and well in our OPNS offices and we are hopeful practices will continue to submit ACP data to PD Focus where it will be available for other OPNS providers to access.

Qualifying for the 2021 ACP Incentive are physicians in the following OPNS practices:

PCPs

Aydin Turan MD PC
Clarkston Internal Medicine
Faiz Mansour MD PC
James Gibson MD PC
MHP PC Auburn Hills Medical Clinic
MHP PC Clarkston Medical Group
MHP PC IMPCP
MHP PC Kingwoods Internal Medicine
MHP PC Lakes Internal Medicine
Namdeo Kale MD PC
Sylvan Like Family Practice PLC
Tanir Medical Center PC

Specialists

Alaa Owainati MD PC
James Heinsimer MD PC

