



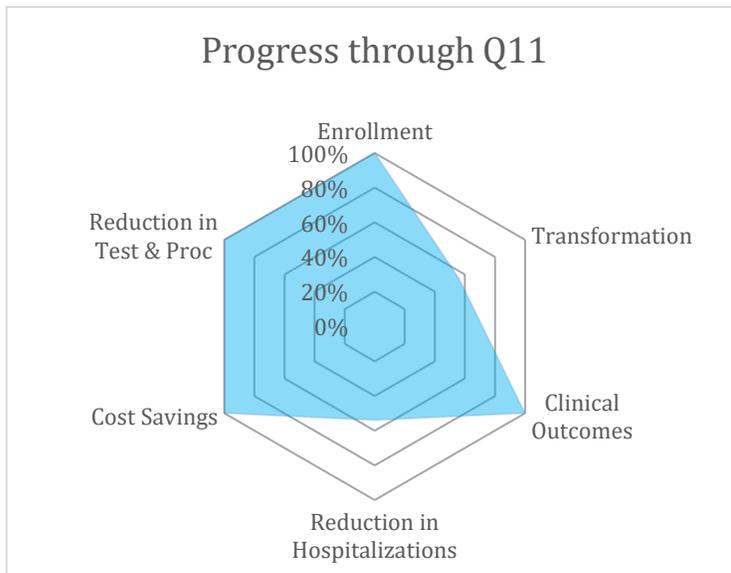
Pii Newsletter

Progress Towards Our Goals

After eleven quarters of the four-year grant, the Practice Innovation Institute (Pii) continues to make great strides in assisting over 2,500 clinicians in practice transformation. And while at the end of Q11 several of our commitments have been met, we still have much work to do!

The radar diagram below represents Pii's progress towards our commitments. Information used to determine our progress for Clinical Outcomes, Reduction in Unnecessary Tests & Procedures, Cost Savings, and Reduction in Inappropriate Emergency Department Visits & Hospital Admissions comes from claims data for practices/clinicians that are positively contributing toward our goals. We currently estimate that 25% of our Pii practices are positively contributing.

This means that there are many practices within our Practice Transformation Network (PTN) that could benefit from Pii services. Under our Transforming Clinical Practice Initiative (TCPI) grant we can offer **free** (grant sponsored) services to our participating practices. If you have not done so already, please make sure you are working closely with your Practice Transformation Consultant (PTC) to take advantage of this opportunity to prepare for value-based care! If you do not know who your PTC is, please contact info@pii.org.



August 2018

Pii Commitments (by September 2019)

- Assist **2,500** clinicians in Arizona
- Reduce costs by **\$81,549,090** by decreasing unnecessary admissions/readmissions, emergency room utilization, and unnecessary tests/procedures

Progress Towards Commitments (as of 6/30/18)

- **2,502** clinicians actively enrolled in Pii
- **\$93,170,416** saved

Pii is comprised of primary, specialty care, and behavioral health providers, clinically integrated networks, federally qualified health centers (FQHCs), crisis services, integrated health homes, and others.

Our commitment to Pii Practices in the final year of TCPI:

Our dedicated team of Practice Transformation Consultants and Account Managers will continue to assist all Pii practices to maintain this outstanding progress, increase efforts to reduce hospitalizations, and move ahead to achieve all phases of transformation & join an Advanced Payment Model (APM) or Value Based Program (VBP).

Jenn Sommers, Pii Physician Organizations and Relations Director
Stacey Rochman, Pii Practice Transformation Network Director



Jenn Sommers



Stacey Rochman

Pii Represented at TCPI National Expert Panel

TCPI held their National Expert Panel (NEP) meeting in Columbia, MD earlier this month. The annual meeting brought together representatives (including practices and patients) from Practice Transformation Networks (PTNs) and Support and Alignment Networks (SANs) across the nation to share successes in each network. Leaders from Pii, along with Dr. Gautam Aggarwal, Medical Director of Native Health, attended the 3-day conference. The event covered items such as setting the pace for the next six months, breakout sessions to share PTN and SAN success stories, and discussing opportunities to excel in the fourth, and final, year of TCPI.

Dr. Gautam Aggarwal, Medical Director at Native Health, attended NEP along with other Pii staff. Dr. Aggarwal was able to represent an exemplary practice and to share his viewpoints from a physician perspective. Dr. Aggarwal spoke to several large groups during the meetings and was highly sought after for additional information.

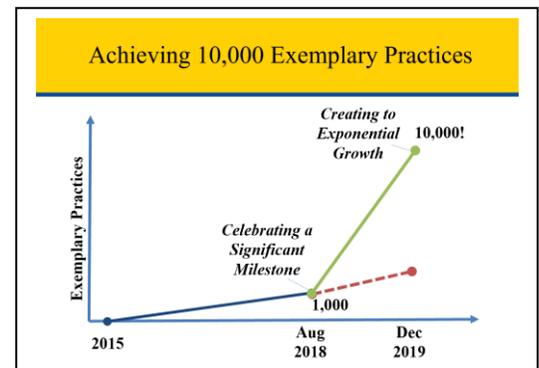
Thank you Dr. Aggarwal for taking the time away from your practice to help make NEP a success and to represent Pii so well!!!

During NEP, the PTNs were challenged with bringing 10,000 TCPI participating practices to Exemplary status by January 1, 2019. This is just shy of 50% of the 22,000 TCPI practices.

Pii currently has **70 practices** that meet our definition of “exemplary.”

An exemplary practice is one that addresses primary and secondary drivers aligned with the TCPI Aims/Goals. The criteria to be met and evidence that is shown includes the following:

- Has demonstrated forward momentum towards completion of the 5 phases of transformation
- Progression may occur from phase to phase or completion of outstanding milestones that may not result in transition however models forward momentum
- Has adopted practices to track and use data in the management of their patient population including high risk / high cost members
- Successfully engages patients and family in the decision making and care plan development and modifications
- Includes all level of staff in the quality improvement process
- Employs documented evidence-based protocols to support improved clinical outcomes that are scalable
- Contribution toward increase of overall PTN cost savings initiatives
- Improvements in their reported quality improvement measures



The Pii PTCs will continue to work with our practices to help them achieve exemplary status!

FQHC Exemplary Practices

Among the Pii Exemplary Practices are four Federally Qualified Health Centers which serve patients at a combined total of 26 practices.

Native Health
St. Elizabeth's Health Center

Horizon Health and Wellness
Mountain Park Health Center.

These practices represent 26 of only 2,400 practices across the country to have received this designation, and Native Health was one of only fifty practices that were present at the event to share their story.

Building Successful Sustainable Integrated Care Models



Members of the Pii team recently presented at the **50th Annual Southwestern School for Behavioral Health Studies (SWS) Conference**. SWS was founded in 1968 under the umbrella of the Southwestern School of Alcohol Studies and in 1974 was incorporated as a non-profit entity to engage in activities that provide education, training, research, and technical assistance in the field of behavioral health including, but not limited to addiction treatment. The main purpose of the SWS is to effectively meet the educational needs of professionals and organizations committed to serving individuals experiencing behavioral health issues.

Leveraging our experience, the Pii team shared an integrated approach to treating high-needs patients with mental health, substance abuse and physical health concerns that can improve access and treatment outcomes, along with reimbursement. During the presentation the Pii team reviewed the integrated approach and integration continuum, along with the benefits of the health information exchange (HIE) data and services. In addition, the presentation demonstrated how Behavioral Health Integration (BHI), the incorporation of mental health and substance abuse in behavioral counseling, assessment and treatment with primary care services is vital in coordinated care in the United States.

While the team compared different integrative care models, particular focus was given to one model – the **Collaborative Care Model** – based on measures of improved patient care, team-based care, and financial sustainability for the organization.

Critical success factors of the model are multidisciplinary engagement, care coordination and management along with routine monitoring of interventions and outcomes to recognize what works and what does not work.

To learn more about this model, or to determine what model works best for your practice, please work with your Practice Transformation Consultant who will work with you on how to introduce collaborative care into your practice.



Giselle Mikel (l) and Dr. Mily Schroeder (r)

Thank you to our Pii presenters - Keith Parker, Health Current CIO, Giselle Mikel, Practice Transformation Consultant, and Dr. Mily Schroeder, Government Relations & Compliance Administrator

Collaborative Care Model

- **Team Driven:** A multidisciplinary group of healthcare professionals providing care in a coordinated manner, and empowered to work to the highest level of certification and training
- **Population-Focused:** The Collaborative Team is responsible for the provision of care and health outcomes for a defined patient population
- **Measurement-Guided:** The team uses systematic, disease-specific, and patient-reported outcome measures to drive clinical decision-making
- **Evidence Based:** The team adapts scientifically proven treatments within an individual clinical context to achieve improved health outcomes

Creating Sustainable Medical Neighborhoods on the Path to Integration

In July, the Arizona State University's Center for Applied Behavioral Health Policy (CABHP) held its **19th Annual Summer Institute**. One of the main goals of the Summer Institute is to provide education and networking opportunities to Arizona's healthcare and behavioral health professionals. During the conference the Pii team had the opportunity to present information and hold a panel discussion on **Creating Sustainable Medical Neighborhoods on the Path to Integration**.

The Pii team discussed the fragmented nature of our health system's structure, built on many silos with misaligned incentives, and how this has resulted in our nation's healthcare system producing suboptimal outcomes at high costs. Although significant progress has been made at the state and national levels to integrate healthcare at multiple system levels and focus payment on results rather than volume, there is still ample room for improvement. The team presented different integrated care models including Accountable Care Organizations (ACOs), integrated delivery systems and patient-centered medical homes (PCMHs) and how these models raise the quality of the care and reduces costs for the organization.

Particular focus was paid to developing a **Medical Neighborhoods** which are seen as the future of healthcare. A "Medical Neighborhood" has been defined as an expanded patient-centered care model where primary care and specialty providers, hospitals and other clinicians work together in partnership to provide complete and coordinated care

While there are current challenges to implementing medical neighborhoods (including mis-aligned financial incentives, lack of staff, limited involvement in inpatient care, fragmented services, and limited health IT structure), there are many activities underway in order to move towards this model. Health Current, Arizona's health information exchange (HIE), is rapidly expanding the number of organizations participating in the HIE and providing healthcare providers access to critical data.

Programs are accepting the importance of care coordinators and providing funding. And your Pii Practice Transformation Consultants (PTCs) are available to you to assist you with your transformation plans!

Thank you Keith Parker, Health Current CIO, Dr. Don Fowls, Clinical Advisor, Giselle Mikel, Practice Transformation Consultant, and Dr. Mily Schroeder, Government Relations & Compliance Administrator for representing us so well at the conference!



Health Current has reached, and surpassed, the **500th Participant Milestone!** The health information exchange (HIE) has participants from across the care continuum including community and behavioral health providers, hospitals and health systems, health plans, ACOs and clinically integrated networks, FQHCs and rural health clinics, labs, imaging centers, pharmacies, and others. For more information on Health Current participants please visit [HIE Participants](#).

All Pii Participants are required to join Health Current (there is no cost to join) and take advantage of services such as alerts and portal access. Please make sure to work with your PTC on integrating the HIE into your practice work flows.



Upcoming Events

August 30th or September 11th | 11:30am – 1:00pm

Part 2 and the HIE: Applying Federal Substance Abuse Treatment Regulations (42 CFR Part 2) to Health Information Exchange

For those that were not able to attend the in-person sessions held in Phoenix and Tucson recently, Health Current is offering two dates to share the same information via webinar sessions. The webinars seek to bring stakeholders together to understand the practical implications of federal rules related to the sharing of substance abuse treatment records. With a focus on sharing of such data through Health Current, Arizona's HIE, this webinar will provide a high-level overview of applicable regulations, to explore how stakeholders can ensure compliance while improving the sharing of valuable clinical data.

[Register online](#) for the August 30th webinar [Register online](#) for the September 11th webinar

September 4th or September 11th | 11am – 12:00pm

AHCCCS Targeted Investments Attestation and Document Validation Process

The AHCCCS TI team will be hosting one-hour webinar sessions to prepare [Targeted Investment Program participants](#) for the September 30th attestation deadline. Two of the three dates remain available to choose from and registration can be one online at [Registration](#).

September 10, 2018 | 5:00pm ET

Public Comments Due

On July 12, 2018, CMS issued a press release outlining proposed changes to the Medicare Physician Fee Schedule and Quality Payment Program would streamline clinician billing and expand access to high-quality care.

The proposed changes would increase the amount of time that doctors and other clinicians can spend with their patients by reducing the burden of paperwork that clinicians face when billing Medicare and empowering clinicians to use their electronic health records (EHRs) to document clinically meaningful information, instead of information that is only for billing purposes.

For a fact sheet on the CY 2019 Physician Fee Schedule proposed rule, please visit: [LINK](#)

To view the CY 2019 Physician Fee Schedule proposed rule, please visit: [LINK](#)

September 21, 2018 | 7:30am – 4:45pm

HIT Symposium – Managing Data in a Dynamic Health Care Environment

HSAG Conference Center | 3133 E. Camelback Road | Phoenix, AZ 85016

AACHC and HCCN, in collaboration with Pii, are hosting the 2nd Annual Health Information Technology Symposium for [FQHCs and CHCs](#). The event will provide ongoing education on Health IT and best practices around population health, opioid reduction, and behavioral health. Keynote speaker Jeff Coughlin of HIMSS will speak on the future of Health IT and interoperability. Centers not already registered should do so by September 14th at [Registration](#). Attendance is limited to 3 per center.

Monday, December 3, 2018 – Tuesday, December 4, 2018

11th Annual Health Current Summit & Trade Show

Renaissance Phoenix/Glendale Hotel & Spa | Glendale, AZ

Additional details will be available at www.healthcurrent.org/events

MomDoc is Bringing Joy to the Workplace

MomDoc is dedicated to bringing joy to the workplace which is evident by the implementation of an exciting employee development program. In 2017 they launched “MomDoc Learn!” - an educational program for personal development of the employee. In 2018 they launched “Ace The Day. Every Day.” - a program which empowers employees to make a difference in the lives of their coworkers.

*“We are interconnected. **Accountability, Compliments, and Expressions of Appreciation** all have a positive impact on our wellbeing and our relationships... (and) comes from each individual doing his or her part to create a positive work environment.”*

- Nick Goodman, MomDoc’s CEO



Through these initiatives, MomDoc has changed the culture of their organization one class and one person at a time.

[Read the full story](#)

Joy in the Pii Workplace – Giving Back in Our Community

Earlier this year, the Pii team volunteered at a “packing event” at Feed My Starving Children (FMSC). FMSC offers a one-of-a-kind experience where volunteers hand-pack rice, soy, dried vegetables, and a nutritionally complete blend of vitamins and minerals into bags which are sealed, boxed, placed on pallets and shipped throughout the world to reach the neediest children.

FSMC has a permanent packing site in Mesa, AZ and offers mobile packing events. The “work shifts” are typically two hours in length. The Pii team, along with others who were in attendance, packed enough meals to feed 130 kids for a year!

Events such as this are great team events! To learn more about FSMC, events at their Mesa location and mobile events, please visit their website at <https://www.fmsc.org/>.



“Management’s overall aim should be to create a system in which everybody may take joy in his work”

“A bad system will beat a good person every time.”

“The emphasis should be on why we do a job.”

- Dr. W. Edwards Deming

Successfully Combating the Opioid Epidemic

Addressing the opioid epidemic is a key area of focus for Pii. The composition of our practice transformation network (PTN) gives us the unique ability to connect with practices and strengthen improvement activities to address the opioid crisis. In order to leverage successes within our network, the following case studies describe successful processes that can be adopted and adapted by practice leadership to fit each office's approach to addressing the opioid epidemic.

St. Elizabeth's – Using Data to Guide Transformation

In August 2017, the Quality Committee at **St. Elizabeth's Health Center**, an FQHC and NCQA-certified patient-centered medical home, began running reports from their electronic health record (EHR), identifying patients who were either prescribed or who reported having received opioid medications from other providers. Additionally, the Pii PTC assisted the practice with the use of CareQuotient, Pii's population health management tool which had been provided to them, to further identify their targeted patient population.



Out of 1,699 patients, 393 were identified as having had an opioid dispensing event during the period from February 1, 2017 through January 31, 2018. The practice was able to identify patients at highest risk based on morphine equivalent dosage (MED) ≥ 90 and use of multiple providers and/or pharmacies.

The practice designed a treatment plan to mitigate the patients' risks while on the medication, included a tapering plan and alternative treatment options. This process often identified patients whose complexity was significantly greater due to other physical health or behavioral health diagnoses. The practice intensified care coordination, assessing the need to transition patients to a behavioral health provider and/or a medication assisted treatment (MAT) provider when appropriate. Post-intervention data shows the number of patients meeting the high-risk definition dropped to 129 patients – *a 30% reduction in opioid prescriptions for the practice.*

Key to St. Elizabeth's success was engagement by leadership and adoption of data-driven quality improvement methodology for practice transformation and intensive care coordination. Technical assistance provided by Pii helped St. Elizabeth's with their transformation efforts.

GB Family Medicine – Identifying the Medical Neighborhood



GB Family in West Phoenix provides primary care in a low-income neighborhood. A strong proponent of addressing the opioid epidemic, their physician had begun implementing numerous initiatives including mandating querying the controlled substance database, referral to and coordination with pain management specialists, and use of alternative pain management interventions years before these practices were adopted and required in Arizona.

GB Family partnered with another Pii practice, located in the same small health complex, **Valle del Sol (VDS)**. VDS is a FQHC with multiple locations throughout the Phoenix metropolitan area, providing primary care and a significant amount of substance use and mental health services, including medication-assisted treatment.

The leadership of the two practices worked together to develop their medical neighborhood for patients with substance use disorders. Key to this initiative are joint appointment scheduling and care coordination, made possible by operationalizing access to each other's electronic medical record and both practices actively using the HIE. They have even taken the idiom "knocking down the walls" literally, having worked with the building's management to create open egress between their two practices.

**Partnerships, Innovation, Transformation –
all are part of the broad spectrum of ways to address the opioid crisis in Arizona**

Pii is proud of our practices and of our role in bringing these innovative ideas into practice!

QPP Resources

The **CMS QPP Portal** is a wealth of resources to help you make the best value-based payment option choices for your practice. Here's a small sample of what you can find and download at <https://qpp.cms.gov/>:

- The QPP Payment Program Listserv
- Program Fact Sheets
- Quality Benchmark & Measure Encounter Codes
- Measure Specification Packages
- Medicaid in the QPP
- MIPS Overview
- MIPS Overview: Understanding quality and Cost
- Getting Started with QPP: An Overview for Small, Rural and Underserved Practices
- Medicare Quality Programs: Transitioning from PQRS to MIPS

On July 27, 2018 CMS hosted a webinar providing an overview of the Proposed Rule for Year 3 of the QPP. Key aspects of the changes proposed for Year 3 of QPP (2019):

- Expanding the definition of MIPS-eligible clinicians
- Promoting greater EHR interoperability and patient access
- Including the small practice bonus in the Quality performance category score of clinicians in small practices
- Updates to Advanced APM CEHRT threshold

[Webinar Slides](#)

[Webinar Transcript](#)

[Webinar Recording](#)

Pii Honor Roll

The following Pii Practices have completed all 5 Phases of Transformation as part of the CMS Transforming Clinical Practice Initiative:

- Arizona's Children Association
- Horizon Health and Wellness
- Maricopa County Correctional Health Services
- Neuromuscular Clinic and Research Center
- North Country HealthCare
- GB Family Care
- Mountain Park Health Center
- A New Leaf

Congratulations! We look forward to adding more practices to this list!

Check out our website where you will find success stories, events, and other information www.piiaz.org

Have an idea for a future Newsletter?
Have any questions? Email us at info@piiiaz.org



Practice Innovation Institute

Engage. Transform. Reward.