Letter from Arif Aziz, M.D., Chair

As we continue to work together in improving the quality and efficiency of the delivery of healthcare, we would like to provide our Wellstar Clinical Partners (WCP) members with an update of the progress we’ve made thus far. Following our enrollment period, our task committees have made significant leaps within our WCP Clinically Integrated Network (CIN) implementation.

The Hospital Quality and Efficiency program (HQEP) is still in its development stage. The WCP council leadership continues to review the intricacies of the proposed plan, and quality metrics are continuously being refined to ensure alignment with the overall goals of WCP as an organization. Along with the development of quality metrics, network contracting, approach and process are also being reviewed.

As mentioned in our previous newsletter, we have enrolled a total 1,167 physicians into WCP. Education and training has been completed among 41 of the participating primary care providers (PCP) with one remaining. A Beta project will be implemented for our PCP initiative. As scorecards are beginning to be developed and published, there will be six beta sites that will be revisited and re-educated to begin data collection and scorecard viewing. This initiative will ensure that the automated data collection and reporting is working smoothly before WCP goes global with all affiliated providers.

The Education Taskforce has also begun education and training for our specialty providers. There are a total of 82 specialty providers. Ten education and training session have been completed with 72 remaining. We anticipate completion of the specialty initiative to be completed by September 2016.

Much has been done, but there is still a lot more work to complete.

Arif Aziz, M.D.
Gastrointestinal Specialists of Georgia
Chair, Board of Managers
WellStar Clinical Partners
Quality, Population Health, and Informatics Committee

The Education Task Force for Quality, Population Health and Informatics is working tirelessly to complete the initial visit for all of the primary care practices (PCP), the first step to progressing with the accelerated PCP strategy.

This will allow ease of data exchange and place the practices in the integrated status. As a result the finance committee is able to help achieve contractual parity through existing contracts in common with WellStar. It is expected that this will be a positive change for the affiliated primary care practices.

Once education at the PCP practices is completed, WCP will move forward with an education plan for the rest of the subspecialty practices.

The Metrics Task Force, in collaboration with other committees working with metrics, has carefully identified the group of Focus Metrics that meet the criteria of ease of complete use by members and staff. These focus metrics will go into effect July 1, 2016.

The Inpatient Metrics are:

- Post-op PE/DVT (PSI-12)
- Surgical site infections (Hyst, Colon, HPRO, KPRO)
- Readmissions (AMI, CHF, CABG, COPD)
- Mortality
- Patient Experience (HCAHPS)

The Ambulatory Metrics are:

- Influenza Immunization (PQRS 110)
- Pneumococcal Vaccination (PQRS 111)
- Documentation of current medications in medical record (PQRS 130)
- Tobacco use assessment and cessation intervention (PQRS 226)
- BMI screening and follow up (PQRS 128)

To make utilization of these metrics as easy for you as possible the education task force will continue close contact and follow up with all practices. In addition we encourage each practice to learn as much as possible about the functionality of your EHR system.

Population Health is actively looking at systematic studies to evaluate the short and long term results of effective utilization of the focus metrics.

The area of Informatics is vigorously working on tools to convey each provider’s progress through use of dashboards.

You should also be aware that the data collection process is in revision so that claim information may be collected directly from your EHR system without significant workflow interference to your practices.

As expected progress is one of our most important products and we are pleased to begin to see real progress.

James Fisher, M.D.
Healthwise Internal Medicine
Chair, Quality, Population Health and Informatics Committee
CPT II Codes

On October 1, 2015, all healthcare professionals began their progression from the utilization of ICD-9 to ICD-10 codes. This transition to a more specific diagnosis code focused mainly on standardization and consistency in coding from practice to practice. Wellstar Clinical Partners (WCP) is equally focused on standardization, consistency, as well as continuity of care among all affiliated providers. To achieve this level of care, WCP has implemented the use of CPT II code reporting on all medical claims.

CPT Category II codes are supplementary codes that are primarily utilized for tracking quality measure performance. CPT II codes are for reporting purposes only and are not to be used as a substitute but in addition to CPT Category I codes. CPT Category I codes are used for reimbursement whereas CPT II codes are not. Although CPT II codes are not reimbursable, it is recommended that a small charge (i.e. $0.01) be associated with these charges in an effort to capture them on the actual claim.

Through CPT II code reporting, WCP will be able to monitor and report on each practice’s quality performance based on the specific measures developed by the Quality committee.

Provider Network Committee

The provider network committee is proud of WellStar Clinical Partners now 1,167 members. The initial push for member recruitment has resulted in many follow-ups and contracts being signed. Although not the fast pace from the summer and fall, the committee remains busy.

We continue to receive, review and process applications and ensure there are no potential conflicts within the Participating Provider Agreement. We are looking at usage of the WellStar Clinical Partners logo and are currently working on a comprehensive branding packet so members will be able to proudly display membership among your practices. We are also creating an online directory of members in coordination with our current site and assessing a search function on wellstar.org.

We will help coordinate communication to the group as a whole so you can stay updated on current projects. We will update all members as we continue to grow and plan educational sessions and potentially business and social forums in upcoming months.

Our committee is reviewing and developing our goals within the strategic plan for both the short-, mid- and long-term. We look to you to provide feedback regarding communication and networking. If you have an idea that you would like to share with the provider network committee, please let us know!

Chuck Craton, M.D.
WellStar Medical Group, Douglasville Medical Center
Chair, Provider Network Committee
DATA COLLECTION

How do I know if I have implemented the CPT II Codes correctly?

Many practices have been coding, but we are unable to see that they are doing so because WellStar IT is not capturing it on their claims data. We have found that some practices are indeed coding with CPT II codes, but the codes are being eliminated from the claims data file because of either the zero charge associated with it or because it does not recognize the CPT II code. If your practice has not started coding CPT II and you need help kicking off this quality initiative within your practice, please contact Mallory Bembry, IT Interoperability Analyst, at mallory.bembry@wellstar.org.

How safe is my claims data?

The Wellstar Clinical Partners claims data is stored within redundant, state of the art, data centers that are the same data centers used by Wellstar Health Systems. This data resides on the same network, servers, and storage devices as Wellstar uses. All of Wellstar's infrastructure is protected by multiple layers of firewalls, encryption, security, and backups, and the infrastructure is supported 24 hours a day, 7 days a week, 365 days a year by a team of full time certified IT professionals. WCP claims data is treated just like WHS data.

INTEGRATION

Are the new CINs integrating into WCP?

As of April 1, WellStar also took responsibility for the oversight of the Physician Performance Network of Georgia (PPNGA) clinically integrated network. West Georgia Physician Partners is also associated with WellStar West Georgia Medical Center. As we work through all the logistical and legal issues, the local clinically integrated networks remain as separate entities. However, over the few months, we will begin planning to incorporate each network into the larger brand of WellStar Clinical Partners, which will include representatives from each network in the governance structure. As this plan develops, we will continue to update all members with ongoing communication.

For additional FAQs please visit wellstarclinicalpartners.com.