

# HASO News

## Board Of Managers

- Steven Hersch, MD: *Chair*
- Brian Hall, MD: *Co-Chair*
- Mel Castillo, MD
- Megan Frost, MD
- Joe Pastrano, MD
- Matt Hough, MD
- Chris Morgan, MD
- Doug Diehl, MD
- Greg Wojtal
- Bill Edwards

## Clinical Programs Advisory Committee

- Megan Frost, MD: *Chair*
- Kristina Darlington, DO
- Nick Mills, MD
- Shivani Patel, MD
- Philip Paden, MD
- Ahsan Jaffar, MD
- Doug Diehl, MD
- Colin NewBill, MD
- Jordan Personius, PA
- BJ Lynch, MD, MPH
- Troy Marion-Arnold, RN
- Bill Edwards

## Operations Committee

- Lisa Redfern: *Chair*  
*Women's Health Center of S.O.*
- Michelle Walkup: *Co-Chair*  
*Southern Oregon Hospitalists*
- Burt Loessberg  
*Medford Radiology*
- Kelli Charbonneau  
*S.O. Neurosurgical & Spine*
- John D'Angelo  
*Southern Oregon Cardiology*
- Shane Irving  
*Oregon Surgical Specialists*
- Jim Berry  
*Asante Physician Partners*
- Debbie McQueen  
*Asante Physician Partners*
- Bill Edwards  
*Health Alliance of Southern Oregon*

# New Year, New Inspiration

## HASO Governance Retreat 2017



By Sheri Bodager, FACMPE, MHA

The HASO board of managers hosted a full day retreat on Friday, February 3rd for all members of the HASO governance teams. The goal for the retreat was to develop our **Future Direction** and to provide refreshed **Inspiration** to our members about the work of population health.

Thirty HASO governance members attended the retreat which was facilitated by Cynthia Scherr. Speakers included Dr. Matthew Hough on state changes, Dr. Dennis Weaver on federal changes and Greg Wojtal on Medicare Advantage.



**The event was a great opportunity to bring our HASO leaders together for a more involved and well rounded dialogue. The result of the day was a clear set of those mission critical projects we must execute to be successful. Our critical projects include the following:**

1. Data is critical to our success; we must secure a tool in 2017.
2. Communication—we must communicate more often and with all constituents.
3. Address gaps in the HASO network.
4. Leadership—HASO should be the leader in education and transformation.
5. Physician Engagement—Develop a specialty physician plan and engage providers in HASO groups beyond their governance members.
6. Secure partnerships with payers and employers that reward our work.

**1. Guiding Principles: Which are most motivating to our members and which are we not living up to well? Based on attendee voting, two priority lists were created:**

Principles: Most Motivating	
1	Improve coordination of care between providers
2	Strive to manage and improve the health of our population
3	Be community focused
4	Improve access to care by providing the right care in the right setting at the right time

Principles: Needing the Most Work	
1	Be data driven
2	Seek more collaborative relationships with payers to drive/reward high value care
3	Align financial incentives for providers to increasingly reward high value care
4	Improve coordination of care between providers



**2. Value to Independent Providers:  
What is HASO's value-proposition for independent providers?**

1. Infrastructure support to smaller practices (data and people)
2. Break down silos—create forum for socialization and collaboration
3. Pathway to financial success long term
4. Working together to translate industry changes
5. Provide (data) support for clinical decision making
6. Data on cost and quality
7. Correct the perception of risk to join

**3. Federal and State Changes:  
What does HASO need to do to be prepared to successfully respond to federal and state changes?**

We learned that while it is still unclear what will happen at the **federal level**, some key initiatives will likely remain unchanged.

1. **ACA (Affordable Care Act)** While 52 of the 100 members of the Senate are republican, it takes 60 votes to change legislation. The ACA will therefore not be easily repealed. It could, however, more easily be defunded as it only takes 50 votes for budget changes. **Note:** Since the HASO retreat, we have seen the Trump administration back away from repeal of the ACA. Thus, at least for the short term, changes to this legislation are unlikely.

**2. MACRA (Medicare Access and CHIPS Reauthorization Act)**

The new HHS Secretary—Thomas Price is a republican, but he authored MACRA, which passed 92-8 in the Senate. Short-term changes to MACRA are unlikely.

We also learned that while the federal government may stop Medicaid expansion, Oregon did receive a federal waiver to continue their innovative work through the CCO's. At this time, the degree of funding remains unclear as the state is trying to figure out how to make up a large budget shortfall for Medicaid. The work by the CCO's has been largely successful. Oregon has dropped its uninsured rate from 17% to 5%.

In Jackson County, Jackson Care Connect, with the help of its clinical partners, improved its metric performance from last in the state (#15 out of 15 CCO's) to #6, bringing back \$5.2 million to the clinical partners in Jackson County.

**4. Employer Perspectives:  
What can HASO do to prepare and partner with local employers?**

We streamed a video from a recent Employers Health Care Summit to gain a better understanding of the approach larger self-insured employers are taking to control health care cost and quality. Key points include:

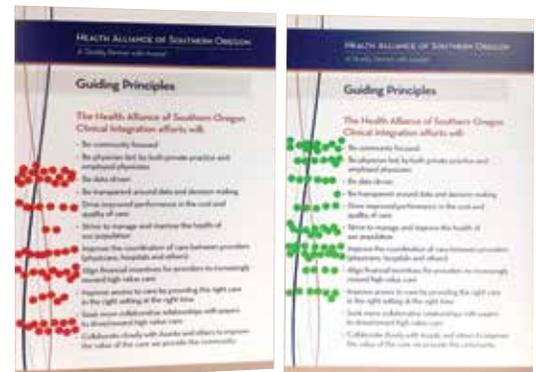
1. Employers are taking proactive leadership roles in how they purchase health care.

2. Their primary concerns are not cost as much as the variance in quality with the dollars they are spending.
3. They are developing centers of excellence around the country for their employees that provide consistent quality at reasonable costs, and will fly employees and spouses there rather than have them access their local medical community.
4. They are incentivizing employees to use their high performing network.
5. They are sharing savings with networks that meet targets.

We know we have to continue to work to become the preferred network for local and state employers.

**5. Provider Engagement:  
What level of commitment is necessary from HASO physicians and how do we achieve this level of engagement?**

We have experienced tremendous engagement from all of our governance members for over 3 years. The following





ideas were shared in support of building a stronger connection with all providers in HASO.

1. **Data**—give providers their own performance metrics and show them how they compare to their peers (local and national).
2. Provide **education** events and opportunities to learn and socialize with the medical community.
3. **Communication**—think out loud, keep people enthusiastic.
4. Invite them personally to join events and teams; physicians invite physicians.
5. **Lead** through this transformation.
6. Make it **relevant** to all members—offer other services for those not able to fully participate in population health just yet.
7. Ask if a HASO leader can join the group's board meetings for 15 minutes for an update/**discussion** on population health once or twice a year.

**We look forward to working with each of you over the coming months to collaborate on these initiatives.**

# Preparing for MACRA: Over 75 Providers and Practice Leaders Attend Presentation Sponsored by HASO



By Bill Edwards

Proposed changes to the Affordable Care Act (AKA Obamacare) will likely *not* impact the roll-out of MACRA. In fact, there continues to be strong support in Washington for this landmark legislation. With this as a backdrop, are providers in Southern Oregon ready to maximize their performance under MACRA? That's the question addressed by an expert from the Advisory Board, Mr. Ethan Brosowsky, who visited Medford and Grants Pass on February 14th and 15th to give a presentation sponsored by HASO. The presentation was open to all providers in Southern Oregon. Over 75 providers and practice leaders attended the 1½-hour presentation, during which they learned about key aspects of the MACRA, including:

- Under MACRA (The Medicare Access and CHIP Reauthorization Act), most providers will see their Medicare payments subject to adjustments that range from negative 4% to positive 12% (or more) starting on January 1, 2019. *The adjustments in 2019 will be based on provider performance during calendar year 2017.*
- MACRA creates two new Medicare payment programs:
  1. The Merit-Based Incentive Payment System (MIPS) and
  2. Advanced Alternative Payment Models (APMs) (there are several types of APMs)
- Most providers will fall under MIPS. The APM models are available to providers who participate in APM shared-risk arrangements (e.g. Medicare Shared Savings Program, NextGen, etc...)
- Under the MIPS and APM programs, the Medicare payment adjustments (noted above) are based on physician performance *unrelated* to physician productivity. Instead, payment adjustments (reductions or increases) are based on performance against measures related to cost of care, quality of care, EMR use and patient satisfaction.
- Some have speculated as to the impact the new administration could have on MACRA. Experts have pointed out that changes in MACRA legislation would require passage of new bills at the congressional level. While possible, this is not a likely scenario over the course of the next 2-3 years.

**Do you have questions about MACRA? We're here to help. Please reach out to HASO's Executive Director, Bill Edwards, for information. [William.edwards@asante.org](mailto:William.edwards@asante.org) or (541) 789-4129**

## HASO Mission

Health Alliance of Southern Oregon exists to enhance the value of health care services delivered to our communities through our partners by providing better care and better health at a lower cost.

## HASO Vision

Be the premier health care delivery network by transforming health and enriching lives on our communities

## HASO Groups

Anesthesia Associates  
Asante Physician Partners  
Ashland Anesthesia Associates  
Ashland Orthopedic Associates  
Medford Radiological Group  
Meducation  
Oregon ENT  
Oregon Surgical Specialists  
Pain Care of Oregon  
Southern Oregon Cardiology  
Southern Oregon Hospitalists  
S.O. Neurosurgical & Spine Associates  
Southern Oregon Pediatrics  
Three Rivers Radiology  
Women's Health Center of S.O.

# Guiding Principles

The Health Alliance of Southern Oregon Clinical Integration efforts will:

Be community focused

Be physician led, by both private practice and employed physicians

Be data driven

Be transparent around data and decision making

Drive improved performance in the cost and quality of care

Strive to manage and improve the health of our population

Improve the coordination of care between providers (physicians, hospitals, and others)

Align financial incentives for providers to increasingly reward high value care

Improve access to care by providing the right care in the right setting at the right time

Seek more collaborative relationships with payers to drive/reward high value care

Collaborate closely with Asante and others to improve the value of the care we provide the community

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## HEALTH ALLIANCE OF SOUTHERN OREGON

*A Quality Partner with Asante®*

For more information or with questions about how to get involved, please contact Bill Edwards by phone: (541) 789-4129 or email: [Info@HealthAllianceSO.org](mailto:Info@HealthAllianceSO.org). We also encourage you to reach out to Board and Committee members. We look forward to partnering with you!

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