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HASONews

HEALTH ALLIANCE OF SOUTHERN OREGON

A Quality Partner with Asante®

HASO Board of Managers Welcomes New Board Chair

Welcome, Dr. Steven Hersch

We are excited to announce Dr. Steven Hersch has accepted the position of HASO Board Chair, taking the helm from Dr. Joe Pastrano. Dr. Hersch graduated from the USC School of Medicine in 1986, and completed his internship and residency in Internal Medicine at Harvard-affiliated Beth Israel Hospital in Boston, Massachusetts. He was elected as a Fellow of the American College of Physicians in 2001. He has been practicing in the Rogue Valley since 2002. Over the past year Dr. Hersch has been serving as Chair of HASO's Clinical Program Advisory Committee, where he has distinguished himself as an innovative thinker, deeply committed to evidence-based care models consistent with the Institute of Medicine's triple aim (plus one).

Thank you, Dr. Joe Pastrano

On behalf of the HASO Board of Managers we want to express our sincere gratitude to Dr. Joe Pastrano for serving as HASO's Board Chair over the past fifteen months. Dr. Pastrano recently stepped down as HASO's Board Chair in conjunction with his decision to accept the position of president of The Medford Radiology Group (his current group). He will continue serving as a member of the HASO Board of Managers. As HASO Board Chair, Dr. Pastrano worked tirelessly at engaging with our local providers and leaders to shape care transformation throughout Southern Oregon. His depth of character, boundless energy and clarity of vision has been (and will continue to be) a source of constant inspiration.

Navigating the Merit-Based Incentive Payment System (MIPS)

Bill Edwards

When does MIPS go into effect?

MIPS-eligible providers (see definitions and criteria on next page) will see their Medicare payments impacted by MIPS adjustments starting January 1, 2019. The adjustments will range from negative 4 percent to positive 4 percent (or even higher) *based on performance data reported for calendar year **2017***. Providers have until March 31, 2018 to submit their 2017 MIPS performance data.

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Who is included in MIPS?

MIPS applies to providers (physicians, physician assistants, nurse practitioners, clinical nurse specialists, CRNAs) whose allowable charges billed to Medicare part B exceed $30,000 a year and who care for more than 100 unique Medicare patients a year. Providers meeting these criteria will be included in MIPS unless:

- They participate in an Advanced Alternative Payment Model (AAPM)
  or
- They've enrolled in Medicare for the first time in 2017.

HASO providers employed by Asante Physician Partners (APP) will (for the most part) not be subject to MIPS since they participate in Advanced Alternative Payment Models (AAPMs) through the Oregon Accountable Care Organization.

Throughout the month of May 2017, Medicare sent letters to providers letting them know about their 2017 participation status in MIPS.

Providers can also verify if they are subject to MIPS by entering their 10-digit National Provider Identifier (NPI) number at the following website: ***https://qpp.cms.gov/learn/eligibility***

What steps should providers take to participate in MIPS? The following steps are recommended:

1. Choose whether to submit data as an individual provider or as part of a group. Providers participating in MIPS can choose to file as an individual clinician (under their NPI) or, if they are part of a group practice, under their group's Tax Identification Number. This selection will be recorded at the time your MIPS data is submitted.
2. Choose your performance measures and activities. Under MIPS, there are four performance categories that will determine MIPS scoring and associated payment adjustments: 1) quality, 2) improvement activities, 3) advancing care information and 4) cost. **Note**: the cost category will not apply for the 2017 performance period. Details regarding each of these categories can be found at ***https://qpp.cms.gov/learn/qpp***
3. Verify your EHR vendor or qualified registry's capabilities to submit MIPS performance data. If you have an EHR that is set up to handle MIPS data submission, this will often be a good option. Otherwise, there are a number of qualified registries that can be utilized. Information on qualified registries can be found at the following link: ***https://qpp.cms.gov/docs/QPP_MIPS_2017_Qualified_Registries.pdf***
4. Pick-Your-Pace. Pick-Your-Pace means you (or your practice) can choose to submit performance data encompassing any one of the following periods:
   a. Submit something. One quality measure or one improvement activity for any point in 2017. This option will avoid a downward adjustment in 2019,
   b. Submit partial year. Submit 90 days of 2017 data. This option will result in a neutral or positive payment adjustment in 2019, *or*
   c. Submit a full year of 2017 data (starting not later than March 31st). This option may earn a higher positive payment adjustment.

Note: MIPS-eligible providers do have the option of not participating in MIPS at all. This will result in a 4 percent negative adjustment starting January 2019.

Do you need to register for MIPS?

No, except for groups that intend to utilize the CMS Web Interface (must have 25 or more providers in the group) and/or administer the Consumer Assessment of Health Providers and Systems (CAHPS) for MIPS survey (must have two or more providers in group). To register, visit the Quality Payment Program website at ***https://qpp.cms.gov/docs/QPP_Web_Interface_Registration_Guide.pdf***

The registration period is from April 1, 2017 through June 30, 2017.

Do you need help with MIPS?

CMS has contracted with quality improvement organizations (QIO) around the country ready to provide direct technical MIPS support. For Oregon, the contracted QIO is Health Insight (contracted through the Network for Regional Healthcare Improvement):

Website: *https://healthinsight.org/qpp*

Email: qpp@healthinsight.org

Toll Free: 1-866-288-8292

General MIPS help can also be obtained directly from CMS at:

Website: *qpp.cms.gov*

Email: QPP@cms.hhs.gov

Toll Free: 1-866-288-8292

Reeger Cortell, FNP

The Physics of Obesity?

The first law of thermodynamics is Conservation of Energy. The law states: The change in internal energy (ΔU) of a system is equal to the heat (Q) added to the system minus the work (W) done by the system.[1] When we apply this law to calories, we know that if a person eats more than they move, they will gain weight. It stands to reason, according to the rules of physics, that the opposite is also true: Move more than you eat and you will lose weight.

Hence, "eat less, move more" has become the ubiquitous mantra of weight-loss advice. There's just one problem. In reality, eating less and moving more rarely translates into significant or lasting weight loss and certainly does not constitute comprehensive obesity treatment. As anyone affected by obesity will tell you, if eating less and moving more was going to work, it would have worked already and kept working. Physics be damned.

Consider the fact that in 2013 Americans spent more than $60 billion on weight-loss products and programs.[2] However, in the same time period our national obesity rates increased from 26.2 percent in 2012 to 27.2 percent in 2013.[3] Certainly one could argue this proves nothing. After all, it is possible that the people who spent money on weight-loss products and programs lost weight, while those who spent nothing gained weight. But when we factor in the reality that most people attempt some version of weight loss 4 to 5 times per year and that at any given point in time 108 million Americans consider themselves "on a diet",[4] the chance of those who spent money on weight-loss products and programs and gained weight is high.

If one needs more proof, simply ask the person affected by obesity what happens when they attempt weight loss through eating less and moving more? More often than not they will recount a story of minimal to moderate success while facing down near constant increased physical hunger, cravings and decreased satisfaction, as if their bodies are bent on betraying their intended weight-loss goals.[5] When their finite and sometimes fragile resource of willpower is tapped dry, so is their ability to maintain self-control over temptations and the "diet" is blown.[6] Unfortunately, at this point the pounds pile on at a fast rate due to the phenomena of "metabolic adaptation" which works to slow metabolism during calorically deprived states.[7]

But as medical providers, what are we to do? Two thirds (68.8 percent) of US adults are either overweight or obese. If current trends continue, it is projected the US will have 60 million more obese adults by 2030.[8] If counseling people to eat less and move more does not translate into meaningful weight loss for most people and yet the first law of thermodynamics says it should, how do we counsel our patients? To begin, understand that when applied to the complexity of a human life, physics gives us a what, but it does not give us a why.[9]

Obesity is a complicated disease. The Obesity Society has identified at least sixty-six internal and external potential factors contributing to a person's obesity. These factors do include things like food choices, portion sizes and sedentary time, but it also includes genetics, maternal milieu during gestation, pharmacotherapy, gut microbiota and endocrine dysregulation to name a few.[10] Given this reality, it is a disservice to the person affected by obesity to reduce the complexity, the why of their obesity, down to its most simplistic parts of "you must be eating too much and moving too little."

So again, as medical providers how best do we treat our patients who are affected by obesity? Considering most patients want to talk about their weight with their health care providers,[11] begin with a simple question: How do you feel about your weight? Asking this question and listening with an open mind to their answer is the starting point to create a bridge of treatment that often requires multiple modalities including educating your patients on the complexity of obesity, providing nutrition and physical activity counseling, ordering labs, prescribing obesity medications when appropriate, referring for psychological counseling when needed and in some cases referring for bariatric surgery.

Is this challenging care? Certainly. Is it worth it? Beyond a doubt.

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Troy Marion-Arnold, RN

Care•Between•The•Care

News from HASO's Care Advising Program

The HASO Care Advising Program

In December 2015, HASO launched its Care Advising program to improve outcomes of patients identified as "rising risk" (patients who are at risk for a serious health event within the next 12 months). The Care Advising program is being led by a team of three registered nurses from HASO working collaboratively with primary care providers (PCP) and members of the PCP care team. The team consists of social workers, pharmacists, nutritionists and community health workers.

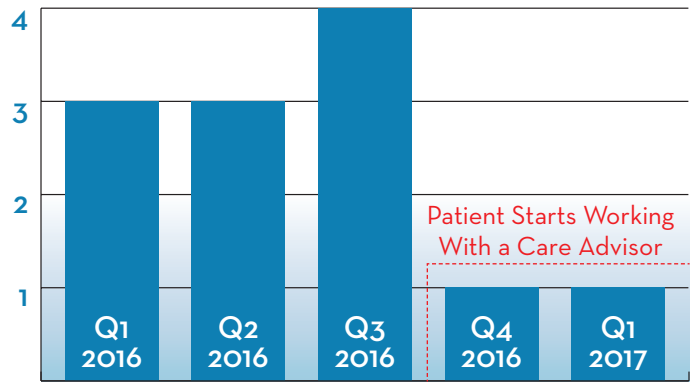
What HASO Care Advisor Nurses Do

In partnership with a national health care technology company, patient claims data is used to identify patients who meet "risking risk" criteria. Upon approval by the patient's primary care physician, these patients are invited to join the care advising program. The care advisor nurses complement and extend services provided by primary care providers and hospitals. They engage patients in their own health by providing personalized care that supports care coordination, decision making, education and goal setting. Care Advising services support patients outside of the office setting, therefore providing "care between the care." Care Advising is an integral part of HASO's population health strategy.

Reducing ED visits: One Patient's Story

Patients with serious chronic conditions are often identified as using the emergency department frequently even when the care they need can be provided in a less costly setting (for example, through their PCP or an urgent care facility). Care Advisor nurses effect change in this pattern by developing relationships, offering alternatives to the ED and providing education to reduce ED visits.

Recently, the care advising nurses had an opportunity to work with a patient with multiple medical conditions including CHF, diabetes and hypertension, who had frequent recurring visits to the emergency room. After engaging in the Care Advising program, the patient's use of the emergency room started to decrease. See graph below:



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 in our communities

HASO Groups

Anesthesia Associates
Asante Physician Partners
Ashland Anesthesia Associates
Ashland Orthopedic Associates
Medford Radiological Group
Medication
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.

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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*. We also encourage you to reach out to Board and Committee members. We look forward to partnering with you!

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