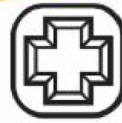


# CONNECTIONS

In 2008, central California was undergoing a brutal heat wave. CareMore, an independent medical group that was charged with caring for a group of frail older adults, heard about the news reports and began calling their patients to ensure they had a functional air conditioner. In some instances, the group purchased units for the patients.

The theory was that the $500 to purchase an air conditioner paled in comparison to an emergency room visit and admission to the hospital. CareMore's treatment model has now been replicated across the country as a way to provide value for patients. It is counterintuitive to traditional fee-for-service, but lends itself to outstanding outcomes for patients. For example, CareMore's hospitalization rate is 24 percent below average, hospital stays are 36 percent shorter than average, and the amputation rate among diabetics is 60 percent below average. Overall member cost are 18 percent below the Medicare average.

This is just one example of the shift that is occurring in health care across the country--the move from volume to value. As members of Connected Care Partners, we will be the leaders for the community in providing patient-centered care and propel the shift to value. Patient-centered care is personalized to the patient, integrates sickness and wellness, and is broadly available every day, around the clock. We are just beginning our journey as a network to provide the type of care that our patients expect and deserve.

Dr. Sheldon Zinberg, founder of CareMore in 1993, coined a very applicable phrase in this volume to value shift for health care. "If you put the patient first, the patient will profit, and you will profit."

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## Connected Care Partners Continues to Grow

Connected Care Partners now has more than 800 providers in the network. Providers are located in almost every county across northeast Mississippi and each shares a commitment to safe, high quality care that is delivered in an efficient manner. Over the coming months, we will focus on becoming

more integrated through the sharing of health information and agreeing upon key quality metrics that will improve the care of the patients we serve.

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## NMHS Health Plan Wellness Visit

The mission of North Mississippi Health Services is to continuously improve the health of the people in our region. Since improving the region's health begins at home, NMHS is encouraging all employees and spouses covered by the NMHS Health Benefit Plan to take advantage of the new Wellness Visit. The collective goal is to provide strategies to help their members improve their overall health by preventing illness and learning to manage chronic disease.

The NMHS Health Plan Wellness Visit may include the following:

- Evaluation of height, weight, body mass index (BMI) and blood pressure
- Measurement of a fasting serum glucose and a fasting lipid panel
- Discussion of health topics relevant to the patient's age and risk factors
- Physical examination and/or Pap screening for women, if appropriate (may be performed by a gynecologist or primary care provider)
- Discussion regarding screening tests and/or immunization

There is no cost sharing to the members for the Wellness Visit if a Connected Care Partners or Health Link provider is utilized. The appropriate preventive CPT and ICD-10 coding must be used on the HCFA claim form submitted to Acclaim. Patients may be referred by their provider to one of NMHS' Population Health Managers or a dietitian, free of charge, for assistance in managing chronic illness or to help meet personalized goals such as weight loss or tobacco cessation.

Employees who choose to participate in the NMHS Health Plan Wellness Visit program will receive a health insurance premium credit for the employee and spouse, if applicable. The visit must be completed and the claim filed between Jan. 1 and Oct. 31, 2017.

For more information, call (662) 377-7811, email spenkova@nmhs.net or refer to www.ccpartnerscin.com. Frequently Asked Questions (FAQs) will be published and distributed in the coming weeks.

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## What is Population Health Management?

Recently, the words 'population health' have become mainstream and the

practice of population health management has been embraced. Population health nurses are also known as care coordinators, navigators or case managers and are recognized as "wearing many hats."

The goal of North Mississippi Medical Clinics' Population Health Program is to educate and promote self-management of both acute and chronic health conditions. A primary focus of the population health team is to provide a comprehensive approach to patient care by bridging gaps and helping patients coordinate their specific health care needs.

NMHS employees and their spouses are being encouraged to take advantage of the new NMHS Health Plan Wellness Visit in 2017. Members also have the opportunity to be connected with a member of the health management team to address specific health-related concerns while providing a comprehensive approach to health care.

To refer a patient or for more information about the Population Health Program, please contact Sarah Hammock, North Mississippi Medical Clinics Population Health Program Director, at (662) 377-3268 for more information patient referrals.

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## Primary Care Collaborative Update

The Primary Care Collaborative (PCC) is an integral part of Connected Care Partners. Over the past several months, the PCC has developed initiatives that will bring value to providers and assist the network in giving the best patient- and family-centered care to the people of this region:

- Connected Care Partners Member Survey: A survey is collecting information about practices and expectations for the CIN and how Connected Care Partners can be helpful to member practices. Survey results will be used to improve CIN communication efforts. An in-person survey team has been deployed to assist practices in completing the survey. Full participation by primary care providers is desired.
- PCC Newsletter: The newsletter will be focused on the interests and communication needs of APCs and physicians. Content will include, but is not limited to, specialist and PCP education, best practice sharing, metric communication, CIN updates and leadership messaging.
- Connected Care Partners Precepting Program: Launch of a program that will connect APCs with Preceptors in Connected Care Partners. The program design includes a value proposition, fee expectations, preceptor and APC standards and operating and resource requirements. The initiative's intent is to improve quality of care in the network, build stronger ties to the APC community and add provider value.
- Provider Portal: Work has started on the design of an online Provider Portal that is exclusively available to Connected Care Partners providers. This provider portal will include Centricity Read Only access, SCM Read Only access, UpToDate®, NMHS' CME calendar,

network information and educational resources.
- PCMH Best Practice Integration: Identification of PCMH principles to implement in all Connected Care Partners practices. The intent is not to require certification of all primary care practices, but to implement the patient-centered practices that are most directly associated within the Triple Aim.

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## CME Corner

Upcoming NMHS Continuing Medical Education opportunities include:

- Oncology Conference, April 8, NMMC Education Center
- Family Medicine Update, May 5-6, HealthWorks!
- Mental Health Conference, June 9, NMMC Education Center
- Infection Control Conference, Aug. 4, NMMC Education Center
- Aiming for the Best Outcomes Conference, Aug. 24-26, Pickwick Landing State Park
- Geriatric Conference, Sept. 22, NMMC Education Center
- Endocrine Conference, Oct. 27, NMMC Education Center

Prescribing/Controlled Substances hours are planned for the Family Medicine Update and Aiming for the Best Outcomes Conference. Pharmacology credits will be indicated on the individual brochures.

Click here for CME Calendar

For additional information, please contact Tracie Conwill at (662) 377-3826 or Allison Harris at (662) 377-3401.

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Please share this email with anyone who would find the information helpful.
To add someone to the distribution list, please email alallen1@nmhs.net