

*Serving Bannock and Bingham Counties*

**A letter from the Executive Director**

# A Season to Be Thankful...

As the year 2015 comes to a close, I am reminded of the great many changes PQA has encountered up to this point, as well as all of the hard work and dedication that went into seeing those changes through. Not only has the network continued to grow in numbers and expand in the services it provides, but we have also enhanced our technological capabilities toward population health and quality improvement, hired a Medical Director and two Care Managers, developed a Care Management program, completed phase one of implementing our Care Management tool, established two new payer agreements, and have provided several free educational and training opportunities to our participating practices on an ongoing basis. Although we still have a long way to go on the journey toward clinical integration, it's important to look back on our successes in order to continue our momentum forward on the road of continuing progress.

While I try to maintain an attitude of gratitude throughout the year, this season always makes me stop and reflect on just how thankful I am to work in a position that affords me so many



The PQA team giving back to the community by volunteering at the Idaho Food Bank (packing rice).  
 Left to right: Brad Rogers, Rochelle Hickman, Deb Reiland, Dani Jones, Ainsley Edgar, Earlene Henry

opportunities to work with highly skilled medical professionals, hospital leadership, various other healthcare team members, and analytical support staff to transform the way we deliver care to our community for the better. There is never a doubt in my mind that we are treading the right path when our sights are set on improving patient care, enhancing the patient experience, and keeping healthcare costs affordable. The road to transformation is long and bumpy, and isn't one that should be traveled alone, so I hope you all find some security in the power of our collective efforts. I know I do! I certainly wouldn't be able to accomplish the things I have without the assistance of the dedicated PQA staff, and I would be remiss if I didn't take this opportunity to express my gratitude to my amazing team who truly understands the meaning of teamwork, innovation, service and community. They are, in large part, responsible for the progress PQA has made this past year and for that, I sincerely thank them for their diligent work.

And last, but not least, thanks to all of you for a wonderfully successful year and warmest wishes for a happy and healthy holiday season!

Yours truly,

Dani Jones

## PQA BOARD MEMBERS

*The PQA Board of Directors is currently being chaired by Bradley Burton, MD and also includes the following physicians and administrators:*

- |                     |                    |
|---------------------|--------------------|
| Ben Call, MD        | Richard Wathne, MD |
| David Denton, MD    | Daniel Ordyna      |
| Mark Horrocks, MD   | John Abreu         |
| Richard Maynard, DO | Shaun Menchaca     |

## PQA MISSION

The Portneuf Quality Alliance is an innovative health care team dedicated to utilizing the medical resources of the community to bring higher quality medical care, enhanced medical value, improved medical outcomes, reduced medical costs, and increased collaboration between the men, women, and children of southeastern Idaho and their medical providers.

# Crimson Amplify Technology Summit 2015

Dr. Drew McRoberts – PQA Medical Director, Dr. David Denton – PQA Quality, Utilization & HIT Committee Chair, and Dani Jones – PQA Executive Director, recently traveled to Washington DC October 28-29 to attend the Crimson Amplify Technology Summit. This event was put together by The Advisory Board Company and they brought their entire technology cohort for two full days of education, inspiration, and interdisciplinary networking to try and help provider networks, health systems and hospitals address today’s toughest healthcare challenges while preparing for the value-based future. The summit had the following six tracks, from which one could attend a variety of sessions:

## Margin Management

Navigate the transition to the value-based future by protecting today’s revenues and curbing tomorrow’s cost growth.

## Consumer Engagement

Compete in the emerging retail market by predicting patient needs and providing the information and services patients want.

## Network Development

Assemble, manage, and market a network of choice combining the right mix of geographies, physicians, and populations.

## Population Health

Bend the trend on quality and cost for populations by ensuring patients get the right care in the right setting at the right time.

## Provider Engagement

Transform how you partner with providers to enable outsized improvements in outcomes at scale.

## Technology Strategy

Align business and technology leaders around a shared strategy that serves the health system today and into the future.

## Here are some key take-aways from the meeting:

Dani Jones:

*“PQA certainly has some unique challenges as compared with other clinically integrated networks in other parts of the country due to our unique geography and rural surroundings. We simply don’t have the span of providers and specialties that other larger markets have, so it is critical for us to align with the existing independent providers in our community to form lasting and collaborative partnerships that will allow our patient populations to access the high value services they need without leaving the area. This means striving for excellence in both quality and service, while keeping costs affordable. It will also be critical for us to go beyond that and get an accurate pulse on what the healthcare consumer perceives as ‘value’ because their definition may be quite different from our own. As these consumers become more savvy, we will need to make sure that what we’re offering meets their needs and expectations.”*

Drew McRoberts, MD:

*“The best way to improve quality of care in the hospital is to implement clinical standardization. This is going to be a big goal within service lines this coming year. The Crimson data is powerful; however, it absolutely requires engagement of providers to be useful. So the big hurdle for PQA is going to be getting providers engaged in the data and the changes that their behavior can make. The importance of an IT specialist like Brad Rogers cannot be over-emphasized.”*

David Denton, MD:

*“By working as a team we have the ability to provide high quality, consistent and affordable care for our patients. Using data will help us see how we are doing and help us know where to focus our efforts. Our patients will see increased health benefits as we work together and identify patterns and trends that we can improve. They will benefit as we work to consistently provide standardized, evidence based care in all settings.”*

## NEW PROVIDER GROUPS AND ASSOCIATES

Portneuf Quality Alliance would like to announce the addition of several new provider groups and associates to the PQA Network.

Family Medical Clinic of Chubbuck	Maag Prescription	Timothy Snell, MD, PLLC
Robert Lee, MD, PC	Parkway Surgery Center	

# Credentialing Due Diligence

In order to assure that PQA is operating on the most accurate information, we ask that PQA be notified in the event of any change to your practice, as you would with any other network or payer. These changes include, but are not limited to:

- Adding a provider to your practice
- Removing a provider from your practice

- Change of address, telephone number, and/or any other contact information
- Enumeration changes (ex. Tax ID, NPI)

To submit any credentialing paperwork or updates, please use the following email address: [PQAUpdates@portmed.org](mailto:PQAUpdates@portmed.org).

For any questions or concerns, feel free to contact the PQA office at (208) 239-2660.

# Open Enrollment Update

**get started**

PQA will again be the primary provider network supporting the Portneuf Medical Center Employee Health Plan through UMR in 2016.

BrightPath will no longer be the wrap network in Idaho, and it will now be the United Health Options PPO network, which is the same as the national wrap network. Open enrollment for that plan started on November 2nd and closed on the 20th.

Open enrollment on the insurance exchange started on November 1, 2015, which will hopefully bring PQA more members via the ConnectedCare product. Please remember to adjust your provider panels accordingly with Blue Cross of Idaho as to whether or not you are accepting new patients, as members will be required to select PCPs to enroll in this product.

For more information about general exchange enrollment, you may visit [YourHealthIdaho.org](http://YourHealthIdaho.org) or contact a local broker for assistance. The local Blue Cross District Office is also happy to help with questions about specific Blue Cross of Idaho products, such as ConnectedCare. Their direct number is (208) 232-6206.

# Getting to Know the PQA Care Managers



**DEBRA REILAND**

**What is your background that qualifies you to be a Care Manager?**

I have a B.S. (Bachelor of Science) in Recreation Therapy, a B.S. in Nursing, a Master of Science in Nursing as an Adult Clinical Nurse Specialist, and a post-Masters Certificate in Nursing Education. I also have 20 years of experience as a nurse in home health/hospice care and nine years teaching

at Idaho State University. The majority of my career has required management of activities, teams, students, staff and patients. These experiences give a good base to be a Care Manager.

**Describe what your role will be at PQA.**

The healthcare system is complex. One of the important roles will be to help patients navigate the system, whether it is directing them on follow up with the community resources, or provider services that would best meet their needs. Being a Care Manager is about improving the population's health one individual at a time. You do this by

guiding people to the opportunities for better health and involving their support system as well. Not only supporting patients, but also supporting the providers and organizations within the network will be an important piece to the Care Manager role at PQA.

**What are some similarities and differences between your past positions and your new role at PQA?**

I ran a health maintenance program that did home visits to patients with the idea to maintain individuals health by utilizing community resources. Through the home visits, I was able to see the conditions of the patients, their environment, and support systems that needed interventions. In doing this, I gained an understanding of the services that people needed to maintain their health and safety while focusing on patient education and their responsibility in their own care. One of the big differences is the changing climate of health care. There is more emphasis on value-based care and not fee-for-service care. The role at PQA requires coordination among a team of providers and organizations that track the patient closely over a period of time. More providers and organizations are including the Care Manager role to assist the patient with transitions of care and PQA will be responsible

# PQA Care Managers (cont.)

for coordinating care with these organizational Care Managers and helping the patient through transitions of care.

## **What will your position do for the quality and cost of care for patients in PQA?**

First and foremost, to improve quality and cost of care, there needs to be network integration and patient engagement. The network integration provides the opportunity to involve a larger team in which there can be better tracking of the patient needs and flow of care. Quality improves when the patient and the healthcare system are working on the same outcomes in the most efficient manner. When there is collaboration and communication among the care providers as well as engagement by the patient all parties become more accountable for better health care. The cost of care goes down when the utilization of care is primary care or community based and not hospital based.

## **How do you see the importance of care management within PQA?**

Care management starts with understanding the big picture of value-based care and the ongoing changes in health care. From there the Care Management team then applies the changes into manageable, applicable ideas to improve health of an individual and population. Care Management does the work where the "rubber meets the road".

## **What progress do you envision in the coming years as a result of the Care Management program?**

One item of progress I would envision is improvement of communication and information exchange. This exchange will occur when all the network providers utilize the same electronic tracking tool used by the Care Managers. The providers and care coordinators will be able to track in real time many of the hospital-based services the patient is using and what services needed to be completed to meet patient outcomes. The education tools will flow from provider to Care Manager, to the patient and patient support system. The tool will help coordinate and manage the overall patient's transitions of care.



## **ROCHELLE HICKMAN**

### **What is your background that qualifies you to be a Care Manager?**

I have a bachelor's in Social Work and I currently work on the Behavioral Health Unit for Portneuf Medical Center as a Behavioral Health Therapist. I have experience working with the geriatric and adult population. My role is to provide mental health services to individuals who come to the hospital in

an acute crisis state. I provide individuals, families and groups with the psychosocial support needed to cope with chronic, acute, or terminal mental illnesses. Services include advising family care givers, providing patient education and counseling, and making referrals for

other services. At times, I provide Care and Case Management or interventions designed to promote mental health, prevent disease, and assist with gaining access to healthcare services. Working as part of an interdisciplinary team, our focus is to help patients live and/or work in society with the highest degree of independence possible.

## **Describe what your role will be here at PQA.**

My role working at PQA will be to provide Care Management to individuals who over-utilize their insurance benefits, have unnecessary or excessive emergency department visits, or could benefit from additional knowledge about healthcare resources within the community. I will collaborate with providers and different agencies to maximize the mental health of those individuals who continually need healthcare assistance.

## **What are some similarities and differences between your past positions and your new role at PQA?**

Some of the similarities of working on the Behavioral Health Unit (BHU) and PQA include advocating for client/patient to gain the resources that are needed. Another similarity is assisting the patient/client with continuity of care, acting as a catalyst with an interdisciplinary team approach. The differences between working on the BHU and for PQA is the acuity of the illness and the ability of the patient/client to make healthcare decisions for themselves. At times care being provided on the BHU is considered involuntary due to the patient/client being placed in protective custody.

## **What will your position do for the quality and cost of care for patients in PQA?**

My position will aid in the quality of care due to bridging the gap between providers, patients and insurance companies. With shared knowledge between the patient and the provider, maximization of healthcare services will increase exponentially. Connecting the patient/client with resources so that unification of services can take place will minimize unnecessary health care visits, thus reducing the cost of health care expenses.

## **How do you see the importance of Care Management within PQA?**

The importance of Care Management is about keeping up with the changes in society and using evidence-based practices to create metrics, protocols and care pathways that reduce unwanted variations in care and improve patients' experiences and overall outcomes.

## **What progress do you envision in the coming years as a result of the Care Management program?**

The progress that I plan to see will be an increase in patient/client health due to receiving the right care, and also cost savings due to a reduction in unnecessary healthcare visits to different providers in the community. Also assisting providers in a team-based approach to care so they are able to spend more of their time with high-need patients, versus high utilizers, because of shared responsibilities and the minimization of excessive healthcare visits.