



Pioneering Collaborative Improvement in Health Care

*Valley Preferred:
An Integrated Clinical Network*

Valley Preferred

 LEHIGH VALLEY HEALTH NETWORK



(Seated) From left: Joseph Habig II, MD, Medical Director; Laura Mertz, Associate Executive Director; Mark Wendling, MD, Executive Director

“Our leaders have created a support system that helps providers set priorities, while relieving practice burdens. The ideal is for a physician to enter the exam room and have a unique experience with a patient without feeling the weight of industry transition, administration, or technology.”

– Mark Wendling, Executive Director, Valley Preferred

An Integrated Clinical Network, 25+ Years in the Making

After almost three decades of progressive planning and development, Valley Preferred represents the sophistication of an organization that understands the entire scope of modern health care, and has built an infrastructure to navigate it successfully. We embody a dynamic team effort encompassing deep collaboration, strong communication, actionable data, and coordinated care, all energized by physician engagement.

Over the years, Valley Preferred has developed the attributes that are essential to creating a mature, realistic road map for progress. Few physician hospital organizations in Pennsylvania, or across the country, have been able to establish this synergy, which has been key to our ability to stay ahead of the health care transformation curve. With our collaborations in place and our physicians onboard, we have established a pathway for innovative methods of reimbursement, and more accountability among hospitals, physicians, and insurers, including shared- and full-risk contracts with payers.

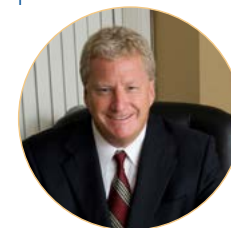
Teamwork becomes a critical message as we welcome nearly 200 additional physicians into our ranks from Lehigh Valley Health Network's (LVHN's) expansion into Luzerne, Monroe, and Schuylkill counties. As we grow, we tailor programs and communication to meet the individual and diverse set of physician needs in all the geographies we serve.

Looking ahead, we have set our expectations high based on the successes of 2018 and the years prior. Some areas of concentration include enriching our clinically based teams who are dedicated to accomplishing targeted goals, closing patients' gaps in care, reducing unnecessary tests and procedures, and improving overall patient outcomes. As in the past, achievement will result from Valley Preferred's capabilities in drawing and implementing strategic blueprints for expertly navigating improvements in health care.

Learn more about all of these areas of provider support in this 2019 Valley Preferred Progress Update.

"As the genesis of quality care, Valley Preferred is the very basis of an upward trend in population health. By managing the populations we serve, made possible with the engagement and dedication of Valley Preferred providers, we can favorably monitor cost and deliver higher value health care to our patients."

– Gregory Kile, President and CEO, Populytics, Inc.; Chief Insurance Officer, LVHN; founding member and current Chair, Valley Preferred



6 primary areas
of provider
support

1 Incentives
and ACE

2 Transition to
Value Based
Reimbursement

3 Quality
Improvement
and Data

4 Education
and
Outreach

5 Care
Coordination
and Population
Health

6 The Quadruple
Aim: Physician
Wellness



75% PRIMARY CARE PROVIDERS

71% SPECIALISTS

Met or exceeded
ACE quality
and efficiency
benchmarks in
the first six
months of 2018

Charting a Framework for Progress

One aspect that truly sets Valley Preferred apart is the *Achieving Clinical Excellence®* (ACE) provider incentive program. Originally developed to help motivate physician engagement, ACE has become a masterful cornerstone of our work. Analytics data in the Secure Provider Portal (SPP), our proprietary portal that helps physicians view and track performance metrics and ACE incentives, allows us to evaluate collective data, which forms the foundation from which planning, strategy, and operations unfold. Our ACE planning team, comprising multidisciplinary professionals – from health care, data analytics, and information technology – is the architect of our planning process. This collaborative representation proves essential to setting well-founded and achievable goals that align with our contracted payers.

It is the ability of providers to examine their performance on the ACE measures that has been transformational. Not only can providers monitor their progress toward quality measures, they may also gain a better understanding of their patient panels. With this information in-hand, much progress can be made in reducing waste, closing gaps in care, and improving patient outcomes. “To be successful in value based contracts, you have to have these capabilities,” says Physician Advocacy Liaison (PAL), Michael Makela.

“Our job is to continue to improve quality while decreasing trends in inefficiency, which ultimately removes unnecessary costs from the system. Those who benefit from what our organization accomplishes are ultimately patients, Valley Preferred member physicians, and employers.”

– Nicole Sully, DO, Associate Medical Director of Quality, Valley Preferred




There have been several advancements in the ACE program this year in regard to presentation of actionable data, reporting accuracy, and quality improvement. For example, the clinical and technology teams are working on better ways to outline the cost of care on the SPP. The current goal is to identify what

is driving those costs. “In one case, we found a pediatrician was using a more expensive strep test than was needed. The doctor easily replaced it with a less expensive test that did not disrupt the efficacy of the result,” says Nicole Sully, DO, Associate Medical Director of Quality. “Providers will be able to see these kinds of opportunities and reduce waste at the practice level, which has much larger implications for controlling costs across the entire network.”

In regard to accuracy, the ACE team has spent months developing, testing, and implementing an in-depth quality assurance protocol for data and results. The ACE QA program is a two-month, intensive process that examines data for potential errors, and involves not only the ACE team, but also the Associate Medical Directors of Valley Preferred. Adoption of this process has infused the ACE program with added security.

Additionally, ACE has introduced a new incentive through the participation component of the program. “We will be incenting physicians quarterly based on their care gap closure rate, which can be monitored on the SPP,” says Dr. Sully. “The payments from this program will be made directly to the providers because the ACE team recognizes providers’ important contributions to improving quality and controlling cost.”

The Achieving Clinical Excellence team meets frequently to update processes and capabilities. From left, Christl Fritsch, Project Coordinator; Joe Candio Jr., Physician Advocacy Liaison; Jacob Culichia, Senior Health Care Data Management Specialist; Wayne Stephens, Physician Advocacy Liaison; Kerry Snyder, Director of Health Informatics; Michael Makela, Physician Advocacy Liaison; Melissa Kuruts, Clinical Informatics Business Specialist; Nicole Sully, DO, Associate Medical Director of Quality; Joseph Habig II, MD, Medical Director; Mark Wendling, MD, Executive Director; Nina Taggart, MD, MA, MBA, FAAO, Senior Medical Director of Accountable Care; Tracy Hujisa, Finance Director; and Nicholas Pileggi, Big Data and Cloud Solutions Architect.



Discussing value based reimbursement in LVH-Cedar Crest's Kasych Pavilion are (from left) Anastasia Shnitser, MD; Vitaliy Koss, MD; John Nuschke, MD, Associate Medical Director, Valley Preferred; Kenneth Ryder, MD; Wayne Dubov, MD.

**Over 7%
IMPROVEMENT**

in care gap closure (from 69.2%
to 76.8% during October 1, 2017
to September 30, 2018)

Developing a Sustainable Pathway to Quality

Today's unsustainable fee-for-service payment model is being outpaced by transformative methods that tie health care outcomes and quality performance to reimbursement. Valley Preferred's proactive stance in this evolution has resulted in expertise and an infrastructure that is fully prepared for value based reimbursement models, and renders our providers well-positioned for imminent changes. Paramount to this successful transition is actionable data, enabled by our alignment with Populytics, a wholly owned subsidiary of LVHN with population health management and analytics expertise. (See more on page 9.)

With data in hand, Valley Preferred is able to develop meaningful strategies and disseminate actionable information throughout our organization. It is through this data-based intelligence that care coordination teams are tactically set in motion, health care providers are made aware of care opportunities, and Valley Preferred leaders can discuss and develop next steps that are congruent with our goals and mission. Through the development of these various well-oiled channels, Valley Preferred is able to spearhead efforts to ultimately deliver the right care at the right time.

"We have the assets to confidently approach any risk deal. Having richness in data and intelligence that can identify avoidable emergency department visits, rising risk patients, and gaps in care, and to be able to supply this information through a secure portal to physicians, is a powerful combination of tools."

— Laura Mertz, Associate Executive Director, Valley Preferred



"Having fully implemented data competency allows us to go beyond just collecting data, but also disseminate it to providers," says Laura Mertz, Associate Executive

Director. "The ability to study the data, assess risk, and create strategies for each market segment isn't just operational for us. This is fundamental to innovating relationships with payers."

In 2018, Valley Preferred expanded the value based, shared-risk concept and launched our first full-risk insurance contract. While risk arrangements have become a means for sustainability, they stand to offer rewards to providers and Valley Preferred alike, as long as the quality metrics contained in the contracts are met. "This is the reality of the current state of the U.S. Health Care System in order for physicians to succeed," says Dr. Wendling. "We are creating a model for the natural evolution of physician reimbursement."

The real work to prepare for value based reimbursement started in 2013. Since that time, Valley Preferred providers have covered much ground toward the goal of improving quality of care and reducing unnecessary costs. Progress is evident when we evaluate the improvement in care gap closure over the past year. Examples of these care gaps included patients who had not received preventive screenings and high-risk patients who were not following through on necessary care. Our successes across the board were measurable.

Debra Carter, MD, Vice Chair, Department of Pediatrics, Clinical Affairs, works proper documentation into her busy schedule.



Raising the Bar through Data Insight

Transforming health care quality while delivering on a superior patient experience calls for increasingly targeted and proactive informatics and analytics. Through our work with Populytics we combine clinical documentation with patient reported data, insurance claims and use predictive and innovative models to identify opportunities for intervention.

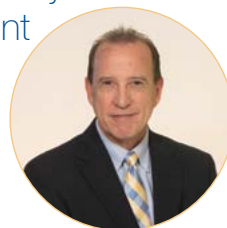
While the raw data serves as the foundation, it's how we make it actionable that drives necessary change:

- Valley Preferred adheres to clinical quality measures through our *Achieving Clinical Excellence®* physician incentive program. These are aligned with our payers, including commercial insurers, Medicare and Medicaid, and HEDIS.
- We use data insights from Populytics' analytics to predict and drive quality measure design with payers.
- We identify and help prioritize improvements needed in specific practices.
- We pinpoint gaps in care and provide education and resources on best practices.
- We contribute to the development and assessment of new care pathways.
- We facilitate the alignment of providers throughout the region.

"What we learn from data broadens our horizons and enables us to make observations we might not make in day-to-day practice," says Nina Taggart, MD, MA, MBA, FAAO, Senior Medical Director of Accountable Care. "From there, we turn the ideas into action. We discover and highlight opportunities for improving care, adding efficiency and reducing waste in the system."

"Accurate clinical data is a tremendous resource to today's practicing physician. The analytics show us the big picture, uncovering the health care status of our individual patients and our patient panels as a whole. It helps guide decision-making by giving us the practical information we need to effectively manage our patient populations."

— Joseph Habig II, MD,
Medical Director, Valley
Preferred



Valley Preferred's move to full-risk contracts has highlighted the need for accurate documentation and Hierarchical Condition Category Coding (HCC). Reflecting the true complexity of a patient's condition will foster better health care and appropriate insurance payments. We have provided extensive education about this topic to our physician members through the Provider Pathways Forum educational sessions, hands-on instruction with clinicians, podcasts, and in newsletters. To ensure all providers across the region are aligned and informed, we have fast-tracked Epic implementation via the Community Connect program to areas where electronic medical record connection is in its early stages (See more on page 15)

"In the meantime, we're conducting practice vitality checks, which means looking at each individual practice to determine if physicians are capturing all the efficiencies for each payer through proper and complete documentation," says Mark Lobitz, DO, a Valley Preferred Associate Medical Director in the Hazleton region. "Some of the areas examined include annual wellness visits, advanced care planning, transitional care medicine, and care plan oversight."

A productive outreach visit at the Health Center at Moselem Springs includes, (from left) Wayne Stephens, PAL; Coleen Charney, MD; Kevin McNeill, MD, Associate Medical Director, Valley Preferred; Joe Candio Jr., PAL; Michael Makela, PAL.



130

Total PAL and AMD
outreaches in 2018

Strengthening Bonds Through Communication

Valley Preferred leadership and staff are passionate about representing the needs of our colleagues and the community. We want our members to know that we're always looking out for them. That's why we have prioritized responsive, open communication. This kind of interaction is the norm in our committee meetings, such as when Valley Preferred Associate Medical Directors (AMDs) converge once a month. They bring issues and topics they have personally experienced to the table for lively discussion and debate, working on solutions that are in the best interest of our constituents. We also have a dedicated Provider Communication Committee that acts on priority messages and leads the distribution of those messages through multi-channel communication methods to Valley Preferred members.

Along with messaging, consistent, regular educational sessions and networking opportunities foster relationship building. Hosted by Valley Preferred, sessions are directed to providers and practice managers and feature representatives from the Greater Lehigh Valley Independent Practice Association (GLVIPA), the LVHN Accountable Care Organization, Populytics, and the Clinical Integration Education Program staff. "Our quarterly GLVIPA general membership meeting is still an excellent opportunity

to convey what our members and Valley Preferred members need to know," says James Manley, DO, Chair of the GLVIPA. "It's a starting point for physician engagement, and from there information gets filtered along. We offer education on topics that are difficult for physicians to keep up with, as they focus on the medical side of their work."

"Valley Preferred is there for the providers, not only in terms of education, but also to help with practice management, EMR alignment, continuing medical education, and handling the insurance side of practice. We provide education, plus camaraderie."

— Jonathan Goldner, DO, FCCP, FCCM, Associate Senior Medical Director, Valley Preferred, Pocono Region



Another highly effective way of educating and communicating with providers is through face-to-face outreach, something Valley Preferred has prioritized since its inception in 1993. AMDs and Physician Advocacy Liaisons (PALs) meet regularly with physicians at their practices to prioritize education and address questions. For efficiency, the AMDs and PALs are exploring video conferencing. "This will enable us to minimize practice disruption and travel time, freeing us up for more discussion," says PAL Joe Candio Jr.

As we further our relationships with providers in the northern counties, outreach also takes into consideration geography, payer mix, and community needs. "Inside our various communities, the needs are different," says PAL Wayne Stephens, noting that statistically prevalent topics can shift the agenda. As an example, Valley Preferred has provided considerable education on addiction with presentations by Opioid Use Disorder Specialists, including a session on Medical Assisted Treatment (MAT) through the University of Pittsburgh. "It's not sufficient for us to think about what has been done successfully here in Lehigh and Northampton counties," says Stephens. "We have to ask, What are some things we haven't done that physicians in our other regions might need?"



Care Coordination Team members with (from left) Joel Powell, BSN, CCTM-RN, Care Manager; Christopher Nine, Behavioral Health Clinical Coordinator; and Lauren Coughlin, Social Worker; visits patient Karen McConnell at LVPG Family Medicine-Laurys Station.

Connecting the Dots in Patient Care

Part of the value based care model is understanding and affecting what happens with patients within the entire health system, not just during a doctor's visit. By making sure patients continue on a steady path to recovery, readmissions to the hospital are reduced, multiple health conditions are managed, and the patient experience is enhanced. Valley Preferred clinicians have the support of Care Coordination Teams (CCTs), which can serve as "extensions" of physicians' practices. Working directly with clinicians and following their patient care plans, the teams relay preventive care opportunities, support new diagnoses, and ensure a successful patient transition from hospital to home.

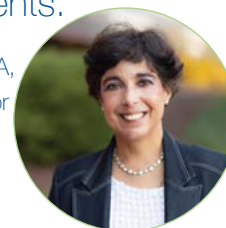
Currently, CCTs collaborate to serve almost 200,000 patients who are covered by Medicare, commercial health insurance plans, and LVHN's employee health plan. Providing an additional layer of clinical and emotional support, they maintain the physician-patient connection, and in the process, assist in enhancing overall quality. The CCTs comprise behavioral health specialists and social workers as well, to address issues that may be affecting the patient's ability to comply with the care plan or access resources. The dynamic interaction that becomes possible through this collaborative relationship has substantially increased

the ability of Valley Preferred to get patients the services they need in a connected, compassionate manner.

"Using analytic registries, clinical assessments, pathways, and event notifications, the CCTs pull together payer and network resources to support our clinicians in maintaining health or getting patients back on track," says Nina Taggart, MD, MA, MBA, FAAO, Senior Medical Director of Accountable Care. "Whether it's assuring that a patient's lifesaving infusions continue seamlessly, or that a premature

"Changing how we deliver care in a way that creates value for our patients and clinicians is what we are all about at Valley Preferred. Care coordination delivers on that promise by creating a better healing experience for both clinicians and patients."


– Nina Taggart, MD, MA, MBA, FAAO, Senior Medical Director of Accountable Care, Valley Preferred



infant thrives and grows after returning home, the goal is comprehensive care."

To get an idea of how this works, we can look at a patient who returns home after an emergency department visit where he has been newly diagnosed with diabetes. A care manager, connected either through a request from the provider or an Epic referral, will follow up with the patient by phone. The care manager confirms he has his medication, is taking it as prescribed, and if it's having side effects. If the patient is having trouble coping, she may refer him to resources for ongoing counseling support, and may involve social work to investigate financial assistance. The care manager will bring to bear all the resources within the LVHN system so that the patient's care goes smoothly, and the information important to the patient's care plan will be shared with his entire care team.

"Health care more and more relies on teamwork between doctors and other professionals to help patients reach their goals," says Carol Michaels, MPH, MCHES®, Administrator, Care Coordination, Populytics. "This is the heart of care coordination, and it brings awareness back to what is truly important. It's about the person, and getting them the care they need, when they need it."



Work/life balance is a priority for Surgeon Mark Li, MD, PhD, Chief, Division of Neurological Surgery, LVHN.

What is the Quadruple Aim?

It's the Triple Aim: better health, better care, better cost, plus a dedicated focus on physician wellness.

Quality Health Care Thrives when Physician Well-Being is Prioritized

“By nature, doctors are driven to take care of others first, and can forget themselves in the process,” says Glenn Kratzer, MD, Associate Medical Director, Valley Preferred. “Our leaders are trying to find ways to help us with the stresses and demands of practice, which we are all facing. Valley Preferred really has physicians at heart, and that’s who we are working for as we develop solutions.”

Valley Preferred is listening to its members about the demands of practicing medicine today. We understand that physicians are experiencing transitions in a range of areas, such as work/life balance, technology demands, patient satisfaction scores, administrative challenges, and continuing professional development through education.

Physician wellness is also being addressed from an enterprise level. LVHN formed the Medical Staff Wellness Committee in 2017. Joseph Patruno, MD, President of the LVHN Medical Staff, oversees the group; Joseph Habig II, MD, Medical Director of Valley Preferred, and Dr. Kratzer sit on the committee. The group launched the Physician Well-Being Index in August 2018, a survey that is aimed at categorizing data to help develop programs and interventions to promote wellness and mitigate burnout. “Based on the survey results, we’re focusing on initiatives that have value, like enhancing resilience, mindfulness training, behavioral health, fitness memberships, and creating

community,” says Dr. Patruno. “We’re continuing to tweak and improve the culture, so that we all recognize how much thoughtful and empathetic care of patients is influenced by the health of providers. In fact, wellness of our patients is absolutely contingent on it.”

“I’m proud that we’re paying attention to our physicians’ wellness and developing programmatic support. Valley Preferred and the medical staff have been cooperating to bring all colleagues, from all areas, under the wellness umbrella. As we work together to understand and help each other, we’re building relationships, one of the most important steps in fighting burnout.”

– Joseph Candio, MD,
Executive Vice Chair,
Department of Medicine,
LVHN; Secretary, Board of
Trustees, Valley Preferred



Simultaneously, new programs have been provided to all Valley Preferred physician members, including independent and employed physicians. These include confidential health coaching and counseling services through Populytics’ BeneFIT Corporate Wellness and Preferred EAP. The Provider Pathways Forum educational series, which is incented for attendance, was designed to conveniently keep providers abreast of priorities related to the “business side of health care.” Topics have covered documentation, succeeding in risk, and using analytics.

Additionally, in 2018 Valley Preferred initiated Continuing Education (CE) Symposiums that offer American Medical Association (AMA) Physician’s Recognition Award (PRA) credits for license renewal. The sessions are held on select Saturdays, at LVH–Cedar Crest and video conferenced to LVH–Schuylkill, Pocono and Hazleton, so that all physicians can easily and conveniently obtain necessary CE credits.

Over the last year, Valley Preferred has helped expand our Epic electronic medical record (EMR) system to our northern locations, using Community Connect. This integrated suite of health care software supports many functions related to patient care, and at the same time, provides physicians and other clinicians with valuable insight into their patient populations, allowing them to connect on another level.

For more information,
contact Valley Preferred
at 610-969-0485.
www.valleypreferred.com

Valley Preferred



Benefits of Valley Preferred Membership

- A Partner in Navigating Change
- Education and Networking
- Care Coordination Support
- Data Analytics Insights
- Wellness Resources
- ACE Financial Incentives
- Value Based Reimbursement Support