

Beaumont ACO

A Physician/Health System Partnership



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Message from the CEO

Belal Abdallah, M.D., CEO and Board Chairman, Beaumont ACO

Dear Beaumont ACO members and all staff,

We are pleased to announce that CMS has heard the cries of ACOs across the county and will be implementing changes to their Medicare Shared Savings Program (MSSP) because of the COVID-19 pandemic. Many of these changes will benefit our ACO and our physicians. A key change is CMS will be adjusting MSSP calculations to mitigate the impact of COVID-19 by removing all of a beneficiary's hospital expenditures for affected months from the shared savings calculations. CMS will also be expanding telehealth services, virtual check-ins, e-visits or telephone in the definition of primary care services used in the MSSP assignment methodology, effective Jan. 1, 2020, and for any subsequent performance year that starts during the public health emergency. For additional detailed information, [click here](#).

Additionally, I am pleased to announce that our ACO will once again be holding its annual Strategic Retreat of the ACO's board of managers. The purpose of the retreat is to set the strategic direction of ACO each year and is paramount to our continued success. This year, the event will be held in Bay Harbor, MI from September 17-19. The agenda is a robust one and includes discussion on MSSP performance and distribution methodology for 2019 results, an overview of Advocate Physician Partners, Blueprint for Affordability (a new risk bearing model being proposed by Blue Cross Blue Shield of Michigan) and more. Information will be shared with our membership in coming months following the conclusion of the retreat.

Finally, I would like to thank all our physicians, providers and staff for continuing to work with the ACO on value-based initiatives that aim to drive better care and outcomes to the patients and communities we serve. Your hard work does not go unnoticed by the Beaumont ACO.

Dr. Belal Abdallah
CEO & Board Chairman
Beaumont ACO



Message from Dr. Samer Salka
Cardiology, Beaumont ACO Board Member

***Quality Corner – CHF
Practical Points in Outpatient CHF Management***

Hospital readmission (within 30 days) after congestive heart failure is a disappointing and unfortunate occurrence which happens in 9-10% of patients. These patients have worse outcomes at six months and readmission rates are important quality markers with reimbursement implications for all involved. Risk factors for CHF readmission include psychosocial factors, AIDS, renal failure, diabetes and longer index hospitalization. The strive for minimizing hospital stay leaves more of a burden on the outpatient arena. Close follow up and education of the patient after a recent hospitalization with CHF is key to minimizing re-hospitalization, particularly in complicated patients. Close communication between primary care, cardiology and nephrology are mandatory. The aim of outpatient care is to examine the degree of congestion or over diuresis while fine-tuning the medications.

Patients should be seen one week after hospitalization. A thorough review of the hospital course and medication reconciliation is necessary. The physician should assess the degree of fluid overload, euvoolemia or hypovolemia (based on symptoms, physical examination, serial renal function and BNP. It is important to remember that the BNP is a part of the whole clinical picture and not a single predictor of outcome by itself. It is helpful when it is normal to reassure us that the patient is not in worsening failure and symptoms of dyspnea or lower extremity edema may be related to something else. BNP is often mildly elevated in patients with dilated cardiomyopathy who are euvolemic or sometimes hypovolemic.

Adjustments to the medications should be first aimed at blood pressure control ensuring maximal afterload reduction, preferably with Entresto, and if not possible with ACE or ARB. The doses of these medications should be titrated up as much as can be tolerated. Beyond that, persistent hypertension can be treated with beta blockers or hydralazine.

Beta blocker therapy, preferably with Carvedilol, should also be maximized, particularly if the heart rate is elevated. Patients with lower BP may tolerate Metoprolol over Carvedilol. I favor maximizing beta blockers over maximizing Entresto for ACE/ARB therapy as long as patients are taking both. Patients with atrial fibrillation will benefit from cardioversion if there is a reasonable chance of nonrecurrence. The risk of concomitant antiarrhythmic therapy should be weighed against the risk of keeping the patient in atrial fibrillation with controlled rate.

Diuretic therapy with loop diuretics with or without Metolazone for severe cases should be tailored based on the patient's volume status and renal function. Patients with low LVEF should be on Spironolactone. Electrolytes should be closely monitored, especially with concomitant ACE/ARB therapy. In patients with advanced congestive heart failure, the high renal venous pressure worsens renal function and this may improve with diuresis. Sometimes, in patients with advanced heart failure, one is compelled to find a fine balance between some degree of congestive heart failure, and elevated creatinine and some degree of hypotension.

Typically, patients with low LVEF should have had electrophysiology consultation for potential ICD placement, and ones with LBBB may benefit from biventricular pacing. Evaluation and treatment of ischemic heart disease and valvular disease may be needed.

Studies have shown that home health visits by experienced personnel can reduce rehospitalization, with close monitoring of weight, BP, heart rate, renal function and BNP levels. Patient education (condition diet, medication, warning signs) by home health and the physician's office is mandatory. The physician should not hesitate from seeing patients closely once every one to two weeks initially and then every four to six weeks before seeing them every three months. As telehealth becomes more prominent and acceptable, the doctor may be able to assess the patient with the aid of an experienced nurse with fewer visits to the clinic.



Message from Dr. Ghadi Ghorayeb

Physician Executive, Engagement & Growth, Beaumont ACO

Contract Offering – Medicare Shared Savings Program 2021 Start Date

Did you know there is still time to participate in our most successful contract to date? The Medicare Shared Savings Program (MSSP) only allows physicians to join once a year. The deadline to add participants to our contract for 2021 is Sept. 10.

MSSP has generated over \$35 million in distribution to our members over the years with PCPs receiving on average over \$25,000 per participating PCP per year. Additionally, the Beaumont ACO was the No. 1 ACO in Michigan and Top 5 nationally for MSSP for the 2018 performance year in terms of savings created and saving rate % generated. This program rewards providers as we improve quality scores and reduce unnecessary cost and utilization on the population. Benefits include:

- advanced APM status for PCPs under MACRA and 5% bonus paid to the physician
- up to 75% sharing rate for savings created
- quality payments for improvement on metrics

If you are interested in gaining access to this outstanding contract through the Beaumont ACO, please contact the Beaumont ACO Provider Relations team at 947-522-0037 or ACOPROVIDERRELATIONS@BEAUMONT.ORG.



Message from Dr. Ashok Jain

Chair, Nominating and Membership Committee, Beaumont ACO

PCP Member Class – Expansion

We are pleased to announce that the Beaumont ACO board of managers has recently approved the expansion of our PCP member class within our organization. The expansion now

makes it possible for Beaumont PCPs who do not have staff privileges to become PCP members of the Beaumont ACO and take advantage of our great contracts and programs. The board of managers has developed specific required criteria for physicians in order to be eligible, including:

- a recommendation from a member in good standing of the Beaumont ACO
- physician is referring to Beaumont physicians for acute care services as needed
- initial and reoccurring review of physician by Nominating and Membership Committee
- credentialed and recredentialed through ACO's new validation process

If you are interested in more information or to nominate a physician, please contact the Beaumont ACO Provider Relations team at 947-522-0037 or ACOProviderRelations@beaumont.org.



Executive Director Update

Walter Lorang, Executive Director and Chief Operating Officer, Beaumont ACO

Priority Health – Pilot Program Improving Clinical Documentation

The Beaumont ACO will be piloting a program with Priority Health to improve the clinical documentation on our shared Medicare Advantage and Individual populations. Through this pilot we will attempt to more accurately capture and document a patient's conditions that drive risk scores on these populations. Risk score is extremely important to the revenue side of the equation in the reimbursement model of The Centers of Medicare and Medicaid Services (CMS) for these populations. Additionally, the Beaumont ACO has shared savings arrangements in place with Priority Health to reward us and our physician members as we do better in this area.

In this pilot, the Beaumont ACO will be assisting our practices by completing Advanced Health Assessment (AHA) on patients attributed to the ACO contract through our partnered PCPs. This work will be completed centrally by resources at the ACO at no cost to the PCP. Additionally, our resources will work in collaboration with our PCPs so they understand what services are being completed on their patients. Finally, PCPs will have the option to do this work themselves outside of this new pilot, if they choose. Those PCPs choosing this option will be put in touch directly with Priority Health for education and training on how to complete this very important work. Please contact the ACO **by Sept. 15** if you wish to opt out of this pilot program and would like to complete this work yourself.

Find more information on this [one-page overview](#). Additional details at the practice and PCP level will follow as we work to establish this program in the coming weeks. If you have specific questions, wish to opt out of the program or would like to speak directly with someone in the ACO regarding this new pilot program, please contact the Beaumont ACO Provider Relations team at 947-522-0037 or ACOProviderRelations@beaumont.org.