

# Beaumont ACO

A Physician/Health System Partnership



Vol. 2, Issue 2 - April 2020



## Message from the CEO

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

Dear Beaumont ACO members and all staff,

During these uncertain times with the COVID-19 pandemic, my thoughts and prayers are with all of you and your loved ones, and I sincerely hope that you are keeping yourselves safe and healthy. Since the COVID-19 pandemic arrived in Michigan on March 10, our first goal at the Beaumont ACO has been to keep you – all of us – safe and healthy and able to continue to assist and educate our patients on staying safe and healthy.

Our first response was to go out and secure N95 masks for all our front line physicians as well as our ACO staff after we quickly realized that there was a severe shortage in the United States. We were able to secure 30,000 KN95 masks (Chinese version of N95 masks by an American company) for distribution to our participating member physicians in our Physician Group Incentive Program (PGIP) and Medicare Shared Savings Program (MSSP) and paid for them from a grant for these programs. We were also able to secure an additional 20,000 KN95 masks for sale to other members of the Beaumont ACO. These masks were distributed to our members as quickly as they were received from the manufacturer and were gratefully received by physicians and their staff.

We also began working closely with individuals from Beaumont Health Managed Care Contracting to secure third-party payer billing and reimbursement changes to accommodate the use of telehealth (i.e. the virtual office visit). Most third-party plans have loosened their requirements for the billing of telehealth services in a positive response to this overwhelming pandemic. We are routinely updating specific third-party policy changes regarding telehealth billing and reimbursement on our Beaumont ACO website at [www.beaumont-aco.org](http://www.beaumont-aco.org). I encourage you to investigate this safe and effective alternative for maintaining patient care.

Our suite in the Beaumont Service Center is open for business, but we have asked employees to work from their virtual offices until the Executive Order from the governor's office has been lifted or lapsed. Although we have encountered some inconveniences associated with the "remote experience," business as usual continues in large part.

I have also asked one of our Infectious Disease specialists to give us the most current update for COVID-19 treatment in our local market. Please read it in this newsletter. I encourage all of you to stay abreast of the current information available from the Center for Disease Control and the daily updates provided by Beaumont Health (available via your Beaumont e-mail). These sources tend to provide you with current observations and trends in COVID-19

behavior. This information can prove extremely valuable in keeping yourself, your family and your patients safe and healthy during such a difficult time. Stay safe and stay healthy.

Dr. Belal Abdallah  
CEO & Board Chairman  
Beaumont ACO



**Message from  
Dr. Vijayalakshmi Nagappan, Infectious Disease Attending  
Beaumont, Dearborn and Taylor**

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**COVID-19 Update**

**Treatment guidelines** for hospitalized patients with COVID-19 (living document – last updated April 23, 2020).

**Below is a summary of the above document:**

Mild disease – no supplemental oxygen and no risk factors: no treatment

Mild disease – no supplemental oxygen plus one or more risk factors present for progression to severe disease: no treatment but monitor closely for clinical worsening to moderate disease

Risk factors: BMI more than 40, Age more than 60; DM, CAD, chronic lung disease, chronic kidney disease, immunocompromised (solid organ transplant, hematologic malignancy, active chemotherapy, chronic steroids > 0.5 mg/kg/day prednisone equivalent, congenital or acquired immunodeficiency, splenectomy, biologic agents for immunosuppression)

All hospitalized adult patients should receive prophylactic enoxaparin unless active bleeding and platelets less than 25

**Moderate to Severe Disease (on supplemental oxygen or requiring mechanical ventilation)**

- Remdesvir (investigational agent) for 5 to 10 days if inclusion criteria met: SARS-CoV2 confirmed by pcr; hospitalized with saturation less than 94% on room air; ALT less than 5 times upper limit of normal; symptom onset less than 7 days; ferritin more than 1500; CRP more than 200; LDH more than 245; D Dimer more than 1000; Absolute lymphocytes less than 0.9; exclusion criteria: vasopressor use; ECMO use; creatinine clearance less than 30 mL/min, or on dialysis or Continuous Veno-Veno Hemofiltration; ALT more than 5 times normal
- Therapeutic Anticoagulation: if no evidence for thrombosis consider 5 days of therapeutic anticoagulation (longer duration per physician discretion) If the following criteria met: 7 days since symptom onset; D dimer more than 2500- if d dimer less than 2500 and if patient has increasing oxygen requirement, consider repeating d dimer within 24 to 48 hours; patient on more than 6 liters of nasal cannula oxygen or 50% increase in oxygenation within 24 hours. Consider enoxaparin trough anti-Xa if concern for accumulation; d dimer monitoring not needed once patient on anticoagulation
- Steroids: reasonable to start steroids methyl prednisone 40 mg iv every 12 hours or prednisone 50 po bid for 5 days if following criteria are met: sudden decline in oxygenation status with significant worsening of cxr and/or abrupt increase in crp , d dimer, ferritin and IL 6; if no improvement can consider extending steroids to 7 days, and consider tolicizumab; if patient has refractory septic shock and covid 19, follow sepsis guidelines and use hydrocortisone 200 mg iv per day in divided doses

- Tolicizumab: consider in patients with persistent fevers, progressive increase in inflammatory markers, and PaO<sub>2</sub>/Fio<sub>2</sub> ratio less than 300 or SpO<sub>2</sub> less than 93% refractory to steroids ; inclusion criteria: authorization from approval group (Dr Big for Dearborn; Dr Varanasi for Taylor); confirmed SARS -CoV2 test; increasing oxygen requirements; bilateral lung disease; persistent fevers; progressive increase in inflammatory markers – IL 6 more than 30; OR D dimer more than 1000, ferritin more than 1000; CRP more than 100; LDH more than 500; exclusion criteria – ALT/AST 5 times upper limit of normal; ANC less than 500; platelets less than 50; Patients with TB or suspected bacterial or fungal infection; hypersensitivities to tolicizumab; for solid organ transplant patients, site level ID physician to consult Dr Dilip Samarapungavan regarding risk of administration
- Suggested lab monitoring – obtain at baseline and with any decline in oxygenation status:  
Cbc; cmp; ldh; d dimer; ferritin; crp; esr; procalcitonin; ck; fibrinogen; severe/icu patients check IL 6

[Full treatment guidelines can be found here.](#)



## Message from the Associate Medical Director

Halima Ali, M.D., Associate Medical Director, Beaumont ACO

### **Quality Corner - Cervical Cancer Screening New reporting changes. Did you know?**

For 2020 there is a significant change in Cervical Cancer Screening for the 30 to 64-year-old age group. Recent HEDIS guideline changes for this measure no longer require co-testing for screening. Now, HPV testing can be done either **with or without cervical cytology screening**. It is important to note that providers may continue to order HPV co-testing or reflex testing as this practice is still compliant, yet have the option of ordering the high-risk HPV without the cervical cytology screening. Exclusions for this measure remain unchanged. Co-testing, as you are aware, requires cervical cytology screening and HPV to be performed at the same time. Many of our physicians were performing reflex screening in which cervical cytology screening was performed and if ASC-US (atypical squamous cells of undetermined significance) or above were identified, then proceeded with the high-risk HPV testing. Several physicians were ordering HPV alone without the cervical cytology screening.

So this is good news as these options are acceptable and compliant for this measure. Hopefully, this will ease the burden in your practice and improve our compliance in this measure.

## Cervical Cancer Screening

2019	2020
<b>Denominator:</b> Women ages 21-64 as of Dec. 31 of the measurement year	<b>Denominator:</b> Women ages 21-64 as of Dec. 31 of the measurement year
<b>Numerator:</b> Ages 21-64: cervical cytology every 3yrs (the current measurement year and 2yrs prior) Ages 30-64: cervical cytology AND a human papillomavirus (HPC) co-testing on the same day every 5yrs (the current measurement year and 4yrs prior)	<b>Numerator:</b> Ages 21-64: cervical cytology every 3yrs (the current measurement year and 2yrs prior) Ages 30-64: cervical hrHPV (high-risk human papillomavirus) testing every 5yrs (the current measurement year and 4yrs prior) <b>Note:</b> Either HPV co-testing or reflex testing are compliant for this measure. This can be performed with or without cervical cytology.

**Measure Exclusions:** Total, complete, or radical hysterectomy, cervical agenesis or acquired absence of cervix or if patient in hospice.

Dr. Halima Ali  
Associate Medicare Director  
Beaumont ACO



## Medical Director Update

Sarju Shah, M.D., Medical Director, Beaumont ACO

### ***New ACO Specialist Survey - Reminder***

Dear Beaumont ACO specialist members,

You should have received an email from the Beaumont ACO with a request to complete a survey. The Beaumont ACO is looking to better understand our specialist providers and how they operate when it comes to taking care of our ACO patients. As we continue to meet with providers in the community, we hear the need for a preferred specialist list to be created by the ACO. We are taking the necessary steps to compile data and information about our specialist providers to see if this request is possible. To help us compile the needed information, we are requiring all specialists to complete the survey.

Please note, for those specialists participating in our CMS Medicare Shared Savings Program, (MSSP) completion of this **required** survey will be used as a part of 2020 MSSP distribution methodology, under the citizenship section.

Survey responses are due by **Monday, June 1**.

If you have any questions or concerns, please email [beaumont-aco@beaumont.org](mailto:beaumont-aco@beaumont.org) or call 947-522-0037.

Dr. Sarju Shah  
Chief Medical Officer  
Beaumont ACO



# Executive Director Update

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

## BCBSM Physician Group Incentive Program (PGIP)

### Specialist Value-Based Reimbursement (SCP VBR) Results

The SCP VBR is a PGIP incentive program for specialist physicians (SCP) based on quality and cost metrics. This program shows BCBSM's move from fee-for-service, to an approach that layers fee-for-value upon the fee-for-service foundation.

One of the goals of this program is to strengthen relationships between SCPs and PCPs through promoting the idea of shared responsibility. This program aims to improve continuity and quality of care while eliminating the duplication of services and reducing cost.

Through reviewing and following evidence-based care medicine guidelines when decision making on patient care, specialists can earn **up to a 13% VBR** on the base fee schedule applied to the RVU-based procedure codes (most procedure codes, except those for ambulance service, durable medical equipment, prosthetics and orthotics, immunizations, hearing, routine vision services, lab, dental and most injections) and the time and base codes. The 2020 SCP VBR is effective **March 1, 2020 – Feb. 28, 2021**.

BCBSM recently released the 2020 SCP VBR results.

Beaumont ACO 2020 SCP VBR Results	
Nominated Specialist	942
VBR	800 (85%)
No VBR	142 (15%)

Results of the SCP VBR have been communicated via mail and/or email to each practice/provider.

#### Notable Specialist VBR Information

- **Collaborative Quality Initiatives (CQI) participation**
  - 30 specialty practices (139 SCP) received a 3% VBR
  - CQIs are partnerships between hospitals and physicians across the state to collect, share and analyze data on patient risk factors, processes of care and outcomes of care, then design and implement changes to improve patient care.
- **Specialist Team Based Care (STBC)**
  - 3 specialty practices (13 SCP) received a 5% VBR
  - STBC looks to encourage specialists to adopt a team-based care approach focused on care management.
- **Newly receiving SCP VBR**
  - 37 specialty practices (51 SCP) newly receiving a VBR in 2020
    - 3% - 3 SCP
    - 5% - 33 SCP
    - 8% - 1 SCP
    - 10% - 14 SCP

To learn more about this incentive program through the Beaumont ACO, please call 947-522-0037.

Walter Lorang  
Executive Director and Chief Operating Officer  
Beaumont ACO

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## Beaumont ACO 2020 Specialist VBR Results

Congratulations to [these physicians](#) for being awarded the BCBSM SCP VBR for 2020.  
Effective March 1, 2020 – February 28, 2021

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### Local, Fast and Accurate SARS-CoV-2 Testing

Vibra Health Laboratory (VHL) is pleased to offer accurate and rapid COVID-19 testing to the members of the Beaumont ACO to support the ongoing needs of health care providers during this pandemic.

#### Who is VHL and what is our COVID-19 test solution?

VHL is a local full-service CLIA/COLA certified specialty diagnostic laboratory based in Troy, dedicated to providing excellent quality and service to SE Michigan. Responding to the community's immediate need for rapid testing, the VHL team of professionals launched its COVID-19 Real Time PCR multiplex assay.

This qualitative test has been granted Emergency Use Authorization by the U.S. Food and Drug Administration for the detection of SARS-CoV-2 RNA present in respiratory tract specimens of suspected infected individuals.

#### Achieving accurate and timely results with VHL

We recognize reliable and swift testing is paramount to maintaining your employee and patient safety and ensuring quality care for everyone.

VHL's assay targets three different viral genomic regions within the SARS-CoV-2 viral genome to reduce risk of false negatives. These target regions have been designed to specifically target sequences that are unique to SARS-CoV-2 based on the latest available reference genome; therefore, minimizing the risk of false positive results. Additionally, each sample is run in duplicate to increase confidence in your results.

VHL leverages its ultra-high-throughput instruments and 384-well plate setup strategy to enable 4X the throughput of the standard 96-well plate runs, allowing rapid 24-hour turn-around-time.

#### How to Begin Testing?

The goal is to make this process safe and simple for you to begin testing for COVID-19 in your office.

Call 248-846-0663 or email [COVID19@VibraHealthLab.com](mailto:COVID19@VibraHealthLab.com) to begin testing today. To learn more, visit [www.VibraHealthLab.com](http://www.VibraHealthLab.com).

