Cleveland Clinic | QualityAlliance



INTRODUCING THE

# Quality Alliance

We help optimize the quality and efficiency of the care you provide.

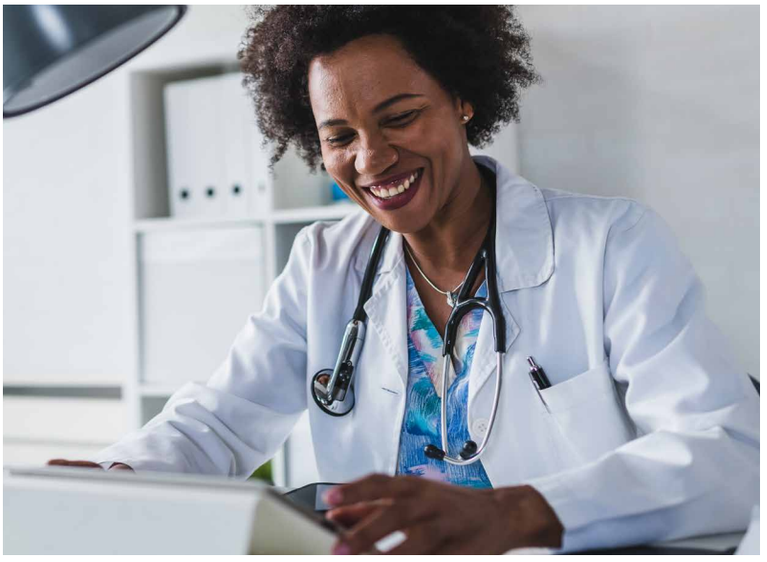
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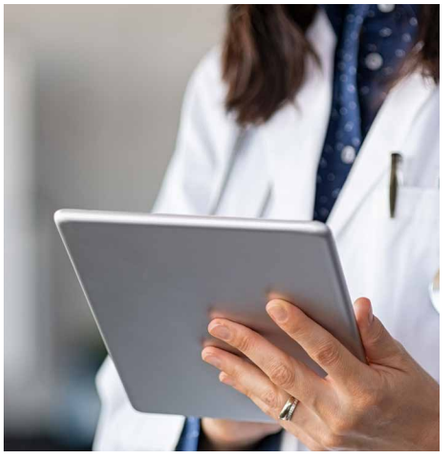
The Quality Alliance is a select top-level provider network that integrates independent physician practices with employed Cleveland Clinic physicians. The network provides the metrics, data and support physicians need to improve the quality and efficiency of the care they provide, while reducing costs.

Independent physicians who join the Quality Alliance are able to deliver better care by adopting evidence-based clinical protocols. Efficiency is improved through use of a common data repository and reporting system. Joining the Quality Alliance offers independent physicians the opportunity to collaborate with Cleveland Clinic physicians while still maintaining their private practice.

The Quality Alliance spans more than 21 counties in Northeast Ohio, making it one of the largest clinically integrated networks in the nation. As such, the Quality Alliance is the premier healthcare network in Northeast Ohio.



## HOW THE QUALITY ALLIANCE WORKS



The Quality Alliance provides you with physician-developed clinical measures, robust data collection and reporting tools to validate the care you provide to your patients, ensure quality and improve efficiency. Led by physician members, the Quality Alliance is required to maintain compliance with the Federal Trade Commission's four primary requirements for a clinically integrated independent physician network:

- Physician-developed clinical measures
- Common data repository and reports
- Physician-led care review
- Mechanisms that assure adherence to measures

Quality Alliance physicians practice in accordance with evidence-based clinical measures and receive performance feedback. We also encourage our physician members to participate in the development of the clinical measures and to help identify new strategies for improving the quality of care.

## WHY JOIN THE QUALITY ALLIANCE?



Independent physicians will benefit from joining the Quality Alliance by gaining the ability to differentiate themselves based on demonstrably higher quality clinical care through the adoption of evidence-based clinical protocols. Independent physicians will also be able to deliver more efficient care through shared participation in a common data repository and reporting system. The Quality Alliance offers independent physicians the opportunity to collaborate with Cleveland Clinic in achieving high quality standards while still maintaining their private practice.

## OUR VALUE PROPOSITION

Through participation in the Quality Alliance (QA), physicians will have the ability to deliver higher quality, more efficient health care, potentially leading to recognition by health plans and employers. Quality Alliance members receive recognition in the community as a physician practice network based on technology, innovation and extraordinary quality of care.

## WHAT WE DO

- Work as an integrated unit to establish meaningful clinical measures.
- Negotiate value-based contracts that reward our physicians for improving quality and lowering costs.
- Teach and implement best practices throughout the network.
- Aggregate data from our members to:
  - Report on physician, practice, and network-level outcomes in an effort to improve quality care and reduce waste.
  - Provide health engagement tools to help physicians better manage chronic diseases and the health of populations.
  - Assist in monitoring patient compliance
  - Promote a higher degree of interdependence, cooperation and seamless care among primary care, specialty care physicians and other providers.
- Implement care coordination models that address social, behavioral and economic barriers to quality care.
- Develop care plans for at-risk patients and share them with the entire network to address gaps in care.
- Promote community disease programs to help manage chronic diseases.

### ADDITIONAL BENEFITS TO JOINING QA INCLUDE ACCESS TO THE FOLLOWING:

- Broad, reliable clinical data set with local and national benchmarking.
- Access to contracts that reward improved and superior quality.
- Comprehensive quality improvement plan that includes powerful practice management tools and the assistance of experienced practice management professionals to support practices in transforming processes within the medical practice:
  - Patient access and experience
  - Clinical workflow
  - Pre-visit planning
  - Care gap closure
  - Data capture optimization
  - Cost effectiveness
- Outcomes reporting related to:
  - QA metric performance scores
  - Refreshed on an ongoing basis (real-time) in the QA portal
  - Quarterly provider reports
  - Annual scorecards
- Utilization metrics for high risk patients.
- Paying for performance
  - Program rewards high performance on quality measures.
  - Evolves each year to include a robust set of measures to move the network through the care transformation process.
- Receive support to maintain the viability of independent physician practices.
- Enhanced coordination with health system entities.

# CARE COORDINATION AND TRANSITIONAL CARE MANAGEMENT (TCM)

## PRIMARY CARE COORDINATION

Healthcare can be stressful and confusing to patients, especially when they have chronic diseases and complex health needs. Our specially trained RN care coordinators work closely with primary care physicians to coordinate the care of high-risk patients, help them navigate the healthcare system, and solve complex issues.

Our nurses telephonically reach out to patients to identify limitations and barriers to successful disease management. They check medications and doses, ensuring the patients are taking their medications as prescribed and receiving refills. After the physician discusses goals for disease management, the nurse coordinator follows up to ensure adherence or assist with removing barriers. Our nurses, when indicated, may also meet with patients in the physician's office.

Using the power of our clinically integrated network and advanced technology tools, we assess risk acuity. This allows our experienced staff to focus on the right patients at the right time, providing support when it is needed most. The goal is to help patients manage their disease, while reducing Emergency Department visits and hospital admissions.

## TRANSITIONAL CARE MANAGEMENT

When a patient transitions between care settings, communication is key to ensuring there is no disruption in the patient's plan of care. TCM is the process of managing a patient's transition from one level of care to the next. These patients are identified and assigned a 30 day readmission risk score through EPIC. All patients with a risk score greater than 20 are called by a transitional care coordinator.

The goals of this outreach include:

- Review medications; help patient's overcome barriers in obtaining medications.
- Eliminate discrepancies in medication administration.
- Review hospital discharge instructions.
- Verify and facilitate a follow up appointment with the patient's primary care physician.
- Assess if patient would benefit from long-term care.

## CARE COORDINATION

### PRE VS POST COST AND UTILIZATION ANALYSIS

| PRE | POST | CHANGE% |
|---|---|---|
| **Healthcare Cost** | | |
| $ 2,531 | $ 2,448 | -3.4% |
| **Pharmacy Cost** | | |
| $ 88 | $ 104 | 15.4% |
| **Admits Per 1,000** | | |
| 1,407 | 1,256 | -12.0% |
| **Skilled Nursing Facilities Per 1,000** | | |
| 4,674 | 6,116 | 23.6% |
| **ER Cases Per 1,000** | | |
| 1,093 | 1,070 | -2.1% |
| **CAT Scans Per 1,000** | | |
| 2,291 | 1,767 | -3.0% |
| **MRI Per 1,000** | | |
| 209 | 267 | 2.2% |
| **Primary Care Visits Per 1,000** | | |
| 13,512 | 14,453 | 6.5% |



## PROVIDER ENGAGEMENT

Our provider engagement team serves as the primary point of contact for members. The team is comprised of experienced professionals with comprehensive backgrounds in nursing, medicine, education, practice management and healthcare administration.

### HOW THE QUALITY ALLIANCE ENGAGES PROVIDERS MEMBERS

**We educate**
We offer multiple educational opportunities related to clinical measures, utilization measures, HHS-Hierarchical Condition Category (HCC) risk scoring, access to care and many other current topics.

**We build relationships**
We develop relationships with our member providers by visiting their offices to provide complete training and support, sponsoring educational forums for providers and office staff, and encouraging their participation on task forces charged with continuing to develop our clinical integration program.

**We listen**
In the process of educating and developing our members, we listen to their individual and collective needs and challenges. The knowledge we gain is used to adjust our current offerings and develop innovative services.

**We support**
We support practices by training staff on the use of our provider portal to promote the improvement of quality and efficiency. Our business solutions provide both practice management and business operations support.

**We engage**
By connecting and aligning independent providers with the clinically integrated network, we promote collaboration across the healthcare continuum and engage providers in the larger effort to transform healthcare.



## DATA ANALYTICS & REPORTING

Central to Clinical Integration is the collection, aggregation and management of big data, which provides a common platform to communicate, collaborate, and coordinate efforts around quality care for the patient populations our members serve.

The QA has partnered with a third-party data aggregator to provide a common systems platform that includes a secure central data repository and user interface. We call this our portal. The portal enables our physicians to access a robust registry that assists in identifying care gaps in managing patients with multiple co-morbidities, gaps that can be closed to provide better care of high-risk patients at a lower cost.

**Data analytics**
Access to data provides insight into performance improvement opportunities. This enables our members to transform patient care in order to achieve better outcomes, and to identify areas of high cost and high utilization. With proper analytics, we help members focus on the right patients at the right time in order to lower costly Emergency Department visits and expensive diagnostic tests.

**Data reporting**
Our robust analytics drive powerful reporting tools that drive success in delivering quality care and lowering cost through improvement efforts.

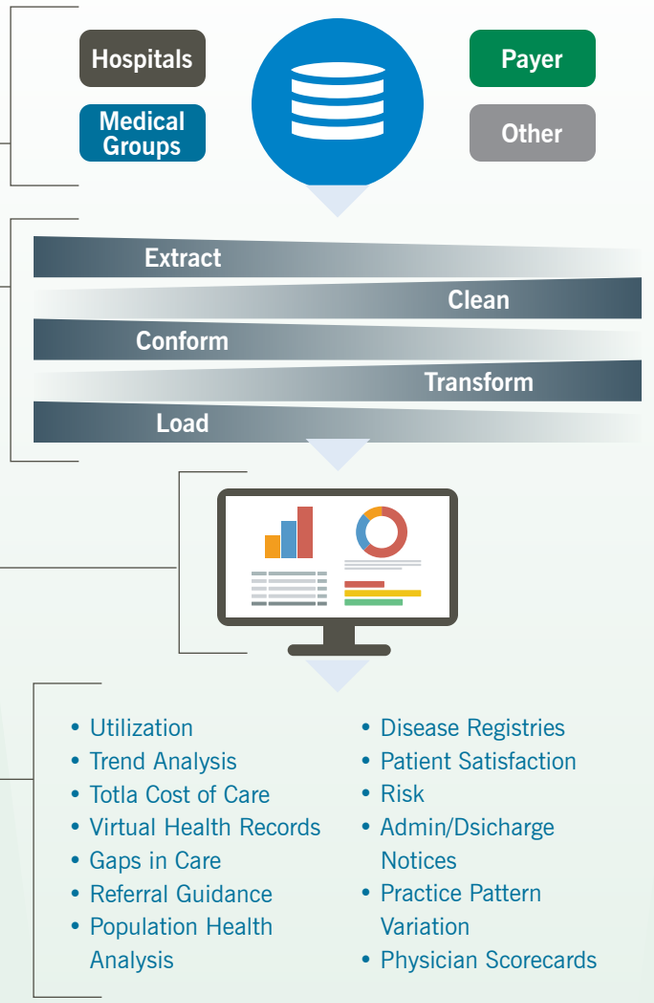
## HOW THE SYSTEM WORKS

**DATA SOURCES -** Data is captured from various EMR's as well as other data sources.

**DATA AGGREGATION -** Once collected, the data is processed to exclude duplicate entries and extraneous information. From there it is prepared and loaded in preparation for analysis and reporting.

**USER PORTAL -** The data is now accessible to the user portal, where charts and graphs clearly display the information.

**REPORTING & ANALYTICS -** The user portal allows access to various reporting and analytics, including (but not limited to) the following.



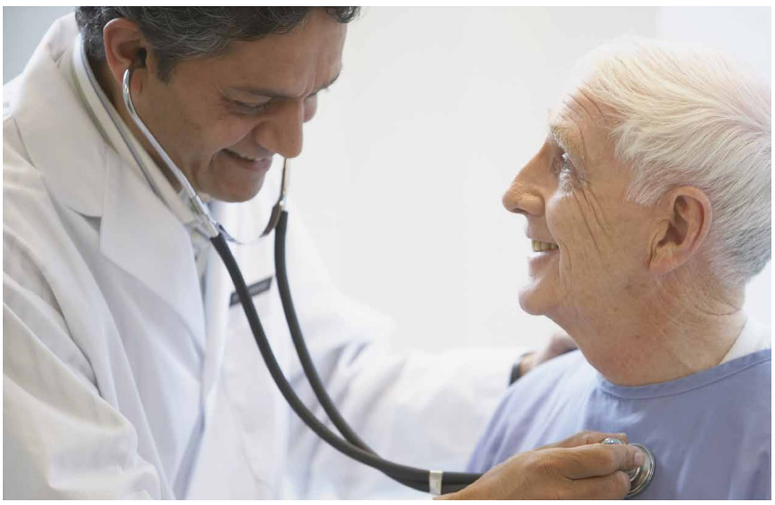

- Utilization
- Trend Analysis
- Totla Cost of Care
- Virtual Health Records
- Gaps in Care
- Referral Guidance
- Population Health Analysis
- Disease Registries
- Patient Satisfaction
- Risk
- Admin/Dsicharge Notices
- Practice Pattern Variation
- Physician Scorecards

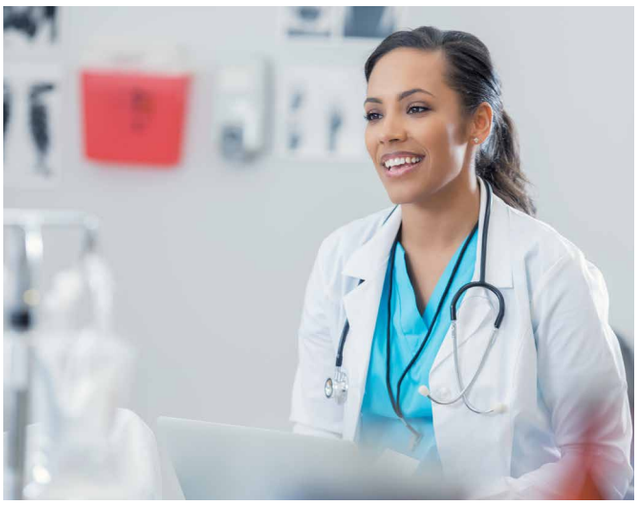
## CLEVELAND CLINIC ACCOUNTABLE CARE ORGANIZATION (ACO)

As part of its ongoing efforts to lower healthcare costs and improve the quality of care, Cleveland Clinic has formed a separate legal entity, Cleveland Clinic Medicare ACO, LLC, to participate in the Medicare Shared Savings Program (MSSP) as an Accountable Care Organization. In this ACO, Cleveland Clinic employed physicians and independent primary care physicians in the Quality Alliance come together to deliver coordinated care to assigned Medicare fee-for-service (FFS) beneficiaries. Membership in the Quality Alliance for 6 months is a prerequisite to being considered for inclusion in the ACO.

Visit the Cleveland Clinic Accountable Care Organization for more information https://my.clevelandclinic.org/patients/information/aco

Visit the CMS web link listed below for more information on ACOs https://www.cms.gov/medicare/medicare-fee-for-service-payment/aco





## PRACTICE TRANSFORMATION

The ability to transform clinical operations has become paramount to providing quality care at a lower cost.

At no additional cost to members, our experienced healthcare professionals will review physician performance and utilization in conjunction with an on-site assessment to determine where improvement opportunities exist.

We will assess your practice's readiness for change, develop a strategy as necessary, support the implementation and measure the results.

### Performance Measurement

- Clinical measure awareness
- Monitoring quality performance
- Comparing performance measures to target
- Recommending improvements
- Utilization awareness
- Hospital admissions and readmissions
- Rate of high-end radiology testing

### Practice Assessment

- Patient access
- Clinical and administrative workflow
- Staffing productivity and optimization
- Patient experience
- Processing of ancillary service results (e.g., labs, imaging, procedures)
- Staff training and education

### Strategy Development

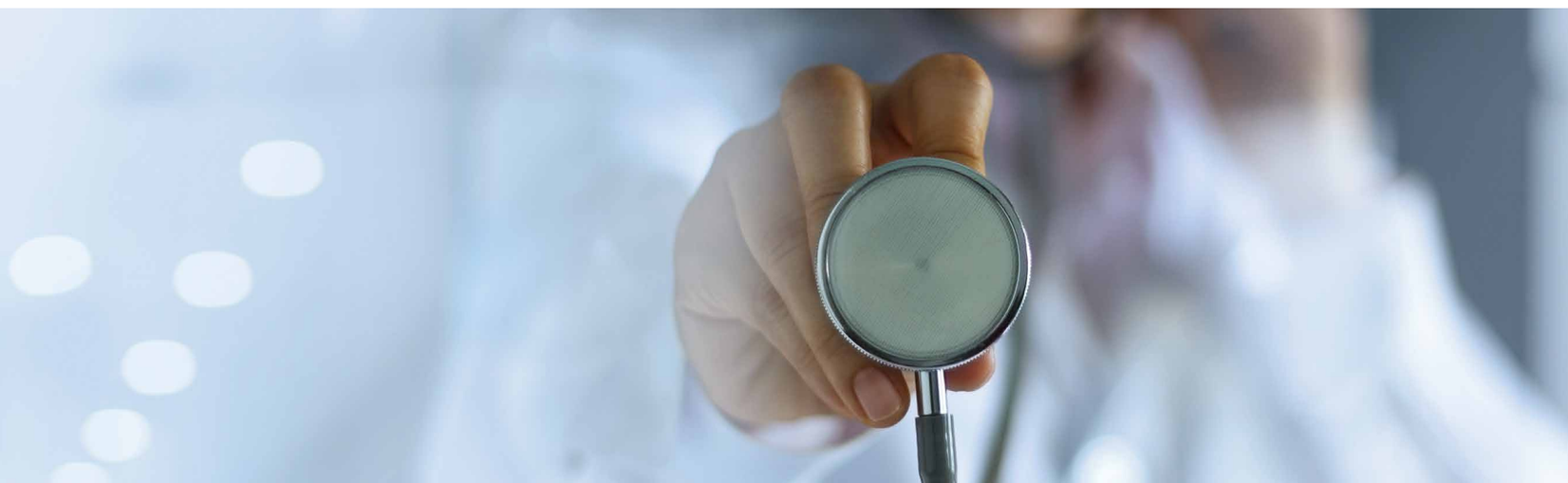
- Improved access
- Staff optimization
- Pre-visit planning
- Use of health maintenance tools
- Care gap closure
- Improving patient experience

### Implementation

- Customized for practice-specific needs
- Scaled and based on readiness for change
- Implementation support provided

### Measure Results

- Quality outcomes
- Driving to meet and exceed targets of value based contracts
- Documenting how well quality care and efficiency measures are being implemented



## TRAINING & IMPLEMENTATION

When new physicians or practices join the Quality Alliance organization, a standardized approach ensures the onboarding and orientation processes move quickly and efficiently. Our objective is to rapidly and thoughtfully align physician members with clinical integration objectives in quality, patient care and cost control.

**Onboarding**
New members go through a comprehensive onboarding process led by our physician engagement team. The process is designed to ensure successful integration into our network and understanding of the solutions and tools we provide for improving quality care and efficiency.

**Connectivity**
Our technical team acts as a liaison and project manager between our third-party data aggregator and our members' data vendors to ensure we automate manual processes and securely share data.

**Integration**
Once we receive data from a physician or practice, it is quickly and reliably ingested and tested for accuracy and completeness, as compared to the original data source. Secure logins are created for physicians and office staff, which will allow access to the portal where physician-level data and established quality measures may be viewed.

**Portal Training**
Training is provided at the convenience of the physician or practice. Our trainers visit the physician's office to provide an assessment of the performance data that has been extracted from the office data systems. We customize the training program to suit the physician's timeline and adjust for resource availability. The web-based portal is user-friendly and our trainers are efficient in their use of time. They often suggest changes in office workflow that will improve the performance scores on many quality measures.

**On Boarding**
- Program Education
- Portal Demo
- Program Readiness Assessment

**Connectivity**
- EMR
- Billing
- Hospital

**Integration**
- Data Ingestion
- Data Audit

**Portal Training**
- Measure Education

## SYSTEMS SUPPORT

We take great pride in providing ongoing support to our members. Our team of customer service and technical personnel is available as needed to support system features, data management and technical challenges with any of the following:

**Data Connection**
- Technical project management and liaison support with the various practice data vendors and sources in order to obtain appropriate connections
- Troubleshooting and resolution of data connection issues

**Data Transfer**
- Management of data feeds from EMR, billing, laboratory and hospital sources
- Data surveillance and troubleshooting of missing data
- Reporting and management of delinquent data feeds
- Liaison with our third-party aggregator in correcting issues




**User Access Management**
- Creation of user logins
- Password resets
- Adding or removing individual access

**Portal Technical Support**
- Help with error messages
- Portal connection issues

## VALUE-BASED CONTRACTING

The shift in healthcare from a volume-based to a value-based system is transforming payors into active seekers of high-quality, affordable care through newly established initiatives.

## WITH VALUE-BASED CONTRACTING, EVERYONE BENEFITS.

**Patients** experience a shift in focus away from sick care toward wellness care. By working more closely with their provider, they enjoy a better health care experience and, ultimately, better health care.

**Providers** share in savings and receive incentives for reaching quality targets. Providers are rewarded for encouraging their patients to participate in their own care.

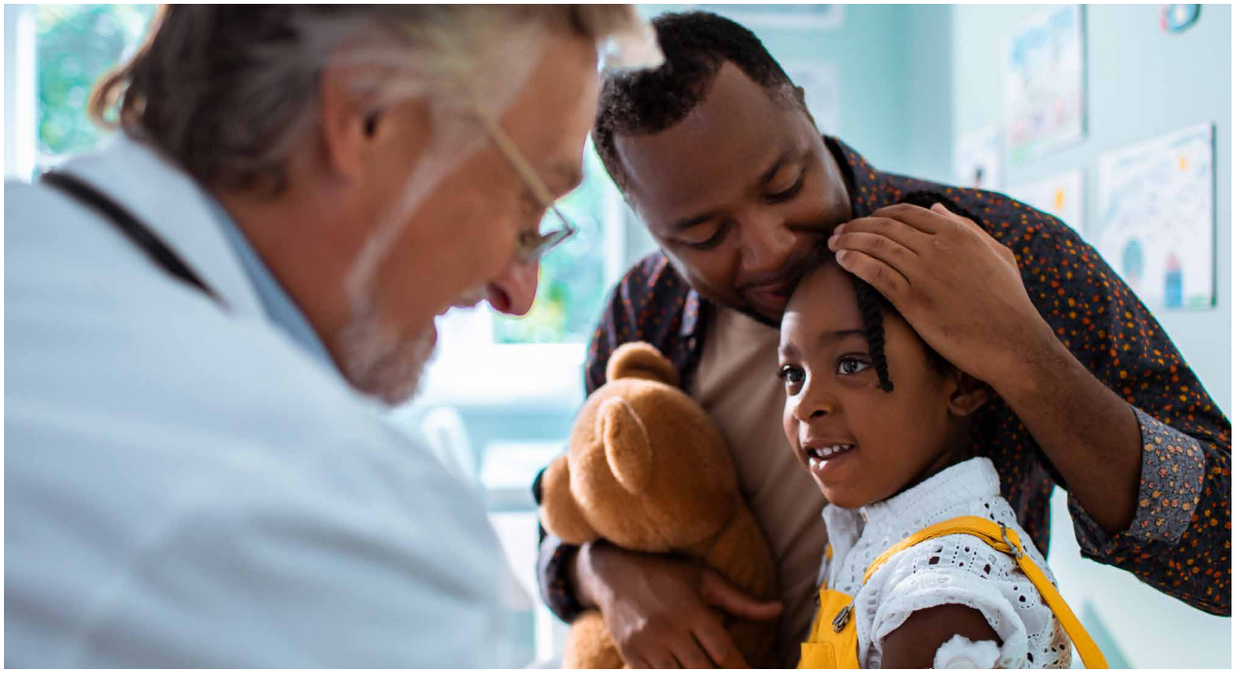
**Employers** are increasingly offering discounts on premiums to employees who engage in healthy activities and keep chronic diseases under control. Likewise, some raise premiums on employees who make unhealthy lifestyle choices. Healthier employees have fewer absences from work, perform better and are less costly to insure.

**Payors** realize lower utilization costs and increased payments from Medicare Advantage plans, which can attract a larger number of employers and members.

## PAYMENT MODEL OPTIONS

**Pay-for-performance.** This model rewards providers for adhering to pre-defined, evidence-based medical practices, use of information technology, reporting of performance indicators, participation in performance-enhancing activities, and achieving specific quality outcomes and results.

**Shared savings.** In addition to adhering to the pay-for-performance model, providers participate in a shared savings model. The funds come from savings earned by providing quality, necessary care for less than the previous year's Total Cost of Care (TCOC). TCOC savings are achieved through better management of chronic diseases, which lowers the number of Emergency Department visits, acute hospital admissions and high-cost radiology tests. The savings realized by this efficient care are shared between payor and physician.



## CREDENTIALING

Our credentialing program ensures all Quality Alliance members are measured and evaluated by definable and consistent criteria in accordance with the requirements of the National Committee for Quality Assurance (NCQA).

NCQA, the gold standard in the evaluation of health care quality, is an independent, non-profit organization dedicated to measuring the quality of America's healthcare. Employers, patients, regulators and health plans rely on NCQA as a trusted authority.

The Quality Alliance achieved its first accreditation from the NCQA for credentialing and recredentialing activities in 2009. We continue to maintain this certification with outstanding scores. NCQA certification alleviates the administrative burden of credentialing and recredentialing.

Our NCQA accreditation is a valuable asset, as we continue to work on behalf of our members to contract with a wide variety of health plans that require this accreditation. NCQA accreditation demonstrates that the Quality Alliance continually works to ensure a quality panel of practitioners.

## ADDITIONAL MEMBER BENEFITS

**Business & Technical Solutions**

Quality Alliance members enjoy a number of benefits which include discounts designed to improve business operations allowing them to focus on clinical care.

- Discounted malpractice insurance through The Doctors Company
- Compliance training
- Healthcare consulting services
- Practice management
- Print production and managed document services
- Population Health Management System
- Discounted cell phone service
- Office equipment
- Language services
- Staffing and human resources
- Medical supplies
- Medical waste services

**Educational Opportunities**

The Quality Alliance understands the rising pressure on physician practices to transform to a value based model of care and the need for continuing education; as a result we have developed a number of custom modules which are tailored to improving quality and efficiency of patient care. Additionally, we have partnered with Cleveland Clinic Global Leadership and Learning institute to make available world class leadership and healthcare communication classes.

## INTERESTED IN BECOMING A QUALITY ALLIANCE MEMBER?

We would be happy to answer any of your questions about joining.

Call us at **216.986.1277** or email **TheQualityAlliance@ccf.org** and ask for a member representative.

Visit our website for more details at **ccqualityalliance.org**

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