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Upcoming Practice Meetings:

Southern Nevada:
Wednesday, May 6, 2020 at
Summerlin Hospital

Northern Nevada:
Thursday May 7, 2020 at NNMC
Sparks Medical Building

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**Announcing The WINNERS of
the DECEMBER 2019
Gaps in Care Contest**



In the December newsletter, we announced the winners of the November Gaps in Care Contest. We are proud and excited to now announce the winners of the December contest:

Category:

Breast Cancer Screening
Tobacco Screening
Colorectal Cancer Screen
Fall Risk Screening
Depression Screening

Winning Practice:

Betty H. Yao, MD
Calderon Medical Group
Calderon Medical Group
Priority Medical Group (Dr. Molin)
Priority Medical Group (Dr. Molin)

Winners will receive a **\$1,000** bonus check for each category won.

The purpose of the contests was to inspire and incentivize practices to close their gaps in care before year end. Doing so would increase quality reporting scores for 2019, thereby increasing the probability of earning shared savings as well as the percentage of shared savings which CMS will share in the event we earn shared savings. These contests were run for 2017 and 2018, as well, and proved helpful.

Did you notice that, in both November and December, there were multiple practices who won in more than one category? We think this is significant because it shows that if one puts effort into carefully documenting everything, reviewing charts for completeness, and following up on anything missing, then the whole system benefits.

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Congratulations to the winners! We appreciate your dedication to making sure that your patients are screened for issues early, before they develop into bigger health problems. Your focus and dedication benefits all Silver State ACO Participants by increasing overall quality scores!

QUALITY MEASURES – Spotlight on Depression Screening

In an effort to improve outcomes and identify areas for improvement, CMS requires that all practices do quality reporting. CMS has very definitive stipulations and structures for doing so. CMS also changes the parameters often, ostensibly to make the reporting more straightforward and reflective of reality. Needless to say, however, this makes it difficult for practices to keep abreast of the most recent – and required – details.



SPOTLIGHT

One of the great benefits of being a Participant in Silver State ACO is the ability to access SSACO staff and materials for education and the most up-to-date information on CMS requirements. Those who attended the January 29th Practice Meeting learned about Prev-12, Depression Screening, which included details of acceptable verbiage and screening tools. We're pleased to include, below, additional information about Prev-12. Be sure to "tune in" to future newsletters for additional information on other quality measures.

Screening for Depression and Depression Follow-Up Plan

The Centers for Medicare and Medicaid Services (CMS) requires patients age 12 years and older be screened for depression at least once per calendar year using an age appropriate standardized screening tool. If the screening is positive for depression, a follow-up plan is required to be documented on the date of the positive screening.

A screening may be completed up to 14 days prior to an office visit. Although the patient may have access to the screening tool in advance, the name of the age appropriate standardized depression screening tool and score **must** be documented on the date of the actual in office visit.

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The results **must** also be reviewed and verified by the provider in the medical record. This includes an interpretation of whether or not the patient presents with depression (or not) for **ALL** screenings that are completed, including those with scores of zero.



Acceptable Verbiage

Negative for Depression

Normal

Negative

No Depression

No Risk

Positive for Depression

Abnormal

Positive

Depression Positive

Low/Minimal/High Risk

The interpretation of whether the score is considered positive or negative is to be made by the provider administering and reviewing the depression screening.

If the determination is made that the patient is positive for depression, documentation in the medical record of a recommended follow-up plan is required. A positive depression follow-up plan **must** include one or more of the following:

- Additional evaluation or assessment for depression (psychiatric interview, psychiatric evaluation or assessment for bipolar disorder)
- Suicide Risk Assessment (Beck Depression Inventory or Beck Hopelessness Scale)
- Referral to a practitioner who is qualified to diagnose and treat depression (psychiatrist, psychologist, social worker or mental health counselor)
- Pharmacological interventions
- Other interventions or follow-up for diagnosis or treatment of depression

Acceptable Adult Standardized Screening tools

(This list is not all-inclusive. Check with your Quality Coordinator if your screening tool is not listed below)

- PHQ-2 (followed by PHQ-9 for score 1 or higher)

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- PHQ-9
- Beck Depression Inventory (BDI or BDI-II)
- Center for Epidemiologic Studies Depression Scale (CES-D)
- Depression Scale (DEPS)
- Duke Anxiety-Depression Scale (DADS)
- Geriatric Depression Scale (GDS)
- Cornell Scale for Depression in Dementia (CSDD)
- PRIME MD-PHQ-2
- Hamilton Rating Scale for Depression (HAM-D)
- Quick Inventory of Depressive Symptomatology Self-Report (QID-SR)
- Computerized Adaptive Testing Depression Inventory (CAT-DI)
- Computerized Adaptive Diagnostic Screener (CAD-MDD)

Please reach out to your Quality Coordinators if you have any other questions or need help meeting this measure.

COMPLIANCE ... Begins with YOU!

“A chain is only as strong as its weakest link.” True for physical chains, but also for dynamic chains such as workflows or chains of command.



No lock is strong enough, no password complicated enough, and no firewall or software powerful enough to stop human intervention –

purposeful or not - in safety systems. That is not to say that every company or practice shouldn't have sophisticated passwords, firewalls and safety procedures in place. Rather, it's to reinforce the fact that those are not enough to protect patient data, to comply with all HIPAA requirements and to avoid any disciplinary actions.

So, what is needed in addition to these? EDUCATION. EDUCATION. EDUCATION. Staff must be constantly reminded of

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their duty to protect data, to report suspicious activity and to be diligent in following all protocols set forth by the practice.

Compliance starts with – and ultimately also ends with – YOU!



Reminders

As we stated, above, Education. Education. Education. So, following our own advice, here are some items we've included in past newsletters that bear repeating:

CMS Posters and Beneficiary Notices

CMS created new templates for 2020 for posting in Participant offices. Each facility where patients are seen must have a poster which notifies beneficiaries of the fact that the practice has joined an ACO and what that means for the care and rights of the beneficiary. All previous posters should have been replaced with the new templates.

In addition, effective January 1, 2020, CMS requires that each Medicare Beneficiary be given a Beneficiary Information Notification at their first visit during the year. CMS also released templates for these. CMS has not prescribed specific details as to how a practice is to record when the beneficiary is given the Notice, but we strongly recommend that all practices note in their EMR or keep a log of delivery of the notices. That way, if CMS does request proof that the Beneficiary Information Notices are being delivered, the information will be readily available.

Templates for the Posters and the Beneficiary Information Notification, each in English and Spanish, are attached to the email to which this newsletter was attached.

US Health Systems ("USHS")

US Health Systems is the care coordination arm of Silver State ACO. They have begun following patients – in the ER, in post-acute facilities, as well as at home after a discharge from the hospital. Please help them help us. If they call for information on a patient or to aid the patient in getting an appointment with your office, please work with and assist them in any way you can.

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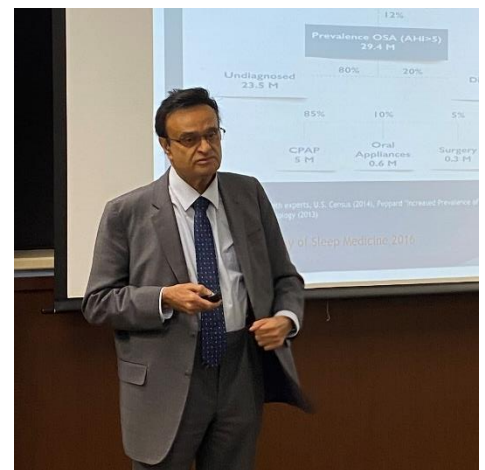
Also keep in mind that you can reach out to them. Their function is to help our beneficiaries. If you are aware of a patient who has challenges – particularly related to transitioning home after an inpatient stay or outpatient procedure – please reach out to USHS. Their success with patient follow-up should directly affect our success in providing excellent care while reducing costs. That in turn should help Silver State ACO – and its Participants – be successful, again. We’re shooting for earning shared savings five years in a row.

Please keep the USHS 24/7 Care Line call center phone number (also listed at the top of the Preferred Provider “blue sheet”) handy:

1-833-208-0588

January Practice Meetings

Practice meetings were held in both Northern and Southern Nevada during the last week of January. The excellent turnout included representatives from Participants who joined Silver State ACO in 2020. Attendees were treated to a lovely meal, met SSACO quality coordinators and other Participants, and were addressed by various SSACO Preferred Providers. These Preferred Providers introduced themselves and their services. Each then gave an in-depth explanation of the causes and complications of certain health issues as well as the potential benefits of addressing these issues and, in particular, the substantial incremental benefit of identifying and dealing with the issues as early as possible.



Dr. Prabhu at the Southern Nevada practice meeting on January 29th.

Attached to this email is the most up to date “blue sheet” for both Northern and Southern Nevada. The “blue sheet” is the listing of SSACO Preferred Providers, named for the blue paper on which hard copies are printed so as to be able to identify it quickly, even amidst the mountains of paper often found on desks!

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Above: Full house at Southern Nevada Practice meeting on January 29th.

Below: Full house at Northern Nevada Practice Meeting on January 30th.



Practice Meetings Schedule for 2020

Please be sure to join us and your fellow Silver State ACO Participant practice managers, providers and staff at our quarterly practice meetings. It's a wonderful opportunity to learn, meet other SSACO Participants, and win great prizes.

NORTHERN NEVADA

Northern Nevada practice meetings will take place at the NNMC Sparks MOB at 5 p.m.

Thursday, May 7, 2020
Thursday, September 3, 2020
Thursday, November 5, 2020

SOUTHERN NEVADA

There will be two sessions on each date: 7:30 a.m. and 11:30 a.m.

Summerlin Hospital – Wednesday, May 6, 2020
Desert Springs Hospital – Wednesday, September 2, 2020
Summerlin Hospital – Wednesday, November 4, 2020



“A Chain is Only as Strong as its Weakest Link”

This expression first appeared in Thomas Reid’s “Essays on the Intellectual Powers of Man”, published in 1786. (Thomas Reid was an 18th century philosopher and founder of the Scottish School of Common Sense.) The full idiom “A chain is no stronger than its weakest link” was first printed in Cornhill Magazine in 1868.

Wikipedia lists one of its meanings as “An organization is only as strong or powerful as its weakest person. A group of associates is only as strong as its laziest member”.

To cancel receiving the monthly Silver State ACO Newsletter please click Unsubscribe and type “Unsubscribe” in the subject box.

Below: More photos from the Southern Nevada Practice Meeting on January 30th.

