

Value Connection

Arkansas Health Network's Quarterly Newsletter

December 2019

Holiday Cheer from Arkansas Health Network!

Merry Christmas, Happy Hanukkah, Happy Kwanzaa, Happy Holidays and a wonderful New Year to you and your loved ones from Arkansas Health Network (AHN)!

This has been an especially exciting and successful year, as we have celebrated several achievements, such as:

- 2018 Medicare Shared Savings Program (MSSP), being recognized as a best practice in CommonSpirit Health enterprise for its repeated successes
- 2018 CHI St. Vincent Employee Health Plan savings that helped translate to 0% premium increase for all its plan beneficiaries
- Adding a full-time Chief Medical Officer, a Network Pharmacist and a Wellness Coordinator amongst other resources in the team



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- Expanding AHN to be the largest Clinically Integrated Network (CIN) in the state with 10 hospitals, 2,200+ providers, 40+ ancillary facilities, and 20+ Skilled Nursing Facilities
- Expanding our unique Direct-to-Employer (DTE) contracting value-based care model to five total employers across the state in collaboration Arkansas Children's Care Network (ACCN)
- Selection to re-open the near-site Convenient Care and Business Health Clinic in Little Rock Port Industrial Park, in partnership with CHI St. Vincent Medical Group
- Successful transition into a fiscally sustainable and P&L entity, after paying off debts to our sponsor. AHN is now preparing to distribute a portion of shared savings incentives in early 2020.

As this special year draws to a close, we want to thank you for helping make AHN one of the most successful Clinically Integrated Networks (CIN) in the area and in the industry. We wouldn't be where we are today without the support of true participating partners like you!

Daniel Felton, MD, Board Chair, Arkansas Health Network
Bob Sarkar, FACHE, President & CEO, Arkansas Health Network

Direct-to-Employer: 2020 Employers and TPA Partnerships

Arkansas Health Network (AHN) and Arkansas Children's Care Network (ACCN) have finalized their employer clients for the 2020 calendar year. In total, AHN and ACCN will manage approximately 16,700 adult and pediatric members on the health plans for five employers: CHI St. Vincent, Arkansas Children's Hospital, Conway Regional Medical Center, Anthony Timberlands Inc., and EngageMed Inc.

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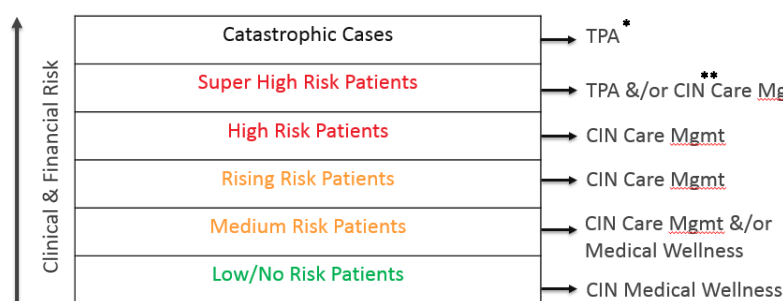


AHN Expands Services to Include Medical Wellness

AHN is excited to welcome Debbie Staton, MS as its first Wellness Coordinator. She will be dedicated to the CHI St. Vincent and Anthony Timberlands employees and their dependents. Debbie has worked in Health and Wellbeing for more than 7 years and is passionate about helping individuals reach their overall wellness goals through behavioral change. Most recently, she served as an independent wellness consultant. In her role, Debbie will work with key partners within the client organization and community to organize and promote wellness related activities to energize and engage employees and their dependents. Examples of potential programs include on-site fitness classes, lunch and learn educational sessions, challenges around walking, water, and sleep, and mindfulness activities.



Why has AHN decided to invest in Wellness capabilities? As shown in the diagram below, AHN and ACCN (the CINs) focus on outreach to Medium to High risk patients. As a complementary approach, Wellness is



*TPA = Third Party Administrator, **CIN = Clinically Integrated Network (AHN or ACCN)

the best opportunity to engage Low/No Risk patients and help them remain in a healthy state. Furthermore Wellness programs support healthy behaviors and environments for higher risk groups. Wellness services will be available to any interested direct-to-employer clients. AHN will continue to add Wellness Coordinators as they work with more employers.

For questions or comments, please contact Rachel Longfellow (rclongfellow@stvincenthealth.com)

CMO Bulletin: Launch of Evidence-Based Guidelines Committees

Reducing variations in care is critical for improving the quality and decreasing the cost of healthcare. The best approach to reducing variations is through widespread adoption of evidence-based medicine (EBM) guidelines. These guidelines are developed, and regularly updated, by relevant professional societies.

AHN adopted EBM guidelines for outpatient management of hypertension (HTN) and Type 2 Diabetes Mellitus (DM) in 2017. To enhance the use of these guidelines across the network, we recently established two independent physician-led committees under the leadership of Dr. Paul Valentin-Stone (HTN Committee) and Dr. Kristi Sutton (DM Committee).

These committees have met regularly over the last two months with the following tasks:

- I. Update the guidelines
- II. Disseminate these guidelines across AHN
- III. Monitor and report compliance with the guidelines to the providers

We are pleased to report that these committees have updated the guidelines for ambulatory management of HTN and DM. based upon the most recent EBM guidelines from their respective professional societies. The committees are now developing educational programs for disseminating these guidelines across AHN, which will enable the providers to provide high quality care to our patients.

For questions or comments, please contact Shahid Shafi, MD (sshafi@stvincenthealth.com)



PHARMACY CORNER

Duexis® Update, Dexilant Cost Saving Alternatives

Duexis® Update

With the rising cost of pharmacy, replacing expensive brand name medication with a lower cost generic alternative of equal efficacy is beneficial to both the patient and payer. In the last newsletter, we highlighted Duexis (famotidine/Ibuprofen), a high cost medication that is two generic medications bundled together for convenience. The cost of this medication to the employer/insurance plan is very high (about \$2000 per prescription). Without a coupon card, the copay is costly to the patient (about \$140 per prescription). However, the cost of their generics for both patient and payer is less than \$10 per prescription.

AHN developed and distributed educational material around the use of Duexis and Vimovo (a similar high cost drug of two bundled generics) to the prescribers in the fall. We are pleased to report that in November 2019, there were **no new prescriptions** for either Duexis or Vimovo for the CHI St. Vincent health plan where all the prescriptions had occurred.

Dexilant - High Cost Brand Name

Dexilant (dexlansoprazle) is a proton pump inhibitor (PPI) used for treatment of GERD and Erosive esophagitis. Dexilant is the only PPI without a generic alternative. As shown in the tables to the right, the cost of Dexilant to the plan/patient is \$50-\$320 per prescription. The cost of the low cost alternative with similar efficacy, omeprazole, is \$7-\$15 per prescription. Converting patients from Dexilant to omeprazole could result in an annual cost savings of about **\$458,690** to AHN's patients.

Brand Name - Dexilant	
Health Plan/Patient Cost per Prescription	
	\$50 — \$320
Generic/OTC - Omeprazole	
Health Plan/Patient Cost per Prescription	
	\$7 — \$15

**Based on paid claims 01/2019— 09/2019 for combined MSSP, ABCBS Collaborative Health Initiative, and CHI St. Vincent Health Plan*

Disclaimer: This information is not intended to dictate or substitute for the professional judgment of a health care practitioner in a particular case.

For questions or comments, please contact Shahid Shafi, MD (sshafi@stvincenthealth.com)

AHN and CHI St. Vincent Medical Group Selected for Port of Little Rock Clinic



On October 10, the Port of Little Rock announced that CHI St. Vincent Medical Group and Arkansas Health Network had been selected from a pool of applicants to open a new clinic in the Port Authority area which will serve its businesses, employees, and dependents.

The clinic is due to open in March 2020. CHI St. Vincent Medical Group will manage the clinic and provide medical services including pre-employment examinations, evaluation and treatment of workers' compensation injuries and illnesses, and general and preventative wellness

services. AHN's population health management services, in partnership with ACCN, will be available to interested employers looking to improve the overall health of their workforce and health plan cost.

For questions or comments, please contact Rachel Longfellow (rdlongfellow@stvincenthealth.com)

2020 Employers & TPA Partnerships (Continued)

In direct-to-employer arrangements, it is critical for AHN and ACCN to have a strong working relationship with the employers' Third Party Administrator (TPA) and insurance broker. Together, these three parties leverage their core competencies to implement AHN and ACCN's unique model of care for the health plan and create a seamless experience for the employer, members, and network providers. The table below outlines the key roles of each stakeholder:

Third Party Administrator (TPA)	Claims data processing and sharing, implementation of benefit plan design (including tiered network), creation of insurance cards and benefit materials for members, catastrophic case management, overall health plan analytics
Insurance Broker	Facilitation of relationships and contracting between employer and their vendors (i.e. CINs, TPA, PBM, stop-loss carrier), advisory services on benefit plan design
Clinically Integrated Network (AHN/ACCN)	Proactive advanced care management, health plan utilization and quality reporting, development of an comprehensive provider network, sharing of network provider list with TPA for claims processing, provider education and quality improvement, employee wellness

AHN and ACCN are willing to work with any TPA that is selected by the employer, provided that they agree to share complete and unmasked claims data for the health plan with the CINs (with the employers' permission), can implement a tiered benefit plan structure, and will collaborate with the CINs to designate responsibilities for care management. In 2020, AHN and ACCN will work with three TPAs - Cigna, Arkansas Blue Cross & Blue Shield, and CoreSource to care for the aforementioned 16,700 beneficiaries from five employers.

New Network Participant Additions

Arkansas Health Network welcomes the following practices to its roster of participants. All new participants are reviewed and approved by the AHN Board of Managers.

- ◇ Arkansas Dermatology
Dermatology, Little Rock, North Little Rock, Heber Springs, Stuttgart, Conway, Searcy, www.arkansasdermatology.com/
- ◇ Dardanelle Regional Medical Center
Critical Access Hospital, Dardanelle, (479) 229-4677
- ◇ Dardanelle Regional Medical Clinic
Family Medicine, Dardanelle, (479) 229-6191
- ◇ Elite Hospice
Hospice Care, 7 Locations, <https://lhcgroupp.com>
- ◇ Family Practice Associates
Family Medicine, Benton, (501)778-0934
- ◇ Bryant Family Managed Care
Family Medicine, Bryant, (501) 847-2835
- ◇ Insight Renewal Center
Behavioral Health, Little Rock (501) 414-0111
- ◇ Lieblong Eye Center
Ophthalmology, Little Rock, (501) 661-0450
- ◇ Ouachita County Medical Center
Acute Care Hospital, Camden, (870) 836-1000
- ◇ Ouachita Physician Services
Family Medicine, General Surgery, OB-GYN, Camden, <https://www.ouachitamedcenter.com/>
- ◇ Pinnacle Orthopedics, PA
Orthopedics, Little Rock, (501) 975-1916
- ◇ SARK OPL
Cardiovascular Surgery Center, Pine Bluff, Little Rock, El Dorado, Camden, <https://sarcardiology.org/>
- ◇ South Arkansas Cardiology, PLLC
Cardiovascular/Interventional Cardiology, Pine Bluff, (870) 534-2900

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