CHI Saint Joseph Health Partners

2020 & 2021

Annual Value Report

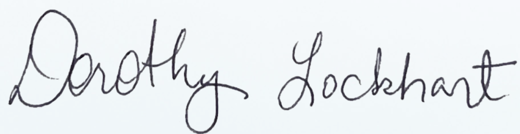
Welcome Message

Dorothy Lockhart, MBA, MSN, RN
Market Vice President

I am pleased to provide you with our 2020/2021 Value Report. Many challenges were faced in 2020, but through that we also found growth and success throughout 2021. Our CHI Saint Joseph Health Partners (Health Partners) team was steadfast in their dedication to those we serve even as they pivoted to working remotely from their homes due to the pandemic.

Over the course of these two years we considered the fears our patients faced regarding in-person care and supported our providers while they navigated virtual care. We shifted our focus to quality metrics such as medication adherence by assisting our patients in enrolling in mail order prescriptions. A partnership with Saint Joseph Community Pharmacy allowed us to offer Meds to Beds for our Transitions of Care patients. Pre-visit planning was performed by our staff in order to assist Saint Joseph Medical Group. Health Partners had a large role in establishing Yes Cerv! with the Saint Joseph Foundations, providing cervical exams for those in need in our community. All of these initiatives were implemented while never wavering from our commitment to work with our patients that wanted to make health changes despite COVID-19.

It is a challenging time in healthcare and I have never been more proud of the work our team does to bring the healing presence of God to those in our community.



Dorothy Lockhart, MBA, MSN
Market Vice President

Leadership Team

Anthony A. Houston, EdD
Market Chief Executive Officer

Viren Bavishi, MD
Chief Medical Officer

Dorothy Lockhart
Market Vice President

Kristen Brown
Market Director, Operations

Emily Cox
Managed Care Pharmacist

Shannon Nally
Network Development Specialist

Pam Thompson
Market Director, Care Management

Kelly Tudor
Director, Business Development

Russelyn Cruse
Manager, Quality Improvement

Board of Managers & Committees

About Us

Uniquely positioned to make a real difference in the health of Kentuckians, Health Partners is an ever-growing network of clinical providers who are dedicated to improving the health and quality of care for those we serve. We bring together the whole spectrum of care by coordinating a network of providers spanning the state, including hundreds of care delivery points including hospitals, skilled nursing facilities, ambulatory care centers and clinical offices all focused on supporting patients' health goals. With patients at the center of our efforts, the physician-led Board of Managers and subcommittees create and implement ways to enhance quality, experience, efficiency, and reduce the costs of healthcare services. Our Board of Managers and committee members include CHI Saint Joseph Medical Group employed providers, independent practitioners, and current patients, providing a range of perspectives in the leadership provided.

Board of Managers

2020

Ron Waldridge II, MD (Chair)
Viren Bavishi, MD
Daniel Goulson, MD (SJHP CMO)
Bruce Tassin (CEO)
Jeffery Graves, MD
Russell Williams, MD
Robert Salley, MD
Mubashir Qazi, MD
Tom Coburn, MD
Julianne Ewen, MD
Valerie Briones-Pryor, MD

2021

Ron Waldridge II, MD (Chair)
Anthony Houston (CEO)
Daniel Goulson, MD (SJHP CMO)
Robert Salley, MD
Mubashir Qazi, MD
Thomas Coburn, MD
Julianne Ewen, DNP, APRN
Thomas Von Unrug, MD
Rose Rexroat

Quality & Value Committee

2020

Ron Waldridge II, MD (Chair)
Viren Bavishi, MD
Daniel Goulson, MD (SJHP CMO)
Bruce Tassin (CEO)
Jeffery Graves, MD
Russell Williams, MD
Robert Salley, MD
Mubashir Qazi, MD
Tom Coburn, MD
Julianne Ewen, MD
Valerie Briones-Pryor, MD

2021

Thomas Coburn, MD (Chair)
Robert Salley, MD
Daniel Goulson, MD
Steve Lin, MD
Greg Anderson, MD
Kathy Love

Governance Committee

2020

Viren Bavishi, MD - Chair
Valerie Briones-Pryor, MD
Robert Salley, MD
Bruce Tassin - System CEO
Steve Frantz

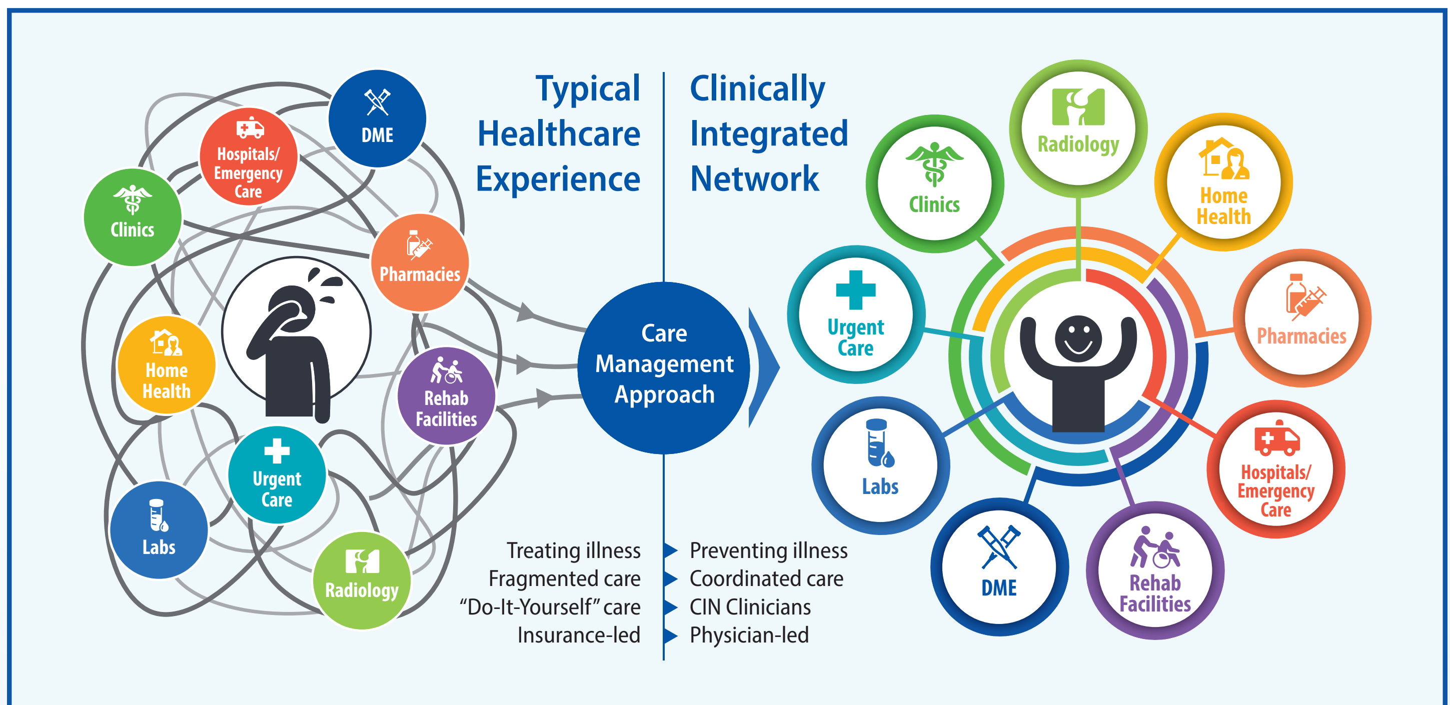
2021

Viren Bavishi, MD (Chair)
Anthony Houston, CEO
Robert Salley, MD
Mendy Evans
Christy Spitser

Our Approach

About Us

Our innovative care management strategy centers on the primary care component of health care. It is critical that primary care providers are connected seamlessly with all network providers, each with access to the tools and resources they need to provide the right care, at the right time, in the right place. This connection allows providers to make well-informed clinical decisions. Health Partners touch every aspect of our patients' health by maximizing their experience with providers at all levels of care, and focusing attention on optimizing health, versus illness and disease.



Our Team

Nurse Care Coordinator

Provides proactive care management to at-risk populations in order to maintain health and minimize illness. The Nurse Care Coordinator works alongside the patient, their caregivers, providers and social worker to create both short- and long-term health goals.

Quality Nurse

Works directly with providers and clinic staff to provide education and coaching to achieve improvement in quality and cost performance. The Quality Nurse will provide clinic and provider-level dashboards on key metrics, education on evidence-based medicine guidelines, and collaborate on practice transformation efforts.

Pharmacist

Works with prescribers, patients, and Health Partners' care management and analytics teams to analyze prescription use patterns and provide education on best practices, medication reconciliation, medication therapy management, formulary management, and conversion of brand name to generic medications.

Social Worker

Works closely with the Nurse Care Coordinator to identify barriers to medical care and provide education and links to community resources to help address needs such as transportation, financial concerns, end of life planning, housing, food availability, access to medications, and behavioral health issues.

Data Analyst

The Data Analyst will leverage existing platforms, electronic medical records, and payor data to develop reports and dashboards that identify cost and quality success opportunities.

Care Management Approach

RN Quality Care Coordinator

- Gaps in Care
- Quality Metrics
- Medical Group Partnership

SW Ambulatory Care Coordinator

- Social Determinates of Health
- Community Resources
- Skilled Facility Follow up

RN Ambulatory Care Coordinator

- Population Health
- Disease Management
- Facility Discharge Follow up

Clinical Pharmacist

- Medication Adherence
- Medical Plan RX Spend
- Clinical Medication Consultation

Certified Medical Assistant

- Annual Wellness
- Preventative Screenings
- Facility Discharge Follow up

By the Numbers

Unique Participating Providers	2020	2021
% Primary Care	23%	22%
% Specialty Providers	45%	38%
Network Facilities (*includes Hospital facilities, SNFs, and Rehab Facilities)	111	80
Managed Patient Lives % Medicare % Employer Health Plan % Medicaid % Other Commercial	 58% Medicare 12% Employer 7% Medicaid 24% Commercial	 43% Medicare 18% Employer 12% Medicaid 28% Commercial
Earned Shared Savings	$9,445,205.37	$2,653,570.30

Medicare Shared Savings Program (MSSP)

	2020	2021
Total ACO Savings	$4,540,699	$0
Overall Quality Score	96.87%	90%
Earned Shared Savings	$3,298,842	$0
Attributed Lives	21,267	8,198

The divestiture of KentuckyOne Health was finalized on December 31, 2019. The effect of this dissolution to Health Partners was the reduction of covered lives by over 60% as evidenced in the above chart. The final impact of the separation was felt in 2021 when Health Partners was notified of the 2021 Medicare Shared Savings Program (MSSP) performance results. Due to the prospective attribution methodology of Health Partners' MSSP Enhanced track and updates to provider tax identification numbers in the Provider Enrollment, Chain, and Ownership System (PECOS), the tail impact was actual costs over expected, resulting in no shared savings for that performance year.

MSSP Quality Performance

Overall Quality Score

Measure Title	2020 Performance	2021 Performance
ACO Final Quality Score	96.87%	90%

Domain: Patient/Care Give Experience

Measure Title	2020 Performance	2021 Performance
CAHPS: Getting Timely Care, Appointments, and Information	*Waived for 2020*	86.62
CAHPS: How Well Your Providers Communicate	*Waived for 2020*	95.31
CAHPS: Patients' Rating of Provider	*Waived for 2020*	93.93
CAHPS: Access to Specialists	*Waived for 2020*	77.65
CAHPS: Health Promotion and Education	*Waived for 2020*	60.17
CAHPS: Shared Decision Making	*Waived for 2020*	61.32
CAHPS: Health Status/Functional Status	*Waived for 2020*	68.11
CAHPS: Care Coordination	*Waived for 2020*	86.52
CAHPS: Courteous and Helpful Office Staff	*Waived for 2020*	93.03
CAHPS: Stewardship of Patient Resources	*Waived for 2020*	24.58

Domain: Care Coordination/Patient Safety

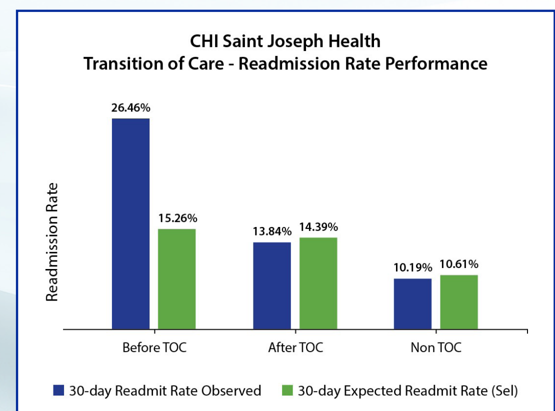
Measure Title	2020 Performance	2021 Performance
Risk Standardized, All Condition Readmission *(lower is better)*	15.17	
All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions *(lower is better)*		36.23
Ambulatory Sensitive Condition Acute Composite	1.11	
Falls: Screening for Future Fall Risk	82.51	88.29
Indicator of exceeding ACO average		

Continued success of the Transitions of Care program (TOC)

Health Partners is pleased to share November 2020 program results. For this high-risk patient population, readmission rates decreased by half as opposed to the readmission rate before the TOC program was implemented.

Qualifying patients (all payor)

1. Have primary diagnosis of one of the following:
   - Congestive Heart Failure
   - Sepsis (DRG 871)
   - Pneumonia
   - Chronic Obstructive Pulmonary Disease
   - Total Knee Arthroplasty/Total Hip Arthroplasty
2. A Cerner readmission risk score > 48 / LACE score > 10 or a case management referral for medically/socially complex patients.



Domain: Preventative Health

Measure Title	2020 Performance	2021 Performance
Preventive Care and Screening: Influenza Immunization	66.73	74.03
Tobacco Use: Screening and Cessation Intervention	61.43	65.45
Screening for Clinical Depression and Follow-up Plan	47.18	49.61
Colorectal Cancer Screening	66.67	67.49
Breast Cancer Screening	66.67	70.15
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	76.69	79.68

5-Star Medication Adherence

Overcoming the multitude of barriers COVID-19 presented, Health Partners was able to achieve 5-star Medication Adherence in all three categories for our Humana population (diabetes, hypertension and cholesterol).

This was an increase from 2019's results by an average of more than 2.3%. We steered our efforts to our diabetes patients, with the knowledge that complications from untreated or undertreated diabetes can have many detrimental consequences to a patient's overall health.

Results show that Saint Joseph Health Partners was able to improve medication adherence in our diabetic population by more than 3%.

Innovation - Utilized claims information and partnered with payor to reach the most patients at risk.

Improvement - Improved medication adherence results that were better than prior years during a pandemic.

Scalability - We are utilizing this model in 2021 for our other payor contracts and we see an opportunity to impact populations with this strategy.

Domain: At-Risk Population

Measure Title	2020 Performance	2021 Performance
Depression Remission at Twelve Months	6.35	2.44
Diabetes Mellitus: Hemoglobin A1c Poor Control *(lower is better)*	18.51	11.17
Hypertension (HTN): Controlling High Blood Pressure	73.67	77.34
Indicator of exceeding ACO average		

Yes Cerv! Grant

Following the decade of success of the Yes, Mamm! program in providing early screening and intervention for breast cancer diagnosis to those that are uninsured and underinsured in the community, Saint Joseph Foundations and CHI Saint Joseph Health Partners (Health Partners) were awarded a grant in 2021 from the Kentucky Women's Cancer Screening Program (KWCSP) to establish Yes, Cerv!

Yes, Cerv! was created to prevent cervical cancer through promotion of pap smears and HPV vaccinations to provider practices and patients, as well as provide cervical cancer screenings, early stage diagnoses, and oncological pelvic treatment to patients. Like Yes, Mamm!, Yes, Cerv! provides these services at no-cost to eligible women who are uninsured and underinsured.

In September 2021, Kentucky native, Teresa "Tracy" Colon BSN, RN, joined Health Partners as an RN Ambulatory Care Coordinator to lead the grant for Health Partners. Tracy has been a registered nurse for over three decades with experience in Marketing and Education, Administration, and Utilization Review. Her experience in these areas and her passion for ministry have made her a perfect fit to lead the grant for CHI Saint Joseph Health Partners. Tracy believes strongly in devoting herself to the mission of healing and wanted to be in health care since she was a young child.

Teresa "Tracy" Colon BSN, RN

Tracy states, "I am honored to be a part of the Yes, Mamm! and Yes, Cerv! programs to truly extend the healing ministry of Christ. Yes, Mamm! was started because no one should have to decide if they can afford their cancer screenings. No one should have to choose to either pay their grocery bill or pay for their cancer screening. The addition of Yes, Cerv! directly ties in to our mission of extending the healing ministry of Christ."

Tracy's efforts will focus on educating providers about the opportunities the grant provides and communicating offerings in the community to support women's health and preventive services.

Meds to Beds and Transitions of Care prevent likely readmission

Community Pharmacy at Saint Joseph Hospital partnered with Health Partners Transitions of Care (TOC) program to provide an opportunity for TOC patients to have home medications delivered bedside on the day of acute care discharge. Recently, this medication program and a TOC follow-up call from a Health Partners care coordinator prevented a 93-year-old male with sepsis from a likely readmission.

Lisa Rogers, BSN, RN

Emily Cox, PharmD, RPh

When nurse care coordinator Lisa Rogers reached out to the family for follow-up services, she learned that, while a nebulizer machine had been ordered upon the patient's discharge, the nebulizer medication was not. Lisa quickly involved Emily Cox, clinical pharmacist for Health Partners.

Together, they were able to contact the Meds to Beds pharmacist, resulting in the acute care physician being

paged and medication ordered at the patient's local pharmacy on the same day. The patient's daughter, who had no other ability to access the medication, was grateful for the assistance of the Health Partners team.

"We prevented this patient from reentering our facility days after leaving. That is a win for the family and our programs," said Emily Cox, PharmD, RPh, Clinical Pharmacist, CHI Saint Joseph Health Partners.

Tracy Pope

Message from a member of the CHI employee health plant to Health Partners leadership regarding employee, Tracy Pope, BSN, RN.

"Hello,

I wanted to let you know that you have an amazing employee in Tracy. She has been such a blessing to me. She has been my caseworker for the past several months as I struggled to get back to myself after COVID Pneumonia. She has prayed for me and prayed over me. Her prayers are amazing! She is genuine in spirit and truly cares for me as her patient and sister in Christ. God knew who I needed for my caseworker and He was so right!"