GSQN Enters Partnership with United Healthcare

By Bill Bopp

“Our network continues to excel at gathering patient outcome data and working with physicians to develop protocols which improve care,” explained Clement Fox, MD, Chief Medical Officer of Gulf South Quality Network, LLC (GSQN). “By also focusing on patients with chronic states, we are able to support the delivery of care to assure they stay compliant and controlled.”

GSQN has garnered attention, because of its ability to deliver clinical results. Most recently, United Healthcare has agreed to a three-year partnership with GSQN. The partnership allows our physicians and hospitals to work in alignment with United Healthcare managing United’s member population.

“Although the final attribution is not complete, we believe the network will have more than 20,000 covered members,” said Tommy Axford, GSQN’s actuary. “Based on the current market pricing, this could provide the network [with] the opportunity to manage a medical budget in excess of $75,000,000.”

The partnership with United Healthcare will focus on a set of quality measures that was developed to improve the health of the United member population. United Healthcare has also agreed to supply claim and clinical data that will enable physicians to identify opportunities to improve and enhance the quality of care provided to the member population.

“Our staff is excited to begin receiving United Healthcare data with the goal of identifying areas for patient improvement,” said Dana Huete, RN, Vice President of Quality for GSQN.

The quality measures identified are:

- Annual Monitoring for Persistent Medications (Roll-Up)
- Breast Cancer Screening in the last 24 months
- Cervical Cancer Screening

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This past summer, we hosted a strategic retreat in the New Orleans area attended by nearly 50 network physicians and hospital executives along with executives from several health plans, law firms and technology companies. A common thread of our discussions was how to leverage our New Orleans success and align like-minded hospitals and physicians with the idea of a statewide clinically integrated network.

Our strategic retreat even left us with a lofty goal – build the infrastructure to support population health management of 200,000 patients across Louisiana.

Since charged with this goal, GSQN has grown in almost every aspect. As mentioned later in this newsletter, we’ve added both corporate and regional staff geared towards driving and supporting the statewide network. Our provider network has moved from the New Orleans market to a footprint that now stretches across the state. After adding our newest hospital members (below), we organized into four distinct regions: Greater New Orleans (GNO) Region, Southwest Louisiana (SWLA) Region, Lafayette, and Central Louisiana (CENLA) Region.

Women and Children Medical Center (Lafayette)
Our Lady of Lourdes (Lafayette)
Lake Charles Memorial (Lake Charles)
Rapides Regional Medical Center (Alexandria)
West Calcasieu Cameron Hospital (Sulphur)
Beauregard Memorial Hospital (DeRitter)

These new hospital members and their medical staff will add an anticipated 800 new physician members pushing GSQN closer to our 3,000 physician milestone.

This infrastructure and network expansion has allowed GSQN not only to expand membership in its existing network payer contracts, but also to continue to demonstrate competitive value to the payer community. This is seen in our new partnership with United Healthcare and increased interest in GSQN from the self-funded marketplace.

As I look back at the few months since that retreat, it seems that in such a short span of time we’ve grown from a New Orleans network, to where we find ourselves today, a Louisiana network.
GSQN Honored During Blue Cross Blue Shield of Louisiana Collaborative Event

“GSQN physicians took home 17 of the 20 awards”

Some Members of GSQN in Attendance. First Row: Bertha Daniels, MD; Joseph Imseis, MD; Sarah Vitenas; Lena Savoie; Dana Huete, RN; and Ruby Xi, MD. Second Row: Denise Henry, RN; Cheri Miller, RN; Lesley LeBlanc; Mia Stephenson, RN; Ashley Martin; Joelle Satterlee, RN; Lori Meyers, RN; and Lovie Rodgers, PharmD. Back Row: James Theis, MD; Valerie Wild Killion; Jeffrey Turner; Clement Fox, MD; Kelo McKay, RN; RoseAnne McDow; Roland Waguespack, MD; Sanjay Raina, MD; C. Bryan Miller, MD; and Saleta Brewer.

By Lori Meyers

Blue Cross Blue Shield of Louisiana (BCBSLA) hosted its 2015 Annual Quality Blue Primary Care (QBPC) Statewide Collaborative on October 29, 2015, at the Hilton Capitol Center in downtown Baton Rouge. Providers earned Continuing Medical Education credit by attending the Collaborative. BCBSLA provided an overview of the QBPC program and recognized top-performing clinics and physicians across the state that are participating in the program. Additionally, Dr. Janet Wright, Executive of the Million Hearts Initiative, was a keynote speaker and applauded the program’s commitment to improving the health of Louisiana’s population.

BCBSLA’s QBPC chronic disease suites include Hypertension Care, Vascular Care, Chronic Kidney Disease Care, and Diabetes Care. In addition to the presentation of a certificate during the collaborative event, the awarded physicians will also be recognized in an upcoming BCBSLA press release about the event and in future QBPC promotions to expand the program.

GSQN physicians took home 17 of the 20 awards given to the top-performing physicians in the New Orleans Region: Hypertension Care: Drs. Jennifer Bertsch, Patricia Jackson, Tania Levi, and C. Bryan Miller; Vascular Care: Drs. Scott Acosta, Jan Cooper, Tania Levi, C. Bryan Miller, and Sanjay Raina; Chronic Kidney Disease Care: Dr. Lawrence Levy; and Diabetes Care: Drs. Jennifer Bertsch, Bertha Daniels, Maureen Hecker Rodrigues, Joseph Imseis, Patricia Jackson, Tania Levi, and James Theis.

GSQN would like to congratulate all the physicians and their supporting practice staff for their hard work and dedication.
GSQN Continues to Expand Across the State

GSQN’s Board of Managers has tasked the organization with mapping out a statewide market expansion plan. “Our intent is to align with other like-minded hospitals and physicians across the state and provide the foundation and support to be successful, as healthcare reform continues to enter the marketplace,” said Dr. Bart Farris, Chairman of the West Jefferson Medical Center local chapter.

One of the first new markets to emerge was Lafayette. Under the direction of Kathy Bobbs, CEO of Women’s and Children’s Hospital, and Bud Barrow, CEO of Our Lady of Lourdes, our first new market has been launched. To help drive the development of the region and its 200+ physician network, Chairperson Andy Blalock, MD, was elected as the Chairman of the regional Board of Managers.

Continuing the stretch across the state, the next market launch was Lake Charles, also known as the Southwest Louisiana region. Larry Graham, CEO of Lake Charles Memorial hospital said, “Gulf South Quality Network allowed us to partner with a successful clinically integrated network focused on improving the quality of care our citizens in the community receive.” In this same region, recent network additions, Beauregard Memorial Hospital and West Calcasieu Cameron Hospital, have expanded the regional service area.

The addition of Rapides Regional Medical Center in Rapides Parish represents the fourth new GSQN market this year (Central Louisiana Region). The CENLA region physician network is growing daily as physician specialists are now being added to the primary care physician base network built earlier in the year.

“Although we are now in four regions across the state, we would like to keep the momentum going to become the first network with regional coverage across the entire state,” said Dr. Gabriella Pridjan, Chairperson of the Network.

Population Health Video Now Available for Administrative View

We are pleased to announce that the GSQN Population Health Strategy is now available in video format for you to view. The video can be found under the administrative requirements in the physician login view of the website and is less than 30 minutes long. The population health strategy will encompass our strategies to manage over 100,000 lives, care coordination, quality process improvement initiatives though population health nurses, and pharmacy initiatives. We hope you enjoy the video.
GSQN Welcomes New Regions & Chapters

Lafayette Region
The Lafayette Region has two sponsoring hospitals, Our Lady of Lordes Regional Medical Center and Women’s and Children’s Hospital, and over 200 physician members. This region has broad physician availability in over 6 parishes: Lafayette, Vermillion, St. Martin, Acadia, St. Landry, and Evangeline. There is strong leadership from both hospital administration and medical staff with the newly appointed Board of Managers: Dr. Andy Blalock, Dr. Donald Mickal, Dr. Lon Baronne II, Dr. Frank Cardinale, Dr. Jude Bares, Dr. Francine Manuel, Dr. Patrick Boyle, Dr. Henry Dupré, Dr. Gary Blanchard, Ms. Kathy Bobbs and Mr. Bud Barrow. Key individuals responsible for operations of the Lafayette Region are Whitney Busscher, Program Manager, and Mia Stephenson, RN, Quality Analyst. Lafayette has entered into a contract with Blue Cross Blue Shield of Louisiana (BCBSLA) for both the Chronic Disease Management Program (QBPC) and shared savings contract Quality Blue Value Partnerships (QBVP) for 2016. The next steps for the Lafayette Region consist of forming a physician-led Quality Committee, providing computer training to physicians so they can access their account on the GSQN Web site portal, and connectivity of primary care practices that will be participating in QBPC.

SWLA Region
The Southwest Louisiana (SWLA) Region of GSQN was formed in August of 2015. The region’s sponsoring hospital is Lake Charles Memorial Health System, the largest healthcare provider in Southwest Louisiana, consisting of more than 2,800 employees, including 90+ physicians under the Memorial Medical Group across 18 specialties. Memorial is a true community health system run by a board of local volunteers. It belongs to the people of Southwest Louisiana and serves everyone regardless of age, race or financial status. The SWLA region’s Program Manager, Ginger Webb, is in the process of recruiting physicians into the GSQN Network. Once the initial recruiting of members and hospitals is over, the region will begin to form its Board of Managers as well as the physician-led Quality Committee. The next steps beyond forming the boards will be an orientation process by which the physicians and office managers will be trained on how to access their accounts on our Web site portal and then begin the connectivity process in anticipation of joining with BCBSLA for both the QBPC and QBVP for the second half of 2016. Joining GSQN will strengthen the member hospital’s healthcare infrastructure and physician network. With the adoption of GSQN’s clinical initiatives, patients will receive the benefit of enhanced quality, service and cost-effective patient care.

CENLA Region
The Central Louisiana (CENLA) Region currently has one sponsoring hospital, Rapides Regional Medical Center, located in Alexandria. The CENLA Region has initiated the formation of their regional clinical integration network panel. The current focus is on engaging primary care physicians in the community to form the foundation of the regional network. As this process is nearing completion, the network expansion, to include specialists, is ramping up. We would like to thank Kelly Shannon and Dawn Descant for their leadership.

Touro Chapter
A new chapter addition to GSQN’s New Orleans Region is Touro Infirmary. Touro is New Orleans’ only community-based, not-for-profit, faith-based hospital. For over 160 years, Touro has been in the vanguard of medical excellence. As one of New Orleans’ most enduring monuments, Touro stands for stability. Tens of thousands of babies have been born at Touro, and more than a million people have been treated. Christopher Lege, MD, will serve as the Chair for Touro’s Integrated Network Board of Managers and Jeffery Coco, MD, will serve at the Chair for the Quality Committee.

Children’s Chapter
Children’s Hospital is a welcome chapter addition to the GSQN New Orleans Region. Children’s Hospital represents a significant pediatric population and opportunity to establish and track pediatric quality measures.

Children’s Hospital is a 247-bed, not-for-profit pediatric medical center, offering a complete range of healthcare services for children from birth to 21 years of age. With over 40 pediatric specialties and more than 400 physicians, it is the only full-service hospital exclusively for children in Louisiana and the Gulf South. Children’s Hospital had 191,544 patient encounters (visits) in 2014 with children coming from 64 parishes in Louisiana, 43 states and 4 foreign countries. In all, 79,147 children received care from Children’s hospital last year. Floyd Buras, MD, will serve as Chairman of the Board of Managers, and Leon Finger, MD, will serve as Quality Committee Chair.

Because Touro, Children’s and West Jefferson Medical Center are now part of Louisiana Children’s Medical Center (LCMC), a unique approach to the management and quality analysis will be driven by Val Wild Kiloin, Senior Program Manager; new addition Ashley Martin, Program Manager; and Cherri Miller, RN, Quality Analyst.
GSQN Appoints New V.P. of Operations

GSQN is excited to announce the appointment of Jeffrey Turner as its new Vice President of Operations. Most recently at McKesson Business Performance Services as the Vice President of Network Services, Jeffrey has a long history in operations management, extensive managed care and operations experience, including leading large physician networks in clinically integrated and risk-based environments. His experience includes over twenty five years in the health care industry with companies specializing in Information Technology, PPO networks, and healthcare consultants. “Gulf South Quality Network is clearly the region’s clinical integration leader,” states Turner. “Our physician members are recognized for providing the highest quality of care and continue to make unprecedented strides in improving the efficiency of healthcare services. I am proud to be a part of the GSQN team and look forward to helping the network achieve both short and long term goals.”
Hypertension Pilot Demonstrates Success

By Lori Meyers, RN

We are happy to announce that we have been successful in our GSQN hypertension pilot. The pilot began with 12 physicians from 4 hospitals. Collectively, these physicians went from 52% of their BCBSLA patients with hypertension having a controlled blood pressure (BP) of < 140/90 to 64% over a six-month period. This success means that an additional 166 patients went from an uncontrolled BP to a controlled BP, which is well above the national average for hypertension control.

We are now implementing this strategy of success to all the GSQN QBPC primary care physicians. We have access to clinical data from the primary care physicians’ electronic medical records (EMR) and claims data from BCBSLA. This allows us to help the practices better manage their population with chronic conditions. We have been providing the practices with reports that identify the patients with hypertension needing an appointment, which has increased volume and revenue to the practices, and has improved the management of BCBSLA patients with hypertension. The GSQN goal for hypertension control is to have 80% of our BCBSLA patients with hypertension having a controlled BP, which is higher than the BCBSLA QBPC goal of 70%.

The following physicians are the recipients of GSQN’s Award of Excellence for Hypertension Care:

**East Jefferson General Hospital Chapter**
- Jonathan Cone, MD
- Fredrick Dantagnan, MD
- Lindsay Ford, MD
- Nicole Giambrone, MD
- Michael Hulin, MD
- David Klibert, MD
- Van Le, MD
- Elise Nicaud, MD
- Sidney Raymond, MD
- Victor Weaver, MD

**Lakeview Regional Medical Center Chapter**
- Tania Levi, MD

**Slidell Memorial Hospital Chapter**
- C. Bryan Miller, MD
- Sanjay Raina, MD
- Pedro Serrant, MD
- Ruby Xi, MD

**Tulane University Medical Center Chapter**
- Dominique Anwar, MD
- Terry Cummings, MD
- Timothy Harlan, MD
- Anne Jacob, MD

**West Jefferson Medical Center Chapter**
- Bertha Daniels, MD
- Joseph Imseis, MD
- Patricia Jackson, MD
- Joshua Mizell, MD
- William Newman, MD
- James Theis, MD

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United Healthcare

- Childhood Immunizations
- Chlamydia Screening
- Colorectal Screening
- Diabetes Care (National Standard) Patients 18-75 years of age, with HbA1C in the last 12 months
- Well Child Visits within the first 15 months of life
- Early Elective Delivery
- Hospital Admission Notification

As with other network contracts, the ability to achieve quality measure targets and to manage the actuarial budget efficiently will provide the network with the opportunity for shared savings. These savings will then be distributed among GSQN physicians based on their ability to achieve the quality metrics targets set by their local chapter.
Pharmacy

By Lovie Rodgers

The saying “a medication a patient can’t afford is a medication that a patient won’t take” is at the heart of the medication noncompliance issue. A RAND study found that doubling copays for medications reduced medication adherence by up to 45%. Because adherence declined as a result of increased copays for brand drugs, emergency room visits increased by 17%, and inpatient length of stay increased by 10%.

One tactic to improve adherence is to use equally effective, lower-cost generic medications.

As your GSQN Clinical Pharmacist, I actively engage physicians and GSQN quality analysts in order to highlight potential opportunities to reduce medical waste by using equally effective, lower-cost medications.

Generic medications represent one of the most cost-effective interventions in healthcare. It is estimated that every one-percentage point increase in generic drug utilization results in an approximately 1.5-percentage point decrease in overall drug spending.

GSQN’s Generic Dispensing Rate (GDR) is currently 84% and rising. Our GDR has steadily increased over the past 2 years, resulting in an average savings of $2 million. GSQN is focused on providing patient-centered, quality care to patients at the best best value.

Tip: If you manage an inventory of pharmaceutical samples, reevaluate and determine which samples provide your patients the most value. Consider removing samples that have generic equivalents/alternatives but keep samples that do not have generic equivalents/alternatives, such as injectables and inhalers.

Dana Huete Promoted to Vice President of Quality

Gulf South Quality Network (GSQN) announces that Dana Huete, RN, MSH, has been promoted to Vice President of Quality. Dana, who most recently served as Director of Quality, has been with the GSQN team for nearly 3 years. She came to GSQN with over 8 years of experience as a Director of Operations of the ambulatory clinics of a national hospital health system where she lead and assisted with several LEAN events and quality improvement initiatives.

When Dana first arrived at GSQN, the team supported the quality initiatives of three hospital partners. Today, she leads the team that supports twelve hospital partners. Dana’s diverse expertise in strategic planning, staff training and development, project management, EMR implementation and Meaningful Use, LEAN initiative, and productive physician collaboration has been invaluable to the growth and success of GSQN.
GSQN Forms First Regional Quality Committee

By Clement Fox, MD

A year ago, because of the growth of GSQN, it was felt that there was a need to consolidate quality committees so they all answered to just one committee. This arrangement would allow GSQN to better function as a network. In the spring, the Regional Board of Managers (BOM), our governing body, approved the formation of the Regional Quality Committee (RQC) and redefined the roles of each Chapter Clinical Improvement Quality Committee (CCIQC). RQC committee members were nominated by the Regional BOM and each chapter’s quality committee chairman. The committee will be evolving as the regions expand. The purpose of the RQC is to provide oversight for development and modification of annual Clinical Improvement Programs (CIP) of measures that define the ongoing value improvement efforts of the organization; play an active role in establishing annual quality, cost and utilization goals to be proposed to the Regional BOM for approval; and collaborate with GSQN committees to ensure required resources are available to track, monitor and translate the program measures.

The RQC’s main function is to provide oversight and approval for the CIP. Once the committee has made a determination, the decision is sent to the Regional BOM. The RQC evaluates and recommends the next CIP to the Regional BOM for ultimate approval. Once approved, the decision is sent to a development team assigned by the RQC. There are ten broad categories: primary care, intensive medicine, pediatrics, musculoskeletal, cardiovascular, surgical services, women and children, oncology, neurosciences, and behavioral health. “Our focus at this point in time is primary care and pediatrics because of the limitation in clinical data,” said Dr. Clement Fox.

The RQC will meet on a quarterly basis. It is supported by the CCIQC and other appropriate GSQN committees, and they all will report to the Regional BOM.

The first RQC meeting was held on October 19, 2015 at GSQN headquarters. All committee members were in attendance.

The committee members are:

- Clement Fox, MD *(Chairman)*
- Frank Arena, MD
- Don Adams, MD
- Tania Levi, MD
- Ruby Xi, MD
- Todd Peter Belott, MD
- Ahmed Mohiuddin, MD
- Jim Dugan, MD

Lori Meyers, RN, Director of Process Improvement, and Saleta Brewer, MSPH, Clinical Process Improvement Analyst, gave a presentation on the progress of the recently implemented Hypertensive Pilot. Additionally, the team reviewed information and statistics on diabetes management.

A motion was made and subsequently approved by the committee to choose diabetes management as the next CIP for the network. The next step for this committee will be to assign a development team.