

touchpoints

Connecting you to the Heritage Provider Network

Issue 21 | Spring 2015



 **HERITAGE
PROVIDER NETWORK**

 **Trinity Health**
Livonia, MI

Exciting New Partnership!

»» CELEBRATING OUR PHYSICIANS!

On March 30th, we recognized the outstanding work of all of our physicians on National Doctors Day. Your dedication and commitment to the communities you serve make a real difference in the lives of so many.

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Big things are happening this spring! In January, Heritage Provider Network announced our joint venture with Trinity Health – a venture

that will enable us to bring our successful managed care model to an expanded audience.

The venture will begin in a number of select markets across the country. It will then expand to additional markets. These patient-centered systems will employ HPN models for healthcare coordination and management to improve care delivery and outcomes.

As always, our dedication to the health and well-being of every patient lies at the heart of this endeavor. Trinity Health shares this dedication, and we're gratified to have found such a like-minded partner.

You can read more about our groundbreaking collaboration in this issue of *Touchpoints*.

It's a revolution of health and we're proud to be leading it.

Richard Merkin, M.D.
President and CEO of HPN

Heritage Provider Network and Trinity Health Announce Joint Venture

Companies come together to improve the health and wellness of individuals and communities

Early this year, Heritage Provider Network (HPN) and Trinity Health, one of the nation's leading health systems, announced that they have partnered to build care networks that use new models for primary care, care management, hospitalists, long-term care, and high-risk clinics to improve and coordinate care.

Trinity Health is a national Catholic health system that has 86 hospitals and hundreds of continuing care facilities, home care agencies, and outpatient centers in 21 states. The agreement will enable HPN and Trinity Health to build networks in different markets that focus on organizing the fragmented care many patients receive from multiple providers.

Dr. Richard Merkin, president and CEO of HPN, said that too many health systems remain stuck in the status quo – and are welcoming Trinity's desire for change. "We want to work with someone who sees the world not the way it was 20 years ago, but the way it is now," he said. "Trinity is a system embracing innovation."

Healthcare system focused on the patient

The new partnership will improve the health and wellness of the individuals and communities, building a people-centered healthcare system. The joint venture will:

- ✓ Enable the partners to build care networks in different markets that will use new models for primary care, care management, hospitalist, post-acute care and high-risk clinics to improve and coordinate care.
- ✓ Create networks supported by the capabilities that HPN has created and implemented – providing leading health management infrastructures.
- ✓ Provide the creation of networks of primary care physicians, hospitals, clinics, and other providers to manage care for different patient populations.
- ✓ Create a system that is wired and engineered to see the patient wherever they are using HPN's leading infrastructure, systems, and processes. With an emphasis on technology, the partnership will use this software to track patient outcomes and health histories to discover how the right doctor can be matched with the right patient instantaneously – giving doctors what they need in real time.



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Looking toward the future

“This joint venture is taking some of the skills learned over many years and deploying them in other markets,” said Richard Gilfillan, chief executive of Trinity Health. “We believe, in California in particular, physician groups historically have integrated systems and seized that opportunity.”

HPN is excited to offer its population health capabilities to the broader population served by Trinity Health’s expansive national hospital system, said Dr. Merkin. “Our proven methodology combined with Trinity Health’s broad network will offer the opportunity to deliver affordable health and wellness to more people,” he said.

As a result of the partnership, HPN will be able to take its proven disease management capabilities to larger areas – and nationwide. In doing so, they will improve the individual experience of care, improve the health of populations, and reduce the per capita cost of care. This means healthier communities, healthier patients, and a new way of care.



“We want to work with someone who sees the world not the way it was 20 years ago, but the way it is now. Trinity is a system embracing innovation.”

— Dr. Richard Merkin

Managed Care: Sustainable Healthcare Future

Managed care has been part of healthcare history for more than 100 years. Although structures and methodologies may have evolved, one thing has remained constant: Managed care exists to better serve the patient, making quality, affordable care accessible to all. Here’s how.



- ✔ Patients and physicians have an overall better, more positive experience as they collaborate and focus on the patient’s condition – improving outcomes.
- ✔ With built-in expertise, care protocols, and communication tools, an HMO (or affiliated IPA) takes on the responsibility of care coordination from the patient or caregiver – freeing them to focus on recovery.
- ✔ When structured correctly, good managed care helps physicians practice medicine that puts their patients’ health as a priority. At the same time, they receive additional tools, services, and expertise to help them maximize productivity and revenue.

Successful managed care organizations have shown the ability to treat more patients cost-effectively over the long-term while eliminating significant sources of personal and financial stress. In other words, managed care is organized solely for the patient, putting their best interests first, while providing a direction and goal for the treatment of their condition.



True Stories of **CalMediConnect**

HPN has created a specialized program to meet the unique needs of the Cal MediConnect duals population. The program includes multilingual support, a dedicated member service department, an expanded provider network, and specially-trained member advocates who engage, educate, and assist our duals members in the community. **Here's a true story from the point of view of a member advocate.**

All in a Day's Work

Susan was living alone with her cat in a garage. All of her family members had passed away; the only contact she had was when her friends called from time to time. And even though she did have an in-home service come to her home and help her with laundry, shopping, and some household chores, she still needed someone to help her with cleaning and cooking.

After talking to Susan for awhile and assessing her needs, I gave her the free "Circle of Care" phone, explained how she could access transportation services available through the Cal MediConnect program, and called her health insurance company to help her change her primary care doctor, since her current one was far away. I was also able to connect her to one of our social workers for assistance with food and utilities.

Susan said she really appreciated my help. "I was so happy when I saw that she was happy," the member advocate said.



»» VOLUNTEER UPDATE



Chef Gives Back

When people think of Medicare, they often envision someone who is over the age of 65.

There are, however, many Medicare beneficiaries who are on Medicare due to chronic health conditions, like 39-year-old Brent Pilon.

Pilon is a professional chef and graduate of the Le Cordon Bleu culinary institute. Before he had his stroke in 2007, Brent enjoyed playing football, bike riding, and had a very active social life. After his stroke, life changed dramatically. Though rehab did help, he no longer could work at what he enjoyed most – being a chef. Brent spent much of his time going to doctor appointments instead of being in the kitchen.

With the love of his wife of three years, Katia, and the opportunities provided by Heritage California ACO and the CareXchange® program, Brett's life has completely changed. He's active once again, participating in the array of classes, bus trips, and other programs available to him. And last July, Pilon, along with other CareXchange® volunteers, cooked a feast for more than 100 beneficiaries and their guests at what has now become an annual event. Brent is now a Cal MediConnect member but continues to volunteer with the CareXchange® and joins them for many activities. "Being a volunteer has given me the opportunity to help out, socialize, and visit places that I can no longer go to on my own," he says.



Team Fundraises for the American Diabetes Association

AZPCP-ACO – Arizona Priority Care Plus ACO

Arizona Priority Care Plus ACO (AZPCP-ACO) employees recently laced up their walking shoes to take part in the “Step Out: Walk to Stop Diabetes” fundraiser for the American Diabetes Association. With the help of the entire AZPCP-ACO staff, the group raised more than \$7,000 for diabetes research and treatment – the second-highest amount raised among corporate teams in the Phoenix area.

The idea to take part in the project came out of a company “Fun Committee” meeting. With a few employees battling diabetes and many of the AZPCP-ACO members dealing with diabetes themselves, the decision to take part in the fundraiser was easy.

The team of 30 created many methods of raising funds, including:

- ✔ The sale of items in support of the cause, including paper hands to place on a “Wall of Hope,” rubber bracelets, and tee-shirts.
- ✔ Employees were able to purchase a “casual day” pass that allowed them to wear casual attire.
- ✔ The collection of in-office and online money donations.
- ✔ Fun Food Fridays, where each department was placed on a team. Every Friday, a team would plan, prepare and sell food to the rest of the company. The department that raised the most money received a pizza party.

“We felt it was important to support this cause and get out there to show that support to not only our co-workers and family, but also for our patients,” said Kimberly Kelley, co-captain of the fundraiser. “By taking part in this fundraiser, we’re demonstrating that we’re working to make our community better. We’re not just a voice on the other side of the phone.”



 **AZPCP-ACO**
Arizona Priority Care Plus ACO

An Accountable Care Organization



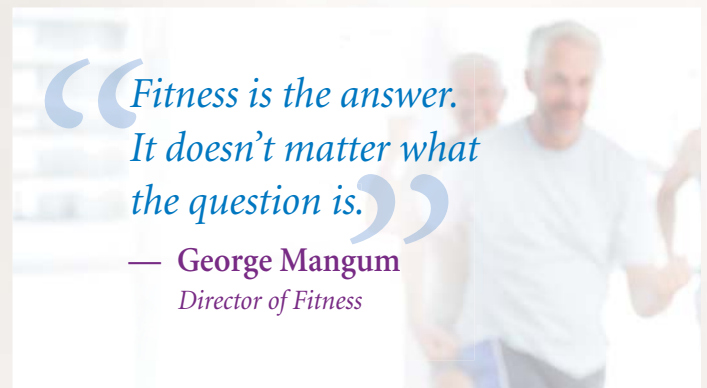
Transforming Community Through Fitness

Heritage Victor Valley Medical Group

Fitness, and staying healthy, is the name of the game when it comes to the Life Fit program offered at Heritage Victor Valley Medical Group (HVVMG). This personalized group fitness program, just shy of two years old, has been helping people transform the surrounding community with free, high intensity workouts (HIT Fit) and an online social community that inspires them to continue.

The program, which touches 2,000 community members per month, immerses participants completely into total health and fitness. “After they see positive results, they take on permanent behavior modifications,” says Director of Fitness, George Mangum. “I believe that once you introduce people to real fitness, it immediately begins impacting their lives. We help community members by providing a variety of classes that helps them to change their minds, their bodies, and most importantly, their overall health status,” George adds.

The HIT Fit program advocates three days of vigorous training and two days of lesser impact exercise. From the “In It To THIN It” program HVVMG sponsors for local high schoolers who face obesity issues to their senior fitness program (Retro-Fit), Life Fit has been exceedingly well received by the community and is booming in popularity. Social media is a big component as well, pulling participants into a thriving support system where they meet others in the community with similar fitness goals.



Senior Quality Care Visits

Sierra Medical Group



At Sierra Medical Group – and as part of the STAR Program – the team has been helping primary care physicians identify/prevent any new conditions that a senior member may have. Senior Quality Care (SQC) visits are scheduled at the beginning of each year for all new and existing senior members. Here’s a look into what happens during a SQC visit:

1. **Welcome call.** A call is made to all new senior members once the new eligibility monthly list is received.
2. **Scheduling of appointments.** 40-minute appointments are scheduled for new senior members within one week of being effective with Sierra Medical Group.
3. **The visit.** During the SQC visits with the primary care physician, everything is reviewed including past medical history, medication adjustments, and the capture of HCC scores and annual measures that are to be met by the member.
4. **Medication adjustments.** If medication adjustments are needed, the primary care physician has the option to make the proper adjustment or seek assistance from the pharmacist.
5. **Follow up visit.** Care is continued with 20-minute follow up visits with the primary care physician.



Heritage Provider Network Affiliated Medical Groups

One of the largest integrated physician associations in the Southwest

- › **ADOC Medical Group**
www.adoc.us | Phone: 800.747.2362
- › **AZPCP-ACO**
Arizona Priority Care Plus ACO
www.azpcp-aco.com | Phone: 855.711.2912
- › **Bakersfield Family Medical Center**
www.bfmc.com | Phone: 661.327.4411
- › **Coastal Communities
Physician Network**
www.ccpnhpn.com | Phone: 800.604.8752
- › **Desert Oasis Healthcare**
www.mydohc.com | Phone: 760.320.5134
- › **Heritage Victor Valley Medical Group**
www.hvvmg.com | Phone: 760.245.4747
- › **High Desert Medical Group**
www.hdmg.net | Phone: 661.945.5984
- › **Lakeside Community Healthcare**
www.lakesidemed.com | Phone: 818.637.2000
- › **Regal Medical Group**
www.regalmed.com | Phone: 866.654.3471
- › **Sierra Medical Group**
www.sierramedicalgroup.com | Phone: 661.945.9411