Communications Strategies for Effectively Marketing an ACO

Pam Zippi, Director of Marketing
Jean Sullivan, Marketing Manager
Laying the Foundation

- Established in 1994
- 80 physicians in 14 locations (Acquired)
- Founding Principles:
  - Collaboration
  - Participation
  - Quality of Care
  - Care Access
  - Managed Care Network

Two-fold Strategy
- Develop well-defined physician services in communities served by Baylor Health Care System
- Establish initial presence in secondary markets identified as high growth area
HealthTexas Provider Network (HTPN) Access Points

235 Primary and Specialty Care locations

• 70 Primary Care Locations, including:
  • 3 Senior Health Centers
  • 1 Family Practice Residency

• 116 Specialty Care Locations, including:
  • 9 Physiatric Medicine Centers
  • 3 Pulmonology Critical Care Centers
  • 42 Specialty Satellite Clinics
    • 10 Liver Outreach Programs
    • 1 Kidney Outreach Center
    • 5 Heart Failure Outreach Centers

• 7 Hospitalist Programs

• 633 Employed Physicians

• 130 Physician Extenders

• 3,072 Employees
HTPN Transition

From 95% Primary Care

- Specialty Care: 40%
- Primary Care: 60%
HTPN Primary/Specialty Care Locations
### Specialty Service Lines

<table>
<thead>
<tr>
<th>Specialty Service Lines</th>
<th>Specialty Service Lines</th>
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</thead>
<tbody>
<tr>
<td>Breast Surgery</td>
<td>Neurosurgery</td>
</tr>
<tr>
<td>Cardiovascular Disease</td>
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<td>Orthopaedics</td>
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<td>Orthopaedic Trauma</td>
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<td>Rheumatology</td>
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<td>Surgical Oncology</td>
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<td>Thoracic Surgery</td>
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<td>Hospice/Palliative Care</td>
<td>Transplant Hepatology</td>
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<td>Medical Oncology</td>
<td>Transplant Surgery</td>
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<td>Urogynecology</td>
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<td>Neurology</td>
<td>Urology</td>
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<tr>
<td>Neuro-Oncology</td>
<td>Vascular Surgery</td>
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</table>
Leveraging HTPN Strengths to Build Baylor Quality Alliance (BQA) Infrastructure
### Building the Population Health Infrastructure

#### Common Misconceptions about Population Health Managers

<table>
<thead>
<tr>
<th>Misconception</th>
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</thead>
<tbody>
<tr>
<td>Tackle an overwhelming number of initiatives</td>
</tr>
<tr>
<td>Make an expensive upfront investment in advanced IT</td>
</tr>
<tr>
<td>Own assets across the entire continuum of care</td>
</tr>
<tr>
<td>Hire a large number of staff members in new roles</td>
</tr>
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</table>

#### Playbook for Population Health

1. Set a prioritized list of key initiatives and ensure all stakeholders are aware
2. Invest in basic information exchange, analytics, and patient-facing technology
3. Develop preferred partner network with shared culture and accountability
4. Train and redeploy existing staff to match new demand for patient services. *In addition, spread “Best Practices” for already established APHS, Disease Management, Care Coordination, PCMH design*  

Source: Health Care Advisory Board interviews and analysis.
Leveraging HTPN Resources/Expertise…

Leadership/Governance

Network Management

Quality Initiatives

PCMH/Care Coordination

Information Technology

Marketing

...To Build BQA Infrastructure
Governance

HealthTexas

» 19 member Physician Board guides initiative development

» Bylaws: 40% specialist and 60% primary care representation on Board

» Board Committee Structure facilitates strong group identity and physician participation in network management

» Board and Committee chairs enroll in SMU Advanced Leadership program in preparation for leadership role

BQA

» Physician-led Board of Managers guides initiative development, clinical integration and population health

» Board Committee Structure facilitates strong group identity and physician participation in network management

» Five main committees (Best Care/Clinical Integration, Finance/Contracting, Membership & Standards, Compliance, Information Technology)

» Subcommittees: 25 Best Care/ Clinical Integration Subcommittees
HTPN Committee Structure

Key to HTPN Success: Promoting teamwork and physician participation
- 25 committees/sub-committees
- 5 Physician Sections
- 68% of physicians participate as leader or member
BQA Committee Structure

Board of Managers

Best Care/Clinical Integration Committee

Compliance Committee

Finance, Contracting and Compensation Committee

IT/Informatics Committee

Membership and Standards Committee

Sub-Committees:
- Anesthesia
- Behavioral Health/Psychiatry
- Cardiology
- Cardiothoracic Surgery
- Colorectal Surgery
- Emergency Medicine
- Endocrinology
- ENT
- Gastroenterology
- General Surgery
- Inpatient/Hospitalists
- Medical Oncology
- Musculoskeletal
- Neurosciences
- Ophthalmology
- Palliative Care
- Pathology
- Pediatrics
- Population
- Management
- Primary Care
- Pulmonary/Critical Care
- Surgical Oncology
- Transplant
- Urology
- Vascular Surgery
- Women’s Health

HTPN Leadership Serving Dual Roles:
- CAO, HTPN/BQA
- Chairman Best Care, HTPN/BQA
- VP Informatics, HTPN/BQA
- Network Management, HTPN/BQA
- Director of Marketing, HTPN/BQA
Network Management

- 20 Years credentialing experience (meeting NCQA/Payer Standards)
- Maintain delegated credentialing from ALL contracted commercial payers
- HTPN Credentialing Policy and Plan document emulated by BQA

- Solid experience managing contracted physician network
- Competencies include:
  ✓ Medicare/Medicaid enrollment
  ✓ New payer offer distributions
  ✓ Payer opt-in process
  ✓ Physician/clinic education
  ✓ Policy/process development

- BQA credentialing process (established by HTPN leadership) implemented through:
  ✓ BQA Membership & Standards Committee (Credentialing Body)
  ✓ BQA Board of Managers

- BQA credentialing software modeled after HTPN credentialing software

HTPN Credentialing
(Payer Audit Scores 99th Percentile)
Established HTPN Best Care/Quality Initiatives
HTPN Quality Timeline

1996
- First Patient Satisfaction Surveys performed
- Elder House Calls program randomized trial launched

1997
- Office of Community Health Improvement established: Project Access, Volunteers in Medicine, and Community Health Services Corps
- First Hospitalist Program implemented (Acute & Critical Care)

1999
- Adult Preventive Health Services initiative launched
- Best Care Committee formed
- Elder House Calls program launched
- Hospitalist program expands (Acute & Critical Care)

2000
- Clinical Transformation strategy developed
- Patient Safety Committee formed
- Ambulatory Electronic Health Record Committee formed
- Intensivist model implemented (Pulmonary Critical Care)

2004
- Disease Management program launched
- ABC curriculum developed, classes offered
- First Quality Forum held
- First Liver Outreach clinic open for patient visits
- Service Excellence Committee formed
- Changes in APHS scoring methodology implemented
- Clinical skills verification class launched
- National Patient Satisfaction survey vendor hired

2006
- Care sites offer Urgent/After Care hours, same, day appts, interactive websites
- Awarded Journey of Improvement award
- Service Excellence Committee formed
- Clinical skills verification class launched
- National Patient Satisfaction survey vendor hired

2007
- Care sites offer Urgent/After Care hours, same, day appts, interactive websites
- Awarded Journey of Improvement award
- Service Excellence Committee formed
- Clinical skills verification class launched
- National Patient Satisfaction survey vendor hired

2008
- Manual audit process automated
- Improvement reports automated
- EHR Scribes hired
- Elderly Advanced Medical planning improvement
- Event Reporting improved
- Begin pursuit of medical home recognition
- Colonoscopy Quality Measures
- ACO strategies developed
- Lab standardization

2009
- First Ambulatory Care Coordinators hired
- Automated Audit reports created
- Advanced Medical Planning launched (DNR improvement project)
- E-prescribing
- Generic prescriptions
- Utilization of mid-levels

2010
- 60 care sites NCQA recognized as PPC-PCMH
- EHR fully implemented in all care sites
- Specialty specific metrics approved
- Value-based contracts implemented

2011
- Roll out of payer contracts
- Implement Lean & Efficiency workflow
- Implement specialty metrics
- Implement NCQA same-day access standards
- Develop care teams
- Referral tracking improved

2012
- BQA close to clinical integration status
- Practice workflow redesign initiatives showing results and spreading best practices
- RN Health Coaches exceeding case management goals
- Shared Savings Distribution Model developed
- Implementation of clinical intelligence tools
- “Big Data” HIE Connectivity Achieved
- Quality improvement reports for Asthma, Depression, Advanced Directives
- BQA rollout

2013
- Baylor Quality Alliance formed
- Referral management
- Integrate care coordination with BHCS
Adult Preventative Health Services

- Colorectal Cancer: FY08 75.95, FY13 83.67, Avg. HEDIS 73.4
- Osteoporosis: FY08 47.6, FY13 64.43, Avg. HEDIS 51.6
- Flu Vaccine: FY08 81.83, FY13 67.0, Avg. HEDIS 74.5
- Breast Cancer: FY08 85.02, FY13 87.32, Avg. HEDIS 71.7
- Cervical Cancer: FY08 99.92, FY13 94.44, Avg. HEDIS 84.93
- Tobacco Advice: FY08 95.1, FY13 94.7, Avg. HEDIS 85.20
- Blood Pressure: FY08 N/A, FY13 N/A, Avg. HEDIS N/A
- Cholesterol: FY08 N/A, FY13 N/A, Avg. HEDIS N/A
- Pneumonia Vaccine: FY08 N/A, FY13 N/A, Avg. HEDIS N/A
- TD Booster: FY08 N/A, FY13 N/A, Avg. HEDIS N/A
2010 marks the year HTPN began participation in BCBS Generic prescribing program. In 2012, HTPN spread generic prescribing efforts to include BQA physicians.

To further improve generic prescribing rates, HTPN/BQA focus on four medication classes:

- Antihyperlipidemic medications
- Antihypertensive medications
- Proton pump inhibitors
- Antidepressant medications
The development of a **low back pain protocol** directly influenced HTPN’s **increase in appropriate use of lumbar spine MRI’s** from 37.4% to **79.8%** over a 4 month intervention period.

**Lumbar Spine MRI Utilization**

- **Month 1**: 37.4%
- **Month 4**: 79.8%

**Task Force**

- BQA Best Care/Clinical Integration convenes **Low Back Pain Task Force** to continue work on low back pain protocol and **analysis of claims data** to break down costs **by site of care**
BQA: Physician Driven Care

**Care Protocols/Metrics**

- BQA care protocols establish baselines for which improvements in care can be compared against and monitored.
- These evidence-based protocols assist BQA's efforts to standardize care and ultimately reduce unnecessary health care costs.

### Subcommittees Producing Approved Care Protocols/Metrics

<table>
<thead>
<tr>
<th>Protocols: 91</th>
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</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>1  PAC HH 23</td>
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<tr>
<td>Cardiology</td>
<td>7  PAC Hospice 6</td>
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<tr>
<td>Colorectal Surgery</td>
<td>2  Pediatrics 1</td>
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<td>2  Primary Care Disease Management 5</td>
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<td>Low Back Pain</td>
<td>1  Primary Care Depression 3</td>
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<td>Musculoskeletal</td>
<td>1  Primary Care Hypertension 1</td>
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<tr>
<td>Neurology</td>
<td>4  Readmissions 3</td>
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<td>PAC SNF</td>
<td>7  Women’s Health 7</td>
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</table>
Patient-Centered Medical Home

**PCMH Achievements**

- NCQA Recognition work began Oct 2009
- 60 clinics (representing 300 providers) are PCMH recognized
- Second largest number of practices recognized in the US
- **HTPN PCMH is cornerstone for BQA population health management**

**Broadening PCMH**

- Operationalizing newest NCQA Criteria
- Utilizing on-site visits, educational webinars and Town Halls to socialize PCMH criteria with **BQA independent physicians**
- Robust PCMH network has lead to value-based contract opportunities promoting:
  - Population Health improvements
  - Shared Savings from improved quality of care and reductions in healthcare costs
HTPN Ambulatory Care Coordination was expanded to add RN Health Coaches and care coordinators in support of BQA Contract Agreements.

### Health Coordinators
- Centralized Medical Assistants/Licensed Vocational Nurses
- Initially funded by physicians to close profitable care gaps and support PCMH
- Disease Management Committee directs scope of responsibilities
- Responsibilities include:
  - ED and in-patient transitions
  - Monitoring diabetic population
  - Identify gaps in care - APS, DM, Asthma, CAD
  - 11 protocols
  - Wellness exams
  - Special projects (LDL, Project Red, etc.)

### RN Health Coaches
- Skill set:
  - Certified Diabetes Educator
  - Advanced Asthma Certification
  - Case Management Experience
- Augments PCMH care coordination for high risk populations
  - Supports transitions of care
  - Chronic disease management
- Payer investment growing
  - 2012: 2 contracts covering 9,000 members
  - 2013: 5 contracts covering approximately 70,000 members
- Responsibilities include:
  - Self management support and goal setting
  - Health status assessment
  - Medication reconciliation
  - Health system navigation (facilitates access to appropriate levels of care)
  - Care coordination among providers and services
  - Care plan development and communication
Information Technology

HTPN/BQA

- HTPN EHR Deployed Network Wide
- BQA EHR connectivity among the network in progress
- BQA EHR Subsidy program
- HTPN/BQA HIE Connectivity in progress
- Physician Dashboard
- Patient Portal
- HTPN Practice Websites
- BQA Member website
- Physician Directory App (HTPN/BQA)
- Data Analytics (risk-stratification, predictive modeling)
- Clinical Solutions Tools (Humedica, 360Fresh, Explorys)

Much of BQA information technology infrastructure modeled after HTPN technology already in place
Marketing

Collateral: Brochures, Postcards

Login to the BQA Website to receive Clinical Integration Credit.

You must login to the BQA member website to receive credit for clinical integration and participate in Shared Savings opportunities. Beginning July 2013, all BQA physician members should be logging into the BQA website 4 out of 6 months through to December 31, 2013 as per the BQA required Clinical Integration metric.

Login to the BQA Website to receive Clinical Integration Credit.

BQA Members

BQA Home

Search this site...

Quick Links

Physician Dashboard

Physician Directory

Baylor Quality Alliance Home

Welcome to the Baylor Quality Alliance (BQA). Physician members of the BQA are welcome to utilize this site to stay informed of general information on BQA, announcements, a calendar of upcoming events, and various BQA committees and leadership updates. Information regarding additional resources is also available.
Leveraging Marketing Resources
Marketing Objective

• Achieve higher physician (employed and independent) engagement while simultaneously promoting ACO benefits and resources available for implementing the three key strategies deemed necessary to accomplish population health goals:
  – Patient-Centered Medical Home
  – Care Coordination
  – Data Analytics
Educating Physicians

• Promote BQA resources to physicians that include:
  – PCMH model (How do they become NCQA recognized)
  – Care Coordination (RN Care Managers augment primary care physician services: close care gaps, manage chronic disease, coach for wellness)
  – Data Analytics (Humedica, Care Manager, Explorys)
  – Member website (clinical integration requirement to log in 8 out of 12 months in a year)
Achieve Clinical Integration

- Principal objective for the Baylor Quality Alliance
- Challenges
  - Membership spans DFW metroplex
  - Non employed physicians without access to corporate communication channels
  - 69 different electronic health record platforms
  - Diverse practice management
We Need A Communication Plan!

BQA COMMUNICATION PLAN

BQA/MARKETING

All communication vehicles incorporate the Triple Aims

- Population Health
- Quality
- Cost of Care

The purpose of this communication plan is to establish the messages the Baylor Quality Alliance would like to communicate to members, and the methods marketing will use to communicate the messages.

This document and attachment with details will track tactical communication activities, which support our strategic goals.

COMMUNICATION VEHICLES

- BQA Executive Meeting
- BQA Operational Webinars – 11am-12pm
- Bi-weekly eNewsletter sent
- Timely Tuesday – upload new content to web
- BQA Hardcopy Newsletter – Printed and mailed
- Launch of Android and iPhone App
- Choose Wisely – Add to web
- Value Report Outline Meeting – May 15
Explains BQA's unifying goal to implement the three key strategies for care management and ultimately clinical integration:

- **Patient-Centered Medical Home**
- **Care Coordination**
- **Data Analytics**
Membership Tools

- Utilized physician liaison team to distribute materials and information
- Held liaison town hall luncheons to educate about BQA goals and strategies
Internet Presence

• BaylorQualityAlliance.com
  – Informational site about the Baylor Quality Alliance, consumer facing
  – Physician finder
  – Membership information

• BQANetwork.com
  – Physician directory for online and mobile

• Members.BaylorQualityAlliance.com
  – Secure members only website
The health care crisis facing the U.S. is one of unsustainable cost increases and less than ideal quality. True health care reform is needed, and clinically integrated local organizations are forming in many communities to be accountable for both quality and cost.

Baylor Quality Alliance (BQA) is a developing clinically integrated accountable care organization that realizes the nation’s health care system is moving in a clear direction away from payment for volume to payment for value.

BQA represents a commitment to deliver the highest quality health care possible, in an efficient, integrated manner for the patients and communities we serve. We believe that accountable, evidence-based, collective, proactive, value-driven efforts will lead to a better health care system for the future. We believe that clinical integration around these principles offers the best solution to the health care system crisis.
Members.BaylorQualityAlliance.com

- Created a secure website for physician members
- Repository for all BQA communications
- Contact information for administrative and clinical leadership
- Members must login at least eight months out of each year as a measure for clinical integration toward shared savings
- Access to view performance via physician dashboard and quality measures
Login to the BQA Website to receive Clinical Integration Credit.

You must login to the BQA member website to receive credit for clinical integration and participate in Shared Savings opportunities. All BQA physician members should be logging into the BQA website 8 out of 12 months as per the BQA required Clinical Integration metric.

Go to members.baylorqualityalliance.com and click on the Member login icon. A dialogue box will appear. Simply enter your user name and password in the appropriate prompts.

If you have forgotten your password, please call BIS Help Desk at (214) 820-4646

Back

BQA Member Website Enhancements

Physician performance dashboards are available via the BQA member website. Come to the site to review your performance dashboard and track where you stand in relation to two important BQA initiatives:

- Website log-ins
- Generic prescribing (to establish baseline only)

BQA is proud to announce the development of webpages dedicated to:

- BQA Primary Care Subcommittee: Current list of approved protocols/metrics
- Patient-Centered Medical Home (PCMH): Self-assessment tools for becoming a NCQA recognized PCMH practice
- BQA Care Coordination: RN Health Coach Services and more

Thank you for being part of the BQA.

We appreciate your continued membership in Baylor Quality Alliance (BQA). Your participation in BQA is the most important element to achieving our goal of being jointly responsible for delivering high-quality, efficient care to our patients.
Login required to achieve Clinical Integration metric
Welcome to the Baylor Quality Alliance (BQA). Physician members of the BQA are welcome to utilize this site to stay informed of general information on BQA announcements, a calendar of upcoming events, and various BQA committee and leadership updates. Information regarding additional resources is also available.

Andrew Chung, MD Leads His Practice in Achieving NCQA PCMH 2011 Recognition

Baylor Quality Alliance is pleased to announce that Dr. Andrew Chung has earned Level 3 NCQA Patient-Centered Medical Home (PCMH) 2011 recognition. Dr. Chung is the first BQA independent practice to earn this recognition and confirm his fortune for engaging in primary care innovation centered on organizing care around patients, working in teams and coordinating and tracking care over time.

While practices may find the PCMH 2011 program to be challenging, Dr. Chung was able to complete and successfully pass all six standards and twenty-six sub-standards as a solo practitioner with only two employees in less than one year. This tremendous achievement demonstrates that even with limited resources, PCMH 2011 recognition can be achieved.

Dr. Chung is a practicing internal medicine physician and associate attending staff physician at Baylor University Medical Center located in Dallas, TX. In addition to his over twenty years of meeting the healthcare needs of his patients, Dr. Chung serves as Vice President and Medical Director of the Baylor Quality Alliance (BQA) Best Care/Clinical integration committee. Dr. Chung received his medical degree from Tufts University Medical School in Boston, MA and completed a residency and internship at Brooke Army Medical Center.

News

The Shared Savings Distribution Model for 2014 was approved by the BQA Board of Managers during its February meeting

Service Excellence and Quality

We Celebrate Our High Patient Satisfaction with BQA Healthcare
### Clinical Integration

<table>
<thead>
<tr>
<th>Metric Name</th>
<th>Current Period</th>
<th>Prior Period</th>
<th>Target</th>
<th>Percentile Ranking</th>
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<tbody>
<tr>
<td>View BQA Website Goal: 8 out of 12 months</td>
<td>100% 3 of 3 YTD</td>
<td>100% 12 of 12</td>
<td>66.7%</td>
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### Quality

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<tr>
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<td>Provider Results Coming Soon</td>
<td>Provider Results Coming Soon</td>
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<td>Diabetes Audit (Practice Totals Only)</td>
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<td>85.5% 01/01/2013 to 12/31/2013</td>
<td>90.0% 12/31/2012 to 11/30/2013</td>
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### Service

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### Utilization Efficiency

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<tbody>
<tr>
<td>Generic Prescribing Rate</td>
<td>86.7% YTD through 01/29/2014</td>
<td>68.7% 1/1/2013 to 12/31/2013</td>
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Quick Links

- Physician Dashboard
- Physician Directory
- Calendar

Calendar

<table>
<thead>
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<th>Title</th>
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<td>Finance Committee</td>
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<tr>
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<tr>
<td>BQA Best Care/Clinical Integration Committee Meeting</td>
<td>4/7/2014 5:00 PM</td>
</tr>
<tr>
<td>BQA Best Care Women’s Health Subcommittee Monthly Meeting</td>
<td>4/6/2014 5:00 PM</td>
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News

- The Shared Savings Distribution Model for 2014 was approved by the BQA Board of Managers during its February meeting
- Service Excellence and Quality
- We Can, We Will, Our Most Delightful Patient Experience

AMGA

2014 Annual Conference
Online Physician Directory
Online Directory
Mobile Strategy
Mobile Physician Directory

Choose any of the search criteria below to help you select the provider that best meets your needs.

Physician First Name

Physician Last Name

Office Location
Mobile Strategy
iPhone, iPad and Android Apps
Baylor Quality Alliance Home

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</tr>
<tr>
<td>Finance Committee</td>
<td>3/25/2014 5:30 PM</td>
</tr>
<tr>
<td>Best Care Subcommittee Chairs Quarterly Meeting</td>
<td>4/2/2014 8:00 PM</td>
</tr>
<tr>
<td>BQA Best Care/Clinical Integration Committee Meeting</td>
<td>4/7/2014 5:00 PM</td>
</tr>
<tr>
<td>BQA Best Care Women's Health Subcommittee Monthly Meeting</td>
<td>4/6/2014 5:00 PM</td>
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Medical Directors Blog

• First blog “Health Care Focus” by Dr. Clifford T. Fullerton, BQA Medical Director of Best Care/Clinical Integration launched this March

• Written by Baylor Quality Alliance (BQA) Medical Directors

• Accessible through the BQA member website

• Serves as a forum for all physicians to engage in open discussions regarding current health care topics, trends and general BQA updates.

• All physicians welcome to read and comment appropriately

• Updated bi-monthly
Care Coordination

• One of BQA’s key strategies towards care management
Town Hall Meetings

• BQA leadership visited every campus for informational town hall meetings

• Members earn credit towards achieving clinical integration goal for attending town hall meetings
Town Hall Agenda

• Addressed common questions:
  – What is a Patient Centered Medical Home, how and why should I get recognized?
  – Who are these RN Care Managers calling me to coordinate care?
  – What do you mean by “Population Health”?
  – What is data analytics and why should I care?
  – How can I get connected via my electronic health record?
BQA eNewsletter

- Bi-monthly eNewsletter
- Sent directly to BQA physician members and their administrators
- Promotes awareness of BQA happenings, updates, webinars, CMEs, etc.

Launch of Medical Directors Blog
Join the conversation

Baylor Quality Alliance (BQA) Medical Directors have launched the Medical Director Blog. Easily accessible through the BQA member website the Medical Director Blog serves as a forum for all physicians to share ideas and engage in open discussions regarding current health care topics, trends and general BQA updates. Blog posts are scheduled to be updated on a bi-monthly basis. We invite all physicians to read and comment appropriately (no disparaging comments please).

Click here to view the most recent post entitled “Health Care Focus” by Dr. Clifford T. Fullerton, Chief Medical Officer BQA Chief Officer for Population Health and Equity BSWH

Service Excellence Series #2
Service Excellence and Quality

Welcome to BQA’s second email in our Service Excellence series. Entitled “Service Excellence and Quality,” this email is meant to challenge physicians to think about the broader definition of Service Excellence. A definition that goes beyond simply surveying patients based on their satisfaction of service. There is a strong argument that the quality of service physicians provide to patients impacts compliance with treatment plans. Effective physician to patient communication is one of the key predictors of patient compliance and satisfaction with care.

Read More

2014 Shared Savings Model
Approved by BQA Board of Managers in February

The Shared Savings Distribution Model for 2014 was approved by the BQA Board of Managers during its February meeting. While the distribution model structure remains at the 10/70/20 split, the 2014 program differs slightly from 2013 in that it requires the completion of certain Baylor Learning Modules (BLM) and the reading of Best Care Committee assigned..

Check the BQA Directory

All BQA physicians have access to the Physician Directory Update form. To complete the directory update form simply log into the BQA member website. Once you are on the website find the Physician Directory icon and click on it. The directory will open. Search yourself on the directory and click on your name.
Targeted Email Campaigns

- Ongoing campaign targeting at BQA physician members
- Announces general BQA information
- Upcoming town halls
- Login reminders
- Physician dashboard updates
Sample Content:
- Meet the Board of Managers
- Accountable Care Strategies
- Population Health Outcomes
- BQA Committee Updates
- Best Care Subcommittee Updates
- What’s New in the Market
Publications

• To share our knowledge and experiences with other medical groups and health systems

“Network of the Willing”
AMGA Practice Journal

Describes BQA’s model for distributing shared savings. Intended to share our experience in creating a shared savings model and the steps we took to create it, this article shares our experiences with others and puts us in the spotlight as leaders for building the infrastructure and reward allocation models to support value-based care delivery.
Practicing Operations Excellence

• Monthly meeting to engage practice management staff
• Breakfast and networking to create a collaborative environment
• Introductions and BQA highlights
• Sample agenda items:
  – ICD10
  – Shared savings requirements
  – Care coordination
  – Patient satisfaction
  – Patient Centered Medical Home update
  – Q&A with BQA leadership
• Purchase video equipment and secured studio space
• Video blogs
  – announcements
• Webinars
  – Patient satisfaction
  – PCMH
  – MRA, etc…
• Training materials
Committee Structure

- Physicians listen to physicians. Utilize the committee structure as a method for effective communication
- What’s New in the Network presentations monthly
- Committees have their own section on member website
- Committees have targeted email campaigns to appropriate specialty segments
Questions?