

VIPN NEWSLETTER

IN THIS ISSUE

02

Payer Contract Updates

03

Importance of Cancer Screenings: One Patient's Story

04

Importance of Cancer Screenings: Promote Prevention and Early Detection

Strategies for Improving Cancer Screenings in Your Practice

05

Provider Spotlight: Steven Chen, MD

VIPN Town Hall Coming Up on June 29

06

Monthly Reminders

Meet the VIPN Board

VIPN Staff List

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Payer Contract Updates

VIPN participates in three commercial PPO ACO agreements with Anthem, Blue Shield and UnitedHealthcare.

The goal of these physician-led contracts is to deliver high-quality care and reduce cost. When the goal is achieved, there is an opportunity to earn shared savings. Contact the Quality Nurse or Provider Practice Liaison to learn more about these contracts and how we can support you in the success and performance of the programs.

(continued on page 2)



Commercial PPO ACO Agreements

Terms	Anthem	Blue Shield	UnitedHealthcare
Original Start Date	January 1, 2019	July 1, 2018	October 1, 2019
Current Term	4 years	18 months	3 years
Current Termination Date	December 31, 2025	December 31, 2022	September 30, 2022
Risk Type	Upside Only	Upside Only	Upside Only
Parties to Contract	CIN and Payer	CIN, Payer and Hospitals	CIN and Payer
Shared Savings	Yes	Yes	Yes
Quality Measures	Yes	Yes	Yes
Care Management Fee	Yes	Yes	Yes
Panels	North NSQCN, CVQCN, SCQCN, SJQCN, MMG and WC South VIPN, SCICN, PHC	North NSQCN, CVQCN, SCQCN, SJQCN, MMG and WC South VIPN, SCICN, PHC	All NSQCN, SCQCN, SJQCN, MMG, WC, VIPN, SCICN, PHC

Key Definitions

Original Start date: Date the ACO program/contract was first effective.

Contract term: Duration of a contract.

Current term: Either the first contract agreement period or the current period after a renewal negotiation.

Termination date: End date of a contract term period.

Risk type: ACO risk may be upside only or upside and downside risk. In an upside-risk contract, the network shares in the savings and not the risk of loss. When the total cost of care is lower than projected costs, the network receives a defined percentage of the shared savings.

Shared savings: Incentive payment, which can be earned if the cost of health care for the defined patient population is lower than a targeted amount. Shared savings methodologies vary by payer.

Quality measures: A group of predefined metrics that quantify health care processes, outcomes, patient perceptions and organizational systems related to high-quality health care. These measures with set benchmarks demonstrate ACO performance. The measures vary by payer.

Quality gate: The minimum threshold of quality performance necessary to earn shared savings.

Care coordination fee: A preset, per-member, per-month fixed fee paid by the payer for providing Care Management services and patient care activities to facilitate the appropriate enhanced delivery of health care services.

Panels: Grouping of entities which are aggregated to meet certain threshold requirements. Program targets and performance are measured and reported at the panel level.

Anthem PPO ACO Renewed for Four Additional Years

We are happy to share that Dignity Health and Anthem Blue Cross of California recently finalized the renewal negotiation of the PPO ACO Program (EPHC Program) through December 31, 2025.

As part of this renewal, our providers will have access to three decision-support tools through Anthem's dedicated vendor. Anthem has partnered with Vim to deliver meaningful solutions via the following tools

- Referral Guidance Tool
- Diagnosis and Care Gap solution
- Online Scheduling

Anthem's dedicated vendor, Vim, may contact you to inform you about this offering.

[Review the Anthem Vim FAQs to learn more.](#)

Importance of Cancer Screenings: One Patient's Story

On a warm summer afternoon, James was scheduled for a regular visit to his primary doctor. James had planned to talk to Dr. Lee about his recent gastrointestinal symptoms, including indigestion. James knew once he told Dr. Lee about his symptoms, Dr. Lee would ask him to undergo a colorectal cancer screening, which James had been putting off. He even considered canceling his appointment to avoid the test.

James was concerned about the idea of getting a colonoscopy. He disliked invasive procedures. He felt guilty asking someone to pick him up, and he abhorred the prep drink—it made him shudder. But he knew his wife would ask him about his indigestion during dinner, so he kept his appointment and shared his concerns with Dr. Lee.

Dr. Lee offered James an alternative to the invasive colonoscopy and gave him a Fecal Immunochemical Test (FIT) and instructions to take home. The FIT screens for hidden blood in the stool which can be an early sign of colon cancer. James reluctantly agreed to take the kit home and return it with a sample. After returning the FIT via mail, a few days later, James received a call from Dr. Lee. The preliminary FIT screening was positive for blood in the stool and James would require further testing. Dr. Lee recommended a colonoscopy, which was scheduled the following week.

James was sent to the local endoscopy center for an outpatient procedure. With only some mild sedation, the colonoscopy was performed and soon after James was able to go home and rest.

The next day, the doctor informed James that they removed a large polyp that was positive for cancer. James underwent MRIs, further examinations and a surgery to remove the cancer. Because the cancer was caught early, James had no evidence of the disease six months after the surgery.

Thanks to the early detection of Jim's cancer, two years after surgery and treatments, James is still cancer-free. Because of his wife's encouragement, his partnership with his doctor in identifying a great preliminary screening tool, and then appropriately moving to colonoscopy, James was able to walk his daughter down the aisle one year after his surgery. James will soon get to meet his first grandchild.

As a provider in your communities, you have the power to help your patients get early cancer detection and screening by meeting your patients where they are. You have the power to help your patients have their special moments with their family and friends.

Reducing Hospital Readmissions for COPD Patients

A lot of people missed cancer screenings during the coronavirus pandemic. This delayed cancer detection led to the progression of cancers and an increase in cancer deaths. People have been hesitant to get their screenings out of fear of acquiring the virus and other safety concerns. Despite this challenging time, it is crucial to emphasize with our members the importance of keeping up with their cancer screening appointments.

Cancer survival rates are one of the focus areas in determining the efficacy of cancer screening services. Here's what to know about the screening adherence for cancer prevention.

Recent studies showed that early detection and treatment of colorectal cancer could lead to a 90% survival rate after five years. However, only four out of 10 colorectal cancers were found to be at an early stage.

As a health care provider, it's essential that you discuss with members the age- and gender-specific recommended cancer screenings to promote health and prevent further illness. Getting regular cancer screenings can help detect cancer early, improve the likelihood of successful treatment, and increase the chance of survival.



(continued on page 4)

Reducing Hospital Readmissions for COPD Patients (continued)

Here are the three preventive cancer screenings we mainly track for our value-based agreements:

Preventive Cancer Screenings: Age Recommendations & Definitions

Colorectal Cancer Screening (COL)

Adults 50 to 75 years of age who had appropriate screening for colorectal cancer with any of the following tests:

- Annual fecal occult blood test
- Flexible sigmoidoscopy every 5 years
- Colonoscopy every 10 years
- Computed tomography colonography every 5 years
- Stool DNA test every 3 years

Cervical Cancer Screening (CCS)

Women 21 to 64 years of age who were screened for cervical cancer using any of the following criteria:

- Women 21 to 64 years of age who had cervical cytology performed within the last 3 years
- Women 30 to 64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years
- Women 30 to 64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) co-testing within the last 5 years

Breast Cancer Screening (BCS)

- Women 50 to 74 years of age who had at least one mammogram to screen for breast cancer in the past 2 years.

Strategies for Improving Cancer Screenings in Your Practice

- Educate members regarding the importance of early detection of cancer. Determine members' family history associated with cancer.
- Recommend members get appropriate preventive cancer screenings.
- Discuss the screening options of colorectal cancer to determine patient preference. Discuss possible member concerns such as fears, beliefs or anxiety about cancer screenings.
- Conduct outreach calls for members who need cancer screenings.
- Utilize a reminder-and-recall system to notify members who are due for cancer screenings.
- Always follow up to verify compliance with cancer screenings.
- Ensure all screenings and follow-up evaluations are completed promptly.

Provider Spotlight: Steven Chen, MD



“When people ask me why I chose primary care as my field of medicine, I often ask them what they think a primary care physician should be. Most people answer, ‘I don’t know, someone to take care of me when I’m sick.’ Although that is true in most of my daily encounters, that is not how I define primary care. Primary care equals primary prevention, which is the foundation of everyone’s health. We are so busy earning a living and taking care of our obligations that most of us have cast our health aside because we ‘feel fine.’ In the hustle and bustle of life as we live now, preventive medicine has been pushed aside, and reactive medicine has taken over. This has to change in order for every one of us to become healthier.”

– Dr. Steven Chen, Premier Family Health Care

Monthly Reminders

Don’t miss out on shared savings distributions!

- Please ensure your AP packet is up to date. Physician Practice Liaison Desiree Pyle at Desiree.Pyle@DignityHealth.org to check or update your account information. Don’t forget that for MSSP shared savings payments, you must elect to receive payment via EFT; commercial contracts can be EFT or manual check.

Maximize your earnings.

- Shared savings for ACO PPO contracts and MSSP are not only dependent on cost and quality performance, but also on your practice’s attendance at Town Hall meetings. Don’t forget that shared savings for ACO PPO contracts and MSSP not only are dependent on cost and quality performance, but also on your practice’s attendance at meetings.
- For more details, please ask us about the Citizenship Metrics or view the distribution methodologies available on the provider portal. Please make sure to update this information with us so that payer contracts can be maintained accurately.



VIPN Town Hall Coming Up on June 29

All physicians and practice managers are invited to the next VIPN town hall. Please join us on at noon on Wednesday, June 29, to get the latest information on VIPN, including updates on:

VIPN contracts Quality performance Care coordination Network engagement

Also, please note: Attending the VIPN town hall will contribute to your citizenship measurement requirement as a network participant.

To attend the virtual Town Hall: RSVP to Physician Practice Liaison Desiree Pyle to receive the Zoom link for the meeting. Contact her at Desiree.Pyle@DignityHealth.org

Meet the VIPN Board of Managers

The VIPN Board of Managers includes the following providers:

Jared Salvo, DO (Chair)
Robin Matuk, MD (Vice Chair)
Nadeem Goraya, MD (Secretary)
Javier Bustamante, MD (Medical Director)
Eric Peck, MD
Ken Keller, COO, Bakersfield Memorial Hospital
Steven Chen, MD
Richard O'Reilly, MD, Retired (Medicare Beneficiary)
Vipul Dev, MD

VIPN Staff List

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Valley Integrated Provider Network team at the Doctors' Day 2022 Event hosted by Memorial & Mercy Hospitals held on March 29, 2022. From left: Bonnie Quinonez, Executive Director; Desiree Pyle, Physician Practice Liaison; Patricia Ocampo, Quality Management Nurse; Gilbert Martinez, Program Manager.