Arkansas Rural Health Partnership
Clinically Integrated Network
Who is JRMC?

Mission

– Jefferson Regional Medical Center is committed to providing measurable quality health services in a caring environment that fulfills the needs of our patients, physicians, employers and community.

Vision

– Jefferson Regional Medical Center will be widely recognized as the health care leader and referral center of choice for South Arkansas by providing quality health care services in a cost effective manner.
• Non-profit hospital currently operating 259 beds, including inpatient psych and acute rehab

• Designated as a Sole Community Hospital by CMS

• JRMC has several outpatient centers, physician practices, diagnostic imaging and lab services, physical rehab, pain management, wound care/hyperbaric medicine, walk-in care, and other services.

• JRMC offers the region a broad continuum of care reflecting the hospital’s mission. Key service lines include: orthopedics, spine, general surgery, cardiac & vascular, women’s services, Level III trauma center, & home health

• Through a partnership with the University of Arkansas for Medical Sciences, JRMC has the largest family practice residency program in the state.
What is ARHP?

- 501(c)3 non-profit, horizontal hospital organization
- Comprised of 11 community-based, independently-owned rural hospitals throughout south Arkansas
- Founded in 2008
- Committed to improving health and strengthening member hospitals
- Has raised over $9.2 in grant funding
<table>
<thead>
<tr>
<th>Member Hospital</th>
<th>Location</th>
<th>ARHP Board Member</th>
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<tbody>
<tr>
<td>Ashley County Medical Center</td>
<td>Crossett, Arkansas</td>
<td>Phil Gilmore</td>
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<tr>
<td>Baptist Health - Stuttgart</td>
<td>Stuttgart, Arkansas</td>
<td>Kevin Storey</td>
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<td>Bradley County Medical Center</td>
<td>Warren, Arkansas</td>
<td>Steve Henson</td>
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<td>Chicot Memorial Medical Center</td>
<td>Lake Village, Arkansas</td>
<td>David Mantz</td>
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<td>DeWitt Hospital &amp; Nursing Home</td>
<td>DeWitt, Arkansas</td>
<td>Jason McKewen</td>
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<td>Drew Memorial Health System</td>
<td>Monticello, Arkansas</td>
<td>Scott Barrilleaux</td>
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<td>Dallas County Medical Center</td>
<td>Fordyce, Arkansas</td>
<td>Ken Sanders</td>
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<td>Delta Memorial Hospital</td>
<td>Dumas, Arkansas</td>
<td>Ashley Anthony</td>
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<td>Jefferson Regional Medical Center</td>
<td>Pine Bluff, Arkansas</td>
<td>Brian Thomas</td>
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<td>McGehee Hospital</td>
<td>McGehee, Arkansas</td>
<td>John Heard</td>
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<tr>
<td>Magnolia Regional Medical Center</td>
<td>Magnolia, Arkansas</td>
<td>Rex Jones</td>
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</table>
Mission

– Our mission is to support and strengthen healthcare delivery in rural Arkansas, specifically the south Arkansas Delta region, and be the rural advocate of choice for our members.

Vision

– To ensure access to quality healthcare throughout rural Arkansas through collaborative efforts.
Why Create an ACO/CIN?

- MACRA/MIPS impacts are significant for rural providers (reporting, financial, etc.)
- Shared clinical services are vital to quality and access in underserved areas
- Improves continuity of care throughout region
- Strengthens ARHP and provides catalyst to shared services arm of the partnership
- Reduces overall healthcare expenditures in the region
MACRA/QPP Reporting Advantages

As a MIPS/APM, ACOs have beneficial scoring and simpler reporting requirements. As an ACO, you will report together as one group, reducing administrative and resource burden to report, with the following additional benefits for each category:

**Quality**

- CMS will use the Web Interface (formerly known as GPRO) measures that are already reported for the MSSP 31 quality metrics for this category (50% of composite score).

**Cost**

- This category is not included in the assessment of MSSP Track 1 ACOs in MIPS, as CMS believes ACOs are already being judged on efficiency through the MSSP.

**Improvement Activities**

- The ACO receives full credit for this category. (20% of composite score)

**Advancing Care Information**

- Each ACO Participant TIN will report this category. These scores will be aggregated, and the ACO will receive weighted average of those scores (30% of composite)
Structure of ACO/CIN

• How do you achieve fair representation across a broad region?
• How do you engage the physicians?
• How do you fund the operations?
• What are the benefits for each participant?
• How do you reduce costs?
ARHP CIN Initiative Prioritization: Contracting

Sample CIN Contracting Plan

- Year 1: HQEP
  Employee Health Plan
- Year 2: HQEP
  Employee Health Plan
  MSSP
- Year 3: HQEP / EHP
  MSSP
  Commercial Contracts

ARHP CIN Contracting Plan

- Year 1: MSSP
  Commercial Contracts
- Year 2: HQEP
  MSSP
  Commercial Contracts
- Year 3: HQEP / Emp. Health Plan
  MSSP
  Commercial Contracts

CIN Size, Scale, Contract Dollars
ARHP CIN Governance

• Governance Model - 15 total board members
  – Representation from each community served by ARHP hospitals
  – Successful CINs have strong physician involvement in the governance
  – Additional representation is achieved through key committee (ex. finance, quality, credentialing, etc.)
  – 1 manager would be a Medicare beneficiary served by the ACO, as required by CMS rules for MSSP
Reducing costs?

1) Create claims database engine to identify patient care patterns
2) Find and reduce unnecessary patient care variance
3) Use individual hospital data to identify most efficient place for each type of procedures; reducing unnecessary duplication
4) Reducing barriers that impact referral patterns
5) Providing population health data to regional physicians to create coordinated care models addressing primary disease states
6) Coordinating care management for entire region
Our Partners – Premier, Inc.

1. AnMed Health, Anderson, SC
2. AtlantiCare, Atlantic City, NJ
3. Ballad Health, Johnson City, TN
4. BayCare, Clearwater, FL
5. Bon Secours Health System- Ashland, KY
6. Bon Secours Health System- Greenville, SC
7. Bon Secours Health System- Richmond, VA
8. Bon Secours Health System-Hampton Roads, VA
9. Capital Health, Trenton, NJ
10. Charleston Area Medical Center, Charleston, WV
11. Crouse Hospital, Syracuse, NY
12. Dignity Health- Las Vegas
13. Dignity Health- San Luis Obispo, CA
14. Dignity Health- Ventura, CA
15. East Alabama Medical Center, Opelika, AL
16. Frederick Health System, Frederick, MD
17. Grandview Health, Sellersville, PA
18. Optimum Physician Network (Kaleida Health and Erie County Medical Center), Buffalo, NY
19. Hawaii Pacific Health, Honolulu, HI
20. Henry Mayo, Santa Clarita, CA
21. Heritage Valley, Pittsburgh, PA
22. Highmark Health, Pittsburgh, PA (5 regions)
23. IHANY, Albany, NY
24. Inova Health System, Fairfax, VA
25. Lafayette General Hospital, Lafayette, LA
26. Loma Linda University Health Care, Loma Linda, CA
27. Mosaic Life Care, Kansas City
28. Mount Sinai Med Center, Miami, FL
29. Mountain States Health Alliance, Johnson City, TN
30. Northwell (North Shore- LIJ), Manhasset, NY
31. Rockford Health, Rockford, IL
32. Saint Joseph/Candler, Savannah, GA
33. Saint Vincent Health, Erie, PA
34. Summit Health, Show Low, AZ
35. Spartanburg Regional Health System, Spartanburg, SC (Greenville Super CIN)
36. University of Tennessee, Knoxville, TN
37. University - Alabama Birmingham, Birmingham, AL
38. Valley Health, Ridgewood, NJ
39. Vidant Health, NC
40. Western Maryland Health System, Cumberland, MD
## CIN Development Process

<table>
<thead>
<tr>
<th>Task</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
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<tbody>
<tr>
<td>Educate Physician Leaders</td>
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<td>Legal Entity Formation &amp; Ongoing Governing Board Operations</td>
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<td>Physician Recruitment</td>
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<td>Develop Operational, Care Mgmt, Staffing Plan</td>
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<td>Evaluate/Select Claims Analytics Solution</td>
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<td>Launch CIN &amp; Apply for MSSP Contract</td>
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### Foundation: Planning & Education

### Development: Org. Structure and Recruitment Plan

### Deployment: CIN Model & Contract Launch