2018 Patient-Centered Primary Care

Practice Collaborative Learning Opportunities

The spirit of learning and collaboration is the spark that can ignite powerful change. To help you adopt a patient-centered care model and fulfill participation requirements under Patient-Centered Primary Care, we offer a wide range of learning opportunities that are designed to inform, inspire and support you. Most of these opportunities offer CME credits and almost all can be viewed on demand.
# 2018 National Collaborative Learning Webinar Calendar

From this page:
- Full event descriptions are available by clicking the event title below
- To register for an event, click the event date

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<tr>
<th>Date</th>
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**Medicare Risk Adjustment and Documentation Guidance**

Monthly Provider Onboarding Training occurs once every month - **CME credits: 1.0**

- August 1, 2018 — September 5, 2018 — October 3, 2018 — November 7, 2018 — December 5, 2018

**Additional Learning Opportunities**
- Creating an LGBT-Friendly Practice
Collaborative Learning Roadmap for Value-Based Contract Success

To begin your new year of learning, we have provided this roadmap so you can understand how collaborative learning supports value-based contract success.

The first step is to view our “Collaborative Learning and Your Program Success” recording.

Next take these recommended steps:
- Optimize practice performance by focusing on the key elements of the Quadruple Aim: Improved Patient Experience, Improved Population Health Management, Reduced Cost of Care, and Clinician and Staff Satisfaction and Well-being.
- View our recording “Clinician and Staff Satisfaction and Well Being under the Quadruple Aim” and take steps to ensure your practice is proactive against burnout.
- Implement practice standards that meet/exceed the parameters put in place by all payers so you can be sure you are meeting the expectations of all your value based programs.
- Get to know your scorecard and identify areas where practice improvement is needed using the scorecard metrics as your guide.
- Identify practice goals and make small changes throughout the year to help you reach your goals.
- Register for all 2018 learning events at once to secure your spot for these highly anticipated events.

Consider bringing in the Provider Enablement team for customized support if you still aren’t moving the needle toward value-based contract success.
Value-Based Contracting Success

The path to Value Based Contracting success is a repetitive cycle. Our Collaborative Learning curriculum is designed to guide you through the process.
Practice Infrastructure

Create a strong practice infrastructure that promotes a healthy workplace environment.

Implementing a strong infrastructure will help to support the patient care processes you put in place, while creating efficiency that will reduce your levels of stress and workplace burnout. These are some suggestions for building a practice infrastructure in a way that will support scorecard success:

- Hire Care Managers, sometimes known as Case Managers, to review patient data and charts while focusing on closing care gaps
- Centralize a call center and implement patient registries
- Implement data mining to understand your patient population and gaps in care
- Implement a Care Transitions program focusing on reducing readmissions
- Implement patient outreach and engagement to improve scheduling of well visits
- Institute practice huddles and meetings

Register for and attend:

- Solid Buildings Need Strong Foundations: Setting-up Practice Infrastructure under Value Based Contracting — September 13, 2018

Accurate Coding

Educate practice staff on documentation and coding procedures

Thorough documentation and coding is important for health plans and providers as it:

- Assures all of a patient's medical conditions are addressed
- Improves communication between physicians, hospitals and other health care professionals
- Supports proper claim payment; reducing denials
- Is used in research and education
- Remember, accurate coding of conditions is needed for appropriate Risk Adjusted payment
- Documentation is key. If not documented, it cannot be coded

Learning events are held throughout the year that cover diagnosis coding and documentation best practices through the exploration of case studies and ICD-10-CM coding examples.

Register for and attend:

- 2018 Medicare Risk Adjustment Documentation and Coding Guidance 6-Part Series
  - Acute, Chronic and Status Conditions — January 17, 2018
  - Cardiovascular Conditions — March 21, 2018
  - Vascular Disease — May 16, 2018
  - Respiratory Disease — July 18, 2018
  - Diabetes — September 19, 2018
  - Dependency — November 14, 2018

2018 Medicare Risk Adjustment and Documentation Guidance Series presented once every month

  August 1, 2018 — September 5, 2018 — October 3, 2018 — November 7, 2018 — December 5, 2018

2017 Risk Adjustment Documentation and Coding Guidance Recordings

- Diabetes
- Mental/Behavioral Health
- Dependency/Substance Abuse
- Malignant Neoplasm
- Understanding the Role of Z Codes
Reducing Costs
Target cost reductions while maintaining a high standard of quality care
High quality patient care can be delivered at reduced cost if point of service options and patient experience are used to drive health care spending decisions. The following recommendations will educate your practice to make informed health care services decisions.

Register for and attend:

2018 Collaborative Learning Events
- Resource Allocation Strategies for Potentially Preventable ER Visits — February 7, 2018
- Enhanced Personal Health Care Strategies for Reducing Cost of Care — May 9, 2018

Collaborative Learning Recordings
- Impacting Cost of Care
  Review Impacting Cost of Care Recording Library for recordings on why managing the overall Cost of Care for your attributed members is essential to success in the Enhanced Personal Health Care program, as well as Cost of Care tools to assist your practice with managing Cost of Care.

Care Management
Implement Chronic Care Management processes
Chronic Care Management is critical for delivering high quality, comprehensive patient care. This includes pre and post visit chart review, closing identified gaps in care, medication adherence and reconciliation procedures, and the management of high risk patients.

Consider training practice staff on Motivational Interviewing techniques and having end of life discussions with patients.

Register for and attend:

2018 Collaborative Learning Events
- Advance Care Planning and End of Life Care Discussions — June 13, 2018
- Motivational Interviewing in Primary Care — July 11, 2018
- Integrating Clinical Pharmacists to Provide Medication Therapy Management — October 11, 2018

2017 Collaborative Learning Recordings
- Medication Reconciliation Post Discharge Strategies and Interventions
- Informing Treatment Decisions with Medication Reconciliation
- Care Planning and Coordination: Managing Complex Pediatric Patients

Workflows
Implement Practice Workflows for Population Health Management
Good population health management requires customized workflows that target the needs of your high risk populations including addressing Transitions of Care. The recordings and live educational events listed below will help you focus your population health management, but don’t stop there. There are other high risk populations that will need to be addressed in your practice workflows.

Register for and attend:

2018 Collaborative Learning Events
- Adult ADHD: Current Trends and Best Practice Treatment — March 29, 2018
- Care Coordination Strategies to Support Effective Transitions of Care — April 18, 2018
- Advance Care Planning and End of Life Care Discussions — June 13, 2018
- Cognitive Behavioral Therapy for the Treatment of Chronic Pain — November 8, 2018

2017 Collaborative Learning Recordings
- The Vital Role of Palliative Care in Patient Outcomes
- Defining Focus to Accelerate Change
Technology
Maximize your technological platform to ensure available features support your goals

Utilizing your EMR and health plan data sources will ensure you have the information you need to deliver quality care that closes care gaps and keeps your patients out of the hospital. Be sure to use all available technology to:

- Implement quality reporting using your EMR/office templates
- Utilize registry functionality to identify patient outreach that is needed and make those calls

Depending on the program you have contracted with, live trainings and recordings for your technology platform will be available throughout the year. Contact your Contract Advisor for a schedule of trainings.

Gaps in Care
Identify, close and prevent Gaps in Care to elevate quality

To improve health care outcomes and reduce costs to patients while meeting your scorecard goals, identify open care gaps and close them as appropriate. Remember to:

- Identify closed care gaps that aren’t yet in the health plan data so you are utilizing clean reports
- Implement a 30 day follow up with patients to close care gaps as needed
- Flag colorectal and breast cancer screenings that are outstanding
- Flag diabetic eye exams that are outstanding

Register for and attend:

2018 Collaborative Learning Events
- Primary Care Practice Roundtable: Closing Gaps in Care and Completing Annual Visits — February 14, 2018
- Primary Care Practice Roundtable: Utilizing Team-Based Care to Close Care Gaps — August 8, 2018

2017 Collaborative Learning Recordings
- The Art and Science of Closing Gaps in Care

Partnerships
Engage your Enablement, Enhanced Personal Health Care and Enhanced Personal Health Care Essentials support teams and utilize their knowledge and resources to move the needle

Depending on your program and contract, support services may be available to you to walk you through the steps noted above. If you are contracted under a program that offers field team support, we recommend:

- Discussing patient care plans for your commercial and Medicare Advantage patients
- Setting quality and cost goals for your patients and your practice/organization
- Identifying barriers to practice success and preparing a plan to remove them
- Updating/developing practice procedures as needed
- Sharing valuable information with providers and all practice staff
- Utilizing health plan tools and resources as much as possible

Our national Collaborative Learning Program is designed each year to support your success. Refer to this roadmap often to ensure you stay on target with your Enhanced Personal Health Care learning and patient care goals.
2018 Patient-Centered Primary Care

Collaborative Learning eCatalog
Event List, Dates and Descriptions
Medicare Risk Adjustment Documentation & Coding: Acute, Chronic & Status Conditions

January 17, 2018 — offering 1.0 CME Credit

A training series designed to focus on specific conditions that affect Medicare Risk Scores. These trainings will provide:

- Indepth Disease Information
- Overview of Hierarchical Condition Categories for each specific condition
- Documentation and Coding Guidance
- Case Studies and examples

Michele Chatham
CPC, CPMA

Michele is the lead medical records auditor and trainer with 19 years of medical coding experience. Her background includes Medicare Outpatient billing, Medicare Secondary Payer subrogation and case investigations and Federal Blue Cross benefits administration. For the last 9 years, she has been performing retrospective claims auditing for Medicare Risk Adjustment, and her current position is with Anthem’s Medicare Risk Adjustment Regulatory Compliance department where she provides training and educational materials as well as performing audits. She is member of the AAPC and holds multiple certifications through them.

Resource Allocation Strategies for Potentially Preventable ER Visits

February 7, 2018

Dr. Michael Smith from Anthem will share principles and practices that have been utilized by providers, large practice groups and integrated health care delivery systems to effectively and efficiently address these three areas with particular emphasis on reducing potentially preventable ER visits.

Successful and sustainable Value-Based Population Health Management requires proactive and comprehensive:

- Identification of the burden of illness of the attributed membership
- Closure of all known gaps in care, and
- Resource allocation to reduce avoidable episodes of treatment and lower the cost of appropriate care

Michael Vincent Smith
MD, FACC, FACS, FCCP

Michael Smith is Regional Vice President and Medical Director of Central Region Medicare at Anthem. Dr. Smith currently oversees Medical Management, Quality Management and Population Health Management for Anthem’s Medicare Advantage, Medicare Supplement and Medicare Part D Plan membership in Indiana, Ohio, Wisconsin, Kentucky, Missouri, Tennessee, and Georgia. Prior to his role at Anthem, he served as Chief Medical Officer at HealthCare Partners, IPA/MSO, an affiliate of Heritage Provider Network, one of the largest and most successful IPAs in the country. His duties included profit and loss accountability for the more than 88,000 Medicare, Medicaid and Commercial lives in full risk delegated agreements within the Metropolitan New York area and Long Island. Dr. Smith is a board certified cardiovascular and thoracic surgeon and former Chief of Cardiovascular Surgery and Vice-Chairman of Surgery of an academic medical center in Atlanta.

Primary Care Practice Roundtable: Completing Annual Visits to Close Gaps in Care

February 14, 2018

Our Enhanced Personal Health Care (EPHC) practices have really benefitted from hearing their peers share best practices on a number of topics in 2017. That is why we hope you join us for a roundtable discussion of your Enhanced Personal Health Care peers as they share their experience using annual visits to close gaps in care.

Learning objectives:

- How to identify gaps in care using health plan data sources
- How to categorize and prioritize care gaps
- Proven methods for closing gaps in care including the annual visit
**Medicare Risk Adjustment Documentation & Coding: Cardiovascular Conditions**

**March 21, 2018 — offering 1.0 CME Credit**

A training series designed to focus on specific conditions that affect Medicare Risk Scores. These trainings will provide:
- Indepth Disease Information
- Overview of Hierarchical Condition Categories for each specific condition
- Documentation and Coding Guidance
- Case Studies and examples

Michele Chatham
CPC, CPMA

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**Adult ADHD: Current Trends and Best Practice Treatment**

**March 29, 2018 — offering 1.0 CME Credit**

Attention Deficit Hyperactivity Disorder (ADHD) is a widely recognized and researched behavioral health disorder, most specifically in the arena of childhood disorders. The symptoms associated with this disorder may continue from childhood into adulthood, or in some cases, manifest in adulthood without prior diagnosis. This webinar will not only focus on the defining characteristics of ADHD but will also focus on how this disorder can manifest in adulthood. Current trends with respect to treatment including best practice approaches to the use of medication and other treatment methodologies, and the role of primary care will be covered.

Learning Objectives:
- Develop an understanding of DSM-5 diagnostic criteria for Attention Deficit Hyperactivity Disorder (ADHD) with a distinction between childhood and adult type ADHD
- Develop an understanding of the pharmacologic and non-pharmacologic treatment interventions for Adult ADHD
- Develop an understanding of the best practices for the treatment of Adult ADHD

Donald W. Bechtold
MD

Donald W. Bechtold, MD is a graduate of the University of Colorado School of Medicine where he also received his post-graduate specialty training in General Adult Psychiatry and his subspecialty training in Child and Adolescent Psychiatry. Following the completion of training, he joined the full-time faculty of the University of Colorado School of Medicine in 1985 until 2001.

**Care Coordination Strategies to Support Effective Transitions of Care**

**April 18, 2018 — offering 1.0 CME Credit**

Effective and effective transitional care strategies have generally been solely focused on the smooth handover of the patient from hospital to the next level of care. And, yet, transitions within the community environment as guided by the primary care physician and supported by the office or clinic team frequently offer an even more significant impact on patient-specific goals for care. As a member of that team, your role includes assisting the patient/family/support system to successfully navigate the sometimes turbulent waters of that healthcare journey.

This webinar will present an opportunity to review the current state of transitional care in America and offer information regarding the creation and maintenance of care coordination strategies to support the delivery of safe and effective transitions of care.
Learning Objectives:
- Define transitional care and the associated impact on healthcare outcomes, costs and reimbursement.
- Identify transitional care gaps that may compromise an ability to consistently provide integrated patient-centered care as the patient moves through the healthcare continuum.
- Identify available tools and resources to advance a safe, timely, effective, efficient, equitable and patient-centered patient journey across each transition of patient care.

Nancy Skinner
RN-BC, CCM, ACM-RN

Nancy has for the past 30 years served as a case manager, Director of Case Management and an international national case management educator. In her current role as principal consultant for Riverside HealthCare Consulting, she advances programs that promote excellence in care coordination and other transitional care strategies.

In 2002, she was named the Case Management Society of America (CMSA) National Case Manager of the Year and in 2008, she received CMSA’s Lifetime Achievement Award.

Enhanced Personal Health Care Strategies for Reducing Cost of Care
May 9, 2018 — offering 1.0 CME Credit

For your patients and your practice, every dollar counts. Helping patients choose high value sites of service for their healthcare needs typically allows them to reduce their out of pocket costs and helps Enhanced Personal Health Care practices maximize their gain share opportunity with Anthem. This session will describe strategies that practices can use to help their patients select high value sites of service for such health care services as laboratory, ambulatory surgery and radiology procedures.

Learning objectives:
- Understand how a patient’s site of service selection impacts cost of care
- Recognize information and tools that a health plan provides to help assist members with site of service selection
- Identify resources to help implement this information into practice workflows

Audrey McDonough
CPA, FAHM Cost of Care Director, Anthem

Audrey McDonough is a cost of care director for Anthem’s Commercial products and Anthem’s Enhanced Personal HealthCare program. She has been with Anthem for 16 years in various financial and cost of care roles. Audrey received her Bachelor of Science in Accounting from Butler University and is recognized as a Certified Public Accountant and a Fellow of the Academy of HealthCare Management.

Medicare Risk Adjustment Documentation & Coding: Vascular Disease
May 16, 2018 — offering 1.0 CME Credit

A training series designed to focus on specific conditions that affect Medicare Risk Scores. These trainings will provide:
- Indepth Disease Information
- Overview of Hierarchical Condition Categories for each specific condition
- Documentation and Coding Guidance
- Case studies and examples

Michele Chatham
CPC, CPMA

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Advance Care Planning and End of Life Care Discussions  
June 13, 2018

Patients and their families are confronted with complex challenges that transcend medical issues, as there is often significant psychosocial impact. The Aspire Health team’s presentation will provide attendees with an overview of palliative care, focusing on how it is uniquely positioned to address the multi-faceted needs of this population. The presentation will discuss strategies that clinicians can incorporate into their everyday practice to have supportive advance care planning and end of life care discussions, with a review of commonly used advance directive documents.

Learning objectives:
- Provide an overview of palliative care, with an introduction to Aspire Health (Anthem’s community-based palliative care partner)
- Explore the unique needs of patients with serious illness and their families, with a focus on psychosocial concerns and complexities
- Discuss strategies to have supportive advanced care planning and end of life care discussions with patients and their families

Dr. Andrew Lasher
Chief Medical Officer
Dr. Lasher is the Chief Medical Officer for Aspire Health and a board certified internist and palliative care physician.

Alicia Bloom
Vice President, Partnerships
Alicia joined Aspire in 2015 to lead Market Operations in the Midwest and Mid-Atlantic and now serves as the Vice President of Partnerships.

Improving the Patient Experience using the QUEST Model  
June 27, 2018

During this session we will explore how the patient experience directly influences clinical outcomes, safety and cost measures as satisfied and engaged patients have better clinical compliance. This includes medication adherence, specialist follow-up and emergency department utilization. Join us as Dr. Scaletta reviews QUEST (Quality, Utilization, Efficiency, Satisfaction and Teamwork), the key components comprising the patient experience. We will also discuss a method for raising your patient satisfaction scores by uncovering and addressing next day issues thereby improving your empathetic interactions with patients.

Learning objectives:
- Be able to explain the QUEST model and how it applies to improving the patient experience
- Understand the role of the primary care provider in using QUEST to improve patient satisfaction scores
- Provide recommendations for delivering safe, seamless and personal patient care in a manner that demonstrates empathy and creates loyalty

Tom Scaletta
MD, MAAEM, FACEP, CPXP, CPPS
Tom Scaletta obtained his undergraduate degree in mathematics and computer science and worked as an applications programmer for an actuarial firm before entering medical school. He completed a residency at Northwestern and is board certified in both emergency medicine and clinical informatics.
Motivational Interviewing in Primary Care
July 11, 2018 — offering 1.0 CME Credit

This session will review Stages of Change and the Motivational Interviewing techniques utilized to move a patient towards action. Participants will develop skills to better identify what stage of change a patient is in, how a more collaborative approach to patient interaction can assist in patient care, and observe role play demonstrating the skills used in real life scenarios.

Learning objectives:
- Understand the stages of change and motivational interviewing principles
- Identify motivational interviewing strategies that can be used in patient encounters to promote behavior change
- Be able to identify the use of motivational interviewing skills in patient visit scenarios

Neha Patel, LPC
Neha Patel is a licensed professional counselor receiving her Masters in Counseling Psychology from the University of Denver. Her current role is Manager for Community Transformation - Western Region for the Enhanced Personal Health Care Program.

Tiffany Ransel, LPC, CAC III
Tiffany Ransel is a Licensed Professional Counselor and Certified Addictions Counselor in the state of Colorado. In 2014, she joined the Enhanced Personal Health Care Team and began working with primary care practices on practice improvement efforts.

Medicare Risk Adjustment Documentation & Coding: Respiratory Disease
July 18, 2018 — offering 1.0 CME Credit

A training series designed to focus on specific conditions that affect Medicare Risk Scores. These trainings will provide:
- In-depth Disease Information
- Overview of Hierarchical Condition Categories for each specific condition
- Documentation and Coding Guidance
- Case Studies and examples

Michele Chatham
CPC, CPMA
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Primary Care Practice Roundtable: Utilizing Team-Based Care to Close Gaps in Care
August 8, 2018

Our Enhanced Personal Health Care practices have really benefitted from hearing their peers share best practices on a number of topics in 2017. That is why we hope you will join us for a roundtable discussion of your Enhanced Personal Health Care peers as they share their experience utilizing team-based care to close care gaps.

Learning objectives:
- How to identify gaps in care using health plan data sources
- How to categorize and prioritize care gaps
- Proven methods for closing gaps in care

Neha Patel, LPC
Neha Patel is a licensed professional counselor receiving her Masters in Counseling Psychology from the University of Denver. Her current role is Manager for Community Transformation - Western Region for the Enhanced Personal Health Care Program.

Tiffany Ransel, LPC, CAC III
Tiffany Ransel is a Licensed Professional Counselor and Certified Addictions Counselor in the state of Colorado. In 2014, she joined the Enhanced Personal Health Care Team and began working with primary care practices on practice improvement efforts.
Solid Buildings Need Strong Foundations: Setting-up Practice Infrastructure under Value-Based Contracting

September 13, 2018 — offering 1.0 CME Credit

Strong organizational infrastructure is critical as your practice positions itself to deliver high quality patient care in an efficient and effective manner for your Value Based Contract programs. This session will cover the use of Care (Case) Managers to close care gaps, the implementation of call centers that utilize patient registries for outreach and engagement, and the importance of team huddles and meetings. Practice Leadership and ACO Management are strongly encouraged to attend.

Learning objectives:
- Understand what strong practice infrastructure looks like
- Identify areas where your organization’s foundation may be weak
- Identify potential practice infrastructure improvements that can be made in your organization

Medicare Risk Adjustment Documentation & Coding: Diabetes

September 19, 2018 — offering 1.0 CME Credit

A training series designed to focus on specific conditions that affect Medicare Risk Scores. These trainings will provide:
- In-depth Disease Information
- Overview of Hierarchical Condition Categories for each specific condition
- Documentation and Coding Guidance
- Case Studies and examples

Michele Chatham
CPC, CPMA

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Integrating Clinical Pharmacists to Provide Medication Therapy Management

October 11, 2018 — offering 1.0 CME Credit (approval pending)*

Amanda Brummel will lead this informative session and will share how the Fairview Health System has successfully integrated clinical pharmacists in their ambulatory clinics to provide Medication Therapy Management (MTM) services. She will also highlight how clinical pharmacists work collaboratively with physicians and their care teams to optimize the use of medication therapy and improve the quality outcomes, patient and provider experience, and reduce overall cost of care.

Learning objectives:
- Understand the clinical pharmacist role in delivering MTM services in an ambulatory setting
- Realize the value of integrating clinical pharmacists as part of the patient care team to provide direct patient care services to optimize medication outcomes
- Identifying the components of an MTM program that supports consistent, reproducible results

Amanda Brummel
PharmD, BCACP

Amanda Brummel, PharmD, BCACP serves as the Director of Clinical Ambulatory Pharmacy Services. Dr. Brummel has been employed by Fairview Pharmacy Services since 1999 when she graduated from the University of Minnesota. Currently Dr. Brummel has responsibility for the MTM program, the clinical development and integration of ambulatory pharmacy services in the Fairview Health Network including transitions of care and quality outcome measurement.

* Application for CME credit has been filed with the American Academy of Family Physicians. Determination of credit is pending.
Cognitive Behavioral Therapy for the Treatment of Chronic Pain

November 8, 2018 — offering 1.0 CME Credit

The webinar will cover the basics of Cognitive Behavioral Therapy in the context of Chronic Pain treatment, including the research supporting CBT for the treatment of chronic pain.

Learning objectives:
- Coverage of the basics of Cognitive Behavioral Therapy
- Use of CBT in the context of Chronic Pain treatment
- Understanding of the research supporting CBT for the treatment of chronic pain

Medicare Risk Adjustment Documentation & Coding: Dependency

November 14, 2018 — offering 1.0 CME Credit

A training series designed to focus on specific conditions that affect Medicare Risk Scores. These trainings will provide:
- In-depth Disease Information
- Overview of Hierarchical Condition Categories for each specific condition
- Documentation and Coding Guidance
- Case Studies and examples

Michele Chatham
CPC, CPMA

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Medicare Risk Adjustment and Documentation Guidance Series

Presented once every month — offers 1.0 CME Credit

August 1, 2018 — September 5, 2018 — October 3, 2018 — November 7, 2018 — December 5, 2018

The Medicare Revenue and Reconciliation Compliance team has developed a provider onboarding training titled Medicare Risk Adjustment and Documentation Guidance. The purpose of this training is to help ensure providers understand the basics of Medicare Risk Adjustment and the importance of proper medical record documentation and coding.

During this training, we will discuss:
- Risk Adjustment Overview
- Calculation of Risk Adjustment Factor
- Characteristics of the CMS-HCC Model
- HCCs and their Impact
- The Provider’s Role
- Medical Record Documentation and Coding Best Practices
Our extensive online recording library, containing recordings of our Collaborative Learning Events, is available to you 24 hours a day, 7 days a week, 365 days a year to accommodate your busy schedule. Here you can review and reference recordings of past sessions. All are designed to help you meet your participation requirements under Patient-Centered Primary Care.

### Collaborative Learning Recordings

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<td>Informing Treatment Decisions with Medication Reconciliation</td>
<td>Join us for this insightful and informative session where we share best practices for successfully improving your patient’s medication use to positively impact patient safety and patient health, improve quality and reduce health care costs.</td>
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<tr>
<td>Documentation and Coding: Malignant Neoplasm</td>
<td>Join us for this quarterly training session focusing on the topic of Malignant Neoplasm. (58 minutes)</td>
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<tr>
<td>Understanding the Role of Z Codes</td>
<td>Join us for this recorded webinar on understanding the role of Z Codes. (56 minutes)</td>
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<tr>
<td>The Art and Science of Closing Gaps in Care</td>
<td>Join us for this exciting peer-to-peer sharing session on a successful approach for closing gaps in care and ensuring they remain closed on an ongoing basis.</td>
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<tr>
<td>Emerging Best Practices: Non-Pharmacologic Treatment of Pain</td>
<td>This session includes a general overview of the emerging best practices for the non-pharmacological treatment of pain, incorporating various guidelines from organizations such as the National Center for Complementary and Integrative Health. (58 minutes)</td>
</tr>
<tr>
<td>Risk Adjustment Documentation/Coding: Dependency/Substance Abuse</td>
<td>A quarterly training series designed to focus on a specific condition. These trainings will provide in-depth disease information, an overview of Hierarchical Condition Categories for each specific condition, documentation and coding guidance, and case studies and examples.</td>
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<tr>
<td>Medication Assisted Treatment of Opioid Use Disorder</td>
<td>This presentation introduces the basic parameters of Medication Assisted Treatment or ‘MAT’ through the lens of the American Society for Addictions Medicine (ASAM) 2015 guidelines. Recent developments and updates will be taken into consideration. (59 minutes)</td>
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<tr>
<td>Guidelines for Prescribing Opioids for Chronic Pain</td>
<td>Turning the tide on the Opioid Epidemic must include a close look at opioid prescribing practices across medical disciplines. This session will be an opportunity to review the 2016 CDC Guidelines for Prescribing Opioids for Chronic Pain. (58 minutes)</td>
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<tr>
<td>The Vital Role of Palliative Care in Patient Outcomes</td>
<td>Primary Care plays a vital role for people living with complex progressive illness. Martha Twaddle MD, Palliative Medicine Specialist will present how Palliative Care can improve outcomes for patients and their caregivers while addressing the Triple Aim. (59 minutes) CEU/CME credits: 1.5</td>
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<tr>
<td>Risk Adjustment Documentation/Coding: Mental/Behavioral Health</td>
<td>Join us for this quarterly training session focusing on the topic of Mental/Behavioral Health. (55 minutes)</td>
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<tr>
<td>Medication Reconciliation Post-discharge Strategies and Interventions</td>
<td>CMS has adopted the Medication Reconciliation Post Discharge HEDIS measure and designated it as a Star measure. This webinar includes strategies that will positively impact patient safety, improve quality and reduce health care costs.</td>
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How-to Succeed in Value-Based Payment Arrangements

Navigating the contemporary healthcare landscape can be challenging! This exciting and inspiring presentation will demonstrate how you can be successful under value based payment arrangements and how one practice has learned to walk the talk. (60 minutes) CEU/CME credits: 1.5

Reducing Hospital Readmissions - Let us show you how and why

Readmission reduction is the hottest trending topic in healthcare today because the potential to impact cost and quality is so significant! This session includes protocols, tools, and suggestions for creating your own Transitional Care program. (59 minutes) CEU/CME credits: 1.5

Risk Adjustment: Documentation & Coding: Diabetes

Join us for this quarterly training session focusing on the topic of Diabetes: Diabetes Mellitus - Disease Overview, Specific Complications, Documentation and Coding Guidance, CMS-HCC Model Code Hierarchy, Case Studies with Coding Examples. (59 minutes)

Pediatric Collaborative Learning Recordings

Anxiety and Substance Use in Adolescents

Pediatricians need to understand anxiety and the relationship between substance use and anxiety so this session will explore anxiety as the primary reason for substance use. The SBIRT approach will also be covered. (57 minutes)

Unintended Consequences Related to Antimicrobial Exposures

Antibiotics have been used for the treatment of infectious diseases, but their overuse contributes to antibiotic resistance. Dr. Myers will describe the need for antibiotic stewardship and outline the components of a successful outpatient program. (56 minutes) CEU/CME credits: 1.5

Managing Complex Patients

Join us to explore the medically complex population and review strategies to optimize medical and health outcomes. The extensive needs for health services and high resource utilization will be discussed in addition to achieving high-value health care. (57 minutes) CEU/CME credits: 1.5

National Crisis: Update on Zika Clinical Virus Syndrome

Join us for an update on the Zika national crisis including care coordination, referrals, and having difficult conversations with parents. We will share adjustments to the AAP Periodicity Schedule and Bright Futures approaches for children with Zika. (58 minutes) CEU/CME credits: 1.5

Getting Adolescents in for Well Visits and Immunizations

According to our June 2016 survey results, providers across the country are struggling to get adolescents into the practice for well visits and immunizations. Join us as Dr. Amy Middleman offers creative strategies for reaching this elusive population. (57 minutes) CEU/CME credits: 1.5
Actualizing the Triple Aim: Impacting Cost of Care

For your patients and your practice, every dollar counts.

The Enhanced Personal Health Care program is focused around supporting primary care with achieving the Triple Aim and demonstrating value outcomes such as: Reduced Cost of Care, Improved Quality and Improved Patient Experience.

To assist your practice with achieving reduced Cost of Care, the Enhanced Personal Health Care program offers recordings on why managing the overall Cost of Care for your attributed members is essential to success in the Enhanced Personal Health Care program, as well as Cost of Care tools to assist your practice with managing Cost of Care.

These recordings are available 24 hours a day, 7 days a week, 365 days a year to accommodate your busy schedule.

**Collaborative Learning Opportunity Recordings**

| Actualizing the Triple Aim: Impacting Cost of Care | Learn why managing the overall cost of care for your attributed members is essential to success in the Enhanced Personal Health Care program, and learn about Cost of Care tools to maximize your gain share opportunity. (26 minutes) |
| AIM Radiology Pre-Certification Tool | The AIM (American Imaging Management) radiology pre-cert tool contains cost information on local facilities. By acting on this information at the time of pre-authorization, and requesting that your patients use local, high-quality, cost-effective sites of service as indicated in the tool, you and your patients can save money. (10 minutes) |
| Blue Distinction | Blue Distinction is a quality and cost designation earned by facilities offering Bariatric Surgery, Cardiac Care, Complex and Rare Cancers, Knee and Hip Replacement, Maternity Care, Spine Surgery and Transplants procedures. Blue Distinction can help your patient choose a site of service by identifying facilities which have met rigorous quality of care standards, and in some cases, also demonstrated their ability to deliver care that is both high in quality and lower in cost than their peers. (14 minutes) |
| Blue Precision | Blue Precision is a quality and cost designation earned by physician specialists including Allergy, Cardiovascular Disease, Ear, Nose & Throat, Endocrinology, Gastroenterology, Obstetrics and Gynecology (OB/GYN, Pulmonary Medicine and Rheumatology. Blue Precision can help your patient choose a specialist by identifying doctors who have met rigorous quality of care standards, and in some cases, also demonstrated their ability to deliver care that is both high in quality and lower in cost than their peers. (13 minutes) |
| Preferred Lab | Choosing an in-network lab when appropriate helps keep down costs for patients – and when you are participating in Enhanced Personal Health Care, it also means better potential for shared savings for your practice. (7 minutes) |
| Preferred Glucometer Program | The Preferred Glucometer Program helps your patients save money and lowers pharmacy costs. Pharmacy members get a preferred glucometer for free; providers prescribe the test strips used with the selected glucometer. (6 minutes) |
| Half Tab Program | Half-Tablet program helps your patients save money and lowers pharmacy costs. Providers can write prescriptions for qualified once-daily medications with directions to take ½ tablet per day. Based on the patients’ benefit design, the patient almost always pays less out of pocket for these prescriptions, and savings also flows to the shared savings pool available to providers via the Enhanced Personal Health Care program. The program does not apply to Medicare or Medicaid. (5 minutes) |
| Generic Utilization | We recognize that you are in the best position to make clinical decisions about your patient’s medical care. Choosing less expensive alternatives such as generics when clinically appropriate will help to decrease costs for the patients and facilitate success in our program. (9 minutes) |
Creating an LGBT-Friendly Practice
Bridging Multicultural Health Care Gaps

What you **may not** know about your LGBT patients may be putting their health at risk.

You know it makes sense for you to learn how to create an LGBT-friendly practice IF...

... You aren't quite sure what the letters “LGBT” represent.

Lesbian, Gay, Bisexual and Transgender

... You have patients.

Almost 4% of adults are estimated to identify as being lesbian, gay, bisexual, or transgender. Chances are that some of your patients identify as being LGBT.

... You're not aware of unique LGBT concerns.

In addition to privacy, many LGBT patients have unique health worries.

... You feel like a deer in headlights when patients tell you that they are LGBT.

Some practitioners wonder what to say or whether to say anything once they are told.

... You understand the importance of having a welcoming environment for all your patients.

However, you might not know how to create this for your LGBT patients.

... You haven't thought about how discrimination-related stress can take a toll on the health of LGBT patients.

Chronic stress such as that derived from perceived discrimination often leads to an increased risk for several diseases.

... You have staff that talks with your patients.

Including staff in the learning experience is essential. One misstep, although unintentional, may keep LGBT patients from sharing important health information.

... You strive for the highest quality of care for all your patients.

Now you know. **Take the next step.**

In about an hour, through a series of vignettes that present critical information about working with LGBT populations in a caring and culturally sensitive way, you’ll gain an understanding of how to create an LGBT-friendly practice including strategies to enhance your interactions with LGBT patients and address health care disparities affecting the community.

Visit [anthem.com/LGBT](http://anthem.com/LGBT) for free access to online program.
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