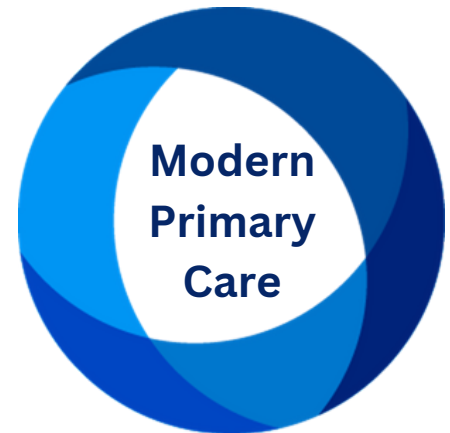


# Connect to Mission - Consumerism

## 2026 Goals

- Grow to 300,000 Patients under OH Care
- 25% of OH Patients in Value Contracts
- Continued Strong Performance
- Keep 7 Pillars at the Heart of Company



## One Health Consumerism - Patient Satisfaction

EXPERIENCE

### PATIENT SATISFACTION

Goal Period 2023



One Health LTR



OH Family Medicine LTR



OH OB/GYN LTR



OH Provider Satisfaction

One Health is > 99% in LTR compared to national benchmark!  
Net Promoter Score = 89.7

## One Health Integration - Referrals

ONE HEALTH CHARLOTTE REFERRAL DATA – ROLLING 12 Month – February 2022 to January 2023

Department	Total Referral Count	Ablum	Affiliate	Non-Affiliate
OH LKN FM	44,670	62%	22%	16%
OH CLT FM	7,998	62%	22%	16%
OH OB	7,889	67%	15%	18%
Total OH	60,557	62%	21%	16%

AWV completion rate up from 37.9% EOY 2021 to 52.33% EOY 2022  
UPCP at 56,052 (CLT only); UPCP annual growth rate of 27.38%

One Health CPA Value \$ in 2020 = \$381,164.85

One Health CPA Value \$ in 2021 = \$235,218.13

One Individual - One Community - One System  
One Health

# IAS Update

## EPIC TIPS AND TRICKS

### Cologuard Ordering for Office Visit



1. In the bottom left of your screen is the Visit Taskbar. Click on +Add Order.
2. Type Cologuard colon cancer screening order (LAB710)
3. Click Accept

4. The details box for the Cologuard order will pop up. Please fill out the order details exactly as seen in the screenshot below. You will select an Order Status of Normal.



Please leave the Order Status as **NORMAL**. Do not add or remove any additional details. The order details need to be entered exactly as specified.

5. Click Accept.
6. Click on Sign Orders.
7. Associate Diagnosis with the order and click Accept.

### Cologuard Ordering for Orders Only and Telephone Encounters

1. You will follow the exact same process outlined above except for Step #5 when entering Order Details.
2. Your Order Status will be Future.



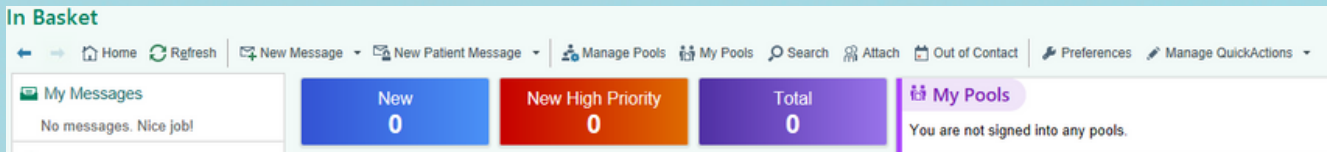


# IAS Update

## EPIC TIPS AND TRICKS

### Out of Office in Epic

1. In the In Basket tool bar, click Out of Contact button.



2. At the bottom left, click New.

3. Complete Out of Contact Fields. Start and End Date, Covering Users and Covering Pool(s) if needed.

4. Click Accept.

A screenshot of the 'Editing Out of Contact Occasion' form. The form is divided into two main sections: 'Out of Contact Person' and 'Covering Users'. Under 'Out of Contact Person', the name 'SCHAFER, JAMES' is entered. There are three tabs for 'Reason': 'Out' (selected), 'Unavailable', and 'Other'. A 'Comment' field is empty. The 'Start' date is '3/11/2023' with a calendar icon and a dropdown menu set to 'All day'. The 'End' date is '3/18/2023' with a calendar icon and a dropdown menu set to 'All day'. Under 'Covering Users', the name 'SHAW, CATHERINE M' is entered. There is a search icon to the right of the name field. Below this, there is a 'Covering Pools' section with an empty search field and a search icon.

## Coding Corner



AWV Documentation & Coding

February 2023



### Annual Wellness Visit

Medicare's Annual Wellness Visit (AWV) is one way for your practice to keep patients healthy. As healthcare moves from volume to value-based models, the AWV is an opportunity to address gaps in care and enhance the quality of care you deliver. A personalized plan created for a Medicare beneficiary can also improve patient engagement and promote preventive health care.

Medicare pays 100% of the AWV. There is no deductible or coinsurance owed by the patient. A problem-oriented visit is not part of this benefit and is subject to deductibles or coinsurance when an [Evaluation & Management](#) code is also billed.

#### AWV Coverage:

Medicare covers an AWV that delivers Personalized Prevention Plan Services (PPPS) for patients who:

- Are no longer within 12 months after the patient's Medicare Part B benefits eligibility date
- Have not received an IPPE or AWV within the past 12 months
- Medicare does not cover Routine Physical

Although Medicare does not cover a routine preventative physical exam, many Medicare Advantage (MA) plans offer this as an additional benefit every year and it can be done at the same time as an AWV.

CMS does not require you to use a specific AWV diagnosis code, so you may choose any diagnosis code consistent with the patient's exam. This is a perfect time to review and address chronic conditions, as it may be the only visit of the year to address these chronic conditions.

When you provide an AWV and a significant, separately identifiable, medically necessary Evaluation and Management service, report the additional CPT code with modifier -25.



RESOURCES:  
[CMS AWV](#); [FQHC](#)

### Documentation & Coding

- Administer a health risk assessment ([HRA](#)):
  - Demographics & self-assessment of health
  - Psychosocial & behavioral risks
  - Activities of daily living (ADLs)
- List current providers and suppliers of healthcare
- Establish medical and family health history:
  - Medical, surgical, & family history
  - Current medications and suppliers
- Document risk factors for potential depression
- Screen patient for cognitive function
- Review functional abilities and level of safety
- Conduct a general health assessment with vitals
- Document all active chronic conditions and risk
- Counsel the patient
- Discuss and document advance care planning ([ACP](#))

CPT	AWV Description
G0402	Initial Preventative Physical Exam (IPPE)
G0438	AWV, Initial Visit
G0439	AWV, Subsequent Visit
G0469	FQHC IPPE or AWV
CPT	Physical Description (MA & Commercial only)
99381-99387	New Patient
99391-99397	Established Patient
CPT II	Quality Reporting Description
1158F	ACP discussion documented
3288F	Fall risk assessment documented
1159F	Medication list documented
3720F	Cognitive impairment assessed
1220F	Patient screened for depression



# OH SOCIAL MEDIA



## One Health on Social Media!

Visit our [One Health LinkedIn](#) and [Instagram](#) page and click to follow!

If you have an interest in Social Media and want to help get One Health's name out in the community via Social Media, please reach out to Jim Schaffer or Tricia Varela. We could really use your help!



# GROWTH

**One Health continues to grow and expand!**

## New Clinics

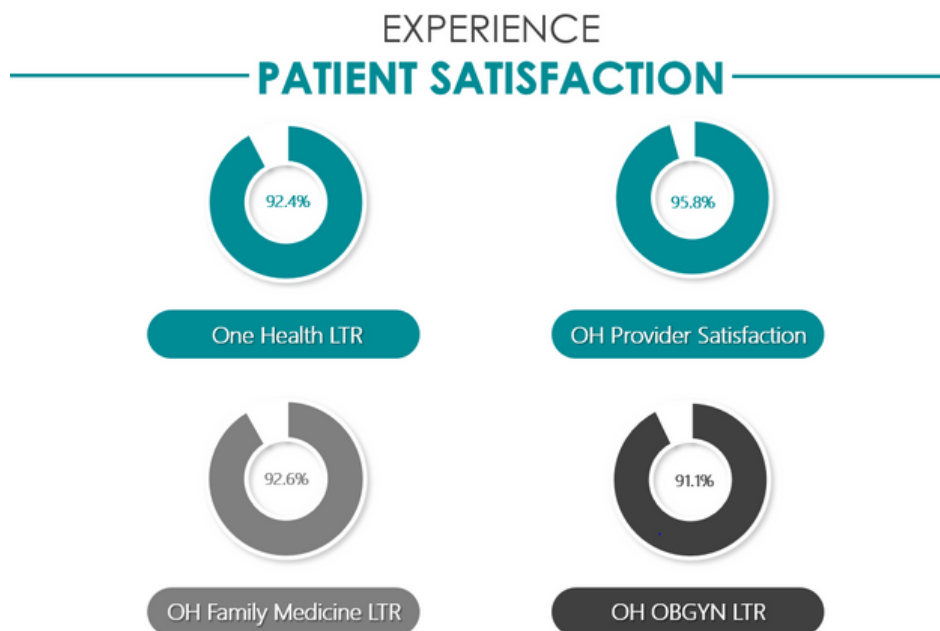
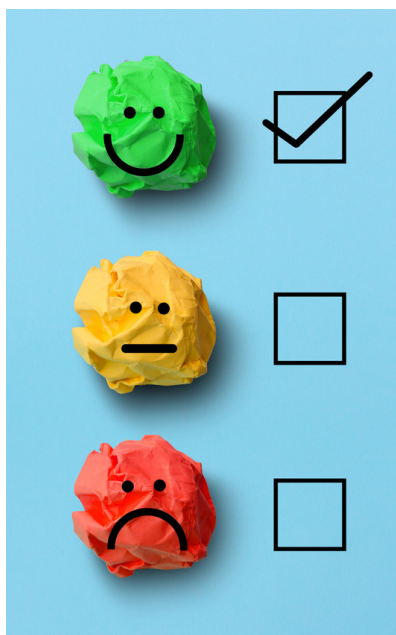
On February 27, One Health OB Denver and Family Medicine Denver relocated to their new building at Link Landing. OH opened their second UC in the Charlotte market in the Link Landing family medicine clinic.

## New Providers Starting in March

	Start Date
Taylor Sandberg, MD (FP Mooresville)	3/1
Steven Moore, MD (FP Prosperity)	3/6
Lauren Buchanan, MD (PRN WS)	3/6

## Recruiting

If you have any professional colleagues that would be interested in joining One Health, please reach out to your clinic manager or our OH Recruiting Team (Pam Floberg, Sarah Boles, Scott Vogler or Jim Schaffer).



**One Health is > 99% in LTR compared to national benchmark! Way to go!**

# Pharmacy Corner - Kira Harris, PharmD

## Quality Measure Review: Focus on Medication Adherence

Many value contracts place a heavy emphasis on medication adherence, specifically for diabetes, hypertension, and cholesterol medications. In most Medicare Advantage plans, this is a triple-weighted measure which means it counts 3 times more than other measures when determining our quality score. More importantly, we know that patients have better outcomes when they take the medications we prescribe.

Patients get included into the medication adherence measure when they fill a medication listed below two times at the pharmacy using their insurance.

- Medication Adherence for Diabetes: Any diabetes medications except insulin
- Medication Adherence for Hypertension: ACE, ARB or direct renin inhibitor
- Medication Adherence for Cholesterol: Statin

Medication adherence is defined as filling the medication often enough to cover 80% of the time the medication is prescribed.

One Health will have a pharmacy technician through CHES that will outreach patients at risk of non-adherence to encourage medication refills and troubleshoot barriers to adherence. Other strategies to improve medication adherence include:

- Asking patients about medication adherence
- Counseling patients on the indication and importance of medication adherence
- Writing 90-day prescriptions for chronic medications with refills sufficient for the year
- Ensuring the instructions are correct on all prescriptions – this can affect the way the day supply is calculated.
- Prescribing medications as once daily and using combination meds where possible.
- Encouraging Medicare patients with concern for cost of medications to apply for Low-Income Subsidy or “Extra-Help” which lowers copays for all medications.
- Referring patients with barriers to medication access to a pharmacist or pharmacy technician
- When appropriate, using samples to allow patients to try medications before they fill them to ensure tolerability and/or efficacy.

The medication adherence quality measure will be reviewed in detail in the CHES provider education on March 14 and 23. If you are unable to attend these sessions, please view the recording for more details. Remember, you can claim CME credit for attending the CHES provider education sessions. |





## CALLING ALL TEACHERS!

Whether it was a mentoring/shadowing opportunity, our first clinical experience, or a host of other patient-based learning experiences we had during our medical training, we can all appreciate the impact that our preceptors had on our medical careers.

What is less talked about however, is the impact that students/learners have on the preceptors, our patients, and our clinical practices.

**Preceptors-** generally gain a better understanding of clinical material and have a lower burnout rate, while having the joy of being positive influence on future providers.

**Patients-** feel like they have received 'extra' attention and more comprehensive care

**Practices-** improve recruiting and networking opportunities-this can be a great way to evaluate and attract a budding new APP or family medicine resident.

Now that you're excited to become part of our precepting pool, I want to share some opportunities that are available with OneHealth—and some future options as well.

1. **PA students.** OneHealth now has a direct relationship with Wingate and Pfeiffer PA schools. The rotations are 4–5-week duration (around 140-160 hours) and are available for family medicine and women's health. The preceptor (APP or MD/DO) reimbursement is \$1000-\$1500/student depending on the number of students at any specific site. We would like to develop a pediatric opportunity in the Winston-Salem market if there are providers there who would be interested (there are students available).
2. **Atrium Health Family Medicine Residents.** The family medicine residents have a one-month community medicine rotation where they will be seeing patients in a private practice 2-4 half/days per week. They will pull patients from the preceptors' schedule, and they are able to complete all documentation and billing. The preceptor will be credited the wRVU for precepted patients.
3. **Wake Forest Medical Students-Charlotte Campus.** This is in development currently (Start April 2024), stay tuned for opportunities to precept 1<sup>st</sup>/2<sup>nd</sup> year students on a longitudinal clinic experience that averages 2 half-days/month.

We have several providers who have been taking students already, so feel free to reach out to them if you want their perspective (Dr. Miles, Dr. Vuong, Dr. Roche, Jessica Reisner PA, myself—sorry if I am leaving anyone off). It is ok to split time between preceptors in an office, we can adjust the reimbursement based on %.

Please respond with any interest you have in participating. Hopefully you will find this as rewarding as we have.

I am happy to put together some informational sessions if needed, or feel free to reach out with any questions.

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## CHESS EDUCATION SESSIONS!

We are excited to begin our CHESS education sessions this month. Please attend one of the 2 dates for each session! You can get CME credit for attending - 0.5 CME for each session. Watch for invites from Arielle Salvato from CHESS.

Session 1 : **Introduction to CHESS session** on February 28 or March 1 at 12:30 pm.

Session 2: **Value-based Pharmacy Tips** on March 14 or March 23 at 12: 30 pm

Session 3: **Transitional Care Management** on March 28 or April 5 at 12:30 pm

To claim the CME, each provider must have an account with The Northwest AHEC of Wake Forest School of Medicine, part of the North Carolina AHEC Program. (note: AHEC will use email addresses to send a monthly survey) All users must complete the one-time initial registration at least 24 hours in advance of the first session. During each education session, you will text a unique session number that will be provided during the live virtual session to (336) 793-9317 which will help confirm your attendance in the session.



## PRESCRIBING MEDICATION FOR ADDICTION TREATMENT!

From North Carolina Medical Board:

In January, the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Drug Enforcement Administration (DEA) issued guidance on the removal of the X-waiver, clearing the way for more medical professionals to treat opioid use disorder with medication. As stated in the guidance, going forward, anyone with a standard DEA registration number may prescribe buprenorphine. This includes APPs. In addition, there are no longer any limits on the number of patients a prescriber may treat for opioid use disorder with the drug.

Providers interested in prescribing buprenorphine for opioid use disorder are encouraged to educate themselves to ensure they are able to meet accepted and prevailing standards of care. Learn more about prescribing buprenorphine here or by visiting NCMB's resource page on medication for addiction treatment (MAT) at [www.ncmedboard.org/MAT](http://www.ncmedboard.org/MAT).

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## WHAT IS ON YOUR MIND??

Questions:

We would love to hear from you. What questions do you have about One Health?  
What questions do you have about Value Based Care?

Topics or Photos for Publication:

if you have topics or photos that you would like to appear in the OH Newsletter, please reach out to Dr. Jim Schaffer.



# OH Spirit Calendar - Diknesha Person

MARCH						
SUN	MON	TUE	WED	THU	FRI	SAT
<b>B D A Y S</b> Tiffani-Amber Hopkins (OB) 3/2 James Mammel (OB) 3/6 Vanessa Wilson (OB) 3/8 Kenyon Draper (FP) 3/11 Kim Gibson (FP) 3/16 LeeAnn Bagwell (OB) 3/21 Dr. Demetria Rawlinson (FP) 3/23 Melania Trump (FP) 3/28	Lexi Nichols (Mocksville) 3/4 Jennifer Little (OB) 3/6 Lisa Murphy (OB) 3/11 Sandy DeSimone (OB) 3/15 Dr. Thomas Sherrill (FP) 3/17 Amy Leeson (FP) 3/22 Laura Schrader (FP) 3/24					
						
	3/13 					
	20 			23 		
				30 		Irish American Month National Celery Month National Peanut Month National Women's History Month

## Important Dates

- Mar 1: Integrative Governing Board Meeting (2 pm)
- Mar 8: Provider Onboarding Session #1 (2 pm)
- Mar 8: Management Committee (6:30 pm)
- Mar 17: St. Patrick's Day