

## December 2022

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## Letter from the President

Dear Colleagues,

I was recently asked if I really believed that value-based care and pay for value were going to be a significant part of the future. I said "absolutely". It really surprised me that this very smart, very well read, and open-minded physician would ask me such a question. I went on to ask him "Do you not read about this stuff in the business articles about medicine and healthcare?" I got back a quick "No, why would I?". It was an eye-opening moment for me. We have been working in the same profession and organization for over 20 years but had a very different view of the world when it came to the business of medicine.

There are many answers to the question "why would I?". There are also many reasons someone would ask that question. I have been immersed in the value-based care world for over 10 years and read as much about healthcare delivery, medical economics, healthcare leadership and strategy as I do about gastroenterology. That topic seems familiar to me. However, if you do not keep up with these topics it seems foreign and can be somewhat scary to hear about what those who pay us have planned for our future. It's like when a patient or family member asks you a question that is medical in nature and you cannot believe they even asked the question. When we have discussions about the value in healthcare, many times it feels like I am speaking a foreign language.

Payment for value will eventually surpass payment for volume. We have been in a fee-for-service world and getting paid for how much we do for a long time. Sometimes payment is purely for doing stuff and not for the value that it brings to the patient. There is a transition from volume to value ongoing in the United States. There will be winners and there will be losers. Fee-for-service payments and valuation of RVUs will likely continue to decline. It will be necessary to be adept in the value equation of healthcare. The government plays a zero-sum game in healthcare financing, so they will take away from the fee-for-service to move money into the value arena. The principles of HCC coding, documentation, care pathways and numerous other processes will be important in the care of the patient and to your financial stability. You need to be able to navigate all these acronyms.



The government payers in healthcare want all patients in a value-based arrangement by 2030. Currently over half of all Medicare patients are in some type of value-based program. We also have a significant change coming in Medicaid to Oklahoma late next year and most of it is based in value. We also see all the major commercial players in the state wanting to discuss value arrangements with us. I know we have been hearing about this for years, but the time is now to understand how all this works.

In 2023, IHP will focus on the training and education of our providers so we can execute a value-based strategy. We have had many successes and we have had some failures. When you look at why we did not perform as expected, it usually has a basis in not giving the providers the tools, education and support they need to be successful. We need a network of well-trained physicians who understand the value-based world. We were never formally trained in value-based care competencies. I think giving you the skills to succeed in the value-based world is the most important job IHP has at this time.

I truly believe that all this leads to better care and a more stable financial reality for all of us and for patients. Do you choose the restaurant because they serve the best food or the most food? This question is very easy to answer especially if the price is the same. I know that is an oversimplification, but you must start somewhere.

I want to wish all of you Merry Christmas, Happy Holidays and a Happy New Year. Take some time to get recharged, refocused and rested so we can come back in 2023 and learn about this new reality in healthcare.

Sincerely,  
Carl Raczkowski, M.D.  
President, INTEGRIS Health Partners

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## February 2023 IHP Summit

### Please join us Tuesday, February 21st at 6pm for the first INTEGRIS Health Partners Summit of 2023.

We are excited to gather in person at the INTEGRIS Baptist Medical Center Auditorium for the first INTEGRIS Health Partners Summit of 2023. Attendance at three INTEGRIS Health Partners Summits each calendar year is required to be eligible for IHP Shared Savings.

**Date:** Tuesday, February 21<sup>st</sup>, 2023

**Time:** 6:00 – 7:00 p.m.

**Location:** INTEGRIS Baptist Medical Center Auditorium

3300 N.W. Expressway,  
Oklahoma City, OK 73112

*Live Stream option will be made available to those unable to attend in person.*

This summit will be recorded and placed on the IHP website (Summits | INTEGRIS Health (integrisok.com)) after the event for those unable to attend in person.

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## IHP Provider Survey

Reminder: There is still time to complete the 2022 IHP Provider Survey at the link below. This year's survey is a bit different than prior years. The emphasis on value-based care (VBC) is growing in the commercial and government markets. This will require us to have a deep understanding of the concepts and processes involved in this type of health care delivery.

PLEASE, answer this survey honestly so we can get a clear picture of your understanding of VBC. We will take these results and build an educational program that will have everyone answering "10" and deliver a meaningful learning pathway that will make you successful in VBC. Completion of this survey will fulfill the 2022 IHP Metric survey requirement.

Survey Link: <https://www.surveymonkey.com/r/XTFGXQZ>

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## Intensive Outpatient Programs (IOP) and Partial Hospitalization Programs (PHP)

IOP and PHP serve as important tools for patients who may require more than weekly psychotherapy services, who are discharging from an inpatient psychiatric facility, or a residential addiction treatment program or to assist them in not needing a higher level of care. This treatment typically lasts 3 to 5 weeks and includes group psychotherapy and psychoeducation (for PHP level of care only) and at least weekly appointments with the psychiatrist for both levels of care.

A patient may benefit from IOP or PHP who is struggling with depression, anxiety, mood changes, work/school performance, addiction behaviors, or other issues that interfere with regular activities and responsibilities. INTEGRIS offers these services through Decisions Mental Health and Addiction Recovery Programs (both adult and adolescent programming) and now also at Arcadia Trails. There are multiple cohorts available based on age and schedule.

For additional information, please visit [Decisions Mental Health and Addiction Recovery Programs in Oklahoma City | INTEGRIS Health \(integrisok.com\)](#) and [Recovery Facilities in Oklahoma - Programs - Arcadia Trails | INTEGRIS Health](#).

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## Clinical Programs Update

### **Vice President CP Update- Dr. Chelsey Gilbertson**

- Developed the Clinical Programs Playbook for evidence-based care implementation, creating a standardized approach for successful change management
  - Enteral Nutrition Part 2 went live November 1<sup>st</sup>
  - Anticipate Glycemic Management Part 1 and OB Rupture of Membranes early 2023
  - Playbook content to be posted in ATLAS
- Partnering with System Strategy and key stakeholders on Tactical Smart Growth opportunities
- Engaging with System CFIP initiatives, including review of key order sets for pre-checked lab opportunities

### **Women's & Children's CP Update – Jill Hughes, Drs. Smith and Vanlandingham**

- Trialing the Jada Hemorrhage Management System trial implementation at IBMC and LSWH
- Partnering with operational leaders on Level 2 Special Care Nursery Capacity/Strategy
- Partnering with OSHD Collaborative regarding congenital Syphilis

### **Neurosciences & Orthopedics CP Update – Briton Stoll, Drs. Beson and Gannaway**

- Evaluating Total Joint Vendors for standardization
- Developing Stroke and Hip Fracture Care Pathways
- Implemented RAPID AI Stroke Software across the System

### **Behavioral Health CP Update – Allie Friesen**

- Implemented Suicidal Patient Clinical Pathway September 2022
  - Risk Stratification High Risk and Low Risk
  - Corresponding Order Panels for High or Low Risk
- Developing strategy and partnership opportunities for Behavioral Health Access Center to improve access and offload System EDs
- Partnering with Intensive Medicine to align efforts in an Alcohol Withdrawal Pathway
- Developed depression screening workflow (PHQ-2) with IMG leadership-pilot went live 12/5
  - Plans to strategically expand following successful pilot

### **Intensive Medicine CP Update – Melissa Gullotto, Drs. Mueggenborg, Biedermann, El Banayosy, and Britt**

- Implemented Enteral Nutrition Part 2 November 1<sup>st</sup>
- Finalizing the Hyperglycemia Management Protocol for early 2023 go-live
- Finalizing current state sepsis value stream map based on recent observations and interviews

### **Oncology CP Update – Kim Frank, Dr. Showalter**

- Improving Access – Diagnosis to Treatment
- Collaborating with PHSO in applying for participation in CMS CMMI Model – Enhancing Oncology Model
- Implemented Radiation Oncology provider standardization across the System 11/2022
- Implementing Elsevier ClinicalPath software to reduce clinical variation, increase clinical trial utilization, and provide data analytics for treatment protocols specific for oncology – build begins 1/2023 (implementation goal of 9/2023)

### **Surgical Services Update – Melissa Flowers, Dr. O’Leary**

- Evaluating advanced energy devices at INTEGRIS Health
- Collaborating with key stakeholders to develop evidence-based care pathway for patients undergoing a colon procedure at INTEGRIS Health
- Collaborating with Revenue Cycle, Informatics, and Continuous Improvement to develop centralized procedural charging
- Developing standardized definitions for operational metrics - First Case on time starts (FCOTS), Block Utilization, and Primetime hours utilization

### **IACC/NZTI Update – Kay Shields Ragan**

- Implemented eCPR for select patients undergoing resuscitation, initial outcomes are above nationally reported results
- Collaborated with providers to update ECMO admission order sets, removing unnecessary repetitive testing resulting in an estimated 250K in annual savings

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## **APP Update**

Hello INTEGRIS Health Partners APPs,

My name is Deanna Carey and I am excited to be included in the IHP Newsletter. The Office of Advanced Practice was formally created at INTEGRIS Health in November 2021. We have been working hard to improve communication and develop strategies and initiatives to advocate for our APPs. We still have a lot of work to do, and I look forward to getting to know you and soliciting your ideas for improvement. Below are our current practices and examples of our outreach methods:

APP Council: Second Wednesday of each month at 7:00 am on Teams.

Examples of discussion topics:

- Current issues involving APPs
- Consent agenda which includes Clinical Programs Updates and any other system updates that are relevant to APPs
- Epic updates
- Training section that meets JHACO requirements (i.e. we were able to complete our workplace violence training during this meeting)
- Monthly Development Reports of Subcommittees – Inpatient, Outpatient, Legislative, and Educational

If you would like to be included on these APP Council meetings, please email [Barbara.carey@integrisok.com](mailto:Barbara.carey@integrisok.com) to be added to the invitation. We also use this list for email distributions of our bootcamps and other appropriate updates.

Teams Site with previous meeting minutes, consent agendas, Epic updates, etc.:

<https://teams.microsoft.com/l/team/19%3a744269121f924c10b578a17da7d7bebc%40thread.tacv2/conversations?groupId=09f601f8-dda1-4486-b1c5-60843b28914f&tenantId=86c68ed5-0d25-41f6-bad3-1f8b8e842581>

Additionally, we host an APP Bootcamp. This bootcamp is a minimum of 4 days throughout the calendar year, which provides in-house CME approved education for our APPs delivered by our own experts. Up to 6 hours each day can be awarded. This link will take you to examples of our previous bootcamps for the last two years: <https://fast.wistia.com/embed/channel/6npw2wwnrg> Dates and topics for 2023 APP Bootcamps will be released soon.

One of the most recent updates is that PAs can now sign death certificates. There is also continued revision and discussion regarding the prescribing of Schedule IIs. More to come on this topic.

Any concerns, needs, questions can be relayed to the System Manager, Office of Advanced Practice, Dee Carey, at [Barbara.carey@integrisok.com](mailto:Barbara.carey@integrisok.com) or 405-513-3899.

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## 2022 IHP Metrics– Final Deadline – Saturday, December 31st

The deadline to complete all 2022 IHP metrics and become eligible for shared savings is Saturday, December 31<sup>st</sup>.

As a reminder, the full list of metric requirements is listed below.

- Attend/View 3 IHP Summits or Pod Meetings
  - IHP Summits are available to view at [Summits | INTEGRIS Health \(integrisok.com\)](https://www.integrisok.com/summits)
- Complete IHP Physician Satisfaction Survey <https://www.surveymonkey.com/r/XTFGXQZ>
- Complete 4 CDI Trainings [Lumeris.MyAbsorb.com](https://www.lumeris.com/myabsorb)

If you have difficulty accessing any of the content, please contact [INTEGRIS Health Partners](https://www.integrisok.com/partners).

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## Huddle Talk: Major Depressive Disorder

ICD-10-CM diagnosis considerations for Major Depressive Disorder:

SINGLE EPISODE	RECURRENT EPISODE	IN REMISSION
F32.0 MDD, single episode, mild	F33.0 MDD, recurrent, mild	F32.4 MDD, single episode, in partial remission
F32.1 MDD, single episode, moderate	F33.1 MDD, recurrent, moderate	F32.5 MDD, single episode, in full remission
F32.2 MDD, single episode, severe w/o psychotic features	F33.2 MDD, recurrent, severe w/o psychotic features	F33.40 MDD, recurrent, in remission, unspecified
F32.3 MDD, single episode, severe with psychotic features	F33.3 MDD, recurrent, severe with psychotic features	F33.41 MDD, recurrent, in remission, in partial remission
F32.9 MDD, single episode, unspecified	F33.9 MDD, recurrent, unspecified	F33.42 MDD, recurrent, in remission, in full remission

Note: For classification of “in full remission” describes an individual who had once met criteria for MDD but has not met criteria for more than 12 months. The patient can still be receiving treatment to reduce the risk of further episodes. Reporting is based on the provider’s clinical determination and documentation.

Major Depressive Disorder is difficult to identify because a note stating that the patient “seems depressed,” or “is likely depressed,” is not sufficient to support a diagnosis of depression. Further, documenting “depression” is not sufficient to identify Major Depressive Disorder.

**When depression is documented, the following ICD-10-CM code would be assigned:**

- Depression, NOS: F32.A, Depression, unspecified

**When your patient is reacting to a stressful life event, such as a loss of family member, the following ICD-10-CM example code would be appropriate to use:**

- Situational depression: F43.21, adjustment disorder with depressed mood
- Prolonged grief disorder: F43.81, complicated grief, persistent complex bereavement disorder
- Other reactions to severe stress: F43.89

**When a diagnosis of Major Depressive Disorder is appropriate, be sure to include all of the following:**

- Episode: Single or recurrent
- Severity: Mild, moderate, severe
- Presence or absence of psychosis/psychotic features
- Remission status: Partial or full
  - **Note:** For classification of “in full remission” describes an individual who had once met criteria for MDD but has not met criteria for more than 12 months. The patient can still be receiving treatment to reduce the risk of further episodes. Reporting is based on the provider’s clinical determination and documentation.

To qualify as a Major Depressive Disorder, DSM-V criteria should be met.

**Criteria A-C represent a Major Depressive Disorder**

A. Presence of 5 or more symptoms (e.g., PHQ-9) present during the same 2-week period and represent a change from previous functioning (with at least 1 symptom being depressed mood or loss of interest) for diagnosing and documenting major depressive disorders (code categories F32–, F33).

- Depressed mood most of the day
- Markedly diminished interest or pleasure in all, or almost all, activities most of the day

- Significant weight loss when not dieting, or weight gain, or decrease in appetite
- Insomnia or hypersomnia nearly every day
- Psychomotor agitation or retardation
- Fatigue or loss of energy
- Feelings of worthlessness or excessive or inappropriate guilt (which maybe delusional)
- Diminished ability to think or concentrate, or indecisiveness
- Recurrent thoughts of death (not just a fear of dying), recurrent suicidal ideation without a specific plan or a suicide attempt

B. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

C. The episode is not attributable to the physiological effects of a substance or to another medical condition.

**Clinical Pearl:** Screening may be especially important in those with medical conditions, such as cancer, diabetes, CAD, heart failure, COPD, ESRD, or prior stroke.

This document is provided by Lumeris solely for education purposes. The information herein is not intended to supersede a provider's judgment, standard of care or be deemed exhaustive of all proper methods of care. While a summary of recommendations from recognized clinical guidelines is presented, no formal practice recommendations by Lumeris should be inferred. The applicability of the information, including any recommendation, must be assessed by the treating physician in light of all relevant circumstances presented by an individual patient. This document is subject to periodic revision. ICD-10-CM codes are effective 10/1/2022-9/30/2023

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## Care Continuity

In an effort to advance population health, reduce cost and duplication of services, and improve patient and provider experience, IHP is working to ensure healthcare services in the network are delivered, coordinated, and managed by in-network providers and facilities.

To do so, we have stood up the Care Continuity workstream. This program's goal is to optimize referral decision-making and close the referral loop through:

- **Best practices and communication support** for referring and receiving providers, including strategies for building network awareness
- **HER-integrated referral tool** to empower care teams with relevant network info & referral decision support at the point of service (provider directory, search & match algorithm, tracking & reminders)
- **Data and analytics** to monitor and support continued performance improvement and identify root-cause of out-of-network referrals

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## Epic Care Link

INTEGRIS Health has partnered with Epic to offer the EpicCare Link to our independent providers in IHP. The EpicCare Link system offers free, read-only access to INTEGRIS medical records allowing community providers access to review patient's charts creating a more transparent flow of information between physicians.

IHP providers interested in using the INTEGRIS EpicCare Link system can request access by going to [https://epiccarelink.integrisk.com/EpicCareLink/common/epic\\_login.asp](https://epiccarelink.integrisk.com/EpicCareLink/common/epic_login.asp) and clicking on Request New Account.

If you have trouble registering for an account, please contact the INTEGRIS IT Help Desk at 405-949-4086 or Toll Free at 866-609-4357.

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## INTEGRIS Epic Connect

INTEGRIS Health values our healthcare partners and needs your support to provide an integrated experience of care for our patients. As a result, we offer INTEGRIS Health Connect to affiliated independent physicians and community hospitals for the purpose of improving clinical outcomes, the quality and experience of patient care, and communication among providers across care settings.

INTEGRIS Health Connect is a program to link providers, patients, and facilities efficiently and affordably. Through Connect providers gain access to over 2 million individual patients across Oklahoma. As our patients access care from providers and facilities using Epic and Connect, these shared patients will virtually carry their records with them. Accessing this single record for each communal patient saves valuable time in the private office while also providing a community aligned patient record.

INTEGRIS Health Connect enhances coordination of care among physicians throughout our region and improves access to essential patient information for every provider joining the platform.

Those interested in learning more about the INTEGRIS Health Connect system can fill out an inquiry form at the following: [INTEGRIS Health Connect Inquiry Form | INTEGRIS Health \(integrisok.com\)](#).

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## Upcoming Dates

Please mark your calendars for these upcoming important dates and educational events.

December

- 12/31/22 – Deadline to complete IHP Metrics for Shared Savings eligibility
  - Complete [IHP Provider Survey](#)
  - [Attend/View 3 IHP Summits OR Pod Meetings](#)
  - Complete [4 Clinical Documentation Integrity Training Sessions](#)

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## Update Your INTEGRIS Health Partners Profile

Our INTEGRIS Health Partners team has been hard at work updating the IHP Provider Roster and Directory. In an effort to ensure accuracy, we ask that you take time to fill out this short 10 minute survey to update your information: [INTEGRIS Health Partners Profile Update Form](#).

This will be used to update our IHP Provider Roster and Directory, as well as your INTEGRIS Health website provider profile.

Please reach out [Robyn.Burk@integrisok.com](mailto:Robyn.Burk@integrisok.com) with any questions you have regarding this form.

## Happy Holidays from IHP!



## New Physicians and Advanced Practice Providers

<p>Zubair Ashraf, MD Internal Medicine INTEGRIS Hospitalists - Baptist 4401 S. Western Ave Oklahoma City, OK 73109 (405) 713-4103</p>	<p>Laney Combs, APRN Nurse Practitioner, Acute Care The Physicians Group, LLC 608 Liberty Lane Edmond, OK 73034 (405) 252-8461</p>	<p>Summer Crawford, APRN Nurse Practitioner, Acute Care Premier + Urgent Care MedOK Mustang, LLC 1616 S. Mustang Rd. Yukon, OK 73099 (405) 256-0501</p>	<p>Terah Crosson, APRN Nurse Practitioner, Family INTEGRIS Medical Group INTEGRIS Health Medical Group Breast Surgery 10900 Hefner Pointe Dr. Suite 505 Oklahoma City, OK 73120 (405) 552-0400</p>
<p>Elena Cutter, PA Physician Assistant Allergy Partners, PLLC dba Allergy Partners of Oklahoma 3201 N. Van Buren St. Enid, OK 73703 (580) 366-0844</p>	<p>Mouziane Deeb, PA Physician Assistant INTEGRIS Medical Group INTEGRIS Health Medical Group Breast Surgery 10900 Hefner Pointe Dr. Suite 505 Oklahoma City, OK 73120 (405) 552-0400</p>	<p>Kristen Downs, APRN Orthopedic Spine Orthopedic Spine Associates 14100 Parkway Commons Dr. Suite 202 Oklahoma City, OK 73134 (405) 463-3370</p>	<p>Mark Gettleman, MD Pediatrics Just Kids Pediatrics 6601 W. Hefner Rd. Oklahoma City, OK 73162 (405) 703-3116</p>
<p>Ashley Hammons, APRN Nurse Practitioner, Hospitalist Oklahoma Hospital Medicine Physicians, LLC INTEGRIS Hospitalist - Baptist 3300 NW Expressway Oklahoma City, OK 73112 (405) 713-7403</p>	<p>Michael Harvey, MD Family Medicine INTEGRIS Medical Group INTEGRIS Health Medical Group Mustang 1468 N. Mustang Rd. Mustang, OK 73064 (405) 376-1800</p>	<p>Nathaniel Hollenbeck, APRN Nurse Practitioner, Family INTEGRIS Medical Group Enid - RHC 620 S. Madison St. Suite 107, 203, 209A, 301 Enid, OK 73701 (580) 233-2300</p>	<p>Adil Karim, MD Internal Medicine - Hospitalist Oklahoma Hospital Medicine Physicians, LLC INTEGRIS Hospitalists - Baptist 3300 NW Expressway Oklahoma City, OK 73112 (405) 945-5215</p>
<p>Joseph Lin, DO Family Medicine Oklahoma Hospital Medicine Physicians, LLC INTEGRIS Hospital at Home 5501 N. Portland Ave Suite 214 Oklahoma City, OK 73112</p>	<p>Keith Minihane, MD Orthopedic Surgery INTEGRIS Medical Group INTEGRIS Specialty Care of Enid 2821 N. Van Buren St. Suite A Enid, OK 73703</p>	<p>Amy Nguyen, PA Hospitalist HPI Physicians, LLC 6516 N. Olie Ave Suite A Oklahoma City, OK 73116 (405) 486-6960</p>	<p>Darlene Nooney, PA Nurse Practitioner, Acute Care INTEGRIS Medical Group INTEGRIS Cancer Institute Medical Oncology Clinic 5915 W. Memorial Rd. Suite 200 Oklahoma City, OK 73142</p>

(405) 200-1999	(580) 213-9799		(405) 773-6400
<p>Allyson Pinkley, PA Physician Assistant The Physicians Group, LLC 3115 SW 89th St. Oklahoma City, OK 73159 (405) 486-6820</p>	<p>Jillian Pollard, PA Physician Assistant Lifestance Balance Women's Health 2908 Astoria Way Edmond, OK 73034 (405) 378-2727</p>	<p>Tiffany Stutzman, PA Physician Assistant Premier + Urgent Care MedOK Mustang, LLC 1616 S. Mustang Rd. Yukon, OK 73099 (405) 256-0501</p>	<p>Quentin Sukut, CRNA Certified Registered Nurse Anesthetist HPI Physicians, LLC 14024 Quail Pointe Dr. Oklahoma City, OK 73134 (405) 242-2713</p>
<p>Lauren Terrell, APRN Nurse Practitioner, Family INTEGRIS Medical Group 2557 Old Timbers Dr. Edmond, OK 73034 (405) 669-2600</p>	<p>Caroline Trommels, APRN Nurse Practitioner, Pediatrics Premiere Pediatrics PLLC 3261 24th Ave NW Suite 101 Norman, OK 73069 (405) 364-6432</p>	<p>Daniel Tyler, CRNA Certified Registered Nurse Anesthetist HPI Physicians, LLC 14024 Quail Pointe Dr. Oklahoma City, OK 73134 (405) 242-2713</p>	<p>Nathan Valentine, MD INTEGRIS Medical Group INTEGRIS Health Medical Group Rose Creek INTEGRIS Health Medical Group Care Rose Creek 16400 N. May Ave Edmond, OK 73013 (405) 471-6800</p>