Welcome to the October edition of Transformation Times.

We want to hear from our readers so that we can continue to improve this newsletter. Please keep in touch! You can reach editor Emily Berry at Emily.Berry@Anthem.com.

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Anthem Togetherworks offers strategic framework for collaboration

Our commitment to collaboration with providers extends beyond Enhanced Personal Health Care to include a range of activities, from data exchange to joint ventures.

Anthem Togetherworks is a partnership model that brings Anthem and providers together to meet the challenges of a new era in health care—leveraging data, insights and technology to power us towards the common objective of delivering the right care at the right time and in the right place.

Anthem Togetherworks refers collectively to every component of our provider collaboration work, including not only Enhanced Personal Health Care, but other programs, services and products like our bundled payment arrangements, our Quality Hospital In-Sights Program and web-based tool Provider Care Management Solutions (PCMS).

Expect to see Anthem Togetherworks appear in our communications where we talk about a range of collaborative activities and our strategic commitment to working with you to drive high quality, patient-centered, efficient care.

Anthem Togetherworks includes offerings that cross five distinct capabilities:

- **Payment solutions**
  It’s time to measure care by quality, not quantity. We are rewarding doctors for preventive care and care management that works to keep our members healthy.

- **Business solutions**
  We strive to make it as easy as possible for providers to work under a value-based arrangement, whether they are ready to take on financial risk or not.

- **Data solutions**
  Our reporting systems help doctors identify patients who will most benefit from your time and attention, and track successes.

- **Advisory solutions**
  We are offering business know-how to help you succeed and be part of a better delivery system.

- **Experience solutions**
  We work with providers to create a seamless health care experience for our members, your patients.
SHARE Approach Workshop

Anthem recently hosted a hands-on Shared Decision-Making Trainer workshop in conjunction with Agency for Healthcare Research and Quality (AHRQ), aimed at promoting expertise in shared decision-making as part of the patient-centered care model. Held Sept. 10, 2015 in Mason, Ohio, the session was made possible by a federal grant awarded by AHRQ. The agency is promoting shared decision-making by funding similar workshops across the country.

Shared decision-making (SDM) is a collaborative process that allows patients and their providers to make health care choices together, taking into account the provider recommendations as well as the patient’s values and preferences. The SHARE method is one model of implementing Shared Decision-Making.

Providers, care coordinators, nurse managers, administrators, clinical team members and team leaders were in attendance for this all-day workshop. Setting an attendance record for AHRQ workshop, 64 attendees represented 25 provider groups from small, medium and large provider organizations across Ohio and Northern Kentucky. Participants were eligible for 5.5 CEU hours and became “Master Trainers” in SDM, equipped to train the other members of their practice care teams.

Presenters shared tools and strategies to support practice teams in this process so they could provide patients with the tools and support they need to confidently make the best decision about their care.

The workshop was broken into 5 components:

Module 1: Shared Decision-Making, an introduction to shared decision-making and the five steps of the SHARE Approach to shared decision-making.

Module 2: Using Patient-Centered Outcomes Research in Shared Decision-Making

Module 3: Communication – Training on how to overcome communication barriers.

Module 4: Putting Shared Decision-Making Into Practice

Module 5: Training of Trainers

The interactive workshop format included lecture, group learning and practicing newly learned skills. Presenters Michelle Treagear, Jann Keenan and Vicki Tang Olson, of AFYA, Inc., shared insightful and powerful tools to understand begin and monitor the process of integrating shared decision-making. Each presenter offered insight and examples of real situations to help engage the audience. Presenters shared a wealth of ideas around Shared Decision-Making from the physician, clinical and leadership perspective, with a focus on patients’ perspectives around the decision-making process and how it relates to necessary care.

Here’s what our participants had to say about the session:

“The workshop was a wonderful opportunity to gather with a multidisciplinary group to be introduced to SDM tools and to expand existing skills and knowledge and we applaud Anthem for their work in supporting patient centered care in our community.”

Dr. Katherine Clark, Kettering Physician Network

“It gave me a better perspective on what Shared Decision-Making is about. It is not about the topic, it’s about the approach in your discussion on any topic.”

Monica Tomasulo, Providence Medical Group

“This information will be used for the education of our team of 30 RN and LPNs to assist in the management of our high risk chronic disease patients.”

Rebecca Hammond, Care Transition Manager St. Elizabeth Physicians

“We plan to integrate the Shared Decision-Making training into health professional curriculum to educate all Primary Care Practices to utilize with the PCMH process.”

Therese Slyby, Kettering Health Network

“The workshop was informative, effective, and timely!! Referenced numerous useful tools. The quality of the tools will assist our patients in making better informed decisions.”

Ashley Fuller, Care Coordination Leader, Primed Middletown

Shared Decision-Making allows patients to understand, decide and engage in the care plan process, improving the patient experience and quality of care. It is also part of NCQA Patient Centered Medical Home standards, making SDM training a critical step to successful adoption of the patient-centered care model.

For more information about shared decision-making, visit http://www.ahrq.gov/professionals/education/curriculum-tools/shareddecisionmaking/index.html
**PCMS Tip:**

**New! Identify potentially avoidable ER visits**

New to PCMS, a hazard icon (🔥) in the ER Visits information pop-up now highlights emergency room visits identified as potentially avoidable.

Users can filter for patients with potentially avoidable ER visits or patients who have no potentially avoidable ER visits. When a user selects the Potentially Avoidable filter, all patients with at least one potentially avoidable ER visit will display. When the non-avoidable filter is selected, all patients with no potentially avoidable ER visits tied to them will be returned.

Users will be able to export Potentially Avoidable ER Visit. This new column will be filled with a ‘Y’ or ‘N’ value to indicate if a visit is considered potentially avoidable. Classification of an ER visit as potentially avoidable is based on the patient’s primary diagnosis and line of business (e.g. Medicare Advantage, commercial). Variation may occur between lines of business for visits considered potentially avoidable. This message is included as a footer on the export.

**Note:** The Visits column header will be updated to reflect ER Visits on the ER Visits page.

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**Words Worth Knowing**

A regular feature defining terms, words or concepts that can help practices succeed at delivering patient-centered primary care.

**Medication Adherence**

The extent to which a person’s behavior, taking medications, following a diet, and/or executing lifestyle changes corresponds with agreed-upon recommendations from a health care provider.

*Source: World Health Organization*

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**New pediatric obesity pilot launches this fall**

Our Community Health Initiatives team is excited to partner with select Enhanced Personal Health Care pediatric practices and Kurbo Health to pilot Kurbo’s mobile-based pediatric weight management program in five states. Select pediatric practices in California, Georgia, Virginia, Colorado, and New Hampshire will participate in the pilot.

Kurbo is a mobile-based weight management program designed specifically for kids and teens. The program is research-based and licensed from one of the best in-person pediatric weight control programs in the country – Stanford’s Pediatric Weight Control Program at the Lucile Packard Children’s Hospital. Kurbo focuses on behavior modification and has two primary components:

- Weekly, 15-minute video-coaching sessions with a pediatric health coach via Skype or FaceTime
- A fun mobile app that allows kids and their families easily track food and exercise, play games and watch videos that educate on nutrition

Four hundred health plan members, ages 8 – 18 across five Anthem states will be invited by their provider to participate in Kurbo’s three-month coaching program at no cost to the family. The pilot aims to demonstrate how evidence-based interventions like Kurbo can improve nutrition, increase physical activity, and decrease weight in pediatric patients through mobile experiences and personal coaching. Ninety percent of kids on Kurbo lose weight (parents often lose weight, too) and develop life-long healthy living skills. We will provide updates on this exciting pilot in future editions of the Transformation Times.

Learn more at [https://kurbo.com](https://kurbo.com)

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**Toolkit Tool of the Month**

**Partnering in Self-Management Support: A Toolkit for Clinicians**

Self-management support is an important element of patient-centered care, and can be a tool to promote medication adherence. This guide from the Institute for Healthcare Improvement (IHI) provides a step-by-step process for beginning to offer self-management support to patients with chronic disease.

[Click Here](#) for a direct link to the SMS Support Toolkit, or visit your Enhanced Personal Health Care Provider Toolkit to find this and related resources compiled to help you succeed.
Mark Your Calendar!

**Pediatric Learning Collaborative: Asthma**
Thursday, Nov. 5
9 a.m. -10 a.m. Pacific
Register Here

**Medication Adherence:**
**We didn’t ask, they didn’t tell**
*Presented in partnership with the American College of Physicians*

Wednesday, Nov. 11
9 a.m. -10 a.m. Pacific
Register Here

**Reminder**

Annual Face-to-Face Learning Collaboratives will be held in three locations Nov. 3.

*We look forward to seeing you there!*

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**California Links**

Locate your Enhanced Personal Health Care resources following this path: www.anthem.com>Providers>California>Enter>Enhanced Personal Health Care Program or [Click Here](#).

There you’ll find a host of resources, including your:

- [Provider Toolkit](#)
- [Collaborative Learning Opportunities](#)
- [Past Issues of Transformation Times](#)

For help locating other resources, contact your Enhanced Personal Health Care Team at [CAEPHC@wellpoint.com](mailto:CAEPHC@wellpoint.com)

For questions or comments about Transformation Times, email [Emily.Berry@Anthem.com](mailto:Emily.Berry@Anthem.com)