Building a Population Health Strategy that Physicians Love

Session #168, March 7, 2018

Ann Marie Edwards, CEO, Alliance Cancer Specialists
Cliff Frank, Interim Executive Director, Shore Quality Partners

ALLIANCE Cancer Specialists

SHORE QUALITY PARTNERS NETWORK

Conflict of Interest

Ann Marie Edwards

Consulting Fees (e.g., advisory boards): Provides advisory services to clients of HealthEC during the implementation of population health solution.

Cliff Frank

Has no real or apparent conflicts of interest to report.

Agenda

- Practice demographics / background
- Creating the vision for the organization (value-based care)
- Aggregating and analyzing data
- Empowering physicians with information
- Creating a holistic approach to population health
- Sharing performance data
- Sustaining momentum for the value proposition

Learning Objectives

- Describe strategies to engage physicians in key practice initiatives that optimize the health of the patient population while decreasing costs
- Apply best practices to persuade physicians to change their perceptions of care delivery in support of new reimbursement models
- Identify techniques to help physicians become comfortable using analytics to improve care
- Describe the necessity of sharing success metrics to sustain physician engagement in value-based care initiatives

Alliance Cancer Specialists

- 21 Oncologists across 11 locations
  - Largest community oncology group practice in Southern PA
- Early participant in the CMS Oncology Care Model (OCM)
  - Significant driver of value based care (VBC) efforts
- Goal: to approach private payers to propose VBC contracts
  - Visibility to care delivered outside the network
  - Identify sickest patients, high resource utilization
  - Drive patient engagement in their self-care

Shore Quality Partners

- Clinically integrated network (CIN)
  - 240 independent, employed and contracted physicians
  - Challenging economics; Medicaid enrollment up five-fold
- Goals: Understand and manage resource utilization across the network, facilitate practice collaboration
  - Automate some paper-based practices
  - Manage out-of-network care and social determinants of health
- Collectively managed 35,000 patients in 2016 under VBC contracts
- Wanted to take on more risk and additional VBC payer contracts

Challenges Migrating to Value Based Care (VBC)

- “I don’t have enough time to see patients, let alone deal with the psychosocial issues that are impacting health.”
- “How can I make holistic decisions about care when I don’t have access to all of a patient’s data?”
- “I have sicker patients / more chronic illness.”
- “I’m not the cause of variation in our practice/network.”

Step 1: Start the Conversation to Draft Scalable Clinical, Financial Strategy

- Define the organization and related goals
  - VBC contract opportunities, risk-bearing terms
- Identify needs, create conversation about value
  - Align health outcomes with profitability goals
- Build infrastructure to support VBC
  - Drive care decisions

Understand Your Value and True Cost

- Who are the sickest patients? Multiple comorbidities?
- For example:
  - Who are the Stage 4 breast cancer patients and what is our cost to treat them per year?
    - Stage in located in the EMR
    - Cost in the billing system
    - …Payer cannot tell you the cost by stage
  - Are we treating more stage 4 patients with metastatic disease?
- Drive a different conversation with payers

Prepare For Value-based Conversations with Multiple Groups

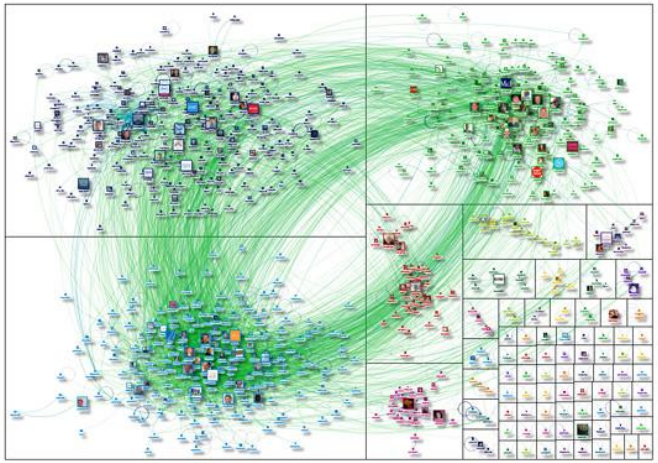
- ACOs
- Private Payers
- Medicare
- Health Networks

Step 2: Develop Comprehensive View of Data

- Acute and emergency care
- Ambulatory care
- Pharmacy/Laboratory
- Home care, Long term care
- In- and out-of-network services
- Registries

Cross-continuum Patient Record

- Data remains siloed, even today
- Cannot make clinical decisions without understanding the patient's entire care experience
  - Specialists outside the network
  - Prescription fulfillment activity
  - Home and long-term care
  - ER visits and hospital admissions



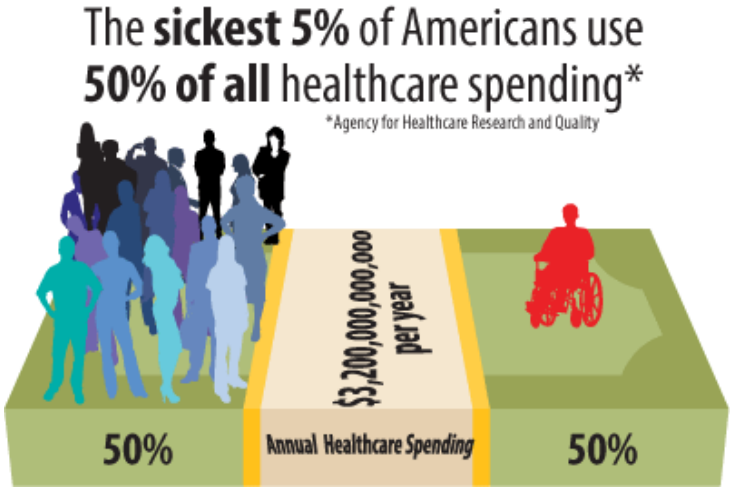
Example: High-cost Oncology Patients

Patient Name	Primary Diagnosis	Facility Cost	Professional Cost	Pharmacy Cost	Total Paid	Rank
	Multiple myeloma	$3,014	$96,120	$103,956	$203,090	1
	Multiple sclerosis	$7,966	$7,376	$181,870	$197,212	2
	Multiple myeloma	$775	$4,213	$172,637	$177,625	3
	Osteoarthritis	$1,122	$5,903	$170,050	$177,075	4
	Cancer of prostate	$7,172	$57,753	$108,224	$173,149	5
	Multiple myeloma	$6,295	$53,000	$109,086	$168,382	6
	Cancer of bronchus; lung	$17,082	$148,914	$1,092	$167,088	7
	Multiple myeloma	$212	$3,298	$159,760	$163,270	8
	Maintenance chemotherapy; radiothe	$27,388	$5,090	$126,560	$159,039	9
	Multiple myeloma	$11,524	$49,494	$94,228	$155,246	10

- #1, #7 Majority of the spend is professional services (mostly Alliance)
- #2, #3 Low professional costs, very high pharmacy costs
  - Patient with MS, myeloma in remission, diabetic, smoker, etc.
- #9 Low professional cost, high facility cost
  - Repeat ER visits, comorbidities

Step 3: Segment the Population With Predictive Analytics

- Who are the high-cost patients?
- Who will become the next wave of high-cost patients?



Tailor the Tactics Based on Risk

High Risk

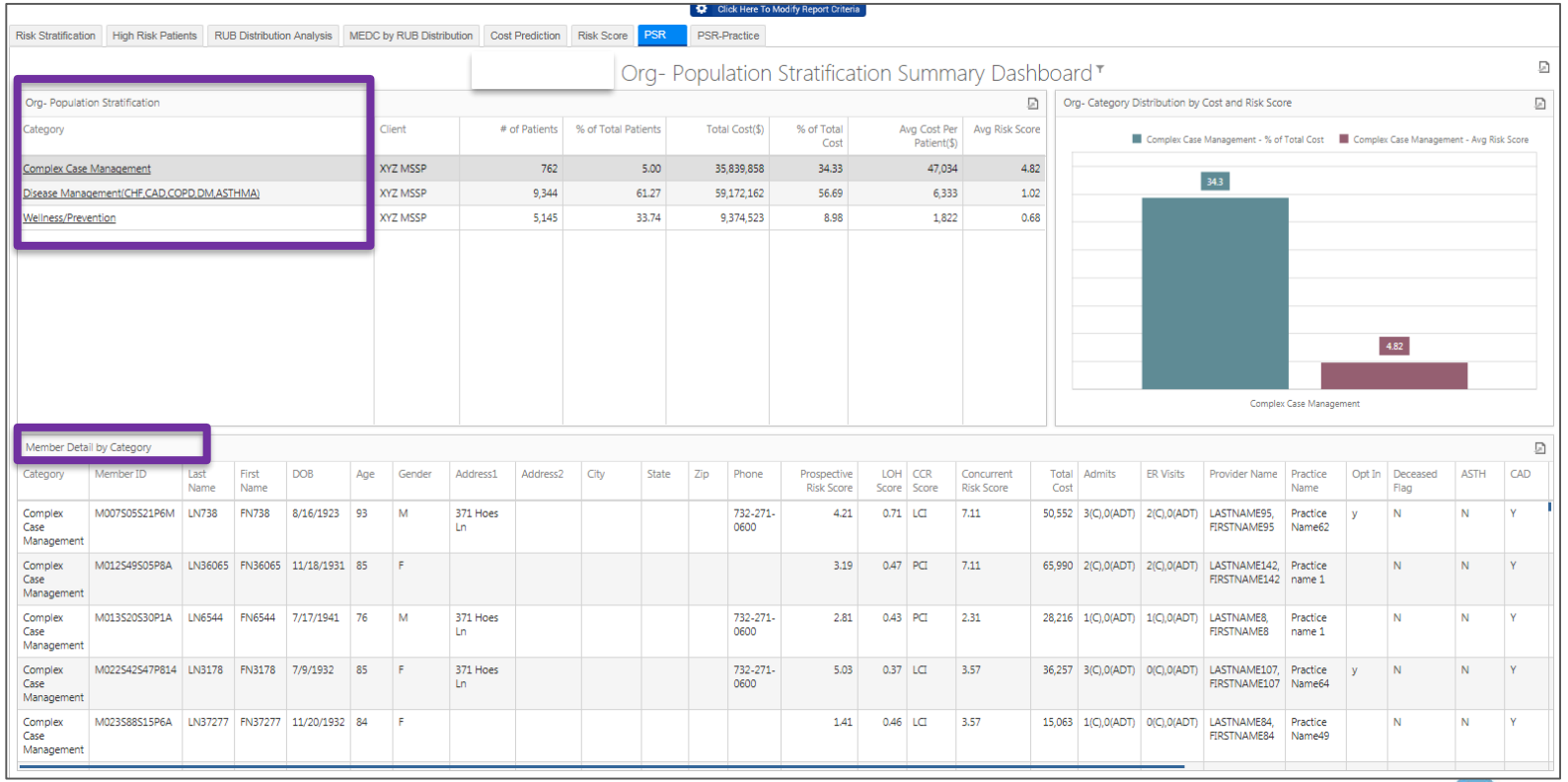
- Central point of accountability
- Aggressive care coordination
- Multi-disciplinary team approach

Rising Risk

- Target risk factors underlying chronic disease (smoking, obesity, etc.)
- Disease-specific programs
- Establish medical home

Healthy

- Early detection
- Prevention



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Risk Stratification | High Risk Patients | RUB Distribution Analysis | MEDC by RUB Distribution | Cost Prediction | Risk Score | PSR | PSR-Practice

Org- Population Stratification Summary Dashboard

Org- Population Stratification

Category	Client	# of Patients	% of Total Patients	Total Cost($)	% of Total Cost	Avg Cost Per Patient($)	Avg Risk Score
Complex Case Management	XYZ MSSP	762	5.00	35,839,858	34.33	47,034	4.82
Disease Management(CHF,CAD,COPD,DM,ASTHMA)	XYZ MSSP	9,344	61.27	59,172,162	56.69	6,333	1.02
Wellness/Prevention	XYZ MSSP	5,145	33.74	9,374,523	8.98	1,822	0.68

Org- Category Distribution by Cost and Risk Score

Member Detail by Category

Category	Member ID	Last Name	First Name	DOB	Age	Gender	Address1	Address2	City	State	Zip	Phone	Prospective Risk Score	LOH Score	CCR Score	Concurrent Risk Score	Total Cost	Admits	ER Visits	Provider Name	Practice Name	Opt In	Deceased Flag	ASTH	CAD
Complex Case Management	M007505S21P6M	LN738	FN738	8/16/1923	93	M	371 Hoes Ln					732-271-0600	4.21	0.71	LCI	7.11	50,552	3(C),0(ADT)	2(C),0(ADT)	LASTNAME95, FIRSTNAME95	Practice Name62	y	N	N	Y
Complex Case Management	M012S49S05P8A	LN36065	FN36065	11/18/1931	85	F							3.19	0.47	PCI	7.11	65,990	2(C),0(ADT)	2(C),0(ADT)	LASTNAME142, FIRSTNAME142	Practice name 1		N	N	Y
Complex Case Management	M013S20S30P1A	LN6544	FN6544	7/17/1941	76	M	371 Hoes Ln					732-271-0600	2.81	0.43	PCI	2.31	28,216	1(C),0(ADT)	1(C),0(ADT)	LASTNAME8, FIRSTNAME8	Practice name 1		N	N	Y
Complex Case Management	M022S42S47P814	LN3178	FN3178	7/9/1932	85	F	371 Hoes Ln					732-271-0600	5.03	0.37	LCI	3.57	36,257	3(C),0(ADT)	0(C),0(ADT)	LASTNAME107, FIRSTNAME107	Practice Name64	y	N	N	Y
Complex Case Management	M023S88S15P6A	LN37277	FN37277	11/20/1932	84	F							1.41	0.46	LCI	3.57	15,063	1(C),0(ADT)	0(C),0(ADT)	LASTNAME84, FIRSTNAME84	Practice Name49		N	N	Y

Decide "Where to Begin"

- High risk patients and those with high likelihood of admission
  - De-selected all those patients under regular care of a specialist such as COPD, cancer, CKD, CHF
  - Broke down remaining list of patients by PCP and hand delivered for extra attention
- ER visits / inpatient admissions – educate, engage
  - Symptom management or pain
  - Alone or lower economic condition

Example: List of High Risk Patients NOT Seen by PCP in Several Months

LAST_NAME	RISK_SCORE	LAST_VISIT	PRIMARY_RISK_FACTOR	PRIMARY_DIAG
	35.2973	12/20/2016	Septicemia	ENCOUNTER FOR ATTENTION TO COLOSTOMY
	12.9584	01/12/2017	Other endocrinology	DIARRHEA, UNSPECIFIED
	12.6044		Other neurology	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY
	12.1134	06/06/2017	Other neurology	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE
	9.9253	02/14/2017	Other cardiology	NON-PRESSURE CHRONIC ULCER OF LEFT CALF W FAT LAYER EXPOSED
	9.8128	03/20/2017	Other neurology	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES
	8.6648	07/10/2017	Other neurology	UNSPECIFIED CONJUNCTIVITIS
	8.0178	05/30/2017	Diabetic retinopathy	
	7.1191		Other urology	ENLARGED PROSTATE WITH LOWER URINARY TRACT SYMPTOMS
	7.0938	01/16/2017	Psychotic/schizophrenic disorders	GEN SKIN ERUPTION DUE TO DRUGS AND MEDS TAKEN INTERNALLY
	6.8937	03/21/2017	Rheumatoid arthritis	SHORTNESS OF BREATH
	6.5812	05/16/2017	Other neurology	UNSPECIFIED KYPHOSIS, CERVICAL REGION
	6.0762	03/21/2017	Diabetes	TYPE 1 DIABETES MELLITUS WITH KETOACIDOSIS WITHOUT COMA
	6.0202		Other endocrinology	CHEST PAIN, UNSPECIFIED
	5.8355		Other cardiology	UNSPECIFIED OPEN WOUND, RIGHT LOWER LEG, SEQUELA

Example: Drill Down to Patient #1

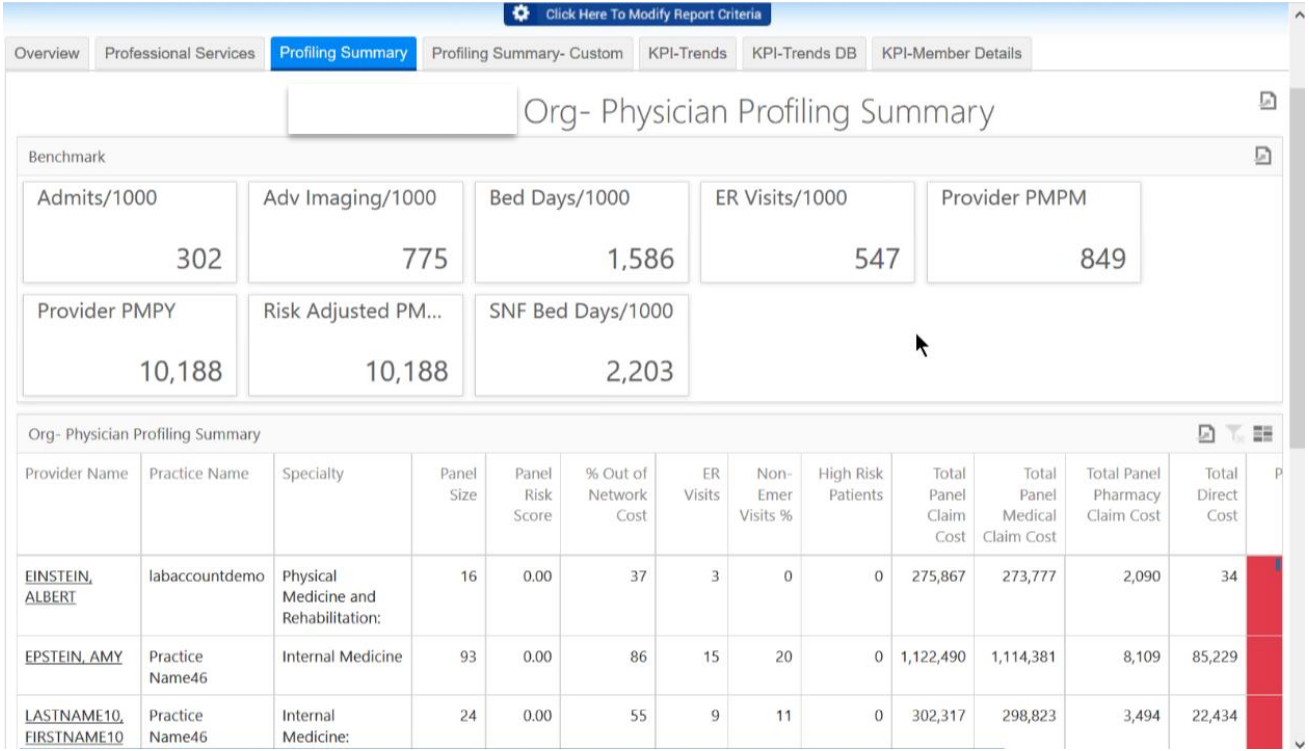
	1 ICD10 and Description		Rendering Provider	Rendering Provider Specialty			Paid Amount
26	K5720 Diverticulitis of large intestine with perforation and abscess without bleeding			Family Medicine		$294	$110
51	R2232 Localized swelling, mass and lump, left upper limb			Radiology: Diagnostic Radiology	$20	$96	$266
52	R29818 Other symptoms and signs involving the nervous system			Radiology: Diagnostic Radiology	$655	$148	$575
53	S3981XA Other specified injuries of abdomen, initial encounter			Durable Medical Equipment & Medical Supplies	$1,742	$3,369	$740
54	S31104A Unspecified open wound of abdominal wall, left lower quadrant without penetration into peritoneal cavity, initial encounter			Nurse Practitioner: Acute Care	$50	$2,481	$56
55	S31104D Unspecified open wound of abdominal wall, left lower quadrant without penetration into peritoneal cavity, subsequent encoun			Nurse Practitioner	$150	$556	$165
56	S31105S Unspecified open wound of abdominal wall, periumbilic region without penetration into peritoneal cavity, sequela			General Acute Care Hospital	$605	$780	$107
57	S31109A Unspecified open wound of abdominal wall, unspecified quadrant without penetration into peritoneal			Radiology: Diagnostic Radiology	$85	$629	$171
58				Nurse Practitioner: Acute Care	$167	$300	$56
59	T814XXA Infection following a procedure, initial encounter			Anesthesiology: Pain Medicine	$715	$235	$1,151
60	T814XXD Infection following a procedure, subsequent encounter			Home Health	$2,161	$81	$27
61	T8130XA Disruption of wound, unspecified, initial encounter			Home Health	$130	$200	$599
62	T8131XA Disruption of external operation (surgical) wound, not elsewhere classified, initial encounter			Surgery	$525	$404	$1,197
63				General Acute Care Hospital	$29,361	$23	$82
64	T8131XD Disruption of external operation (surgical) wound, not elsewhere classified, subsequent encounter			Durable Medical Equipment & Medical Supplies	$22	$279	$254
65	T8189XA Other complications of procedures, not elsewhere classified, initial encounter			Surgery	$75	$14,841	$12
66	T8189XD Other complications of procedures, not elsewhere classified, subsequent encounter			Registered Nurse	$33	$430	$394
67				Surgery	$139	$195	$12
68	Z433 Encounter for attention to colostomy			Pathology: Anatomic Pathology & Clinical Pathology	$240	$176	$12
69				General Acute Care Hospital	$99,949	$12	$9
70				Anesthesiology	$3,062	$690	$115
71	Z452 Encounter for adjustment and management of vascular access device			Radiology: Diagnostic Radiology	$9	$214	$147
72				Radiology: Vascular & Interventional Radiology	$10	$14	$390
73	Z1389 Encounter for screening for other disorder			Family Medicine	$161	$24,804	$74
74	Z4682 Encounter for fitting and adjustment of non-vascular catheter			Radiology: Diagnostic Radiology	$12	$12	
75				Radiology: Diagnostic Radiology	$17		
76				Specialist			
77					$198,094		

Step 4: Empower Doctors

- Patient-specific insights to drive more informed, evidenced-based, smarter care
  - Data-driven dashboards to inform daily physician workflows and streamline preventive care programs
  - Devise different techniques to help physicians become comfortable with analytics
    - Start small and incrementally to secure physician trust and buy-in

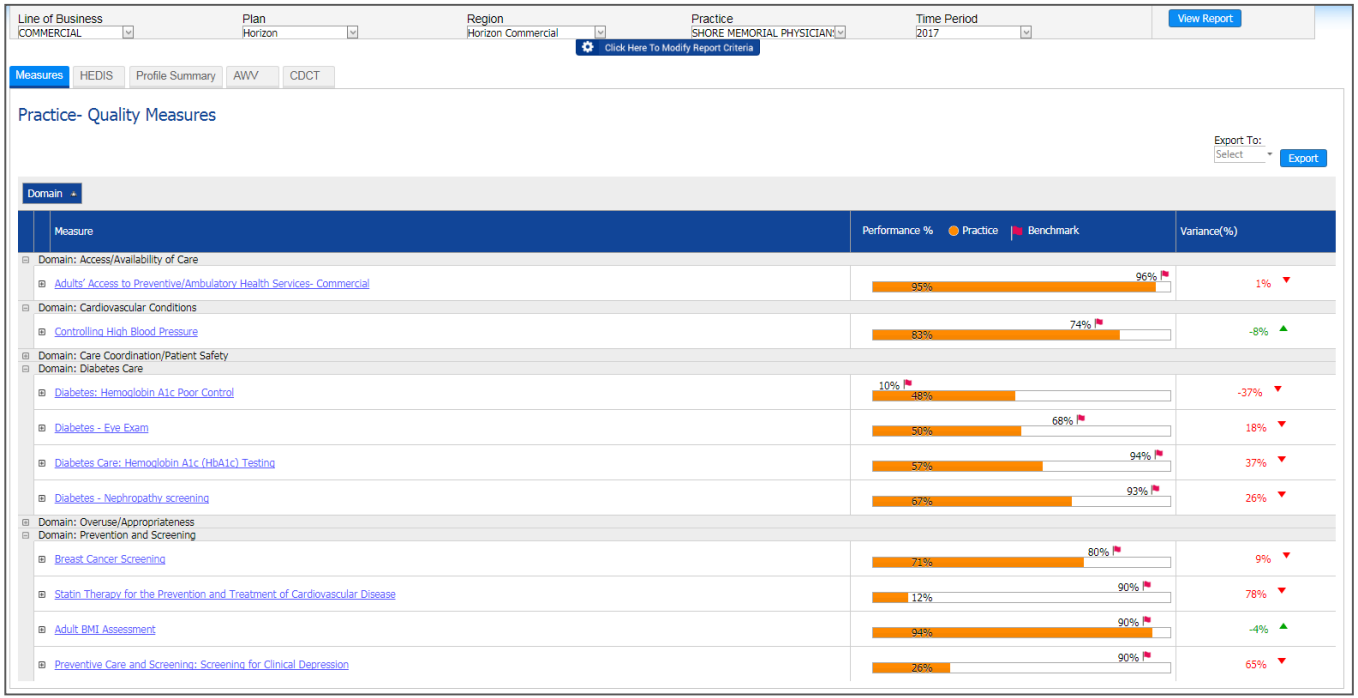
Allow for Self-learning, Self-evaluation, Self-realization

- Host monthly / quarterly meetings to communicate strategic objectives, and review protocols and clinical utilization
- Compensate physicians for their engagement for first 6-12 months
- Select specific patient populations or quality measures to drive early wins and buy-in, then grow the program incrementally
- Empower physicians with detailed data on individual and organizational performance
- Reinforce importance of working together to accomplish network goals
- Encourage regular feedback on what is working, what is needed



Provider Name	Practice Name	Specialty	Panel Size	Panel Risk Score	% Out of Network Cost	ER Visits	Non-Emer Visits %	High Risk Patients	Total Panel Claim Cost	Total Panel Medical Claim Cost	Total Panel Pharmacy Claim Cost	Total Direct Cost	P
EINSTEIN, ALBERT	labaccountdemo	Physical Medicine and Rehabilitation:	16	0.00	37	3	0	0	275,867	273,777	2,090	34	
EPSTEIN, AMY	Practice Name46	Internal Medicine	93	0.00	86	15	20	0	1,122,490	1,114,381	8,109	85,229	
LASTNAME10, FIRSTNAME10	Practice Name46	Internal Medicine:	24	0.00	55	9	11	0	302,317	298,823	3,494	22,434	

Example: Practice-level Performance



Line of Business: COMMERCIAL | Plan: Horizon | Region: Horizon Commercial | Practice: SHORE MEMORIAL PHYSICIAN | Time Period: 2017 | View Report

Click Here To Modify Report Criteria

Measures | HEDIS | Profile Summary | AWV | CDCT

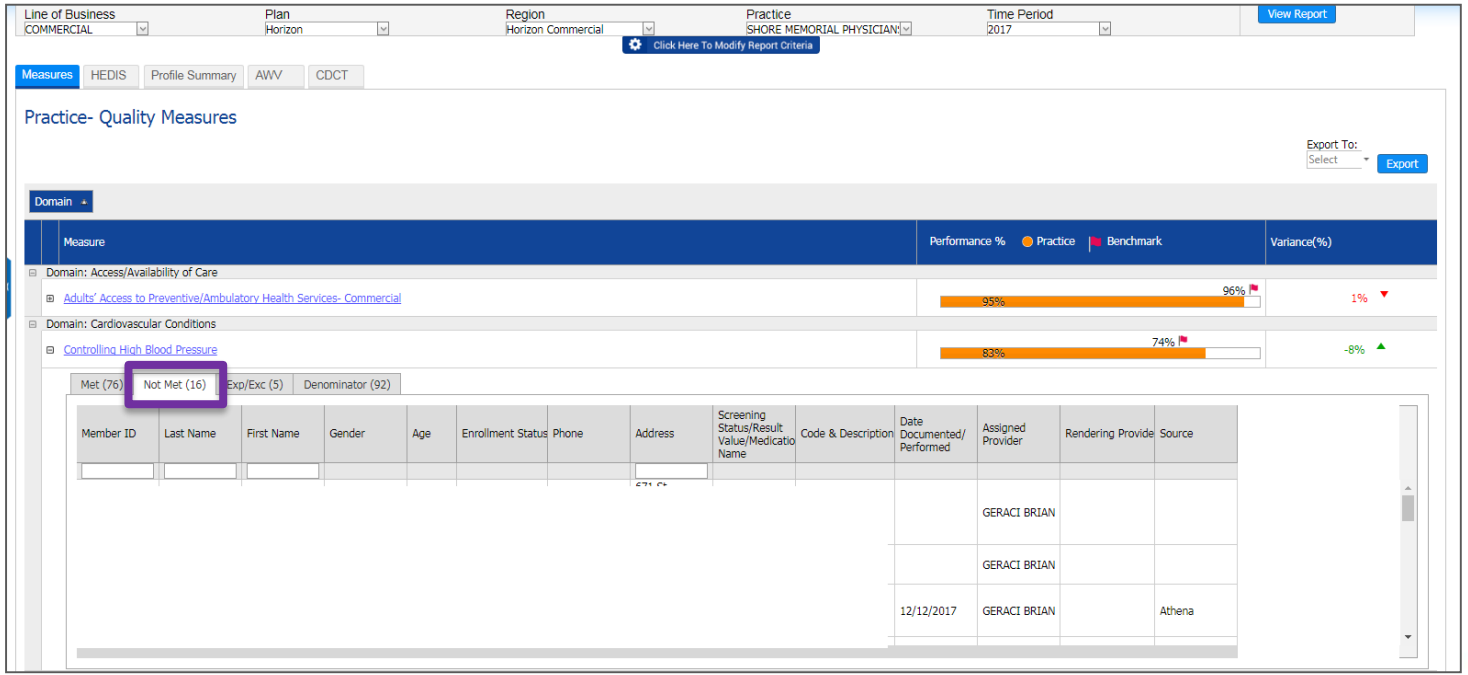
Practice- Quality Measures

Export To: Select | Export

Domain

Measure	Performance % (Practice / Benchmark)	Variance(%)
Domain: Access/Availability of Care		
Adults' Access to Preventive/Ambulatory Health Services- Commercial	95% / 96%	1%
Domain: Cardiovascular Conditions		
Controlling High Blood Pressure	83% / 74%	-8%
Domain: Care Coordination/Patient Safety		
Domain: Diabetes Care		
Diabetes: Hemoglobin A1c Poor Control	48% / 10%	-37%
Diabetes - Eye Exam	50% / 68%	18%
Diabetes Care: Hemoglobin A1c (HbA1c) Testing	57% / 94%	37%
Diabetes - Nephropathy screening	67% / 93%	26%
Domain: Overuse/Appropriateness		
Domain: Prevention and Screening		
Breast Cancer Screening	71% / 80%	9%
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	12% / 90%	78%
Adult BMI Assessment	94% / 90%	-4%
Preventive Care and Screening: Screening for Clinical Depression	26% / 90%	65%

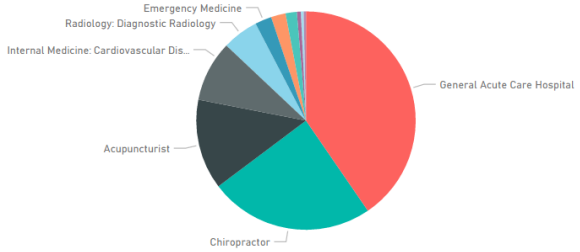
Example: Provider-level Performance



Example: Detailed Claims History

Practice Name	MemberID	Year	Rendering Provider Specialty	Rendering Provider	Paid Amount
CLINICAL HEALTH CARE ASSOCIATES OF NEW JERSEY PC	1	2017	General Acute Care Hospital	-	6,058.71
CLINICAL HEALTH CARE ASSOCIATES OF NEW JERSEY PC	1	2017	Chiropractor	-	3,634.33
CLINICAL HEALTH CARE ASSOCIATES OF NEW JERSEY PC	1	2017	Acupuncturist	-	2,000.00
CLINICAL HEALTH CARE ASSOCIATES OF NEW JERSEY PC	1	2017	Internal Medicine: Cardiovascular Disease	-	1,346.13
CLINICAL HEALTH CARE ASSOCIATES OF NEW JERSEY PC	1	2017	Radiology: Diagnostic Radiology	-	799.96
CLINICAL HEALTH CARE ASSOCIATES OF NEW JERSEY PC	1	2017	Emergency Medicine	-	364.97
CLINICAL HEALTH CARE ASSOCIATES OF NEW JERSEY PC	1	2017	Internal Medicine	-	325.09
CLINICAL HEALTH CARE ASSOCIATES OF NEW JERSEY PC	1	2017	Emergency Medicine: Emergency Medical Services	-	247.00
CLINICAL HEALTH CARE ASSOCIATES OF NEW JERSEY PC	1	2017	Clinical Medical Laboratory	-	86.62
CLINICAL HEALTH CARE ASSOCIATES OF NEW JERSEY PC	1	2017	Internal Medicine: Gastroenterology	-	62.87
CLINICAL HEALTH CARE ASSOCIATES OF NEW JERSEY PC	1	2017	Physician Assistant: Medical	-	51.00
Total					**14,976.68**

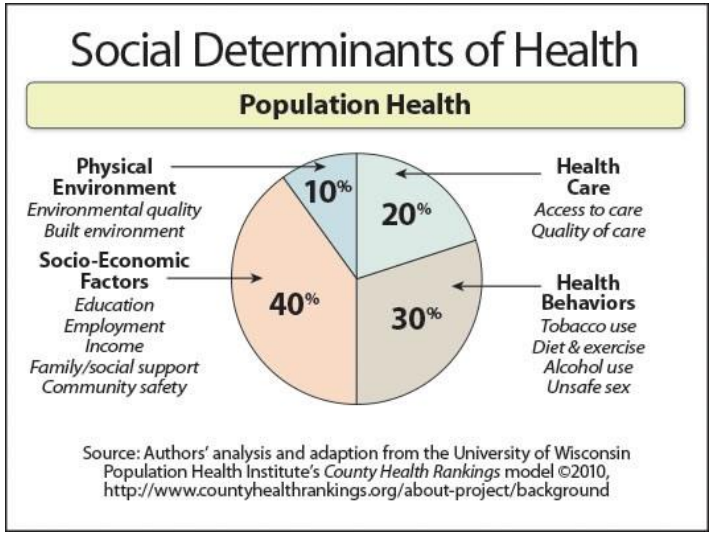
Paid Amount by Rendering Provider Specialty



MemberID	2017	Total
1	**14,976.68**	**14,976.68**
General Acute Care Hospital	6,058.71	**6,058.71**
Chiropractor	3,634.33	**3,634.33**
Acupuncturist	2,000.00	**2,000.00**
Internal Medicine: Cardiovascular Disease	1,346.13	**1,346.13**
Radiology: Diagnostic Radiology	799.96	**799.96**
Emergency Medicine	364.97	**364.97**
Internal Medicine	325.09	**325.09**
Emergency Medicine: Emergency Medical Services	247.00	**247.00**
Clinical Medical Laboratory	86.62	**86.62**
Internal Medicine: Gastroenterology	62.87	**62.87**
Physician Assistant: Medical	51.00	**51.00**
Total	**14,976.68**	**14,976.68**

Step 5: Manage Care Holistically

- 80% of health is determined by factors outside traditional healthcare
- Value based care requires management of Social Determinants of Health

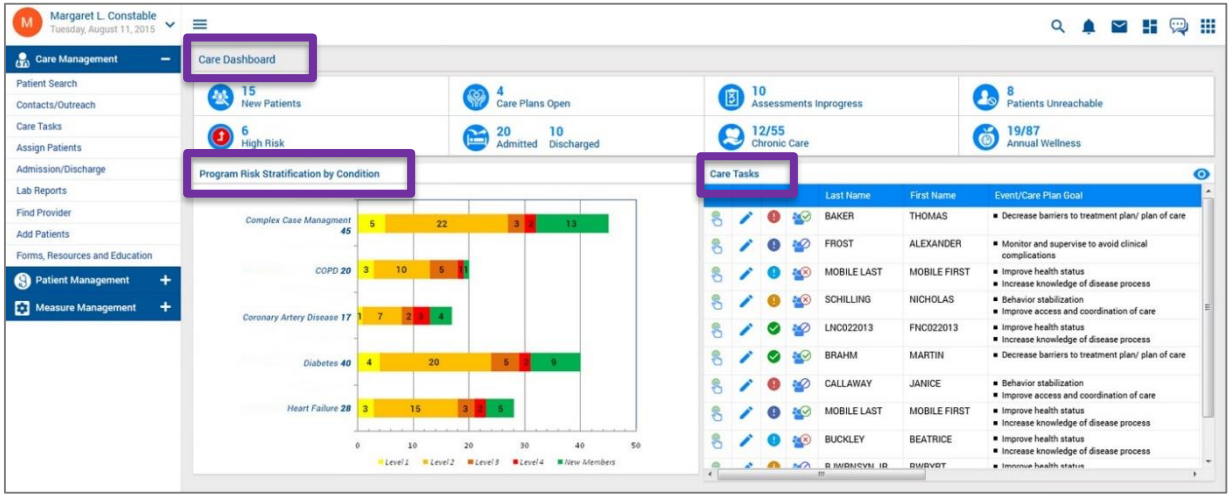


Offload Appropriate Care

- Physician leads the team
- Care Coordinators provide post-discharge follow up, patient outreach, ongoing assessments, etc.
  - Empower to escalate needs for additional office visits, specialty consults, consideration for palliative/hospice care, etc.
- Other roles as appropriate to the patient population
  - Social workers
  - Educators (diabetes, CHF, pulmonary, etc.)
  - Pharmacists

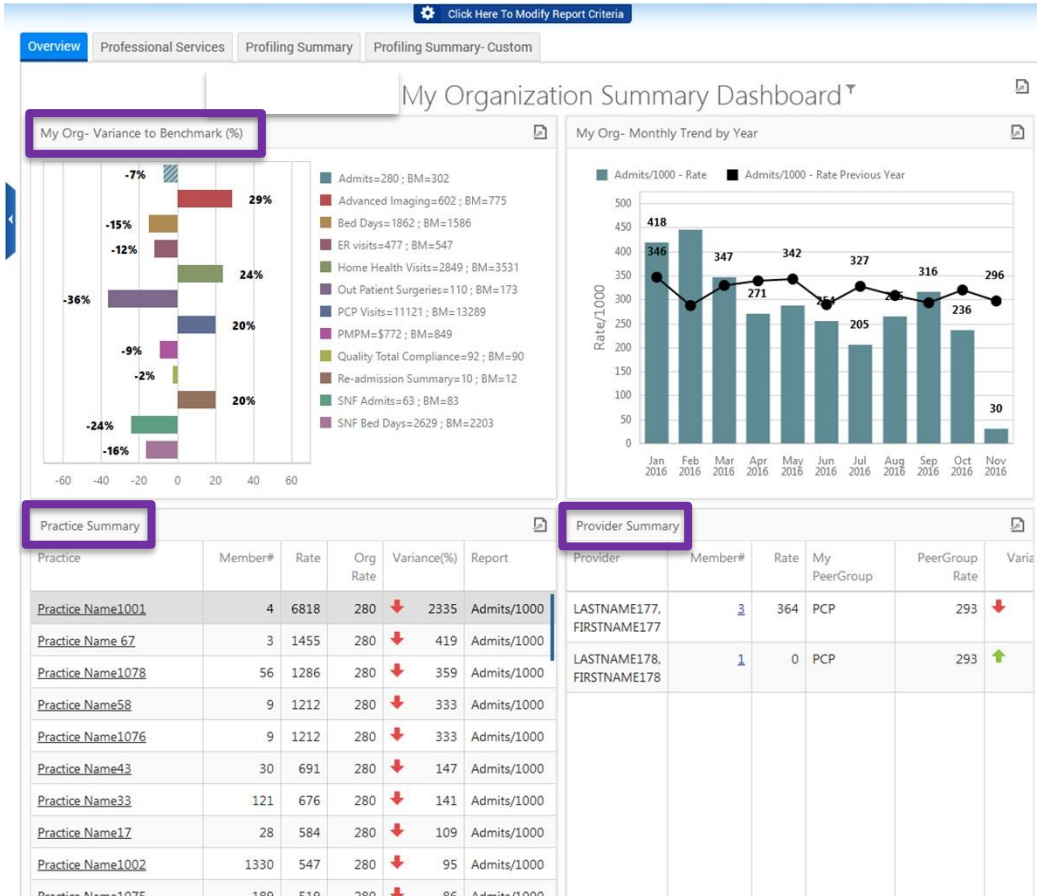
Drive Care Coordinator Workflow

- Maintain a “big picture” view
- Support day-to-day prioritization and risk re-stratification



Step 6: Share Performance Data

- Digestible format
- Identify care gaps, risks, cost of care and other actionable items
- Compare individual performance in a private setting


Click Here To Modify Report Criteria
Overview
Professional Services
Profiling Summary
Profiling Summary- Custom
My Organization Summary Dashboard
My Org- Variance to Benchmark (%)
-7%
29%
-15%
-12%
24%
-36%
20%
-9%
-2%
20%
-24%
-16%
-60 -40 -20 0 20 40 60
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Out Patient Surgeries=110 ; BM=173
PCP Visits=11121 ; BM=13289
PMPM=$772 ; BM=849
Quality Total Compliance=92 ; BM=90
Re-admission Summary=10 ; BM=12
SNF Admits=63 ; BM=83
SNF Bed Days=2629 ; BM=2203
My Org- Monthly Trend by Year
Admits/1000 - Rate
Admits/1000 - Rate Previous Year
Rate/1000
500
450
400
350
300
250
200
150
100
50
0
418
346
347
271
342
327
205
316
236
296
30
Jan 2016
Feb 2016
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Apr 2016
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Jun 2016
Jul 2016
Aug 2016
Sep 2016
Oct 2016
Nov 2016
Practice Summary
Practice
Member#
Rate
Org Rate
Variance(%)
Report
Practice Name1001 4 6818 280 2335 Admits/1000
Practice Name 67 3 1455 280 419 Admits/1000
Practice Name1078 56 1286 280 359 Admits/1000
Practice Name58 9 1212 280 333 Admits/1000
Practice Name1076 9 1212 280 333 Admits/1000
Practice Name43 30 691 280 147 Admits/1000
Practice Name33 121 676 280 141 Admits/1000
Practice Name17 28 584 280 109 Admits/1000
Practice Name1002 1330 547 280 95 Admits/1000
Provider Summary
Provider
Member#
Rate
My PeerGroup
PeerGroup Rate
LASTNAME177, FIRSTNAME177 3 364 PCP 293
LASTNAME178, FIRSTNAME178 1 0 PCP 293

Step 7: Sustain Momentum

- Share success metrics
  - Quality performance
  - Cost of care comparisons to local and national benchmarks
  - Trends in the use and overuse of resources

Deliver Value to Providers

- Example: Distress screenings are driving needs
  - Embed social workers in busiest locations
    - Involve families in care
    - Provide psychotherapy
    - Help secure Medicaid coverage, financial assistance, nutrition services, transportation to appointments
  - Engage patients to focus on things that are meaningful to their care

Evolve The Approach

- Moving resources from central office to high-need provider offices
  - Eventually anticipate providing resources in home
- Transitioning to licensed social services resources to allow for some billing (cover some of the salary costs)

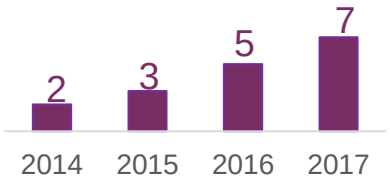
Dig Deeper: Clinical Variation

	Colon Screening			Diagnostic Colonoscopy	
	Group 1	Group 2		Group 1	Group 2
# Members	78	2		58	193
$ Total	$33,450	$835		$21,958	$140,319
Paid Per Member	$429	$418		$379	$727

Accomplishments

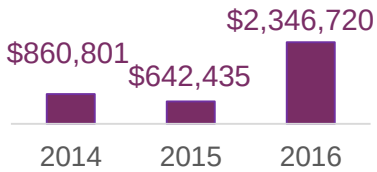
Continued Development of Value Based Programs

Shared Savings, Quality Incentive, P4P, etc.



Track Record of Success

Delivered yearly bonus/shared savings revenue since founded in 2014



Major Challenges

- Securing contract language to eliminate YoY self comparison
- Use best coding practice to ensure proper risk stratification
- Significant turnover in beneficiary attribution
- Quality Gateways – Community and Employed Physician Cooperation

Next Steps

- Engage in downside risk contract no later than January 2019
- Further diversify value based contracts with new payers to reduce dependency on any 1 contract
- Expand primary care physician base to balance economic and demographic related challenges
- Increase accountability for physician related performance metrics

Lessons Learned

- Analytics/data and care coordinators are critical foundation
- No one solution exists, and strategies must constantly evolve
- Closed loop communication is a requisite
- Physicians have good ideas about program direction
- Patients are more likely to participate if care is convenient

Questions

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*Remember to complete the online session evaluation!