Innovations in Primary Care Payment: Capitation

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Speakers

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Rising Costs

• The cost of healthcare in the United States is continuing to rise at an unsustainable rate

• Americans spent $3.65 trillion on health care in 2018
  • This translates to $11,121 per person
  • Spending in 2018 was 4.4% higher than in 2017
  • Per-person spending among the privately insured rose 4.5% in 2018 despite the fact enrollment in private plans stayed flat
Bending the Trend

**FEE-FOR-SERVICE**

**DRIVERS OF COST**
- Rewards volume not value
- Lack of accountability and coordination
- Focused on sick care
- System is challenging for individuals to navigate

**VALUE-BASED**

- Traditional Fee-for-Service
- Value-based Programs

**BENDING THE TREND**
- Aligned reimbursement
- Providers empowered with data
- Focused on overall health
- Shared decision-making between patients and their physicians
- Investments in practice transformation

Healthcare Costs

1960

Today
Independent Health

• 350,000-member not-for-profit network model health plan in Buffalo, New York
1980 - 1996

• Traditional Fee-For-Service payment model
1993 - 1998

• Capitation for primary care providers experiment
• Participation in IHI’s IDCOP – Ideal Design of the Clinical Office Practice
Pay for Performance

• Asthma – Pediatricians

• Diabetes – Adult Practitioners
2001 - 2005

• Patient Centered Medical Homes
2010

• Engaging Jack Silversin – Amicus to co-design a new care and payment model in concert with PCP’s
Challenges for Providers

• Value based reimbursement brings a multitude of challenges for primary care practices
  • Increased workload for doctors
  • Electronic Health Record impediments
  • Patient dissatisfaction
  • Ambitious targets set by payers to earn incentive dollars
  • Loss of revenue

• Successful adaptation to value-based care requires changes to:
  • The care delivery model
  • Staffing
  • Role definition
  • Technology
  • Population health management

• Primary care practices lack time, resources, and expertise to transform their business while continuing to practice medicine
Value Based Reimbursement

- Fee for Service payment models have not been effective at reducing costs or improving health outcomes

- Value based reimbursement seeks to:
  - Reduce costs (eliminate unnecessary tests and procedures)
  - Spreads financial risk (incentivizes providers to achieve financial and health outcome metrics)
  - Achieve better health outcomes for patients through:
    - Disease prevention
    - Coordination of care
    - Chronic disease management
Blended Payment Model

• Case – Mix adjustment
  – Care management up front

• Fees for service – we want to encourage

• Surplus sharing in risk adjusted budget (assuming quality metrics achieved)
2017

• Local Blue Cross Blue Shield plan introduces a new Primary Care payment model

• Western New York community qualifies to apply for CPC Plus
2017

• CPC Plus status awarded

• Independent Health launches Evolve Practice Partners
Evolve Practice Partners

• Founded in 2017 by Independent Health
• Applies proven methodologies in business process management and clinical practice transformation to
  Improve, Redesign, and Transform
  Primary Care Practices

• Offers a unique service and software application for population health management
Amherst Medical Associates

- Primary care office in Amherst, NY offering family medicine
  - 7 Physicians and 1 Nurse Practitioner
  - ~ 10,000 patients
  - 16 staff members
  - EHR since 2005
  - Patient Centered Medical Home

- Engaged with Evolve Practice Partners to transform the practice in 2017

- Transformation Goal:
  - Transform Amherst Medical Associates into a practice that thrives in the new Value Based Reimbursement system
## Transformation Approach

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<tr>
<th>Discovery</th>
<th>Strategic Planning</th>
<th>Execution &amp; Adoption</th>
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<tr>
<td>• Value-based readiness assessment</td>
<td>• Define practice goals</td>
<td>• Develop project plans</td>
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<td>• Patient satisfaction survey</td>
<td>• Develop strategies</td>
<td>• Execute projects</td>
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<td>• Patient journey map</td>
<td>• Prioritize projects</td>
<td>• Track progress</td>
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<td>• Staff &amp; Provider vitality survey</td>
<td>• Develop execution road-map</td>
<td>• Measure outcomes</td>
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- Define practice goals
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- Track progress
- Measure outcomes
Transformation Participants

- **Discovery**
  - Participant
  - Critical Participant

- **Strategic Planning**
  - Critical Participant
  - Participant

- **Execution and Adoption**
  - Critical Participant
  - Lead

- **Roles**
  - Providers
  - Office Staff
  - Transformation Advisor
  - Transformation Architect
  - Consumer
  - Lead
  - Consultant
Value-Based Readiness Assessment

**Current-State:** 2.5
- 6 Months: 3.0
- 22 Months: 4.25
- 36 Months: 4.75

**Care Coordination**
- 3.0 Advanced Directives
- 3.0 Health Information Exchange
- 4.0 Labs and Imaging Orders
- 2.7 Referral Management

**Team-Based Care**
- 3.3 Patient Comms.
- 2.8 Staff Comms.
- 2.5 Staff Knowledge

**Care Management**
- 4.0 Pre-Visit Planning
- 3.2 Transitions of Care
- 2.5 Annual Well-Visit
- 2.7 Patient Engagement

**Person-Centered Care**
- 1.0 Health Literacy
- 2.0 Empanelment
- 2.5 Patient Portal

**Population Health**
- 2.2 Population Health Mgmt.
- 2.7 Reporting
- 1.6 Quality Improvement
- 1.0 Patient Experience
Patient Journey Map

Norma E. Patient
Elderly Patient for Chronic Issue

“I’ve been anticipating this visit for weeks, I hope we can solve my problem today.”

**Actions**
- I’ve been visiting specialists for months trying to figure out what’s going on.
- My caregiver calls to schedule an apt.
- I check in at the desk and wait a few mins.
- The nurse takes my vitals and performs a tug test and asks me about failing.
- The nurse reviews my meds and allergies.
- While I’m waiting, I get my flu and pneumonia shots.
- The doctor comes in and asks me how I’ve been feeling and about my complaints.
- The doctor examines me.
- The doctor talks to me about what he found and next steps.
- The doctor brings me a visit summary and discusses next steps and when to follow-up.
- The doctor explained my new medications to me.
- The doctor gives me my lab and imaging orders.

**Expectations**
- I expect to be seen in a reasonable timeframe.
- When I have an issue, I need my doctor to work to solve it.
- I need to understand what’s going on with me, how to take care of myself and how to manage my medications.

**Thoughts/Feelings**
- I love that I didn’t have to wait very long in the waiting room.
- I really like that the doctor knows about me and my specialists, I’ve been coming to him for 20 years.
- My doctor really listens to me instead of typing on his computer.
- My doctor took the time to address all my issues.
- It was a little confusing how to get out of the office and whether I needed to stop at the counter.
- I like that I get to see a doctor every time I come to the office.

**Touchpoints**
- Reception
- Check-in
- Nurse
- MD/NP
- Nurse
- MD/NP
Practice Vitality Survey

Stress

- My work schedule leaves me enough time for my personal/family time: 2.1
- I have the tools and support I need to do my job effectively: 1.8
- The stress of my job is manageable: 1.6
- I haven’t felt burned out from my job within the past 6 months: 0.8
- Work is organized and assigned so that no one ends up carrying an unmanageable workload on an ongoing basis: 0.3

Amherst Medical Team Vitality Results

- Average Score: 8.0
- Loyalty: 2.4
- Understanding: 2.4
- Empowerment: 2.3
- Morale: 2.3
- Stress: 1.3
- Trust: 1.2

What is your overall rating of your team and teamwork, if the worst possible score is “0” and the best possible score is “10”?

- 4 – Strongly Agree
- 3 – Agree
- 2 – Disagree
- 1 – Strongly Disagree
Strategic Planning

• Goal Model
• Strategy Model
• Execution Roadmap
Project Prioritization

- Communication of Hours
- Document Policy and Procedures
- Community Resource Book
- Implement ADT Alerts
- Follow-Up Visit Templates
- Unread Portal Message Alerts
- NCQA Policies
- Care Team Huddles
- Structured Team Meetings
- Open Schedule 6-12 Months
- Fax Queue Automation
- Batch Eligibility Verification
- Automated Calling
- EMR Note Simplification
- E-Visits
- Video-Visits
- Electronic Consents
- Patient Point Installation
- Improve Portal Usage
- Automated Check-In
- Triage Improvements
- Standing Orders
- Pharmacy Champion
- Standardize Care Plans
- Patient Focus Groups
- Discharge / Checkout Process
- Gaps in Care Process
- Pre-Visit Planning Improvements
- Consult Improvements
- Motivational Interviewing Training
- Rooming Improvements
- Behavioral Health Specialist Integration
- Staff Cross-Training
- Integrate Referrals and Care Plan
- Advanced Directives
- Patient On-Boarding
- Front End Redesign
- Lab work Redirection
- Ensure staff is working to top of license
- Implement QI Team and
Transformation Roadmap

Hybrid Execution Roadmap for Transformation

- Change Management
- Staff and Provider Vitality
- Quick Wins
- Value Based Readiness
- Population Health
- Organizational Viability
- Patient Centered

Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4
---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----

- Vitals Score 2.0
- Innovation
- VBR: 4.75
- Finance Improvements
- Resource: 1.0 FTE
- Resource: 1.5 FTE
- Process: 29%
- Adult: +10%
- Adolec.: +10%
- Cos./Rev.: 68%
- VBR: 3.0
- Parts w/ TPC
- Quality: 90%
- VBR: 4.25
Tracking Progress

Transformation Status Dashboard

Recent Accomplishments
1. Risk
2. Increase of website visits

Risks and Issues
1. Scheduling conflicts for project meetings - more frequent meetings needed
2. Project demand exceeds practice capacity

Upcoming Milestones
1. Presentation for AEP payroll
2. Updating nurses note for screening and histories
3. PIAC meeting at end of the month
4. Break app project

Staff and Provider

Visits

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Automated Check-In Kiosk
• Increased Privacy for patients
• Eases front desk congestion
• Decrease check-in time
• Increase in patient portal users
• Consent transparency
• 1 FTE reallocated

Population Health
• Aggregates patient data from EHR, RHIO, and Claims
• Provides unique patient risk stratification
• Tracks gaps and performance
• Care Management and Transition of Care modules
Behavioral Health Integration

- Established partnership with local behavioral health and addiction treatment provider
- Embedded Social worker at practice 2 days per week

Alternative Visits

- E-Visits
- Follow-up visit templates
- Video visits
- Over 700 alternative visits performed in 18 months
Project Execution

PatientPoint
- Installed interactive touchscreen displays in waiting areas and all exam rooms
- Allows patients to access or activate portal accounts
- Displays patient education materials

Fax Queue Interface
- Configured interface to automate delivery of clinical documents
- Eliminated manual routing of most faxes

Quarterly Newsletter
- Began office newsletter to communicate changes more effectively to the staff
Outcomes
Assessment Remeasurement

January 2019

First Measure: 2.5
Re-Measure: 4.0

Goals and Measurements:
- Population Health
- Team Based Care
- Care Coordination
- Person and Family Centered Care
- Care Management

First Measurement
Goal
Remeasurement
Assessment Heatmap

January 2019

Original VBR Measurement (2.5)

First VBR Remeasurement (4.0)
Staff Vitality

Team Vitality Results
Average Score

**2017**
- Empowerment: 2.3
- Loyalty: 2.4
- Understanding: 2.4
- Morale: 2.3
- Stress: 1.3
- Trust: 1.2

**2019**
- Empowerment: 3.0
- Loyalty: 2.9
- Understanding: 2.8
- Morale: 2.8
- Stress: 1.9
- Trust: 1.8
Project Outcomes

**Alternative Visits**
700 alternative visits performed in 18 months

**EMR Note Simplification**

**HealtheLink Registration incentive**

**Cologuard Order Form**

- **405 Provider Hours saved**
- **9 min Saved per patient**
- **$11,000 Incentive payment**
- **$367 Savings per year**
Project Outcomes

- **$11,000** Saved annually
  - Batch Eligibility

- **$3,105** Saved Annually
  - Electronic Reminder Calls

- **1 FTE** Reallocated
  - Automated Check-in Kiosk
    - Over $25,000 in co-pays/past due balances collected
    - 8.5% increase in payments
    - Over 4000 successful check-ins in 6 months

- **$390** Saved Annually
  - Online Payment Setup (EZ Pay)
Practice Outcomes

• 28% lower total cost of care
• 26% increased Quality Outcomes
• 25% more Annual Wellness Visits
  *Independent Health members: Transformation Practices vs Total Network

• 6% increase in Colorectal Cancer Screening
• 20% increase in Fall Risk Screening
  *Catholic Medical Partners
Patient Volume

My patient volume:

2017: 14 Patients per session
2018: 12 Patients per session
2019 YTD: 9 Patients per session
Summary

• On site Transformational Advisor was critical to success
• Regular meetings allowed for appropriate goal setting
• Utilization of experts in different areas
• Engagement and enthusiasm of staff
• More time for sicker patients
• Improved access to health data
• Improved ease of charting

• Happier Providers = Healthier Patients
Questions