

AMGA NATIONAL MEETING

April 2014

Ruth Benton, CEO

Ken Cohen, MD, CMO

MISSION

“To enhance the physical, mental and spiritual health of communities we serve through an integrated, primary-care owned and patient centered healthcare delivery system.”

Who We Are

- Since our inception in 1994, New West Physicians has grown to become one of the largest physician-owned primary care group practices in the Denver Metro area.
- Family practice, internal medicine, hospitalists, physician assistants, nurse practitioners, cardiologist, and a gastroenterologist
- 85 providers
- 16 offices throughout the Denver Metro area.
- 300+ Employees - \$52M Revenue

Quality

- All eleven Family Practice and five Internal Medicine offices are NCQA – PCMH Level 3
- All eligible providers are NCQA - Heart/Stroke and Diabetes.
- In 2011, the American Hospital Association commissioned a national study on Accountable Care and chose four delivery systems representing different models of ACO's. New West Physicians was chosen as the primary care model for that study.
- In 2013, New West Physicians received the PCMH - Best Practice of the Year Award by the Colorado Academy of Family Physicians Foundation.

Innovation

- Clinical Research - 14 Studies
- Adoption of EHR in 2009
- Medicare Advantage Risk Contract since 1995
- Centralized Services (MSO)
- Primary Care Based Virtual Medical Group – 1994
- 250 Preferred Specialists

New West Physicians

Team Approach

- Collaborative approach with Shared Decision Making
- Integrated approach to health that bridges all care settings – virtual with 250 preferred specialists, hospitalists

Dedication & Focus

- Patient Centered Care
- High Quality & High Efficiency
- Innovation and evidenced based practices that improve patient care

Commercial Shared Savings Plans

- Managed Care “toe in the water” by the commercial carriers
- Reaction to CMS ACO regulations
- Not very creative
- Greatly improved reporting
- National Focus vs. local – “one size fits all”

Contract Features

- Attribution of members – flawed strategy – with insured business
- FFS stays the same
- Small PCP Capitation
- Shared Savings – must meet quality gates
- Sophisticated Reporting
- Only one plan requires PCP selection

Contract challenges – Shared Savings Formulas

- SS bonuses not seen for 18 months
- SS methodologies are all convoluted and different
- Utilization targets often based on groups historic baseline as opposed to community costs
- Savings will be expected to diminish over time as performance reaches theoretical optimum

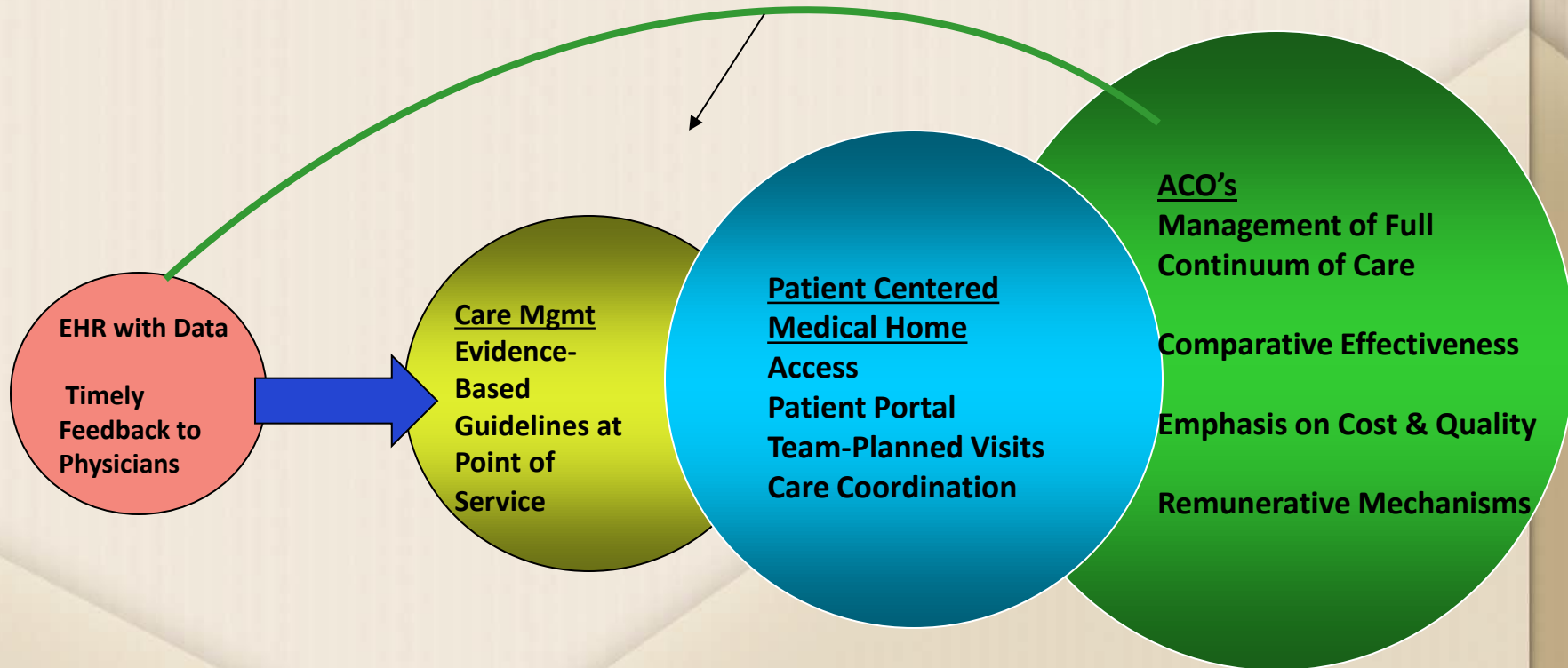
Contract Challenges – Quality Measures

- Vary significantly plan to plan – over 70 different measures across 4 plans
- Improving patient compliance hindered by lack of PCP designation
- PCP accountable for specialty care
- Quality targets may be based on group's historic baseline
- Quality measures outpaced by new guidelines
- Diminished bonus over time as theoretical optimum reached

[illegible]

ACO Development is Culture Supported by Infrastructure!

Population Health Management



Opportunities and Implementation

Strategies for Quality/Utilization Improvement

There is no relationship between cost of care and quality of care

Strategies for Quality/Utilization Improvement – Science Before Consensus

New West Forum

- Educational Forum – Sinusitis/Bronchitis
- Pharmacy – new anticoagulants
- Medical Management – new endoscopy guidelines

PCP Quality Studies

PRC

- Asymptomatic carotid stenosis
- Avastin use in seniors with lung cancer
- Invasive stroke management

Need To Address All Levels Of Care

- Primary care
- Urgent care and ER
- Specialty care
- Hospital care
- Post hospital care transition
- SNF care
- Palliative and end of life care

Data Infrastructure – Critical Elements For Utilization Tracking

- 85/15 Rule
- Specialty utilization – oncology, cardiology, orthopedics, gastroenterology
- Facility fees generated by hospital owned MD's
- High cost/high frequency – Lucentis, Neulasta, Moh's
- Hospital - bed day, LOS, ER, readmission rates
- Out of network – physician and facility
- ER frequent flyers

Data Sharing – Right Data to right person

- CMO – All data by group/clinic/provider/specialty
- PCP's – quality/utilization measures of provider's panel with individual patient drilldown and group comparators
- Hospitalists – bed days, LOS, ER discharges, readmits
- Specialists – ETG's, facility and ancillary charges
- Case managers – high utilizers, gaps in care, out of network

Motivating Change Through Data - PCP Reports

- PCP, specialty, hospital and pharmacy utilization
- Hospital pmpm costs/admits/LOS reports
- Comprehensive patient registry at the point of care
 - Evidenced based guidelines
 - Gaps in care
 - Unblinded comparative reporting

Administrator's Comparison Dashboard

PRV000G Preventative: Adult BP Control

Main Stree Office	i	62%	13%	25%	11 Providers
Hillside District Office	i	35%	24%	41%	56 Providers
Tri-city Reginal Medical Group	i	64%	10%	26%	67 Providers




PRV001G Preventative: Adult LDL Control

Main Stree Office	i	27%	73%	11 Providers
Hillside District Office	i	16%	84%	56 Providers
Tri-city Reginal Medical Group	i	5%	95%	67 Providers

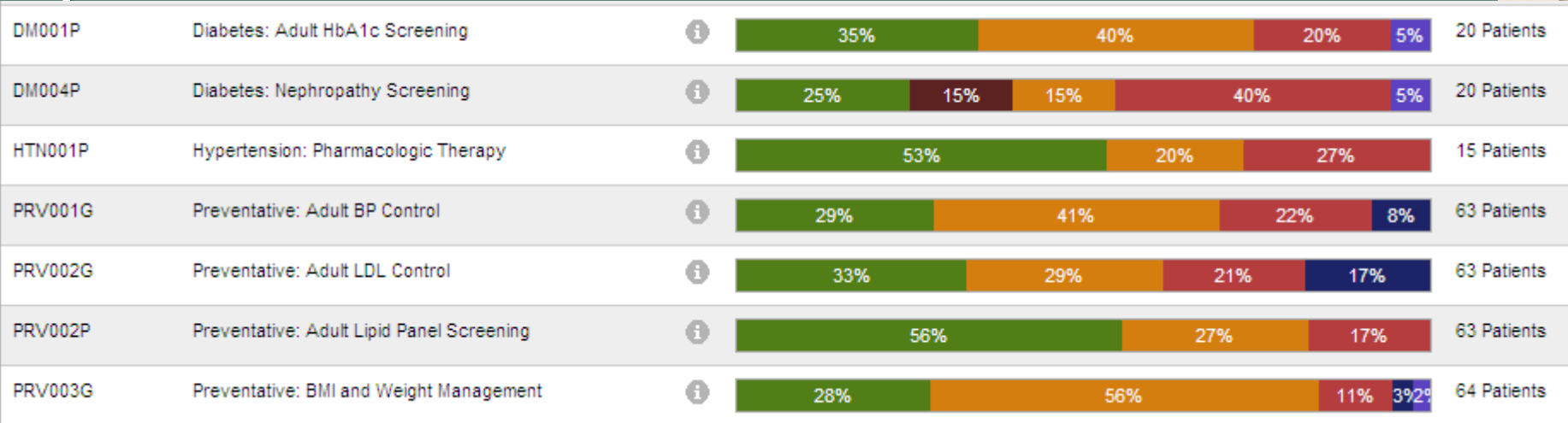
PRV002P Preventative: Adult Lipid Panel Screening

Main Stree Office	i	17%	12%	60%	11%	11 Providers
Hillside District Office	i	11%	15%	23%	51%	56 Providers
Tri-city Reginal Medical Group	i	12%	13%	44%	31%	67 Providers

PRV003G Preventative: BMI and Weight Management

Main Stree Office		<div><div></div></div> <div>34%66%</div>	11 Providers
Hillside District Office		<div><div></div></div> <div>26%71%3%</div>	56 Providers
Tri-city Reginal Medical Group		<div><div></div></div> <div>18%79%3%</div>	67 Providers

Providers self-assess performance with an aggregate patient view



The aggregate patient dashboard motivates providers to audit themselves and improve performance.

Drill Down

Filter All

63 Results Page 1 of 1

Patient	Birth Date	Status	Last Lipid Panel
KANECEL, LECYOC	04/19/1979	Never performed	
LANCANRE, ERNMAE	09/21/1974	Never performed	
LANDIOVA, AVOBEE	07/25/1975	Never performed	
BOMFIZAP, PAZJIM	09/27/1977	Near due	09/20/2010
DAMICEEL, LEEYAM	05/08/1965	Near due	09/20/2010
DARTKEN, NEKEAM	12/01/1965	Near due	09/01/2010
DAYMEL, LEMALI	08/14/1958	Near due	09/23/2010

Drill downs provide patient lists to proactively contact patients, and improve scores.

Advanced Primary Care Model

- Moving beyond PCMH to Population Management
- New primary care team model – Physician, mid-level and two MA's manage one PCP panel
- Roles and responsibilities
- Extended support – IT, case management, BH

Patient, Johnny

Select Patient ▼ i ⚠ ⚠

Sex: M
Age: 55 Years
DOB: 08/18/1956MRI#: 110808131003473
SSN:
PCP: Praxis, JosephH Phone:
Directives:
Security: No Restricted DataAllergies: Unknown
FYI: FYI
Note: (Select)

Dash: Open ⚠

Patient Dashboard - Windows Internet Explorer

http://cqsdemo.teampraxis.com/pages/dashboard/dashboard/patient_dashboard.aspx?sticky:context=dashboard&provider_id=1&from_cqs=true&

Patient Dashboard

PHM

CMS

Patient, Johnny Age: 55

View: Selected Measures for Praxis, Joseph

- Populations
- Care Actions
- Health Goals

- Good
- Warning
- Attention Needed
- Missing Data
- Exclusion
- In Progress

Populations

- *Hypertension*
- *Diabetes*

Care Actions

Sort by: Importance

Cardio	Anti-HTN therapy not current	Metoprolol Succinate, 1/18/2011 - 8/16/2011	🔍
DM	Albumin screening ordered	09/16/2010	🔍
DM	HbA1c up-to-date	6.6 %, 12/8/2011	🔍
Prev	Lipid panel up-to-date	08/24/2011	🔍

Health Goals

Sort by: Importance

Prev	BMI not healthy weight and not managed	28.31 kg/m2, 7/22/2011	🔍
Prev	BP: S ≥ 120 and < 140 and/or D ≥ 80 and < 90	130 / 85 mmHg, 7/22/2011	🔍
Prev	LDL is ≥ 100 and ≤ 130	115 mg/dL, 8/24/2011	🔍
DM	HbA1c < 7	6.6 %, 12/8/2011	🔍

Print

Close

Done

Internet | Protected Mode: Off

131%

Primary Care Case Management

- Gaps in care quality analysis – cancer screening, vascular and diabetes care measures, well care, immunizations, HEDIS
- Identification of ER and hospital frequent flyers for intensive case management
- Identification of disease entities requiring intensive approaches – Migraine, Asthma
- Imaging and Out of network management

Improving Patient Engagement

Patient Portal



MyHealthConnection Portal

- Past visit summary
- Review lab tests
- View immunization records
- Appointment reminders
- Request appointments, referrals and prescriptions

Website



Website

- Innovative, informative, interactive
- Contains “Your Health Guide”
- Tools and information for patients
- Search Engine Optimization (SEO)
- Analytics -track visitors & search patterns

Social Media



Facebook - YouTube

- A start for Social Media Presence
- Educational, fun and engaging

Quarterly Newsletter

- Patient News
- Health articles
- Recipes/Fun

Urgent and ER Care

- Dedicated NWP urgent care center open daily for evening and weekend care
- NWP hospitalists available 24/7/365 for ER evaluations
 - Atrial fibrillation program
 - Syncope program
 - Rapid chest pain evaluation program

Specialty Care

- Dedicated narrow specialty network
- Signed “pact” by all specialists for maximal adherence to quality/utilization guidelines – Choosing Wisely
- Collaborative meetings with major specialty groups – oncology, cardiology, orthopedics, surgery
- Reliance on non-hospital owned specialty practices – facility fee issue/competing priorities

Designing Incentives For Specialty Care – Oncology Experiment

Percentage of patients:

- Using “on pathway” chemo regimens
- Who exceeded recommended lines of therapy
- Who have had palliative care initiated
- Who were enrolled in hospice 6 and 3 months prior to death

Percent reduction in targeted drugs for:

- Colorectal
- Lung
- Breast

Controlling Specialty Costs – 3 Options

- **Collaborative Partnership – Cardiology**
 - **Multiple groups/competitive environment**
- **Shared Risk – Oncology**
 - **Perverse chemotherapy profit incentive**
- **Ownership – Behavioral health**
 - **Marketplace distorted by BH carve-outs**

Hospital Care

- 24/7/365 coverage at 5 major hospitals by dedicated hospitalist team
- Competing tensions with hospitals
- Direct access to and communication with PCP through EHR
- Every patient followed for coordination of care, communication with family, advance directive accountability
- Dedicated SNF team manages patients at all SNF facilities city wide – considering building NW SNF

Post Hospital Discharge

- Dedicated mid level provider contacts patients post discharge and ER visits
- Medication reconciliation and problem list updated, and records entered in the EHR prior to PCP visit
- Specialist and ancillary visits coordinated
- Direct messaging to PCP in advance of office f/u with key issues communicated

Advanced Care Planning

- Transitional care program – designed for intensive home based 3 month case management for advanced and/or complex illness
- Palliative care program – mandatory for oncologists to introduce palliative care for all Stage III and IV cancers
- Hospice care program integrated with the above two programs

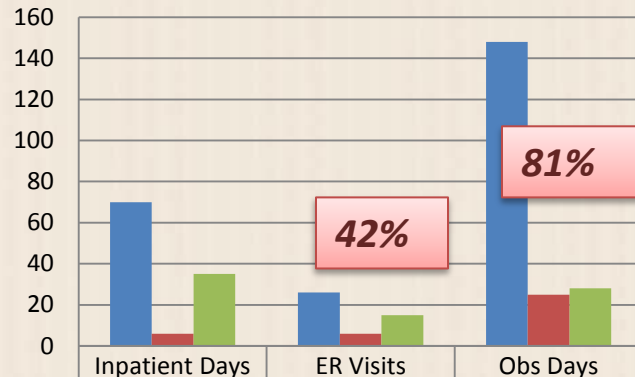
Optio Care Support – Pilot of NWP and Denver Hospice

- Collaborative approach with Registered Nurse and Licensed Social Worker
- Combination of in-home and telephonic care
- Focus:
 - Engagement with primary care physician, education regarding use of personal health record to maximize provider interactions and self-health management
 - Medication reconciliation and management
 - Red Flag education – Steps to recognize change in health and empower client to take appropriate action
 - Address psychosocial needs that are inhibiting the client to manage health
 - Successful hand-off at end of care cycle to case manager within PCP practice, other designated care provider, or health plan to ensure continuity and success

Costs and Utilization – Analysis of 27 Patients

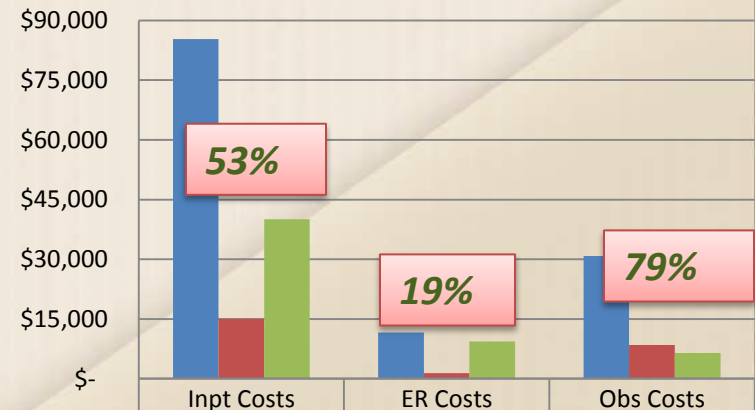
*% Decrease from Prior 90 Days to Post 90 Days
Inpatient, ER, Observation*

Utilization Savings



	Inpatient Days	ER Visits	Obs Days
Prior 90 days	70	26	148
during intervention	6	6	25
post intervention	35	15	28

Costs Savings



	Inpt Costs	ER Costs	Obs Costs
Prior 90 days	\$85,291	\$11,585	\$30,818
during intervention	\$15,045	\$1,395	\$8,487
post intervention	\$40,070	\$9,361	\$6,431

***Total Savings = Prior 90 days-to-Intervention + Prior 90 days-to-Post 90 days**

In Summary...

The ACO Landscape in 2014

Opportunities

- Improved quality of care is a reality
- Opportunity to learn necessary new skills in an upside only risk environment
- Myriad of data available from plans which they would formerly not share
- Significant bonuses are achievable ???
- New revenue stream to enhance Advanced Primary Care Model endeavors
- New tools to reach out to patients

Implementation

- Retooling primary care to an APCM – “beyond” PCMH
- IT
 - Development of new registries and reports
 - Data analysis for cost effectiveness and quality
 - Gaps in care, EBM, comparative reporting
- Enhanced case management
- Specialty panel – narrow, engaged and accountable
- Plan/Group partnership to reach out to patients
- Bonus sharing – based on individual PCP performance

Who Will Survive?

- Culture is critical
- Shift from patient to population management
- Comprehensive care at all levels and locations, and across all specialties
- Accurate, timely and actionable data
- Focused case management
- Equal attention to both quality and utilization
- Aligned compensation model

Thank you and Opportunity for Questions

The mission of New West Physicians is "to enhance the physical, mental and spiritual health of communities we serve through an integrated, primary-care owned and patient centered healthcare delivery system."

