

“From Volume To Value”

*Evolving from Fee-For-Service to
Population Management*

Presented by:

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Our Organization



St. Anthony's Medical Center

- St. Anthony's Medical Center serves more than 918,000 residents in St. Louis County, MO
- 767 Licensed Beds
- 3rd largest medical center in St. Louis

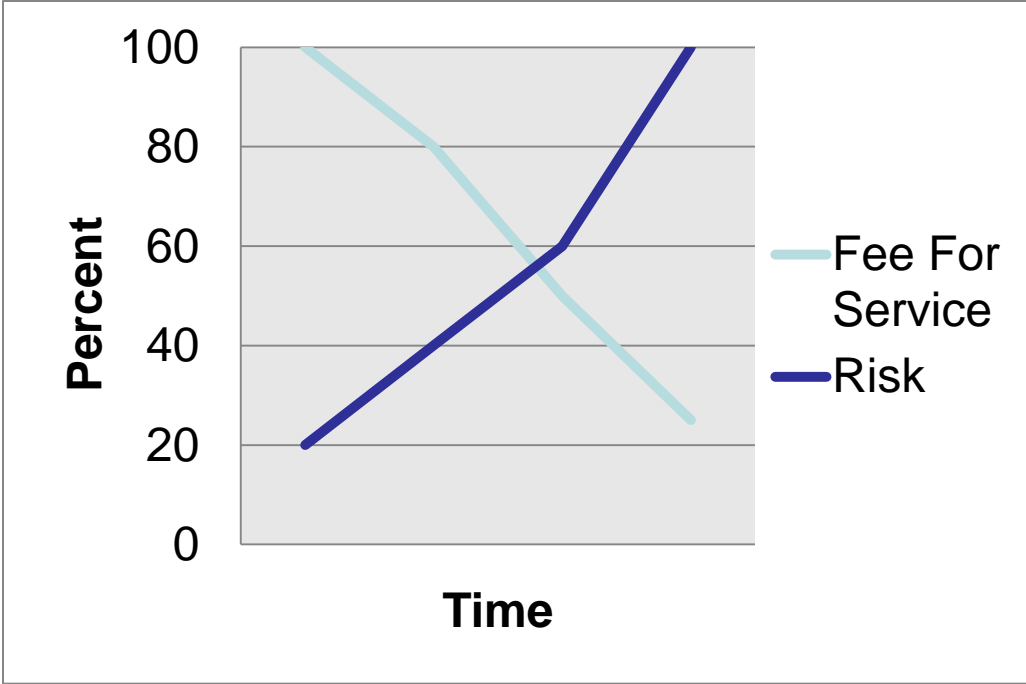
St. Anthony's Physician Organization

- Multi-Specialty Group
- 100+ Providers, over 75% Primary Care
- 24 sites
- >300,000 visits per year
- 10,000 lives under risk arrangements

Presenters

- **Dr. Patrick Garrett, Vice President – Physician Networks**
 - Responsible for SAMC Ambulatory Services and SAMC Physician Organization
- **Dave Hinkle, Executive Director – SAPO**
 - Responsible for Administrative and Operations of Physician Organization
- **Dr. Robert Curtin, Past President - SAPO**

Fee
For
Service



Population
Management

Volume To Value

Traditional Model (FFS)

**Reimburses
providers on a
per unit basis**

**Does not pay for
coordinated or
integrated care**

**Little motivation
to align payer
and physician**

**Incentivizes volume
versus care
delivery**

Shared Risk Model

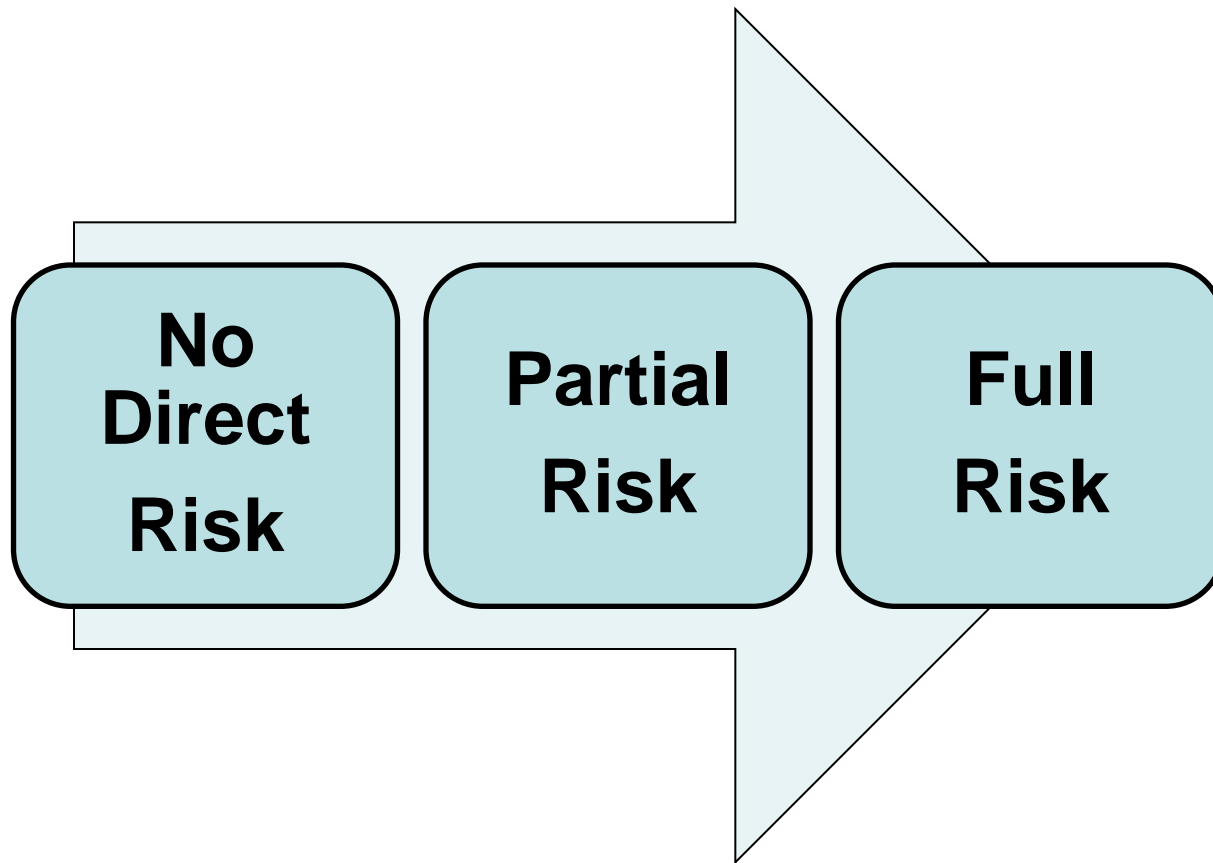
Encourages shared investment in resources

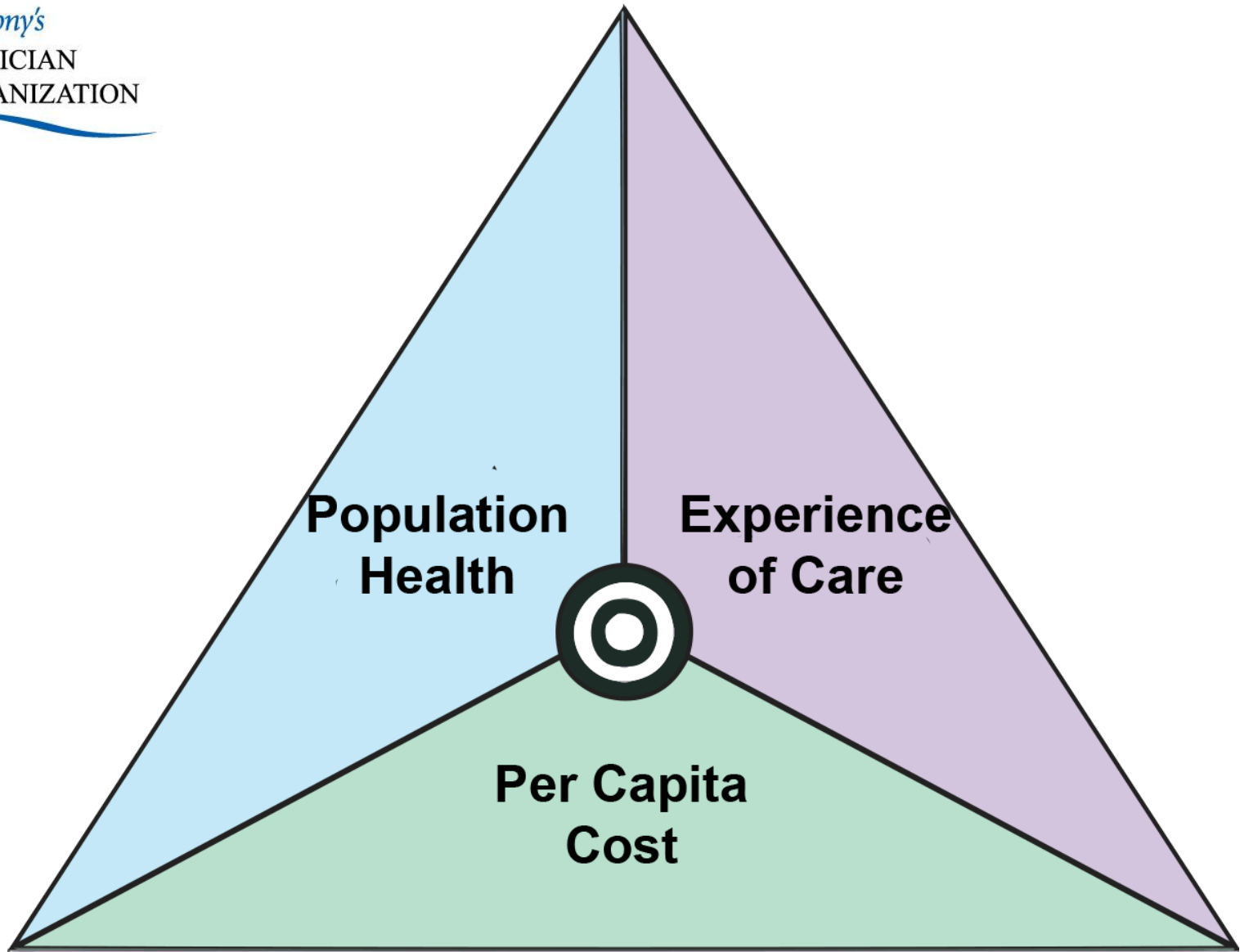
Aligns incentives among patients, payers and providers

Emphasizes quality and access to services

Incentivizes efficiency over volume

Plan Risk Continuum

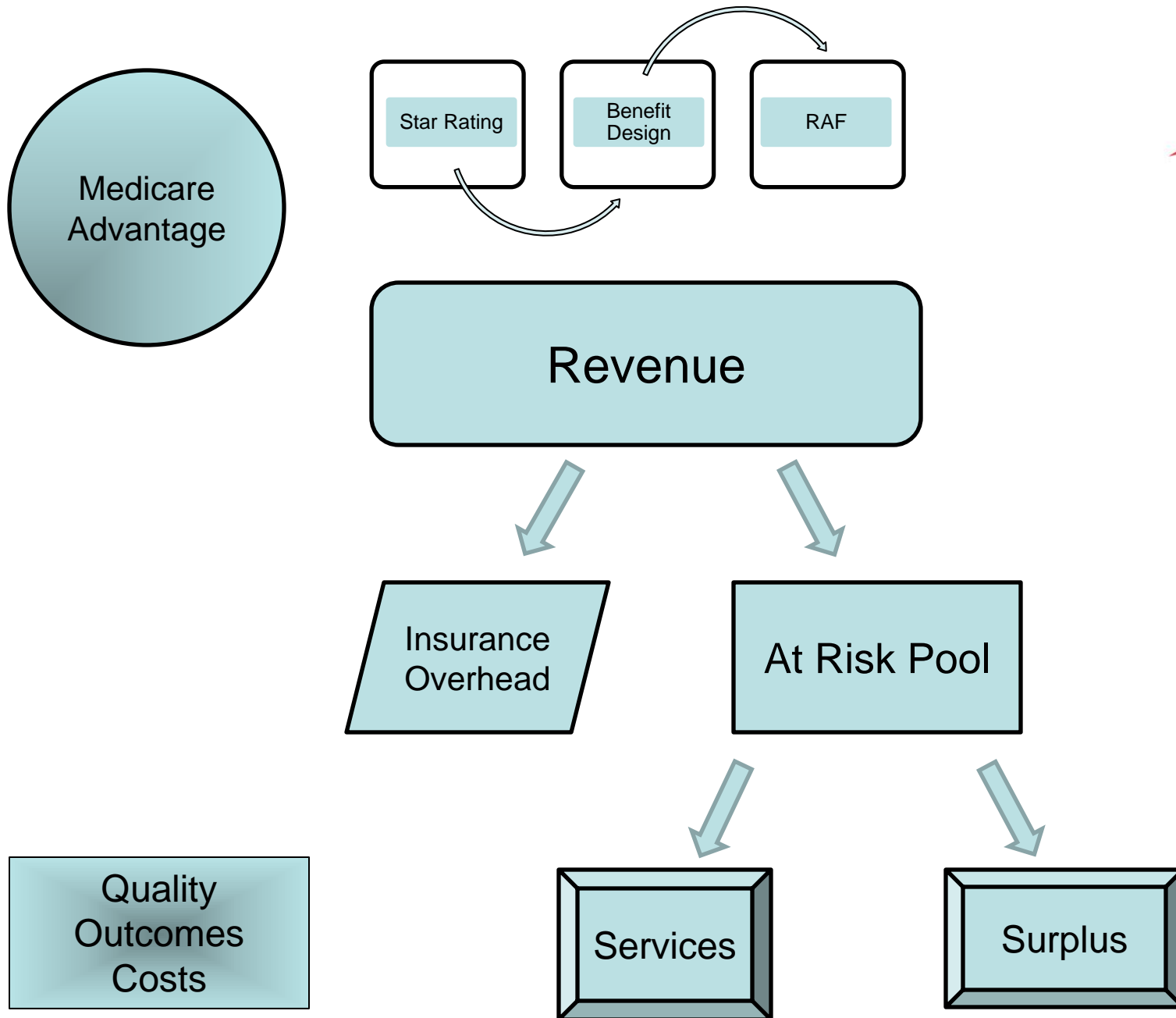




IHI Triple Aim

Medicare Advantage

- Practical application of Population Management principles and Triple Aim Objectives
- Provided incentive and funding to support initiative
- Created relationships necessary to successfully implement Population Management



Developing a Structure to Support Population Management



Culture & Leadership



Metrics



Data Management



Case Management



Financial Incentives



Coding & Documentation

Culture & Leadership

Vision

Education

**Physician
Involvement**

**Resource
Commitment**

**Data
Management**

Vision

- Leadership Support
 - Organization Priority
 - Routinely reviewed at most committee meetings
 - Process design
- Physician Involvement
 - Committee Structure
 - Peer Education

Education

- Population Management 101
- Routine data feedback
- 1:1 meetings with physician and population management staff
- Ongoing education

Data Management

Performance Feedback

Change
Control
Process

Own the
Data

Meaningful
Use

EMR Team
Integration

Performance Feedback

- Monthly performance for the providers
 - Utilization
 - Performance
 - Unblinded comparison
- Organizational performance
 - Routine reports
 - Plan data reviews
 - FTP sites
 - JOC

Financial Incentives

Compensation Plan

Gain-Sharing

Pay For Performance

Metrics

**Balanced
Scorecard**

Quality

Utilization

Service

**Financial
Management**

Key Performance Metrics

- Quality Metrics
 - Internally derived
 - Plan validated
- Survey
 - Patient satisfaction
 - Employee satisfaction
 - Physician satisfaction

Scorecard Perspective	Tactic #	Objective	Measure	Target	YTD
Customer					
	7.4.02	Patient Satisfaction	Visit Overall	80% Excellent	76%
	7.4.03	Provider Satisfaction	SAPO	90% Overall	88%
	7.4.04	Employee Engagement	Overall % Engagement	59.00%	52.3%
Financial					
	6.4.04	Revenue Management	Med Advantage Surplus PMPM	UHC-\$240 GHP - \$185 Essence - \$163	UHC-\$256 GHP - \$204 Essence - \$188
	7.3.04	Budget Compliance	Variance to Net Income Budget	Favorable to Budget	(23.4%)
	7.3.05	Visits/Work RVUs	Variance to Visit Budget	Favorable to Budget	2.78%
	7.3.06	Revenue Management	Net Revenue per FFS Visit	Favorable to Budget	PCP \$91.89 Spec \$135.10
	7.3.07	Expense Management	Operating Expense Per Provider	<MGMA Median of \$350,682	\$286,144
	7.3.08	Staff Productivity	Visit/Staff Productive Hours *Metric to be reviewed	.54	.61
Internal Process					
	2.2.03	Utilization Management	Acute Days per 1000	<1250	1171
	2.2.03	Utilization Management	Acute LOS	<4.6	4.9
	3.2.02	Encounters w/o Claims	Encounters over 30 days		798
	3.6.02	Meaningful Use	Percent of 20 MU core objectives attained for all 53 Eps	90% of all 51 Eps achieve all 20 objectives	98.1%
	4.2.04	Tracking Quality Measures	CDSS Measures: BbA1c, Lipid Profile, Blood Pressure, Hypertension, Tobacco Use, Weight Screening	Ability to report at 100%	100%
	7.3.01	Patient Access	No Show Rate	< 5%	PCP 3.60% Spec 3.28%
	7.3.02	Revenue Cycle Efficiencies	Net Collection Percentage		PCP 41% Spec 33%
Learning & Growth					
	3.2.04	EMR Training	100% of new Users trained within the first 30 days	100%	100%
	6.4.05	Coding Competencies	In Progress		
	7.3.03	Office Customer Service Training	In Progress		

Case Management

Inpatient

Outpatient

Care Managers

- Assessment of clinical information
- Collaborate with all physicians regarding clinical care
- Contribute to discharge planning
 - Arrange for DME, transportation, follow-up appt with PCP
 - Knowledge of insurance and community resources
 - Coordinates discharge plan with patient, family and patient resource manager
- Explore alternate plans of care
- Communication of treatment plan and clinical education to patient and family

Coding & Documentation

HCC Coding

**E&M
Coding**

**Education for
all Providers
and Staff**

Audits

ICD-10

Hierarchical Condition Category Coding

- Risk Adjustment
 - Medical HCC's
 - Rx HCC's
 - Disease Interactions
- RAF Scores
 - Diabetes
 $250.0 = 0.127$
 - Diabetes with Renal complications
 $250.4 = 0.371$

Results

- Quality
 - Patient Satisfaction
 - Measures
 - Participant Growth
- Cost
 - Plan Performance
 - Utilization
 - Revenue Growth
- Outcomes
 - HEDIS
 - Star Measures
 - Meaningful Use
 - Audit Results

Developing a Structure to Support Population Management

Anthony's
PHYSICIAN
ORGANIZATION

**Culture &
Leadership**

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Metrics

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**Data
Management**

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**Case
Management**

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**Financial
Incentives**

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**Coding &
Documentation**

Conclusions

- Population Management in full risk Medicare Advantage has been successful
 - Good patient satisfaction
 - Excellent cost
 - Outcomes
- Future – Extended Population Management model
 - PCMH/IOCP
- UR/QR
 - Medicare Report Card
 - Significant decrease in cost/beneficiary

Implications

- Accountable Care Organization
- Continued involvement in risk programs
- Medicaid?
- Commercial payers