Evolving Towards a Shared Vision of Clinical Integration: Demonstrating Value to all Partners

Presented by:
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Learning Objectives

• Define the foundational components needed to create a successful clinical integration network

• Grasp the importance of building a trusting environment within the clinical integration partnership

• Develop a collaborative relationship with payors around quality improvement through data sharing

• Develop a core strategy to demonstrate value to patients by improving access, preventive care and the patient experience
Clinical Integration

• CI is commonly defined as a health network working together, using proven protocols and measures, to improve patient care, decrease cost and demonstrate value to the market

• Clinical integration is a viable option to:
  1. Increase quality
  2. Reduce cost and waste in the current system to maintain margins
  3. Sustain independence for physicians not ready for healthcare organization employment model
  4. Position providers to take on higher levels of accountability to effectively manage utilization and the health of populations through joint contracting, sharing best practices, etc.
Ochsner Physician Partners

• **Mission**
  – We will enhance the value of care we provide across our network through a partnership with physicians that is patient centric, quality driven and cost effective.

• **Vision**
  – To be the Clinical Integration Network of choice for community physicians committed to realizing clinical, financial and personal rewards associated with their active engagement in Ochsner Physician Partners.
Creating a Share Vision results in Cultural Transformation..

Degree of organizational Support

Time

Awareness

Understanding

Acceptance

Commitment

Collaboration

Transparency of Results

Meetings with Steering and Subcommittees and MD/Practice Coordinators

2015 Annual Conference
Clinical Integration Network
Stakeholders

• Payor Relationship

• Physician Network
  – Employed and Community

• Patients
Components of Integrated Care

**Collaborative Leadership**
- Governance body
- Compliant legal structure
- Payor strategy
- Culture change

**Aligned Physicians/Incentives**
- Value based compensation
- Program infrastructure
- High Performance Network
- Physician leadership and support

**Clinical Programs**
- Disease programs
- Care protocols
- Clinical metrics
- Population Health Management

**Technology Infrastructure**
- Health Information Exchange
- Disease registries
- Patient longitudinal record
- Patient portal to enable engagement

**Clinically Integrated Care**
Collaborative Leadership

- OPP Board
  - Ochsner Physician Partners Operating Committee
    - Performance Improvement Subcommittee
    - Payor Strategy and Contracting Subcommittee
    - Network Development and Credentialing Subcommittee
Physician Leadership and Engagement

Operating Committee

• Create and approve strategic plan
• Approve network design
• Recommend network policy
• Approve new partner credentialing and partnership status
• Oversee contract performance
• Appoint subcommittee partners
• Approve payor contracting recommendations
• Approve distribution model
• Present annual report to the Board
• Recommend capital and operational budget for CI Program
Physician Leadership and Engagement

Payor Strategy

• Oversee OPP’s payor strategy and contracting activities
• Evaluate cost/benefit of contract opportunities with OPP management
• Approve payor contracting recommendations
• Present annual report to the Board
• Recommend capital and operational budget for CI Program
Physician Leadership and Engagement

Performance Improvement

• Oversee design and implementation of OPP Performance improvement Plan (Quality, Safety, Efficiency and Patient Satisfaction)
• Ensure CI Program meets regulatory requirements
• Implement and oversee Population tools
• Develop plan for monitoring all OPP member quality
• Recommend clinical initiatives for network focus
• Recommend performance improvement measures for OPP scorecard
• Update OPP Operating Committee and Board with activities
Physician Leadership and Engagement

Network Development & Credentialing

• Oversee physician recruitment and credentialing process
• Develop an efficient application and credentialing process for OPP members
• Develop and implement a process for assessing and managing the performance of physician members
• Provide the OPP Operating Committee and Board with an annual report of committee activities
Payor: Joint Contracting
Contracts Gated By Quality Metrics

Humana Medicare Rewards Agreement
- FFS
- PMPM Quality Reward
- Shared Savings

Humana Commercial Rewards Agreement
- FFS
- Quality metrics
- PMPM

BCBS Quality Blue Primary Care Agreement
- CMF’s
- 3yr Plan
- Chronic conditions
- 3 Targets
- Tiered Savings
- Quality Metric
- % shared savings

BCBS Quality Blue Value Partnership Agreement (shared savings)

United Shared Savings Agreement

Aetna Shared Savings Agreement
- Quality Metrics
- % Shared Savings

Value Based Contracts

FFS- Commercial

Effective 5/1/2012
ONLY Community MD

Effective 10/1/2013
OPP Network: Employed/Community

Effective 4/1/2014
OPP Network

Effective 4/1/2014
OPP Network

Effective 8/1/2014
OPP Network

2015 Pending

2015 Annual Conference
Hospital and physician providers must address how to optimize performance in the current environment while also preparing to “jump” from Curve #1 to Curve #2.

**Curve #1: FEE-FOR-SERVICE**
- All About Volume
- Reinforces Work In Silos
- Little Incentive For “Real” Integration

**Curve #2: VALUE-BASED PAYMENT**
- Coordinate Care
- Shared Savings Programs
- Bundled / Global Payments
- Value-Based Reimbursement
- Rewards Integration, Coordination, Quality, Outcomes and Efficiency
- Blurring Lines Between Payors and Providers?
Demonstrating Value to the Payor

Hey, Guys! We’re on The Same Team
In The Beginning.............
Quality Improvement by the Payor

• Team of quality consultants
  – Focus on larger practices (>200 paneled patients)
  – Monthly and quarterly visits to primary care practices to review quality performance and clinic documentation (HCCs)
  – Quality reports sent to practices
  – Poorly received by most primary care practices
The Agony

• Monthly meetings between Ochsner Physician Partners staff and the payor’s quality team
  – “We can’t share the member level data with you because your network is not assuming full risk.”
  – “We are sending the reports to the doctors. They can share the information with you.”
  – “We need your network to improve quality.”
The Ecstasy

• Data, Data and More Data
  – Gaps To Stars reports with member-level detail
  – ED utilization reports
  – Medication adherence reports
  – CAHPS/HOS reports
  – Generic dispensing reports
  – Electronic attestation forms
  – Panel reports
The Ecstasy

• Collaborative monthly meetings
  – Review quality data
  – Create joint initiatives
  – Exchange of resources
  – Share practice concerns with payor
  – Feedback on payor initiatives and programs
  – Physician voice brought to the table
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**Clinically Integrated Care**
Clinical Programs

**Analytics**
- Physician Profiling
- Quality Reporting
- Risk Management
- Utilization and Cost

**Future State:**
- Population Stratification
- Predictive Modeling

**Patient Care Management**
- Patient Centered Care
- Key Areas of Focus:
  - Admission and Readmission Reduction,
  - ED Avoidance,
  - High Risks Med
  - Cost Containment
- Payor – Value-Based Contracting
  - Shared Savings Opportunity
  - Documentation Excellence
  - HCC

**Care Coordination Center**
- Practice Coordinator Program
- Care Gap Management
  - HEDIS Gaps
  - Annual Physicals
  - Health Risk Assessments

**Future State:**
- Ochsner On Call
  - Acute to Home
  - Post Acute Setting
  - ED to Home

- Nurse Advice Line
  - Triage Protocols
  - Medication Program
  - Patient Access program
Pursuit of Value

Our Mission: Highest Quality Care at an Affordable Cost

Our Approach

“Pursuit Of Value” initiatives utilize data and analytics to help clinicians and other stakeholders design Performance Improvement backed solutions to improve quality (e.g., CAUTI, CLABSI, etc.) and reduce costs (e.g., ALOS, Physician Preference supply chain items, etc.) to achieve sustainable value.

1. Cost Engineering
2. Variation Reduction
3. Process Improvement

Our Structure

Physician Led
Project Mgmt.
Clinicians
Supply
Analytics
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**Clinically Integrated Care**
Value Our Partners

- **EMR Subsidy**
- **Affiliated Purchasing Group**
  - Average 16% decrease in costs
- **Patient Digital Connect**
  - Approximately 1,000 new patients to the practices
- **Education/Training**
  - Hosted 12 modules on Ochsner Learning Network
- **Vendor Partnerships:**
  - Biohazard - in process
  - Billing, Linens under review
- **HealthCare and Other Insurance Offerings**
  - Reviewing preferred offering
Training & Education

• Leverage Technology
  – WebEx, On-line, Video Conferencing, Teleconferencing

• Ochsner Learning Institute and Network
  – 16 modules

• Physician and Staff Education
  – In office Rounding

• Pending: CE and Grand Rounds
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**Clinically Integrated Care**
• Access to a comprehensive health record - completing the longitudinal picture of the patient’s health.

• Run powerful analytics for population health management.

• Proactively manage the patient’s health and implement optimal care paths.
Value to the Network

It’s All About Performance
## Efficiency Performance

<table>
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<tr>
<th>Measure</th>
<th>2Q 2014</th>
<th>2Q 2013</th>
<th>FY 2013</th>
</tr>
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<tbody>
<tr>
<td>Members</td>
<td>3,622</td>
<td>2,724</td>
<td>2,695</td>
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<tr>
<td>Average Risk Score</td>
<td>0.9459</td>
<td>.9658</td>
<td>.9568</td>
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<td>Premium PMPM</td>
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<td>Physician Expense PMPM</td>
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<td>Hospital Expense PMPM</td>
<td>$422</td>
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<td>382</td>
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<tr>
<td>RX Expense PMPM</td>
<td>$102.</td>
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<td>81</td>
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<tr>
<td>Total Expense PMPM</td>
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<td>749</td>
<td>737</td>
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<td>MER</td>
<td>87.3%</td>
<td>76.7%</td>
<td>76.7%</td>
</tr>
</tbody>
</table>
We All Win Together

• Met or exceeded the national benchmark in the following quality metrics (2013):
  – Colorectal cancer screening
  – Breast cancer screening
  – Diabetes control: HgbA1C < 9%
  – Diabetes: LDL control <100
  – Diabetes Treatment Management
  – Glaucoma screening
We All Win Together

- 4 star or higher performance on the following quality metrics (2014):
  - Breast Cancer Screening
  - Colorectal Cancer Screening
  - Diabetes Care: LDL control
  - Diabetes Care: Attention for Nephropathy
  - Diabetes Treatment Management
  - High Risk Medications
We All Win Together

• Opportunities for improvement
  – 30 day readmissions
  – Medication adherence
  – Diabetes Care: Retinal Exams
Demonstrating Value to the Patient

It’s All About The Patient
It’s All About The Patient

• Improved quality scores

• Physicians more engaged in population management
  – Caring for the seen and the unseen
  – Promotion of case management
It’s All About The Patient

• Improved patient safety
  – Decreased high risk medication usage (5 Star rating in 2014)
  – Medication adherence education
  – Increased attention by providers to falls, bladder control and physical activity
It’s All About The Patient

• ED avoidance initiatives
  – Increased access
  – Education about extended hours and urgent care options
  – Expansion of 24 hour nurse triage services (Proposed)
It is our belief that in addition to operational efficiency, improved quality and lowering costs..

We have driven Cultural Transformation

- Awareness
- Understanding
- Acceptance
- Commitment

Meetings with Steering and Subcommittees and MD/Practice Coordinators

Yields Results

Collaboration

Transparency of Results

Degree of organizational Support

Time
Path to the Future

• Technologic / Analytic Platform
  – Need population health management tool to integrate clinical and claims data from multiple payors
  – Data Acquisition
    – Increased staffing needed for clinical integration network

• Alternate Payment Models
  – Bundled Payments
  – Transforming Clinical Practice Initiative
Path to the Future (cont)

- **Enhanced Quality Agenda**
  - Improved clinical documentation and coding
  - Claims-level data to understand cost-drivers and how to impact shared savings performance
  - PQRS
  - QIO Participation

- **Staffing to Support our Growth**
CIN Infrastructure Leads to Improved Care Coordination and Communication

ONE Network that can Demonstrate Value

Physicians  CIN  Health System

Employed Medical Group  Employee Health Plan  Ambulatory Facilities

Hospital  Hospital

Payors and Employers
Contact Information

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