Building a Sustainable Primary Care Model

AMGA 2011 Annual Conference
March 9, 2012
3:45 p.m. – 5:00 p.m.

Introduction

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Ochsner Health System

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President
Cejka Search
Road Map for the Discussion

- Survey Highlights
  - Benchmarks and Trends

- Key Findings and Strategic Recommendations
  - Recruitment and Retention
    - Improving Recruitment Efficiency
    - Recruitment Flexibility
    - Enhancing Teamwork

- Strategies in Action: Building a Sustainable Accountable Care Model
  - Bundled payment, shared savings, outcomes based reimbursement
  - Physician employment and alternative alignment options
  - Compensation and incentive structures

- Close
  - Discussion
  - Take Home Messages and Tools

SURVEY HIGHLIGHTS
Responding Groups are Getting Bigger

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2011</th>
<th>+/-</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of reporting groups</td>
<td>95</td>
<td>80</td>
<td>-15.8%</td>
</tr>
<tr>
<td>Total number of physicians employed</td>
<td>13,893</td>
<td>14,366</td>
<td>+3.4%</td>
</tr>
<tr>
<td>Average group size</td>
<td>146</td>
<td>180</td>
<td>+23.3%</td>
</tr>
</tbody>
</table>

Source: 2011 Cejka Search and AMGA Physician Retention Survey

Responding Groups are More Diverse

<table>
<thead>
<tr>
<th></th>
<th>Number of Groups</th>
<th>Total Physicians</th>
<th>Average Size</th>
<th>Median Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMGA Members</td>
<td>37</td>
<td>11,575</td>
<td>313</td>
<td>125</td>
</tr>
<tr>
<td>Non-Members</td>
<td>43</td>
<td>2,791</td>
<td>65</td>
<td>12</td>
</tr>
<tr>
<td>Total</td>
<td>80</td>
<td>14,366</td>
<td>180</td>
<td>75</td>
</tr>
</tbody>
</table>

Source: 2011 Cejka Search and AMGA Physician Retention Survey
2011 Retention Survey Highlights

**Turnover Rate Over Time**

- **Average Turnover**
  - 2010: 6.1%
  - 2011: 8.6%

- **Median Turnover**
  - 2010: 5.9%
  - 2011: 6.5%

*Excluding one group of 681 physicians with a 15.7% turnover rate*

Source: 2011 Cejka Search and AMGA Physician Retention Survey
2011 Retention Survey Highlights

**Median Turnover**

- **2010**
  - Non AMGA: 5.8%
  - AMGA: 5.3%
  - Combined: 5.5%
- **2011**
  - Non AMGA: 5.9%
  - AMGA: 5.3%
  - Combined: 5.5%

*Excluding one group of 681 physicians with a 15.7% turnover rate*

Source: 2011 Cejka Search and AMGA Physician Retention Survey

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**Early Years are Critical**

Source: 2011 Cejka Search and AMGA Physician Retention Survey
2011 Retention Survey Highlights

Demographic Mix Has Changed

- **2005**
  - Male: 72%
  - Female: 28%

- **2011**
  - Male: 62%
  - Female: 38%

Source: 2011 Cejka Search and AMGA Physician Retention Survey

2011 Retention Survey Highlights

Female Physicians Drive Growth

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2011</th>
<th>% Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of physicians employed</td>
<td>13,893</td>
<td>14,366</td>
<td>+3.4%</td>
</tr>
<tr>
<td>Male physicians</td>
<td>10,003</td>
<td>8,958</td>
<td>-10.4%</td>
</tr>
<tr>
<td>Female physicians</td>
<td>3,890</td>
<td>5,408</td>
<td>+39.0%</td>
</tr>
</tbody>
</table>

Source: 2011 Cejka Search and AMGA Physician Retention Survey
2011 Retention Survey Highlights

Part-Time Workforce

% Practicing Part-time

2005 2011

13% 31%

% of Total has More than Doubled!

25% Adjusted *

Source: 2011 Cejka Search and AMGA Physician Retention Survey

* Excluding one group of 1,145 physicians with 90% part-time.
Key Findings & Recommendations

Key Finding #1: Recruitment Efficiency

**Interview Costs**

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average # of interviews per vacancy</td>
<td>5.3</td>
</tr>
<tr>
<td>Travel / Lodging + Entertainment</td>
<td>$3,116</td>
</tr>
<tr>
<td>Average FTEs Involved x Projected Average Hourly Rate x 2 hours</td>
<td>$2,750</td>
</tr>
<tr>
<td>Average Cost per Interview</td>
<td>$5,866</td>
</tr>
<tr>
<td>AVERAGE INTERVIEW COST PER VACANCY</td>
<td>$31,090</td>
</tr>
</tbody>
</table>

Source: 2011 Cejka Search and AMGA Physician Retention Survey
Key Finding #1: Recruitment Efficiency

Recommendation: Drive down number of interviews

- Ensure the practice is “ready to recruit”
- Remove barriers to recruitment
- Screen for fit prior to on-site interview
- Engage spouse / partner early in process
- Prepare team to deliver red carpet experience
- Debrief candidate and interview team immediately
- Deliver offer within 48 hours

Efficiency and Hiring Results Over Time

Year 1

Year 2

Year 3

Source: Cejka Search Proprietary Data
**Key Finding #2: Recruitment Flexibility**

*Contrast benefits “expected” vs. “incentives”*

<table>
<thead>
<tr>
<th>“Expected”</th>
<th>“Incentive”</th>
</tr>
</thead>
<tbody>
<tr>
<td>CME Reimbursement</td>
<td>Retention Bonus</td>
</tr>
<tr>
<td>Paid License Renewal</td>
<td>Job Sharing</td>
</tr>
<tr>
<td>Non-compete Restrictions</td>
<td>Sabbatical</td>
</tr>
<tr>
<td>Productivity Bonus</td>
<td>Stipend during Training</td>
</tr>
<tr>
<td>Hospitalist Team</td>
<td>Loan Repayment</td>
</tr>
</tbody>
</table>

Source: 2011 Cejka Search and AMGA Physician Retention Survey

**Key Finding #2: Recruitment Flexibility**

*Flexible Work Schedule Options*

- Four-Day Work Week: 75%
- Extended Days: 47%
- Weekend Hours: 43%
- Floating Schedule: 34%
- Job Share: 30%
- Other: 11%

Source: 2011 Cejka Search and AMGA Physician Retention Survey
Key Finding #2: Recruitment Flexibility

Recommendation: Be as flexible as you can afford to be

Flexibility & Incentives

- Shared call
- Part-time and flex schedules
- Final-year stipend
- Outpatient only
- Loan repayment
- Signing bonus
- Adapt to candidate skill sets
- Broaden candidate parameters

Limited Success High Success

Key Finding #2: Recruitment Flexibility

How flexible are you willing to be...

Fact or Fiction?

1. Planned and executed a wedding for a new physician.
2. Spouse answered for candidate in all interview sessions.
3. Arranged for dog to accompany candidate on the interview.
4. Requested moving allowance for tractor and farm animals.
5. Arranged gluten free meals.

...without sacrificing your culture?

Source: 2011 Colya Search and AMGA Physician Retention Survey
Key Finding #3: Enhancing Teamwork

**Evolution of Care Teams**

**2009**
- Groups describe Hospitalist Programs as “key to retention” of early, mid and late-career physicians

**2010**
- Two-thirds of groups say that implementing a Medical Home will increase their competitive edge in recruiting Primary Care physicians

**2011**
- Three-quarters of groups say that Advanced Practitioners will be more involved in their practice in the next five years

Source: 2009, 2010 and 2011 Cejka Search and AMGA Physician Retention Surveys

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Key Finding #3: Enhancing Teamwork

**Importance of teamwork qualities in physicians**

Compared to 5 Years Ago

- 49% About the Same
- 34% Somewhat More
- 17% Significantly More

Source: 2011 Cejka Search and AMGA Physician Retention Survey
Key Finding #3: Enhancing Teamwork

Will you add physicians to your management team?

- 48% Not likely
- 22% Likely
- 13% Very likely
- 9% Extremely likely
- 8% Somewhat likely

Source: Envisioning the Future Leadership Team of an Accountable Care Organization, February 2011; American College of Physician Executives, Cejka Executive Search and BDC Advisors, LLC.

Key Finding #3: Enhancing Teamwork

How Groups Assess Team Leadership Qualities

<table>
<thead>
<tr>
<th>“Effective”</th>
<th>“Most Often Used”</th>
</tr>
</thead>
<tbody>
<tr>
<td>References</td>
<td>References</td>
</tr>
<tr>
<td>Prior Experience</td>
<td>Prior Experience</td>
</tr>
<tr>
<td>Behavioral Interviewing</td>
<td>Behavioral Interviewing</td>
</tr>
<tr>
<td>Communications Skills</td>
<td>Personal Background</td>
</tr>
<tr>
<td>Emotional Intelligence</td>
<td>Communications Skills</td>
</tr>
<tr>
<td>Personal Background</td>
<td>Emotional Intelligence</td>
</tr>
</tbody>
</table>

Source: 2011 Cejka Search and AMGA Physician Retention Survey
Key Finding #3: Enhancing Teamwork

Balancing Act for Physicians

Individual Independence

Organizational Integration

Source: E3 Leadership Group

Key Finding #3: Enhancing Teamwork

Recommendation: Build your Pipeline of Physicians Who Perform Well – and Can Lead – in an Integrated Team Environment
STRATEGIES IN ACTION

Building a Sustainable Accountable Care Model at Ochsner Health System

Scope of Accountable Care Activities

- Focus on historic risk based and new narrow network arrangements
- Ochsner Physician Partners
- Ochsner Accountable Care Model
- Patient centered Medical Home
- Primary Care Compensation
- Other considerations
Demand for Primary Care Physicians

*Compared with the prior year, please indicate your plans as it relates to staffing Primary Care Physicians in the next 12 months*

- **Hire More**: 26%
- **Maintain the Same**: 74%

*Source: 2011 Cejka Search and AMGA Physician Retention Survey*

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Ochsner Physician Partners (OPP)

- Clinically integrated network of physicians, health care facilities and other health care professionals working in collaboration to improve care in an efficient and cost effective manner.
- Composed of health care providers serving the greater New Orleans and Baton Rouge areas.
- Members include the Ochsner Health System facilities, the Ochsner Clinic physicians and community physicians working together as partners to improve care in an efficient and cost effective manner.
- OPP will be governed by physician members working together to establish quality initiatives, measure results and provide compensation for achievement of results.
- OPP will negotiate commercial contracts on behalf of its members (hospital and physician) that recognizes and rewards quality and efficiency of care.
- Initial focus on 100+ primary care physicians in community settings.
OPP Organizational Structure

- New Limited Liability Company (LLC) – Ochsner as Parent Organization
- Five member Board of Directors
- 16 Member Physician Operating Committee
- OPP Management Team
- Key OPP Sub-Committees

Attributes of Ideal Physician Partners

- Strategically Important
  - Expands primary care access
  - Brings needed specialty service to community
  - Increases capacity to match community demand
  - Provides high-quality, low-cost patient care
  - Standardizes devices, clinical protocols
  - Works collaboratively to manage chronic disease

- Culturally Compatible
  - Collaborates with hospital, other physicians
  - Willing to address strategic priorities
  - Shares organizational vision

- High Performing
  - Willing to address strategic priorities
  - Shares organizational vision
Eleven Reasons to Join the Network

Joining Ochsner Physician Partners will help you and your colleagues implement a more robust primary care service for your patients and help design a new healthcare system for the greater New Orleans and Baton Rouge areas.

#1 - Better Care
#2 - Quality Tracking (Registry)
#3 - PQRS (CMS Quality Reporting)
#4 - Joint Contracting
#5 - “Best Practice” Clinical Initiatives
#6 - Quality Bonuses
#7 - Ochsner Employee Health Plan
#8 - PCMH Assistance
#9 - EMR Subsidy
#10 - Care Managers
#11 - Joint Marketing

New Technology Tools are Critical to Success

- A successful Clinical Integration network requires collaboration between each provider of care and between the providers and their patients.
- Ochsner is currently deploying EPIC to all hospitals and clinics, with completion expected in 2013.
- Estimate 50-60 community physicians to go live on EPIC Community Connect in 2012 and 100 to go live in 2013.
- Patient registries to go live in mid-2012 for population management
- Physician incentives initially around technology adoption
2012-2013 Performance Measures Focus on Quality

- Breast Cancer Screening
- Comprehensive diabetes care
  - Annual A1C testing, LDL cholesterol measurement, nephropathy monitoring
- Coronary Artery Disease - LDL testing
- Asthma - use of controller meds
- Colorectal Cancer Screening
- Use of imaging in acute low back pain
- Flu shots for adults
- Generic Prescribing rate

Shared Savings Models

- Currently in place in Ochsner for Cardiology Department
- Exploring in Ortho and Neurosurgery as part of Service Line Efficiency Projects (includes community physicians)
- Future development as part of OPP
Involvement of Case Managers/Case Coordinators

Compared to five years ago, to what extent are case managers/case coordinators involved in your practice?

- Not at All: 0%
- Significantly Less: 0%
- About the Same: 32%
- Somewhat Less: 29%
- Somewhat More: 28%
- Significantly More: 11%

Source: 2011 Cejka Search and AMGA Physician Retention Survey

Involvement of Case Managers/Case Coordinators

How will the involvement of case managers/care coordinators change in the next five years?

- Not at All: 0%
- Significantly Less: 0%
- About the Same: 21%
- Somewhat Less: 20%
- Somewhat More: 37%
- Significantly More: 22%

Source: 2011 Cejka Search and AMGA Physician Retention Survey
## Components of Accountable Care Model

### Patient Centered Medical Home
- Health Coaches
- Population Management
- Disease Registries
- Pre-visit Planning

### Ochsner Care Central
- Triage
- Post-acute care follow-ups
- Chronic Condition Management

### Outpatient Care Management
- Complex Case Management
- Disease Management
- Social Work
- Community Liaison

### Inpatient Transition Navigators
- Education
- Follow up calls
- Follow up appointment
- Medication Adherence

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### Ochsner Care Central

1) **Successful Transition Along the Care Continuum**
   - General Health Information
   - Educate consumers on Emergency Room alternatives
   - Self-care instructions, Interim Care
   - Coach consumers about appropriate use of ED services
   - Assist with management of the Portal

2) **Assist in scheduling Post Discharge Appointment and Post Discharge Follow-up Calls**
   - Follow-up with recently discharged patients to clarify discharge instructions, encourage to take and refill their prescriptions, schedule follow up appointment and provide clinical coaching and triage
   - Evaluate the consumer’s need for structured case management, system and community programs/ resources available
   - Coordinate patient transportation services

3) **Successful Transition Along the Care Continuum**
   - Provide connectivity between the IP Transition Navigator and the OP Team whether it be the OP Complex CM or the Clinic Health Coach, with the PCP and/or Specialist and Post Acute Setting (LTAC/SNF/Rehab, HH, Palliative Care and Hospice)
Transition Navigator

- Transitional Navigators Role Aligned w/Project RED *
- Medication Reconciliation
- Inpatient Complex Patient Management
- Patient & Family Centered Teaching
- Re-admission Assessment (BOOST Program) *
- Patient Centric Care Planning
- Comprehensive Discharge Planning
- Post Acute Discharge Outreach and Follow-up Calls *
- LOS Optimization
- Integrated Care Coordination & Social Work

* Industry Best Practice

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Outpatient Complex Case Management

The Outpatient Complex Case Manager will work with:

- **Payors:**
  - To identify patients more proactively
  - To identify need for available resources and referral

- **Patients:**
  - Assess knowledge deficits of the patients' illness/injury and treatment; teach when to access emergency care, and when to contact their care team.
  - Complex discharge/home/outpatient planning
  - Complex psycho-social or socio-economic intervention needed
Involvement of Advanced Practice Providers

**Compared to five years ago**, to what extent are advanced practice providers involved in your practice?

Not at All: 11%
Significantly Less: 0%
About the Same: 0%
Somewhat Less: 26%
Somewhat More: 41%
Significantly More: 22%

Source: 2011 Cejka Search and AMGA Physician Retention Survey

Involvement of Advanced Practice Providers

How will the involvement of advanced practice providers change in the next five years?

Not at All: 10%
Significantly Less: 0%
About the Same: 0%
Somewhat More: 15%
Somewhat Less: 49%
Significantly More: 26%

Source: 2011 Cejka Search and AMGA Physician Retention Survey
Evolution of Primary Care at Ochsner

Role of the Health Coach

- Oversees the disease registry database
- Conducts pre-visit chart review of patients
- Works with patients and their families on self-management support
- Involvement in quality improvement activities within the practice
- Coordinates care across the continuum to achieve more clinical and cost-effective outcomes
### PCMH Roadmap 2010-2014

<table>
<thead>
<tr>
<th>Goal</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizational commitment</td>
<td>Completed</td>
</tr>
<tr>
<td>Initial Pilot Models operational</td>
<td>Completed</td>
</tr>
<tr>
<td>Initial PCMH Certification</td>
<td>Completed</td>
</tr>
<tr>
<td>Team based learning</td>
<td>Completed</td>
</tr>
<tr>
<td>Improve space allocation</td>
<td>Underway</td>
</tr>
<tr>
<td>Education of stakeholders</td>
<td>Underway</td>
</tr>
<tr>
<td>Refine workflows</td>
<td>Underway</td>
</tr>
<tr>
<td>Enhanced Data analysis</td>
<td>Underway</td>
</tr>
<tr>
<td>Implement Group</td>
<td>Underway</td>
</tr>
<tr>
<td>Appointments</td>
<td>Underway</td>
</tr>
<tr>
<td>Compensation reform</td>
<td>Underway</td>
</tr>
</tbody>
</table>

### PCMH Success to Date

- 3 Teamlets and associated practices defined (Main Campus-MC)
- Health Coach role present and active (3 at MC, 1 at Metairie)
- RNCC role present and active (2 at MC, 1 at Metairie)
- Transitions in Care efforts underway
- HEDIS star improvement of **0.93** stars in 2011
- Generic Prescribing Rate **increase of 15% age pts in 2 years**
- ARRA goals for electronic prescribing will be met by June 2012
- Panel attribution model developed, applied to individuals and resulted in a panel management incentive 2011
- Beacon Grant ($100K) for work related to Diabetes Bootcamp
- NCQA Recognition for Diabetes and Heart/Stroke Excellence achieved 2011
### Why Didn’t We Think of This?

<table>
<thead>
<tr>
<th>Essential Elements</th>
<th>Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expand teamlets to all practices</td>
<td>Space for more mid-levels and other team members</td>
</tr>
<tr>
<td>Compensation reform</td>
<td>Principally RVU-based compensation</td>
</tr>
<tr>
<td>Demonstrate/analyze financial impact</td>
<td>No current means of funding savings to Primary Care</td>
</tr>
<tr>
<td>Uniformity of model across system</td>
<td>Variable adoption/application of concept related to local factors</td>
</tr>
</tbody>
</table>

### Challenges Between Old/New

<table>
<thead>
<tr>
<th>Old Rules</th>
<th>New Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expenses offset by revenue from local RVU production</td>
<td>Expenses are outweighed by cost-savings to system</td>
</tr>
<tr>
<td>Primary care responsible for maximizing downstream revenue opportunities</td>
<td>Primary care responsible for minimizing care expense</td>
</tr>
<tr>
<td>Budget based on RVU</td>
<td>Future finances will be based on performance of the system</td>
</tr>
<tr>
<td>Physician Comp based on RVU</td>
<td></td>
</tr>
</tbody>
</table>
What Measures are Performance Incentives?

Compared to pay structures 5 years ago, to what extent are Primary Care physicians now incented to perform on the following:

- Quality
- Efficiency
- Satisfaction

Source: 2011 Cejka Search and AMGA Physician Retention Survey
What Measures are Performance Incentives?

Compared to pay structures 5 years ago, to what extent are Primary Care physicians now incented to perform on the following:

- Quality
- Efficiency
- Satisfaction

Source: 2011 Ceyla Search and AMGA Physician Retention Survey

Business Case for New Models of Care

Current State

EXPENSES  Versus  Professional Fees  DEFICIT

- Downstream revenue
- Improved rates related to quality
- Institutional investment
Strategies in Action

Business Case for New Models of Care

**Future State**

![Chart showing new PCMH expenses versus deficit and professional fees.]

**Nontraditional Funding Sources**
- Downstream Revenue
- Generic Medication Prescribing
- PMPM (per member per month)
- Resident Education Funds
- U of Q Education Funds
- Quality Payments/P4P
- Shared Savings (improved utilization rebates)
- Readmission Rate Reduction
- Decreased ER Utilization

Strategies in Action

How Much Incentive Drives Change

*What minimum percentage of incentive compensation is required to drive desired changes in practice outcomes for these measures?*

- **Quality**
  - 3%
  - 5%
  - 7%
  - 10%
  - Greater than 10%
- **Efficiency**
  - 18%
- **Satisfaction**
  - 14%

Source: 2011 Cejka Search and AMGA Physician Retention Survey
How Much Incentive Drives Change

What minimum percentage of incentive compensation is required to drive desired changes in practice outcomes for these measures?

- Quality
- Efficiency
- Satisfaction

Source: 2011 Cejka Search and AMGA Physician Retention Survey
Primary Care Incentive Categories

- **People**
  - Utilization of APCs, Health Coaches, My Ochsner

- **Quality**
  - HEDIS measures
  - Readmission rate reduction

- **Loyalty**
  - Patient satisfaction

- **Stability**
  - New Patient Incentive
  - Panel Management

- **Academics**
  - Participation in UQ or Resident training, or
  - Research Publication

- **Community**
  - Access
  - Generic Prescribing rate

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Lessons Learned

- Define desired outcomes and metrics to track progress
- Build robust financial model to demonstrate value creation
- Attract team members who are inquisitive and adaptable
- Be open to mid-course corrections
- Collaborate with payors to capture value creation
Contact Information

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