Play Like a Champion

Editor’s note: This excerpt is adapted from comments made by Christopher J. Sclafani, PE, M.B.A., COO at CareMount Medical, P.C., and Chair of the AMGA Board of Directors, at the AMGA 2019 Annual Conference, on the morning of March 29, 2019, in National Harbor, Maryland. As he entered the stage, Mr. Sclafani played a video clip of the legendary Live Aid performance by Queen of “We Will Rock You” and “We Are the Champions.”

I am sure you are all sitting there and wondering why I opened with this clip. Well, Bohemian Rhapsody was simply an amazing movie, and if you haven’t seen it, I highly recommend you do so. Queen’s 20-minute performance at Live Aid 1985 is arguably one of the greatest rock ‘n’ roll performances of all time.

More importantly, I opened with this clip because I wanted to do two things: First, I wanted to get everyone excited about the day, and no song gets you more pumped than this one. But more importantly and succinctly, I wanted to focus and expand upon the last sentence of the song “We Are the Champions.”

The word champions has a number of meanings; it can be both a noun and a verb. Today, I want to focus on what a champion does. According to Webster’s, a champion is someone or something that supports the cause and defends. The verb also has synonyms like to advocate for, promote, protect, stand up for, crusade for ... I think you get the point.

Well, we are the champions for health care in America. We, as a collective group of providers from multispecialty medical groups and integrated systems of care across the healthcare spectrum, are the champions for insuring we have a sustainable healthcare system for our patients. There is no reason we can’t do it. I am not sure if everyone in this room realizes it, but our organization’s members represent 440 medical groups consisting of 175,000 physicians and providers, and that 1 in 3 Americans receives their care from an AMGA member group.

Many believe our current system of health care is no longer financially sustainable. Currently in the United States, we spend just shy of 18% of GDP on health care. Many believe that if we are unable to bend that cost curve in the downward direction and begin to reduce the overall expenditures, a single-payer healthcare system will become inevitable.

I don’t know about you, but I know I was surprised at how significant an issue health care was during the 2018 midterm elections. Health care is a bigger concern for our patients than, unfortunately, most people recognize. Employers shoulder a significant portion of the expense for most individuals receiving private healthcare insurance and, at some point, they are going to cry “uncle,” and we need to have a plan to manage our environment once that occurs.

We are already seeing that manifest in the marketplace, with the proliferation of urgent care centers like City MD and GoHealth, as they are seen as more cost-effective and...
Wherever you are on the risk continuum, the move from volume to value can feel like uncharted territory.

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Contact Bill Baron, vice president, membership, at 703.838.0033 ext. 336 or wbaron@amga.org to take the next step or visit amga.org/risk.
1. We need to continue to drive our organizations to value-based reimbursement models, where our financial success is dependent on the care we deliver and the clinical outcomes we achieve for our patients. We need to build systems that encourage patients to be engaged in their care and reward providers who are able to reduce the cost of the care they deliver while increasing the quality outcomes for those they care for. This is not an unreasonable goal. We already see the success many of our members have had with Medicare Advantage and Next Generation ACOs.

2. We need to figure out how we can effectively utilize technology to create a better healthcare system for our providers and our patients. Health care has to be the only industry I am aware of that, when we implemented technology and software solutions, we became less efficient instead of more efficient. Instead of form following function, function followed form, and we allowed the technology to drive our process, not the reverse. We need to collaborate with our vendors and suppliers to enhance the products they deliver to us to make them more user-friendly for both our providers and our patients.

Each of us is being inundated every day with new technologies and advancements, and we need to develop a process whereby we can assess the opportunities and then develop an integration model to assimilate the best alternative into our practices. Many believe that the advent of technology in health care was the beginning of the physician burnout syndrome. We need to make technology work for us and not against us. My friend, Theresa Frei from Sutter, put it best: We need to reframe the dialogue around physician resiliency and give providers the tools they need to put the joy back into the practice of medicine.

3. We need to develop a healthcare system that is consumer-centric. Our patients look at us as a service provider and are judging and benchmarking us against all aspects of their service experiences (not just clinical). Look at these examples, where companies in other industries lost focus of the consumer needs, and it created an opportunity for new innovative technology driven entities to succeed and thrive (see “Focus on the Customer”). Service expectations have been well established by many industries that have competed in the open market for their customers. When the financial services industry revolutionized their approach to consumer-based services, customers were selecting their provider because of the completeness of the overall experience, not exclusively because of financial results. Patients want us to deliver a system of care that is equally convenient and complete.

At CareMount, we are pursuing one such initiative, which is challenging the intersection of care, technology, and consumerism. We are currently in the early stages of implementing Salesforce, a consumer relationship management software application that will enable us to revolutionize the paradigm of delivering healthcare services. Our current system requires patients to contact us when they need care, and once we fulfill that request, we rarely close the loop or follow up or assist them with information to manage their health.

Using this new type of software, we will change the paradigm by leveraging our understanding of our patients to influence their experiences and behaviors. This will be done by sharing information, which will drive our understanding of the need for preventive care services; disease- or age-specific services; clinical follow-up services; payer- or plan-specific services; and more. At each patient interaction, we will provide each member of our care team with patient-specific insights and care requirements. Our team will include contact center agents, front-desk staff, nursing, providers, and most importantly, the patients, themselves, via next-generation interactions and notifications.

Our goal is to deliver a succinct and consistent message at the proper time and at the proper cadence. CareMount believes that if our patient applications, patient notifications, and care teams all reinforce the same message, we will have the tools and influence to provoke positive patient behaviors.

The great news for everyone at this conference is that AMGA has the resources and tools to help all of us achieve these goals and aspirations. On Thursday, more than 150 AMGA member representatives were on Capitol Hill advocating for issues, such as the pathway to value, MACRA, and Medicare Advantage—all of which are important to our members.

Our IQL conference will be held in the fall this year. We will be in Las Vegas the last week in September, focusing on providing our members with tools and guidance for moving on the path from fee-for-service to value. Our AMGA Foundation—and for those you are not familiar with the Foundation, I highly encourage you to research them—is AMGA’s engine to drive our quality initiatives. Just to give a few highlights of some of their successes: Their first national initiative was the Measure Up/Pressure Down® campaign, which improved high blood pressure detection and control for more than 540,000 patients.
Their second national campaign, Together2Goal®, is on target to improve care for a million patients with Type 2 diabetes in three more years. In addition, their best practice learning collaboratives focusing on adult immunization and obesity have seen remarkable improvements in care and care processes.

As Americans, there is nothing we can’t accomplish when we put our minds to it. As I reflect back to my opening video, Live Aid occurred in 1985 in London and Philadelphia to raise money for the AIDS epidemic and also focus the world’s attention on the horrific disease that was grappling the world. Here we are, 34 years later, and with proper diagnosis and care, AIDS is no longer a death sentence. Due to advances in pharmacology, there are now two instances where individuals have been cured of the disease.

With that thought in mind, I know we can be successful. I know we can drive change. I know we can build a healthcare delivery system that is sustainable and beneficial to our patients and providers.

Champions lead by example, and starting right here, this weekend, is your chance to get informed, explore ideas, and share your perspectives with your colleagues on how we can create a better healthcare system for our providers and patients.

Remember: We are the custodians of health care in America, and every day we need to play like a champion!