Innovations In Primary Care
Risk Management:
Mount Auburn Cambridge IPA

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Disclosure

I endorse the ACCME Standards for Commercial Support™ and hereby state the following relevant financial relationship(s) with commercial interests:

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<th>Individual</th>
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<th>Nature of Financial Relationship</th>
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<tr>
<td>David Shein, MD</td>
<td>Speaker</td>
<td>MACIPA</td>
<td>Medical Director</td>
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No others in a position to control the content of the CME activity have any relevant financial relationships to disclose.
Objectives

Participants will understand:

• Primary Care communication framework in a managed risk environment
• Approach to Behavioral Health integration
• Process for engaging specialists
Outline

Primary Care Communication: Pod System

Systematic Case Reviews
- Behavioral health
- Specialists
- Health Coach

Specialist Engagement

Performance Outcomes
Primary Care
Pod System

Pod Leaders

Pod
- MD
- MD
- MD

Pod
- MD
- MD
- MD

Pod
- MD
- MD
- MD

Pod
- MD
- MD
- MD
Pod System

• All primary care physicians assigned to a Pod (by practice)
  – Grouped by geography and/or practice characteristics

• Pod Leader
  – Supported
    • Leadership training
    • Leader is paid
  – Accountable
    • Attend all Pod Leadership Meetings (or obtain coverage)
    • Convey message effectively
    • Drive initiatives and support change at the local level
    • Share feedback
    • Ask for help when necessary
Monthly Pod Leadership Meetings

- Format: Train the trainer
- Content: Relevant clinical topics - Theme
  - Clinical practice updates / guidelines
  - Visiting specialist / service
  - Quality measures
  - Pharmacy update
  - Coding training
  - Contracting / Finances

Recent Examples:
- Asthma / COPD mgmt
- Radiologist and Breast Center surgeon
- Diabetes Educator
- Palliative Care program
- Lung cancer screening / lung nodule program
Monthly Pod Meetings

• Pod Leaders run local Pod Meetings
  – Brings message to all IPA practices PCP’s (MD and NP), office staff (clinical and admin)
  • Share feedback from membership
  – Same content as Pod Leadership
    + Case Management review high-risk members
    + May add local issues for that practice
  – “Citizenship points” for attendance = $$
Pod Leadership Meeting: Design

• Theme (when possible)
  – Broad input:
    • Medical Directors
    • Quality Team
    • Case Management / Social Work Departments
    • Pharmacist
    • Specialists, other services, etc.
  – Limit the content
    • Effective communication, learning, message dissemination
      – Don’t over-pack the agenda
      – Stay on mission
  – Solicit Feedback / sharing of opinions and concerns
    • Open Mic
Pod Leadership Meeting: Leadership

Manage the content

• Two-way conversation
• When discussing finances, keep clinical implications in focus
• Prepare to hear challenges and differing opinions
  – Good humor
  – Respect
  – Refocus the meeting when heading off-topic
• Keep mission and vision of the IPA in focus
  – Clear, consistent message
Systematic Case Reviews: Evolution

- COMPASS Program
- Collaborative Care
  - Case Management (CM, SW, HC)
  - Medical Specialists
- Chronic Care Model
- DIAMOND Project
- TEAM Care (multidisciplinary)
  - Improved outcomes in depression and chronic diseases

Rundel, J.R. The COMPASS initiative: implementing a complex integrated care program, Gen Hosp Psychiatry (2016)
Systematic Case Reviews

Poor outcomes in chronic conditions with comorbid depression

– Diabetes
– CAD

→ Is there an opportunity to intervene and improve outcomes on a large scale?
COMPASS Program

• Multi-site program
• Interventions:
  – Health coach
  – Multi-disciplinary case review
    (psychiatrist, endocrinologist, social worker, pharmacist)
  – Recommendations to primary care on management

Patient eligibility:
Depression (positive PHQ-9)
+
Diabetes or CAD in poor control (A1c / BP + lipid level)
Systematic Case Reviews

• Additional internal development

• Multidisciplinary ‘consult’
  – Health coach
    • Presents case for discussion
  – Psychiatrist
  – Endocrinologist
  – Cardiologist
  – Clinical pharmacist

• Recommendations on management (pharmacologic, other)
Case Review Outcomes (10/16)

Average Change Per Measure During Tracking Period

- Health
- Coaches (3)
- Overall
Engaging Specialists

• Systematic case reviews
• Quality measure outreach
• Quality Bonus Program
  — Quality project
  — Relevant risk management CME
    — MOC accepted
• Primary care paradigm
Specialist Engagement: Data-Driven

- **Ophthalmology:**
  Improve rate of annual eye screening in diabetes
  - Patient recall
  - Coding
  - Primary care engagement

- **Radiology:**
  Improve rate of routine mammogram screening
  - Phone-a-thon

- **OB/GYN:** (Many women don’t see IM or FP for 1⁰ care)
  Improve rates of cancer screening
  - Pre-visit planning
  - FIT test available
Quality Projects

• Required to share in surplus (primary care and specialist practices)
• PDSA Methodology
• Rigorous projects; outcomes submitted for credit

Cardiology:
  Reduce CHF readmissions

Dermatology:
  Improve access, reduce no-shows

Ophthalmology + Primary Care (project collaboration)
CHF Readmission Rate

Program Implementation (Jan 2016)
Dermatology Access

Days Until Third Next Available Appointment

- 2/11/14: 33.17
- 3/3/2014: 33.17
- 4/1/2014: 34.83
- 5/6/2014: 13.67
- 6/3/2014: 10.00
- 7/2/2014: 12.83
- 8/1/2014: 14.83
- 9/19/2014: 13.00

Average Days
Areas of Success

• Financial
  – Pioneer ACO
  – Savings over 3 years: Shared between hospital / IPA
    • ~ $6 million returned to IPA + Mt Auburn Hospital partnership
  – Most of the funds covered program costs

• Patient outcomes
  – Measurable improvements in care delivery and patient experience
    • Preventive services
    • Chronic disease management
    • Improved care coordination
      Primary care ↔ Community care
      Primary care ↔ Specialists
      Outpatient ↔ Inpatient
  – Decreased utilization
    • Improved quality
    • Saved money
Final Thoughts

• Multiple dimensions necessary for value-based risk contracts
  – Primary care
    • Communication
    • Action
  – Community care
    • Infrastructure
    • Program management
  – Specialty care
    • Engagement
    • Include behavioral health
  – Data capabilities
    • Monitor and impact: Quality, Utilization
  – Necessary partnerships (in our case, Mount Auburn Hospital)
  – Innovative thinking