Interdisciplinary Team Care Approach to Population Health Management

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About USMD Health System

Mission:
“Deliver World Class, Cost Effective Patient Care”

IHI Triple Aim:
Better Care / Better Health / Lower Cost of Care

USMD Integrated HealthCare System – DFW:
250 Providers / 55 are Associate Practitioners/ 67 Clinics
133 Primary Care Practitioners/ 26 PCP Clinics
20 Specialties/ 2 Short Stay Hospitals/ Cancer Tx Center
300K patients under care
About USMD Health System
Mission: “Deliver World Class, Cost Effective Patient Care”

USMD Partnerships & Development

LOCATION TYPES
- Red: USMD Lithotripsy
- Blue: USMD CTC
- Green: USMD Hospital

Where We Are

ALL NORTH TEXAS LOCATIONS
- Hospitals (2)
- Cancer Treatment Centers (3)
- Physician Offices with Imaging Services (4)
- Physician Offices (70)
- Mobile Lithotripsy (3)
- Laboratory (1)
- Administration (2)
DFW Market
20% Higher Costs / Average Outcomes

Cost

Where We Want to Go
Where We Are

20% waste and little to no added patient benefit

US Average Cost

Care Management “Before Picture”

- RN Case managers in an offsite location
- Payor Specific
- 100% telephonic outreach
- Disease management focused
- Effectiveness measured by number of outbound calls made
- Responsible for all actions of case management
  - Did not always work to the level of their license
- Limited interaction with clinic staff
- Population software utilized for risk stratification based on EMR data only
- Siloes – Diabetes Programs, Coumadin Clinics
Our Journey

The Beginning

Care Coordination – 3 Key Programs

Transition Program
Inpatient to 30 days post discharge

Complex Care Program
“Sickest of the Sick”

Disease Management Program
Maintain stabilization of chronic conditions
Interdisciplinary Team “New Model”

- RN Case Manager Certified Embedded at key locations
- Centralized LVN’s
- Coumadin Clinic Cardiac Education
- Certified Diabetes Educators
- Social Worker
- Centralized Quality MA’s
- PCP
- Health Coaches On-site Clinics

Nursing Care Conferences

**IDT Pre-work ➔**

**Patient Due Diligence**

- Focus on High Risk patients with an ability to impact
- IDT + Practice Manager + Clinical Team Lead
- Historical UM / CM history
- Social Work – barriers to care assessed
- Week 1 – assessment with follow up tasks
- Week 2 – team report out with Provider/Medical Director
### Population Health

**EMR + Claims Data + Risk + Ability to Impact**

**High Risk Patient Report**

**Oct 2014**

Data range: 4/1/2014 - 9/30/2014

<table>
<thead>
<tr>
<th>RAF</th>
<th>Patient Name - GMPI</th>
<th>DOB</th>
<th>Age</th>
<th>Gender</th>
<th>Member Phone</th>
<th>ER Visits</th>
<th>Hosp Admits</th>
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</table>

**How are we measuring success?**

**WORK IN PROGRESS**
### Quality Results – Medicare Advantage

#### Measures

<table>
<thead>
<tr>
<th>Measures</th>
<th>Jan-14</th>
<th>Feb-14</th>
<th>Mar-14</th>
<th>Apr-14</th>
<th>May-14</th>
<th>Jun-14</th>
<th>Jul-14</th>
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<td>Breast Screen Rate 80%</td>
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<tr>
<td>Tobacco Cessation Counselling  85%</td>
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<td>17.5%</td>
<td>17.6%</td>
<td>17.8%</td>
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<td>Smoking Physical Activity Rate 84%</td>
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<td>Diabetes LDL &lt; 100 Rate 86%</td>
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<td>BP &gt; 140/90 Rate</td>
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#### Quality Results – PCMH

#### Aggregated PCMH Group Performance

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<th>Oct-13</th>
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<td>BP + High BP Recorded</td>
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Patient Experience
Jan-Aug YTD 2014 Data

Global Rating Item
Recommend this provider office

<table>
<thead>
<tr>
<th>Rating</th>
<th>No</th>
<th>Yes, somewhat</th>
<th>Yes, definitely</th>
<th>Total</th>
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<td>No</td>
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<td>1831</td>
<td>26577</td>
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Financial Impact

• **Medicare Advantage**
  – 2013: Low RAF score but favorable utilization
  – 2014: Medical Loss Ratio 90.9%

• **BCBS**
  – 2013: Did not meet requirements for any gain sharing/P4P
  – 2014: $740,613

• **Cigna**
  – 2013: Did not meet requirements for any gain sharing/P4P
  – 2014: $347,839

• **Aetna**
  – 2013: Did not meet requirements for any gain sharing/P4P
  – 2014: $221,416 so far with 2 months to go
Summary

• Value Based Medicine is changing USMD
• Transitioning to more team based care
• Patient experience improvement
  – Still mostly anecdotal, but seeing positive trends on CG CAHPS and Press Ganey
• Improving the value of care delivered

Open Discussion