AHA-AMGA Learning Fellowship

Monthly Webinar
January 12, 2017
2:00 - 3:30 pm ET
Reminder: March Meeting

Gaylord Texan Resort
1501 Gaylord Trail
Grapevine, TX 76051
(817) 778-1000

Check-in is 3:00 p.m.
Check-out is 11:00 a.m.

- Register and reserve your hotel room by **FRIDAY, FEBRUARY 3**
Other Reminders

• Next Project Action Plan Update: Due January 26

• Next webinar: February 9

• www.amga.org/fellowship
  – Upcoming meeting registration and agenda
  – Upcoming webinars
  – Meeting and webinar archives

• Listserv
  – New! Details sent 1/11/17
  – add mail@connectedcommunity.org to your whitelist

• Questions? Contact Beth Sutter at bsutter@amga.org
Today’s Agenda

Carilion Clinic
Kathleen Baudreau, MSN, CPHQ, Vice President of Clinical Risk Management and Interactive Patient Care
Jon Gleason, MD, Vice President, Clinical Advancement, Quality & Patient Safety

Navicent Health Physician Group
Paul Dale, MD, Senior Medical Director
Chris Hendry, MD, Chief Medical Officer

Tulane University Medical Group
Aimee Aysenne, MD, MPH, Director of Neurocritical Care
Dalton Joe Esneault, Director, Clinical Services
Carilion Clinic
Clinical Advancement & Patient Safety
CARILION CLINIC

- Nationally ranked integrated healthcare delivery system
- 6 Hospitals
- Largest private employer west of Richmond, VA serving 1/3 of the state
- Virginia Tech Carilion School of Medicine and Research Institute located on Carilion campus
- 246 practices locations
- 1,133 employed providers
- Over 52 percent market share in competitive PSA (twice that of nearest competitor)
- Significant financial resources
  - $1.6bn in annual net revenue
  - Over $2.0bn in assets
  - Unrestricted cash & investments approaching $1.0bn
Carilion Clinic Update

- **Mission**: Improve the health of the communities we serve

- **Vision**: We are committed to a common purpose of better patient care, better community health, and lower cost

- **Values**:

  - curiosity
  - courage
  - compassion
  - community
  - commitment
Numerous Awards and Recognitions

- Magnet Recognized
- CMS 5 Stars
- America's Best Hospitals
- Commission on Cancer®
- American Heart Association®
- Accreditation for Cardiovascular Excellence
- Consumer Choice #1
- HomeCare Elite™
- CPC - Certified Chest Pain Center
- AACN Beacon Award for Excellence™
- CMS 5 Stars
Carilion Education and Research

Carilion maintains an expansive array of educational and research programs

- Virginia Tech Carilion School of Medicine and Research Institute
- Carilion Clinic Graduate Medical Education
- Jefferson College of Health Sciences
Since we last spoke...

The Scope of Our Project **Expanded**

Develop a Carilion Clinical Advancement & Patient Safety department:

- **Structure**
  - Quality / Patient Safety
  - Accreditation
  - Clinical Risk Management
  - Patient Advocacy

- **Objectives**
  1. Centralize Quality Improvement program.
  2. Improve data availability, timeliness, usability and integrity.
  3. Unify our improvement methodology.
  4. Align, integrate and implement improved practices for quality outcomes.
**Current Work:**

Assess current infrastructure

- Project manager to facilitate the successful planning, design, execution
- Conducting SWOT analysis of the current state:
  1. Roles, responsibilities and vacancies
  2. Reporting structures
  3. Communication
  4. Competencies for improvement methodology
  5. Governance of Quality & Patient Safety Committees
  6. Current performance metrics
  7. Identifying meaningful metrics through informatics and analytics
  8. Assessing current analytics capabilities and current/future needs
Next Steps: Establish strategies and plans

• Analyze the SWOT and HPHS assessment results to formulate actionable strategies:
  – **Strengths–Opportunities.** Use internal strengths to take advantage of opportunities.
  – **Strengths-Threats.** Use strengths to minimize threats.
  – **Weaknesses-Opportunities.** Improve weaknesses by taking advantage of opportunities.
  – **Weaknesses-Threats.** Work to eliminate weaknesses to avoid threats.

(articles.bplans.com/swot-analysis-challenge-day-5-turning-swot-analysis-actionable-strat)

• Establish plan to unify our improvement methodology
Challenges

1. Assessing structures, processes and outcomes while the train is moving
2. Achieving greater centralization of Q&PS work while fostering good relationships with people working across the system
3. Working across the organization with finance, technology, nursing and the physician group to achieve greater centralization
4. Implementing event reporting software clinic-wide
5. Managing significant change is challenging - even when it is good!
Strengths

- Bench strength in Quality/ Patient Safety, Performance Improvement, Clinical Risk, and Patient Advocacy teams
- C-suite support of 5-year plan for Carilion Clinical Advancement framework
- Interest in aligning with Carilion Clinical Advancement department
- Our first Carilion Quality Conference was inspirational!

“Taking everything into account, I would say this is a great place to work.”
Lessons Learned

• Building a new team takes time and work
• Just like plants, people will thrive if they are on the right windowsill
• Change can be disruptive
• Managing expectations above, below, and beside you is very important
• Communicate, Communicate, Communicate
Questions

• In what ways have informatics/analytics relationships worked well?
  – Informatics and Q&PS working hand-in-hand, or informatics contained within Quality?
  – What’s the best reporting structure for that arrangement?
  – Reporting structure for service line and departmental Q&PS personnel?
Navicent Health Physician Group
Our Group

• Navicent Health Physician Group (NHPG) is a relatively new entity in our system and was chartered 18 months ago
• NHPG consists of several preexisting groups and at present has >150 members
• Education (residency program) based groups
  – Department of Surgery
  – Department of OB/GYN
  – Department of Pediatrics
  – Department of Family Practice
• Non-education based groups
  – GI
  – CVT surgery
  – Vascular surgery
  – All hospital intensivists and specialty hospitalists
• All affiliated APN’s and PA’s
Since we last spoke

Our Relationships

Navicent Health

- Central Georgia Health Network
- Navicent Health Physician Group
- ACO
- OrCAREstra
- Secure Health TPA

Acute Care Entities
A2cute Care Entities

Ambulatory Entities

Post Acute Entities

Over 20 Health Systems in Central and Southern Georgia

AMGA
Advancing High Performance Health
Since we last spoke...

- CGHN has formed a new entity called TC2 that is structured legally to become an ACO
- NHPG has committed its attributed lives to TC2
- TC2 submitted application to CMS for MSSP Track 3
New Ideas

• Did you have ideas that were generated since the kick-off meeting which helped you return to your practice and slightly alter your original plan? If so, what were they and how have you modified your project?

• Originally we thought we would look at our capability to go into a Cardiac/CABG Bundle

• With the likely granting of the MSSP Track 3, we are now focusing on our quality metrics for the ACO measures and how to improve them
### Medicare Beneficiaries Attributed to your TIN based on Primary Care Services Provided between July 1, 2014 and June 30, 2015

**Corp 375**

<table>
<thead>
<tr>
<th>Description</th>
<th>Corp 375</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>All attributed beneficiaries</td>
<td>1,596</td>
<td>100%</td>
</tr>
<tr>
<td>Beneficiaries attributed because your primary care providers provided the most primary care services</td>
<td>1,519</td>
<td>95.18%</td>
</tr>
<tr>
<td>Beneficiaries attributed because your TIN’s specialists provided the most primary care services</td>
<td>77</td>
<td>4.82%</td>
</tr>
</tbody>
</table>

**Corp 200**

<table>
<thead>
<tr>
<th>Description</th>
<th>Corp 200</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>All attributed beneficiaries</td>
<td>1,707</td>
<td>100%</td>
</tr>
<tr>
<td>Beneficiaries attributed because your primary care providers provided the most primary care services</td>
<td>1,694</td>
<td>99.24%</td>
</tr>
<tr>
<td>Beneficiaries attributed because your TIN’s specialists provided the most primary care services</td>
<td>13</td>
<td>0.76%</td>
</tr>
</tbody>
</table>

### Hospital Episodes and Beneficiaries Attributed to your TIN for Medicare Spending per Beneficiary from Exhibit 4

<table>
<thead>
<tr>
<th>Description</th>
<th>Corp 375</th>
<th>Corp 200</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total episodes of hospital care</td>
<td>689</td>
<td>77</td>
</tr>
<tr>
<td>Unique beneficiaries</td>
<td>651</td>
<td>77</td>
</tr>
</tbody>
</table>
# CMS Claims Based Quality Outcome Measures Performance

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>Eligible cases Corp 375</th>
<th>Eligible cases Corp 200</th>
<th>Performance Rate Corp 375</th>
<th>Benchmark Rate</th>
<th>Performance Rate Corp 200</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hospitalization Rate</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>per 1,000 Beneficiaries for Ambulatory Care Sensitive Conditions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Acute Conditions Composite</strong></td>
<td>1,596</td>
<td>1,707</td>
<td>(14.59)</td>
<td>6.90</td>
<td>(7.61)</td>
</tr>
<tr>
<td><strong>Bacterial Pneumonia</strong></td>
<td>1,596</td>
<td>1,707</td>
<td>(22.86)</td>
<td>9.96</td>
<td>8.78</td>
</tr>
<tr>
<td><strong>Urinary Tract Infection</strong></td>
<td>1,596</td>
<td>1,707</td>
<td>(11.61)</td>
<td>7.02</td>
<td>(10.31)</td>
</tr>
<tr>
<td><strong>Dehydration</strong></td>
<td>1,596</td>
<td>1,707</td>
<td>(9.23)</td>
<td>3.69</td>
<td>(3.80)</td>
</tr>
<tr>
<td><strong>Chronic Conditions Composite</strong></td>
<td>860</td>
<td>695</td>
<td>(87.55)</td>
<td>54.56</td>
<td>(76.69)</td>
</tr>
<tr>
<td><strong>Diabetes Composite</strong></td>
<td>600</td>
<td>469</td>
<td>(35.54)</td>
<td>17.98</td>
<td>(24.01)</td>
</tr>
<tr>
<td><strong>COPD or Asthma</strong></td>
<td>274</td>
<td>255</td>
<td>(96.95)</td>
<td>76.29</td>
<td>(121.70)</td>
</tr>
<tr>
<td><strong>Heart Failure</strong></td>
<td>352</td>
<td>236</td>
<td>(177.44)</td>
<td>112.54</td>
<td>(134.88)</td>
</tr>
<tr>
<td><strong>All-Cause Hospital Readmissions</strong></td>
<td>549</td>
<td>242</td>
<td>(15.66%)</td>
<td>15.32%</td>
<td>14.68%</td>
</tr>
</tbody>
</table>

Acute & Chronic conditions composite score and All-cause readmission will be used to calculate the Quality Composite score for the 2017 VM.
New Ideas - Outcome Measures
Transparency - Dashboard Measuring Performance
Celebrating Accomplishments

• We are very proud of the efforts that TC2 has completed in implementing a technical solution for its members
CGHN Clinically Integrated Network Technology Solution

Data Transformation and Normalization

- Raw Data
- Claims
- Clinical
- Wellness
- Satisfaction

Structured Data
- Longitudinal Record
- Analytics

Advanced Analytics

De-identified

Population Health Applications
Enhancing knowledge translation and the adoption of evidence-based practice
- Identify
- Predict
- Prevent
- Intervene
- Measure

Personalized Health Plan

HL7, C-CDA, EDI, XDS.b, 837 Batch, Web Services

GRACHIE

Payers

Medical & Mobile Devices

Hospitals

Physicians Office

Patients

Health Coach

Primary Care & Specialist

Population Health Management Staff

NavicentHealth
Everything about us, is all about you.
CGHN Clinical Network

- Patient Record
- Gaps in Care
- Alerts/Notifications
- Quality Dashboard

Clinically Integrated Network “Integration”
- Point of Care Clinical Record (Allergies, Meds, Results, etc)
- Claims & Clinical Repository
- Population Health Mgt
- Consumer Engagement

Quality Measures
- Shared Savings
- Risk Contracts
- HEDIS, PQRS, Stars
- Network Reporting

Referral Management
- Tracking
- Mgt Dashboard by Provider & Network
- In/Out Network Mgt

HIE “Interoperability”

Population Health Management “Analytics”

Clinical Summary at Point of CARE

Navicent Health
Everything about us, is all about you.
Challenges

Have you experienced any challenges or barriers thus far? What are your biggest challenges?
The High-Performing Health System Assessment

EXECUTIVE SUMMARY

A results analysis aiming to help leaders translate HPHS insights into an action plan.

November 2016

http://hphs.navicent.vbca.co/
Translating Perception to Strategy

http://hphs.navicent.vbca.co/
RFI-Ready For Improvement high priority and low ability

- CG4: The organization has clear and easily accessible guidelines to avoid adverse impacts to gaps in care.
- CG2: Care teams use decision aids to help patients make informed choices concerning their healthcare options.
- CG5: The organization has clear and easily accessible guidelines to assure proper transitions between care teams.
- CA2: Care teams receive feedback on performance measures that are outlined in compensation agreements.
- CA1: Providers compensation policies are aligned with performance measures.
- CG1: The organization uses evidence-based care guidelines to manage patients classified as at-risk.
- CA3: Executive compensation policies are aligned with performance measures.

http://hphs.navicent.vbca.co/
Next Steps

• What are your next steps?
Next Steps for NHPG

- **Drill downs**
  - Identify patients with potentially preventable admissions
  - Patients using the most EC services
  - Readmission within 30 days of Discharge and identification of trends
  - Opportunities to collaborate with the Medical Center to reduce readmissions.

- **Identify beneficiaries who might benefit from enhanced care coordination and support**

- **Continue to build care navigation capabilities**
Lessons Learned

• Moving forward in the MACRA environment has required an extensive collaborative effort between CGHN/NHPG/HOSPITAL (would not be possible without all 3 entities)
• A knowledgeable administrative team who is goal oriented
• Dedication of time and resources from CGHN and NHPG was and will be key to success!
• Commitment to due diligence in RFP process
• Commitment to financial outlay at the end of RFP process
• Now that we have the ACO opportunity the real job is just beginning
Questions

• Do you have any questions you’d like to pose to the group?
Tulane University School of Medicine:

- Established in 1834. New Orleans, LA
- Tulane University Medical Group
  - 350 multi-specialty faculty providers
  - 25+ satellite clinics
- Tulane Medical Center – HCA Partnership
  - 40 multi-specialty clinics
  - 2 hospitals: 354 beds
- eCW since 2009. CCMR since December 2013
- Healthcare Landscape
Population Health

- Tulane joins eClinicalWorks in 2009
- Meditech for Inpatient
- Gulf South Quality Network, a Clinically Integrated Physician Network in 2013
- Accountable Care Organization in 2016
- 3 shared savings contracts
The problem

• Lack of communication between providers and administration
• Lack of transparency in quality measures and specifics regarding readmissions
• Physician engagement
• Opportunity to promote a culture of transparency and patient ownership
Since we last spoke... Our project design

• Our goals were to focus on transitioning from the inpatient to outpatient arenas.
• We wanted a project that:
  1. Addresses a realistic problem in our system.
  2. Improves value.
  3. Would be a common beneficial goal for patients, their families, the hospital, physicians and payers.
• Readmissions seemed to meet all criteria.
• Our project focuses on transparency for the promotion for physician engagement and reduction of readmission.
New Ideas

- We have evaluated hospital data to identify top 5 service lines with the most readmissions to the hospital.
- Calculated the HOSPITAL score and used the SQLase algorithm to determine the predicted likelihood of readmission for each readmission.
  - Hemoglobin before discharge
  - Discharge from an Oncology service
  - Last available Sodium level before discharge
  - Any Procedure performed during the hospitalization (any International Classification of Disease [ICD-97 or ICD-1013] coded procedure)
  - Index admission Type (emergent or urgent as opposed to elective)
  - Number of Admissions in the previous 12 months
  - Length of stay (positive if ≥5 days).
Outcomes

• We have outlined the project and created a work group for discussion across departments and service lines.
• We are calculating the predicted readmission rates for our patients and have identified potentially avoidable readmissions from unavoidable readmissions.
• We have created a pathway for improved communication from administration of the hospital to the medical group and to individual providers who can make real time changes.
Celebrating Accomplishments

• Thus far we have identified 7 engaged physicians who are ready for change.
• Initiated the first episode of transparency.
• Fed back readmission data to service lines for further analysis.
Challenges

• New relationships.
• Inefficiency of the current electronic medical record system.
Next Steps

• Feedback session for work group planned for January 19.
• Create more efficacy for direct and more rapid real time data distribution.
• Support the work group through departmental changes.
Thank You!