

ENGAGING PROVIDERS IN VALUE-BASED CARE & POP HEALTH MANAGEMENT



APG NE Regional Meeting
June 19, 2019

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The Summit Family



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Engaging Providers

- Personalizing the story and making VBC believers
- Aligning incentives using impactful and impactable measures
- Thinking of the Panel/Population

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Telling the Story-Make It
Personal

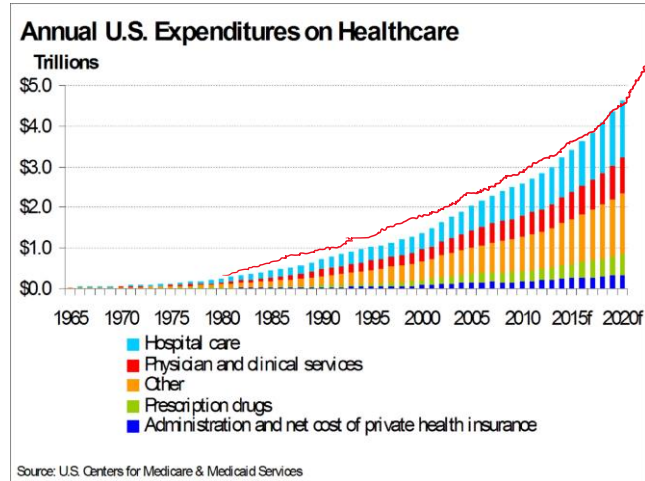
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Rise in Healthcare Expenditure is Unsustainable

>\$3.5
Trillion annually

>\$10,000
per person

18%
of GDP



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\$1 Trillion is Waste



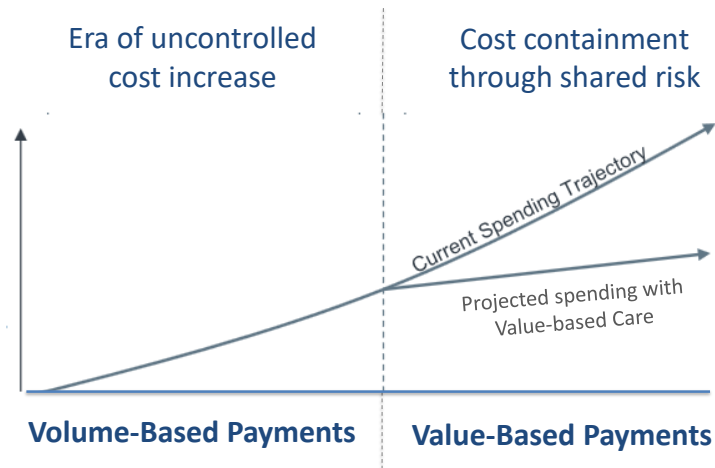
Source: *The Healthcare Imperative: Lowering Costs and Improving Outcomes*. Institute of Medicine Roundtable on Evidence-Based Medicine, 2010

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Bending the Cost Curve



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Shifting from Volume → Value

$$\text{Revenue} = \text{Rate} \times \text{Volume}$$



$$\text{Revenue} = \underset{\text{(VALUE)}}{\mathbf{V}} = \frac{\underset{\text{(QUALITY)}}{\mathbf{Q}} + \underset{\text{(Disease Burden Capture)}}{\mathbf{D}}}{\underset{\text{(COST)}}{\mathbf{\$}}}$$

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Today's Financial Reality

Revenue = FFS



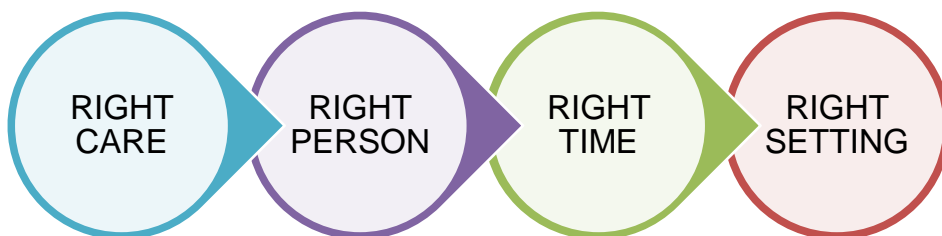
Revenue = FFS + **V**_(Value)

Strong performance on Value-Based Contracts supports our favorable FFS rates



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Value-Based Care



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WIIFM

- Reduced fee schedules
- Elimination of carve outs
- Larger percent of revenue from performance-based measures
- Increasing downside risk

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Multiple Types of Rewards

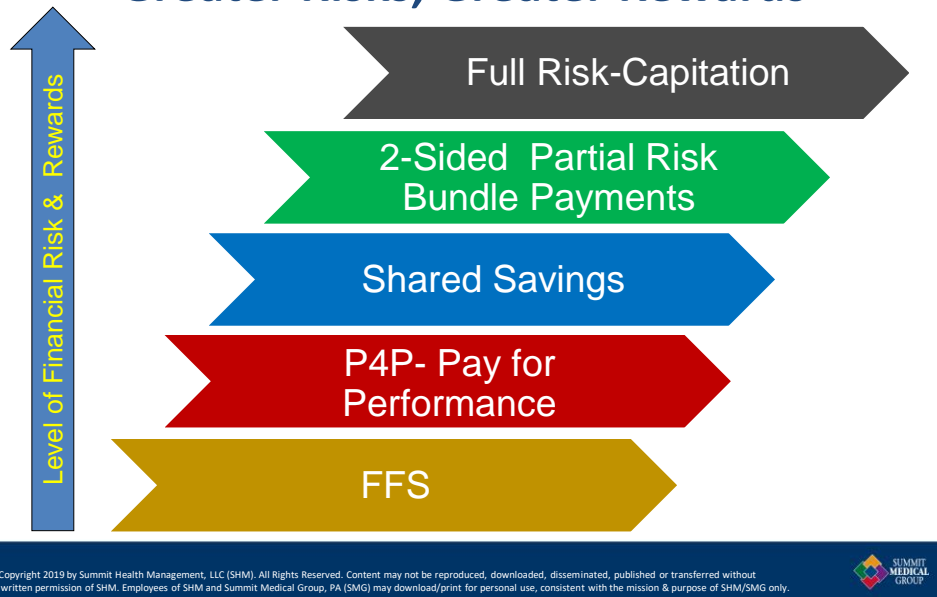
- **Care coordination fees:** monthly payments based on number of attributed patients in the plan
- **Quality:**
 - Bonuses (Pay 4 Performance)
 - Withholds from fees that are earned back
 - Positive and negative rate adjustments based on performance
- **Cost of care**
 - Positive and negative rate adjustments based on cost of care
 - Shared savings from keeping costs below benchmarks

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Value-Based Care: Greater Risks, Greater Rewards



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Ultimate Shared Goals



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Align Incentives

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UPIP Goals

Aligned incentives
that drive
behavior:

1. Across providers, staff, and management
2. Across all specialties

Improve patient care and group/individual success with measures that are :

1. Impactful
2. Measurable
3. Actionable / Impactable

Ever evolving

1. Start with expected behaviors and move to aspirational performance
2. Align with changing value-based contracts

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Aligning Incentives with Goals, Universal Incentive Program

Leadership

- S.M.A.R.T. Goals that align with journey towards value



Clinical Teams

- **UPIP**: Universal Provider Incentive Program
- **USIP**: Universal Staff Incentive Program
- **UMIP**: Universal Manager Incentive Program



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UPIP Attributes

$$V_{\text{(Value)}} = \frac{Q_{\text{(Quality)}} + D_{\text{(Disease Burden Capture)}}}{C_{\text{(Cost)}}}$$

Clinical Quality and Utilization Measures

Patient Experience: Net Promotor Score

Access: Extended Hours and Weekends

Disease Burden Accuracy

Productivity



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Attributes Weighted Differently by Specialty

	Value-Based			Patient Centered		Discretionary
	Quality	Disease Burden Accuracy	Productivity	Patient Experience	Access	
Primary Care	50%	20%	N/A	10%	10%	10%
Medical Spec.	30%	20%	10%	10%	20%	10%
Surgery	5%	5%	50%	10%	20%	10%
Urgent Care	50%	10%	20%	10%	N/A	10%
Pediatrics	30%	N/A	20%	10%	20%	20%

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Sample Measures

- **Quality:** Tobacco cessation and BMI counseling for all specialties
- **Utilization:** Generics, appropriate utilization: radiation, behav. health, antibiotics, etc
- **Disease burden:** revalidation of specialty specific HCCs (exclude acute diagnoses)
- **Patient Experience:** Net Promoter Score
- **Access:** Extended hours and weekends
- **Discretionary**

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Quality Measures

- Driven by outcomes (e.g. AWVs, ACPs) and value-based contracts (e.g. HEDIS Stars)
- Cross-cutting measures for all specialties (e.g. BMI screening, tobacco cessation, patient experience)
- Specialty specific measures for each department
- Chosen after discussion with each department chair with expectation that chairs will champion the UPIP
- Annual review of list:
 - Retire measures that have topped-out, become irrelevant, or not impactable
 - Add new impactable measures
 - Keep moving needle

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Actionable Data and
Transparency

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Provider Dashboards

- High level performance data reported monthly
- Drill down detailed reports by attributes
- Transparent reporting across pod and specialty
- Leadership has visibility across service lines
- Easy to track/trend progress over time
- Directs provider to areas of focus



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Provider Performance Dashboards

Access - Monthly Off Hours Availability

	Dec-2018	Jan-2019	Feb-2019	Mar-2019	Apr-2019	May-2019	Jun-2019	Jul-2019	Aug-2019	Sep-2019	Oct-2019	Nov-2019	YTD	Goal	Status
Provider 1	9.50	16.00	18.00	17.00	23.25	18.75	0.00	0.00	0.00	0.00	0.00	0.00	17.08	6.89	On Track
Provider 2	22.00	29.25	31.83	31.50	29.00	26.25	0.00	0.00	0.00	0.00	0.00	0.00	28.30	6.20	On Track
Provider 3	0.00	0.00	0.00	0.00	4.50	11.25	0.00	0.00	0.00	0.00	0.00	0.00	7.87	0.00	On Track

Access - Weekend Sessions

	Dec-2018	Jan-2019	Feb-2019	Mar-2019	Apr-2019	May-2019	Jun-2019	Jul-2019	Aug-2019	Sep-2019	Oct-2019	Nov-2019	YTD	Goal	Status
Provider 1	1	1	1	1	1	1							6	10	On Track
Provider 2	1	1	1	1	1	1							6	10	On Track
Provider 3					1	1							6	5	On Track

Quality - % of Max Points Earned

	Dec-2018	Jan-2019	Feb-2019	Mar-2019	Apr-2019	May-2019	Jun-2019	Jul-2019	Aug-2019	Sep-2019	Oct-2019	Nov-2019	YTD	Goal	Stretch
Provider 1	0%	0%	84%	31%	83%	87%	0%	0%	0%	0%	0%	0%	31%	50%	75%
Provider 2	0%	0%	84%	100%	83%	84%	0%	0%	0%	0%	0%	0%	84%	50%	75%
Provider 3	0%	0%	0%	0%	100%	100%	0%	0%	0%	0%	0%	0%	100%	50%	75%

Disease Burden Accuracy

	Dec-2018	Jan-2019	Feb-2019	Mar-2019	Apr-2019	May-2019	Jun-2019	Jul-2019	Aug-2019	Sep-2019	Oct-2019	Nov-2019	YTD	Goal	Stretch
Provider 1	59%	50%	65%	67%	72%	77%	0%	0%	0%	0%	0%	0%	77%	70%	80%
Provider 2	84%	62%	67%	75%	78%	81%	0%	0%	0%	0%	0%	0%	81%	70%	80%
Provider 3	0%	0%	0%	0%	78%	82%	0%	0%	0%	0%	0%	0%	82%	70%	80%

Patient Experience

"How likely would you be to recommend this provider to your family and friends?" (0-10)

	Dec-2018	Jan-2019	Feb-2019	Mar-2019	Apr-2019	May-2019	Jun-2019	Jul-2019	Aug-2019	Sep-2019	Oct-2019	Nov-2019	YTD	Stretch
Provider 1	71	64	89	67	71	72	0	0	0	0	0	0	72	95
Provider 2	84	76	81	79	81	82	0	0	0	0	0	0	82	95
Provider 3	0	0	0	0	90	92	0	0	0	0	0	0	91	95

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Provider Dashboards: Detailed Drilldown

Specialty QM	Internal Medicine					
Measure	Satisfied	Not Satisfied	Total	Satisfaction %	Goal	Stretch Goal
SMG Physician Metrics 2017-Internal Medicine						
Coronary Artery Disease (CAD): ACE/ARB Therapy for Patients with CAD and Diabetes and/or Left Ventricular Systolic Dysfunction (All or nothing measure)	103	51	163	66.88%	75%	91%
Diabetes: Hemoglobin A1c poor control	16	114	130	12.31%	34%	19%
Diabetes: Urine protein screening	120	10	130	92.31%	90%	91%
Documentation of current medications in the medical record	3757	39	3,796	98.97%	58%	83%
Hypertension: Controlling high blood pressure	484	171	655	73.89%	61%	76%
Screening for clinical depression and follow-up	2217	636	2,853	77.71%	16%	51%
Tobacco use: Screening and cessation intervention	3276	50	3,326	98.50%	76%	84%

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Behavioral Economics

- Make the right choice the easiest choice
- Team-based/empower staff
- Transparent reporting across pods
- Shared credit for certain measures

Quality - % of Max Points Earned														Minimum	Maximum
	Dec-2016	Jan-2017	Feb-2017	Mar-2017	Apr-2017	May-2017	Jun-2017	Jul-2017	Aug-2017	Sep-2017	Oct-2017	Nov-2017	YTD	Points Goal	Points Goal
Provider 1	0%	70%	73%	80%	75%	86%	90%	86%	0%	0%	0%	0%	86%	50%	75%
Provider 2	0%	63%	63%	67%	75%	79%	81%	85%	0%	0%	0%	0%	85%	50%	75%
Provider 3	0%	73%	82%	82%	85%	92%	94%	94%	0%	0%	0%	0%	94%	50%	75%
See Athena QM tab for details															

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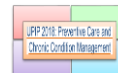


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Think Population/Panel

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Quality and Utilization: Adult Primary Care



Quality Measures 2019	Weight	Goal	Stretch Goal
Adult BMI assessment and follow-up plan	1x	50 th pcl	90 th pcl
Screening for Depression and follow-up plan	1x	50 th pcl	90 th pcl
Influenza vaccination	1x	50 th pcl	90 th pcl
Pneumonia vaccination	1x	50 th pcl	90 th pcl
Breast Cancer Screening	1x	50 th pcl	90 th pcl
Colorectal Cancer Screening	1x	50 th pcl	90 th pcl
Diabetes: Urine Protein Screening	1x	50 th pcl	90 th pcl
Diabetes A1C Control (<8%)	3x	50 th pcl	90 th pcl
Hypertension: BP in control	3x	50 th pcl	90 th pcl
Statin Use for prevention of CV disease	1x	50 th pcl	90 th pcl
Panel Management Measures 2019	Weight	Goal	Stretch Goal
Annual Wellness Visits - % completed	1x	50 th pcl	90 th pcl
Transitional Care Management visits - % Completed	1x	50 th pcl	90 th pcl
Engagement with Pop Health Team (CM, SW, QIC)	Bonus	50 th pcl	90 th pcl
Advance Care Plans or POLST forms completed	Bonus	50 th pcl	90 th pcl

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Panel Measures

- Annual Wellness Visits
- Transitional Care Management
- In development
 - Engagement with Care Management
 - Advance Care Planning
 - Cost of care (PMPM) and Utilization Measures
 - Episode and Chronic Condition Management

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PCP Profiles - Medicare



Physician Name PARIKH, ASHISH DHARNIDHAR
Practice Summit Medical Group
Claims Data From 6/1/2017

Specialty Internal medicine
Date Report Generated 10/31/2018
Claims Data Through 5/31/2018

Population Demographics	Your Panel	SMG Average
# of Attributed Patients	9	----
Age	67	75
% Female	22.2%	58.9%
Prospective Risk Score	1.54	3.09
Concurrent Risk Score	2.84	4.98
Overall PMPM	\$ 418.97	\$ 761.18
PMPM With SMG	\$ 52.79	\$ 78.63
Medical PMPM	\$ 397.41	\$ 724.70
Drug PMPM	\$ 21.56	\$ 36.48

Disease Prevalence	Your Panel	SMG Average
Hypertension	44%	53%
Diabetes	0%	26%
COPD	0%	5%
Cancer	22%	17%
CAD	33%	19%
Renal Failure	0%	5%
Psychiatric	22%	11%
Asthma	22%	14%
CHF	0%	4%

Risk Adjusted Profile Categories	Performance Metrics	Your Panel Performance	Ideal Benchmark	SMG Average	You vs Ideal
<u>Risk Adjusted Costs</u>	Overall Risk Adj. PMPM	\$ 743.65	\$396.00	\$ 712.53	\$ 347.65
	Spend with SMG	12.6%	60.0%	10.3%	-37.4%
	Risk Adj. Medical PMPM	\$ 705.38	\$308.00	\$ 724.70	\$397.38
<u>Hospital Inpatient</u>	Risk Adj. Drug PMPM	\$ 38.27	\$88.00	\$ 42.09	-\$49.73
	Admits Per 1k	0	49.00	190.33	-49.00
	Readmission Rate	0.0%	0.0%	12.6%	0.0%
	Average Length of Stay	0.00	4.00	5.88	-4.00
<u>Emergency Room</u>	Avoidable Admission Rate	0.0%	0.0%	14.2%	0.0%
	ED Visits Per 1k	222.2	90.0	164.2	132.2
<u>Office Utilization</u>	% of ED Visits Avoidable	0.0%	0.0%	49.4%	0.0%
	PCP Visits Per 1k	1000.0	2630.0	8367.7	-1630.0
	Non-PCP Office Visits per 1k	4777.8	4320.0	5995.1	457.8

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Episodes and Chronic Conditions

- Asthma ([Pediatric](#))
- Cholecystectomy
- Colonoscopy
- COPD
- Esophagogastroduodenoscopy
- Gastrointestinal bleed
- Perinatal
- Upper respiratory infection ([Pediatric](#))
- Urinary tract infection ([Pediatric](#))
- Acute percutaneous coronary intervention episodes
- Ankle sprain/strain/non-operative fracture ([Pediatric](#))
- Appendectomy ([Pediatric](#))
- Attention deficit and hyperactivity disorder ([Pediatric](#))
- Breast biopsy
- Breast cancer surgery
- Breast medical oncology
- Cardiac valve
- Congestive heart failure exacerbation
- Coronary artery bypass graft (*)
- Dental tooth extraction
- Diabetic ketoacidosis/ hyperosmolar hyperglycemic state
- Femur and pelvis fracture
- Headache
- HIV
- Hysterectomy
- Knee arthroscopy
- Knee sprain/strain/non-operative fracture ([Pediatric](#))
- Low back pain
- Neonatal (high-risk) ([Pediatric](#))
- Neonatal (low-risk) ([Pediatric](#))
- Neonatal (moderate-risk) ([Pediatric](#))
- Non-acute percutaneous coronary intervention episodes
- Oppositional defiant disorder ([Pediatric](#))
- Otitis media ([Pediatric](#))
- Pancreatitis
- Pediatric acute lower respiratory infection ([Pediatric](#))
- Shoulder sprain/strain/non-operative fracture ([Pediatric](#))
- Skin and soft tissue infections
- Spinal decompression without fusion
- Spinal fusion ([Pediatric](#))
- Tonsillectomy ([Pediatric](#))
- Total joint replacement
- Wrist sprain/strain/non-operative fracture ([Pediatric](#))

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Heart Failure Episode

Cardiologist	Average Per Cardiologist				Variance to all Episodes		
	Total Episodes	Episode Cost	Morbidity Risk	Episode Risk	Episode Cost	Morbidity Risk	Episode Risk
Provider A	59	\$ 51,554	3.67	1.13	8.1%	4.1%	4.7%
Provider B	58	\$ 50,223	3.18	1.10	5.3%	-9.6%	2.0%
Provider C	37	\$ 49,370	3.77		3.5%	7.1%	-14%
Provider D	16	\$ 43,426	3.31		-8.9%	-5.9%	-12.9%

Mock-up Sample

Common risk factors like chronic kidney disease, diabetes, and depression are associated with higher episode costs. A traditional morbidity score may overstate or understate the factors when applied globally.

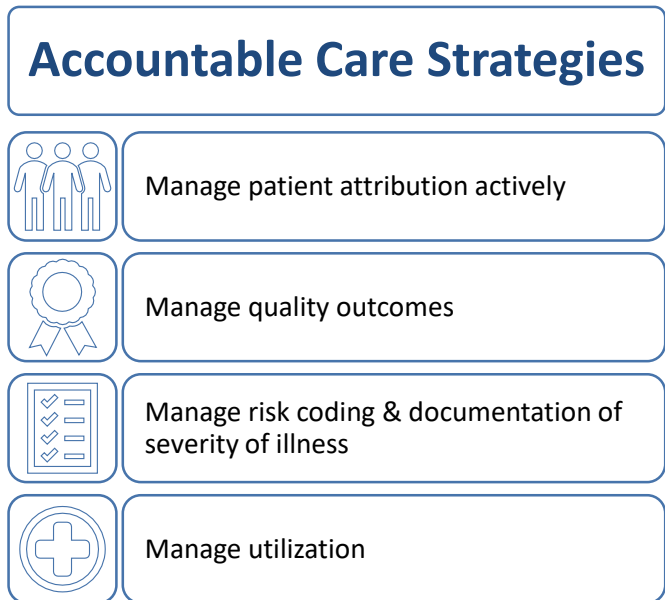
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Accountable Care Success Using Our Clinical Model

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Call To Action

- Ensure every patient has a PCP
- **Prove great care:** Satisfy Quality Metrics
- Offer a superior patient experience

- **Get credit for hard work:** Capture disease burden with accurate coding of all chronic conditions
- **If you think it click it**



- **No Place Like Home:** Keep patients out of expensive settings (e.g Hospitals, EDs, SNFS)
- **Choose Wisely:** Reduce avoidable utilization
- **Keep It in the Family:** Use SMG consultants and services

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Other People's Money

- **Maintain SMG revenue while being successful in accountable care**
 - See patients more often if it will keep people out of hospitals
 - Use imaging appropriately, and use SMG Imaging for all tests
 - Use infusions and biologics in an evidence-based manner, and send all infusions to our centers
 - Keep surgeries out of the hospitals, and ideally in our ASCs
 - Promote use of Same Day Visits and our UCCs instead of the ED
 - See patients when and where they want (After hours, Weekends, Virtually) so that they don't go outside for care
 - Use our consultants all the time

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Thanks

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