



Population Health: Health Policy, Technology and Care Redesign

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Introduction

- Macroeconomic forces are driving changes in healthcare payment models to focus on value over volume
- The US Federal government has led this effort via the development of Accountable Care Organizations and linking reimbursement to cost efficiency and quality scores under MACRA
- Managing a population requires different tools and strategies compared with fee for service healthcare



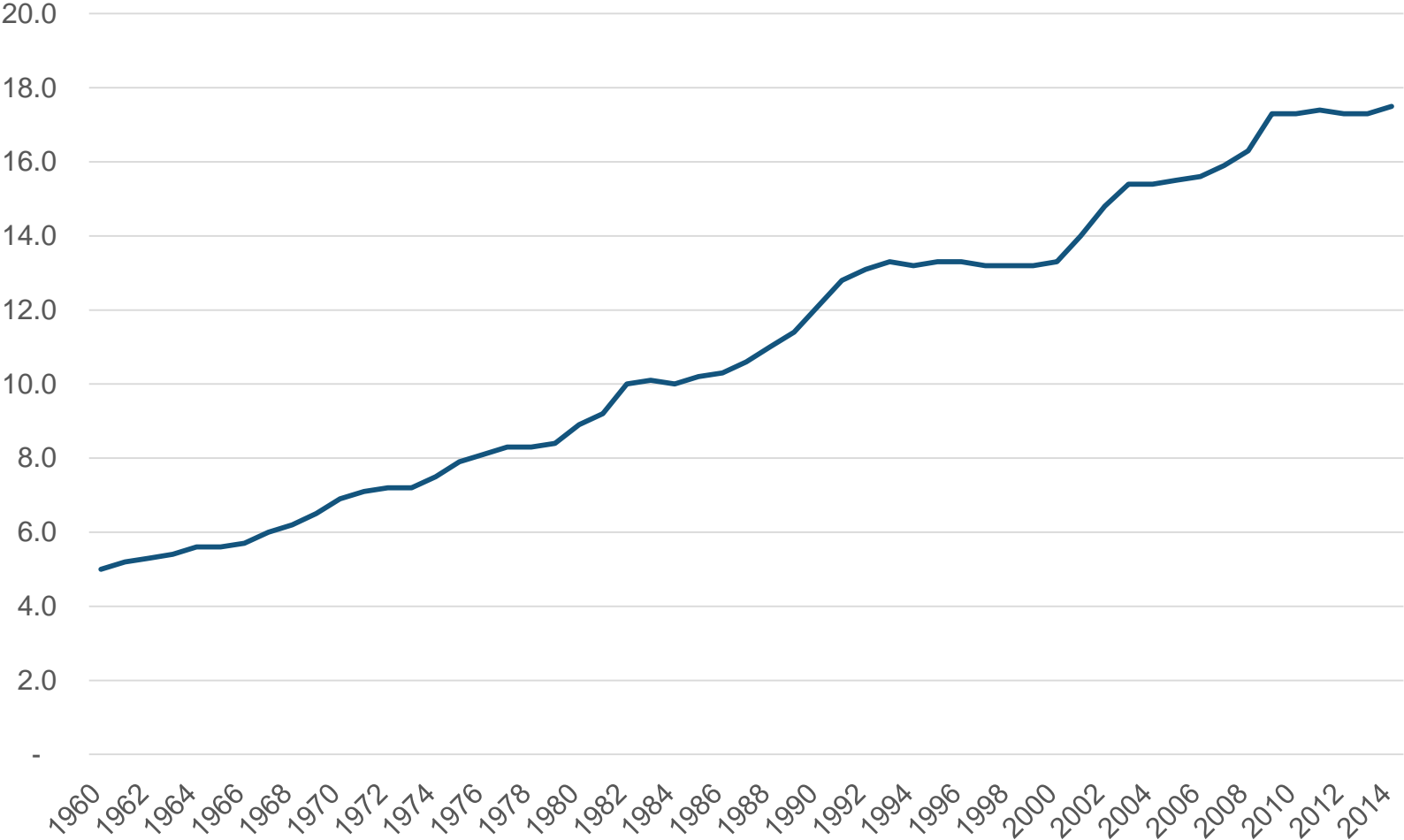
US Healthcare System: Cost

Continued Unsustainable Trends

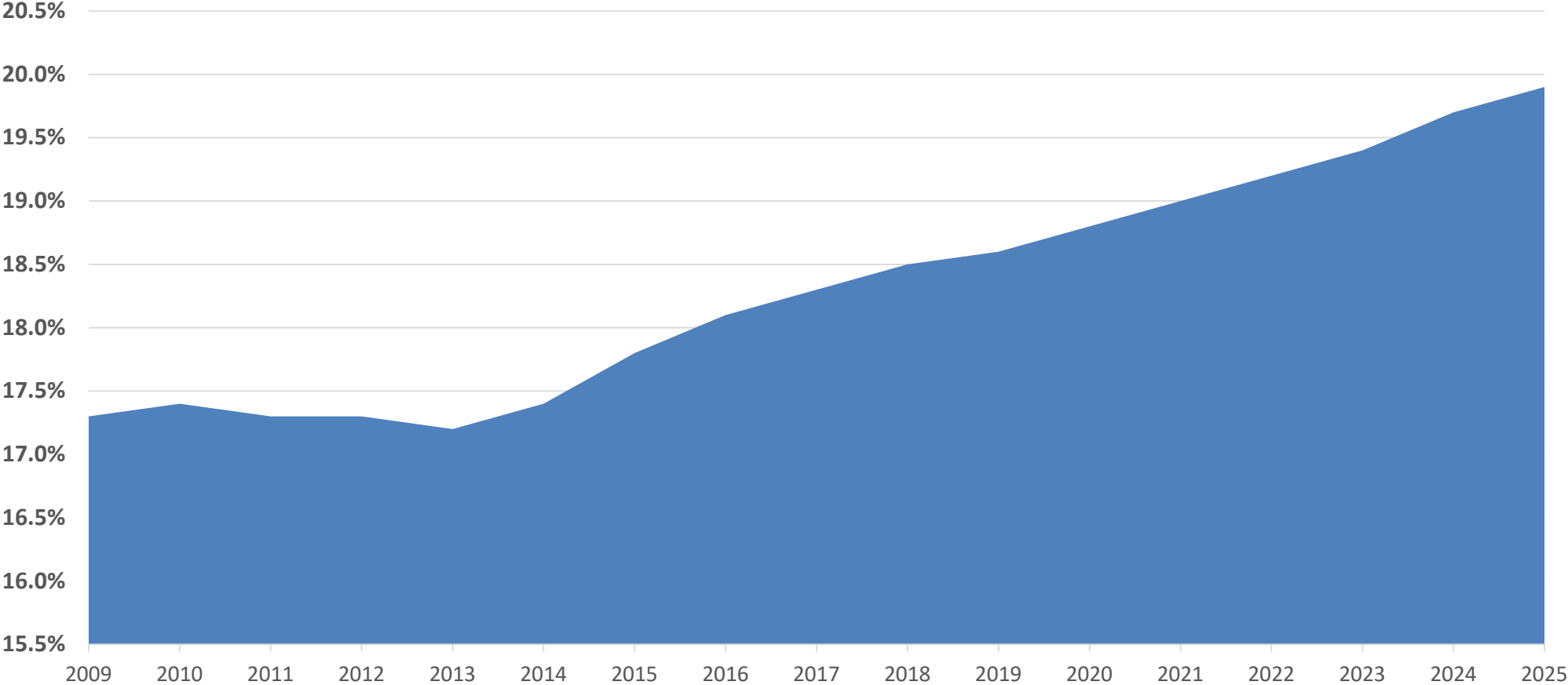
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Healthcare as % GDP Historical

National Health Expenditures as a Percent of Gross Domestic Product (Percent)

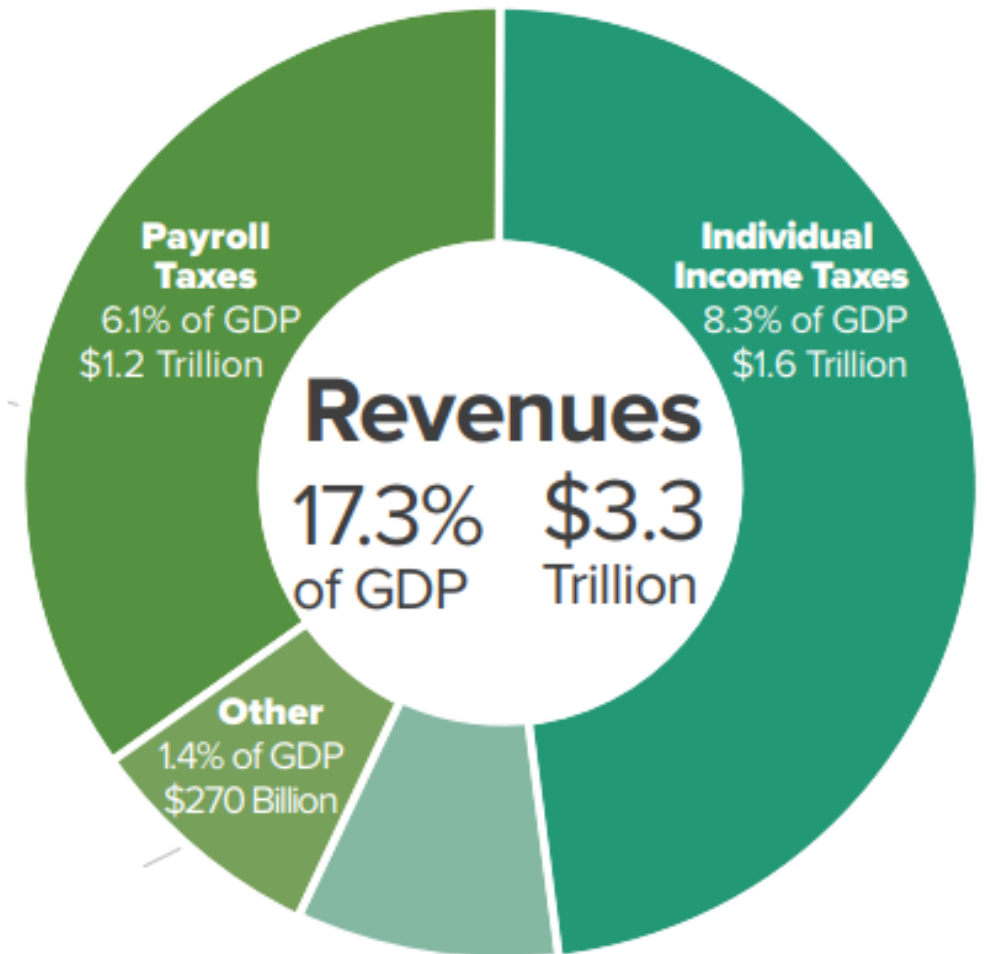
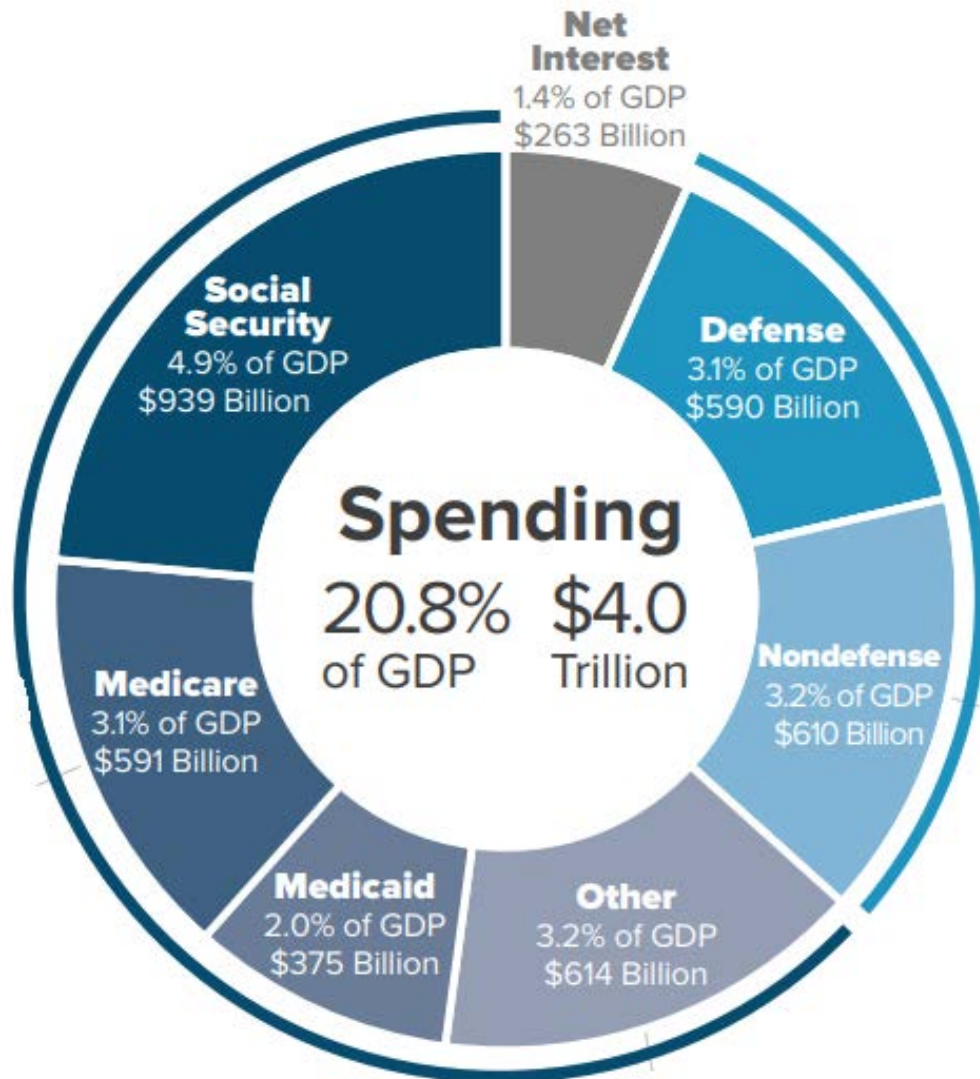


Healthcare as % GDP Projected



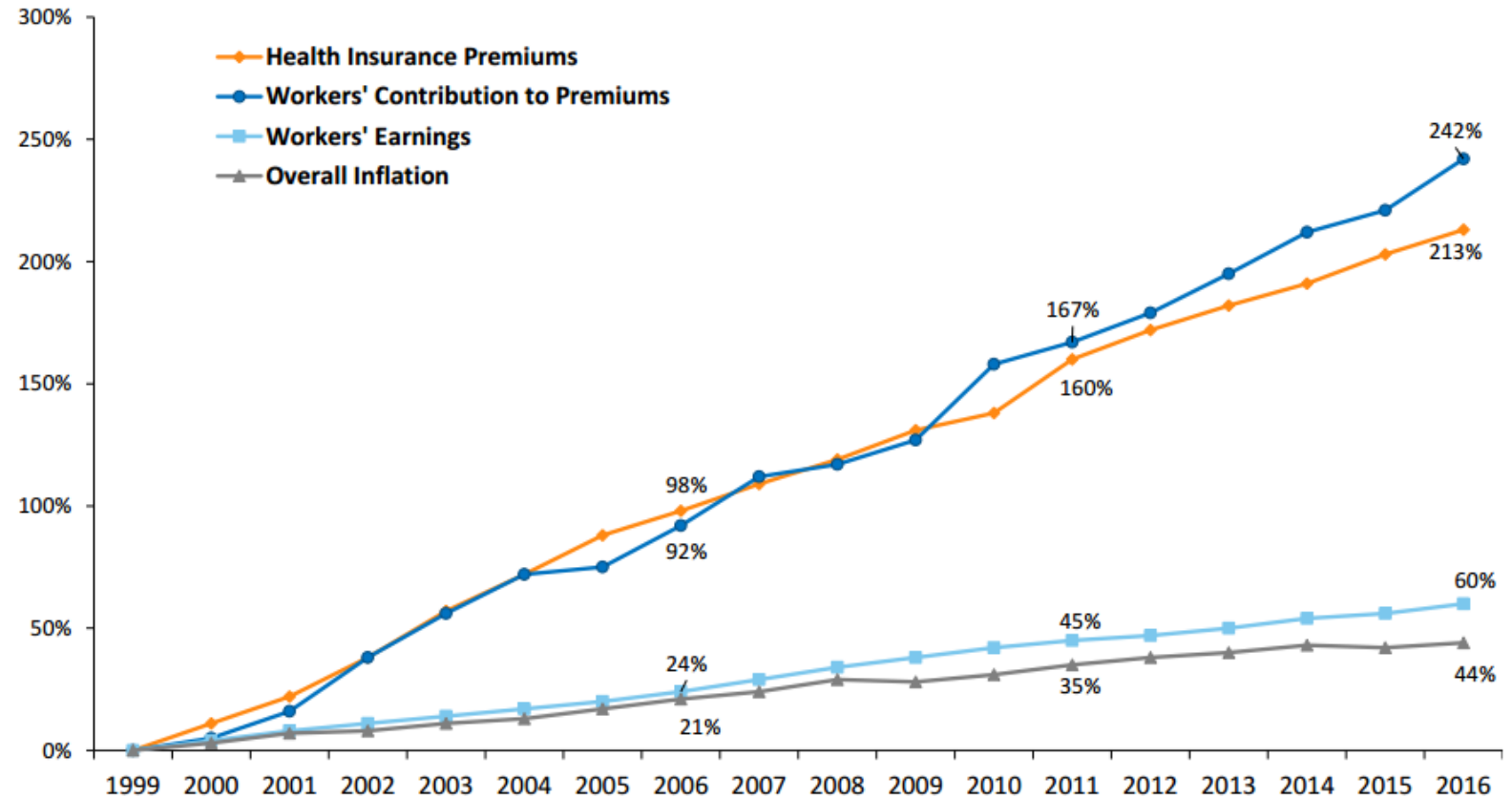
<https://www.cms.gov/research-statistics-data-and-systems/statistics-trends-and-reports/nationalhealthexpenddata/nhe-fact-sheet.html>

Healthcare is 25% of the Federal Budget



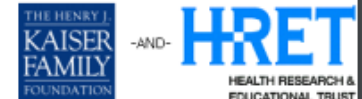
Employer and Employee Costs Rising

Cumulative Increases in Health Insurance Premiums, Workers' Contributions to Premiums, Inflation, and Workers' Earnings, 1999-2016



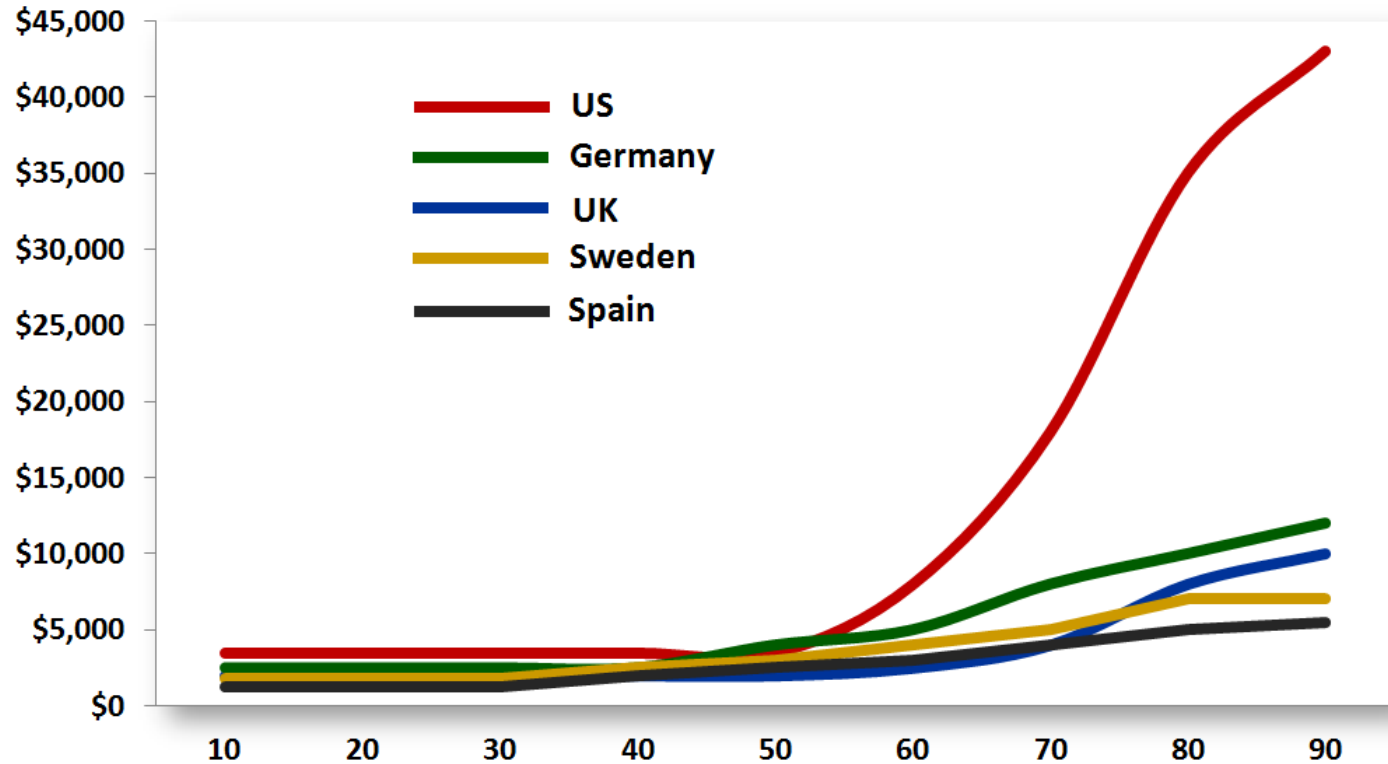
Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits

SOURCE: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2016. Bureau of Labor Statistics, Consumer Price Index, U.S. City Average of Annual Inflation (April to April), 1999-2016; Bureau of Labor Statistics, Seasonally Adjusted Data from the Current Employment Statistics Survey, 1999-2016 (April to April).



Healthcare Costs in the Elderly Drive US Costs

Annual Per Capita Healthcare Costs by Age



<http://blogs-images.forbes.com/danmunro/files/2014/04/hccostsbyage.png>

Hagist; Kotlikoff. Working Paper 11833 National Bureau of Economic Research Dec 2005

Fischbeck, Paul. "US-Europe Comparisons of Health Risk for Specific Gender-Age Groups." Carnegie Mellon University: September 2009

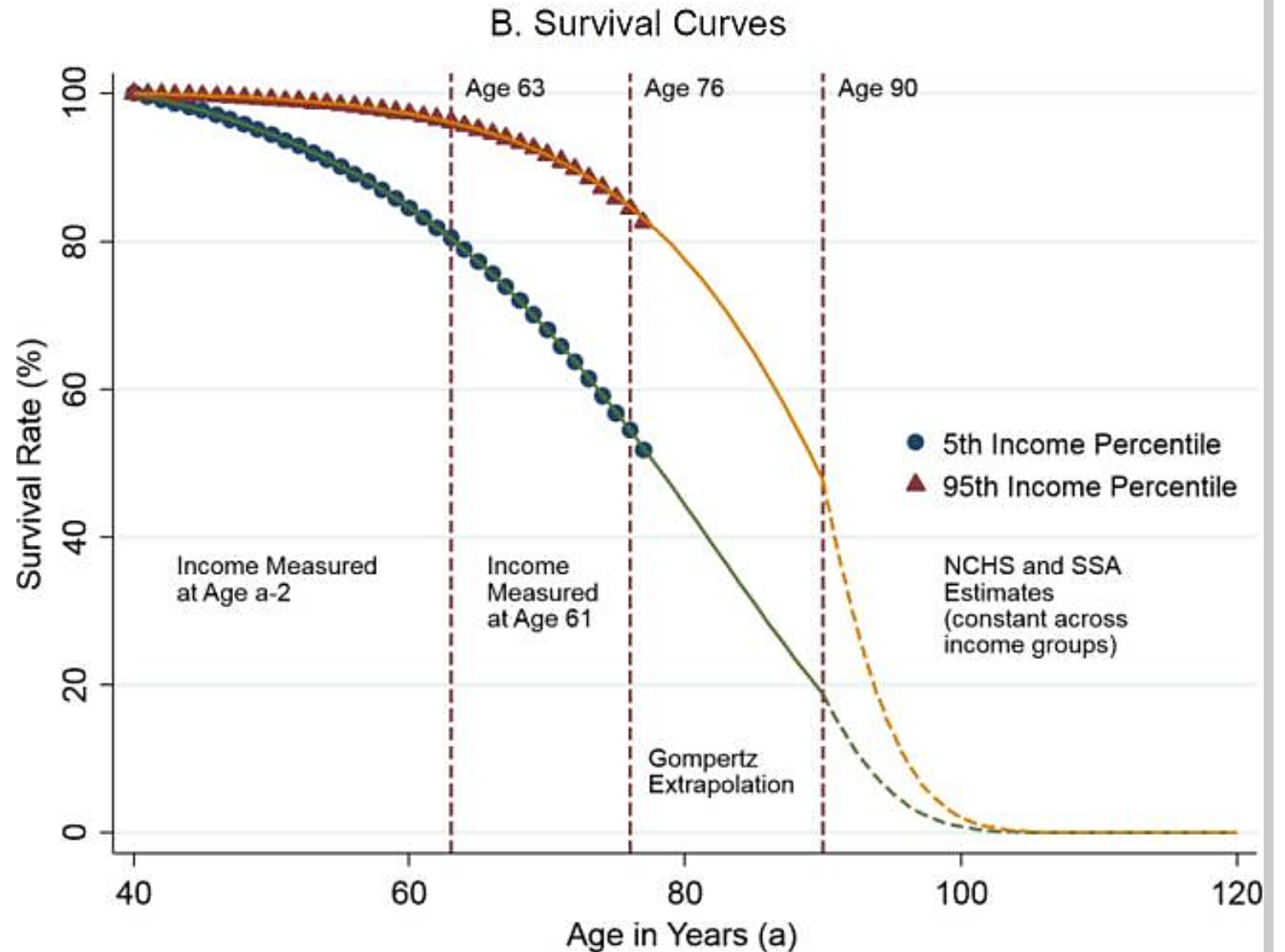


US Healthcare System: Outcomes

Inconsistent Results

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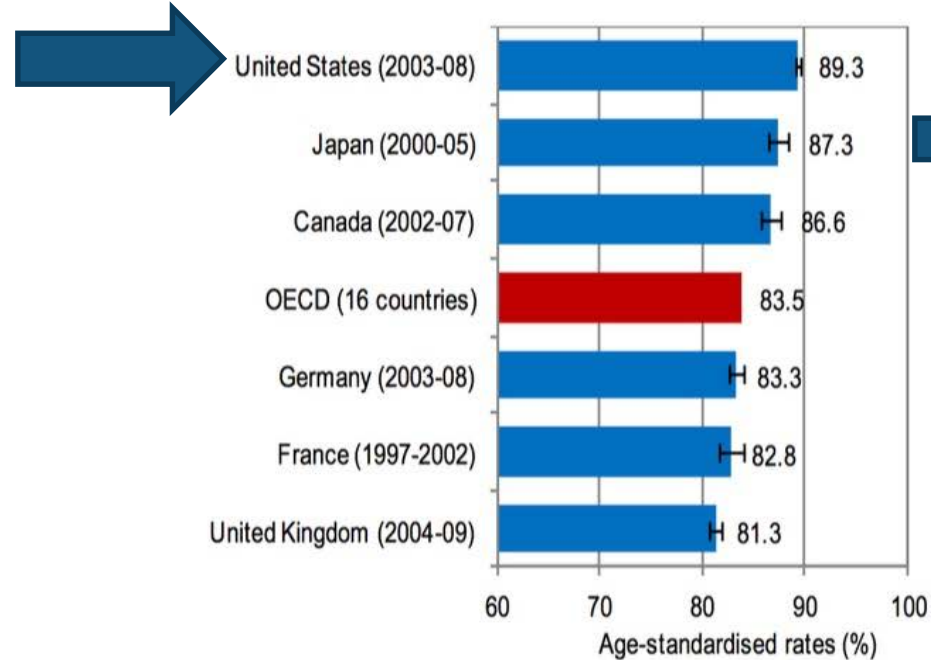
US Life Expectancy Tied to Income



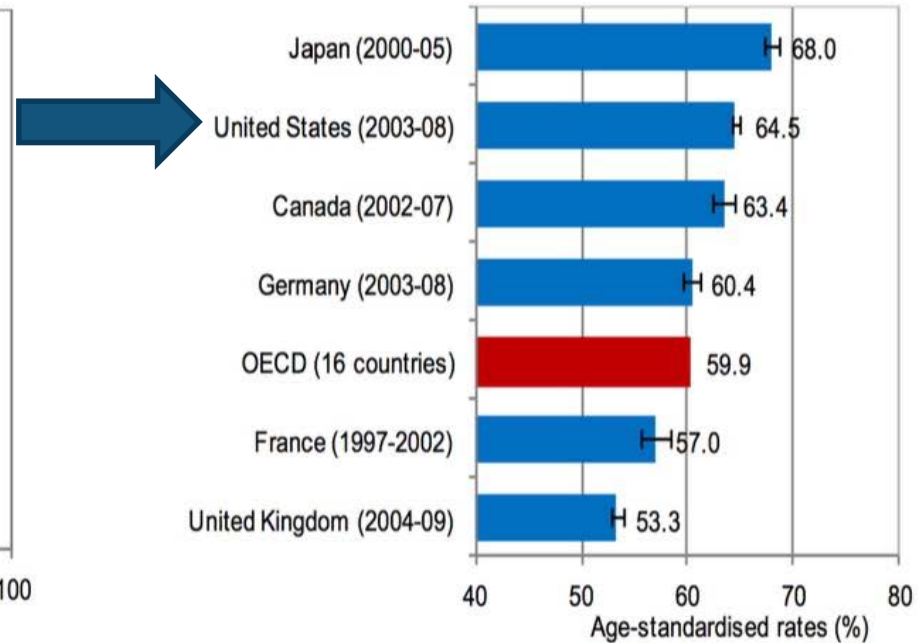
JAMA. 2016 Apr 26; 315(16): 1750–1766.
doi: 10.1001/jama.2016.4226

Cancer system is generally performing well

Breast cancer, 5-year survival rate



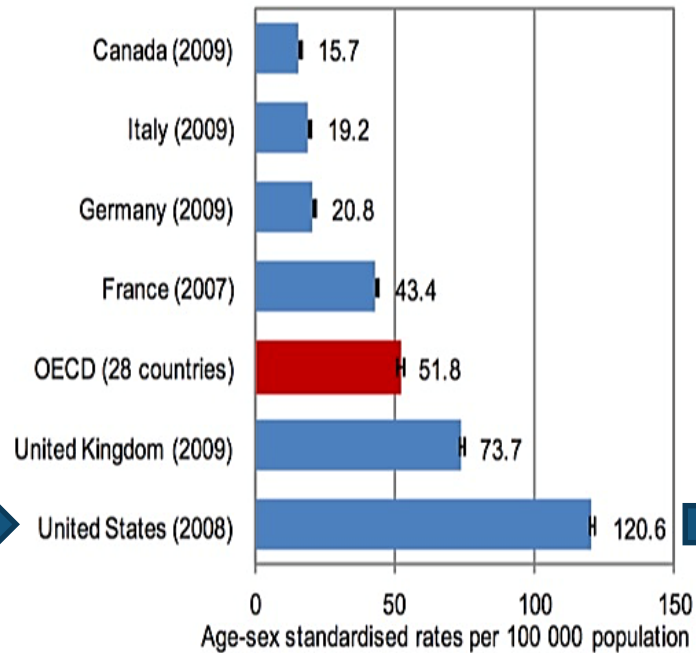
Colorectal cancer, 5-year survival rate



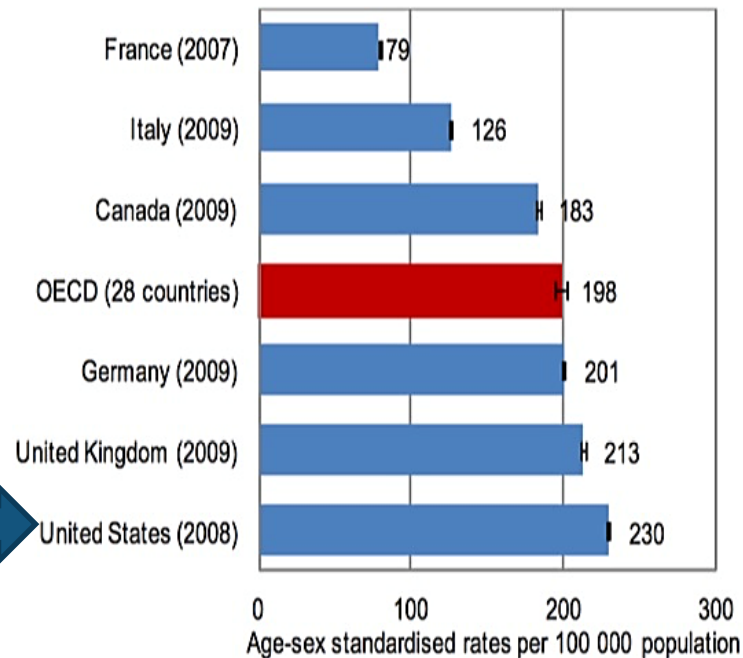
Note: 95% confidence intervals are represented by H.
Source: OECD Health Data 2012.

Primary care sector is not performing so well

Asthma hospital admission



COPD hospital admission



Note: 95% confidence intervals are represented by H.
Source: OECD Health Data 2012.



How Do We Address Increasing Costs with Inconsistent Outcomes?

It's the Value Based Network Stupid

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Value Based Care 101

- Set a target for spending across an entire population
 - Inpatient, professional spending, post acute, pharmacy, DME, other
- Measure quality goals across that population to ensure health needs are met
- Financial rewards come from lowering total spend below target while maintaining or increasing quality scores



Value Based Products & Risk Maturity Model

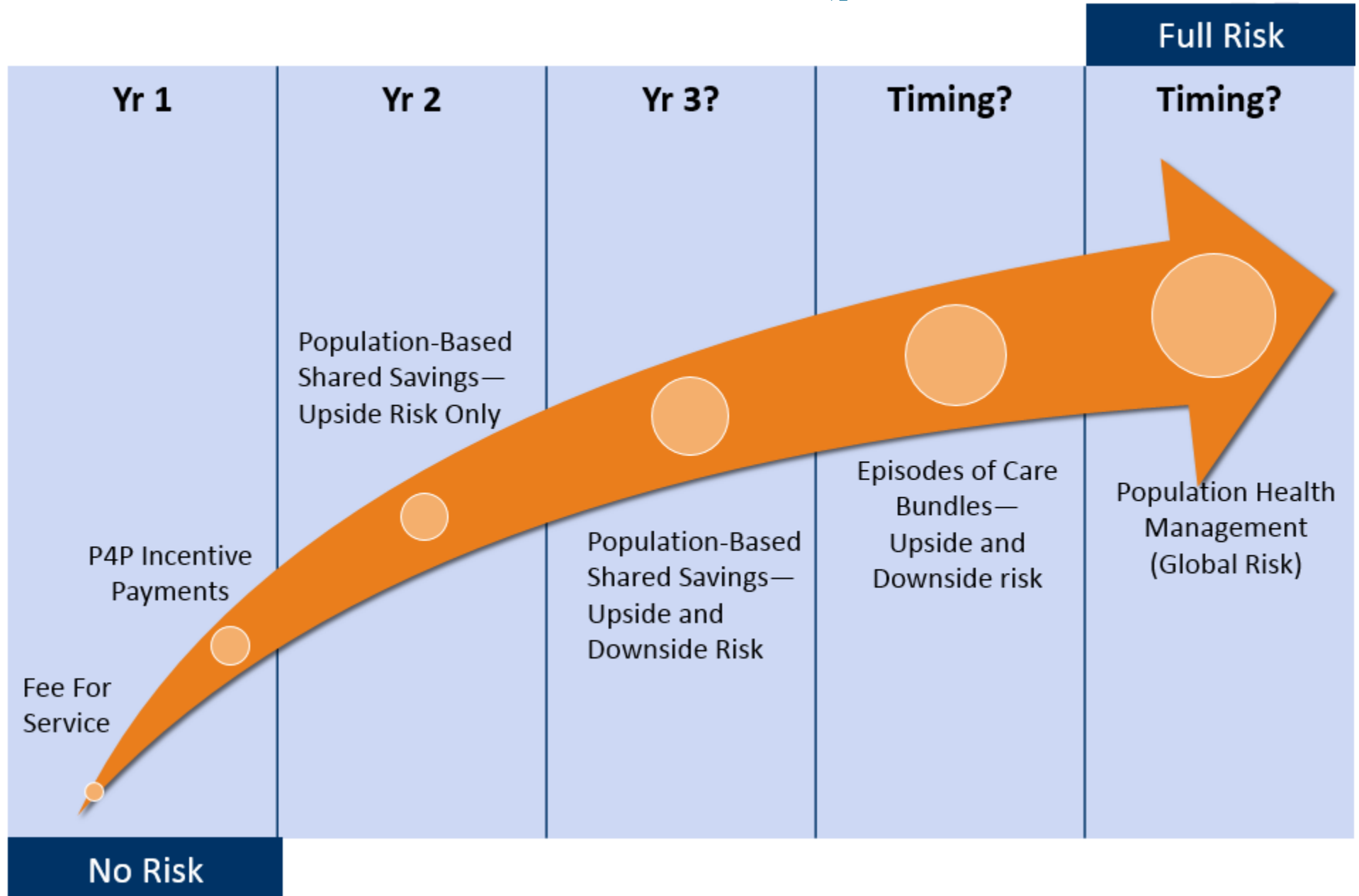
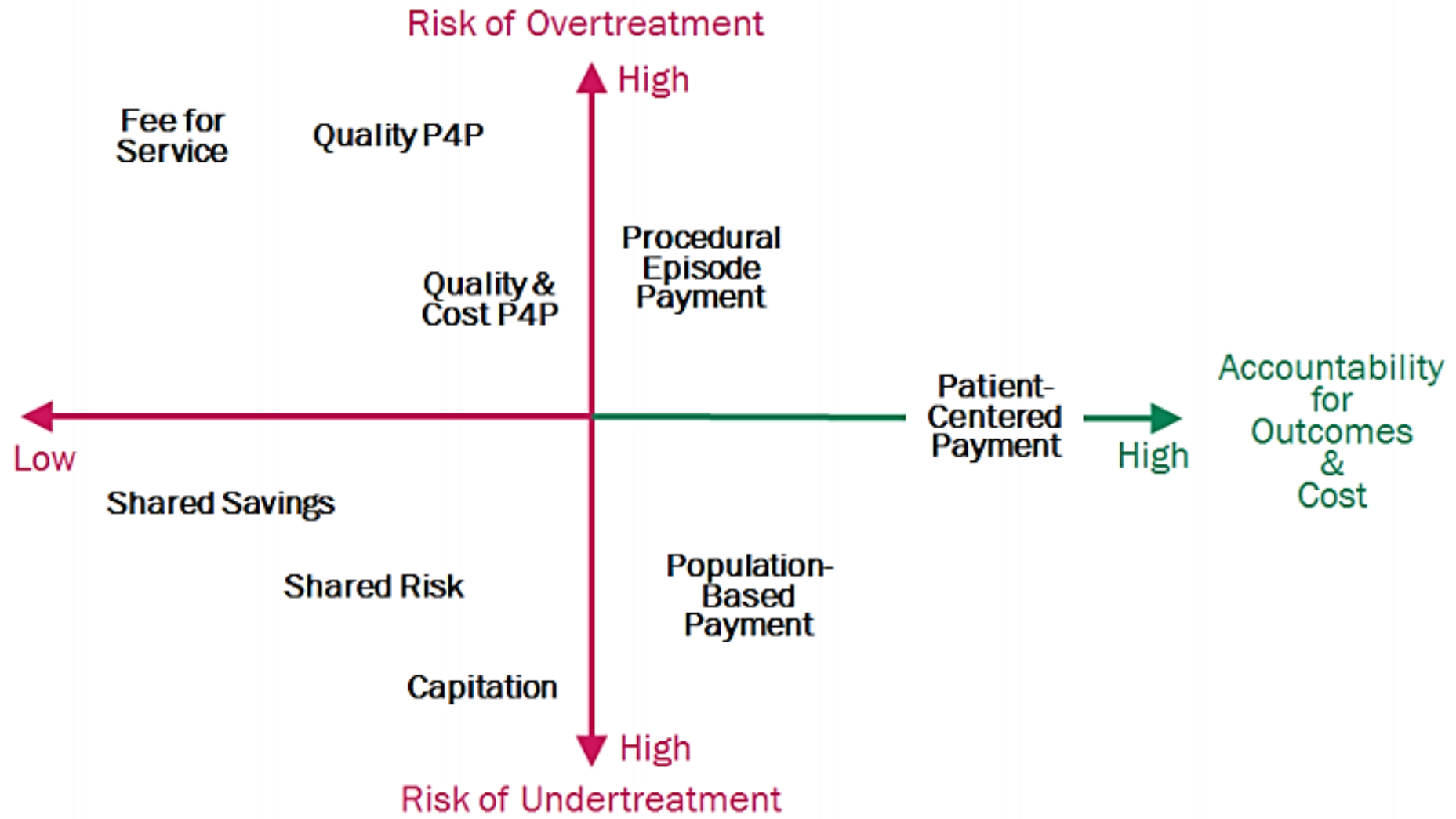


FIGURE E-2: Strengths and Weaknesses of Alternative Payment Models



CMS and the Push for Value



Managed
Medicare/MA

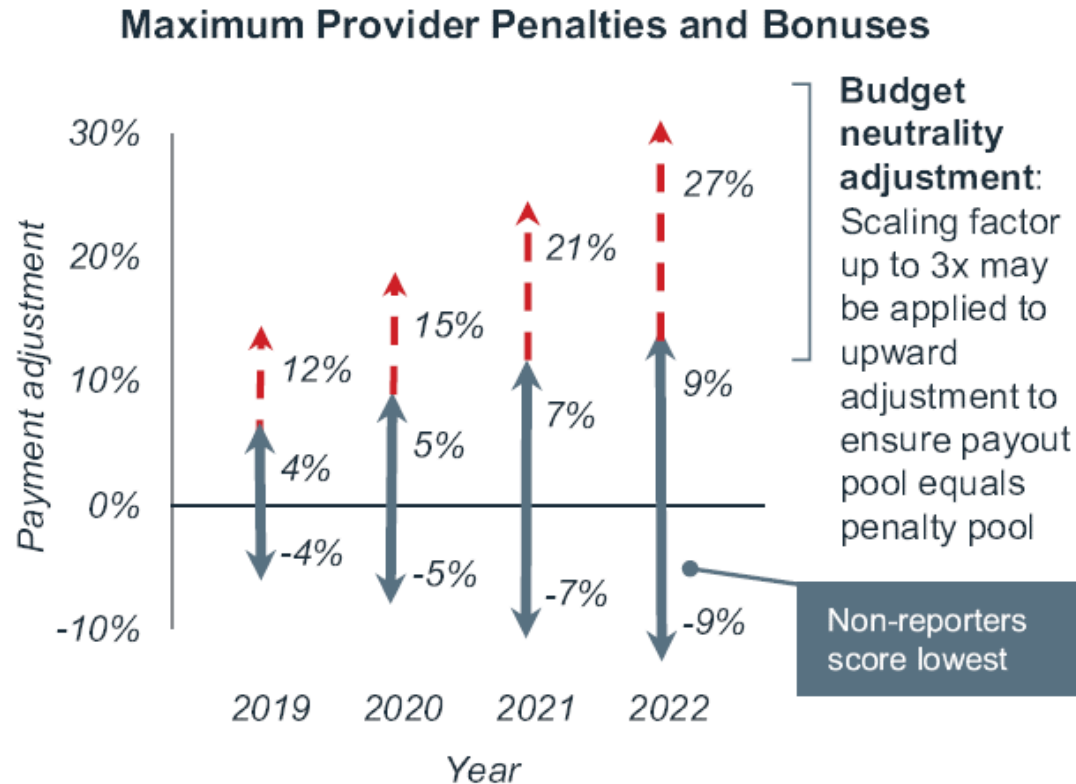


- Choice
- Quality
- Cost

Alternate Payment
Methods
(MSSP/ACO/BPCI)

Fee for
Service/MIPS

MIPS brings threats of fee schedule cuts and incentives based on MIPS scores



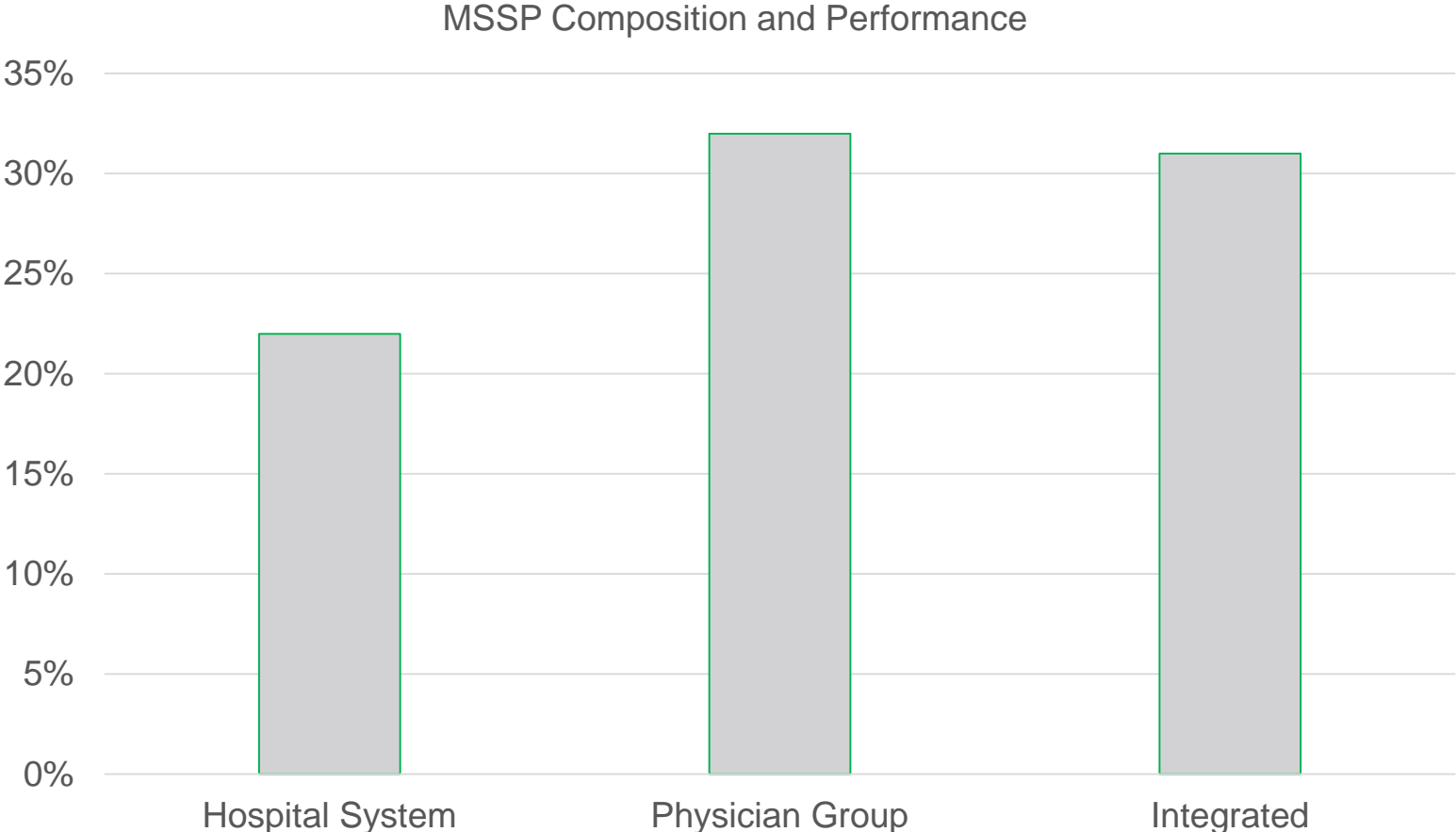
- All providers are required to participate in MIPS in 2017, proposed rule
- First reporting period 1/1/2017 to 12/31/2017
- Payments adjusted in 2019 based on performance in the 2017 period
- MIPS is budget neutral so any incentives are paid for via cuts to other providers
- However there is a budget exempt \$500 million dollars for “exceptional” performance in the first 5 years

BASIC					ENHANCED
Level A	Level B	Level C	Level D	Level E	
25% sharing rate	25% sharing rate	30% sharing rate	40% sharing rate	50% sharing rate	75% sharing rate
Upside only	Upside only	1 st dollar losses at 30%, not to exceed 2% of revenue capped at 1% of BM	1 st dollar losses at 30%, not to exceed 4% of revenue capped at 2% of BM	1 st dollar losses at 30%, not to exceed 8% of FFS revenue capped at 4% of BM	1 st dollar losses not to exceed 15% of BM
MIPS APM	MIPS APM	MIPS APM	MIPS APM	Advanced APM	Advanced APM

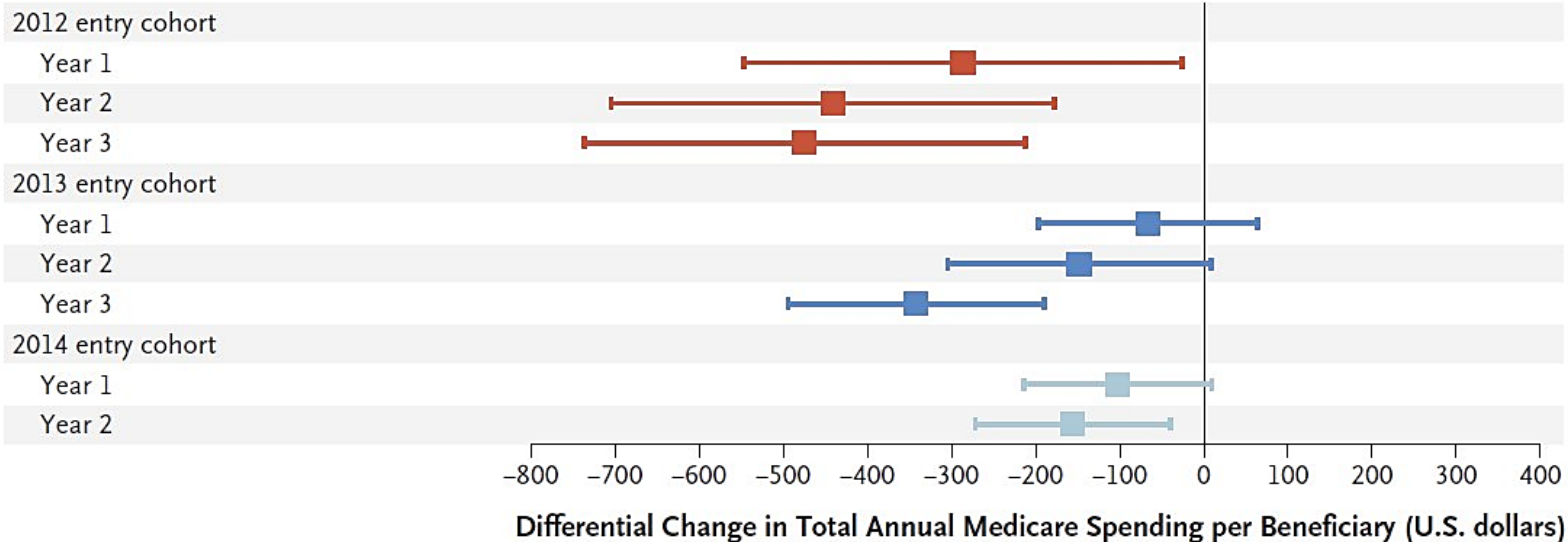
Qualifying Advanced APMs

- *Advanced Alternative Payment Models vs Alternative Payment Models* : only the former will count for incentives and MIPS exemption
 - Shared Savings Program - Track 2
 - Shared Savings Program - Track 3
 - Shared Savings Program – Track 1+
 - Next Generation ACO Model
 - BPCI-A
 - Comprehensive ESRD Care (CEC) - Two-Sided Risk
 - Comprehensive Primary Care Plus (CPC+)
 - Oncology Care Model (OCM) - Two-Sided Risk
 - Comprehensive Care for Joint Replacement (CJR) Payment Model (Track 1- CEHRT)
 - Vermont Medicare ACO Initiative (as part of the Vermont All-Payer ACO Model)

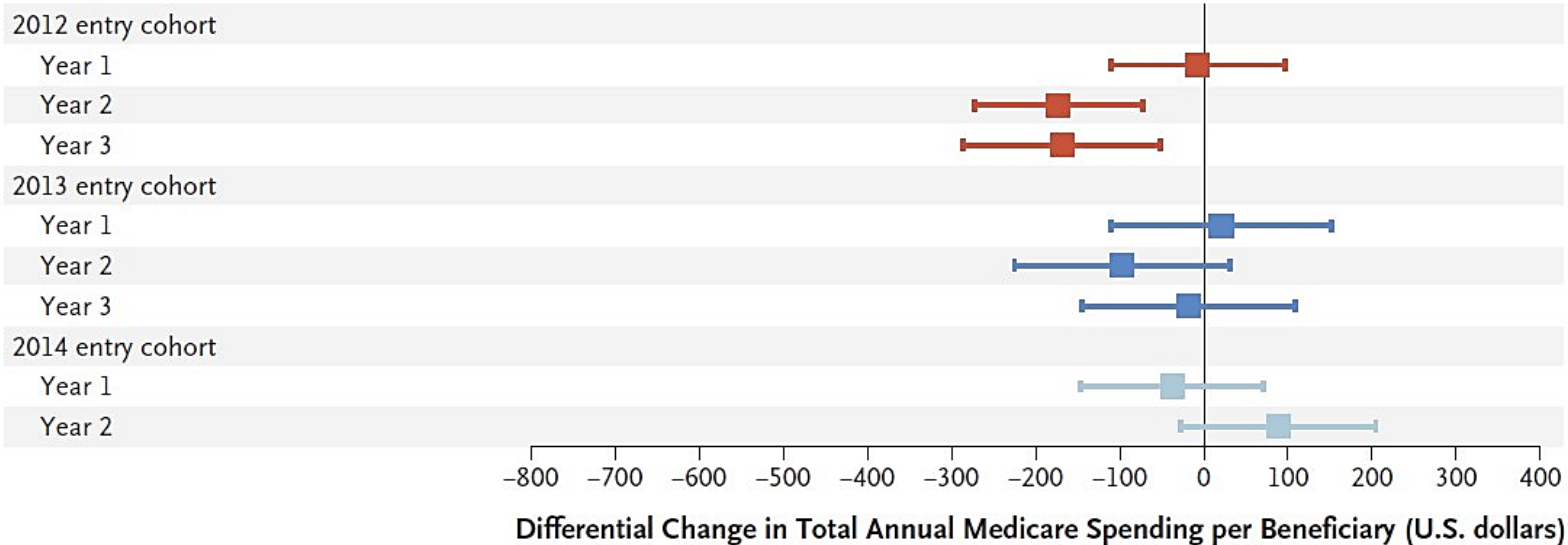
Physician Engagement via Ownership Matters



A Physician-Group ACOs

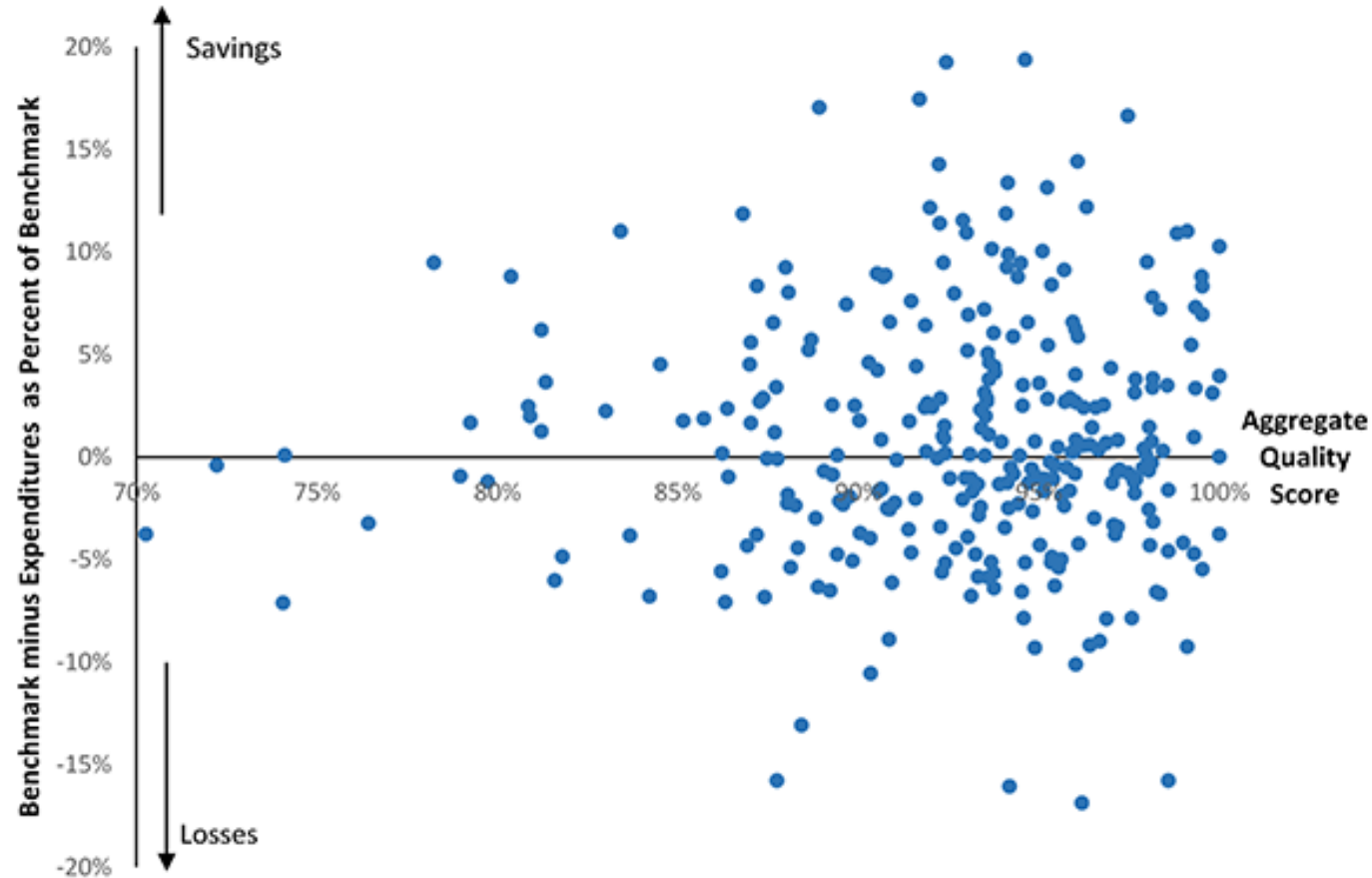


B Hospital-Integrated ACOs



<https://twitter.com/NEJM/status/1037459143500681217>

Cost and Quality Not Well Correlated in MSSPs to Date



<http://healthaffairs.org/blog/2016/09/09/medicare-accountable-care-organization-results-for-2015-the-journey-to-better-quality-and-lower-costs-continues/>

Cost Management Strategies

- Highest Risk Patients
 - 5% of population but 50% of cost
 - Multiple simultaneous illnesses and socio economic barriers
- Medium Risk Patients
 - 40% of the population, 40% of cost
 - Single stable chronic conditions and acute illness
- Low Risk
 - 55% of population, 10% of cost
 - Wellness and prevention and minor acute illness

Cost Strategies Across the Population Pyramid

- Highest Risk Patients
 - Care coordination across continuum
 - Address psychosocial issues with medical issues
 - High touch, high continuity care
- Medium Risk Patients
 - Reduce variation
 - Evidence based medicine
 - Effective Team Based Care
- Low Risk
 - 55% of population, 10% of cost
 - Wellness and prevention and minor acute illness

Quality Strategies

- Define your population to track
 - All patients with diabetes, CHF, HTN etc.
- Use Clinical Workflows to ensure compliance with care plans
 - Registries
 - Rooming checklist
- Go the extra mile to ensure compliance
 - Ease of access
 - Proactive engagement



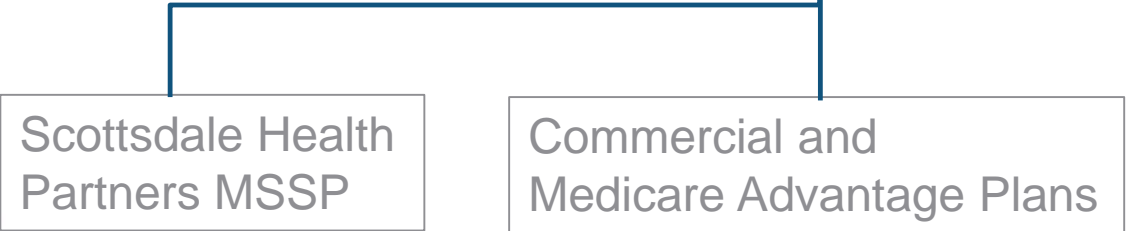
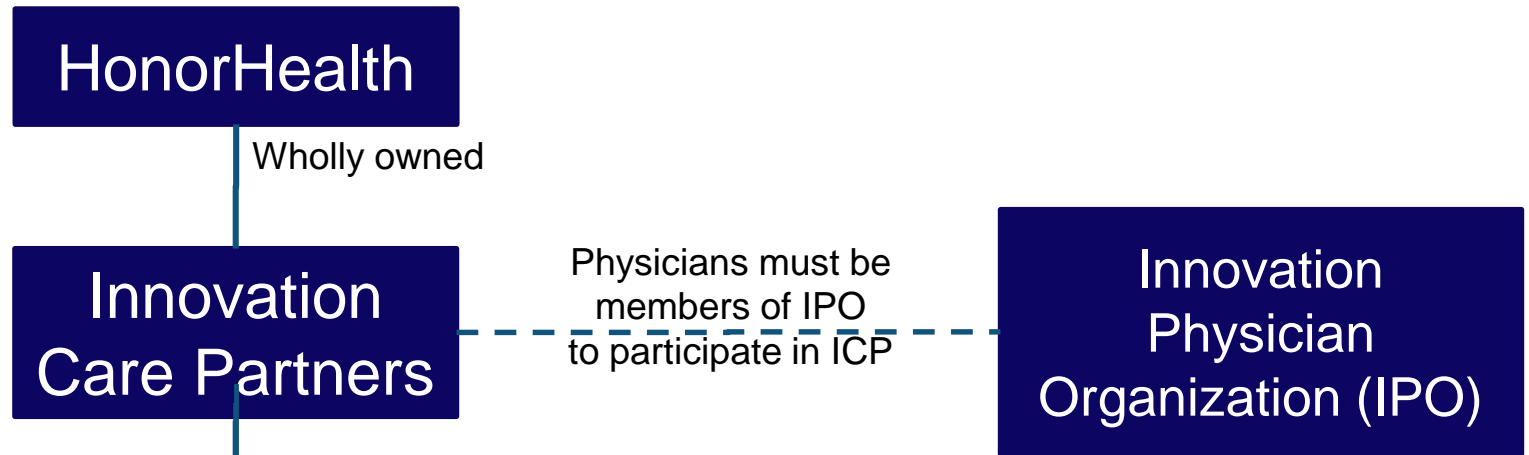
Our local approach



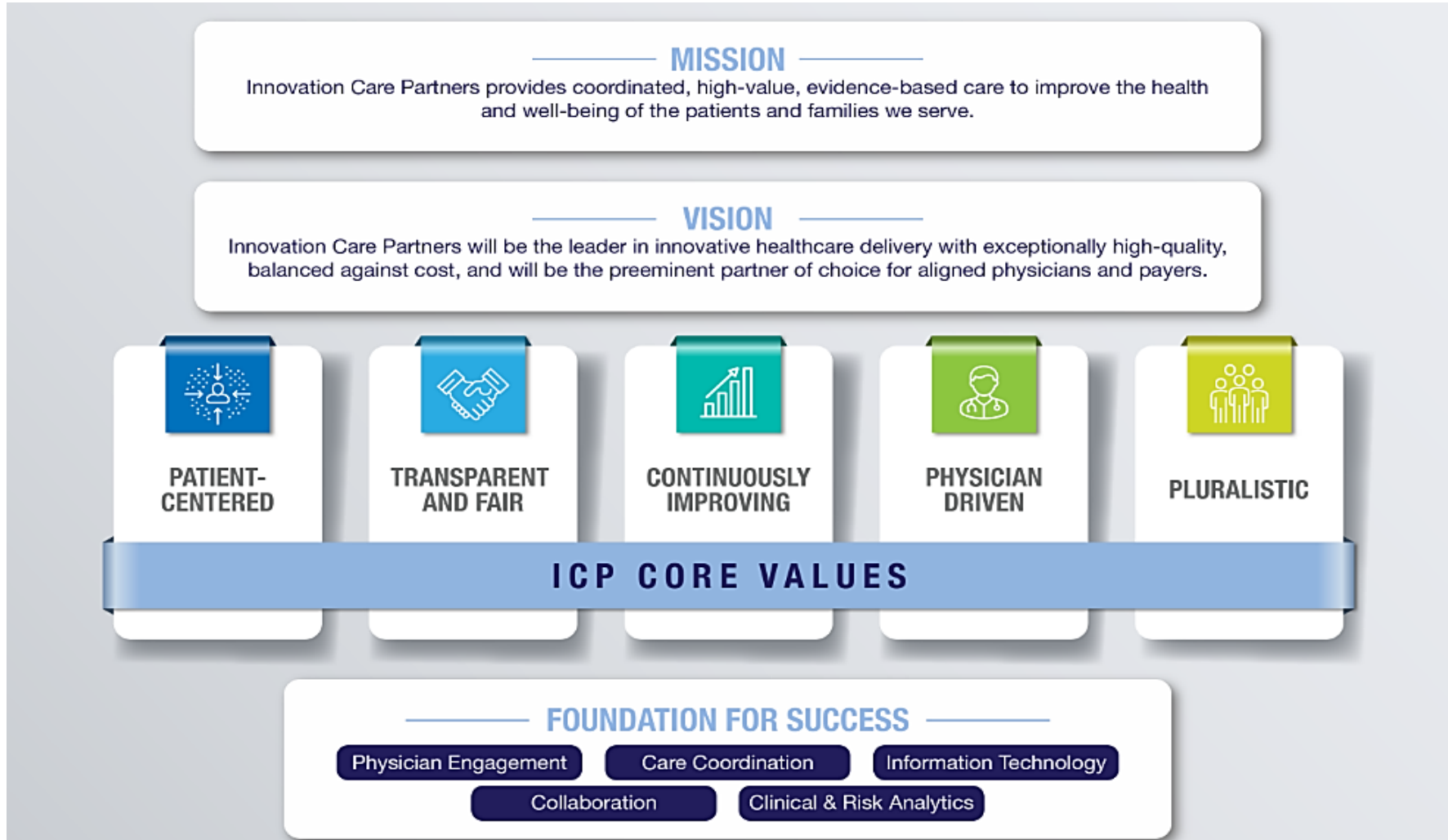
What is Innovation Care Partners (ICP)?

Clinical Integration (CI) and Accountable Care Organizations (ACO)

- CI - Legal mechanism that allows practices to remain independent but work together to provide coordinated quality care
- MSSP – Participant in CMS Medicare Shared Savings Program



Innovation Care Partners Strategic Framework



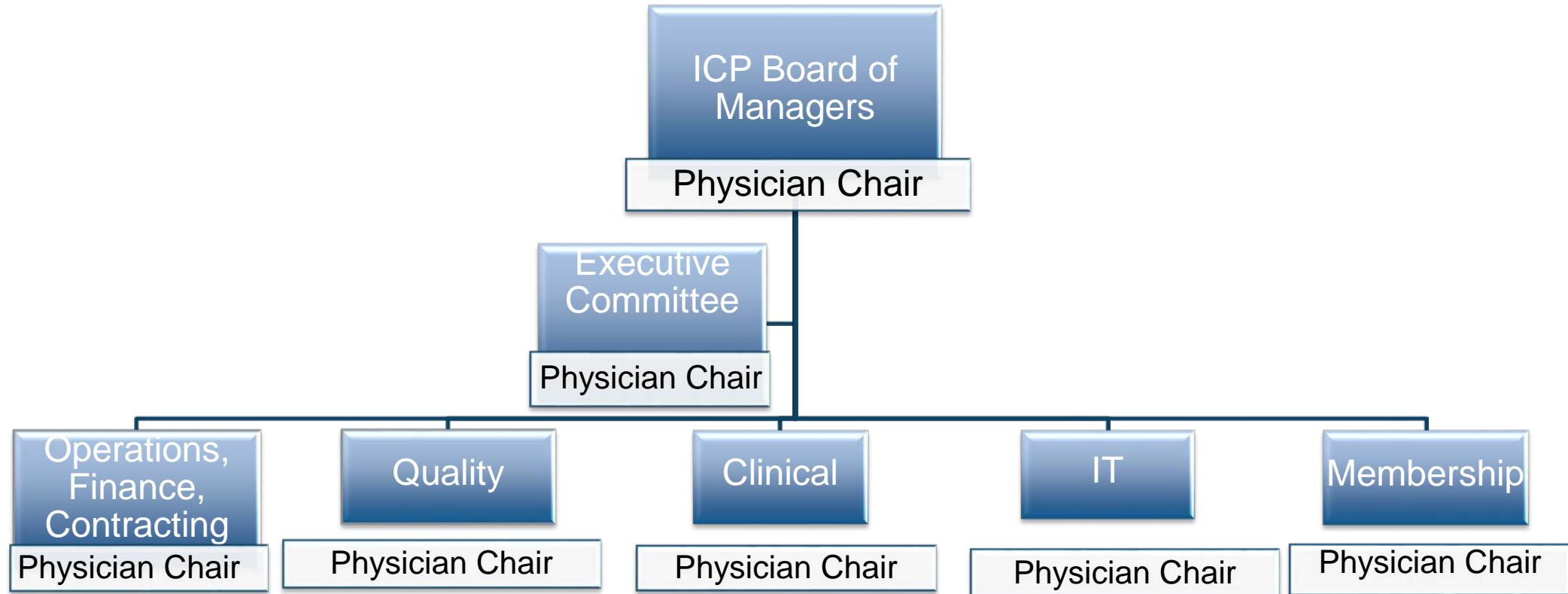
Innovation Care Partners - What We Do

- 1. Engage Physicians**
- 2. Care Coordination and Transitional Care Management**
- 3. Improve access to data for clinicians**
- 4. Improve provider communications and coordination**
- 5. Manage the health of our population**

Leads to...

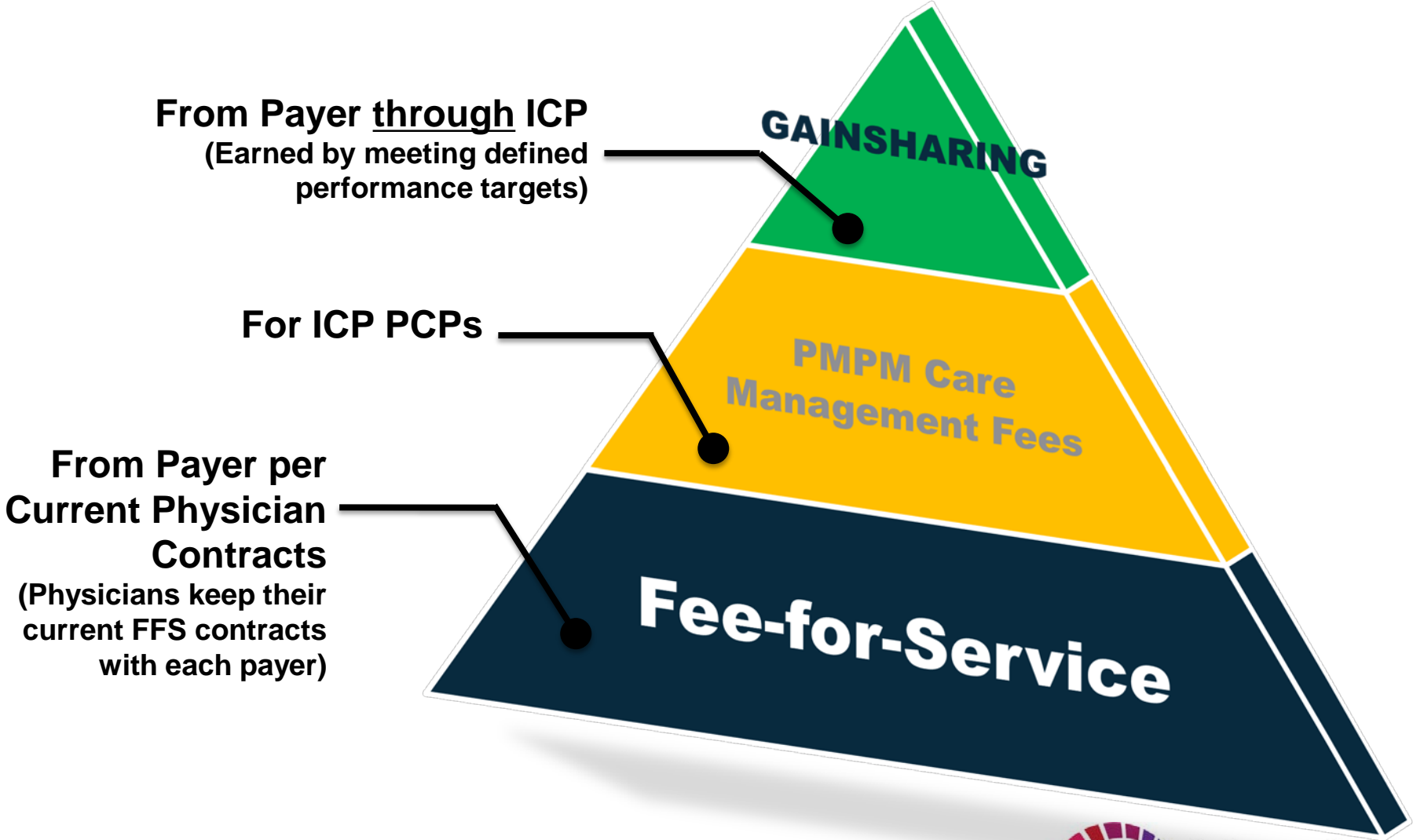
- Improved quality
- Reduced cost
- Improved patient satisfaction

Innovation Care Partners is Physician Driven



Over 90% of Committee Members are Physicians

Summary of Reimbursement Structure

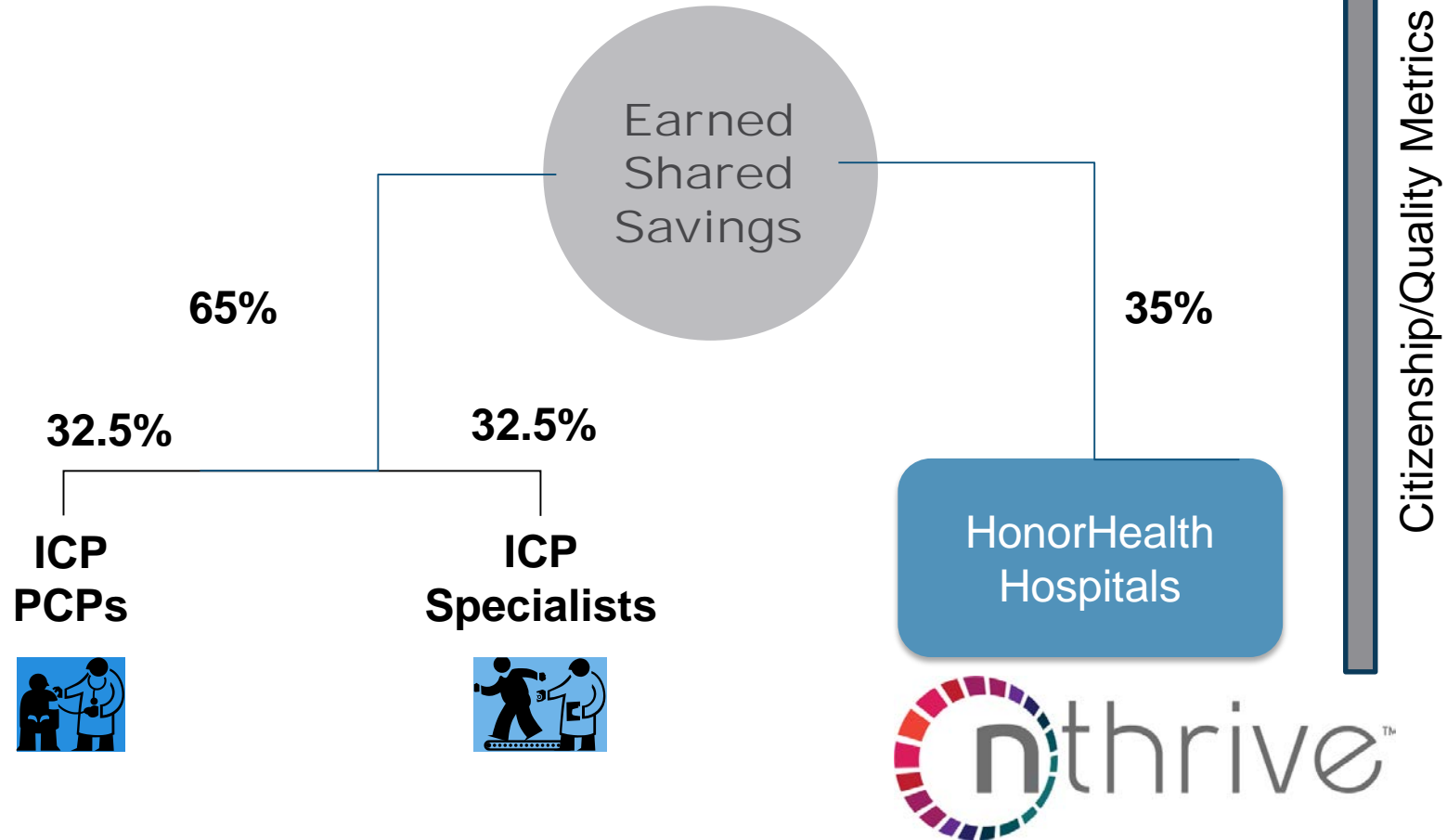


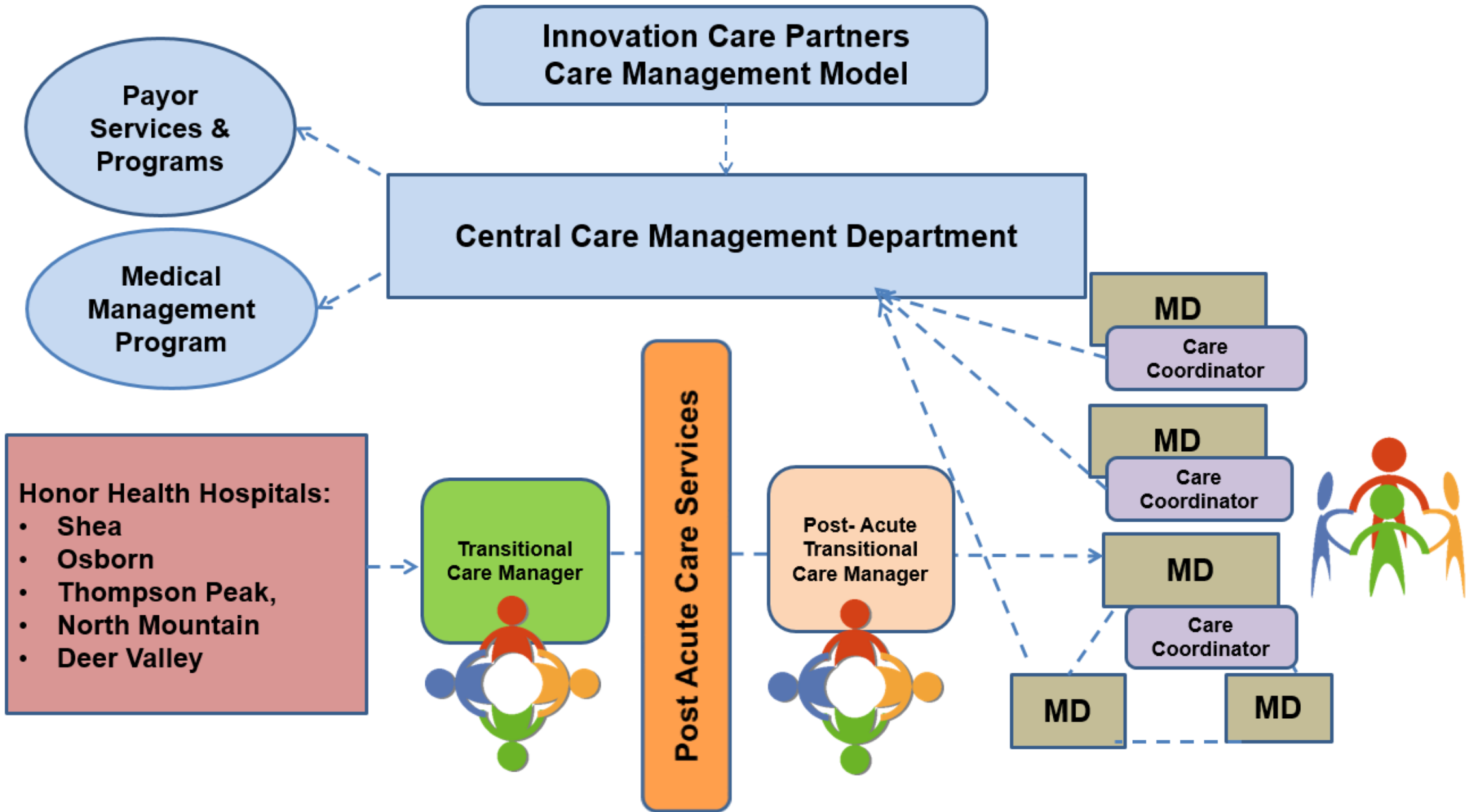
Gainshare Distribution

GAINSHARE

Performance bonuses & shared savings payments earned based on achieving quality metrics, and overall network performance.

SHP paid over \$10M in gainshare to approximately 350 providers and the Hospital in calendar year 2016





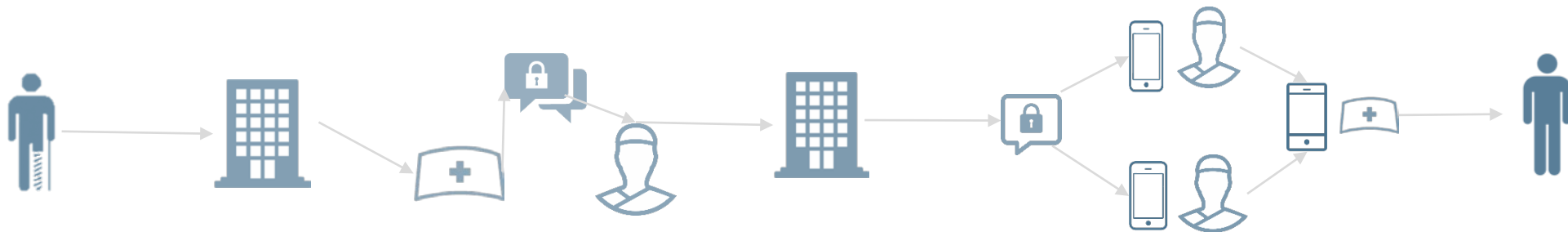
Care Management Model

Transitional Care Management

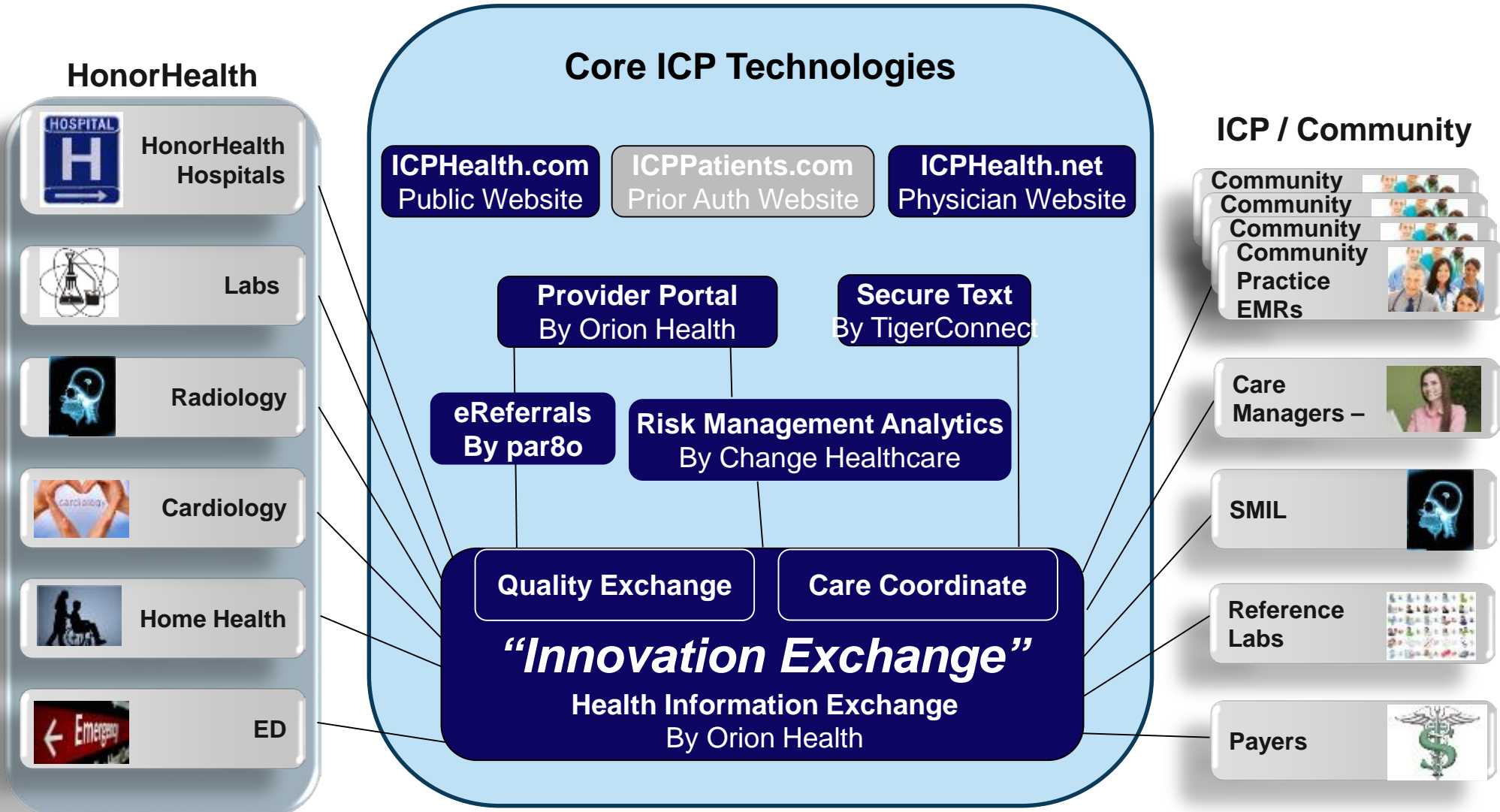
- Available for ICP physicians/patients
- Assist with the transitional needs of ICP patients in the hospital
- PCP Notification of admission, discharge, and emergency room visits
- Focus on maintaining clear communication to primary care physician about treatment plan











Comprehensive Care Coordination

- Intensive outpatient care program using well trained care manager embedded in a high-performing primary care team
- Creates close relationships with medically complex patients and delivers highly individualized and accessible primary care
- Develops a patient-specific, goal orientated treatment plan
- Geared to use mostly MA-level staff to economically reach more people with the same budget



Innovation Care Partners Technologies



	Transcribed Reports	Lab Results	Radiology Reports	Radiology Images	Encounter Events	Patient Demo's	Vitals	Immun.	Controlled Substances
 East Hospitals	1/12	1/12	1/12		1/12	1/12	10/15		
 West Hospitals	10/16	10/16	10/16		10/16	10/16	10/16		
 Medical Group - East					1/12	1/12	1/14	10/15	
 Medical Group – West					10/16	10/16	10/16	10/15	
 SCOTTSDALE MEDICAL IMAGING SDI southwest diagnostic imaging			1/12	10/15	1/12	1/12			
 MEDICAL IMAGING SDI southwest diagnostic imaging			6/17		6/17	6/17			
 Valley Radiologists Complete Diagnostic Imaging SDI southwest diagnostic imaging			6/17		6/17	6/17			
		12/14							
 Sonora Quest Laboratories A Subsidiary of Laboratory Sciences of Arizona		1/12							
 Arizona Controlled Substances									9/16

- AZHeC integration coming soon
- Adding more practice EMRs
- Surrounding state controlled substances coming soon

Care Compass – Search Results

Recommendations		Search	Recently Referred To
All Languages All Genders 10034 Reset			
Eliza Geer, MD Endocrinology Gender: Female Select Provider	Insurance Accepted	Online Receiver Distance: .51 mi Timely Response Rate: 100% Schedules Within Urgency: 100% Patient Satisfaction: 	
Donald Bergman, MD Endocrinology Gender: Male Select Provider	Insurance Accepted	Online Receiver Distance: .88 mi Timely Response Rate: 90% Schedules Within Urgency: 100% Patient Satisfaction: 	
Ira Goldberg, MD Endocrinology Gender: Male Select Provider	Insurance Accepted	Online Receiver Distance: 1.15 mi Timely Response Rate: 85% Schedules Within Urgency: 85% Patient Satisfaction: 	
Judith Komer, MD Endocrinology Gender: Female Select Provider	Out of Payer Network	Fax Receiver Distance: 1.50 mi Timely Response Rate: 70% Schedules Within Urgency: 75% Patient Satisfaction: 	
Michael Schaefer, MD Endocrinology Gender: Male Select Provider	Out of Payer Network	Fax Receiver Distance: 1.76 mi Timely Response Rate: 45% Schedules Within Urgency: 70% Patient Satisfaction: 	

- Specialist closest to your patient, that accept their insurance appear first
- Enhanced features include the ability to rank specialist based on our networks needs and goals;
 - Including their response rate to referrals
 - Scheduling within urgency
 - Being active online vs. fax

Secure Text Messaging

Vendor: TigerText

Time to Implement: 1 month

Go-Live: March, 2013

Purpose: Secure provider to
provider, asynchronous
text messaging

Users: Over 2,756 users and
counting



Claims Analytics

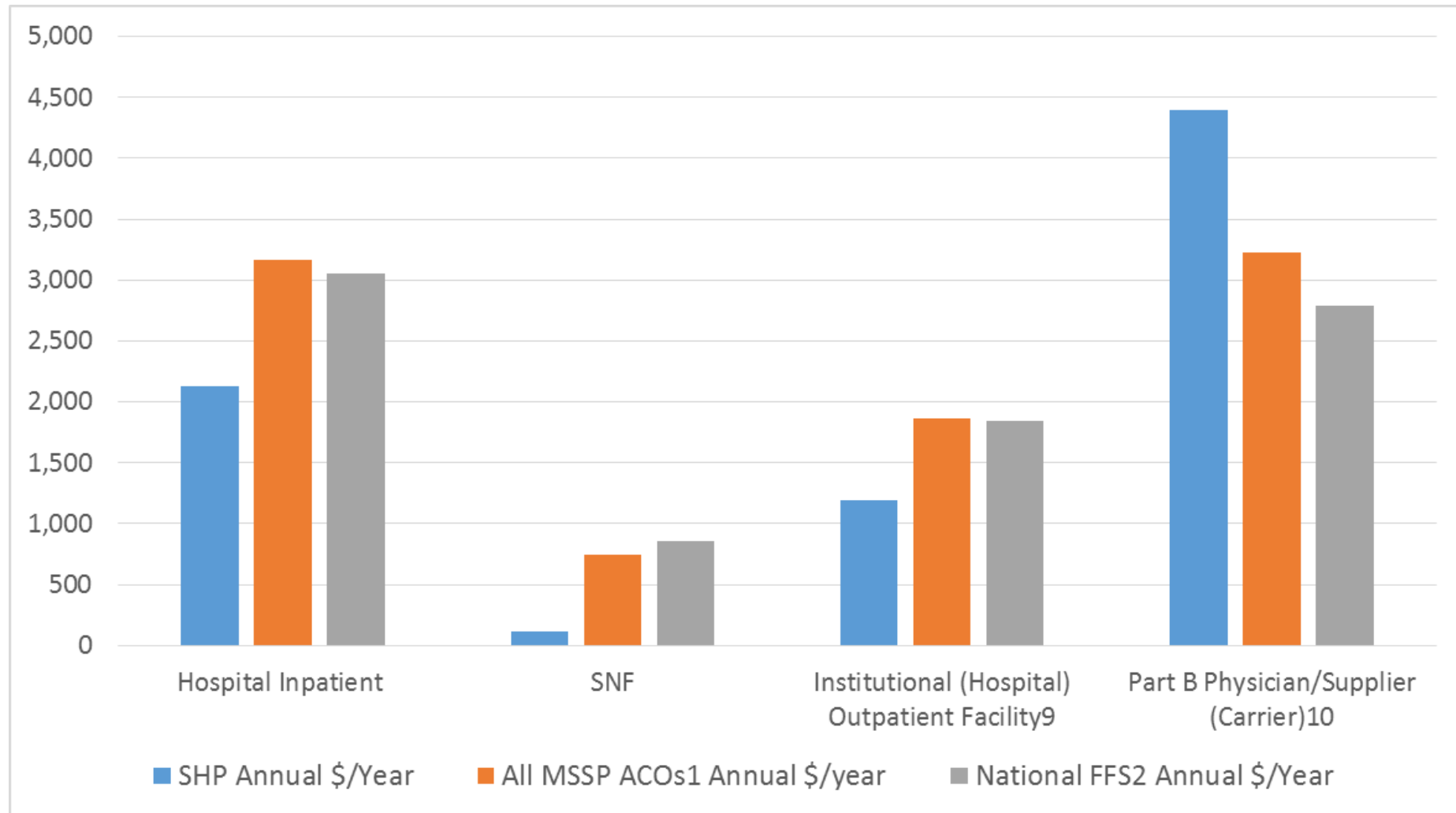
- Measures total cost of care
- Attributes patients to PCPs
- Allows comparisons across providers, groups and network
- Risk stratifies population by CPT, ICD and cost
- Episode grouping for measuring specialty care efficiency



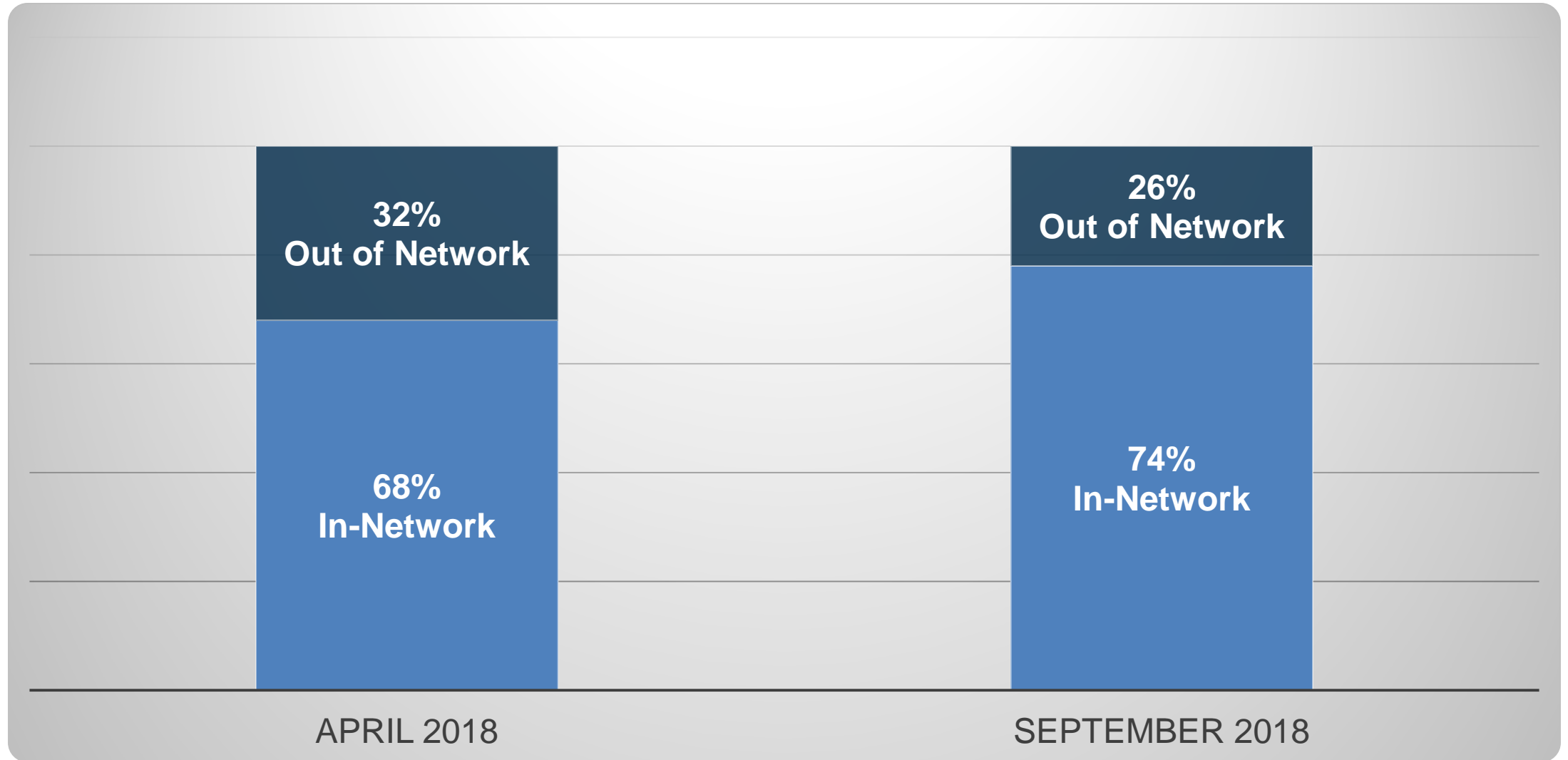
Outcomes

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SHP MSSSP Trends vs. National ACOs and FFS

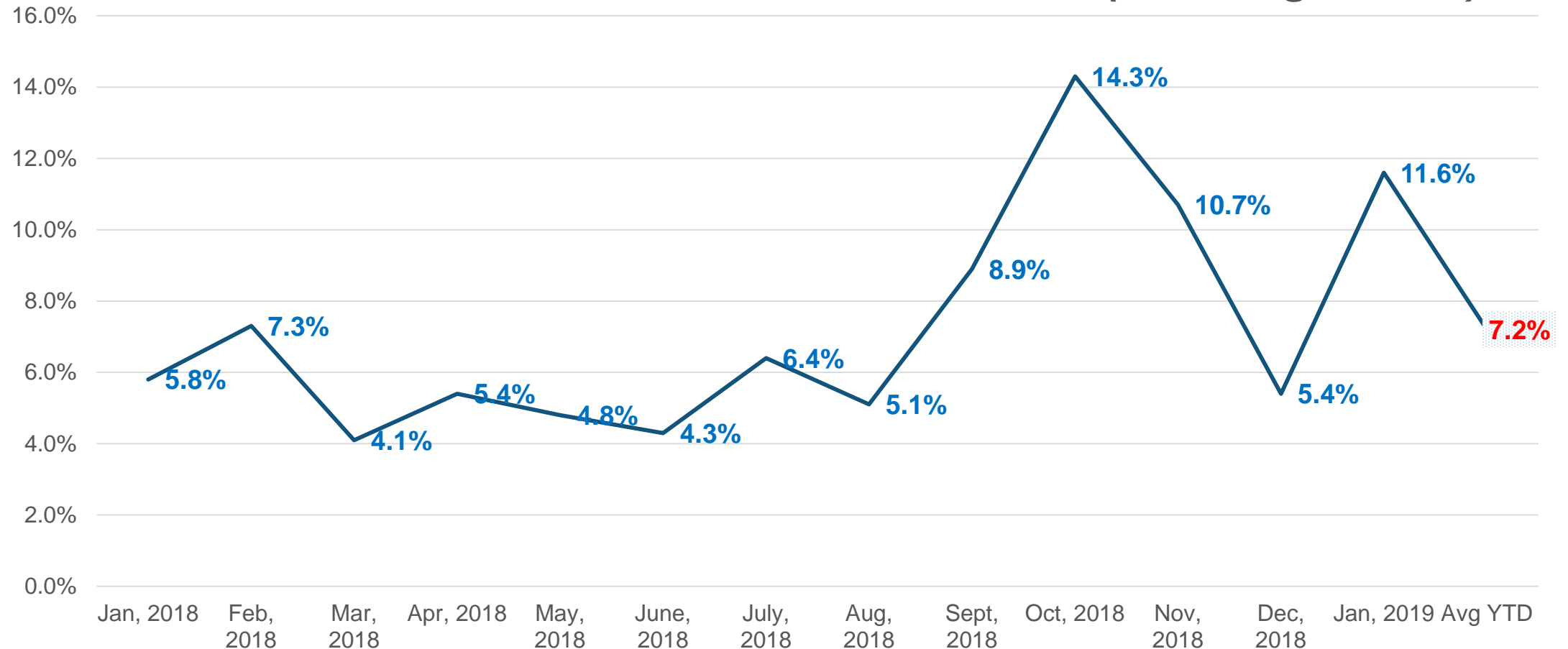


In/Out of Network Progress

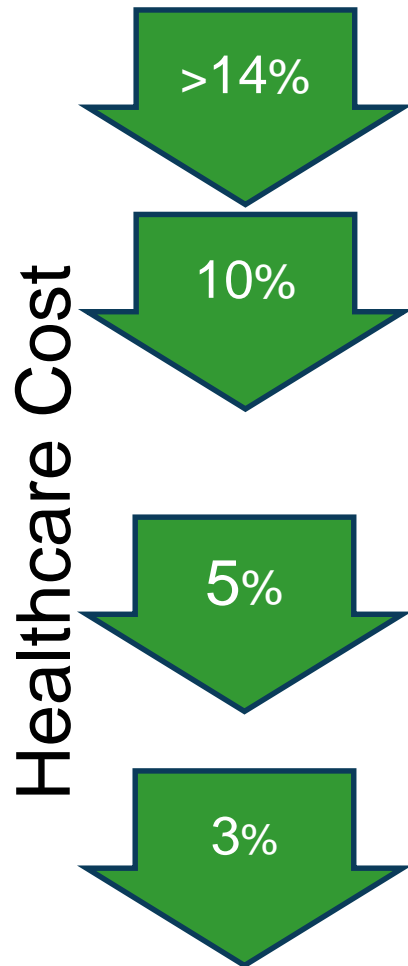


ICP – Transitional Care Management Team Readmissions

Total Readmission Rate 2018 - 2019 (YTD Avg – **7.2%**)



Results to Date



- **Medicare Advantage**
 - 10% cost reduction in year 1 and another 4.5% in year 2
- **Direct to Employer: Employee Health Plan**
 - 10% decrease in costs in year 2
 - Saved money in year 3; but not enough to trigger shared savings
- **Commercial Insurance Carrier**
 - 2% decrease in costs compared to market year 1
 - 5% decrease in costs compared to market year 2
- **MSSP**
 - First MSSP in AZ to ever achieve Shared Savings payment
 - Only MSSP in AZ to earn payments 4 years running

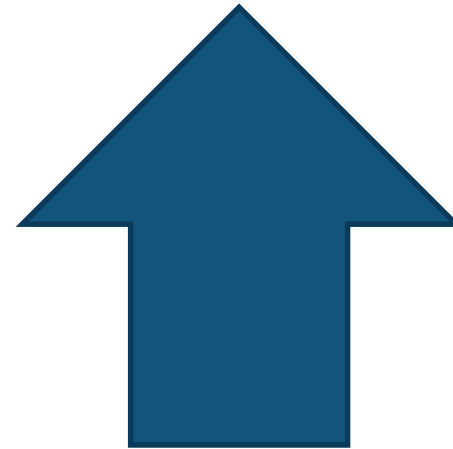
Outcomes after 6 Months in Care Management Program



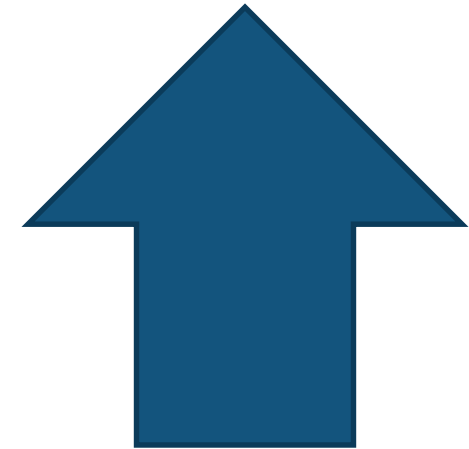
% Of Patients with Severe Depression:
59% lower



Mental VR12 :
1.5% improvement

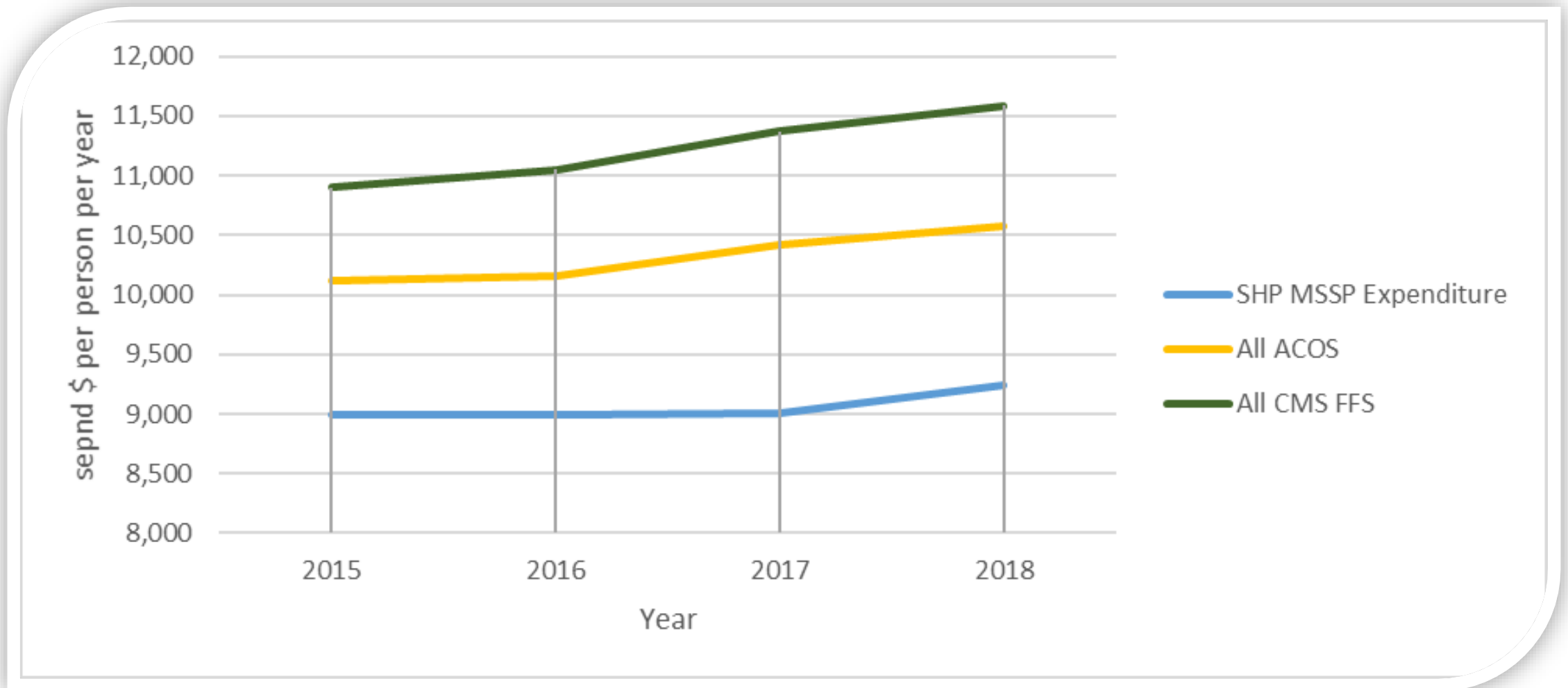


Physical VR12:
2.5% improvement



Patients highly engaged in their own care:
15% increase

SHP Has Held Spending Growth Compared With National ACOs and All FFS Medicare



Conclusions

- Macroeconomic forces are driving providers to adopt value based payment models while keeping fee for service models in place
- CINs are an important tool to allow a community to make this transition
- Physician engagement is the most important focus of successful CINs
- CIN maturation takes time and resources and is influenced greatly by local environments



Thank you

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