

# Innovations in Primary Care Payment: Capitation

October 24, 2019



# Speakers

- **Michael W. Cropp, MD, MBA**
  - President and Chief Executive Officer, Independent Health | Buffalo, NY
- **Fuad Sheriff, MD, FACP**
  - Amherst Medical Associates | Amherst, NY

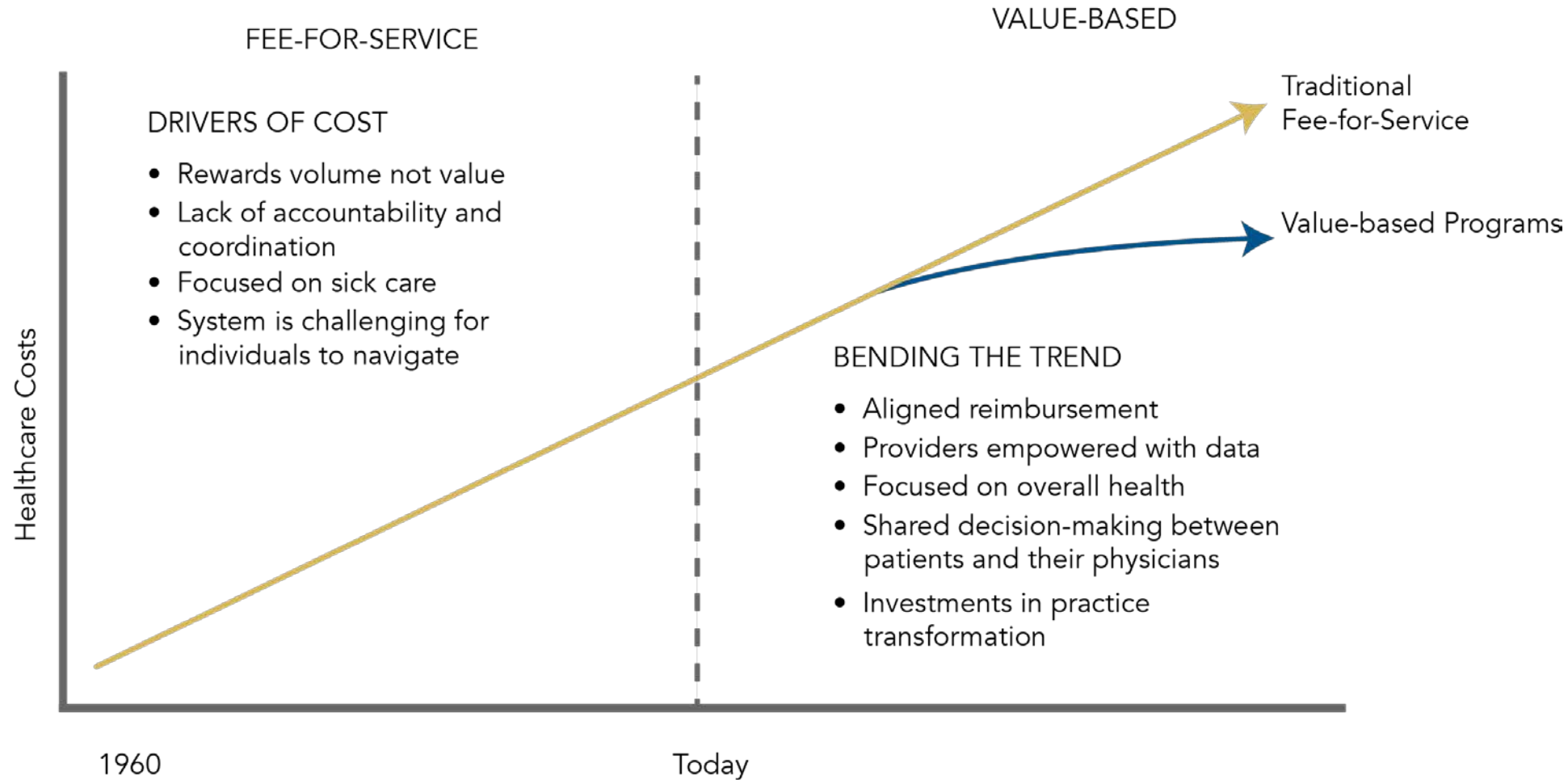


# Rising Costs



- **The cost of healthcare in the United States is continuing to rise at an unsustainable rate**
- **Americans spent \$3.65 trillion on health care in 2018**
  - This translates to \$11,121 per person
  - Spending in 2018 was 4.4% higher than in 2017
  - Per-person spending among the privately insured rose 4.5% in 2018 despite the fact enrollment in private plans stayed flat

# Bending the Trend



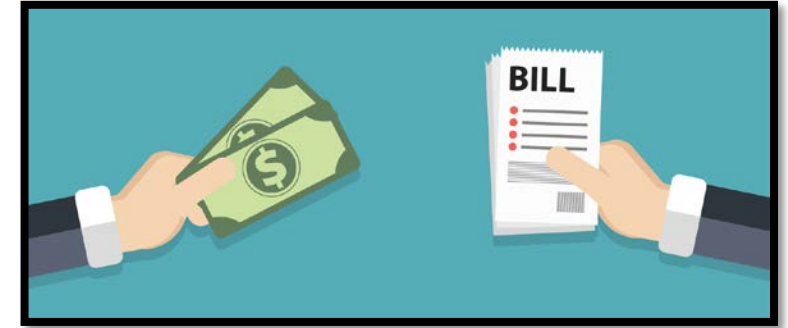
# Independent Health

- **350,000-member not-for-profit network model health plan in Buffalo, New York**



# 1980 - 1996

- **Traditional Fee-For-Service payment model**



# 1993 - 1998

- **Capitation for primary care providers experiment**



# 1998

- **Participation in IHI's IDCOP – Ideal Design of the Clinical Office Practice**



**Idealized Design**  
of Clinical Office Practices



# Pay for Performance

- **Asthma – Pediatricians**



- **Diabetes – Adult Practitioners**



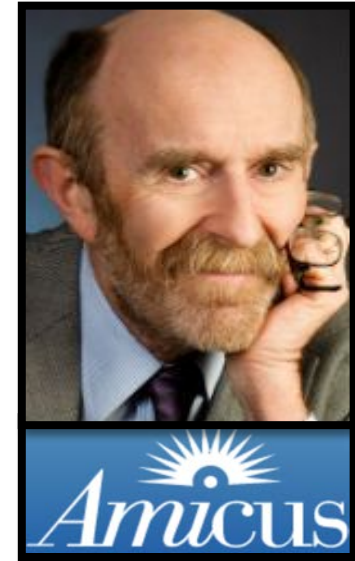
# 2001 - 2005

- **Patient Centered Medical Homes**



# 2010

- **Engaging Jack Silversin – Amicus to co-design a new care and payment model in concert with PCP's**



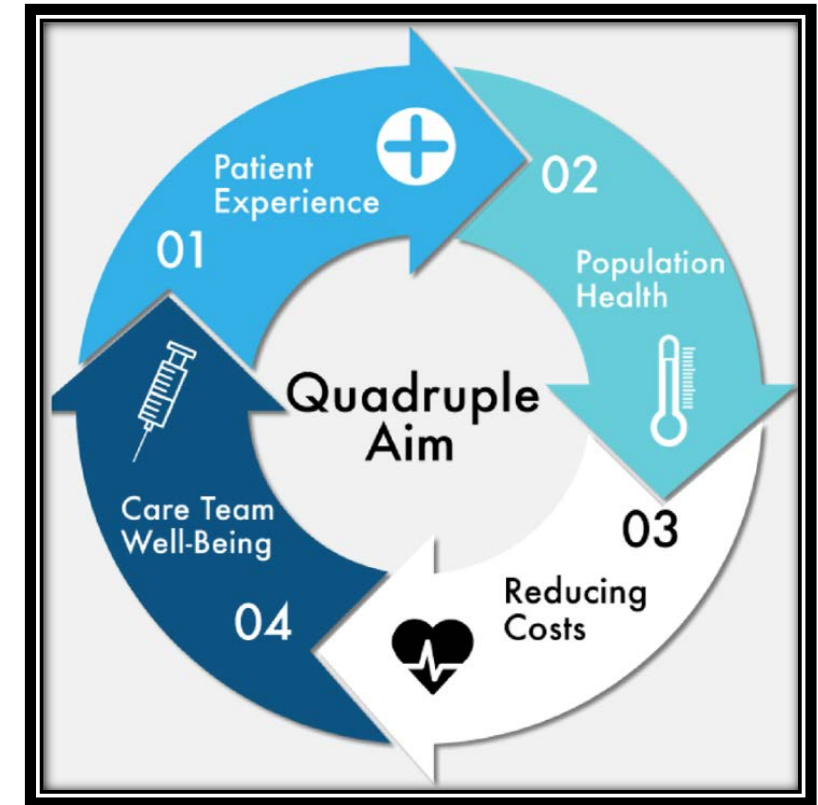
# Challenges for Providers

- **Value based reimbursement brings a multitude of challenges for primary care practices**
  - Increased workload for doctors
  - Electronic Health Record impediments
  - Patient dissatisfaction
  - Ambitious targets set by payers to earn incentive dollars
  - Loss of revenue
- **Successful adaptation to value-based care requires changes to:**
  - The care delivery model
  - Staffing
  - Role definition
  - Technology
  - Population health management
- **Primary care practices lack time, resources, and expertise to transform their business while continuing to practice medicine**



# Value Based Reimbursement

- **Fee for Service payment models have not been effective at reducing costs or improving health outcomes**
- **Value based reimbursement seeks to:**
  - Reduce costs (eliminate unnecessary tests and procedures)
  - Spreads financial risk (incentivizes providers to achieve financial and health outcome metrics)
  - Achieve better health outcomes for patients through:
    - Disease prevention
    - Coordination of care
    - Chronic disease management

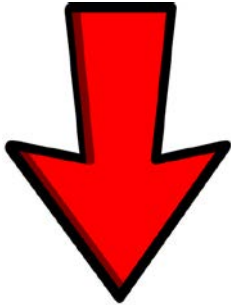


# Blended Payment Model

- **Case – Mix adjustment**
  - Care management up front
- **Fees for service – we want to encourage**
- **Surplus sharing in risk adjusted budget (assuming quality metrics achieved)**

# 2017

- **Local Blue Cross Blue Shield plan introduces a new Primary Care payment model**



- **Western New York community qualifies to apply for CPC Plus**

# 2017

- **CPC Plus status awarded**
- **Independent Health launches Evolve Practice Partners**





# Evolve Practice Partners

- Founded in 2017 by Independent Health
- Applies proven methodologies in business process management and clinical practice transformation to

Improve, Redesign, and Transform  
Primary Care Practices

- Offers a unique service and software application for population health management



# Amherst Medical Associates

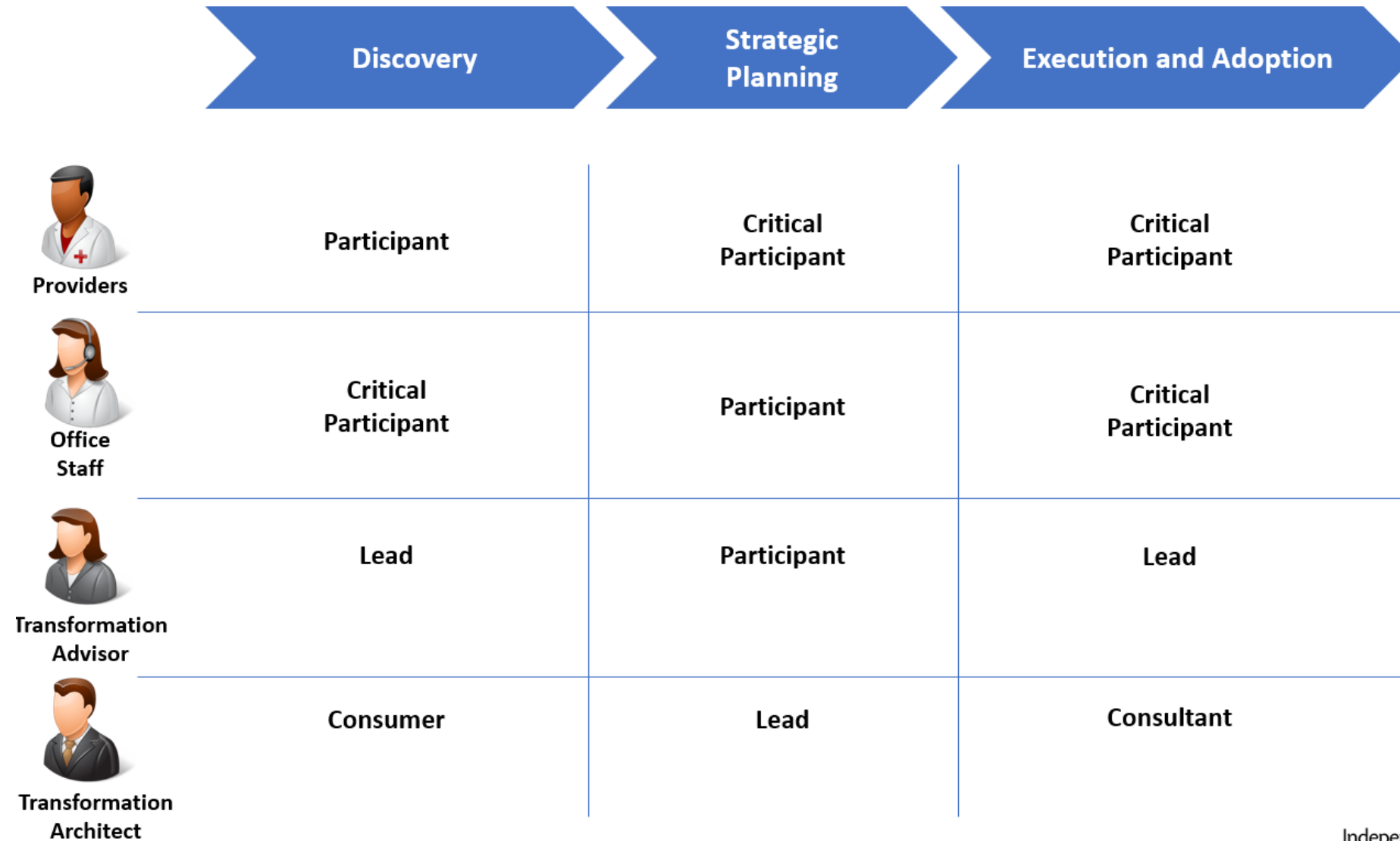
- **Primary care office in Amherst, NY offering family medicine**
  - 7 Physicians and 1 Nurse Practitioner
  - ~ 10,000 patients
  - 16 staff members
  - EHR since 2005
  - Patient Centered Medical Home
- **Engaged with Evolve Practice Partners to transform the practice in 2017**
- **Transformation Goal:**
  - Transform Amherst Medical Associates into a practice that thrives in the new Value Based Reimbursement system



# Transformation Approach



# Transformation Participants

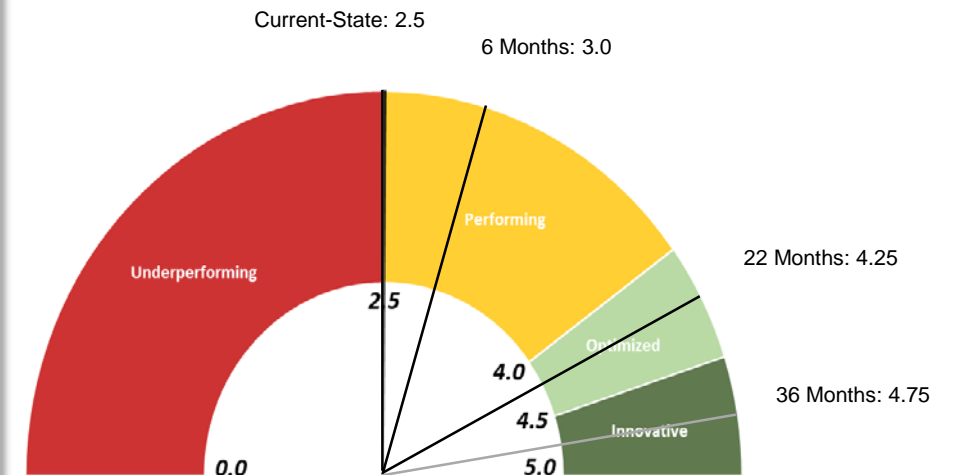


Independ

# Value-Based Readiness Assessment



Care Coordination	Team-Based Care	Care Management	Person-Centered Care	Population Health
3.0 Advanced Directives	3.3 Patient Comms.	4.0 Pre-Visit Planning	1.0 Health Literacy	2.2 Population Health Mgmt.
3.0 Health Information Exchange	2.8 Staff Comms.	3.2 Transitions of Care	2.0 Empanelment	2.7 Reporting
4.0 Labs and Imaging Orders	2.5 Staff Knowledge	2.5 Annual Well-Visit	2.7 Access	1.6 Quality Improvement
2.7 Referral Management		2.7 Patient Engagement	2.5 Patient Portal	
		1.0 Medication Management	1.0 Patient Experience	



# Patient Satisfaction Survey

Discovery

Strategic  
Planning

Execution and  
Adoption

## COMPOSITE SCORE PERCENTAGES

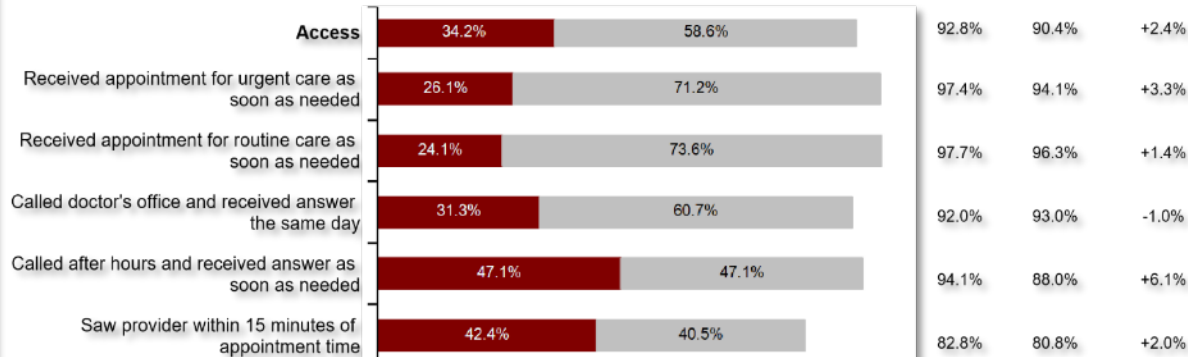


**Score**  
% Always  
+ Usually

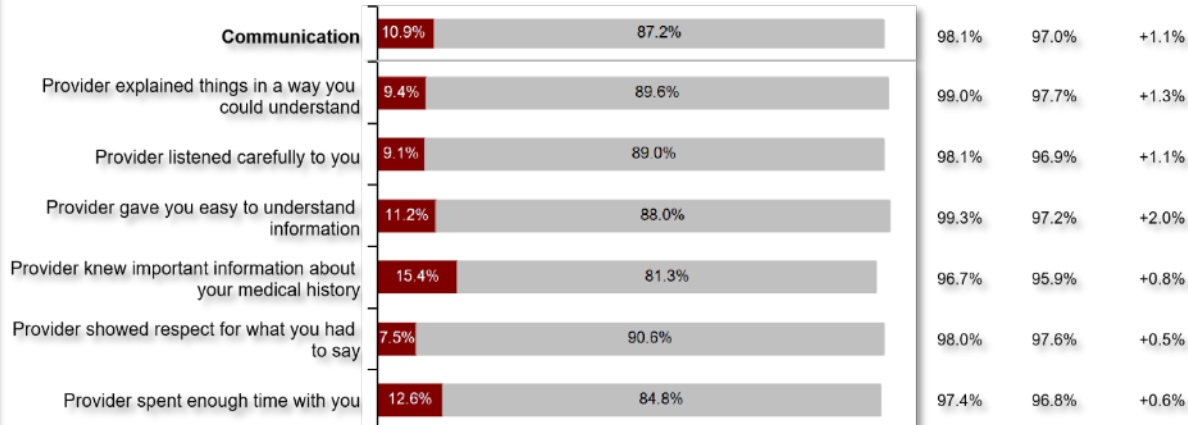
**Average**

**Difference**  
(Score -  
Average)

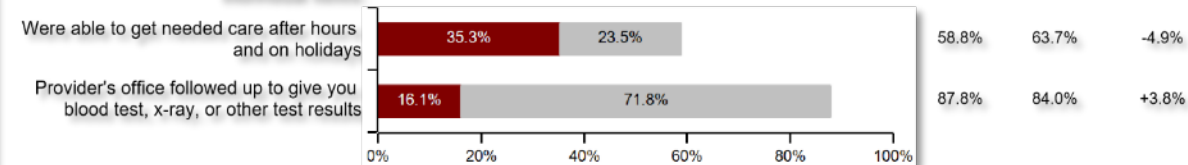
### Access



### Communication



### Individual Items:



## COMPOSITE SCORE PERCENTAGES

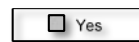
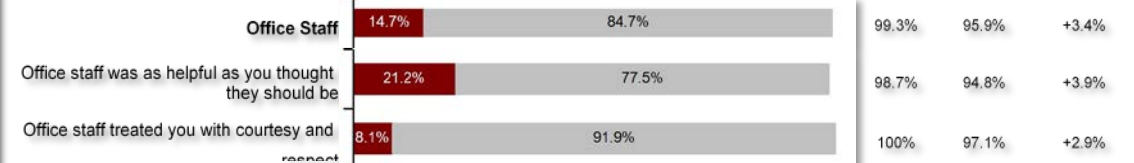


**Score**  
% Always  
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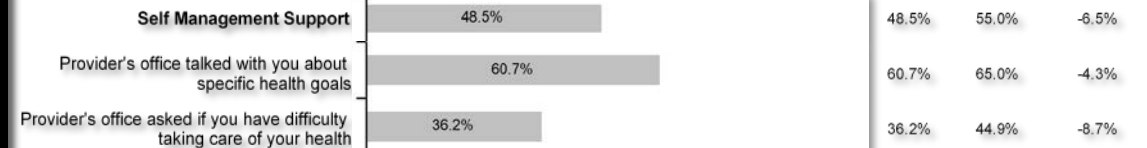
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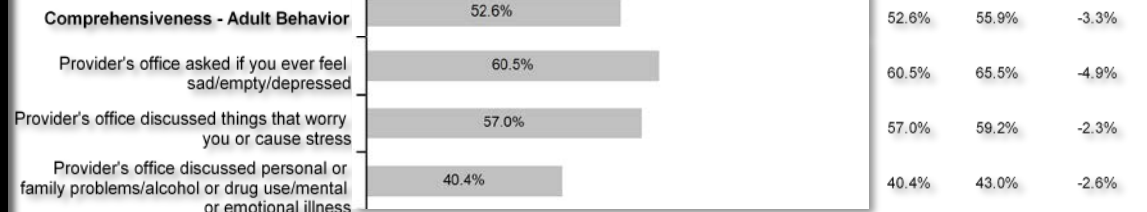
### Office Staff



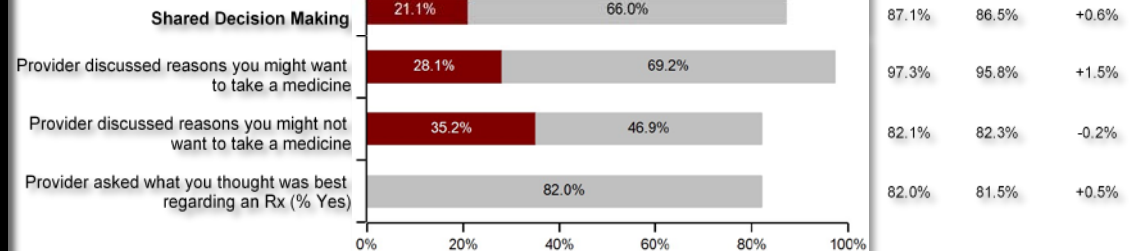
### Self Management Support



### Comprehensiveness - Adult Behavior



### Shared Decision Making



# Patient Journey Map

Discovery

Strategic  
Planning

Execution and  
Adoption



**Norma E. Patient**  
Elderly Patient for Chronic Issue

"I've been anticipating this visit for weeks, I hope we can solve my problem today."

## Pre-Visit (Schedule, Check-In, Rooming)

## Visit

## Post-Visit (Check-Out, Care Mgmt)

### Actions

- I've been visiting specialists for months trying to figure out what's going on.
- My caregiver calls to schedule an appt
- I check in at the desk and wait a few mins.
- The nurse takes my vitals and performs a tug test and asks me about falling
- The nurse reviews my meds and allergies
- While I'm waiting, I get my flu and pneumonia shots.

- The doctor comes in and asks me how I've been feeling and about my complaints.
- The doctor examines me.
- The doctor talks to me about what he found and next steps

- The doctor brings me a visit summary and discusses next steps and when to follow-up
- The doctor explained my new medications to me
- The doctor gives me my lab and imaging orders

### Expectations

I expect to be seen in a reasonable timeframe

When I have an issue, I need my doctor to work to solve it

I need to understand what's going on with me, how to take care of myself and how to manage my medications

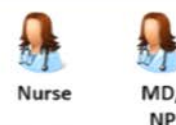
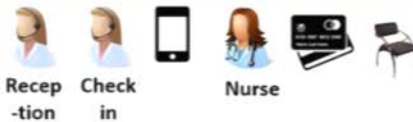
### Thoughts/ Feelings

- I love that I didn't have to wait very long in the waiting room.

- I really like that the doctor knows about me and my specialists, I've been coming to him for 20 years
- My doctor really listens to me instead of typing on his computer
- My doctor took the time to address all my issues

- It was a little confusing how to get out of the office and whether I needed to stop at the counter
- I like that I get to see a doctor every time I come to the office

### Touch points





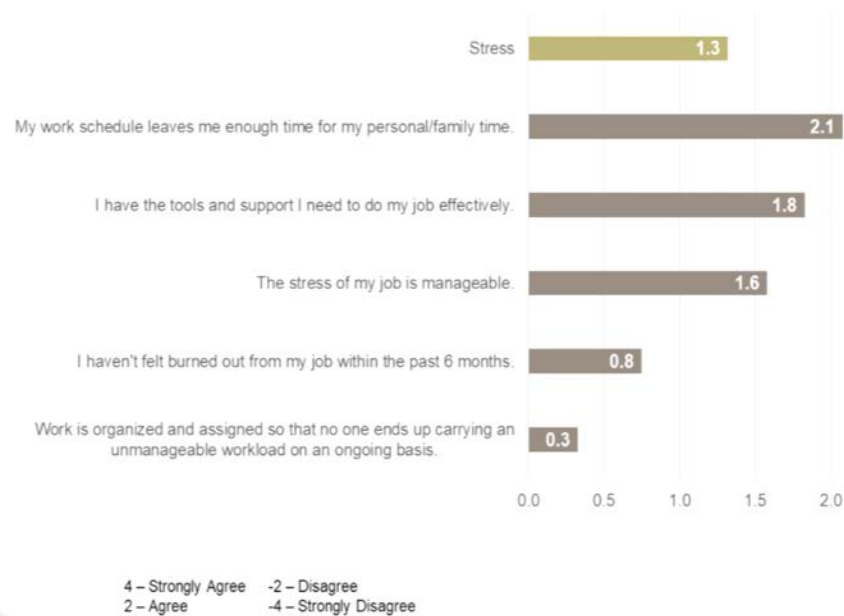
# Practice Vitality Survey

Discovery

Strategic  
Planning

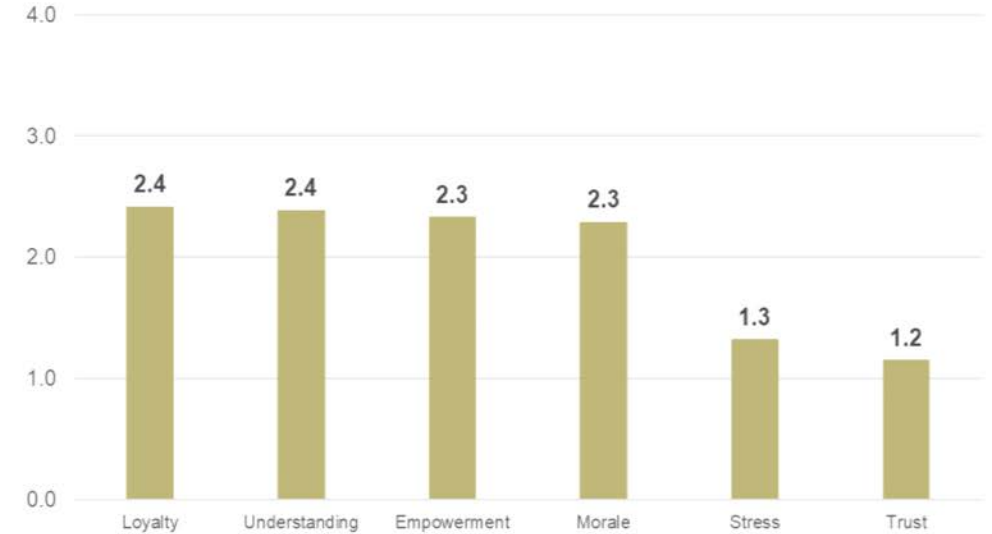
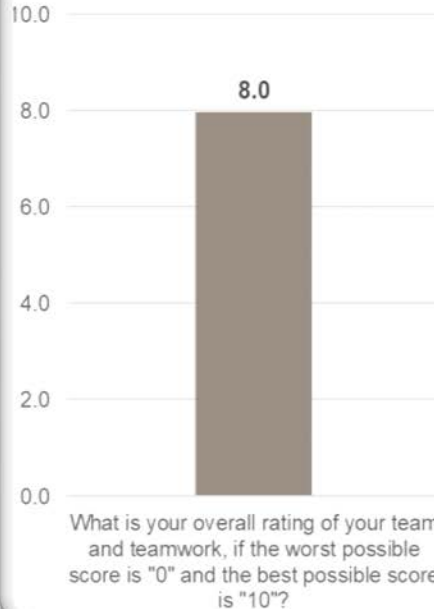
Execution and  
Adoption

## Stress



## Amherst Medical Team Vitality Results

Average Score





# Strategic Planning



- Goal Model
- Strategy Model
- Execution Roadmap

# Project Prioritization



- Communication of Hours
- Document Policy and Procedures
- Community Resource Book
- Implement ADT Alerts
- Follow-Up Visit Templates
- Unread Portal Message Alerts
- NCQA Policies
- Care Team Huddles
- Structured Team Meetings
- Open Schedule 6-12 Months
- Fax Queue Automation
- Batch Eligibility Verification
- Automated Calling
- EMR Note Simplification
- E-Visits
- Video-Visits
- Electronic Consents
- Patient Point Installation
- Improve Portal Usage
- Automated Check-In
- Triage Improvements
- Standing Orders
- Pharmacy Champion
- Standardize Care Plans
- Patient Focus Groups
- Discharge / Checkout Process
- Gaps in Care Process
- Pre-Visit Planning Improvements
- Consult Improvements
- Motivational Interviewing Training
- Rooming Improvements
- Behavioral Health Specialist Integration
- Staff Cross-Training
- Integrate Referrals and Care Plan
- Advanced Directives
- Patient On-Boarding
- Front End Redesign
- Lab work Redirection
- Ensure staff is working to top of license
- Implement QI Team and

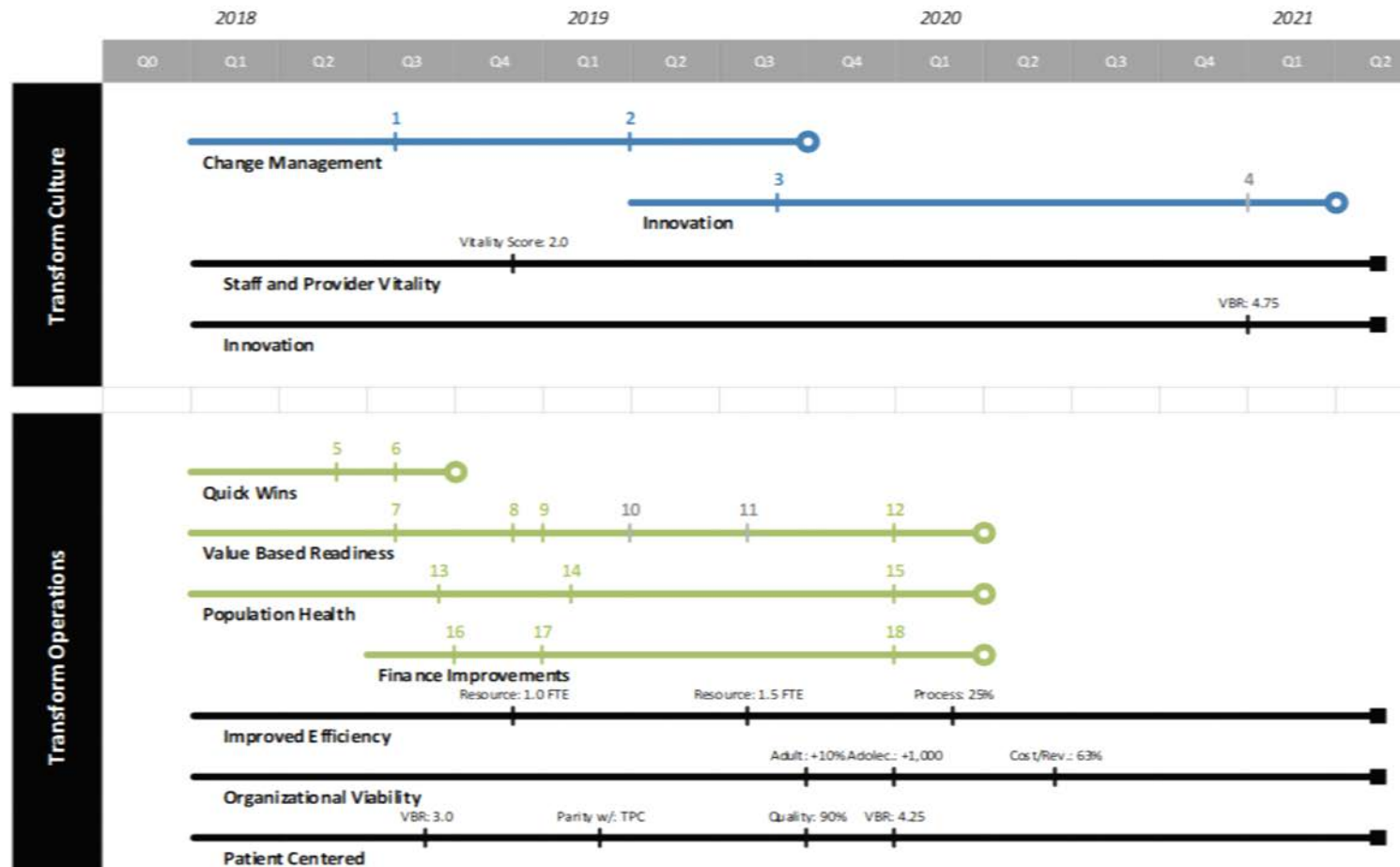
# Transformation Roadmap

Discovery

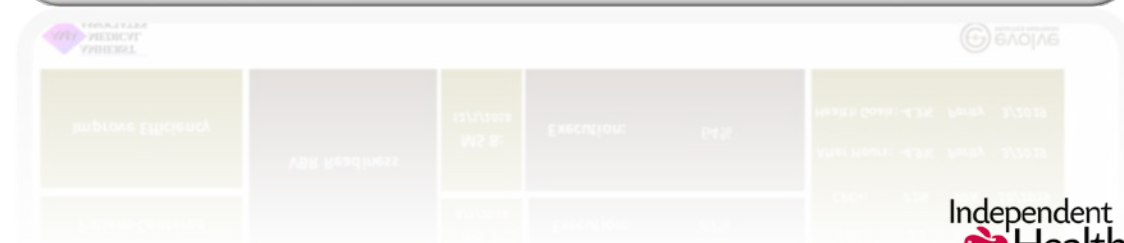
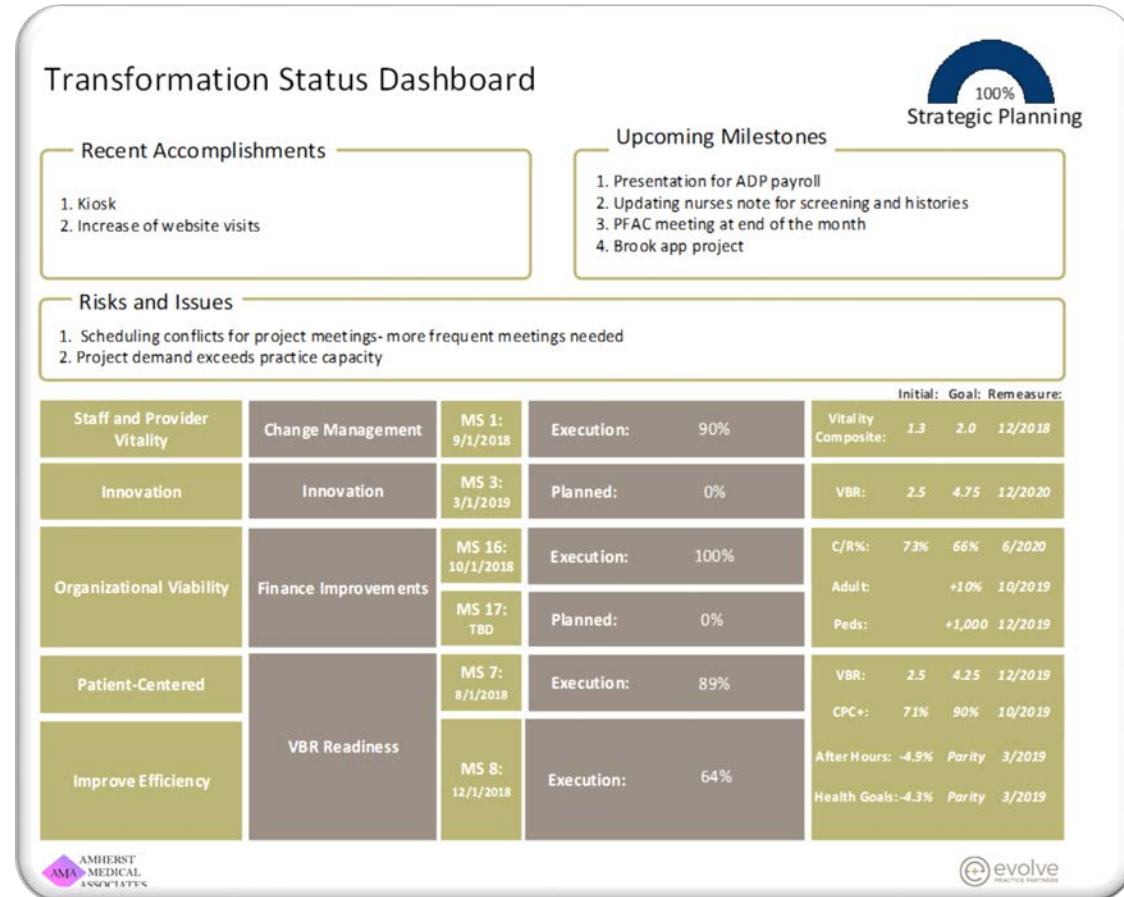
Strategic  
Planning

Execution and  
Adoption

## Hybrid Execution Roadmap for Transformation



# Tracking Progress

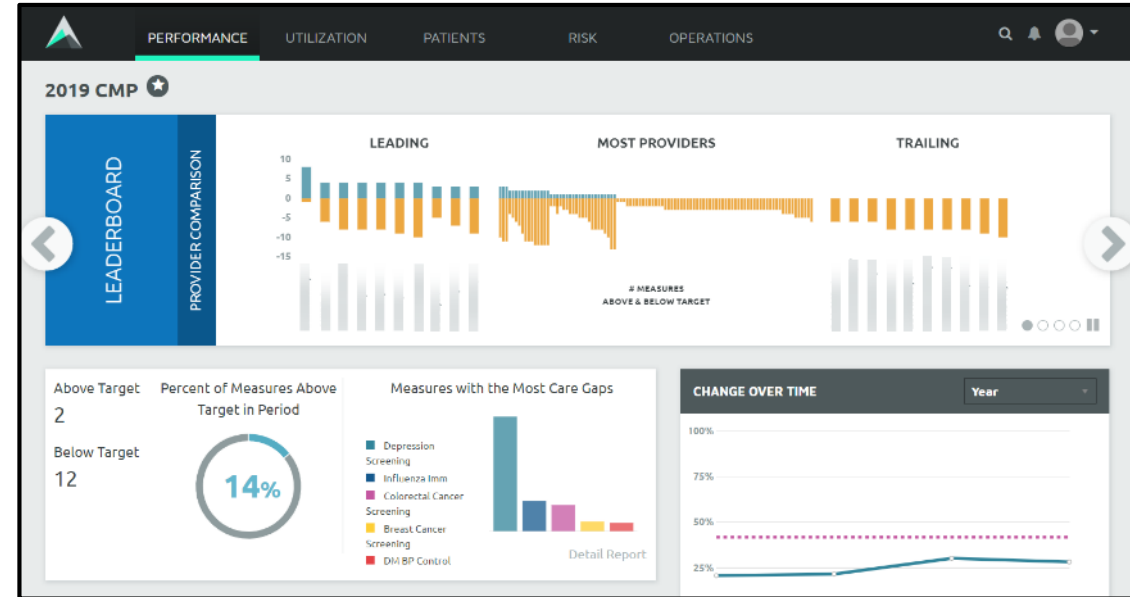


# Project Execution



## Automated Check-In Kiosk

- Increased Privacy for patients
- Eases front desk congestion
- Decrease check-in time
- Increase in patient portal users
- Consent transparency
- 1 FTE reallocated



## Population Health

- Aggregates patient data from EHR, RHIO, and Claims
- Provides unique patient risk stratification
- Tracks gaps and performance
- Care Management and Transition of Care modules



# Project Execution



## Behavioral Health Integration

- Established partnership with local behavioral health and addiction treatment provider
- Embedded Social worker at practice 2 days per week



## Alternative Visits

- E-Visits
- Follow-up visit templates
- Video visits
- Over 700 alternative visits performed in 18 months

# Project Execution



## PatientPoint

- Installed interactive touchscreen displays in waiting areas and all exam rooms
- Allows patients to access or activate portal accounts
- Displays patient education materials



## Fax Queue Interface

- Configured interface to automate delivery of clinical documents
- Eliminated manual routing of most faxes



## Quarterly Newsletter

- Began office newsletter to communicate changes more effectively to the staff

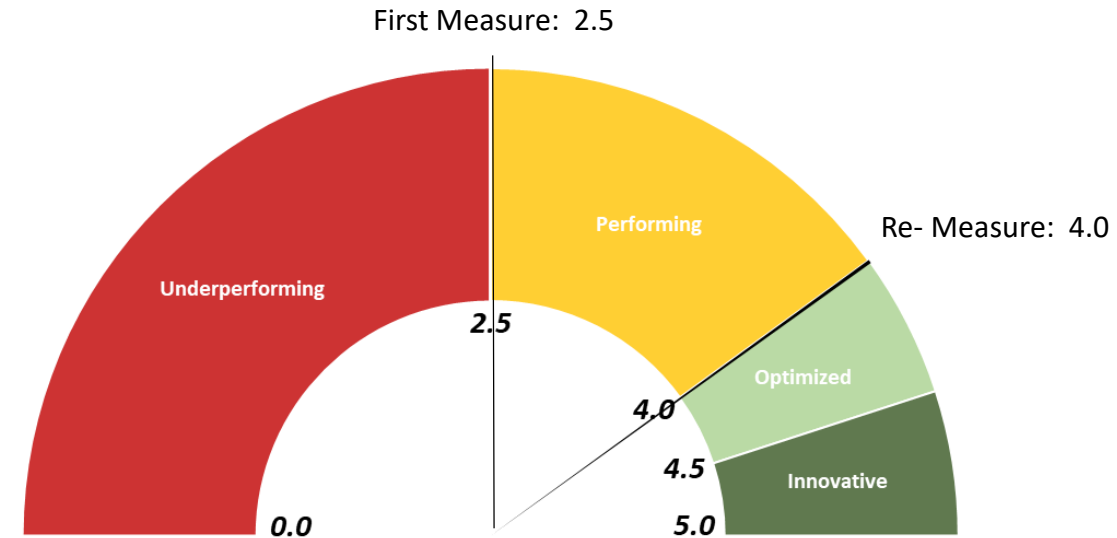
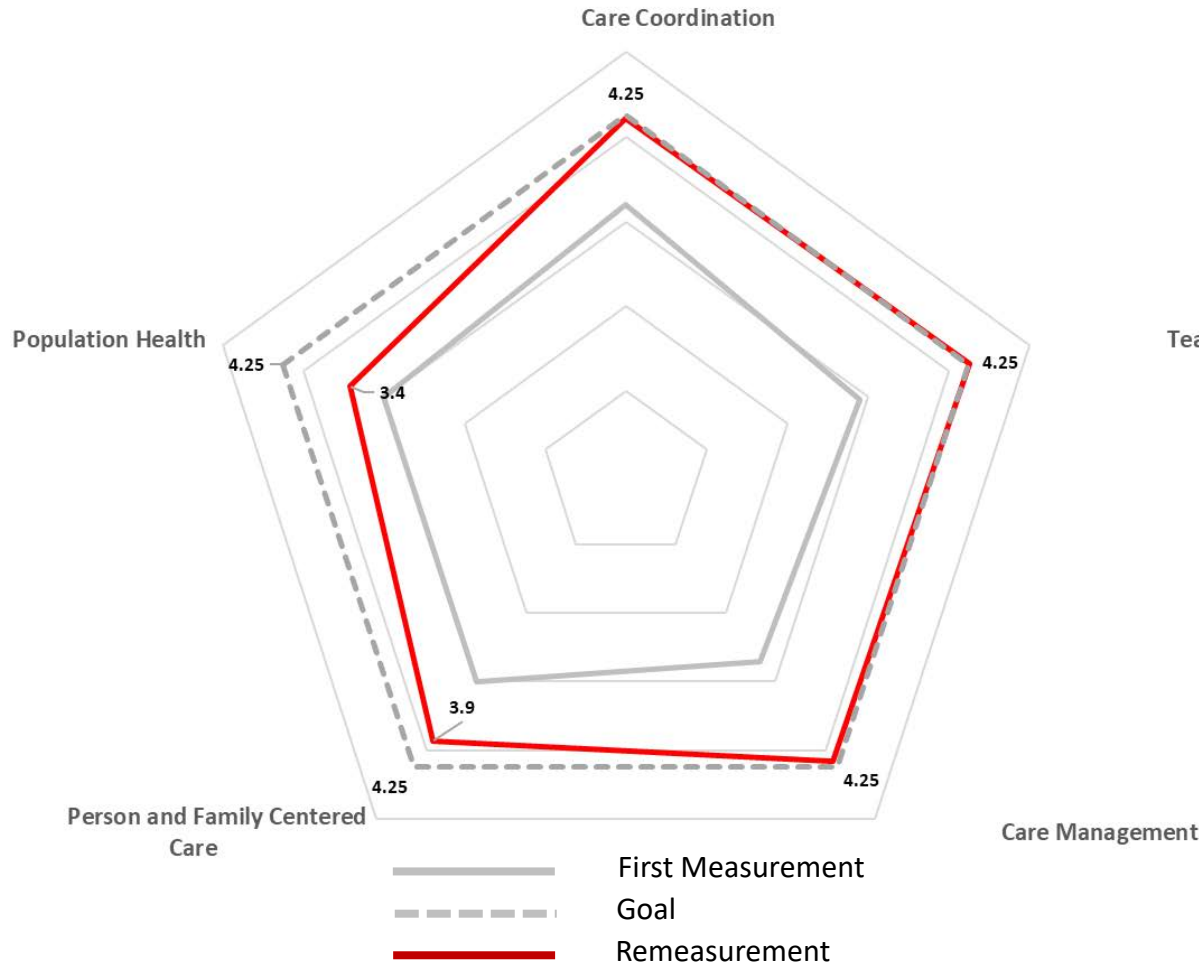
# Outcomes





# Assessment Remeasurement

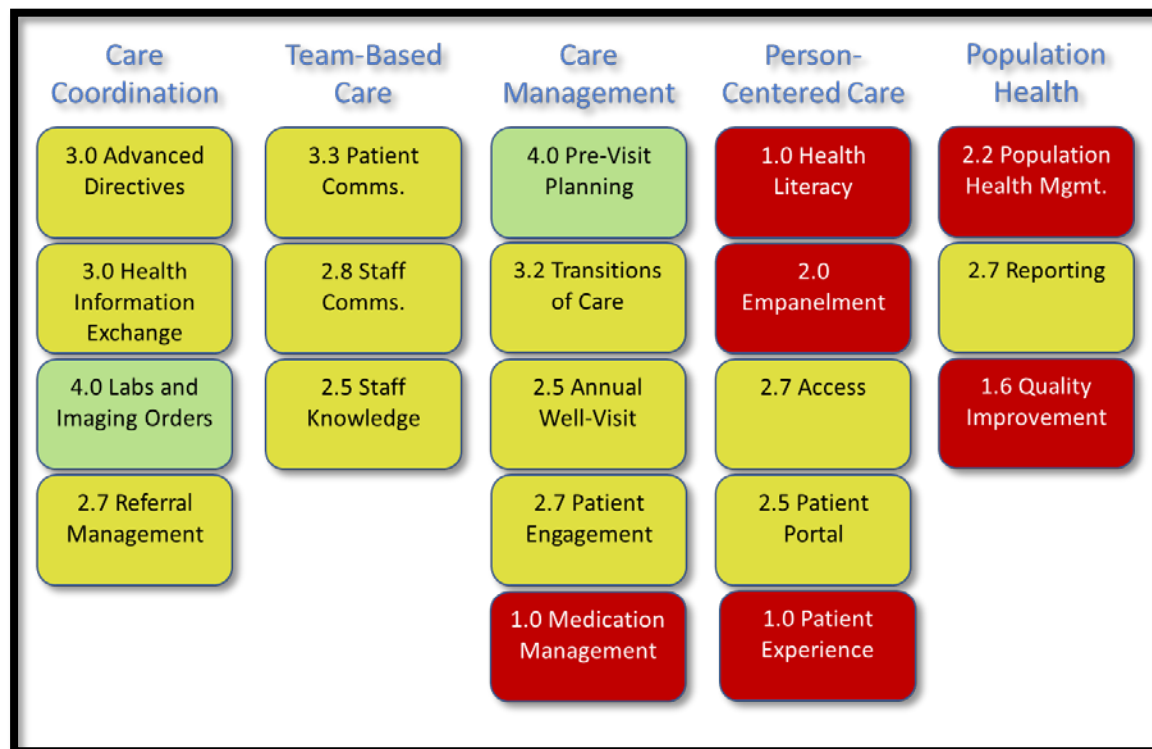
January 2019



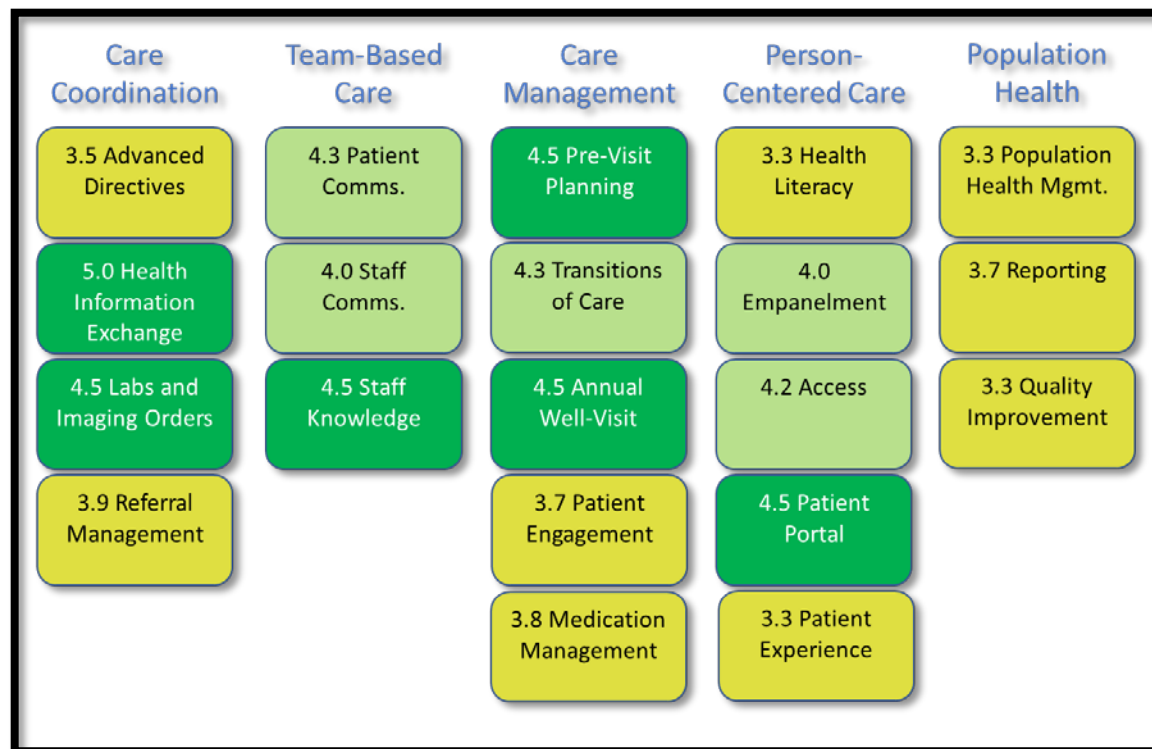
# Assessment Heatmap

January 2019

Original VBR Measurement (2.5)



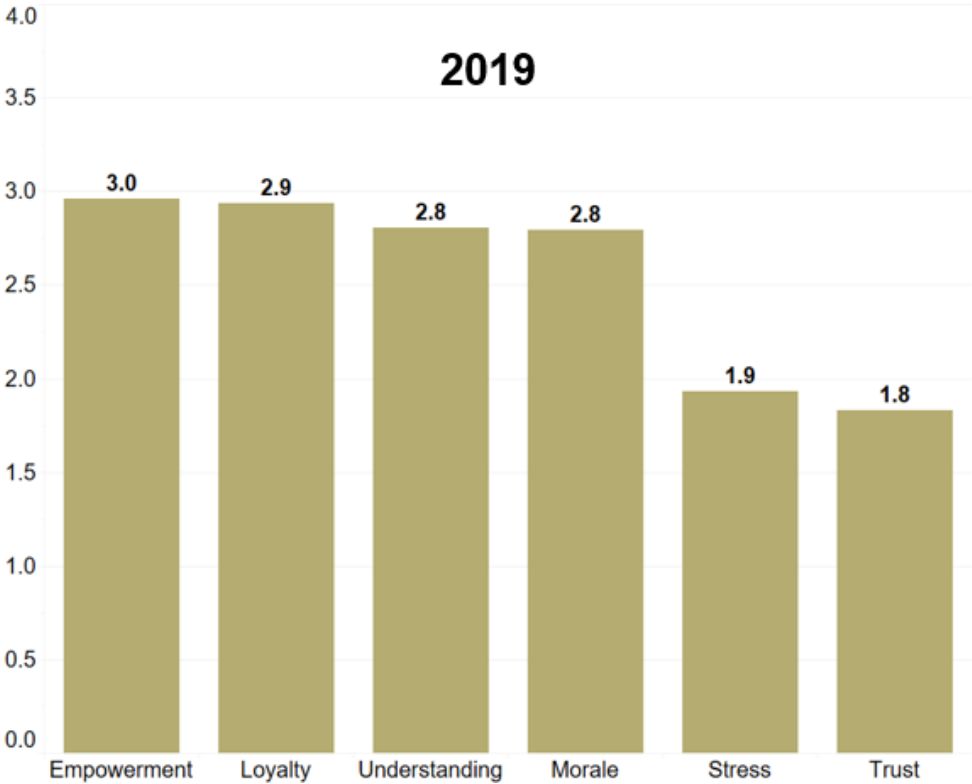
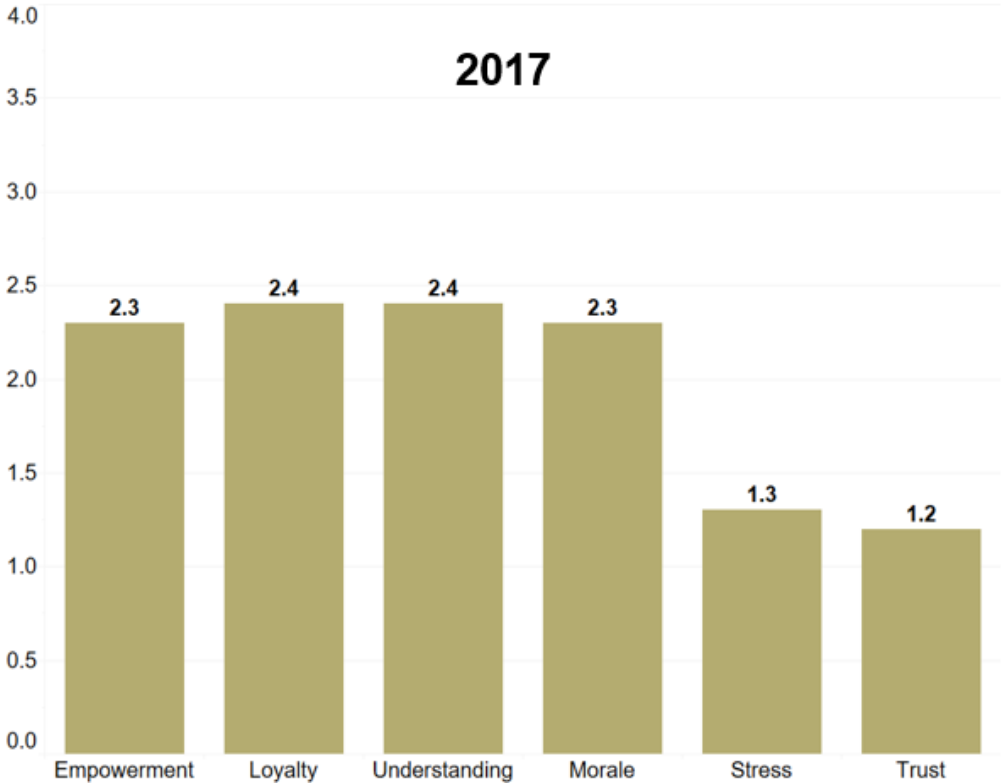
First VBR Remeasurement (4.0)





# Staff Vitality

Team Vitality Results  
Average Score



# Project Outcomes

**405**

Provider  
Hours saved

## Alternative Visits

700 alternative visits performed in 18 months

**9 min**

Saved per  
patient

## EMR Note Simplification

**\$11,000**

Incentive  
payment

## HealtheLink Registration incentive

**\$367**

Savings per  
year

## Cologuard Order Form



# Project Outcomes

**\$11,000**

Saved  
annually

**Batch Eligibility**

**\$3,105**

Saved  
Annually

**Electronic Reminder Calls**

**1 FTE**

Reallocated

**Automated Check-in Kiosk**

Over \$25,000 in co-pays/past due balances collected  
8.5% increase in payments  
Over 4000 successful check-ins in 6 months

**\$390**

Saved  
Annually

**Online Payment Setup (EZ Pay)**



# Practice Outcomes

- **28% lower total cost of care**
- **26% increased Quality Outcomes**
- **25% more Annual Wellness Visits**

\*Independent Health members: Transformation Practices vs Total Network



- **6% increase in Colorectal Cancer Screening**
- **20% increase in Fall Risk Screening**

\*Catholic Medical Partners

# Patient Volume

## My patient volume:

2017:		14 Patients per session
2018:		12 Patients per session
2019 YTD		9 Patients per session



# Summary

- On site Transformational Advisor was critical to success
- Regular meetings allowed for appropriate goal setting
- Utilization of experts in different areas
- Engagement and enthusiasm of staff
- More time for sicker patients
- Improved access to health data
- Improved ease of charting
- Happier Providers = Healthier Patients





# Questions

