
# Key Drivers For Population Health: Redefining the Art of Medicine

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# Mission Health Partners

# Mission Health Partners

- 2015 MSSP Track 1
- 2016 Beneficiaries
  - 47,000 Medicare
  - 9,300 Humana
  - 17,200 Mission Health (self-insured)
  - 2,500 Uninsured
- 2017 Growth/Expansion
  - United Medicare Advantage
  - Healthy State

# Providers and Hospitals

- 1,100 total physicians
  - Approaching 300 primary care
- More than half of the primary care physicians are independent
- Large multispecialty employed group
- 3 hospital systems
  - 8 hospitals
- 15+ EHRs

# History

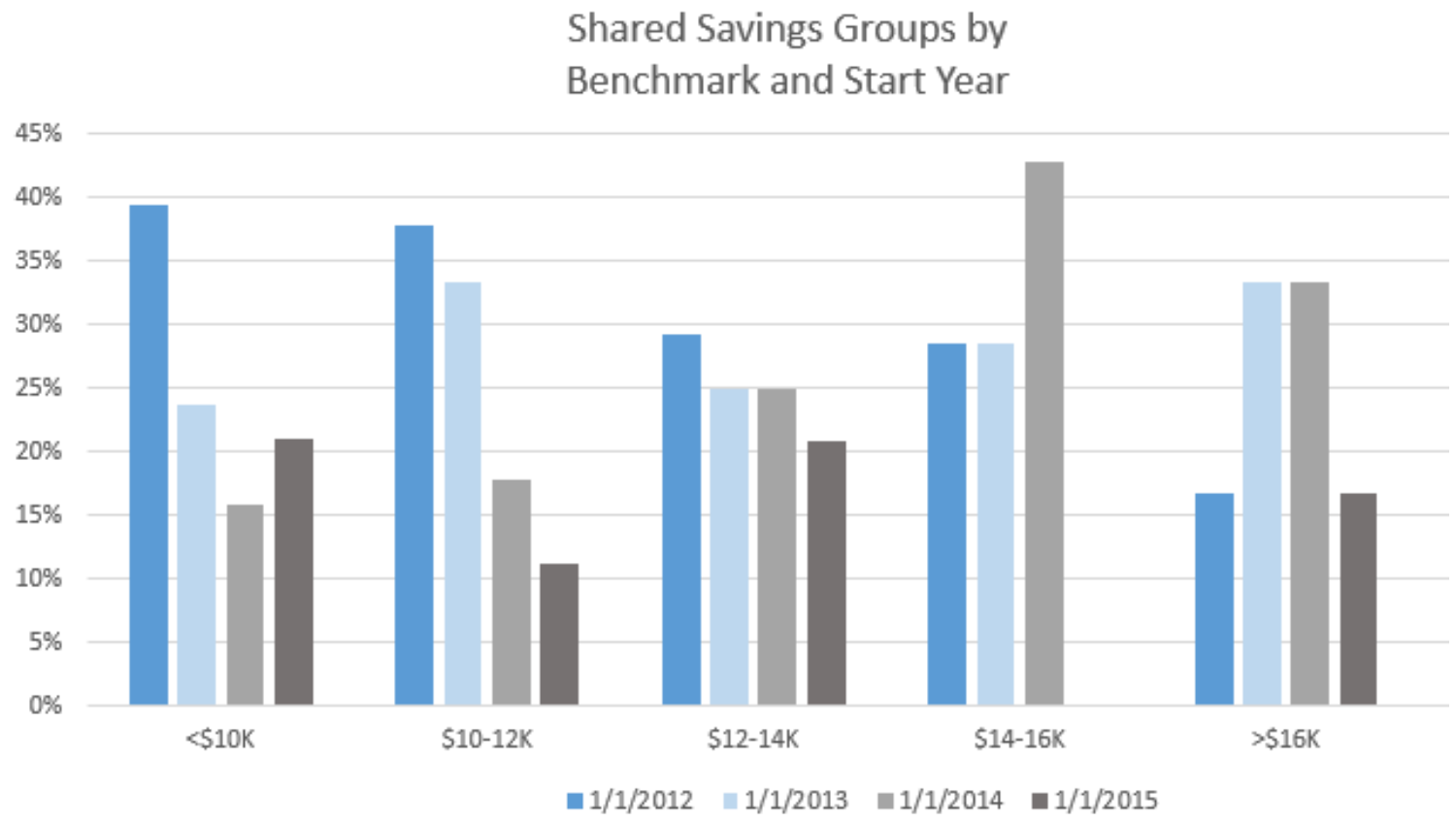
- 18-county, diverse geography across western North Carolina
- Little managed care exposure
- Employed group (Mission Medical Associates) began in 2010
  - Has grown from fewer than 10 to more than 500 in 6 years
- Informal partnerships between Primary Care and Hospital prior to 2013
  - Hospitalist movement
  - Medical staff changes
- Local IPA 2013

# Drivers for Network Formation

- CMS Initiatives
- State Medicaid
- IPA
- Payer mix

# 2015 Results

- Benchmark
  - *$8,047*
- Quality Score
  - *Achieved 90$^{th}$ % or better on 22 of 32 measures*
  - *95.1% overall*
- Did not achieve shared savings

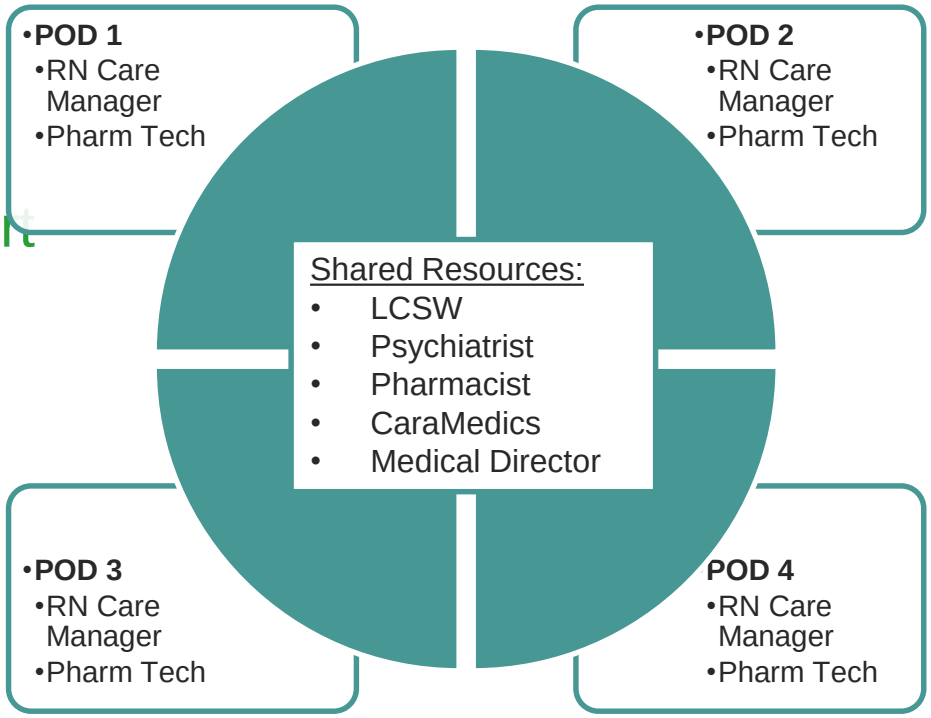

Shared Savings Groups by
Benchmark and Start Year
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
<$10K
$10-12K
$12-14K
$14-16K
>$16K
1/1/2012
1/1/2013
1/1/2014
1/1/2015

# Care Coordination

- The foundation of population health
- Typically condition focused
- MHP motivated by an “upstream” approach
- Pathways HUB as the foundational model

# MHP Care Management

- Community CaraMedics
- LCSW and Psychiatrist Support
- RN Care Managers
- Clinical Pharmacist
- Community Partnerships



# Pathways & ACO Care Management

- Accountability model
- Begins with an assessment of needs during intake process
- Marry social determinant needs (“pathways”) with existing community resources

# Pathways & ACO Care Management

- Agencies “assigned” one ore more social determinant pathway(s)
- Tool tracks completion of those pathways for individual patients and population
- Collected data could lead to development of advocacy efforts
  - e.g. transportation, housing, nutrition, med access

# MHP Areas of Focus

- Physician Engagement
- “Impactability” Analytics
- Variations in Care

# Physician Engagement

- Most difficult within integrated systems
- Facilitated by having skin in the game
- Systems should model provider compensation to match health system revenue

# Physician Engagement

- What Drives Employment?
  - "Shelter from the storm" as a motivator for employment
  - Most contracts are still heavily RVU based
    - Stable income regardless of payer mix
    - Often greater $/RVU payments
  - Less inherent interest in the "business"

# Physician Engagement

- Independent Physicians
  - Overwhelmed
  - Slim financial margins
  - Fear of the losing their independence

# Physician Engagement

- Financial Motivators
  - Incentive plan (beyond shared savings)
- Workflow Support
  - QI support
  - PCMH support
  - IT assistance (limited)
- Clinical Support
  - Referral guidelines/clinical decision tools
  - Easy access to RN Care Management, LCSW, Clinical Pharmacist
    - MHP Connect App
  - Direct Admission Support

- Quality scores
- Clinical standards
- Care management “easy” button
- Podcasts
- Pharmacy and psychiatric services

# Impactabilty Analytics

- Informed by social determinants
- Right resources, right time
- Program evaluation and evolution
- Improves predictability

# Reducing Variations in Care

- Dartmouth data shows a two fold variation in per capita Medicare spending
- Expert opinion varies even when published standards exist
- Many EMRs lack clinical decision support to enforce system care processes

JAMA The Journal of the American Medical Association



August 21, 2013, Vol 310, No. 7 >



Original Investigation | August 21, 2013

# Improved Blood Pressure Control Associated With a Large-Scale Hypertension Program FREE

Marc G. Jaffe, MD[1]; Grace A. Lee, MD[1]; Joseph D. Young, MD[2]; Stephen Sidney, MD, MPH[3]; Alan S. Go, MD[3,4,5]
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*JAMA*. 2013;310(7):699-705. doi:10.1001/jama.2013.108769.



## ABSTRACT



**Importance** Hypertension control for large populations remains a major challenge.

**Objective** To describe a large-scale hypertension program in Northern California and to compare rates of hypertension control in that program with statewide and national estimates.

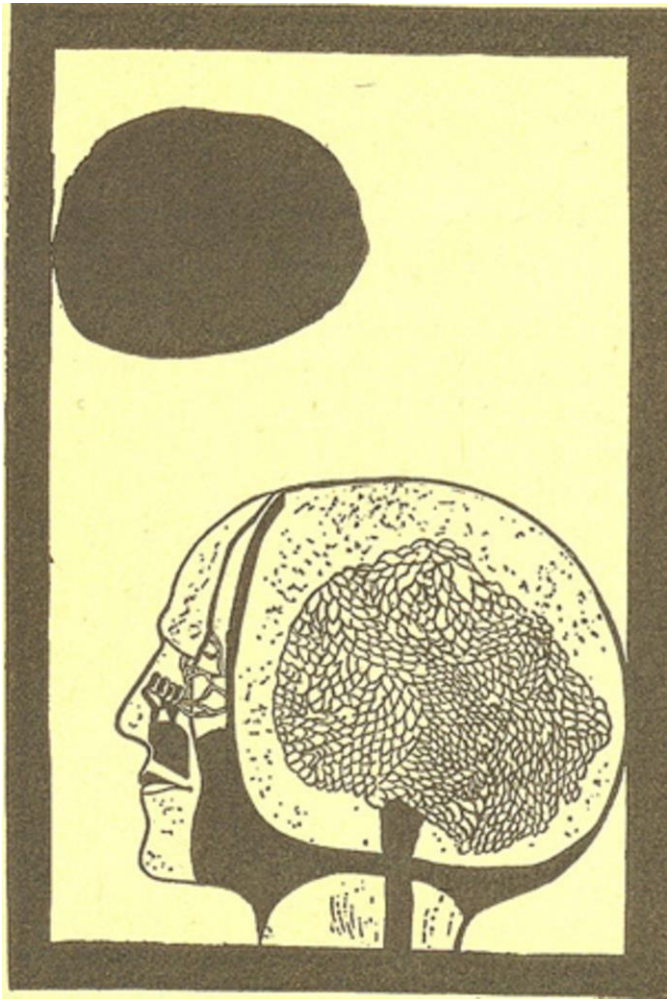
**Design, Setting, and Patients** The Kaiser Permanente Northern California (KPNC) hypertension program included a multifaceted approach to blood pressure control. Patients identified as having hypertension within an integrated health care delivery system in Northern California from 2001-2009 were included. The comparison group comprised insured patients in California between 2006-2009 who were included in the Healthcare Effectiveness Data and Information Set (HEDIS) commercial measurement by California health insurance plans participating in the National Committee for Quality Assurance (NCQA) quality measure reporting process. A secondary comparison group was included to obtain the reported national mean NCQA HEDIS commercial rates of hypertension control between 2001-2009 from health plans that participated in the NCQA HEDIS quality measure reporting process.

**Main Outcomes and Measures** Hypertension control as defined by NCQA HEDIS.

**Results** The KPNC hypertension registry included 349 937 patients when established in 2001 and increased to 652 763 by 2009. The NCQA HEDIS commercial measurement for hypertension control within

What is the art of medicine?

Old World
Art = Knowledge

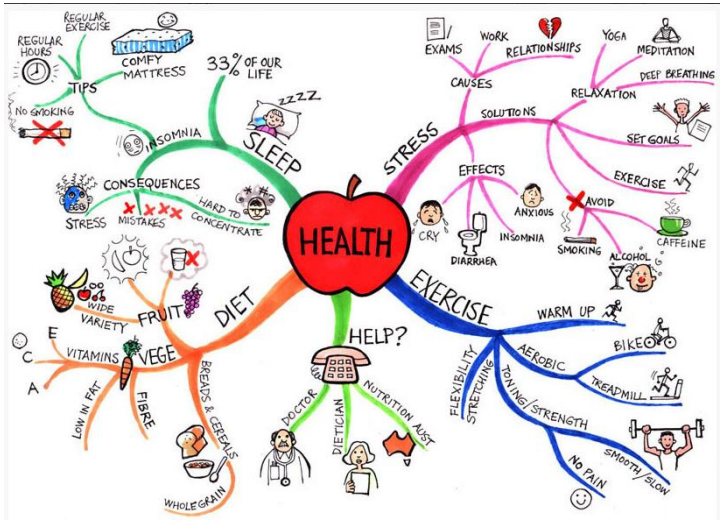


http://www.e-flux.com/journal/03/68537/art-in-the-knowledge-based-polis/

Medical knowledge is no longer a deeply held secret.

In the new world of population health and value, physicians need to have new skill sets… a new art.

The most successful systems in value based care will have mastered the art of behavior change.




http://learningfundamentals.com.au/resources/#lightbox/2/

# What Will Define the Success of the ACO Movement?

- Informed care delivery
- Appropriate resource utilization
- Whole person care
- Engaged patients
- Healthy communities

# Thank You!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