Carilion Clinic: Formation and Transactions – Physician Leadership and its Impact on Liability Engagement, Competition and Production

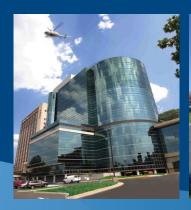
Jonathan L. Gleason, MD VP, Clinical Advancement & Patient Safety

Patrice M. Weiss, MD

Executive Vice President, Chief Medical Officer



CARILION CLINIC













- 7 Hospitals
- Serving 1/3 of the state
- Virginia Tech Carilion School of Medicine and Research Institute
- 246 practices locations
- 1,133 employed providers by headcount
- Significant financial resources
 - \$1.6bn in annual net revenue
 - Over \$2.0bn in assets
 - Unrestricted cash & investments approaching \$1.0bn



CARILION CLINIC





National Recognition

Select honors in 2016

















Carilion Clinic's Journey to Value

2009 First PCMH 2013 Joined MSSP Track 1

2015 Operated
1.8% below
spend target in
MSSP; Earned
70% of the
potential pay
for performance
and shared
savings











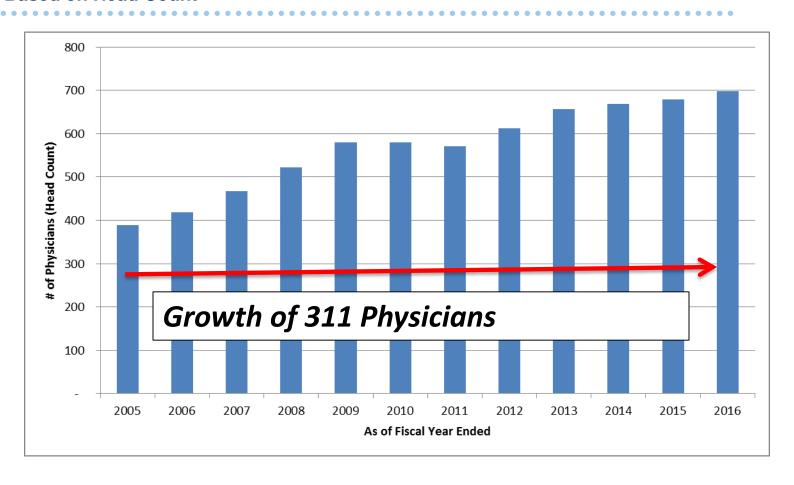


2012 Created Doctors Connected 2014 Earned 80% of the potential pay for performance and shared savings 2017 Joined Next Gen – earn 5% bonus under MACRA



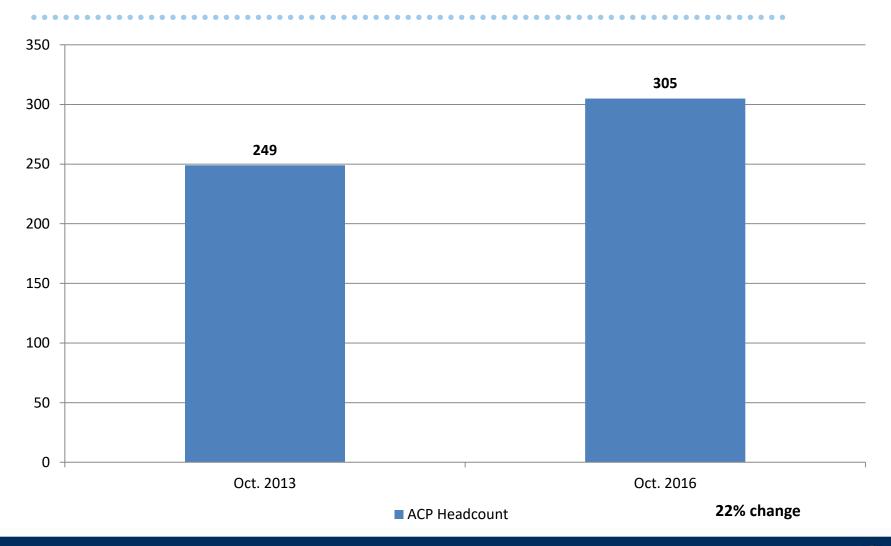
CCP Physician Growth

FY 2005 through FY 2016 Based on Head Count





ACP Headcount

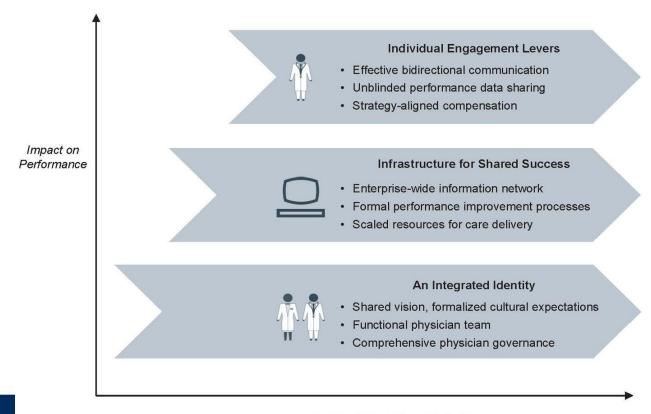




What is a High-Performance Physician Group?

A strategic, integrated approach toward the employed physician enterprise

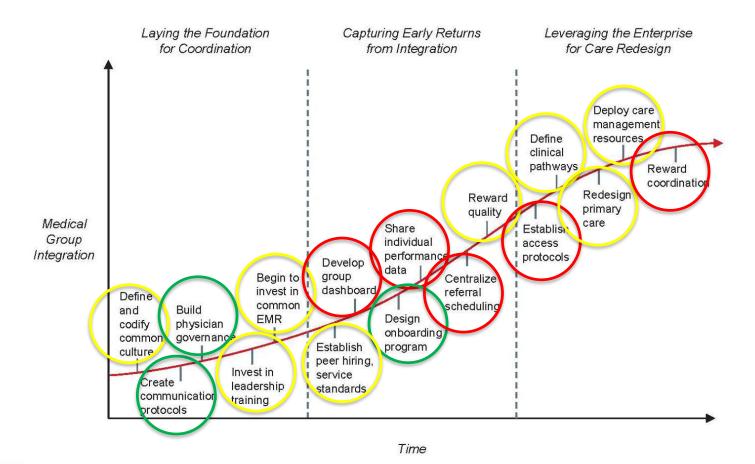
High-Performance Networks Exhibit a Core Set of Common Attributes





So Where Were We?

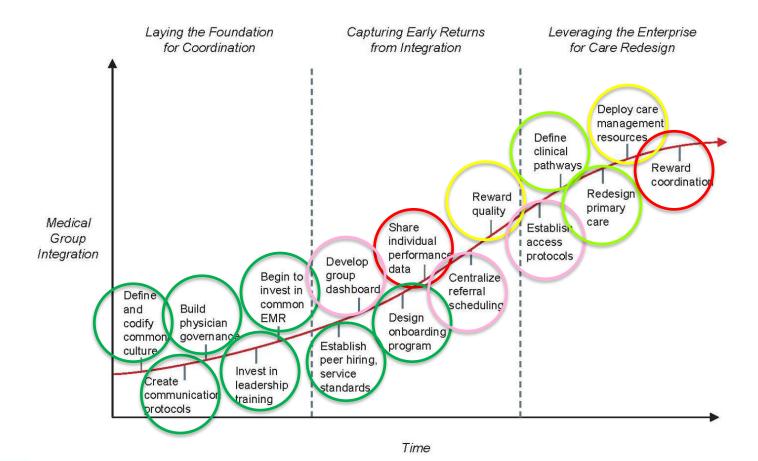
Timeline for Constructing the High-Performance Medical Group



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So Where are We NOW?

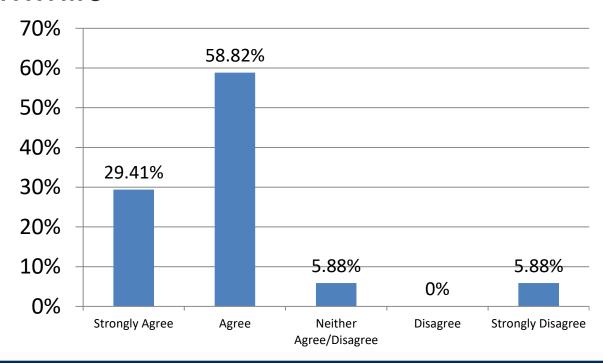
Timeline for Constructing the High-Performance Medical Group



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Chief Leadership Academy

- 28 Participants in the first class
- Survey results: Overall, my participation was worthwhile





Capitalizing on Cohesion

Handful of Organizations Effectively Leveraging Scale, Integration

Identifying the High-Performance Medical Group



Stable group-level financial indicators



Strong group- or systemlevel quality outcomes



Low physician turnover rates compared to market average



Wide utilization of sophisticated clinical information technology



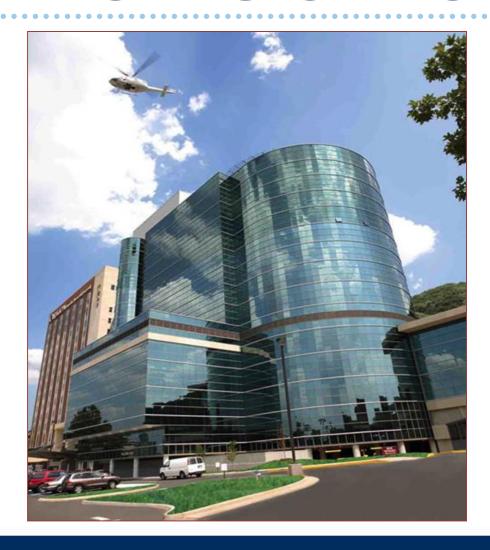
Robust market share or evidence of recent growth



Emphasis on care coordination and disease management

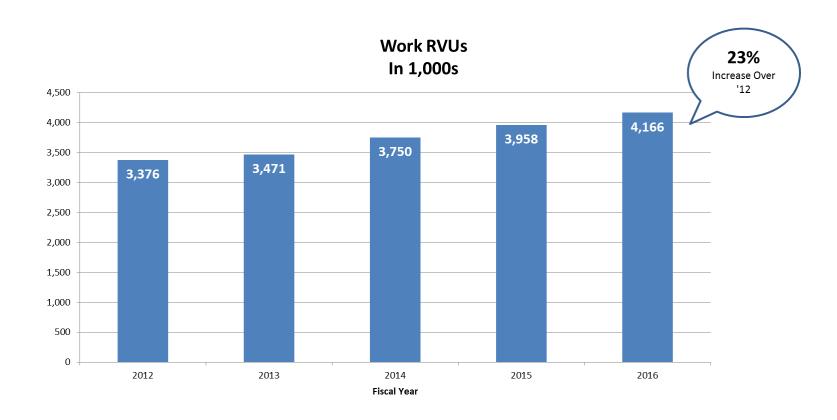


PRODUCTION





Access: CCP Work RVUs





Access: CCP Work RVUs per Physician FTE

Work RVUs Per Physician FTE 7,250 3% Increase over '12 7,000 6,750 6,500 6,250 6,000 FY2012 FY2013 FY2014 FY2015 FY2016



MSSP Performance Review

- Overall PBPY is better than the national average (90% of national average)
- Provider follow-up visit rate is 4% above national average
- Significant downward trend of ASC admits/1000 from 2014 of 12%
- Significant decrease in SNF admits/1000
- Despite slightly above national average admits/1000, they are consistently trending in the right direction



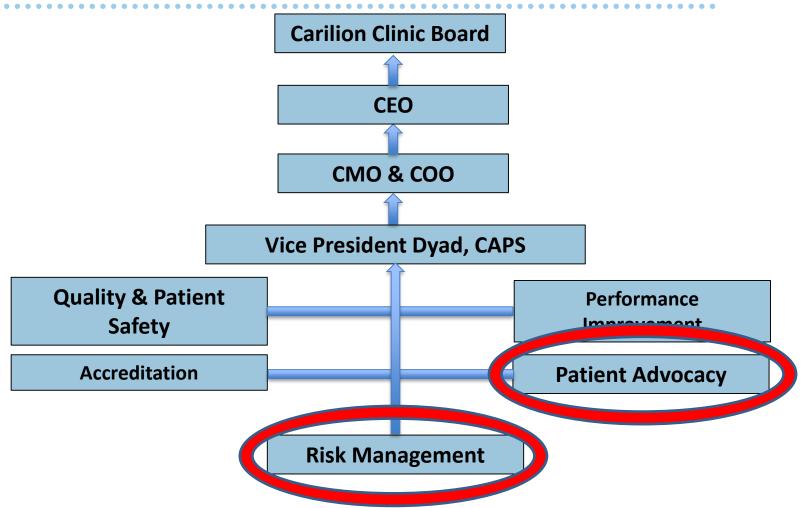
Overall Population Performance

- Breast Cancer Screening
 - 45% improvement in screening rates over 4 years
- Pneumonia & Tdap vaccinations
 - Both exceed HEDIS median rates
- Diabetic performance measures
 - All 3 exceed HEDIS median rates
 - HbA1c values < 8 exceeds national rates by almost 20%
- Blood Pressure under control
 - Exceeds HEDIS median rates by almost 15% points





CLINICAL ADVANCEMENT & PATIENT SAFETY





Physician Involvement in RM

- Added physician to the RM team.
- Annual risk curriculum
- Utilize physician-leaders to review claims
 - Increase risk literacy of physicians
 - Facilitate efforts to prevent recurrence
 - Ensures that we are defending ourselves when appropriate
- Peer Support is growing



Disclosure & Apology

- Disclosure Policy implemented in FY16.
- Educate our providers
 - Leaders, providers, clinicians, staff members, and others
 - Multi-faceted approach

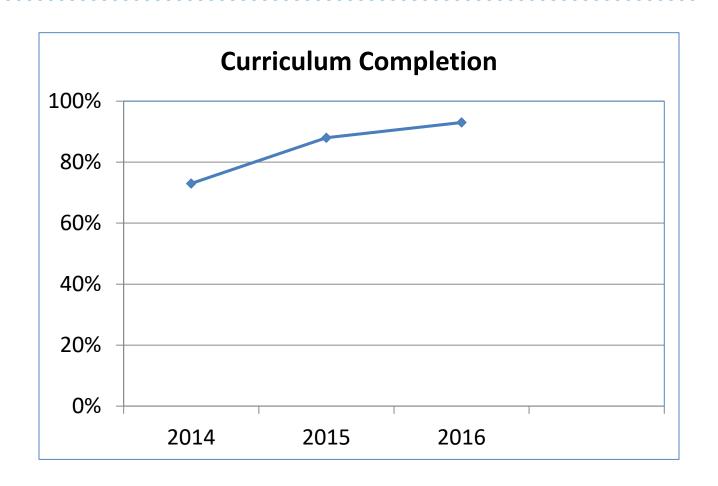


Physician Involvement in Risk

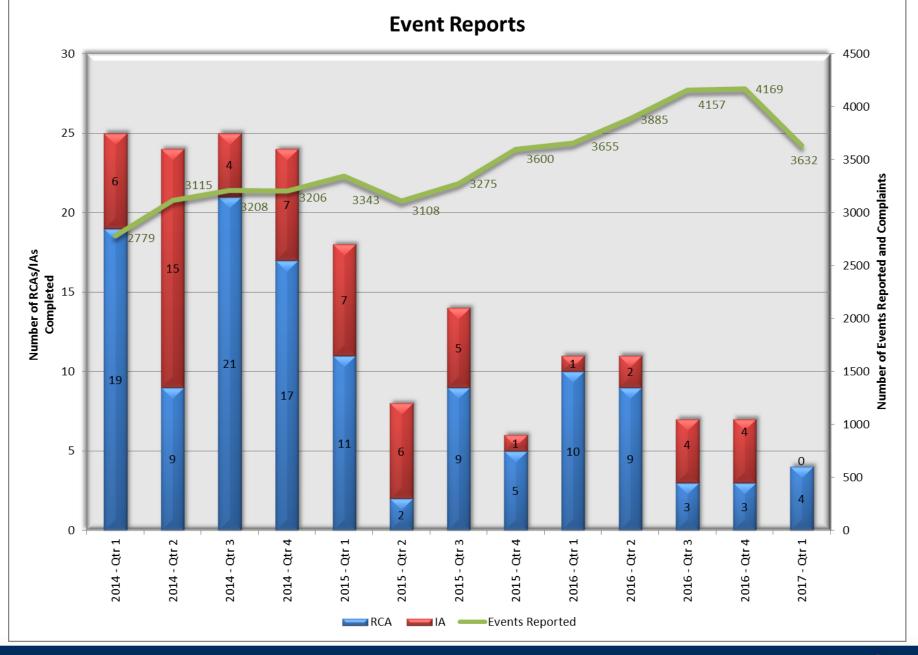
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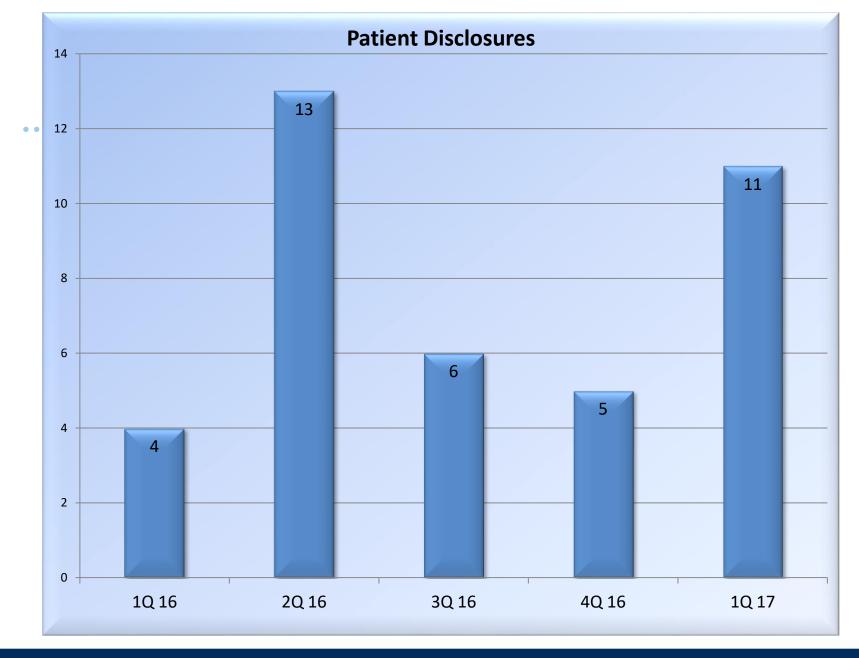
RISK CURRICULUM













EARLY RESOLUTION

THE WALL STREET JOURNAL

Hospitals Find a Way to Say, 'I'm Sorry'

When things go wrong, communication and resolution programs help patients get an apology, an explanation and, sometimes, monetary compensation



Hospitals are trying out a new approach to disclosing and resolving errors, but will it work? WSJ's Laura Landro joins Tanya Rivero to discuss. Photo: Corbis



The TRUST Team

Developed by a multidisciplinary advisory committee and chaired by Carilion's Chief Medical Officer, the TRUST team was founded to support Second Victims.

- •Treatment that is fair and just
- •Respect
- Understanding and compassion
- •Supportive care
- •Transparency and opportunity to contribute



CLAIMS & CLAIMS EXPENDITURES

