A Seven-Step Approach to a Clinically Integrated Network

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Track B – ACOs, Population Health, Affiliation and Other Issues
Presenters

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- Megan North President, Value-Based Care, Conifer Health Solutions
Learning Objectives

- Identify the elements associated with building a clinically integrated network including the legal, clinical and financial considerations impacting each party that may ultimately participate in the new entity.

- Understand the criticality of accurate data to benchmark the quality of care, utilization of resources and cost efficiencies to develop a sustainable governance and incentive structure for the clinically integrated network.
About Yale New Haven Health System

- Founded in 1995
- Corporate Members
  - Yale-New Haven Hospital
  - Bridgeport Hospital
  - Greenwich Hospital
  - Northeast Medical Group
- Clinical Affiliates
  - Bristol Hospital
  - Day Kimball Hospital
  - Charlotte Hungerford Hospital
  - Lawrence & Memorial Hospital
  - The Westerly Hospital, RI
  - Sharon Hospital
  - Griffin Hospital
  - Waterbury Hospital
  - Eastern Connecticut Health Network
  - Milford Hospital
  - Middlesex Shoreline Medical Center
  - Saint Francis Hospital
- Affiliated with the Yale School of Medicine

<table>
<thead>
<tr>
<th>FY 2015 Critical Indicators</th>
<th>System Total</th>
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<tbody>
<tr>
<td>Total Licensed Beds</td>
<td>2,130</td>
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<tr>
<td>NEMG Providers</td>
<td>750</td>
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<tr>
<td>Inpatient Discharges</td>
<td>111,563</td>
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<tr>
<td>Outpatient Encounters</td>
<td>1,857,501</td>
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<tr>
<td>Physician Visits</td>
<td>&gt;700,000</td>
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<tr>
<td>Net Revenue</td>
<td>$3.6 B</td>
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<tr>
<td>Operating Income</td>
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<tr>
<td>Total Assets</td>
<td>$4.4 B</td>
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<tr>
<td>Medical Staff</td>
<td>6,000</td>
</tr>
<tr>
<td>Employees</td>
<td>20,800</td>
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Yale New Haven Health System’s Vision & Values

VISION
Yale New Haven Health enhances the lives of the people we serve by providing access to high value, patient-centered care in collaboration with those who share our values.

MISSION
Yale New Haven Health is committed to innovation and excellence in patient care, teaching, research and service to our communities.

VALUES
- INTEGRITY > Doing the right thing
- PATIENT-CENTERED > Putting patients and families first
- RESPECT > Valuing all people
- ACCOUNTABILITY > Being responsible and taking action
- COMPASSION > Being empathetic

Bridgeport Hospital | Greenwich Hospital | Yale-New Haven Hospital | Northeast Medical Group
About Conifer Health: Performance Improvement Solutions to Better Financial Performance and Clinical Outcomes

Within your own organization... And across your local care community.

- A/R Management
- Clinical Revenue Integrity
- Consumer Experience
- Clinical Integration
- Population Health Management
- Financial Risk Management
YNHHS: Moving from Volume to Value

Volume
- Revenue driven
- Limited incentives for quality, safety or coordination
- Minimal alignment/integration across the continuum; focus on specific provider
- Focus sick care v. well care

Value
- Cost driven
- Incentivized for optimal quality, safety and patient satisfaction
- High degree of alignment across the continuum; focus on advancing the network
- Focus on well care and population health

Maximizing value is required, but transitioning too quickly may compromise current financial performance.

Elements of value can improve performance now by maximizing margins; controlling costs; and enhancing quality, safety and satisfaction.
Ensuring the financial health of clients on their contracts
Infrastructure to support an insurance license
Actionable financial performance data
Focusing on the right population
Coordinating hand-offs
Engaging individuals
Actionable population data
Aligning a network
Integrating providers and data across the network
Actionable clinical data
Optimizing the full revenue cycle process, from patient intake, through coding and documentation to A/R management
Build the foundation to evolve to Fee for Value
YNHHS: Benefits to Clinical Integration

Connection brings multiple benefits:

- Improves access to quality care
- Manages health of populations across state
- Manages patients across continuum of care
- Achieves collaborative scale
- Drives common usage of:
  - Data platform
  - Metrics and measurement
  - Evidence-based best practices
At-A-Glance: Steps To Integration

1. Gather interested groups to gauge level of participation
2. Create the value proposition for the network, and for each stakeholder
3. Develop the governance framework and participation agreements
4. Select quality measures
5. Recruit physicians to the network
6. Begin measurement and improvement efforts
7. Engage payers in negotiations

Results

Connecting the healthcare services that a patient experiences—primary and specialty care physician practices, acute care hospitals and outpatient care—has provided the YNHHS network significant benefits:

- Improved access to quality care
- Insights into health of populations across Connecticut
- Better management of patients across the continuum of care
Step 1: Gather Interested Stakeholders

Key Points:
• Decide if the network will be regional, statewide or only encompass a few counties
• Leverage admissions data to know your top referrers and talk with them first.
• Itemize capital and resource commitments and determine the technology you will use early in the process

Best Practices:
• Understand market drivers
• Leverage existing admissions data
• Host exploratory conversations

YNHHS Market Drivers
• Cost Rising > Inflation
• Connecticut Medical Reductions
  • Consumerism
  • Aging Population
• Constrained Resources
• Challenges to Value Proposition
Step 2: Create a Value Proposition

Key Points:
• Value propositions serve as building blocks and lead to strong governance
• Every stakeholder will help define the network’s value; physicians must lead patient care processes
• Articulate how the network will better care for patients, together

Best Practices:
• Physicians take the lead
• Focus on patient care and satisfaction
• Consider key audiences
Step 3: Develop Governance and Participation Agreements

Key Points:
• Determine where decision-making authority will reside
• An entity with single-signature contracting capabilities enhances leverage with payers
• Consider at least two layers of participation agreements:
  • local clinically integrated groups
  • independent physicians

Best Practices:
• Give each network stakeholder a voice
• Define board responsibilities upfront:
  • Budgets and capital investments
  • Transactions on behalf of entity
  • New membership acceptance or termination
  • Contract strategy and negotiation
• Determine strategy for existing networks and long-standing partnerships
YNHHS: Total Health Network Structure
Step 4: Select Quality Measures

Key Points:
- Begin by measuring quality not clinical outcomes
- Identify measures then review claims-based data to gauge provider performance
- Quality data also pin points patient education opportunities

Data Sources:
- Medical Claims (including CPT-II codes for non-billable events)
- Pharmacy Claims
- Clinical Events from EMRs and labs (biometrics, lab values, screenings, follow-ups, immunizations)
- Survey data at an aggregate (down to physician) level
- Measures chosen from:
  - PQRS
  - HEDIS
  - IQR/OQR
  - AHRQ
  - MSSP ACO

Best Practices:
- Form a quality measures committee
- Review national standards
- Document quality measures
- Leverage technology to track and improve
# Actionable Data Key to Achieving CIN Success

## PROVIDER DATA INPUTS
- EMRs
- Lab Results
- Medical Claims
- Pharmacy Claims
- HRAs
- Health Histories
- Devices
- Eligibility
- Physician Offices
- Behavioral

## PROVIDER DATA IS INTEGRATED INTO DATA-DRIVEN METHODOLOGY
- DATA WAREHOUSE & ANALYTICS
- PATIENT LONGITUDINAL RECORD
- POPULATION HEALTH INTELLIGENCE
- OUTCOMES OPTIMIZATION
- POPULATION ENGAGEMENT
- FINANCIAL RISK INTELLIGENCE
- CLINICAL INTEGRATION INTELLIGENCE

## COMPREHENSIVE SET OF SOLUTIONS
- A TECHNOLOGY PLATFORM SHOULD FULLY SUPPORT
  - Care Coordination Expertise
  - Complex Care Management Experience
  - Population Health Management
  - Information Services
  - Reimbursement Methodology Expertise
  - Internal Compensation Expertise
  - Payment Disbursement
  - Performance Tracking
Step 5: Recruit Physicians

Key Points:
• Identify types of providers the network needs
• Review existing clinical performance metrics, if available
• Personalize the reasons for joining the network
• Isolate provider gaps and overlaps in the care network; understand that few networks are fully formed right out of the gate

Best Practices:
• Tag physician-executive champions
• Clearly define participation criteria
• Prioritize and assess providers
• Formulate a detailed recruitment strategy
Step 6: Measure and Improve Programs

Key Points:
• Primary care physicians are central to managing patient care across specialties
• Train all providers on quality measurement and reporting
• Communicate regularly to drive network’s support of better patient outcomes

Best Practices:
• Educate providers and staff on measurement tools
• Highlight the central role of primary care
• Make patient education and outreach a priority
Step 7: Engage Payers

Key Points:
• Understand risk and the costs for each member per month
• Explore Medicaid Managed Home and government contracts
• Consider adding your own employees to the new CIN first

Best Practices:
• Develop population health management capability with employees base
• Leverage benchmarks and experience gained from other risk models (shared savings, bundled payments, etc.)
• Use contract renewal periods to introduce new CIN to payers
Conclusion: Connecting the Elements

- Harnessing big data to understand population-level trends
- Connecting all on single platform
- Tailoring programs to most prevalent conditions
- Focus on all risk levels
- Leverage predictive analytics
- Drives individualized interventions to impact goals
- Coordinating care
- Increase member engagement rates
- Creating high-value, desirable networks
- Capitalizing on cost efficiencies
- Increase physician engagement rates
- Harnessing big data to understand population-level trends
- Connecting all on single platform
- Tailoring programs to most prevalent conditions
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- Leverage predictive analytics
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Questions
Bibliography/References
