

# SAVING LIVES IN SLOW MOTION™

## POPULATION HEALTH BASED UPON PATIENT RELATIONSHIPS

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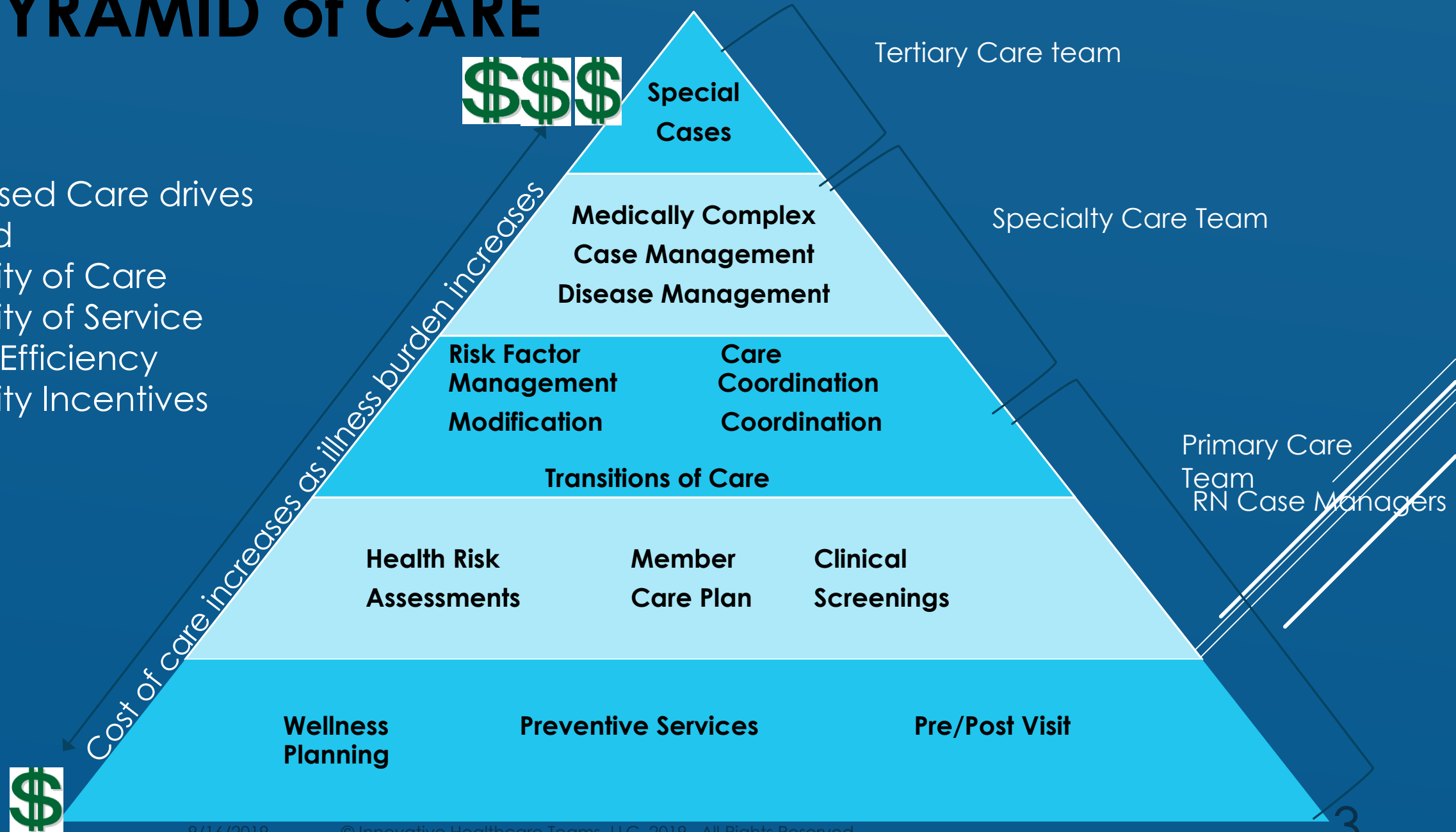
# WHAT IS THE RECIPE FOR MANAGING POPULATION HEALTH?

- ▶ **What are your available resources?**
- ▶ **Who will partner with you?**
- ▶ **Large health systems**
  - ▶ Partner with competing hospitals to address social determinants of health, i.e. housing, food, clean water, education
- ▶ **What can primary care do with existing resources?**
  - ▶ **Work the list –**
    - ▶ When is the last time you saw your patients?
    - ▶ Are all of your diabetic patients well managed?
    - ▶ Have all of your patients gotten age appropriate screenings?
    - ▶ Conditions with end organ damage start asymptomatic
- ▶ **Are YOU a medical refugee?**
  - ▶ When was your last doctor visit other than being sick?
  - ▶ Have you had an annual physical?

# The PYRAMID of CARE

Team Based Care drives improved

- Quality of Care
- Quality of Service
- Cost Efficiency
- Quality Incentives



## New Roles & Responsibilities to manage transitions of care:

- ▶ **Partner with the patient!**
- ▶ Medication reconciliation within three days of discharge from hospital to home
- ▶ Seven-day post hospital inpatient discharge follow up office visit
- ▶ Outpatient referral coordination
- ▶ ED / Observation / Inpatient phone follow up

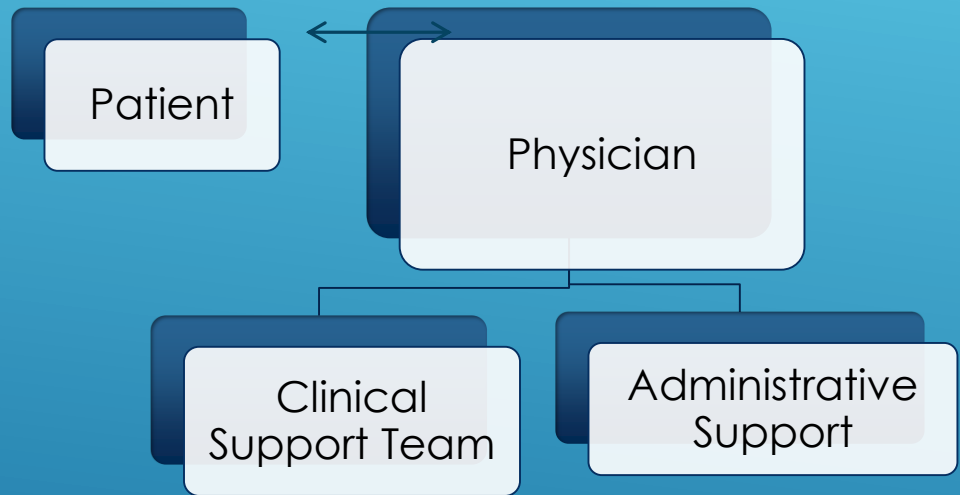
## Patient Education and Coaching:

- ▶ Establishing a healthy & practical lifestyle
  - ▶ How to eat healthy at McDonalds

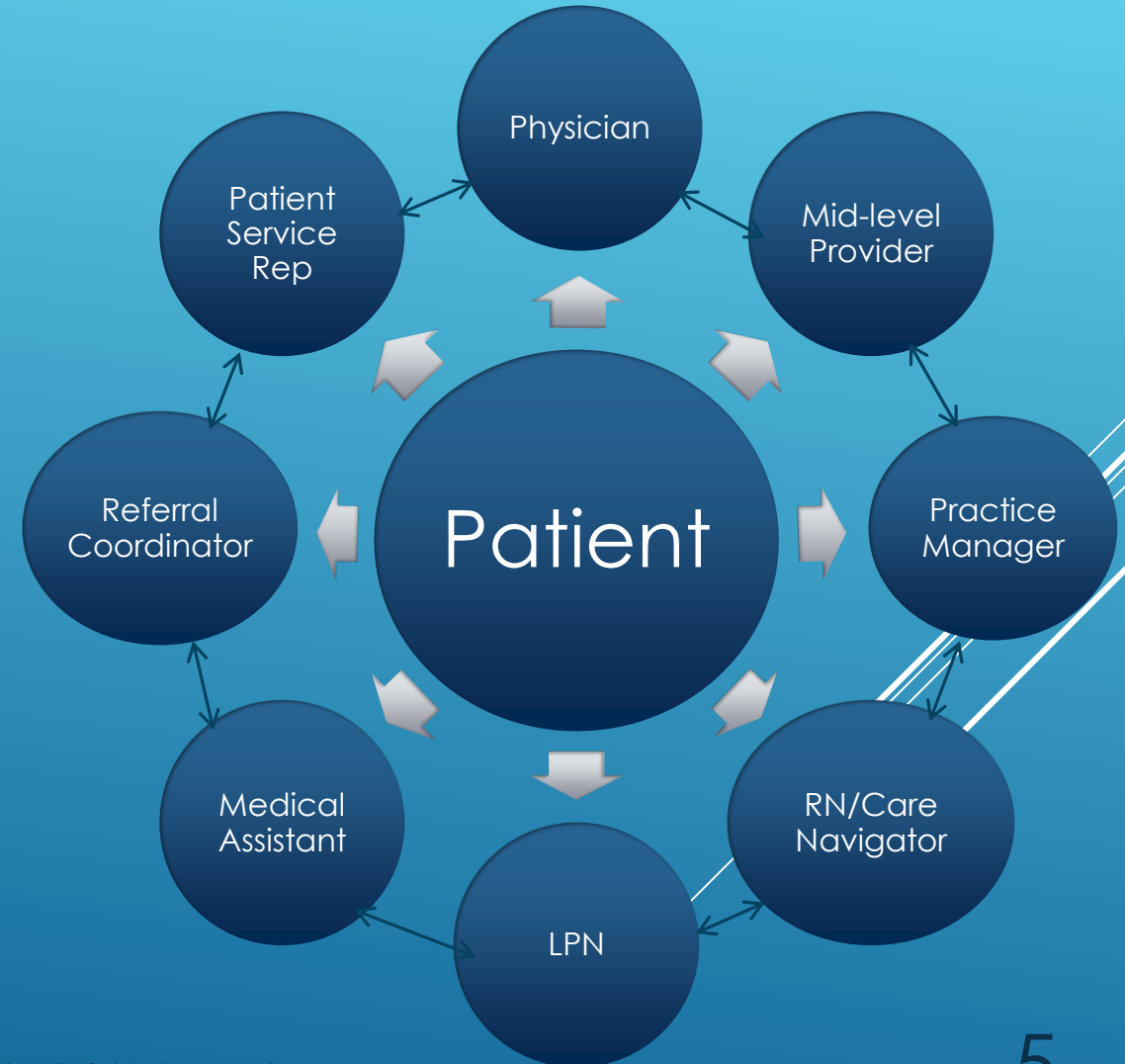
# THE NEW QUARTERBACK: RN CARE MANAGEMENT COORDINATION FOR PRIMARY CARE

# MAKING THE TRANSITION TO TEAM BASED CARE

## Traditional Model



## Team Based Care Model

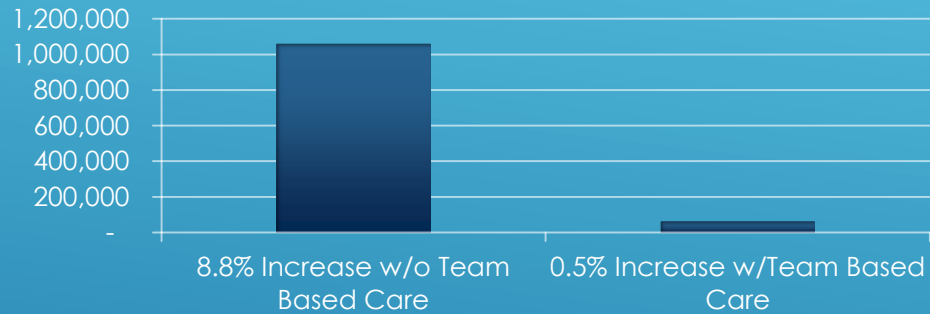


### Benefits of Team Based Care Model

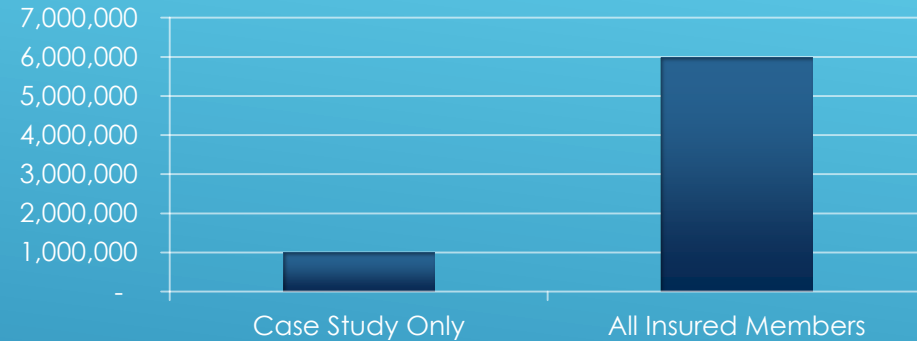
- Relieve the patient care 'bottleneck' from the providers
- Improve patient access and satisfaction
- Engage all support staff in patient care
- Create job satisfaction for all on the care team

# Health System, Commercial Payer & Employer Shared Risk Arrangement – 18 Month Study

## Employer: Annual Change in Healthcare Expense



## Employer: Total Annual Savings



- Quality improvements:
  - Cardiovascular & Diabetic screening increased new diagnoses by 25%
  - Colonoscopy screening increased from 20% to 35%
- Health System saved \$2M and preserved market share
- Recognition
  - Lehigh Valley Business Coalition on Health - Annual Healthcare Innovation Award
  - Leap Frog Innovation Award

# STAGED DIABETES MANAGEMENT PROGRAM: AN EMPLOYED MEDICAL GROUP INITIATIVE

Largest medical group in Pennsylvania to receive this NCQA designation

5,000 diabetics participated in the diabetes program

Focused on patients with diabetic complications

Poorly controlled disease

20,000 – 25,000 (10-15% of medical group's population) of 200,000 has diabetes

Physician Champion was an Endocrinologist

Each primary care practice had a Physician champion & RN Care Navigator

Utilized clinical dietician team from the health system diabetes education program

Outcome: Achieved 75<sup>th</sup> percentile of NCQA benchmarks and NCQA Designation

# COLORECTAL CANCER SCREENING INITIATIVE & RESULTS

- ▶ **Participants: Large Self-insured Employers, PPO Health Plan and Provider Network**
- ▶ **Baseline rates of colorectal cancer screening for employees 50+ were consistent with national average in 2016 of 58.3%. Colonoscopy rates were 19%.**
- ▶ **2nd leading cause of Cancer deaths – largely preventable**
- ▶ **3-Year Results:**
  - ▶ **Overall screening rate increased to 72.1%, which exceeded the 90<sup>th</sup> Percentile of NCQA colorectal cancer screening metrics**
  - ▶ **Colonoscopy rates increased to 27%**
- ▶ **Cost avoidance is significant because an advanced case of colorectal cancer is often greater than \$1 million**
  - ▶ **25% of colonoscopies reveal polyps**
  - ▶ **Treatment occurs at the time of the screening**
  - ▶ **Cancer is largely avoided**



# MEDICAL REFUGEES: HIDDEN MEDICAL RISK

- ▶ Joint Venture: PPO and Employer Clients partner for Employee Cardiovascular screening
- ▶ CMO needed combined claims data & clinical data to identify high risk members
  - ▶ Medical Refugees - 30% of all members had no visits with any provider in the preceding 12 months
  - ▶ Included screenings:
    - ▶ Blood Pressure readings
    - ▶ Metabolic and Lipid profiles (diabetes, hyperlipidemia)
  - ▶ Results:
    - ▶ 35% of those screened were newly identified with one or more of the following conditions
      - ▶ Hypertension
      - ▶ Hyperlipidemia
      - ▶ Diabetes or Prediabetes
  - ▶ Focused Claims analysis review
    - ▶ Many members who sustained cardiovascular events had very few, if any, interactions with clinical providers until they presented to the ER or ICU with acute symptoms
    - ▶ Implemented process:
      - ▶ Patients primary care providers were given a copy of the patients' labs for follow up
      - ▶ If abnormal, the PPO RN Case Managers were given the patient information to follow up with the patients as a second notification
  - ▶ Baseline year over year (YOY) cost for participating employers' health plan increased 12-15%
    - ▶ Reduced YOY health plan costs for program participants to an average of 0-5% with improved the health status of the participants

# DR. DAVID BOWERS

- ▶ Dr. Bowers is currently a primary care physician serving our nation's heroes at VA Medical Center in Lebanon, PA. With 35+ years of experience as a practicing primary care physician in both a successful private group practice and within health system medical groups and 20 years of experience as a physician executive.
- ▶ He has held senior leadership positions in the healthcare industry, including Executive Director and Chief Clinical Officer of Tower Health Medical Group, Vice-President, Chief Operating Officer, and Director of Clinical Affairs of Lancaster General Medical Group and Medical Director of Preferred Health Care, a provider sponsored PPO.
- ▶ Dave earned his bachelor's degree from the University of Massachusetts and his medical degree from Tufts University School of Medicine along with a graduate certificate in Medical Management from Carnegie Mellon University and the American College of Physician Executives. As a passionate educator, he has held clinical academic positions at Pennsylvania State Milton Hershey Medical Center and Millersville University.

# MICHELLE BURRIS

- ▶ Michelle Burris is currently the Chief Financial Officer for Delaware Hospice & Palliative Care. She is a skilled financial and operational executive in the healthcare industry. Michelle has held a variety of high-profile leadership positions in the health care industry, including CFO/VP of Operations at Tower Health Network and CFO at both Heritage Medical Group and Lancaster General Medical Group. Michelle began her 20+ year health care career with Hackensack Meridian Health System in New Jersey where she ultimately held the role of Controller.
- ▶ After serving her country as a United States Marine, Michelle earned a bachelor's degree in Accounting from Jacksonville State University in AL and a Master of Business Administration from Monmouth University in NJ. She is a Fellow of the Medical Group Management Association.