eHEALTH INITIATIVE
Real Solutions. Better Health.

Accountable Care Council

Pioneer ACOs and Their Supporting IT Infrastructure

Thursday, October 17
2:00-3:00pm ET

Agenda

- Welcome and introductions
- Roll call
- Presentation
  - Bill Spooner, Senior Vice President and Chief Information Officer, Sharp
- Question / Discussion
- Next Steps

Reminder:

- All Lines Are Open!
- Press *6 to mute, *7 to unmute you line
- This call is being recorded

2013 HEALTH DATA EXCHANGE& INTEROPERABILITY SUMMIT

October 30-31
Grand Hyatt, Washington, DC

More information: www.ehidc.org/events-landing/hdes-2013

2013 SUMMIT SPONSORS:

Co-Chairs

Council is chaired by:

- **Marcia Guida James**, MS, MBA
  Mercy Health System

- **Grant Hoffman**, MBA
  Vice President
  Clinical Data Integration
  Truven Health Analytics

Case Studies Covered In Council Meetings This Year

- Commercial ACO Models
  - Aetna
- Physician-based ACOs
  - MedCHI Network Services
  - NewWest Physicians
- Hospital-based ACOs
  - Baylor Quality Alliance
  - Virtua Health
- Medicaid ACOs
  - Colorado Medicaid

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Managed Care to Accountable Care:

Continuing the Health Information Technology Journey

eHI Accountable Care Council

Bill Spooner, SVP/CIO

Thursday, October 17, 2013

An Accountable Care Organization

SHARP® HealthCare ACO

Sharp HealthCare

- Grew from one hospital in 1955 to an integrated health care delivery system
  - Aligned physician partners
  - Integrated I.T. systems and infrastructure
  - Centralized system support services
  - Over 25 years experience in managing care under population-based payment structures
  - Sharp Health Plan, a 65,000 member, Knox Keene licensed commercial health plan

Physician Practice Models

Multi-Specialty Foundation

Sharp Rees-Stealy Medical Centers

- San Diego's oldest multi-specialty medical group
  - In 1985, Sharp acquired the assets of Rees-Stealy Medical Group, originally formed in 1923
- 21 clinic facilities and 5 urgent care centers owned or leased by Sharp
- Medical group composed of 124 primary care physicians, 52 mid-level practitioners and 205 specialists
  - Physicians and nurse practitioners are employees of the medical group, a professional corporation
- Average enrollment of 143,000 and 1.2 million physician visits in fiscal 2012

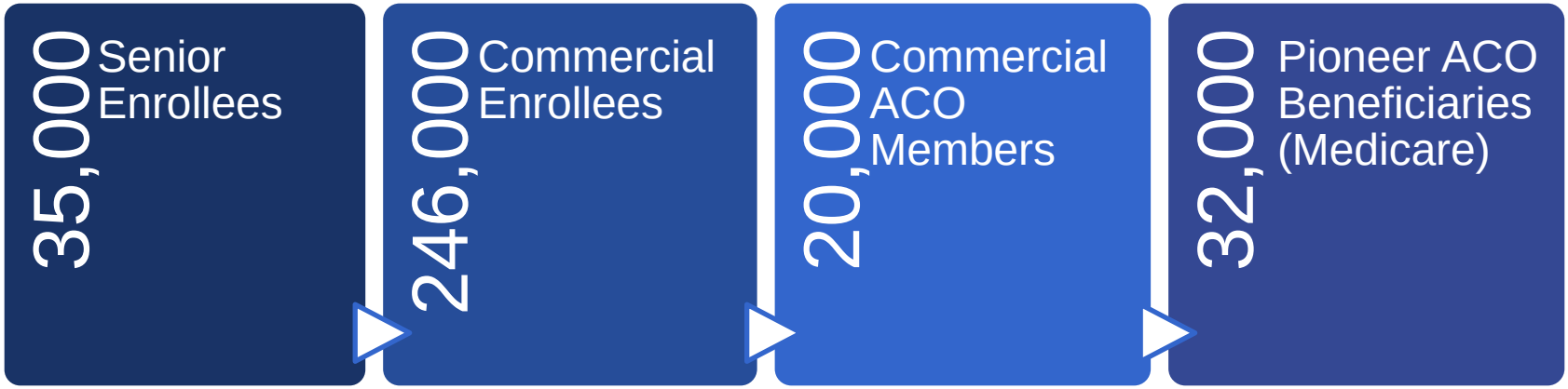
Independent Physicians Association

Sharp Community Medical Group

- San Diego's largest Independent Physicians Association
- Formed in 1989 as a professional corporation
  - Primary care and specialty physicians practicing in their own offices
- Medical group composed of 209 primary care physicians and 527 specialists
- Sharp provides MSO services
  - Contracting, marketing, claims processing, utilization management, care management, credentialing, human resources, payroll and information technology
- Average enrollment of 138,000

Sharp's Population Health Strategy

Care coordination and population health management are not new concepts at Sharp



Patient Enrollment (voluntary)
Narrow Network
Data-sharing among providers
Capitated Payment

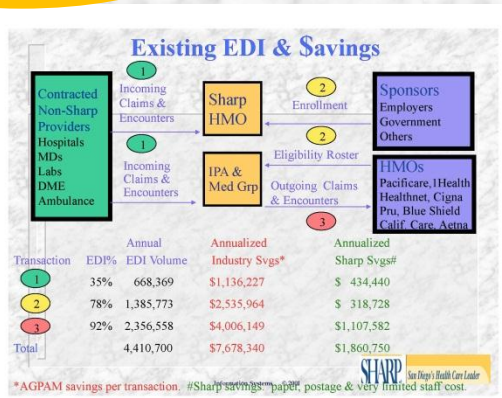
Patient Assignment (attribution)
Open Network
Data-sharing optional
Fee-for-service, with incentives

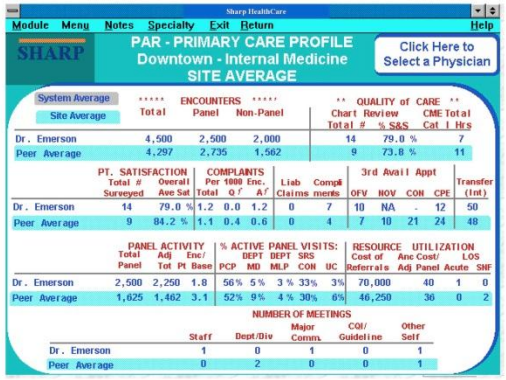
Sharp Managed Care

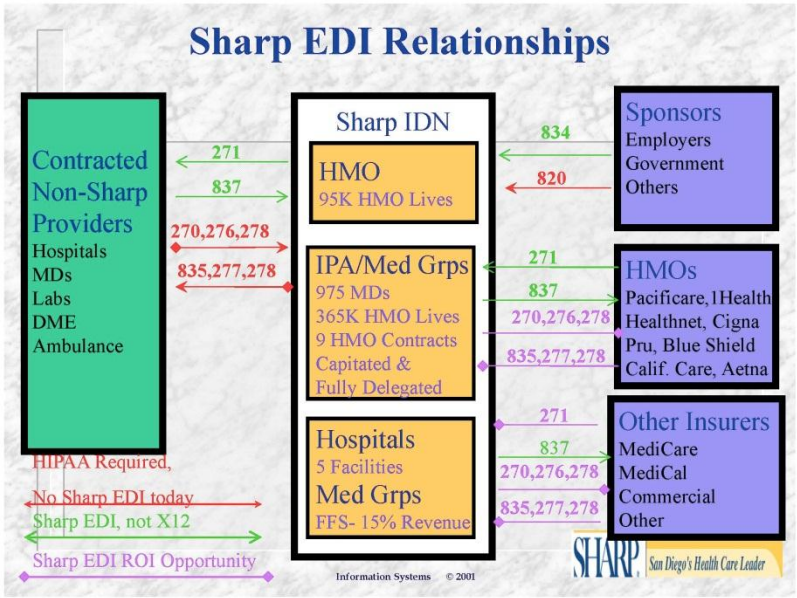
System Requirements

1990's

- **Enrollment**
- **Capitation**
- **Utilization Management**
- **Claims Payment**
- **Analysis Tools**
- **Clinical/Patient Care**







Care-Management Focused Data Solutions

Identify, develop, and implement data solutions *to support effective care management from an operational perspective and with a patient-care focus.*

Wellness ⟷ **Illness**

- Prevention and Wellness
- Disease Management
- Outpatient
- Acute
- Rehab/ Post Acute
- Home Care
- Hospice/ Palliative Care

Evidence-Based Care | **Operational Excellence**

Sharp's Information Technology

- Master Patient Index (MPI)
- Hospital EMR
- Medical Group EHR
- Data Warehouse
- my Sharp
- MedVentive
- MEDai
- Health Information Exchange
- Financial and Practice Management

External Care Coordination | **Quality Reporting**

- Providers
- Patients

- Government Quality Programs
- Pay for Performance
- Meaningful Use

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Typical Vendor/Consultant IT Recommendations

$$$!!

Solution Module	Description	Importance for FFV Model Execution	Solution type	Build/ Partner
Enrollment Management	Collection of key patient info at time of intake so practice can determine patient risk profile and patient preferences	High	Financial / admin mgmt	Build
Accounting System + Fund Disbursement	Cost tracking and processing tools to support flow of FFV funds within & outside provider org	High	Financial / admin mgmt	Build
Performance Management	Dashboards to help provider org understand performance (process, outcomes, cost, pt satisf.)	High	Shared infrastructure	Build
Analytics	Aggregation / analysis of clinical data at provider org level to enable effective mgmt of clinical / financial risk	High	Shared infrastructure	Build
Reporting	Quality reporting and outcomes tracking that can be shared across practitioners and delivery settings	High	Shared infrastructure	Build
Tracking, Monitoring and Reminders	Coll… real…			
Information Management Portal	Pati… (clini… pref…			
Process Engineering	Esta… proc…			

Solution Module	Description	Importance for FFV Model Execution	Solution type	Build or partner
Dynamic, actionable shared documentation	Present all care mgmt data in multiple summary views based on stakeholder type (pt, family, provider, etc.)	Medium	Care mgmt / patient experience	Build
Activity Management (Resources)	Resource optimization of personnel, equipment, and other assets	Medium	Financial / admin mgmt	Build
Scheduling	Intelligent scheduling / triaging of patients to align needs with delivery setting, provider(s), and visit type / length	Medium	Financial / admin mgmt	Build
Collaboration Tool	Enable patient / family / practitioner interaction and sharing of info with wide array of stakeholders	Medium	Care mgmt / patient experience	Build
Intelligent Patient Navigation	Platform to help patients (and families / care coordinators) navigate full spectrum of care and array of touchpoints	Medium	Patient experience	Partner
Telehealth	New tools outside of the traditional visit mechanism to access / interact with healthcare professionals	Medium	Patient experience	Partner

Solution Module			
Enrollment mgmt	Patient registry (stores panel info)	H…	
Accounting, $ disbursement	Audit log capabilities, capitated $ processing, PM financials	F…	
Analytics, performance mgmt, reporting	EPSI	T…	
Shared documentation	Shared, collaborative notes	L… r…	
Collaboration tool	Care manager	T…	
Info mgmt portal	Patient portal w/ health status info	2… f…	
Process engineering	Visual Workflow (R)	I… pathways	
Activity management	Resource allocation / mgmt	Optimization of resource utilization	
Scheduling	E-scheduling	Optimized scheduling	
Tracking, monitoring, remind.	MD reminders / alerts	Real-time health status	
Patient navigation	Referral Network	Integrate / enhance ARN	
Telehealth	E-Visit capabilities	Videoconference	

More $$$!!

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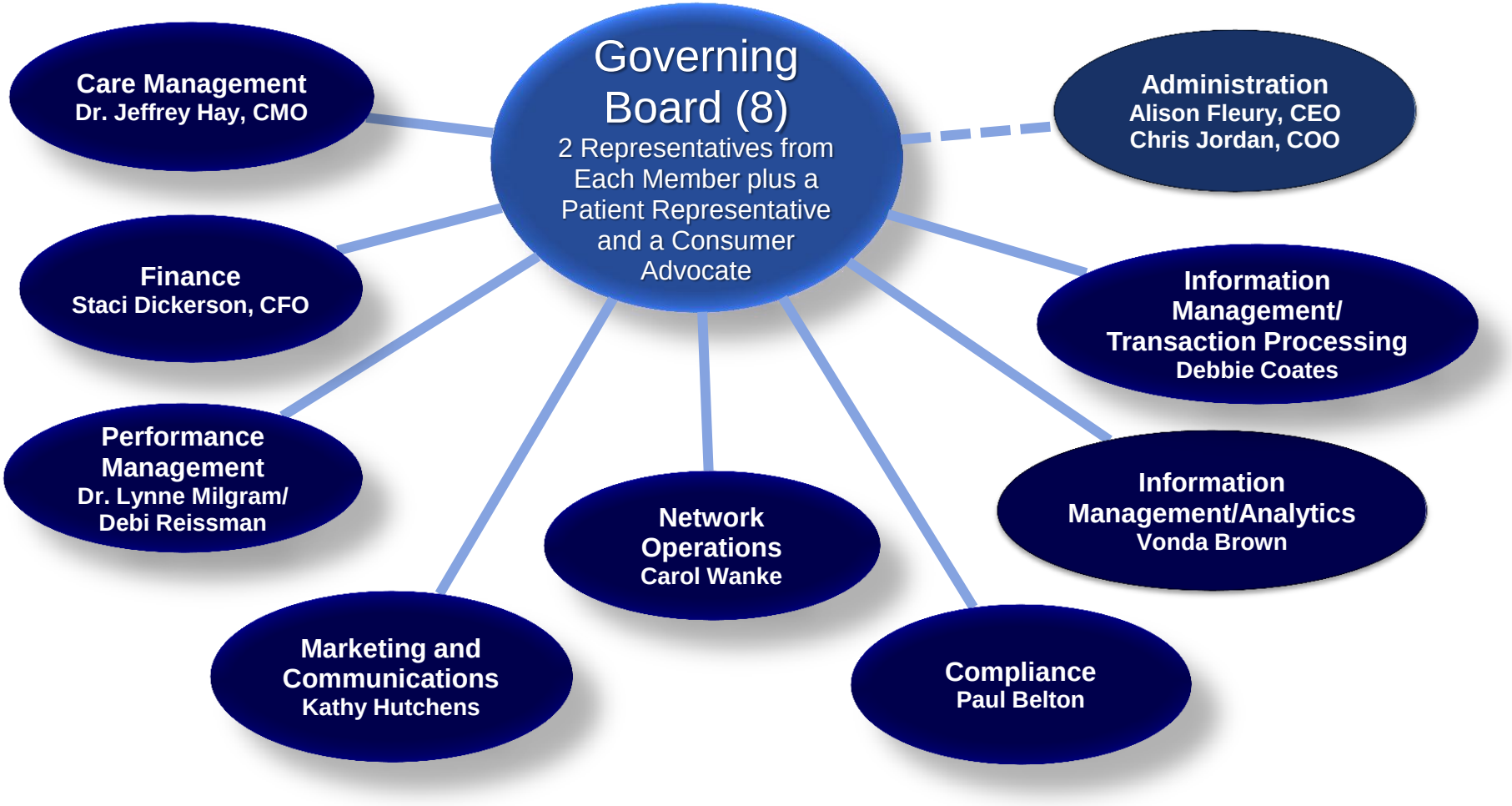
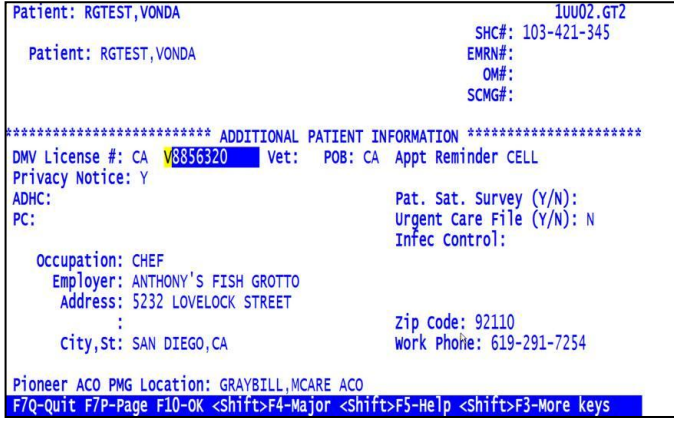
Sharp HealthCare ACO, LLC



Priority I.T. Requirements for ACO's

- **Master Person Index - Registry**
  - Methodology for effective patient identification
  - Link to enterprise systems.
- **Population Health/ Analytics**
  - Evaluate all aspects of quality, access and cost of care
- **E.H.R.**
  - Standard of care
  - Pioneer requirement
- **Patient Portal**
  - Advance patient engagement, "stickiness"
- **Health Information Exchange**
  - View the complete record across all providers
- **Case/Care Management**

Legacy Systems Pioneer Flags



Providers

- Hospitalists need to identify ACO Patients
- Assignment of Hospitalist to the correct medical group
- Flag can be placed on Rounds Report (Cerner); Profile Dialogue Screen (Allscripts); Demographic Screen (DB Motion)
- Assist physicians in referring to an in network specialist

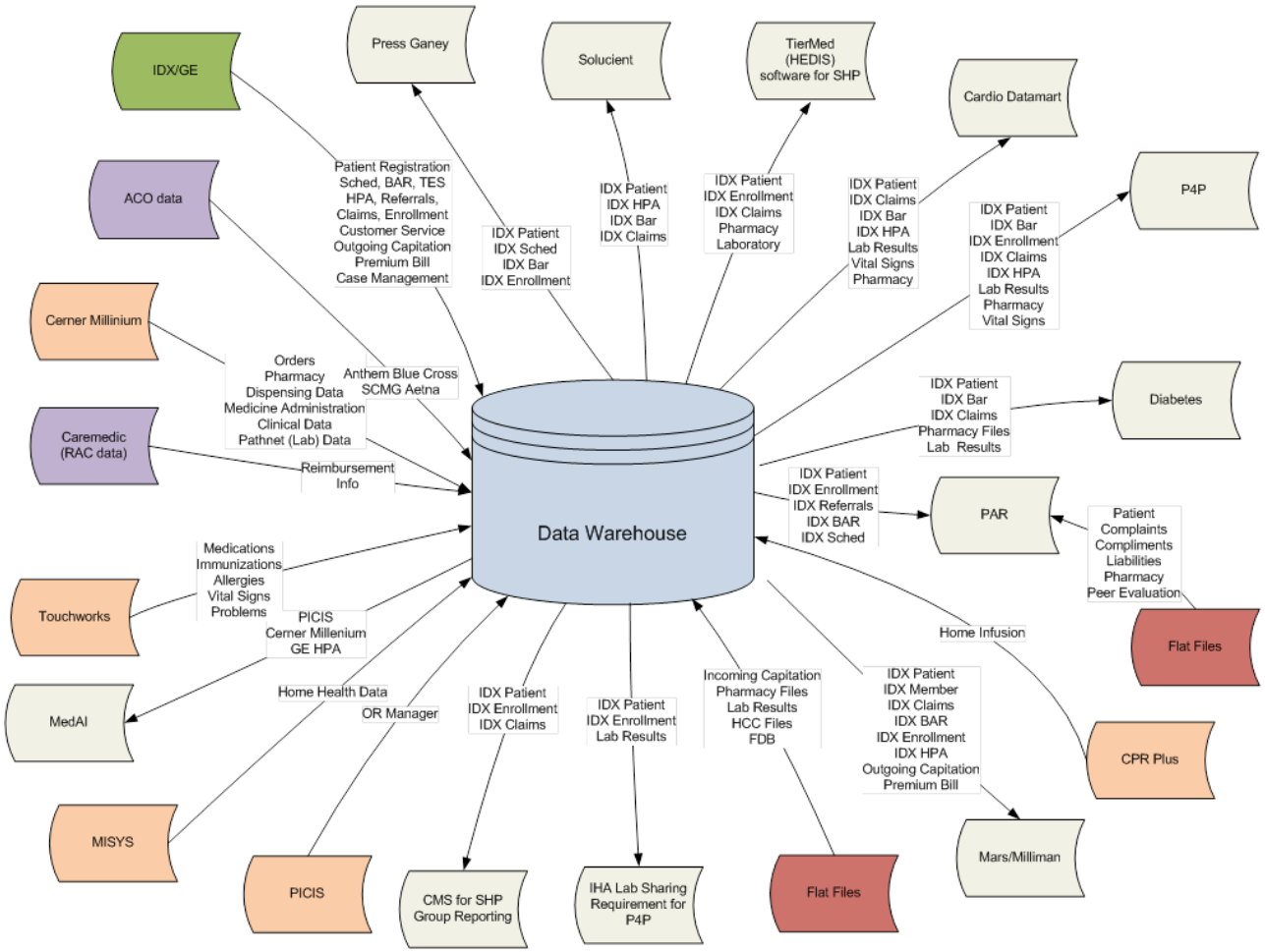
Case Management

- Case Managers will follow ACO beneficiaries across the continuum
- Ability to identify for various post discharge programs that are not available to Medicare Fee For Service beneficiaries (i.e. Palliative Care Programs)

Engagement

- Ability to apply tactics for bonding ACO patients more closely to Sharp system

Self-developed BI Platform



Data Warehouse

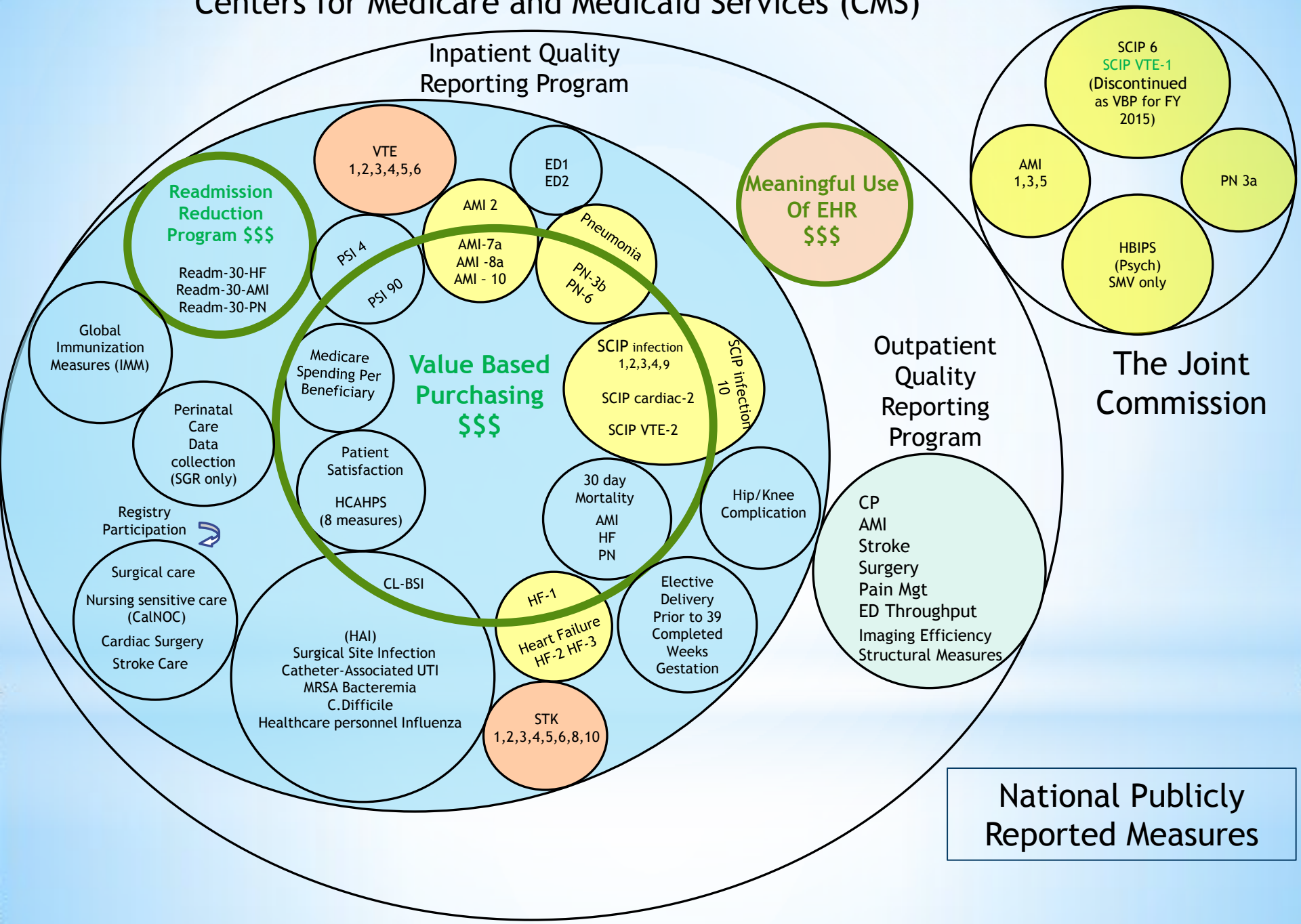
Business Uses:
Disease Management
Population Management
Quality Reporting – P4P
HEDIS
Physician Assessment Records
Health Plan Actuarial Rpts
Patient Satisfaction
Advertising Campaign
Financial Reporting
Contracting
Accounts Receivable

Business Users:
Report Authors: 60
Adhoc Reporting: 105
Consumers: 225

Pioneer ACO Quality Measures

Patient/Caregiver Experience	• 7 individual measures (6 composite) based on CAHPS
Care Coordination/ Patient Safety	• 6 individual measures (EHR adoption double weighted)
Preventive Health	• 8 measures (immunizations, vaccinations, screenings, tobacco cessation)
At Risk Population	• 12 measures (5 composite diabetes measures and 2 composite coronary artery disease measures)

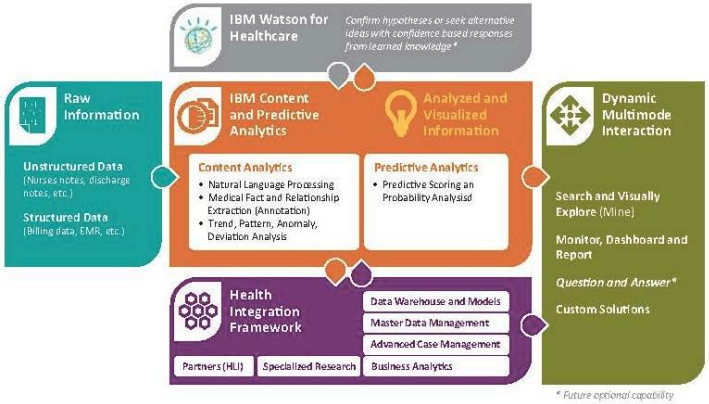
Centers for Medicare and Medicaid Services (CMS)



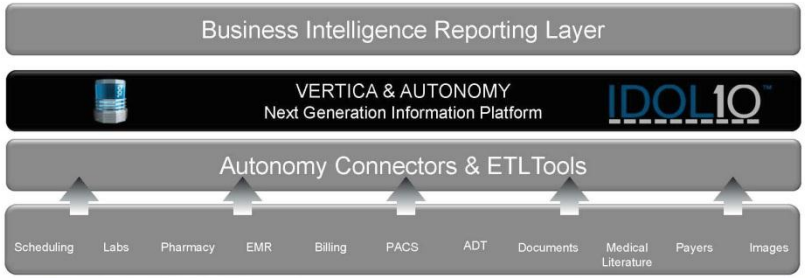
Third-party Business Intelligence Tools

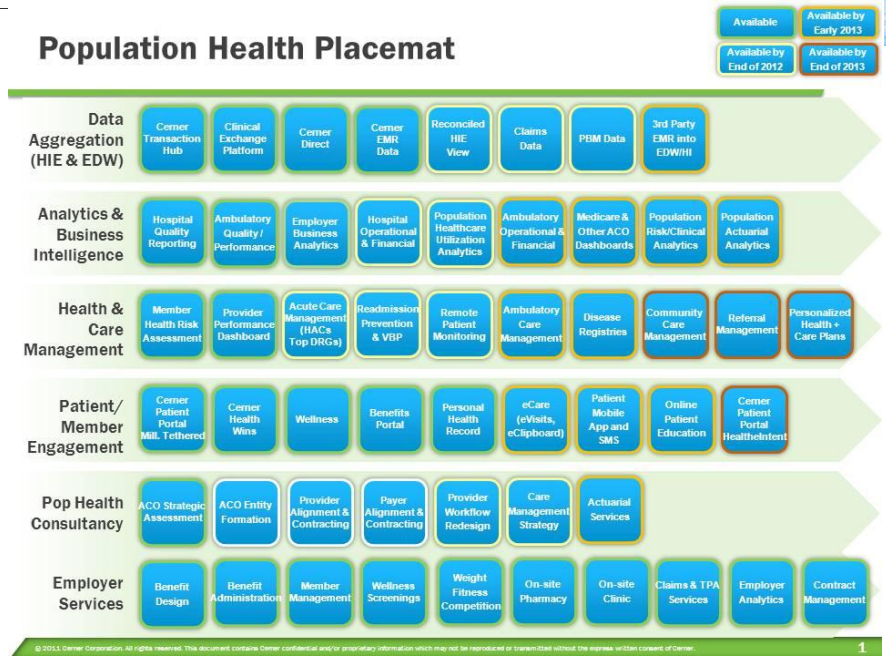
Pinpoint Quality, Review Compliance **- AAAAAA**	• Predictions and actionable alerts to initiate order sets, care plans, and discharge planning • Focus on admit-oriented factors: comorbidities, LOS, disease-specific conditions • CORE Measure Reporting
HEDIS Reporting Tool **- BBBBBB**	• Calculates HEDIS measures and submits data to NCQA • View, query, analyze HEDIS data • Develop custom measures for clinical reporting initiatives
Population Health Manager **- CCCCCC**	• Drives focused improvements in care delivery • Built-in evidence-based guidelines and best practices • Condition specific registries to manage populations
Manage value-based care, hospitals & potentially across the continuum **- DDDDDD**	• Physician alignment to advance quality goals • Registry to improve patient outcomes and overall population health • Manage total cost and quality for defined populations
Performance Management **- EEEEEE**	• Cost Accounting, Budgeting, and Productivity • Strategic Planning • Integrated Analytics
HITECH Data Sharing • **FFFFFF**	• Health information exchange • Integrates patient information from disparate health information technologies

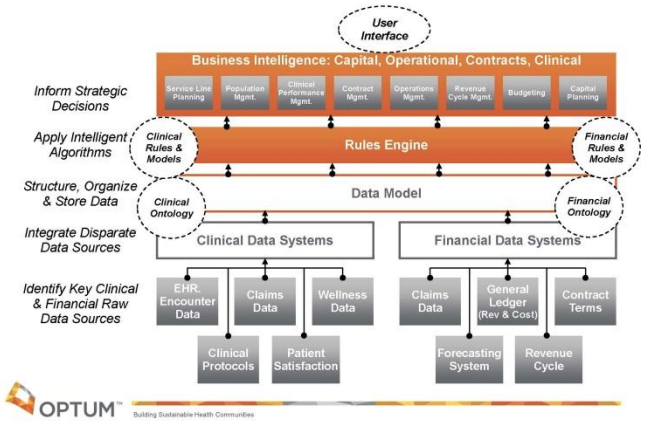
Population Health – lots of Vision!



Solution Overview:







It's a Fine Line Between a Vision and an Hallucination !!

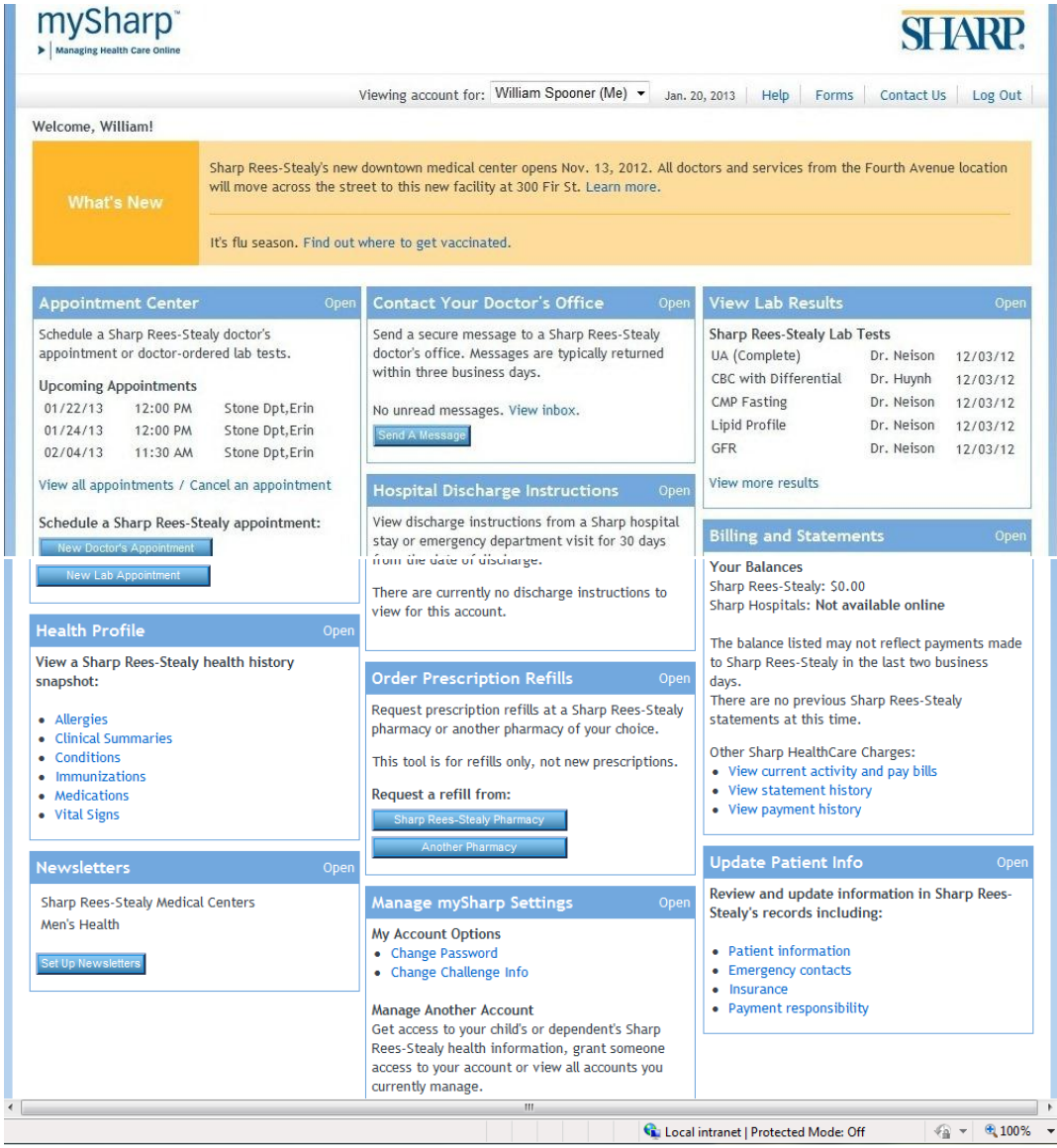
Patient Portal

Key Facts:

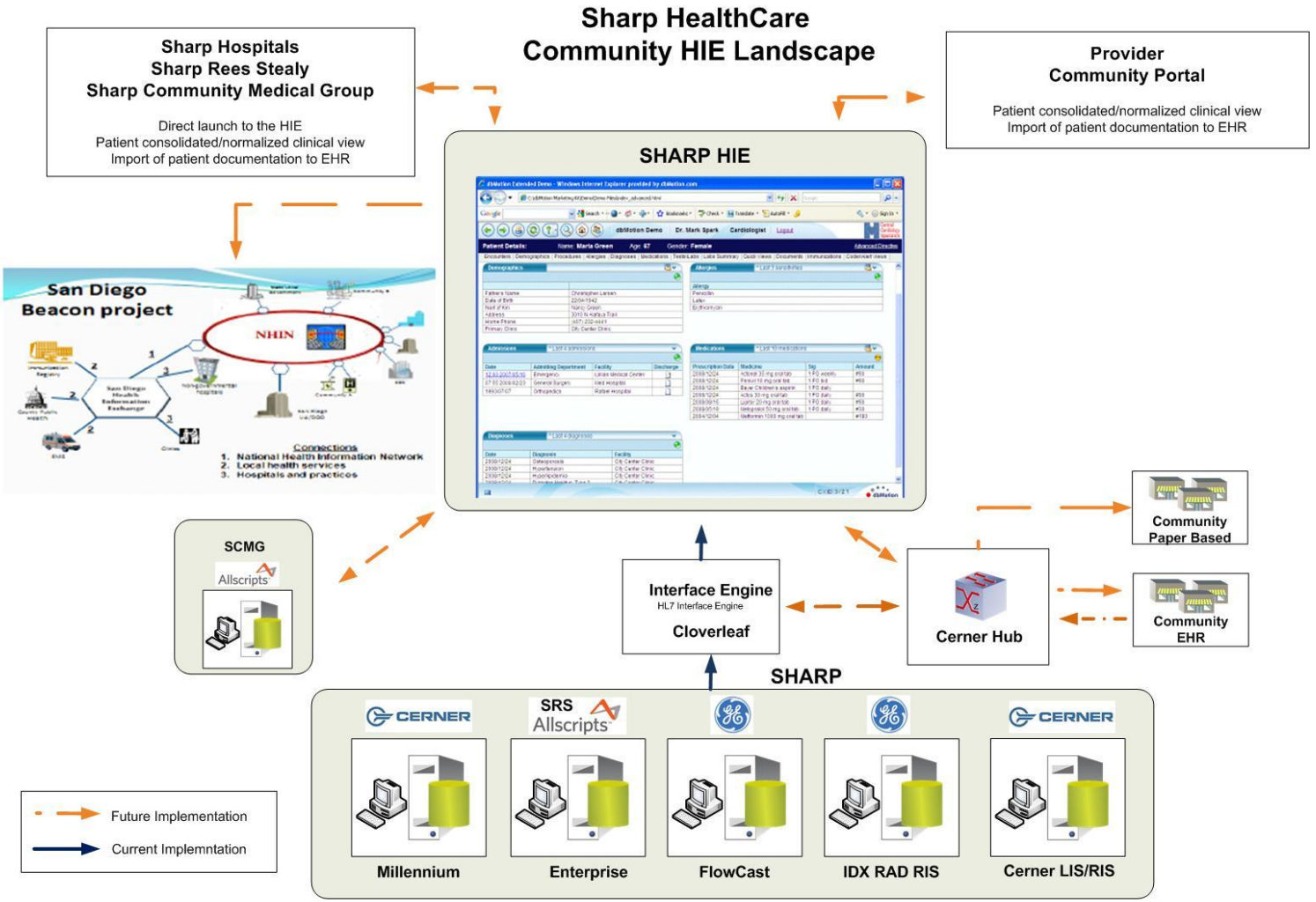
- Launched in February 2010
- 100,000 patients signed up
- Nearly 18,000 on mobile mySharp launched in May 2012
- 750,000 logins in FY2012
  - 195,000 lab results
  - 150,000 secure messages
  - 60,000 appointments scheduled
  - $2.3 million patient payments
- CCHIT certified for Discharge Summaries

In-house Developed

- Cold Fusion
- Oracle middleware
- Links:
  - Allscripts, Cerner EHRs
  - GE Practice Managemnt
  - dbMotion HIE



Health Information Exchange



General comments

- Case/Care Management still a work-in-process
- Deluge of inconsistently defined reporting indicators
  - Efforts in Reporting vs Care Improvement
- Patient identification a contiuing problem
- Need to accelerate standards adoption
- Mixing of diverse payor, employer and provider programs
- Limited interoperability among payor and provider IT systems
- Lens of the patient – confusing?
  - Health improvement programs
  - Portals
  - Utilization management
- We can do better as a community!

SHARP® HealthCare ACO

An Accountable Care Organization

Thank you!

Questions / Discussion

?

Next Steps

- Slides and recording will be posted to eHI website following this call

- Council will meet on Thursday, November 15 to continue its work developing the report to outline IT infrastructure components supporting ACOs

- Comments and questions can be sent to rebecca.jones@ehidc.org

Thank you!