



Population Health Survey Results

May 25, 2016

2:00 – 3:00 pm ET

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About eHealth Initiative

- Since 2001, eHealth Initiative has been advocating the value of technology and innovation in healthcare through research and education.
- eHI convenes its multi-stakeholder members, from across the healthcare ecosystem, to discuss how to transform healthcare through information and technology.
- eHI members released *The 2020 Roadmap*. The primary objective is enable coordinated efforts by the public and private sector to transform healthcare by the year 2020.

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Multi-Stakeholder Leaders in Every Sector of Healthcare



The 2020 Roadmap

Key Focus Areas in 2016

- Interoperability
- Privacy & Security
- Business & Clinical Motivators
- Health IT Policy
- Population Health
- Data & Analytics
- Innovation

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generosity and support of Medicity!**



Panelists



Dr. Charles Kennedy,
Chief Population Health
Officer, Healthagen



Tricia Nguyen, M.D.,
Executive Vice
President for Population
Health, Texas Health
Resources and
President of the Texas
Health Population
Health, Education &
Innovation Center



Shawn P. Griffin, M.D.
Chief Quality and
Informatics Officer,
Memorial Hermann
Physician Network

Agenda

2:00 – 2:05

Welcome

2:05 – 2:15

Overview of Key Findings

2:15 – 2:25

State of the State –

Charles Kennedy, MD, Chief Population Health Officer, Healthagen (Moderator)

1:25 – 2:50

Panel Discussion

Tricia Nguyen, M.D., Executive Vice President for Population Health, Texas Health Resources and President of the Texas Health Population Health, Education & Innovation Center

Shawn P. Griffin, M.D., Chief Quality and Informatics Officer, MHMD - the Memorial Hermann Physician Network

2:50 – 3:00

Q&A

About the Survey

- Conducted April-May 2016
- Areas of focus include:
 - Health IT infrastructure
 - Population health management strategies/approach
 - Patient engagement, data use & analytics, care management

Survey Methodology

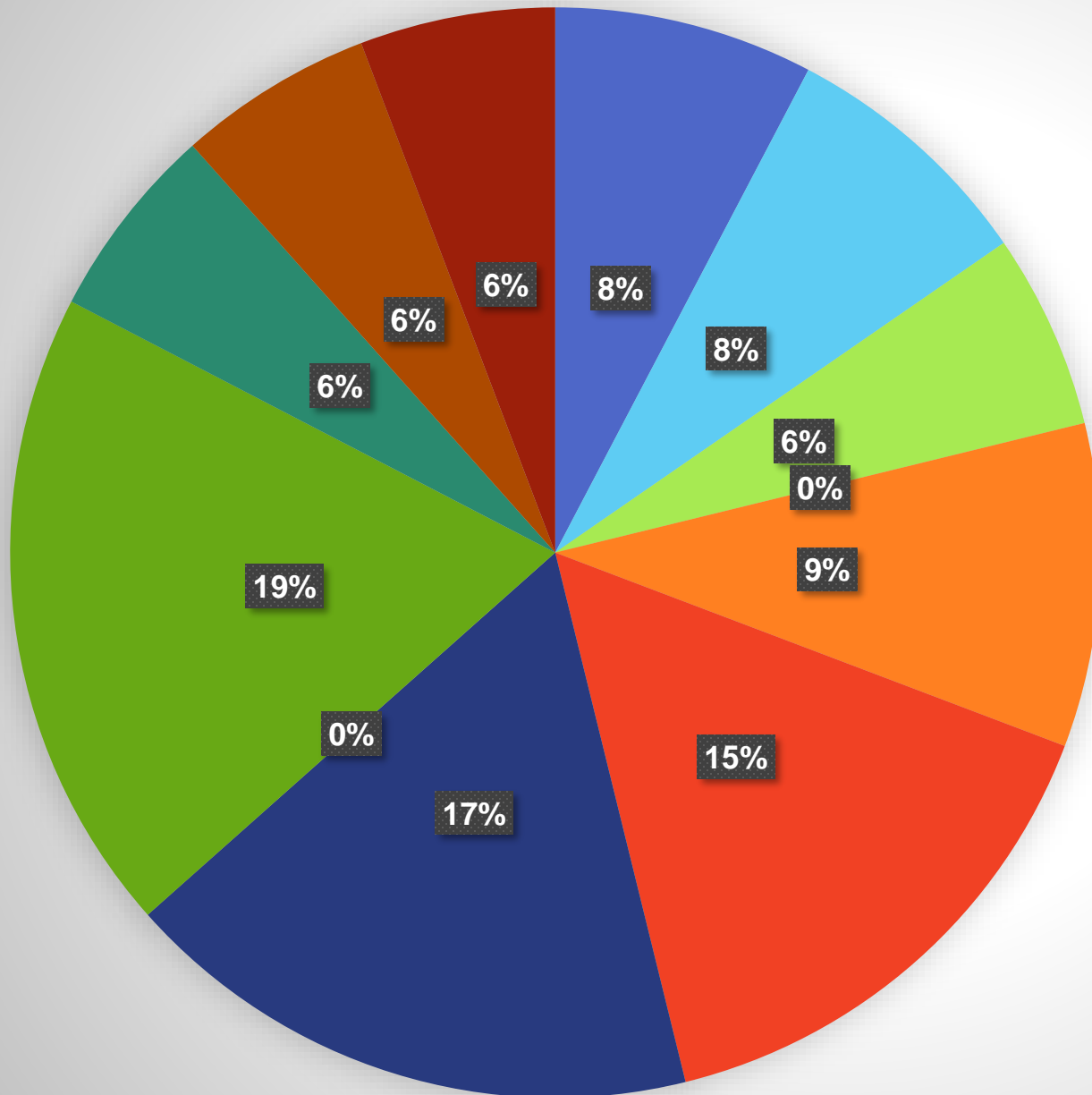
■ Who We Sent the Survey To:

- eHI network of ACOs, providers, and health plans
- Respondents from the 2015 survey
- Through a partnership with Premier the survey went to a large network of ACOs
- Broader announcements, notifications and posting at eHI member forums
- Request for respondents in eHI newsletters

■ How We Followed Up:

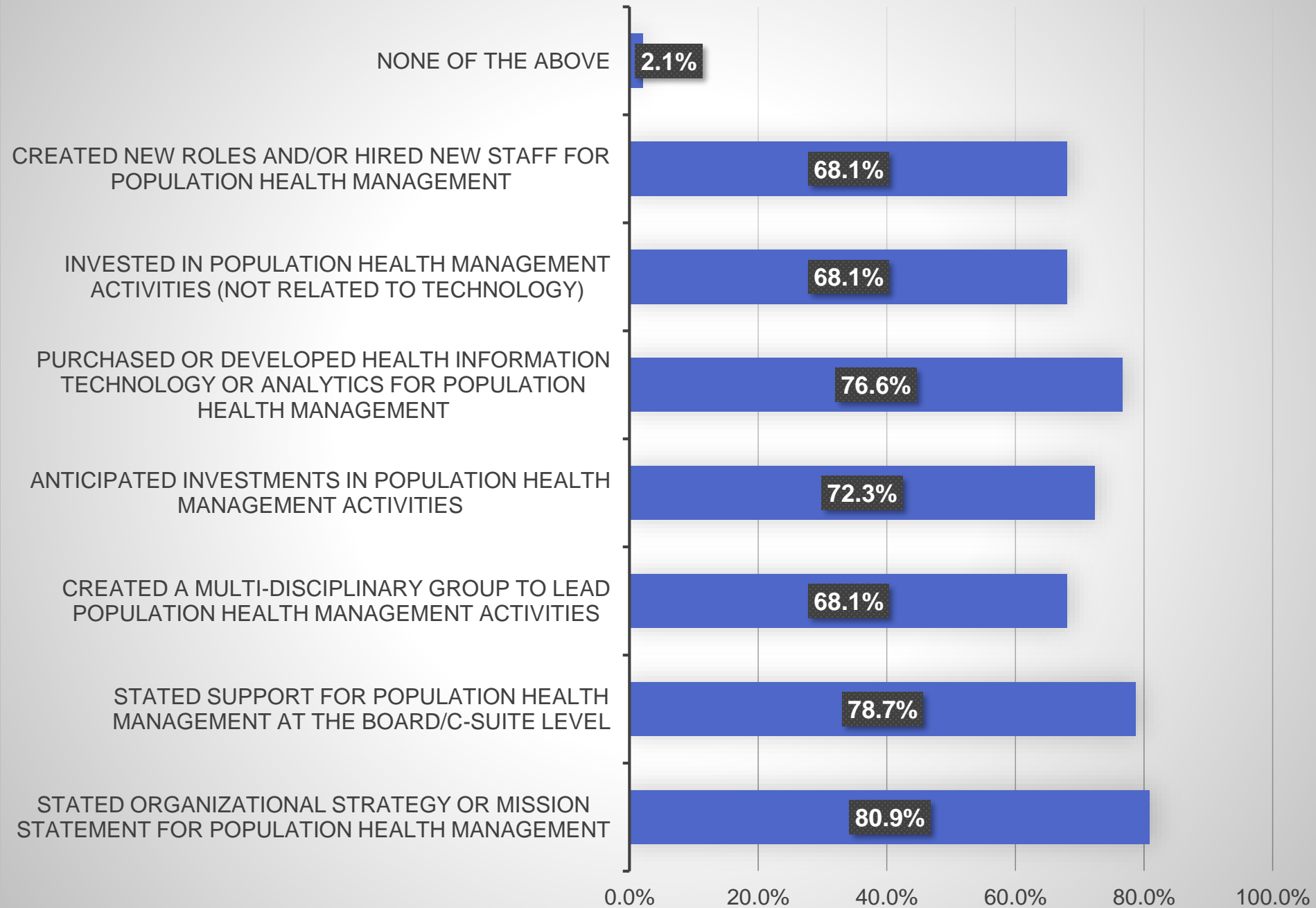
- eHI sent 2 follow reminders to network
- eHI staff called the 2015 respondents
- eHI staff did interviews via phone with targeted organizations

About the Respondents

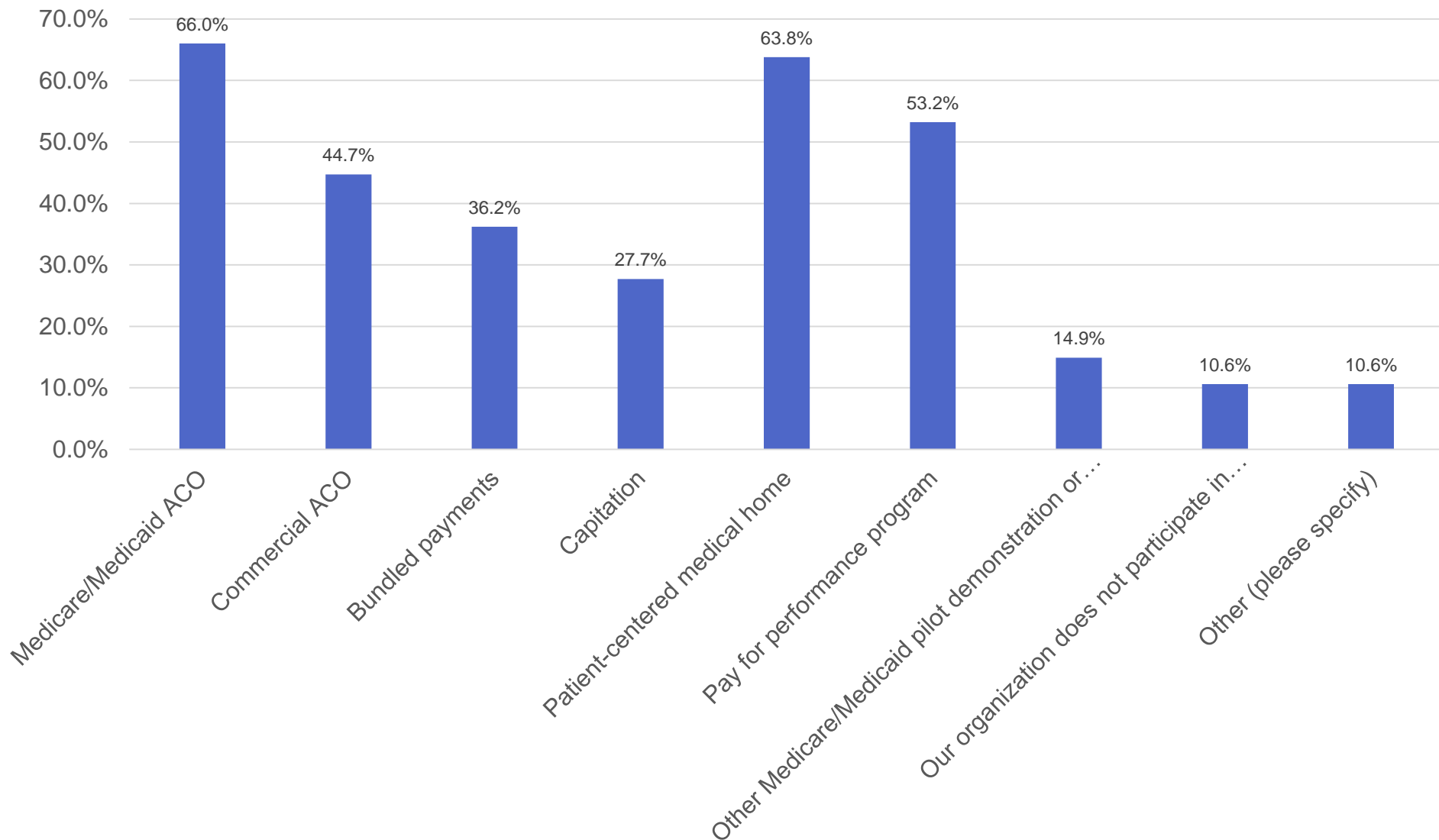


- Small physician group/practice (1-25 physicians)
- Large clinic/physician group/independent physician association (More than 25 physicians)
- Independent small hospital (under 300 beds)
- Independent large hospital (300+ beds)
- Academic medical center
- Health system
- Integrated delivery network (IDN)
- Skilled Nursing Facility/Post-acute/Long-term care setting
- Clinically Integrated Network
- Health plan

Support for Population Health Management



Is Your Organization Participating in Advanced Payment Models?



Health IT Infrastructure



Electronic health record
– 90%



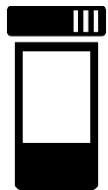
Disease Registry
– 72%



Analytics software
– 70%



Data warehouse
– 62%



Computerized order entry/e-prescribing
– 70%



Clinical decision support
– 60%



Patient portal
– 70%



Population Health Dashboard
– 66%

Population Health Management Approach

- Population health management activities address specific patient cohorts including:
 - readmission risk (81%), multiple chronic conditions (79%), high-utilizers of ER (77%), and specific diseases/service lines (70%)
- How do you Measure Success?:
 - intermediate outcomes (83%), healthcare processes (72%), cost savings (70%), and patient satisfaction (70%)

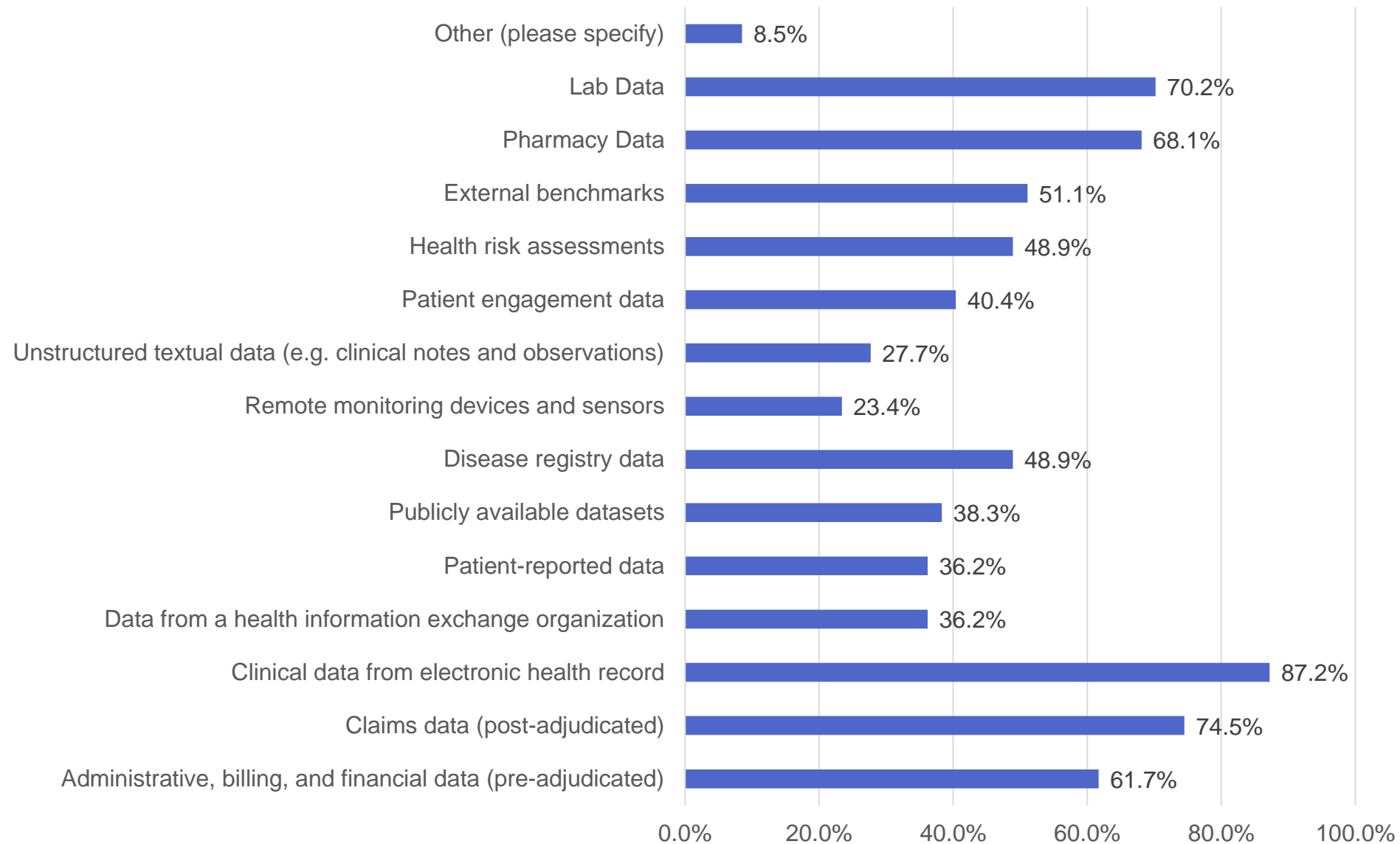
Patient-generated Data

- 37% of respondents say they analyze patient-reported data
- However, they also collect data for purposes other than analytics.

Respondents collect:

- Patient satisfaction data (76%), symptoms (48%)biometrics (41%), and patient reported outcomes (37%)

Types of Data Collected



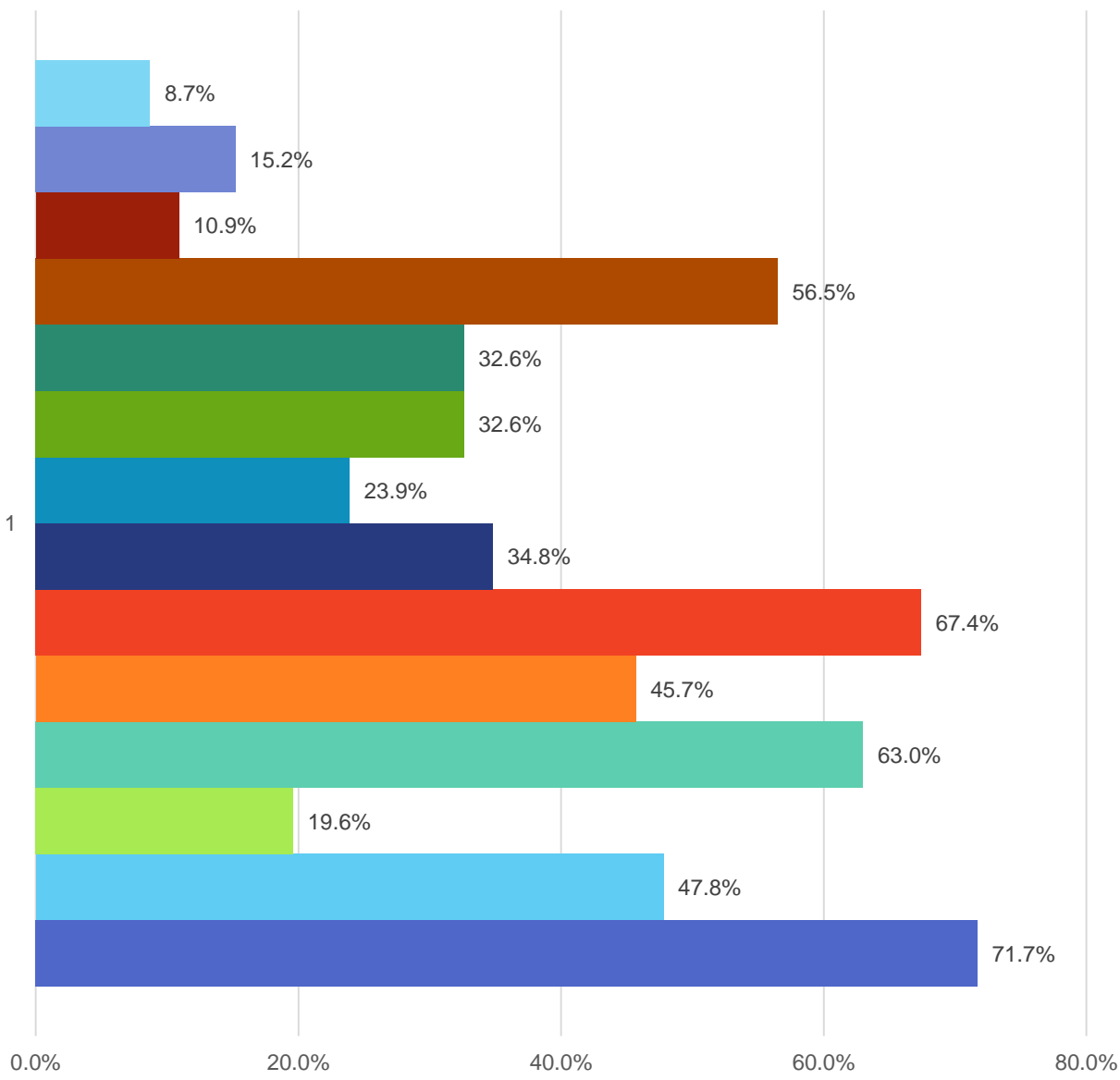
Organizations use analytics to...

Proactively identify risk	74%
Identify outliers in cost/utilization	72%
Identify gaps in care/preventive services	69%
Identify patients for care management programs	69%
Compare performance across clinicians	65%
Evaluate comparative effectiveness of care processes/treatments	34.7%
Revenue cycle management	30.6%

How patients are identified for care management programs

- Case finding (64%)
- Referrals (64%)
- Health Risk Assessments (49%)
- Predictive Modeling (49%)

Patient Engagement



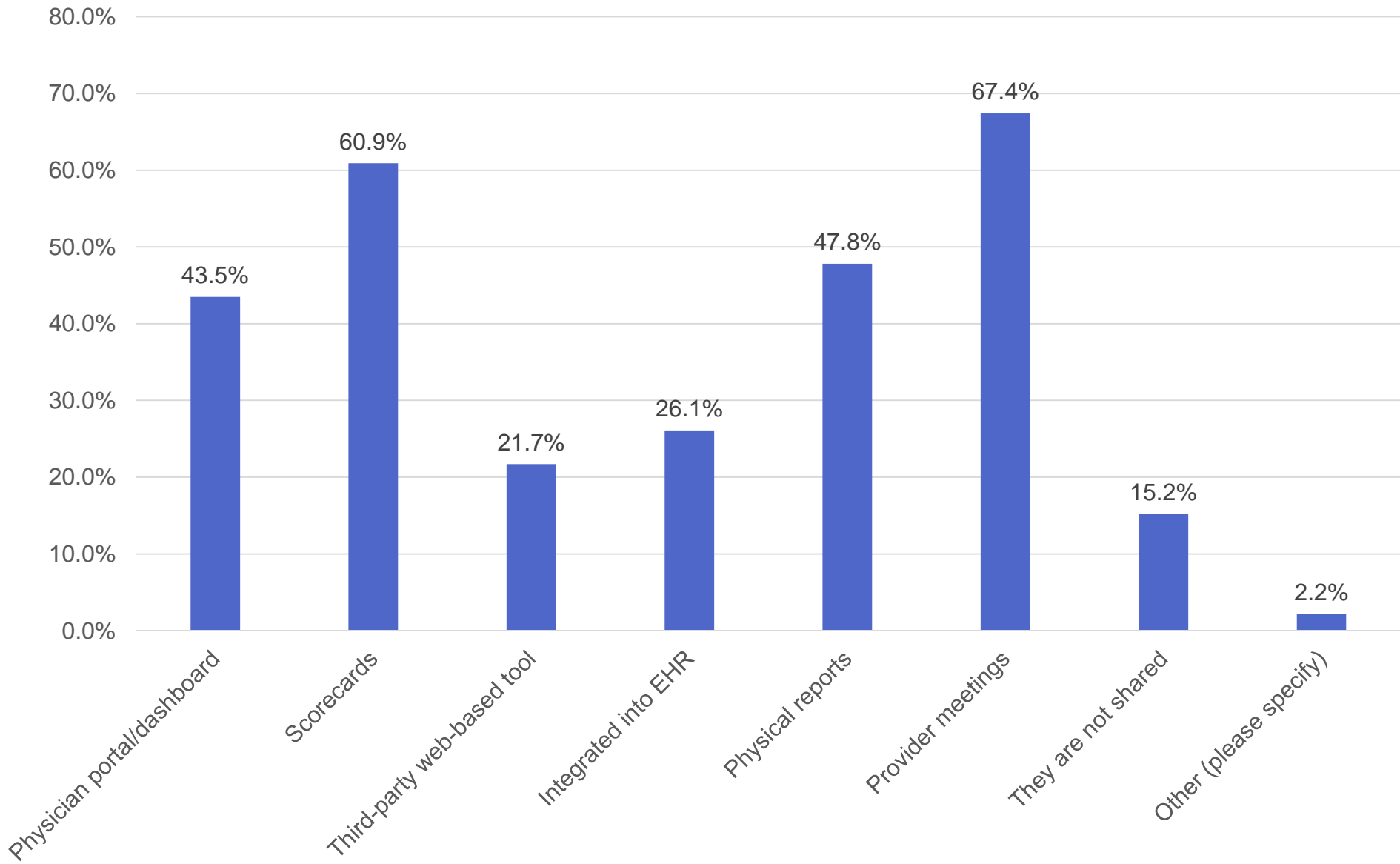
- Other (please specify)
- Our organization does not engage patients
- Interactive voice response system
- Patient navigators
- Wellness coaching
- Tailored patient-specific educational programs
- Remote monitoring
- Telehealth (e.g. remote/video consults)
- Post-discharge/care coaching
- Notifications/reminders for gaps in care
- Notifications/reminders for preventive services
- Electronic forms to capture patient generated information
- Secure messaging
- Patient portal



Care Management Activities

- Development of a care plan (82%)
- Periodic telephonic-based follow-up (64%)
- Periodic in-person follow-up (62%)
- Multidisciplinary care teams (58%)
- Health/wellness coaching (53%)
- Automated alerts/notifications for providers (42%)
- Remote monitoring (22%)

How are results shared with staff



Key Barriers

1. Change management (70%)
2. Data Integration/Interoperability (66%)
3. Impact on Workflow & Productivity (62%)
4. Competing Health IT Priorities (57%)
5. Cost of software or tools (49%)
6. Lack of sufficiently trained staff (49%)
7. Physician alignment (48%)
8. Lack of patient engagement (47%)

2016 Trends

- Groups are Beginning to Connect to Newer Technology
- Payment Models Are Driving Focus
- Analytics Must Lead to Actionable Information

Payment reform: APMs, MIPS, and MACRA

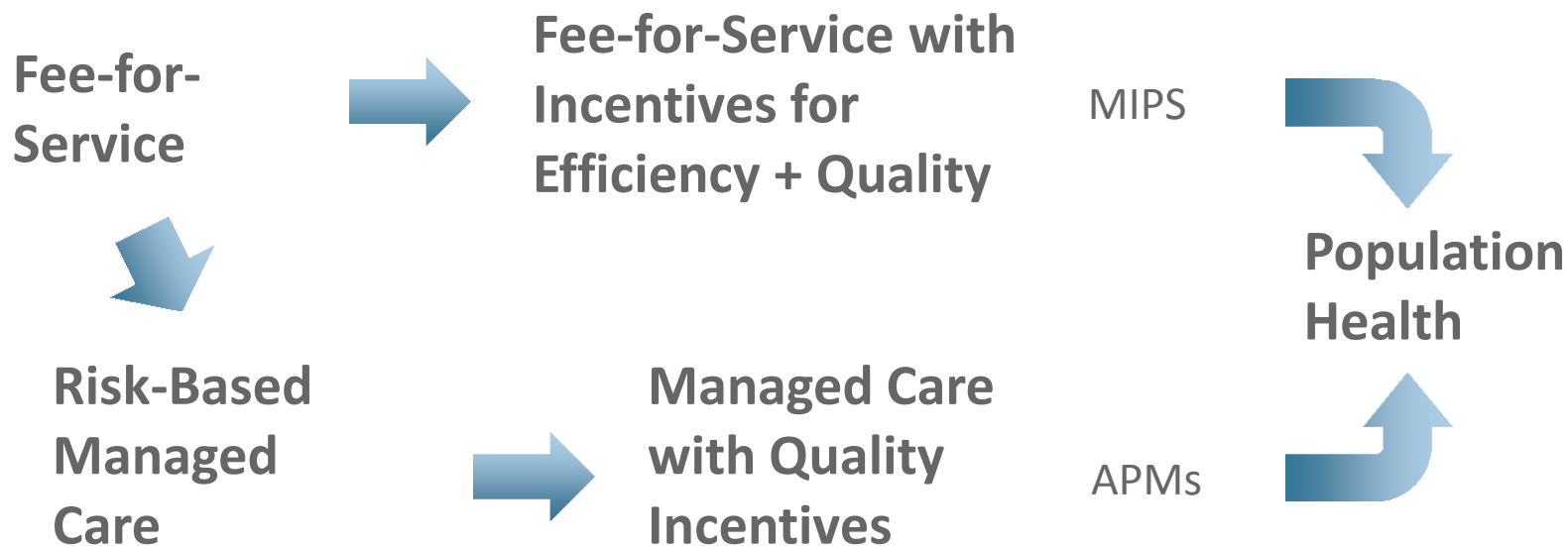


A Healthagen Business

A Webinar on the eHealth Initiative
Population Health Survey Results

Charles Kennedy, MD,
Chief Medical Officer -Clinical Integration
Aetna

Public Policy: Linking Clinical Effectiveness and Efficiency to Financial Reward Industry Wide



Two major themes in the payment evolution of health care payment methodologies:

- (1) Increasing accountability for both quality and total cost of care
- (2) Greater focus on population health management as opposed to payment for specific services.

Rapid Expansion Ensures Industry Wide Impact

In January 2015, the Department of Health and Human Services announced **new goals for value-based payments and APMs in Medicare**

Medicare Fee-for-Service

GOAL 1: **30%** 

Medicare payments are tied to quality or value through **alternative payment models (categories 3-4)** by the end of 2016, and 50% by the end of 2018

GOAL 2: **85%** 

Medicare fee-for-service payments are **tied to quality or value (categories 2-4)** by the end of 2016, and 90% by the end of 2018



STAKEHOLDERS:

Consumers | Businesses
Payers | Providers
State Partners



Set **internal goals** for HHS



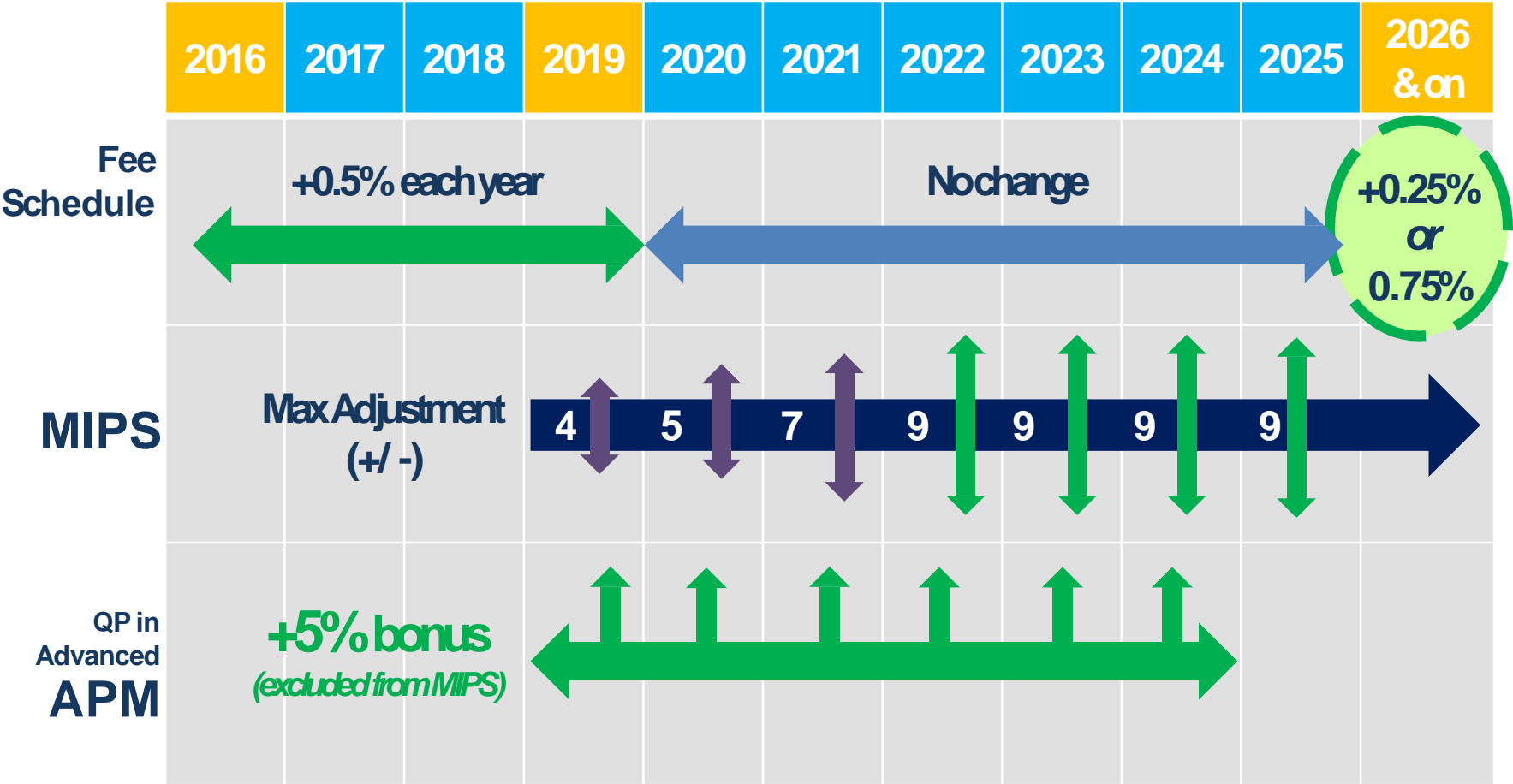
Invite **private sector payers** to match or exceed HHS goals

Advanced Alternative Payment Models offer Payment Advancement Opportunities

Based on the proposed criteria, which current APMs will be Advanced APMs in 2017?

- ✓ **Shared Savings Program** (Tracks 2 and 3)
- ✓ **Next Generation ACO Model**
- ✓ **Comprehensive ESRD Care (CEC)** (large dialysis organization arrangement)
- ✓ **Comprehensive Primary Care Plus (CPC+)**
- ✓ **Oncology Care Model (OCM)** (two-sided risk track available in 2018)

Value Based Pay Financial Impact Is Substantial



TAKE-AWAY POINTS

- 1) The Quality Payment Program **changes the way Medicare pays clinicians** and offers financial **incentives** for providing high **value** care.
- 2) Medicare **Part B clinicians** will participate in the **MIPS**, unless they are in their 1st year of Part B participation, become QPs through participation in **Advanced APMs**, or have a low volume of patients.
- 3) Payment adjustments and bonuses will begin in **2019 but providers should take action now because the baseline year for MIPS is 2017.**

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Our mission is to offer the highest quality care consistently in a responsive and coordinated manner to the communities of North Texas through our distinguished network of physicians, hospitals and clinics; generating value through stewardship of societal resources.

- 27 Hospitals
- More than 300 outpatient facilities
- +35,000 employees
- Serving +7 million residents
- ~3,000 physicians across 16 county area

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Memorial Hermann ACO

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- Largest Not-for-Profit Health System in Southeast Texas
- 13 hospitals -- ~2,800 licensed beds
- MH-TMC – one of busiest Level 1 Trauma centers in US
- 24,000 Employees, 5,500 Affiliated Physicians
- \$4.5B Annual Revenue
- \$438M Annual Community Benefit
- Most Successful Medicare Shared Savings Programs Accountable Care Organization (ACO) with >\$110M in savings in first two performance years
- MSSP ACO with ~2000 participating physicians, but only ~10% employed
- Over 300 different EMR databases among participating providers in ACO

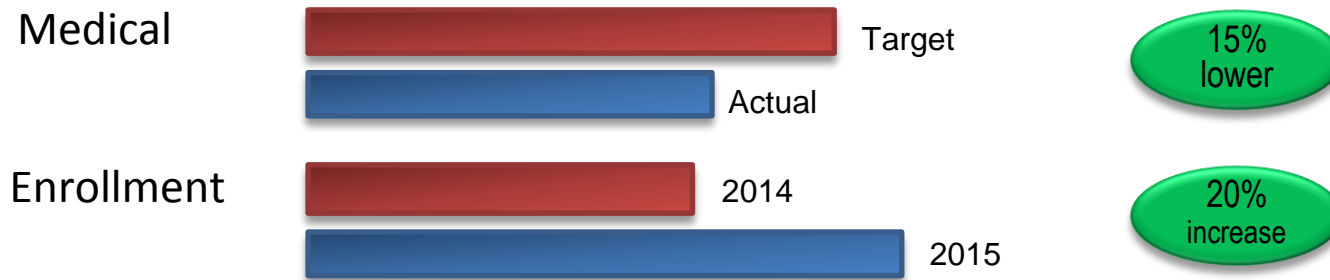
Evolutions at Memorial Hermann



- “Hospital-Centered” Thinking and Contracting to Population Management
- Staff Physicians to IPA to Clinically Integrated Network to ACO
- Relationship of Antagonism between MHHS and Independent Physicians to Written Compact to Culture of Alignment
- Physician Participation to Contract Incentives to Strategic Incentives

COMMERCIAL ACO RESULTS

Better Cost and Quality for Employers



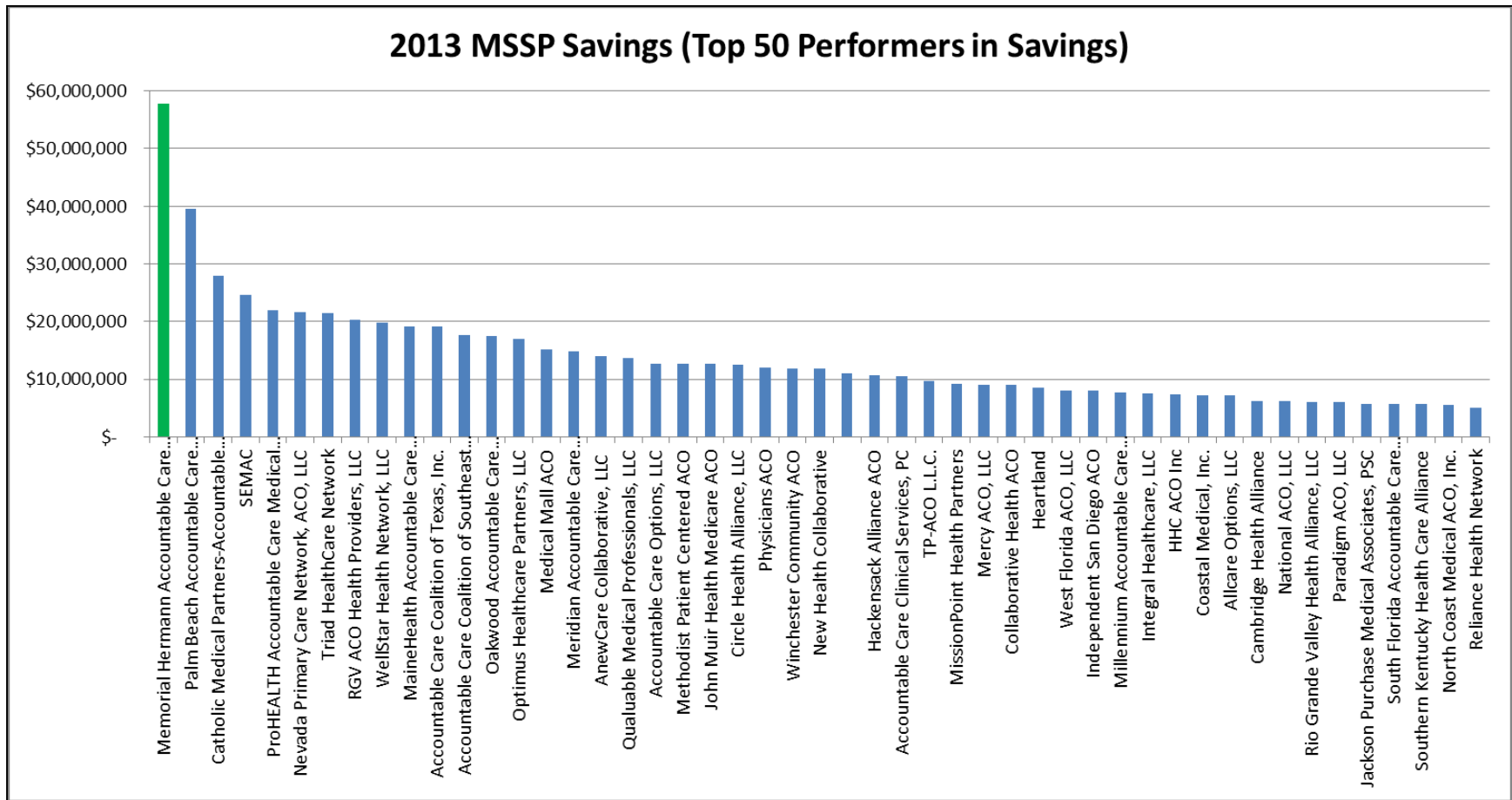
Efficiency Results	TARGET	RESULT		DELTA
“Impactable” Medical Admissions/1,000	55.0	16.7	↓	69.6%
Potentially Avoidable ER Visits/1,000	95.4	65.7	↓	31.1%
High Tech Radiology Visits/1,000	170.3	149.0	↓	12.5%
CT Scans and MRIs/1,000	66.3	60.5	↓	8.7%

BEST IN THE COUNTRY MSSP PERFORMANCE

MSSP PY1 Savings



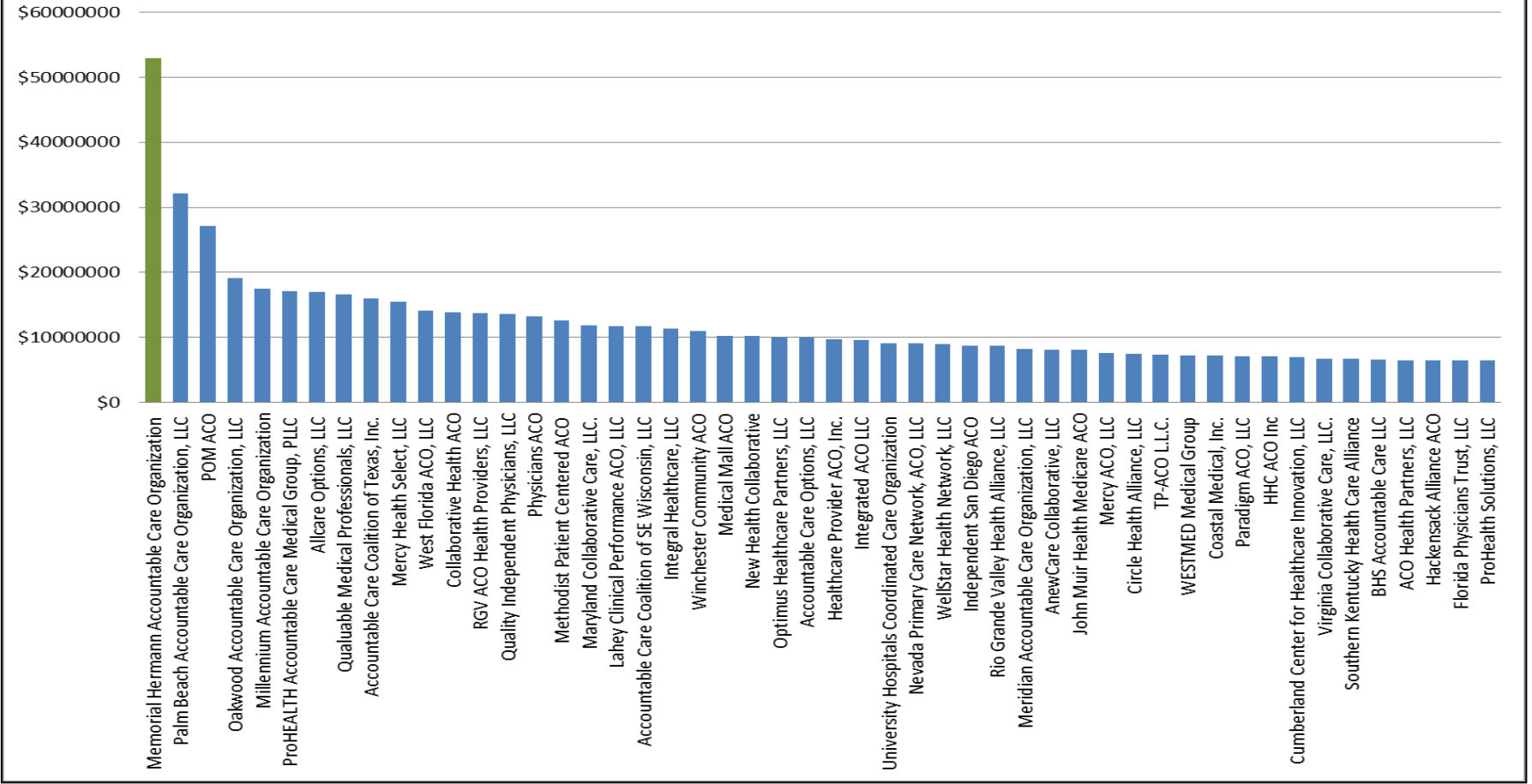
2013 MSSP Savings (Top 50 Performers in Savings)



MSSP PY2 Savings



2014 MSSP Savings (Top 50 Performers in Savings)



Thank you!

- Please use the chat feature to ask questions
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- If you have any questions, please contact Claudia Ellison, Claudia.Ellison@ehidc.org

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