Population Health Survey Results

May 25, 2016
2:00 – 3:00 pm ET

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- Today’s slides will be available for download on our homepage at www.ehidc.org
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.
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
This webinar was made possible through the 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

- Created new roles and/or hired new staff for population health management: 68.1%
- Invested in population health management activities (not related to technology): 68.1%
- Purchased or developed health information technology or analytics for population health management: 76.6%
- Anticipated investments in population health management activities: 72.3%
- Created a multi-disciplinary group to lead population health management activities: 68.1%
- Stated support for population health management at the board/C-suite level: 78.7%
- Stated organizational strategy or mission statement for population health management: 80.9%
- None of the above: 2.1%
Is Your Organization Participating in Advanced Payment Models?

- 66.0% for Medicare/Medicaid ACO
- 44.7% for Commercial ACO
- 36.2% for Bundled payments
- 27.7% for Capitation
- 63.8% for Pay for performance program
- 53.2% for Patient-centered medical home
- 14.9% for Other Medicare/Medicaid pilot demonstration or…
- 10.6% for Our organization does not participate in…
- 10.6% for Other (please specify)
Health IT Infrastructure

- Electronic health record – 90%
- Analytics software – 70%
- Computerized order entry/e-prescribing – 70%
- Patient portal – 70%
- Disease Registry – 72%
- Data warehouse – 62%
- Clinical decision support – 60%
- 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

- **Other (please specify)**: 8.5%
- **Lab Data**: 70.2%
- **Pharmacy Data**: 68.1%
- **External benchmarks**: 51.1%
- **Health risk assessments**: 48.9%
- **Patient engagement data**: 40.4%
- **Unstructured textual data (e.g. clinical notes and observations)**: 27.7%
- **Remote monitoring devices and sensors**: 23.4%
- **Disease registry data**: 48.9%
- **Publicly available datasets**: 38.3%
- **Patient-reported data**: 36.2%
- **Data from a health information exchange organization**: 36.2%
- **Clinical data from electronic health record**: 87.2%
- **Claims data (post-adjudicated)**: 74.5%
- **Administrative, billing, and financial data (pre-adjudicated)**: 61.7%
Organizations use analytics to…

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Proactively identify risk</td>
<td>74%</td>
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<tr>
<td>Identify outliers in cost/utilization</td>
<td>72%</td>
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<tr>
<td>Identify gaps in care/preventive services</td>
<td>69%</td>
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<tr>
<td>Identify patients for care management programs</td>
<td>69%</td>
</tr>
<tr>
<td>Compare performance across clinicians</td>
<td>65%</td>
</tr>
<tr>
<td>Evaluate comparative effectiveness of care processes/treatments</td>
<td>34.7%</td>
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<tr>
<td>Revenue cycle management</td>
<td>30.6%</td>
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</tbody>
</table>
How patients are identified for care management programs

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

- Physician portal/dashboard: 43.5%
- Scorecards: 60.9%
- Third-party web-based tool: 21.7%
- Integrated into EHR: 26.1%
- Physical reports: 47.8%
- Provider meetings: 67.4%
- They are not shared: 15.2%
- Other (please specify): 2.2%
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 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**

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**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

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**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

<table>
<thead>
<tr>
<th>Year</th>
<th>Fee Schedule</th>
<th>MIPS</th>
<th>QP in Advanced APM</th>
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<tbody>
<tr>
<td>2016</td>
<td>+0.5% each year</td>
<td>4</td>
<td>+5% bonus (excluded from MIPS)</td>
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<tr>
<td>2017</td>
<td>+0.5% each year</td>
<td>5</td>
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<tr>
<td>2018</td>
<td>+0.5% each year</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>2019</td>
<td>No change</td>
<td>9</td>
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<td>2020</td>
<td>No change</td>
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<td>2025</td>
<td>No change</td>
<td>9</td>
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<tr>
<td>2026 &amp; on</td>
<td>+0.25% or 0.75%</td>
<td>9</td>
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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.
Together, these two health care leaders are creating one network.

By building on our strengths and combining our intellectual resources and care capabilities, we’ll provide broader, more-convenient access to high-value care for millions of North Texans through a new network of 27 hospitals and more than 300 outpatient facilities and clinics.

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
Memorial Hermann ACO
Memorial Hermann

- 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

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

- Today’s slides will be available for download on our homepage at www.ehidc.org

- If you have any questions, please contact Claudia Ellison, Claudia.Ellison@ehidc.org
This webinar was made possible through the generosity and support of Medicity!

Slides are available at www.ehidc.org/resources