Transforming the Primary Care Practice

Wichita Association of Health Underwriters
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Every system is perfectly designed to achieve exactly the results it gets.

- Donald Berwick, MD
The Pharmacy Story

1955. Patient pays pharmacy or doctor directly for medications.
Average cost = ?

1984. Patient pays pharmacy directly for medications.
Average cost = $15 to $18

1994. Pharmacy benefit managers emerge and insurer pays the pharmacy.
Average Cost = $32 to $35

Average cost = $85 to $100
A Typical Day at the Clinic

Each patient is a custom job....

- Depression 63
- Hypertension 70
- Pregnancy 20
- Urinary Tract Infection 36
- Cancer 79
Determining Fees
Determining Quality

- Ratings by percentage of compliance with care paths
- Payment by illness burden (dependent on coding practices)
- Different measures per each plan (negotiated)
- Different report format per insurer (single patient vs multiple patient reports)
- Communication occurs via fax with the expectation office will send report back
What are our results?

U.S. health care ranks last among industrialized countries, underperforming in quality care, access, efficiency, equity, and healthy lives.

The current system is designed to best profit in a high cost, high utilization environment.
The only way to get different results is to change the system.
Changing the Healthcare Landscape

The unsustainable **disparity between the cost and quality of healthcare** in the U.S. is a key driver of the changing landscape and the **shift from volume to value**.

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**Triple Aim Initiative**

- Improving the health of populations
- Improving the patient experience of care
- Reducing the per capita cost of health care
The Value Equation

\[ V = \frac{Q + E}{C} \]

Where:
- \( V \) = Value
- \( Q \) = Quality
- \( E \) = Experience
- \( C \) = Cost
The Movement from Volume to Value

**FIRST CURVE**
- Fee-for-Service
- Quality Not Rewarded
- Pay for Volume
- Fragmented Care
- Acute Hospital Focus
- Stand Alone Providers Thrive

**SECOND CURVE**
- Value Payment
- Continuity of Care Required
- Systems of Care Providers for Payment
- IT Centric
- Physician Alignment

**PERFORMANCE**
- Straddle

**TIME**
- Revenue Drops
- Minimal Reward for Quality
- Volume Decreases
- No Decisive Payment Change
- High Cost IT Infrastructure
- Pay for Volume Continues
- Physicians in Disarray
A health system’s commitment to change the system.
The “Quadruple Aim” to Deliver Greater Healthcare Value

- Improve Population Health
- Improve Patient Experience
- Improve Provider Experience
- Lower Cost of Care
Transforming the Primary Care Practice

1. Information Systems
2. Medical Homes and Team-Based Care
3. Value-Based Care Arrangements
4. Performance Reporting
OneChart: Enterprise-wide Electronic Health Record (EHR)

$85M investment to replace 15+ disparate systems across Wichita hospitals, clinics

- Offer clinicians **quick, easy access** to patients’ latest medical information
- Allow for **improved collaboration** among clinicians across care settings
- **Reduce unnecessary care** and errors
- Allow patients to see test results, schedule appointments and send secure messages to physicians via **myViaChristi** patient portal
myViaChristi: Patient Portal

my Via Christi
PATIENT PORTAL

Manage your family's health on your time

- Email your doctor
- View lab results
- Request prescription refills
- Request appointments ... and more

Via Christi HEALTH
ASCENSION
Patient-Centered Medical Home: The Pilot

- Via Christi Clinic achieved the highest recognition (Level 3) from the National Committee for Quality Assurance (NCQA)

- Model required changing practice processes to become team-based and more patient-centered
  - Enhance access and continuity
  - Identify and manage patient populations
  - Plan and manage care
  - Provide self-care support and community resources
  - Measure and improve performance

- Notable results!
Patient-Centered Medical Home: Learnings and Expansion

- Refined model to emphasize key learnings, scale across clinically integrated network
  - Via Christi Care Redesign team to facilitate onsite baseline assessment, develop action plan
  - Report progress on regular basis, until transformation achieved

- Embedded care coordinators, transitional care management

- Care paths, evidence-based guidelines

- Enhanced access via extended hours, immediate care, retail clinics, etc.
Value-Based Arrangements

Via Christi Healthier You ...

- Medicare Shared Savings Program
- Commercial ACOs
- Direct-to-Employer ACOs

Via Christi Healthier You is an accountable care organization, aimed at improving the health and healthcare experience for our patients, while lowering the overall cost of care.
Enabling Capabilities

- **Aggregate data** from disparate sources, such as clinical, wellness, financial
- **Risk stratify** the population to identify members for Healthier You services
- **Outreach and intervention** performed by centralized navigators, health coaches
  - Care Navigation
  - Proactive
  - Health Coaching
Performance Reporting

- Data rich, information poor – data systems still maturing
- Physician scorecard – quality, satisfaction, and cost measures
- Align measures across patient populations
- Financial incentives to drive behavior change
Are we there yet?
We’re continuing the journey!

Personalized care and communication
Coordination among healthcare providers
Improved quality and efficiency
Increased value
Dedicated care teams
Improved prescription management
Integrated electronic medical record systems
Community resources and services
Looking Forward

- Quickening pace of payment evolution, partnerships
- Financial incentives – upside and downside risk
- Maturing data systems, actionable information
- Align performance measures across patient populations