

Improving Outcomes and Patient Experience Through Medication Adherence



William Torkildsen, MD, Chairman, Valley Organized Physicians


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Valley Organized Physicians

- Primary adjoining IPA for Brownsville, Harlingen, Weslaco, McAllen and Laredo geographic IPAs
- Full Risk Medicare Advantage: 22,000 Lives
- 83 PCP 468 Specialists
- Cigna and BCBS MA
- CareAllies management partner

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The Power of Collaborative Care Coordination

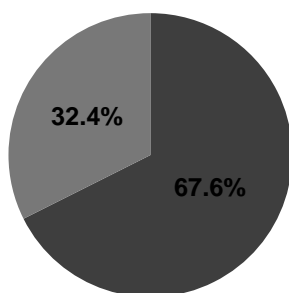
- Traditionally: Low performance area
 - Clinically: High value
 - Culturally: Under emphasized
- 
- Medication Adherence Tracker (MAT) solution: High touch. Labor intensive. Collaborative infrastructure.
 - Required a major cultural paradigm shift for providers, patients and management

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Filled Medications

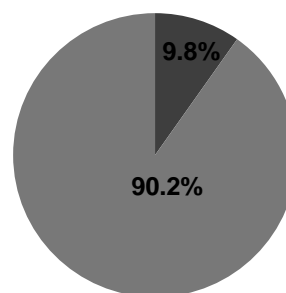
Medication fill improvement with year 1 intervention

Received Intervention



■ Filled ■ Not Filled

No Intervention

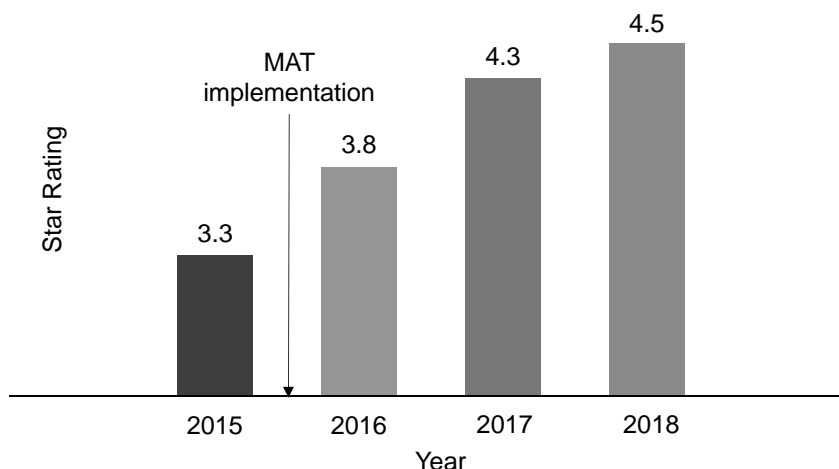


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*Based on 3,539 patients identified for Medication Adherence Tracker initiative in 2016.

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Medicare Advantage Part D Star Ratings Medication Adherence Measures



*VOP Cigna-HealthSpring MA Part D Star Ratings for medication adherence measures: Medication Adherence for Diabetes Medications, Medication Adherence for Hypertension (RAS antagonists), Medication Adherence for Cholesterol (Statins) and Statin Use in Persons with Diabetes (SUPD). SUPD measure added in 2017.

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Engaging PCPs in Risk Adjustment with Immediate Rewards

Michelle DuFresne, CNA, PCT, RHIT, CRC, CDIP
Director of Risk Adjustment
Summit Medical Group



Knoxville Tennessee



Introduction

Summit Medical Group, PLLC

- Independent Physician-owned & directed primary care group, Knoxville TN
- 300 PCP's serve 280,000 active patients in 13 counties
- All 60 of Summit's sites achieved NCQA Patient Centered Medical Home under the 2017 & 2018 standards

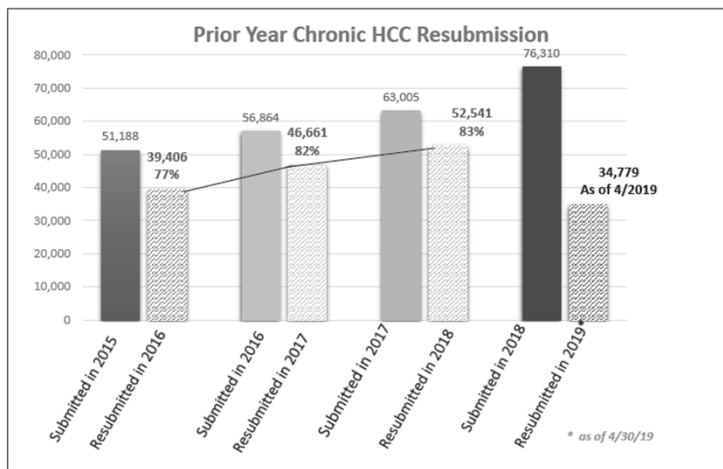
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Engaging PCPs in Risk Adjustment with Immediate Rewards

- Introduction
- Challenges
- Intervention
- Results

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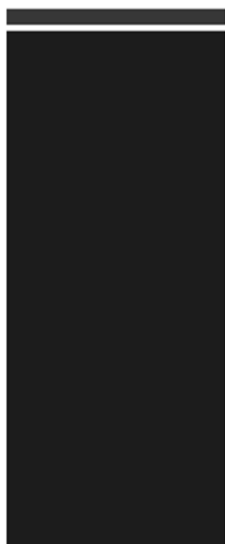
Engaging PCPs in Risk Adjustment with Immediate Rewards



- The program resulted in an increased resubmission rate, year over year, on an ever-increasing denominator.

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Team-Based Approach to Practice Transformation

SHARP Community
Medical Group

Lloyd Kuritsky, DO, Medical Director, Population Health
Sharp Community Medical Group

Program Requirements

- ✔ Performance Improvement Plans
- ✔ Medical Director 1:1's
- ✔ Performance Excellence Meetings
- ✔ Learning Collaboratives

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SCMG Support Teams

- ✔ Regional Support Team
 - Medical Director
 - Program Manager
 - Program Coordinator
 - Patient Experience
 - EHR
 - Network Management
 - Case Management
 - Population Health
 - Practice Transformation

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Practice Transformation

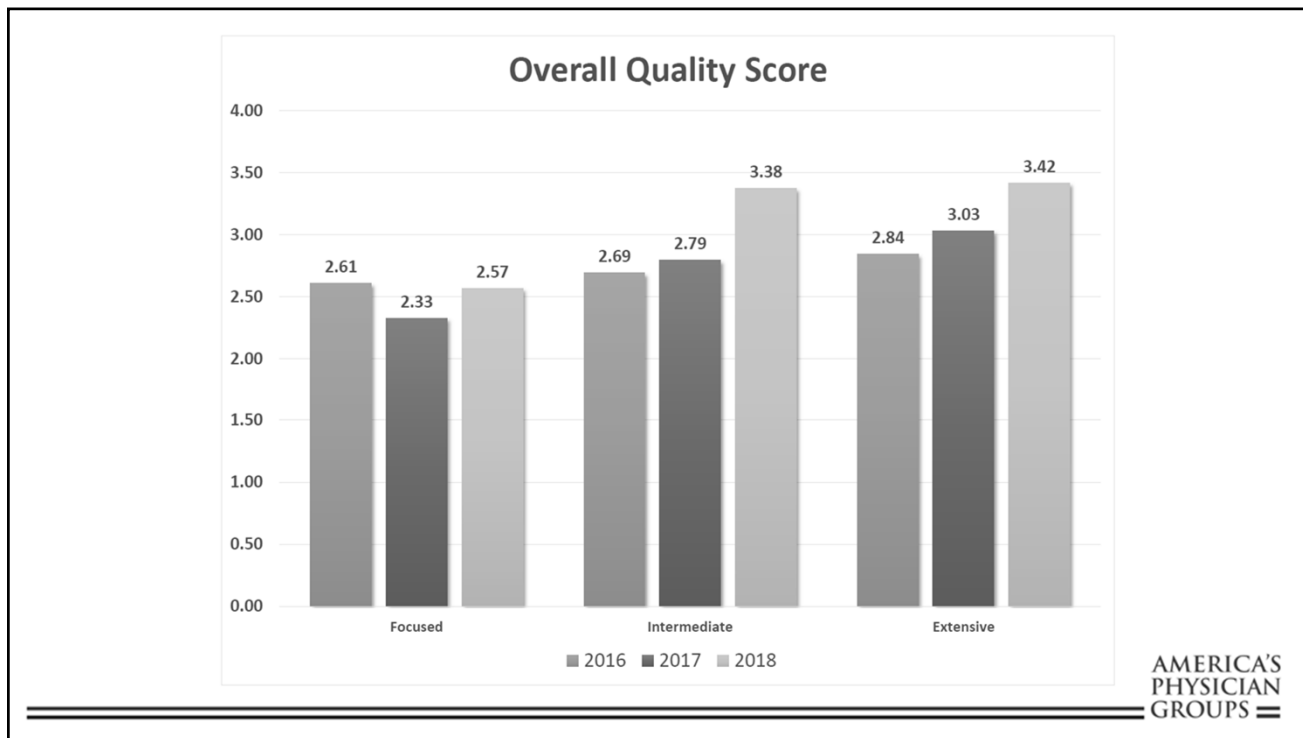
- ♥ Program Manager, 3 Performance Improvement Specialists, Program Coordinator
- ♥ Principles of PCMH
- ♥ Lean Six Sigma
- ♥ Three Levels of Support: Focused, Moderate, Extensive

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Results

- ♥ 96% of physicians participated
- ♥ Changes made in care delivery workflows, process
- ♥ HTN BP Control: Performance improved by 13.5% from 2017
- ♥ Breast, Colorectal CA Screening: Moderate, Extensive support: achieved 75th percentile
- ♥ Overall Quality Performance – significant improvement among those with moderate, extensive support

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BINGO!

Improving Quality Through Patient Engagement

Derinda Cramer Frye, RN, BSN, Director of Clinical Operations, IntegraNet Health
Larry Wedekind, CEO, IntegraNet Health

BINGO! Improving Quality Through Patient Engagement

- Risk/Value-based IPA/MSO
- Established in 1997
- Profitable for 22 Years
- >1,600 PCPs & Specialist



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PATIENT ENGAGEMENT TECHNIQUES



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B	I	N	G	O
Annual Wellness Visit	Medication Review	Colorectal Screening	Breast Cancer Screening	HbA1c
Diabetic Eye Exam	Functional Assessment	Blood Pressure Monitoring	BMI	Fall Risk Assessment
Depression Screening	Pain Screening	★ FREE	Flu Vaccine	Pneumonia Vaccine
Shingles Vaccine	Tobacco Screening	PSA Screening	Alcohol Screening	Post Hospital Follow-Up
Lung Cancer Screening	CV Screening	Cervical Cancer Screening	Bone Density Screening	High BP Follow-Up

Community Health Workers

- Boots on the Ground
- Home Visits
- Telephonic Outreach
- HEDIS Health Fairs

***B*eing *I*nvolved *N*ever *G*ets *O*ld™**

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STRATEGIES to IMPROVE
PATIENT ENGAGEMENT

- **Keep Information Simple**
- **Education Should be Specific**
- **Establish Self-Management Goals**
- **Create Fun & Interactive Tools**
- **Encourage Feedback**



The Key to Staying Healthy Starts at Home

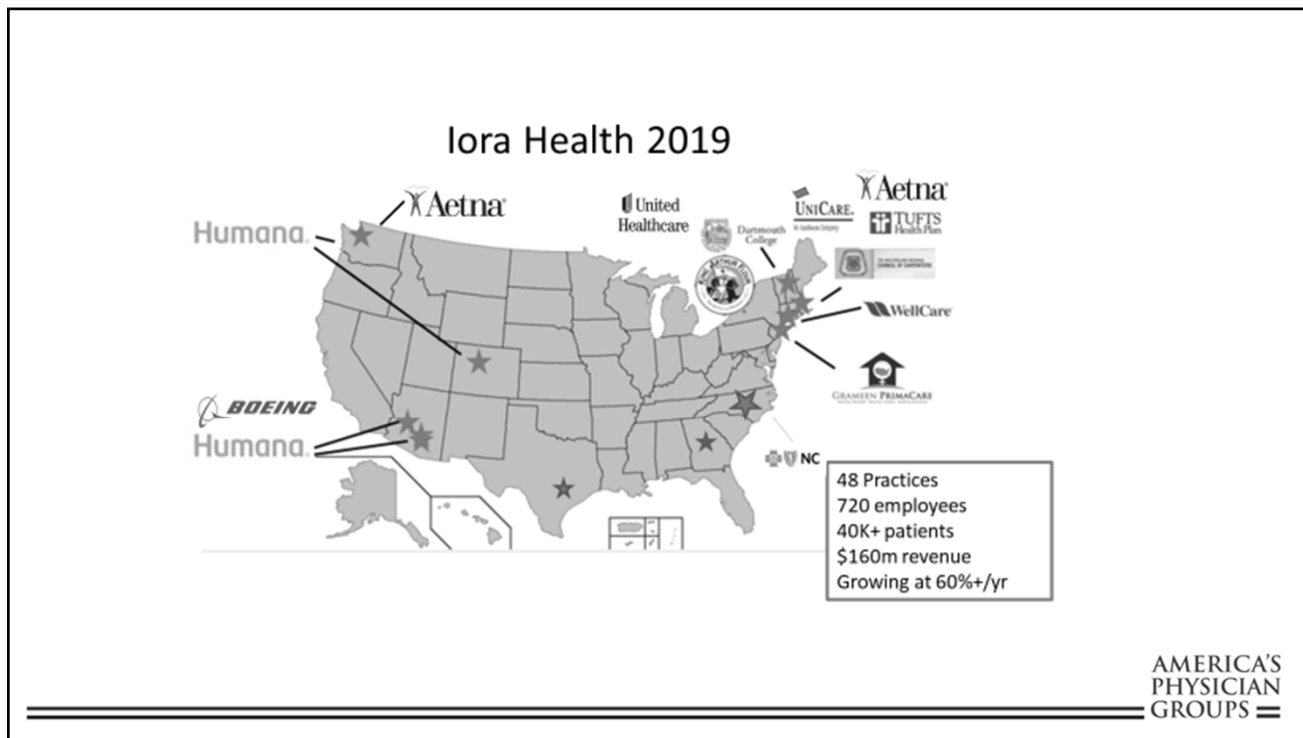
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**Relieving Physician Burnout by
Reducing 'Work After Work'**

Rushika Fernandopulle, MD, MPP
CEO, Iora Health

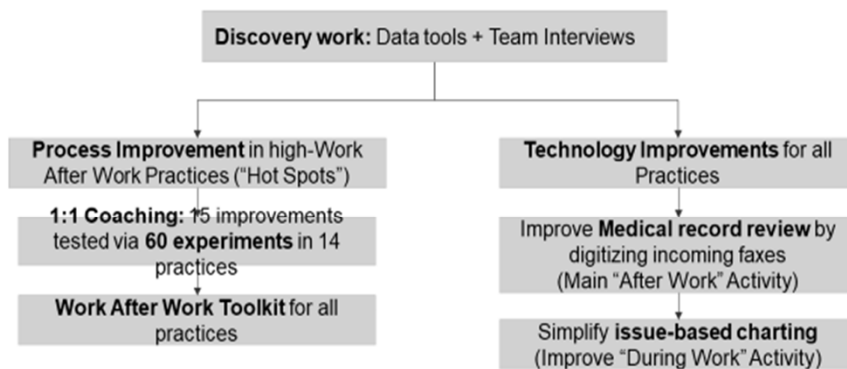




Understanding the Problem

Provider	Panel	Notes and Tasks Completed after work		Weekly Work After Work
Provider	Panel	% notes	% tasks	FTE weekly waw (hrs)
Hidden	500-600	55.0%	68%	16.3
Hidden	300-400	63.0%	47%	13.4
Hidden	500-600	41%	41%	10.9
Hidden	400-500	63.0%	52%	10.2
Hidden	700-800	45%	45%	9.7
Hidden	200-300	22%	22%	0.1
Hidden	200-300	4%	4%	0.1
Hidden	400-500	4.0%	10%	0.0

Our strategy



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We ran 60+ 'Agile' Experiments to reduce Work After Work



Some improvements are more impactful or promising than the others

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(1/2) Results: We tracked improvements from individual experiments



Improvement:
Centralizing Medical Record Review

Turnaround time (days) for Medical Records (before and after pilot)			
	Before	After	% Decrease
Practice 1	39	4	91%
Practice 2	23	4	81%
Practice 1	46	6	87%
Practice 2	24	4	83%



Improvement:
Single Notes for visit documentation

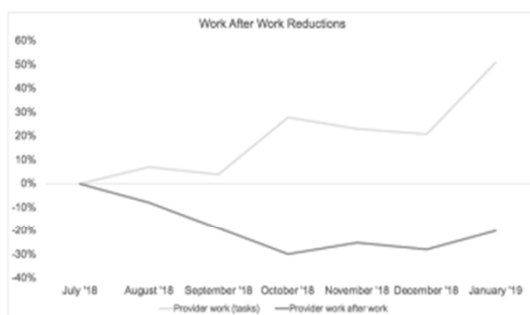
Impact of Single Notes on note turnaround time (in hours) in AZ			
	Before	After	% Decrease
Practice 1	16	11	30%
Practice 2	150	32	78%



"This work has addressed our concerns with burnout. Logistical burden has reduced, we are operating more efficiently and at the top of our licenses. This work demonstrates lora's commitment to its staff, clearing the way for the work of taking great care of our patients." - lora Practice Medical Director in Arizona

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Results: 60% fewer Providers worked after work



Per Provider work increased by 30-50% during the project period

Average Work After Work reduced by ~25%

Net Provider time gained: **5.2 hours to 6.95 hours** per week

Leading to **\$1.61M - \$2.16M** in incremental Provider time

In 6 months, **86% lora Providers** worked < 5 hours after work per week (**baseline: 65%**) -- a reduction of **60%**

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QUESTIONS?

*Pick up your complimentary copy of
Case Studies in Excellence 2019
on the APG table
outside the plenary session*