Lessons Learned From ACO Implementation

Dr. Charles Kelly, President and Chief Executive Officer
Henry Ford Physician Network
The Henry Ford Physician Network (HFPN) is a subsidiary of HFHS.
# Henry Ford Physician Network (HFPN)

## Current Recruitment Status

### Summary by Affiliation

<table>
<thead>
<tr>
<th>Affiliation Category</th>
<th>Signed</th>
<th>PCPs</th>
<th>%PCP</th>
</tr>
</thead>
<tbody>
<tr>
<td>HFMG</td>
<td>1133</td>
<td>258</td>
<td>23%</td>
</tr>
<tr>
<td>Employed</td>
<td>82</td>
<td>52</td>
<td>63%</td>
</tr>
<tr>
<td>Private Practice</td>
<td>571</td>
<td>134</td>
<td>23%</td>
</tr>
<tr>
<td>Contracted</td>
<td>14</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Total (goal 2011)</strong></td>
<td><strong>1800</strong></td>
<td><strong>444</strong></td>
<td><strong>25%</strong></td>
</tr>
</tbody>
</table>

### Summary by Region

<table>
<thead>
<tr>
<th>Region</th>
<th>Private Practice</th>
<th>HFMG*</th>
<th>Employed</th>
<th>Contracted</th>
<th>Total</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Macomb</td>
<td>296</td>
<td>1</td>
<td>56</td>
<td>8</td>
<td>361</td>
<td>76</td>
<td>21%</td>
</tr>
<tr>
<td>Oakland</td>
<td>77</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>77</td>
<td>54</td>
<td>70%</td>
</tr>
<tr>
<td>Downriver</td>
<td>198</td>
<td>0</td>
<td>26</td>
<td>2</td>
<td>226</td>
<td>56</td>
<td>25%</td>
</tr>
<tr>
<td>Detroit</td>
<td>0</td>
<td>1132</td>
<td>0</td>
<td>4</td>
<td>1136</td>
<td>258</td>
<td>23%</td>
</tr>
<tr>
<td><strong>Total (goal 2011)</strong></td>
<td><strong>571</strong></td>
<td><strong>1133</strong></td>
<td><strong>82</strong></td>
<td><strong>14</strong></td>
<td><strong>1800</strong></td>
<td><strong>444</strong></td>
<td><strong>25%</strong></td>
</tr>
</tbody>
</table>
Henry Ford Physician Network (HFPN)

**HFPN Board Composition and Committee Structure**

**Henry Ford Health System**

**Henry Ford Physician Network Board of Directors**
(15 Voting members)

- **Appointed Physician Trustees** 10 Voting
  - 50% Private Practice
  - 50% Henry Ford Medical Group
- **Ex-Officio Trustees** 5 Voting
  - President/CEO HFPN
  - CEO, HFHS or designee
  - CFO, HFHS
  - Private Practice
  - Physician Trustee, HFHS Board

**Henry Ford Health System**

**Henry Ford Physician Network Board of Directors**

- **Executive Committee**
- **Nominating and Governance Committee**
- **Provider Network Committee**
- **Clinical Integration Committee**
- **Informatics Workgroup**
- **Finance Committee**
- **Payer Relations Workgroup**
Why did we do this?

• System transition from AMC and HFMG reliance on feeder source referrals to an IDS with more Community Beds and more independent than employed physicians
• Physician alignment strategy-become the preferred health system partnership
•Began late 2008 (18 months pre- PPACA)
• Prepare for “reform” regardless of how it might look.
Critical Goals and Objectives

• Be first to market and recruit private docs into our network with aligned vision and financial incentives
• Reduce internal concerns of HFMG
• Deploy IT connectivity on shared EMR
• Educate, deploy and support true clinical integration
• Negotiate contracts rewarding docs for doing the right thing
Results to Date

• Clinical Supportive Initiatives
  – Diabetic education, anticoagulation clinic, Medication Therapy Management (harm and readmission reductions), biomechanical approach to chronic pain and stress classes, and developing mobile case management

• Educational and IT deployments
  – Epic transition with well priced ambulatory offering
  – data driven CME focused on ED utilization and COPD/advanced CHF
  – Telemedicine pilot with medication dispensing unit
  – Communication pilot with mobile Application for smartphones
Results to Date

• Contracting success
  – HFHS Employee “learning lab”
    • Upside P4P
  – CMMI Bundled Payment Application
    • gainsharing
  – Commercial Bundled Offerings
    • Shared savings
  – Narrow network discussions
    • Commercial self-funded employer
    • Individual offering with HAP
  – Ambulatory intensivist pilot
    • Population management/case management
  – CMMI SNF/ dual eligible LTC grant
    • Model organizing a new clinical and shared risk relationship
Key Learnings

• The leading message on the benefits of CI is quality and efficiency outcomes for the patient- what you ultimately need are contracts

• The ultimate goal should be opportunity to focus on meaningful measures for all payers- don’t start with 104 of your own

• There is as much internal resistance and misunderstanding as you encounter externally

• CI leadership requires much passion and integrity