Building a Population Health Program within a Medical Home



John Walker, MD Chief Medical Officer March 13th 2013



Cornerstone Health Care

Mission:
To be your medical home

Vision:

To be the model for physician-led health care in America

Values:

As a physician owned and directed company, We are committed to ensuring that patient care is patient centered, efficient, effective, equitable, safe, and timely.



Cornerstone Health Care 2013

- 1,800 employees
- 122 locations
- 230 physicians
- 185 shareholder physicians
- 111 advanced practice providers
- 34 specialties and ancillary services
- Total net revenue: \$205,000,000
- 21 Practices with extended hours
- Total net revenue: \$205,000,000
- 38th largest employer in the Triad
- 7th largest employer in High Point
- Physicians on staff at 15 different hospitals and 6 health systems
- 29 Primary Care practices recognized by NCQA as PCMH



Specialties

- Allergy and Immunology
- Bariatric Surgery
- Cardiology
- Endocrinology
- Family Practice
- Gastroenterology
- General Surgery
- Hematology
- Hospitalists
- Infectious Diseases
- Internal Medicine
- Nephrology
- Neurology

- Oncology
- Ophthalmology
- Otolaryngology
- Orthopedics
- Pediatrics
- Physiatry
- Podiatry
- Pulmonology
- Rheumatology
- Urology
- Vascular Surgery



Ancillary Services

- Audiometry
- Ambulatory Endoscopy Center
- Behavioral Medicine
- Clinical Pharmacy
- Imaging
- Infusion Services
- Laboratory Services
- Pain Management
- Physical Therapy
- Sleep Lab



Creation of Cornerstone's Medical Home





Creation of Cornerstone's Medical Home

Recognition



Function

29 Primary Care practices recognized by NCQA as level 3 PCMH

True medical home has:

- **Care Coordination**
- Health Navigation
- **Advanced Practice Providers**
- **Clinical Pharmacy**
- **Behavioral Medicine**
- Social Work

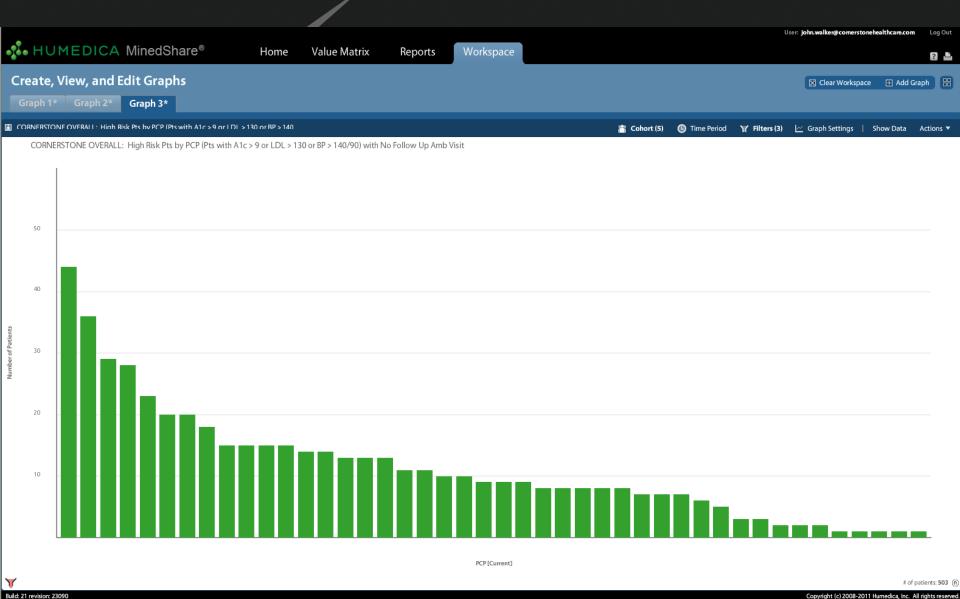


Population Health Management

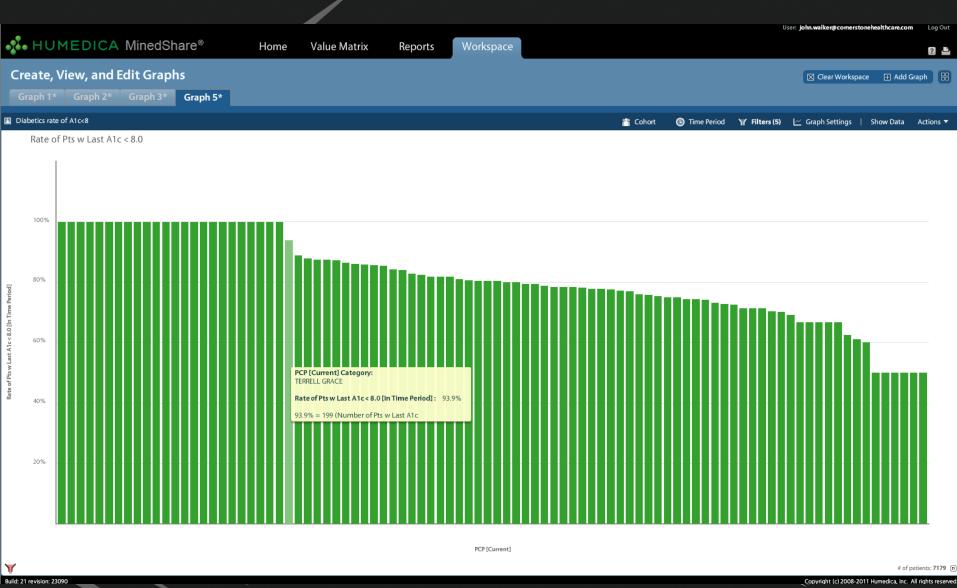




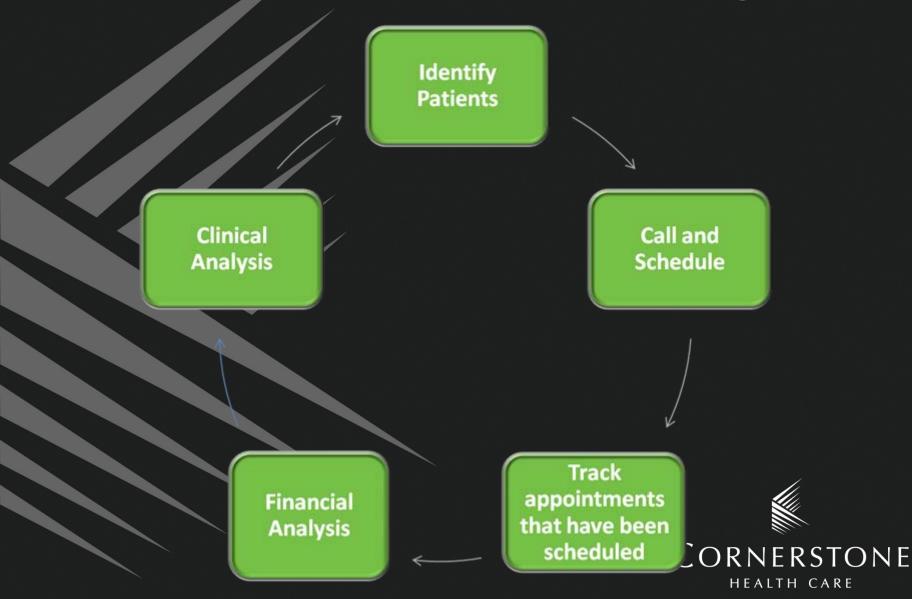








Patient Care Advocate (PCA) Program





0

SMILE UPON ENTERING ☺

Thank you, Patient Care Advocates



Target Population: High Risk Patients

Diabetic Patients BP with: >140/90 LDL >130 A₁C RNERSTONE

HEALTH CARE

CORNERSTONE HEALTH CARE, P.A. PATIENT CARE ADVOCATES PHONE SCRIPT

PREPARE/ATTRACT/EDUCATE/SATISFY/PRESERVE

SMILE! (We offer QUALITY healthcare!)

EXCELLENT deliverance on the phone is preparing for the call:

- ** Some key points**
- ✓ Review → Patients Health Information/Diagnosis/Age/Family History
- ✓ Provider(s)
- ✓ Last seen
- ✓ Focus on condition/exam(s) needed
- Take notes while preparing/future task reminders, etc.
- ✓ Scheduling template/requirements
- WOW the patient excellent service

Remember: We are here to Outreach/Serve/Recover... the extended hands for our Providers.

INTRODUCTION Hello, may I speak with	?
This is Cornerstone Healthcare calling on	I am a Patient Care Advocate with behalf of Dr office.
TIMING/RESPECT Ask the patient is now a good time	2

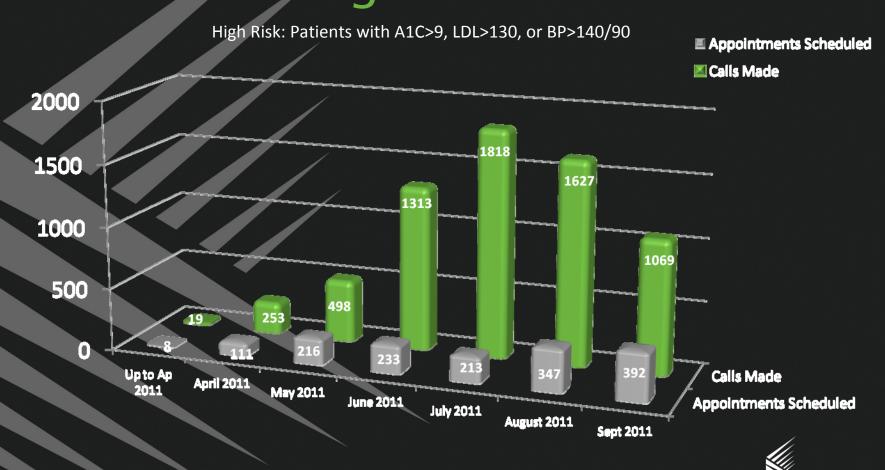
MEDICAL HOME/ATTRACT





Early Results

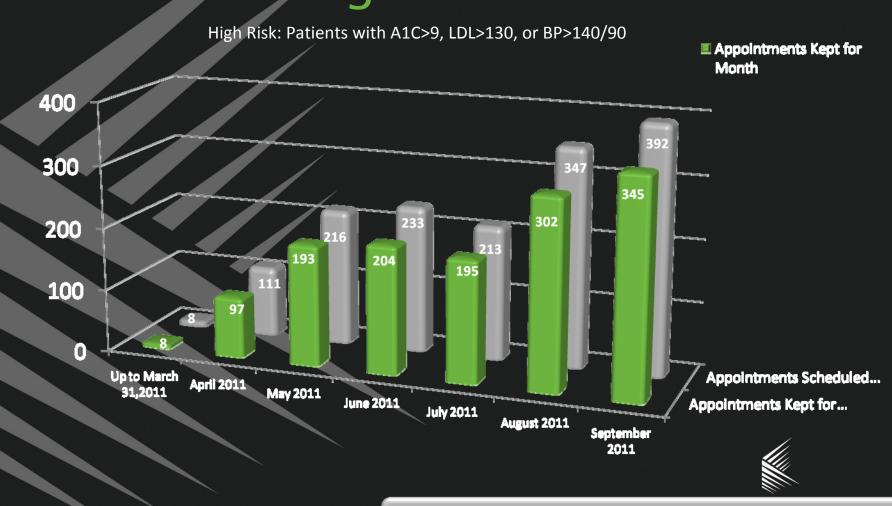
Calls and Appointments Made with High Risk Patients

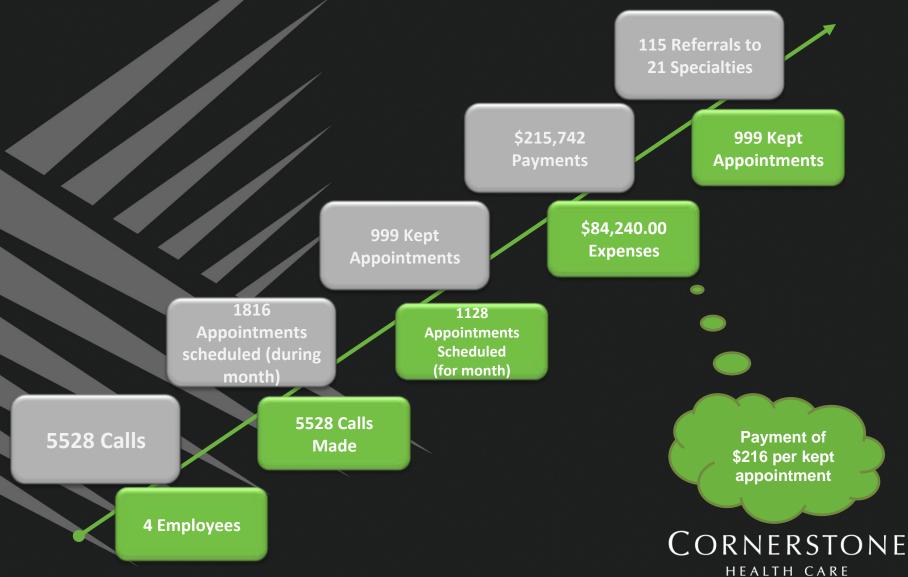


32.9% of calls made resulted in appointments

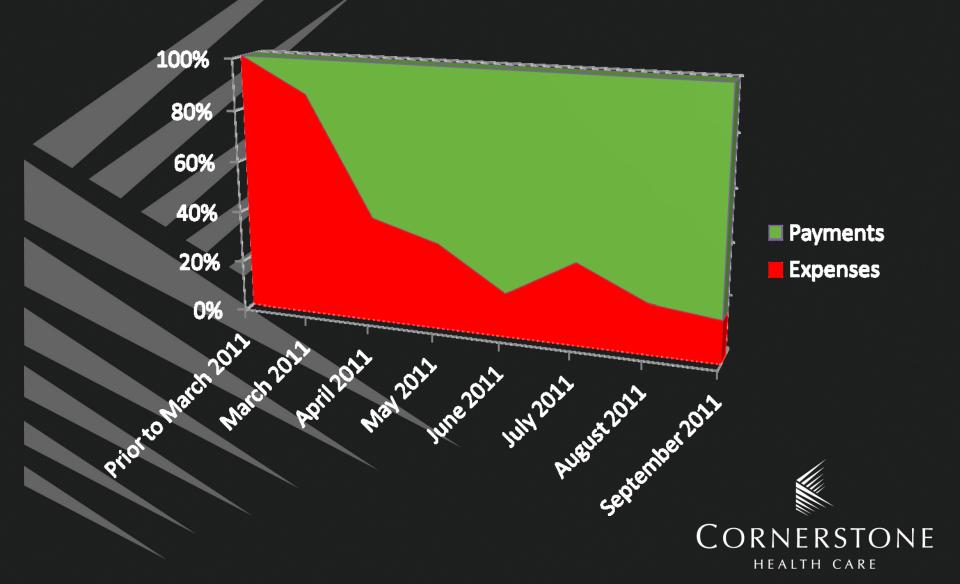
Early Results 2011

Appointments Made and Kept with High Risk Patients



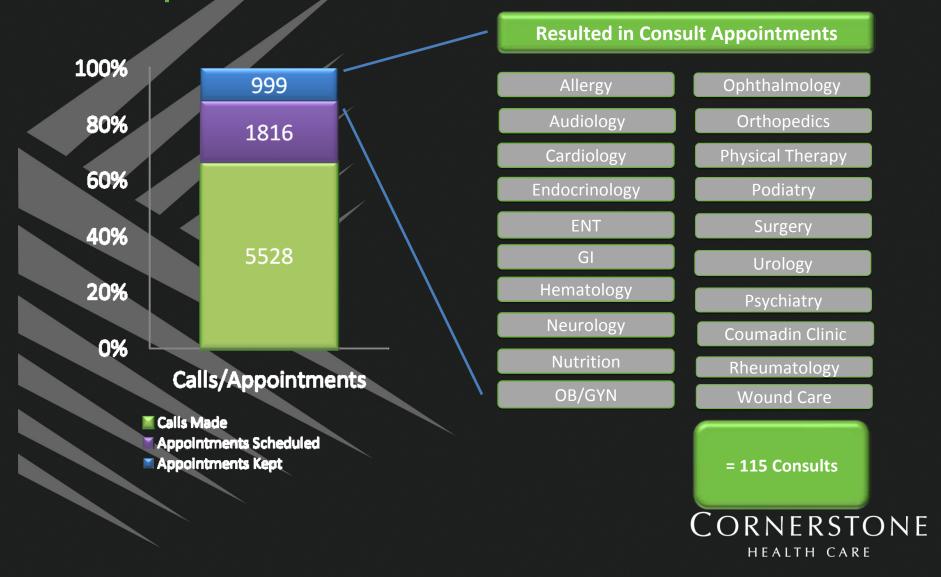


Financial Analysis

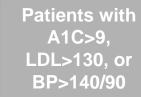


Early Results 2011

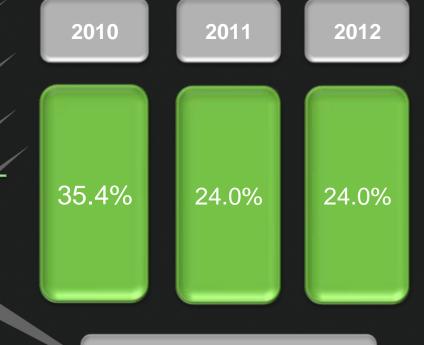
Downstream Effect through September 2011



Improvement in Cohort



All Type 1 and Type 2 Diabetics



Year 1: 32.3 % Reduction Year 2: 0% Reduction



Improvement by Risk Factor

Patients with A1C>9

LDL>130

or BP>140/90

2010

Begin Tracking

High Risk Patients 2011

2012

16.8%

30.1%

32.8%

18.2%

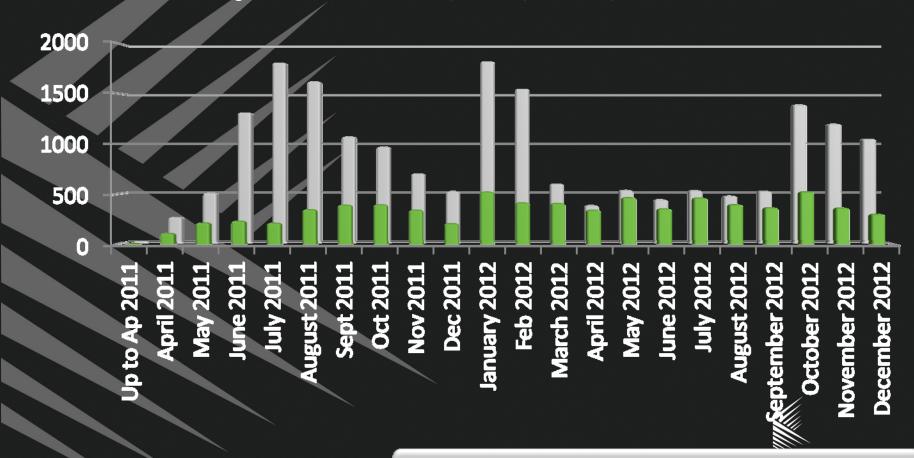
30.6%

32.7%



Calls and Appointments Made with High Risk Patients

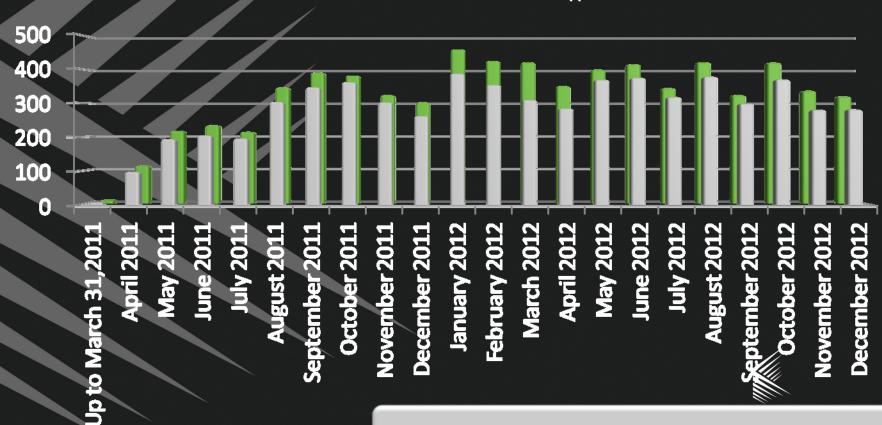
High Risk: Patients with A1C>9, LDL>130, or BP>140/90



Appointments Made and Kept with High Risk Patients







87% of scheduled appointments were kept

Long term Benefits PCA Program //Medical Home

PCA program enhances Medical Home

Service recovery

Information on practices and providers

Easily Scheduling New Patients

Improved Patient Satisfaction

Transition patients to new practice

"Cornerstone Cares"



Long term Benefits PCA Program //Medical Home

PCA program fosters Population Health Management

Internal referrals

Closing gaps in P4P contracts

Manage cost in fee-for-value world

Keep people within network

Optimizes shared savings



Conclusions

- Population Health Management is a critical part of a true Medical Home
- Utilizing population management data can improve patient outcomes
- Re-engaging patients in their care can also increase practice revenue





"Learning and innovation go hand in hand. The arrogance of success is to think that what you did yesterday will be sufficient for tomorrow."

William Pollard



Thank you!

Any questions?

