

#### The Brown & Toland Medical Group Our Pioneer Experience

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# Brown & Toland Physicians Overview

#### Organization

- Multi-specialty, Clinically Integrated IPA formed in 1992
- Provides comprehensive administrative, contracting, practice management and clinical management services
- Represents over 525 primary care physicians and over 1200 specialists
- Multiple hospital partners
- Headquartered in San Francisco, network coverage in five counties, 250 employees
- Average practice unit is 1.4 doctors per site
- One medical home which NCQA Level 3

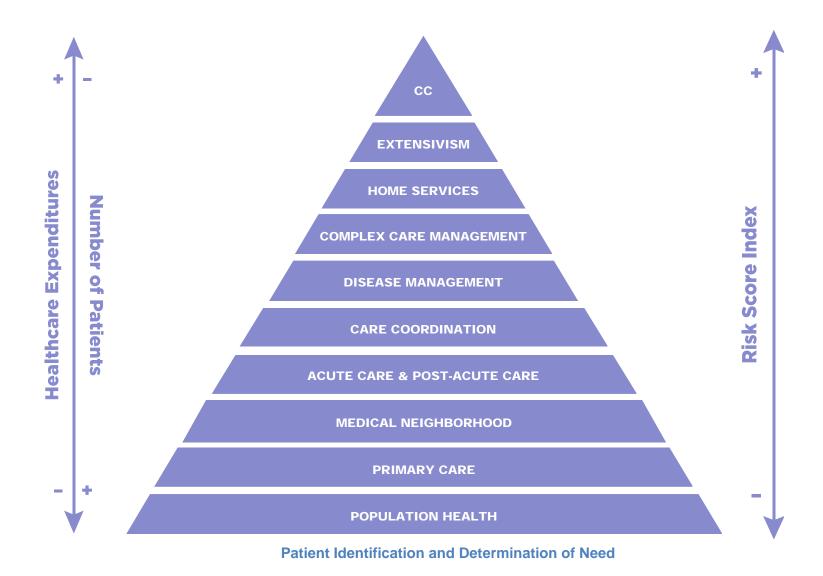


# Rapidly changing market

- 3 years ago BTMG went into total cost of care with CMMI/CMS via its Pioneer program. Our first ACO program.
- Since have expanded into commercial HMO and PPO ACO
- Marketplace shifting (again) away from FFS back to total cost however financials tied to outcomes/quality
- Participation in these programs requires prospective identification of patients and broad partnerships



## Coordinated Care Across the Continuum





## Reorganizing a network

- Initial approach prospective pursuit of high risk patients
- Physician agnostic
- Moving towards a "pod" approach which essentially creates network concentration of resources without physical co-location
- Providers have complete care teams comprised of: their physician services rep, an outreach coordinator, social worker, inpatient and outpatient care managers, utilization nurse



# Assemblage of Scalable Infrastructure





#### Patient identification and risk assessment

- Utilize an integrated prospective analytic approach that supports risk-based health advocacy and the identification of care opportunities: Current versus *Predicted*?
- Evaluate and disseminate **actionable information** to care managers and providers
  - Patient Compliance & Adherence to evidence-based guidelines
    - Chronic disease management guidelines (NCQA, PCPI, NQF)
- Engage providers to support effective patient care
- Employ objective, published, data driven best practices
- Ensure transparency
- Know what your risk score measures



# Patient engagement

- Work closely with physicians and their staff for a "warm" intro
- Surveys by mail and sent back directly to IPA
- Inpatient care managers (ours and hospitals)
- Engage community health networks
- Patient centric reports maximize each contact opportunity with a patient



## Provider Engagement

- Face to face meetings with providers
- Distribution of pursuit lists
- Regular feedback from care team to the provider/their office
- Air time at town hall meetings and specialty forums
- Good internal communication between departments who are contacting providers and/or members



#### Pioneer ACO Admits/1000 Trend

