

Advancing Primary Care Delivery

Tenth National Pay for Performance Summit

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Simeon Schwartz, MD

CEO, WESTMED Medical Group, P.C.





WESTMED Medical Group

- ▶ Established 1996 by 16 physicians
- ▶ 300 physicians caring for more than 250,000 primary care patients
- ▶ More than 40 specialties
- ▶ 5 polyclinics: 80-90,000 sq feet
- ▶ IT and shared EMR

WESTMED'S Culture



Quality

- High percentile for both commercial and Medicare
- Level 3 PCMH



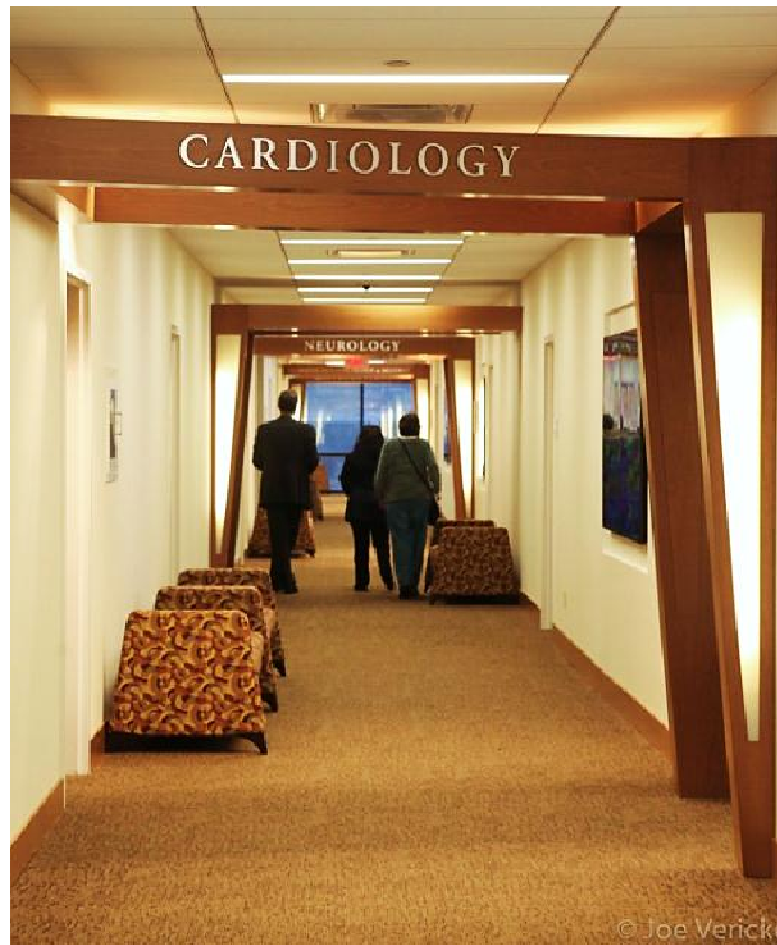
Efficiency

- 20% fewer employees
- Physician overhead 12% below AMGA median
- ACO with successful cost control



Service

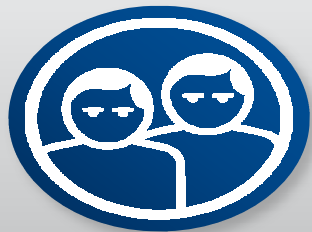
- 85th to 90th percentile MDs
- Service excellence program



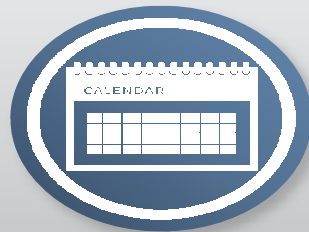
WESTMED'S Polyclinic Model

- ▶ 50–80 doctors, both primary care and 20+ specialties
- ▶ 7 days per week, advanced, extended-hour urgent care
- ▶ Imaging including MRI, CT and PET
- ▶ Ambulatory surgical services
- ▶ Laboratory services

The Triple Aim is attainable with a primary care-centric practice



Right care



Right time



Right place



Right price

WESTMED Success Factor

Analytically driven health care transformation

“We do not tell providers what to do —
we show them what they do”

Clinical Analytics

- ▶ **Dashboards** provide feedback to providers and nurses
- ▶ **Periodic Reports** show if we are reaching our goals
- ▶ **Claims Analytics** help with risk scoring and out-of network costs
- ▶ **Process Control**—are we closing the loop?
- ▶ **Customized EMR Templates** provide actionability at the point of care
- ▶ **CRM** – automated processes decrease staff time

WESTMED Accountable Care Workgroups



Case Management

- Target specific resource-intensive chronic illnesses
- Determine high risk patient profiles for initial care management target goals
- Use patient engagement strategies for medication compliance, clinical follow-up, etc.
- Coordinate with hospitalists and visiting nurse services for optimal transition of care

Palliative Care

- Optimize electronic medical records to help document advance directives
- Use analytics to define target populations
- Develop hospital consultation services
- Develop patient and provider education tools

WESTMED Accountable Care Workgroups (cont'd)



Urgent Care Management

- Streamline acute visits
- Use the following strategies:
 1. Phone triage
 2. Primary provider access
 3. Urgent care center hours and capabilities
 4. Specialty consult availability
 5. Ambulatory pathways

Ambulatory Care Pathways

- Define outpatient sensitive conditions amenable to pathways
- Develop pathways as per protocol
- Offer provider education and resources
- Use reports to evaluate utilization, safety and efficacy of pathways

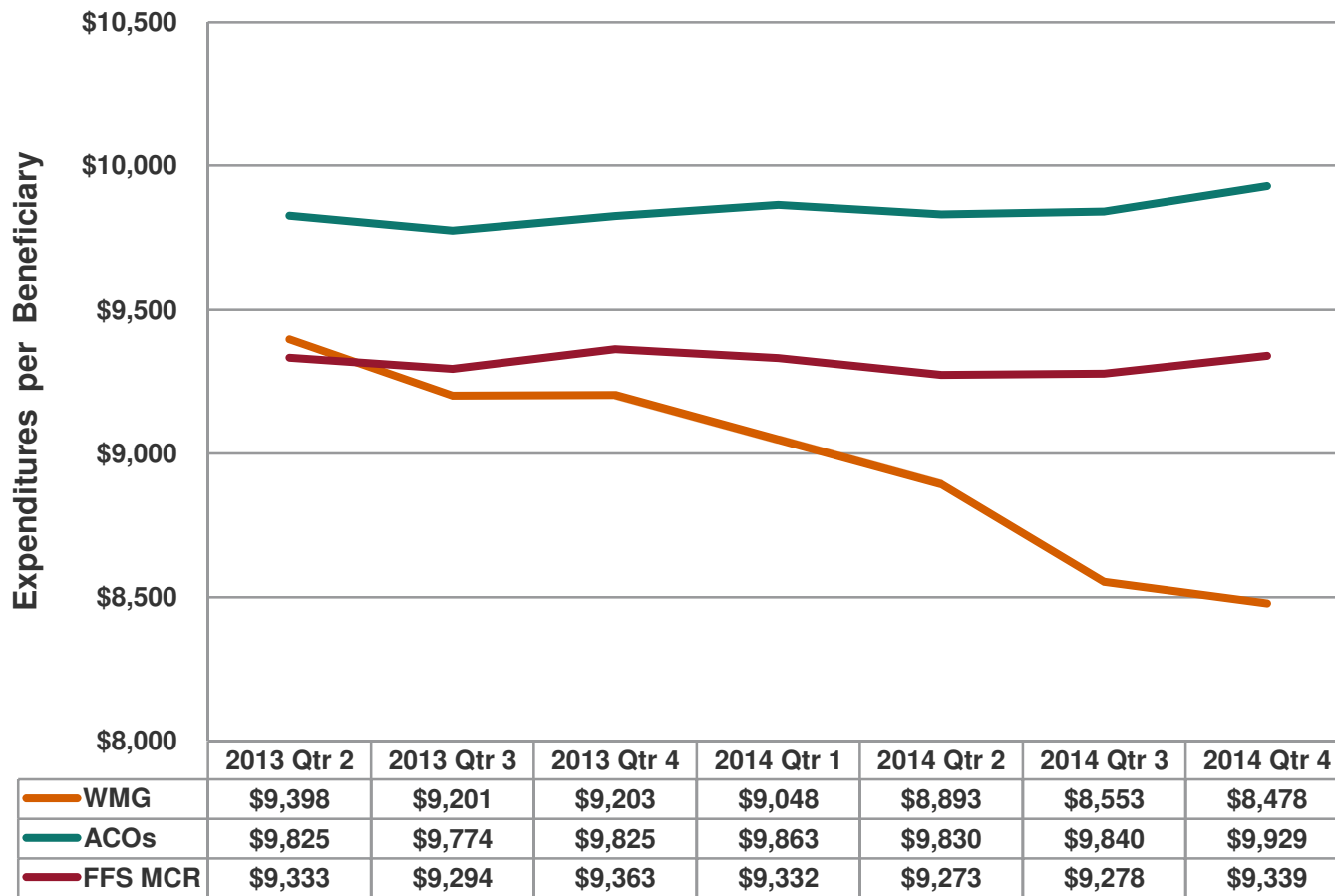
WESTMED Accountable Care Workgroups (cont'd)



Referral Management

- Analyze high volume and out-of-network referrals to find patterns and trends
- Develop process to inform and engage patient about procedures
- Use electronic medical records to track in-house and out of network referrals and imaging
- Create participating care provider lists

Medicare Cost Trends by Quarter



Medicare Shared Savings Program ACO

Expenditures per Assigned Beneficiary	WESTMED			All MSSP ACOs	
	2009-11 Baseline	2013	2014	2014	% Difference
TOTAL	\$9,321	\$9,203	\$8,478	\$9,929	85.4%
Inpatient	\$3,072	\$2,887	\$2,488	\$3167	78.6%
Skilled Nursing Facility	\$714	\$594	\$429	\$706	60.8%

Medicare Shared Savings Program ACO

	WESTMED			All MSSP ACOs	
30-Day All-Cause Readmissions (Per 1,000 Discharges)	2009-11 Baseline	2013	2014	2014	% Difference
	131	125	120	147	81.6%
Additional Utilization Rates (Per 1,000 Person Years)	2009-11 Baseline	2013	2014	2014	% Difference
	Hospitalizations	317	246	186	295
Emergency Room Visits	478	432	401	662	60.6%
SNF discharges	n/a	n/a	38	61	62.3%

Medicare ACO Quality Metrics

Measure	WESTMED		All MSSP ACOs	
	2013	2014	2013 Median	2013 90 th %ile
Pneumococcal Vaccination	75.9%	79.8%	55.7%	81.6%
Mammography Screening	74.8%	81.5%	63.8%	77.7%
Colorectal Cancer Screening	77.3%	78.0%	60.5%	77.5%
Diabetes Composite (A1c, LDL, BP, tobacco, ASA)	43.9%	49.6%	24.3%	38.1%%
Hypertension BP Control	68.4%	75.3%	68.7%	78.8%%
Screening for Fall Risk	41.1%	50.6%	37.4%	72.7%

WESTMED Oxford Commercial Data

Per Member Per Month	CY 2012	CY 2013	Change 2012-2013
Total Allowed	444.74	460.23	3.5% [Market trend 4.8%]
Inpatient Costs	99.92	108.21	8.3%
Utilization/1000	CY 2012	CY 2013	Change 2012-2013
Inpatient + Sub-acute Days	320.3	280.6	-12.4%
Inpatient Acute Days	208.9	182.9	-12.4%
Emergency Room Episodes	160.8	127.4	-20.8%

WESTMED United Oxford ACO: Quality Summary

Conditions / Procedures	2013	2014 / Q3
Annual monitoring for patients on persistent medication	89.9%	90.5%
Breast cancer screening	82.9%	83.9%
Cervical cancer screening	89.7%	92.1%
Chlamydia screening	72.3%	72.0%
Colorectal cancer screening	70.4%	71.0%
Comprehensive diabetes care HbA1c testing	85.0%	92.7%
Comprehensive diabetes care nephropathy screening	85.4%	84.8%
Diabetic eye care	57.7%	58.7%

SUMMARY:

The WESTMED Way

- ▶ Transition from a guild to an industrial model
- ▶ Analytically driven transformation
- ▶ Economies of Scale and Scope
- ▶ Process control
- ▶ Measured accountability
- ▶ Patient centered culture committed to quality, cost and service