

# Clinical Integration and the Greater Rochester IPA Experience

Web-based sharing of Clinical Data in Support of  
ACO, Meaningful Use and Medical Home Concepts

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March 9, 2010



## Agenda Overview



- GRIPA as a case study
- What did GRIPA do?
  - ▶ FTC Advisory Opinion on its Plan for CI
  - ▶ Clinical Integration (CI) Program
  - ▶ Web Portal Infrastructure
- How GRIPA's CI Program supports new concepts:
  - ▶ Accountable Care Organization
  - ▶ Meaningful Use
  - ▶ Medical Home
- Discussion

## Greater Rochester IPA: Providers



- For-profit partnership (PHO) in Monroe and Wayne Counties in NY
- 50% owned by non-profit Rochester General Health System - 2 hospitals, 650 beds
- 50% owned by physician shareholders who made capital investment
  - 430 private (voluntary)
  - 230 employed by RGHS
  - 120 non-shareholders to complete our network
- 41 medical and surgical specialties

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## History of GRIPA

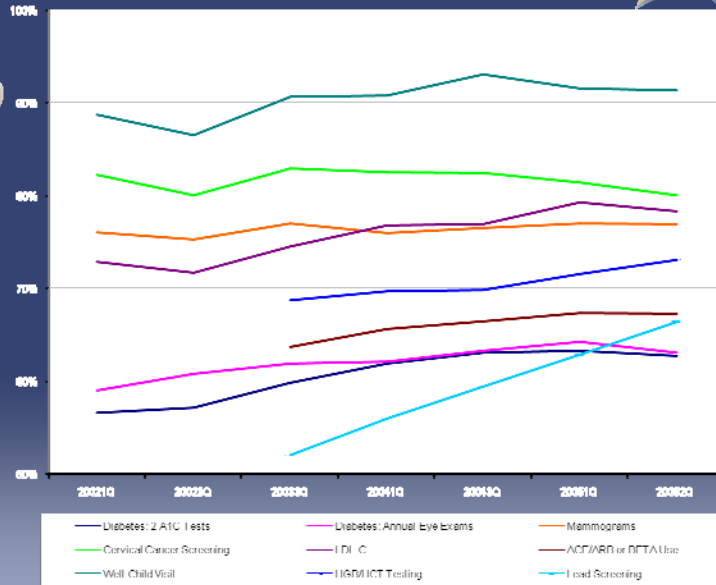


- Formed 1996 to negotiate & manage HMO risk contracts
- Care Mgmt & "P4P" since 1999
- Full risk contracts with multiple payers
  - In 2005, 70% of our physicians' revenue through GRIPA
  - contracts with 2 dominant regional insurers
    - 95% of commercial & 70% of Medicare market in their HMO products
- Staff of ~40 to support its payer contracts:
  - Care Mgmt/Provider Relations/Credentialing
  - Information Technology/Data Analysis
  - Financial/Actuarial/Contracting functions

Track record of managing risk, controlling costs and improving quality

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## Quality Measures Over Time

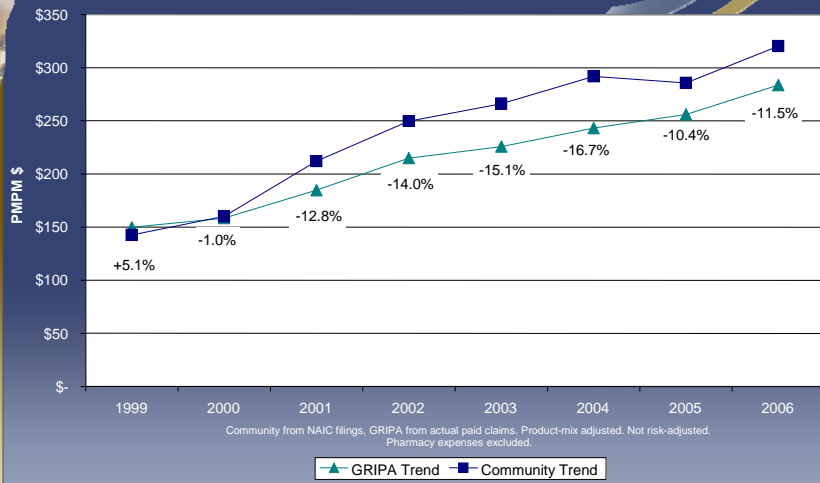


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## Efficiency Measures Over Time



GRIPA Medical Expense vs Community Trends  
(% above/below community)



Community from NAIC filings. GRIPA from actual paid claims. Product-mix adjusted. Not risk-adjusted. Pharmacy expenses excluded.

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## Changing Marketplace



- Capitation opportunities decreasing
  - dominant insurers disengaged from all IPA contracting 2005/7
  - Market history of collaboration /community-wide IPA's, each contracting with only one insurer
  - ...unlike GRIPA, which is a limited panel, contracts with any willing payer, and is the only IPA left
- Insurers direct contract & setting up their own P4P
- Most private physicians in groups  $\leq 5$  by choice
- Antitrust constraints on fee-for-service contracting

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## The Antitrust Problem



Sherman Antitrust Act prohibits agreements among private, competing individuals or businesses that *unreasonably* restrain competition

Physicians want to contract with payers through provider-controlled entities

Options:

- Merging of practices - not preferred
- Messenger model - no negotiation/incentive
- Direct contracting - some win, most lose
- Financial integration - risk of loss/no opportunity
- Clinical integration

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## Clinical Integration: Definition



“An **active** and **ongoing** program to evaluate and modify the clinical practice patterns of the physician participants so as to create a high degree of **interdependence** and **collaboration** among the physicians to **control costs** and **ensure quality**.”

FTC/DOJ Statements of Antitrust Enforcement Policy in Health Care, #8.B.1 (1996)

### What the FTC looks for:

- “the development and adoption of clinical protocols
- care review based on the implementation of protocols
- mechanisms to ensure adherence to protocols.”
- “the use of common information technology to ensure exchange of all relevant patient data”

FTC/DOJ, [Improving Health Care: A Dose of Competition](#) Ch. 2, p.37 (July 2004).

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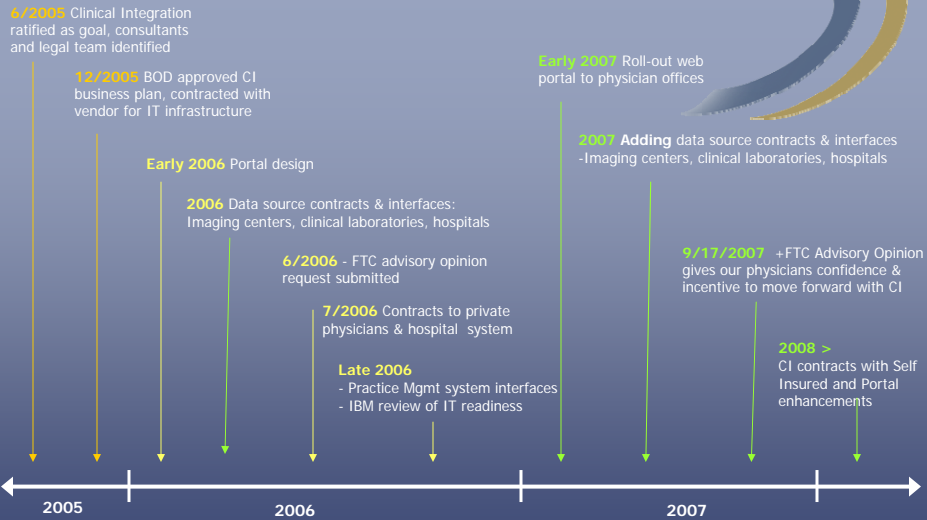
## GRIPA Response (planning committee 3/2005)



- Our private physicians were not ready for a multi-specialty group
- Clinical Integration identified as alternative
  - Achievable, consistent with goals
  - GRIPA already had many components
    - Guidelines, P4P, Care Mgmt
  - Physicians want help with technology
  - Physicians want to provide quality care

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## GRIPA's Progress Towards CI (2005-2008)



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## GRIPA receives (2<sup>nd</sup> ever) favorable FTC Advisory Opinion on its CI plan 9/17/07



" ... it appears that GRIPA's proposed program will involve substantial integration by its physician participants that has the potential to result in the achievement of *significant efficiencies* that may *benefit consumers*."

GRIPA's FTC Advisory Opinion 9/17/07  
<http://www.ftc.gov/bc/adops/gripa.pdf>

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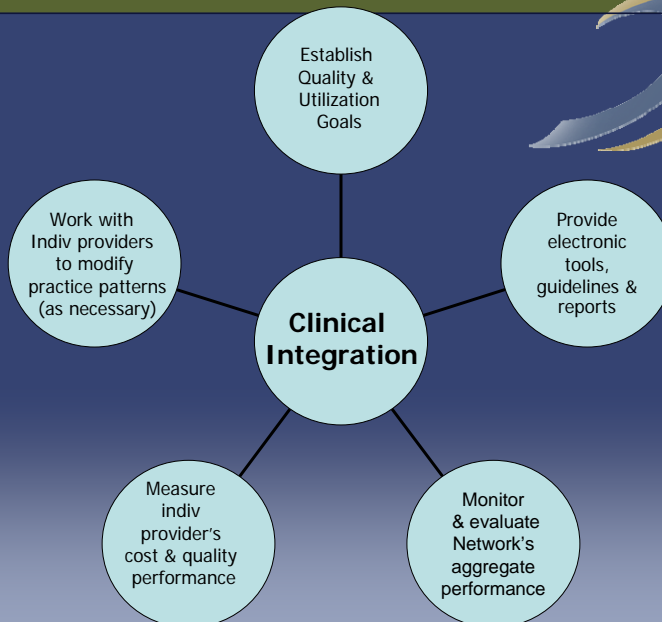
## Our approach to implementing our plan for CI:

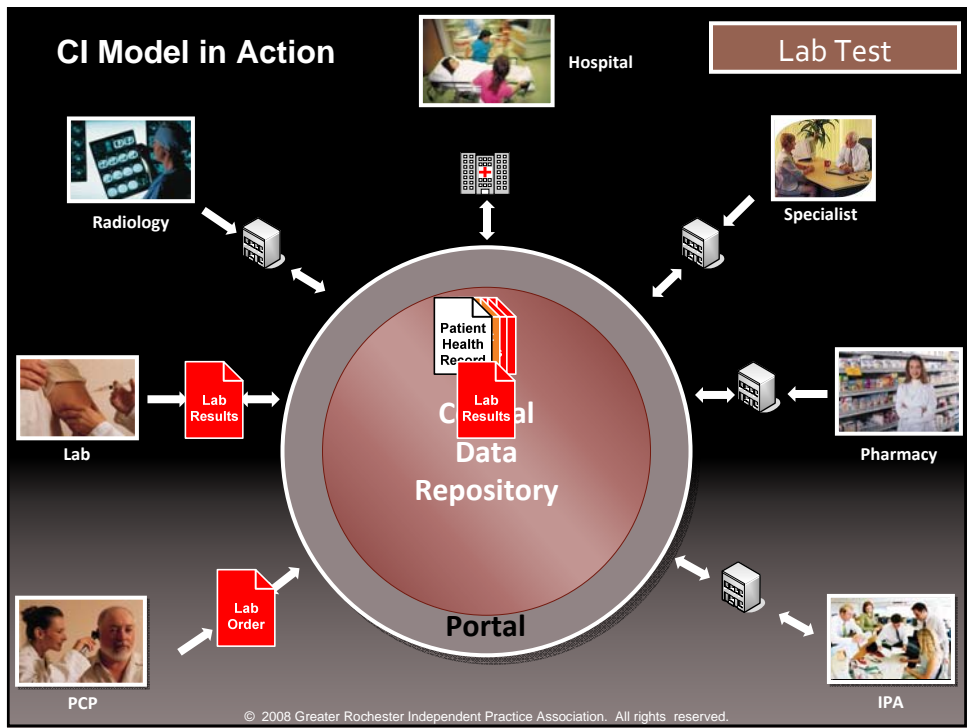
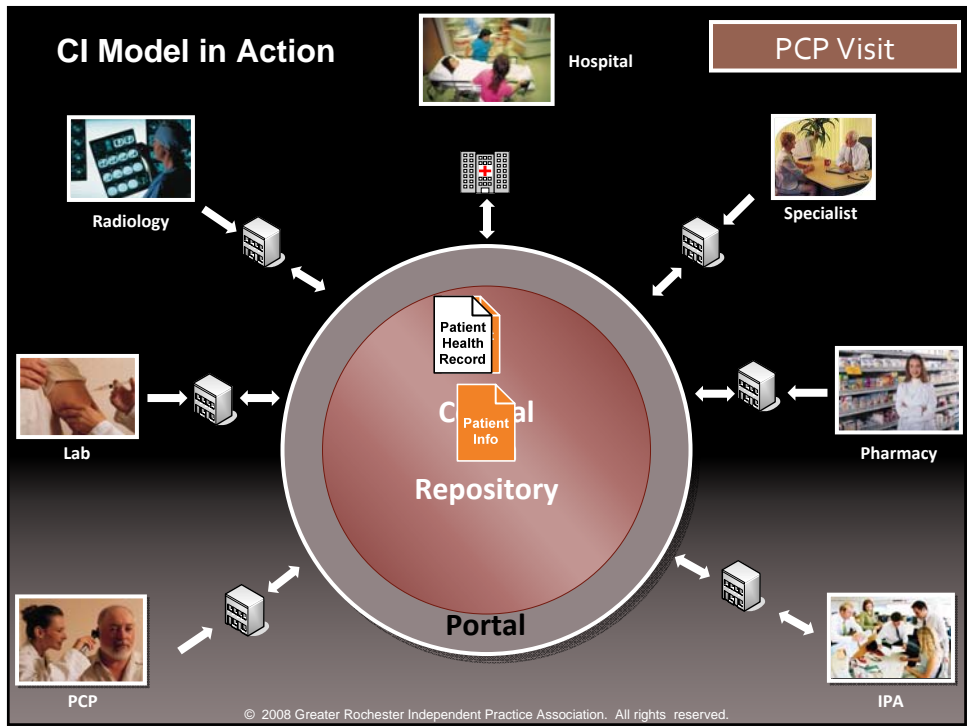


- Establish physician committees to develop guidelines and monitor compliance
- Care Mgmt team working more closely with physicians and their offices
- GRIPACConnect portal to include as much relevant clinical data as possible and store data in a central data repository
- Integrate the portal with a clinical decision support system in order to improve quality at the point of care and report on conditions and guideline adherence and measurement
- Provide our physician community with additional IT tools to enhance workflow and improve quality at the point of care

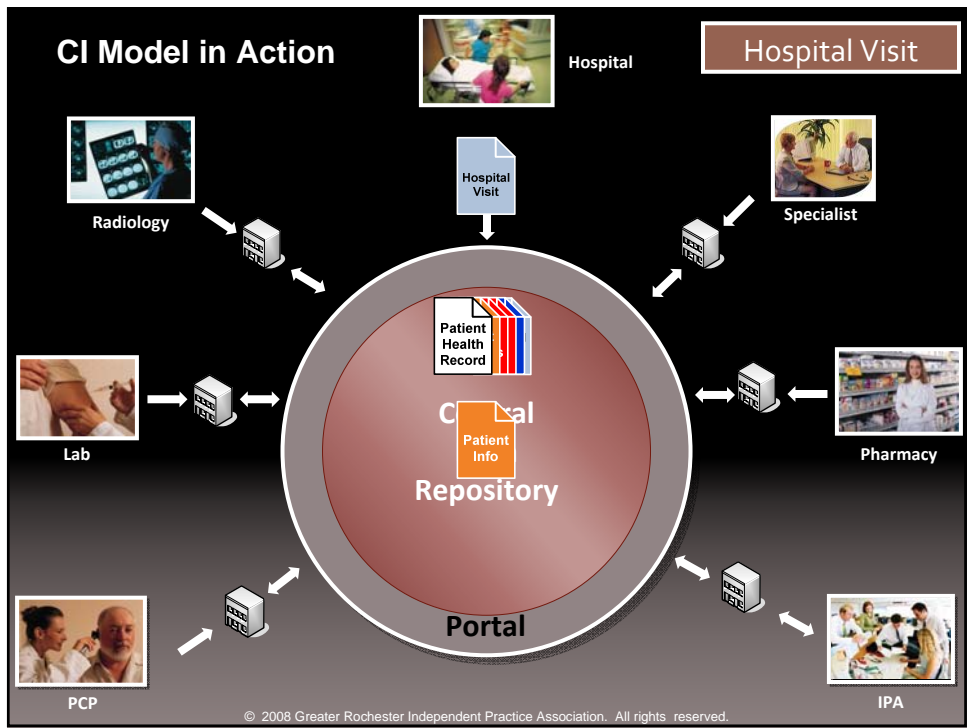
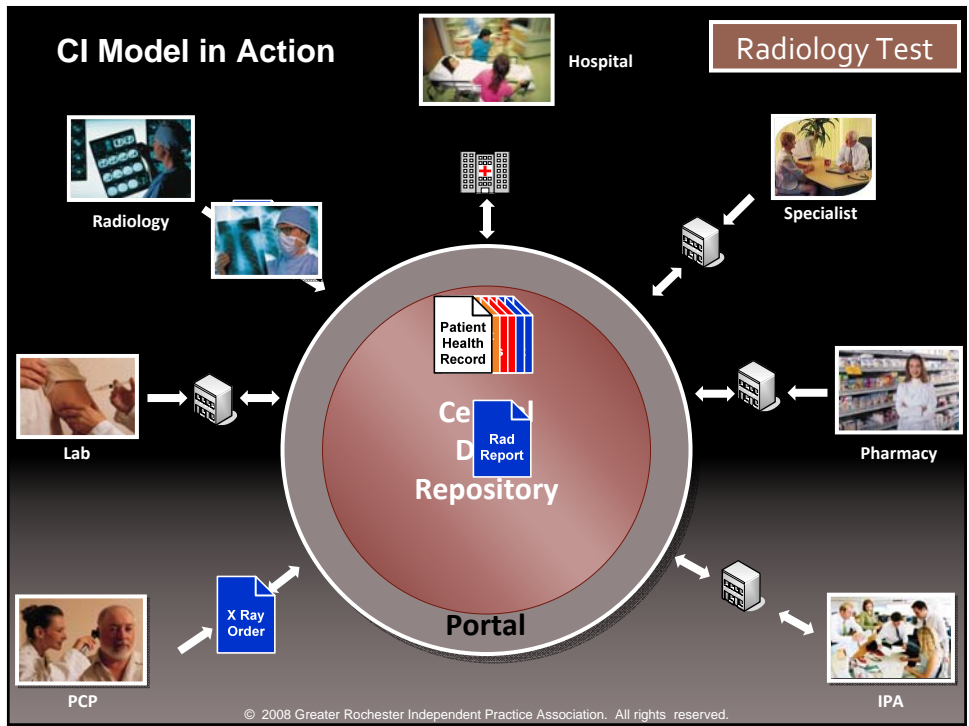
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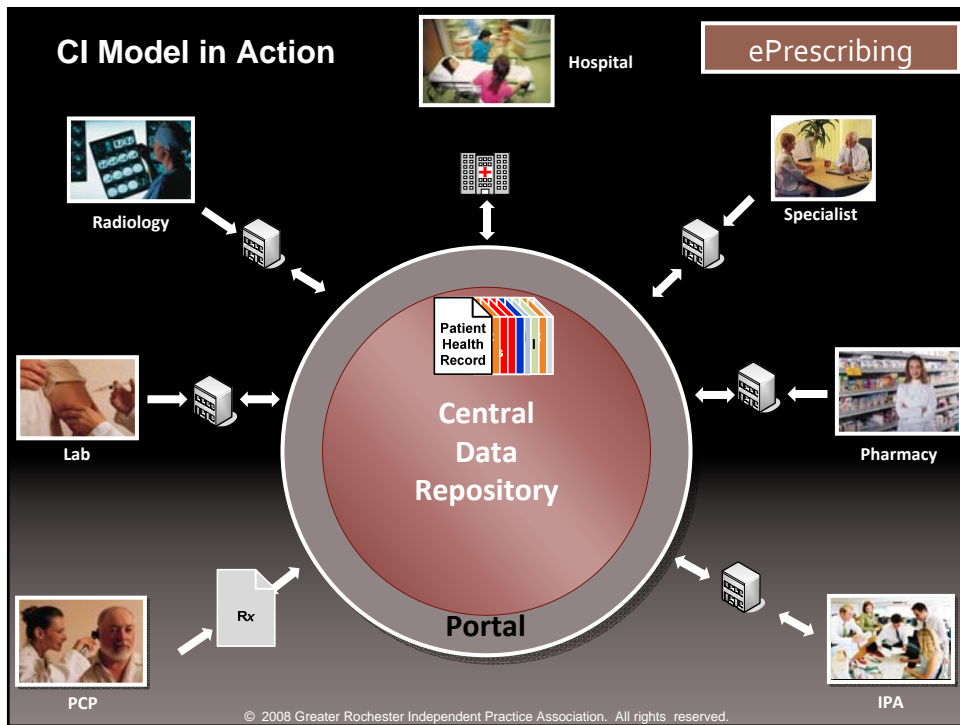
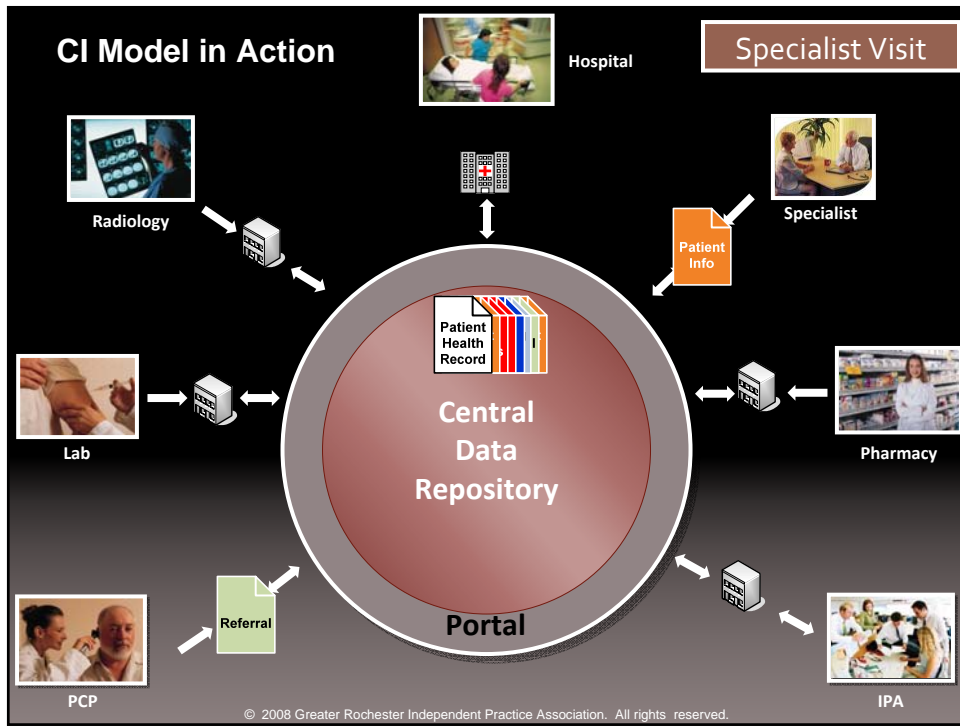
## Clinical Integration Components

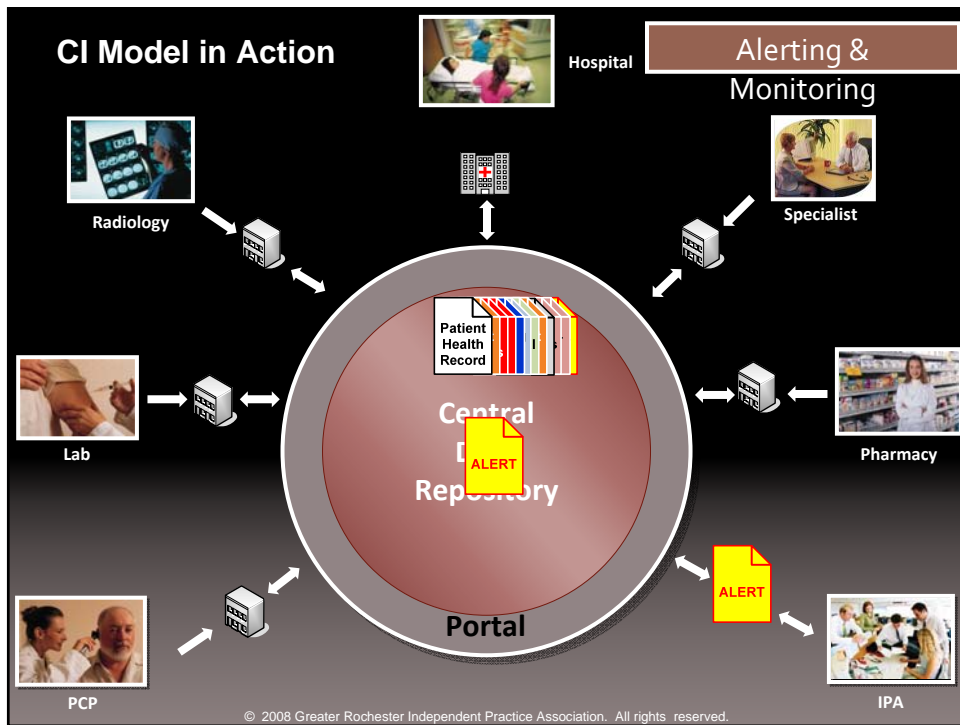
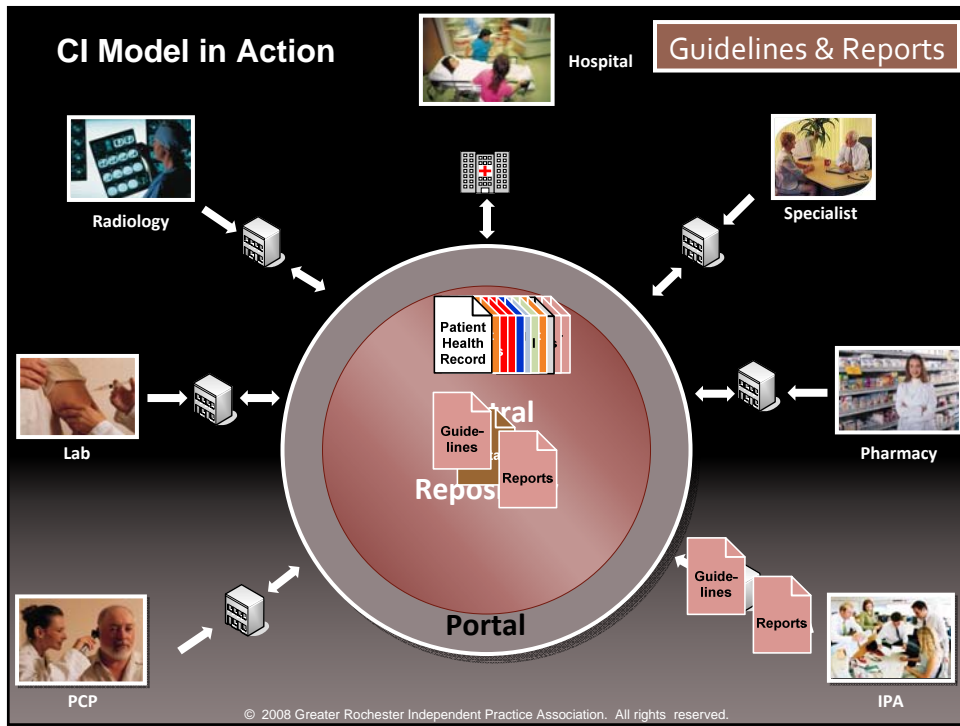












## Goals of the Program



### Clinical Guideline Goals:

- Ensure network providers are acting as a unit and adhering to evidence-based guidelines
- Physicians develop, review & approve guidelines
- Guidelines & measures for all specialties
- Guidelines & measures for cost-driver conditions

### Performance Management Goals:

- Reduce practice variation
- Monitor/evaluate each provider's performance
- Identify individual providers who may need assistance to meet quality and efficiency goals
- Compare the network to national benchmarks

## Guidelines & Measures Developed



Advance Directives	Kidney Disease, Chronic, End Stage
Allergic Rhinitis	Melanoma, Cutaneous
Asthma	Men (Preventive Care)
Back Pain, Acute, Chronic	Metabolic Syndrome
CAD & Other Atherosclerotic Vascular Diseases	Migraine Headache (Management)
Childhood Immunizations	Neuropathic Pain (Management)
Cholelithiasis	Obesity (Management)
Colon Cancer, Screening & Surveillance	Osteoarthritis/Degenerative Joint Disease Pain (Management)
COPD	Osteoporosis (Management)
Depression, Major (Management)	Osteoporosis (Screening)
Depression, Major (Screening)	Pain, Chronic
Diabetes Mellitus, Adult, Pediatric	Pediatrics (Preventive Care)
Diverticulitis	Pharyngitis, Acute
Deep Vein Thrombophlebitis	Prediabetes
Heart Failure	Prenatal Care
Hyperlipidemia	Prostate Cancer (Management)
Hypertension	Rheumatoid Arthritis (Management)
Hyperthyroidism	TIA (Management)
Hypothyroidism	Urolithiasis
Ischemic Stroke/TIA (Secondary Prevention)	Women (Preventive Care)

## Improving Guideline Compliance using Electronic Tools



### Point of Care Alerts

- Available to all physicians at Point of Care
- Display services that a patient is overdue for or beyond goal (“Actionable Alerts”)
- Updated as transactional data is received
- Physicians are able to provide feedback if a patient is mis-identified with a disease or has a contra-indication related to an alert

### Care Opportunities Report

- Population report to look at all “actionable” items on all patients within a practice at once
- Filters allow physician to focus on a subset of population
- Allows offices to do outreach to those patients in need of services

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## Point of Care (POC) Alerts – patient specific



### Managed Conditions

[Add](#)

Managed Condition	ICD-9	Date Diagnosed	Rank		
Prevention		unspecified	1	<a href="#">delete</a>	<a href="#">edit</a>
Diabetes		8/30/2007	2	<a href="#">delete</a>	<a href="#">edit</a>
Hyperlipidemia		6/29/2007	3	<a href="#">delete</a>	<a href="#">edit</a>
Pneumovax Candidate		8/30/2007	4	<a href="#">delete</a>	<a href="#">edit</a>

### Patient Alerts

[Back to Care Opportunity Grid](#)

Actionable Alerts only

#### Lab

Measure (Alert) Name	Last Value	Date Last Value	Patient Goal	Population Goal	Due Date
A1c	7.4	8/4/2008	< 7	< 7	1/31/2009
Triglycerides	168	8/4/2008	< 150	< 150	8/4/2009

[Back to Care Opportunity Grid](#)

## Care Opportunity Report (COR) – provider specific



Please select desired criteria before applying the filter.

**Site**    
**Provider**    
**Condition**    
**Alert To Display**

Apply Filter

### Care Opportunities Patient List

Patient	Age	# of Actionable Alerts	% of all Alerts	Patient's PCP	Last Action
GRIPA, ALERT2	41	5	15%	Eric Nielsen	
PATIENT, ALERTC	10	1	4%	Eric Nielsen	10-08-2007   PCP Visit
PATIENT, ALERTD	42	9	20%	Eric Nielsen	06-01-2007   Cervical Cancer Screening
PATIENT, ALERTE	56	4	12%	Eric Nielsen	
PATIENT, ALERTB	32	5	15%	Eric Nielsen	04-25-2008   PCP Visits for Allergic Rhinitis (ENT/Allergist)
PATIENT, ALERTF	2	2	7%	Eric Nielsen	09-17-2007   Varicella Count
PATIENT, ALERTI	8	1	3%	Eric Nielsen	04-14-2008   Rapid Strep Test Count
PATIENT, ALERTA	54	9	20%	Eric Nielsen	09-20-2007   Depression Screening for sor
PATIENT					

## Feedback to Providers & Compliance Monitoring



### Physician Achievement Report (PAR)

- Not shared with anyone but the responsible provider
- Dynamically updated
- Contains all measures approved for each guideline
- Used to determine which physicians may need assistance
- Care Mgmt staff uses for case finding
- Basis of Pay for Performance Program

# Physician Achievement Report Design provider top level



## GRIPA Connect Clinical Integration Physician Achievement Report (PAR)

Provider:  
Data last updated: 1/15/2009  
Report Date: 1/20/2009

Performance Reporting for the Clinical Integration program is based on performance of the entire panel of participating physicians and provides incentives to work collaboratively to increase quality and efficiency. The Physician Achievement Report (PAR) informs each physician of his or her performance and how the physician contributes to the performance of the network.

CI Measure	Your Current Rate (%)	Change from Prev Qtr	Target Rate (%)	Performance ■ Your Rate ■ Target	Your Patient Count	Previous CI Quarter Comparisons		
						Group Practice Rate (%)	GRIPA Network Rate (%)	GRIPA Best Physician Rate (%)
Coronary Artery Disease	73.1 %		74.0 %		236			
Diabetes	73.8 %		68.3 %		300			
Hyperlipidemia	81.9 %		80.0 %		1,026			
Hypertension	71.2 %		82.5 %		887			
Prevention	37.3 %		65.0 %		786			

Please direct comments and questions to: GRIPA Provider Relations 60 Carlson Rd Rochester, NY 14610  
Phone: (585) 922-1525 Fax: (585) 922-0016 Email: gripa.network@rochestergeneral.org

# Physician Achievement Report Design provider drill down



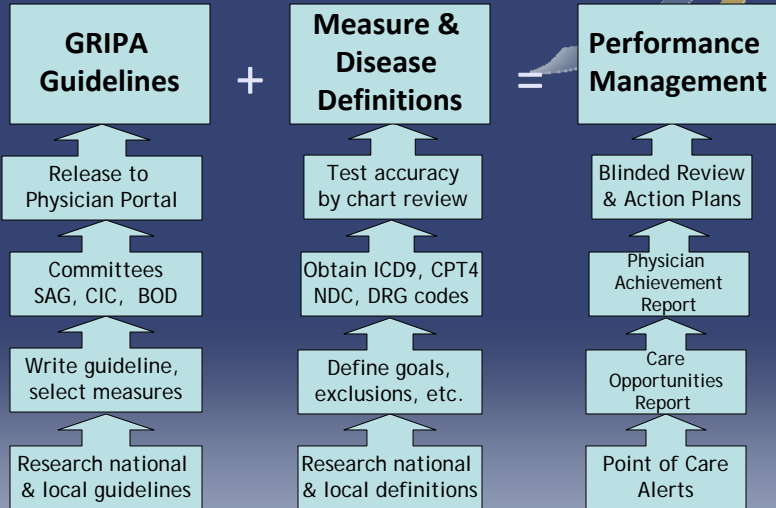
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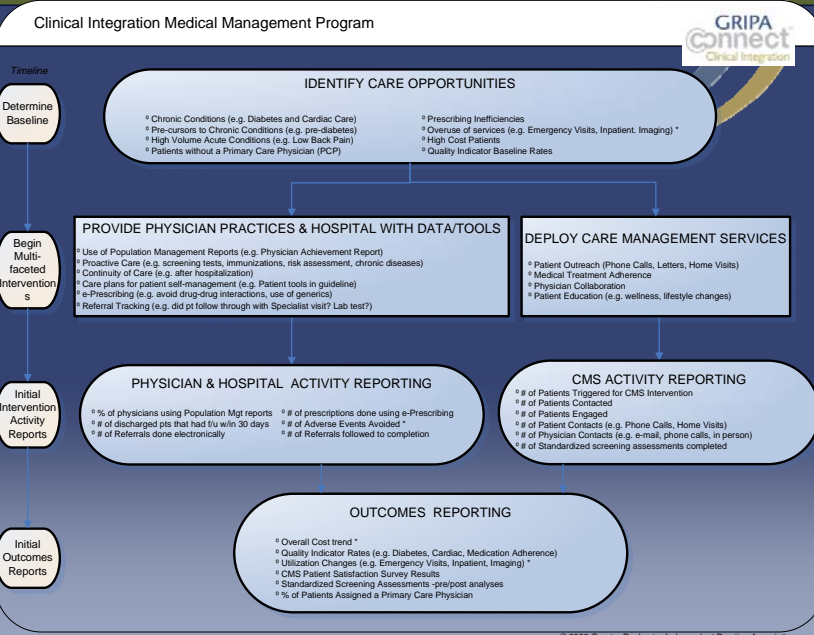
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						Group Practice Rate (%)	GRIPA Network Rate (%)	GRIPA Best Physician Rate (%)
<b>Coronary Artery Disease</b>	<b>73.1 %</b>		<b>74.0 %</b>		<b>236</b>			
• Lipid Panel or one of the following components (Triglycerides, HDL or LDL) in last 12 months	76.7 %	+9.4	76.0 %		236	69.2 %	51.9 %	85.7 %
• Most recent LDL result in the last 12 months < 100mg/dL	74.8 %	-3.1	81.0 %		159	75.8 %	75.4 %	100.0 %
• Most recent HDL result in the last 12 months > 40mg/dL	66.0 %	-0.4	72.0 %		159	63.2 %	62.9 %	84.2 %
<b>Diabetes</b>	<b>73.8 %</b>		<b>68.3 %</b>		<b>300</b>			
• >=2 A1cs in the last 12 months	69.7 %	+5.9	65.0 %		300	51.2 %	56.0 %	89.5 %
• Most recent A1c in the last 12 months < 7	72.9 %	-2.3	70.0 %		229	65.8 %	56.0 %	83.3 %
• Lipid Panel or one of the following components (Triglycerides, HDL or LDL) in last 12 months	84.0 %	+6.6	79.0 %		300	66.4 %	69.2 %	94.1 %
• Most recent LDL result in the last 12 months < 100mg/dL	77.1 %	-3.5	79.0 %		227	72.8 %	68.5 %	89.4 %
• Most recent HDL result in the last 12 months > 40mg/dL	66.4 %	+0.3	78.0 %		226	63.6 %	66.3 %	98.0 %
• Most recent Triglyceride result in the last 12 months < 150mg/dL	72.1 %	-1.7	72.0 %		226	68.0 %	64.4 %	85.0 %
• Urine microalbumin in the last 12 months	72.7 %	+4.1	60.0 %		300	54.4 %	47.1 %	76.9 %

## Putting It All Together - The Final Equation

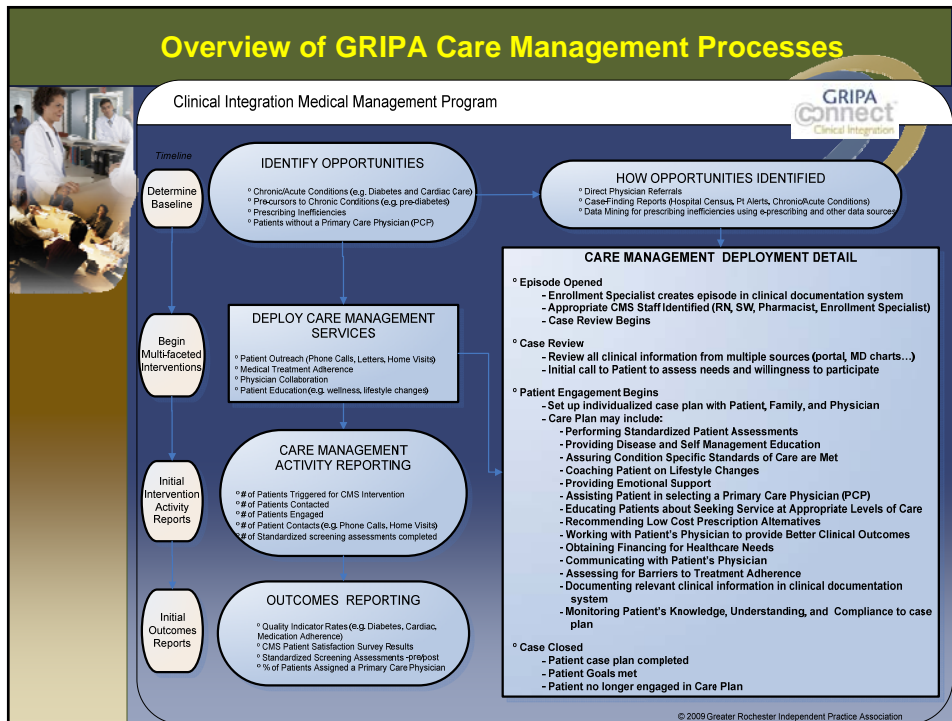


## Overview of Shared Responsibility & Reporting





## Overview of GRIPA Care Management Processes



## New/Proposed Regulatory Programs

- “Accountable Care Organizations”
    - Specific criteria yet to be defined
    - eligible for shared savings from CMS
      - maybe [partial] capitation
    - Senate bill: payments available 2012
    - House bill: 3-5 yr pilot in 2012
  - “Meaningful use” of a “certified EHR”
    - physicians: \$44K Mcare/\$63.7K Mcaid over 5 yrs
    - eligibility: 2011 structure, 2013 process, 2015 outcomes
  - Patient-centered “Medical Homes”
- GOOD NEWS: ALL BUILD ON CONCEPTS FROM PRIOR MODELS!
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## Proposed Aspects



- **Accountable Care Organization (ACO)**
  - ▶ **Goal:** A collection of health care providers accepting joint responsibility for the quality and cost of care provided
  - ▶ **What providers comprise an ACO?**
    - It will vary depending on organization
    - Likely Primary Care, Hospitals and Specialists
    - Could also include Home Health, Rehab Facilities, etc.
  - ▶ **3 Components of ACO Infrastructure**
    - Local accountability for cost, quality and capacity
    - Performance Measurement
    - Shared Savings

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## How is GRIPA's CI Programmed Positioned



ACO Concepts	GRIPA Clinical Integration Program
Group of providers (physicians/hospitals) jointly caring for patients as collaborators	Physician-centered organization (vs hospital system that employs physicians); GRIPA BOD consists of 6 hospital executives and 6 practicing physicians
Coordinated care with the goal of improving quality compared to benchmarks	Web portal allows coordinated communication and patient care; Robust reporting structure provides feedback and actionable patient lists
All providers share in cost-savings stemming from quality gains through a fair structure	Pay for Performance program allows all health care providers to participate in gain share
Designated administrator/formal organization that could work with payers, monitor performance and collect any shared savings	GRIPA is a PHO with existing committees, Board of Directors with long history of working with payers and trusted among its member physicians and hospitals
Local leadership, engaged stakeholders and broad participation	Committee structure that encourages physician champions and participation of all providers
Improved communication and care coordination between physicians	GRIPA Portal provides tools to enhance communication and minimize redundant health care services

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## Proposed Aspects



- Meaningful Use of a certified EHR
  - ▶ Goal: To adopt and consistently use technology to improve quality and cost of care
    - Through use of certified EHR “modules”
    - Over a period of 90 consecutive days (in 2011 and every day thereafter)

## How is GRIPA's CI Programmed Positioned



GRIPA Tools: Self Assessment	Meaningful Use Objective
1	Use Computerized Provider Order Entry (CPOE)
2	Implement drug/allergy checks
3	Maintain an up-to-date problem list of current and active diagnoses based on ICD-9-CM or SNOMED CT
4	E-Prescribing
5	Maintain active medication/allergy list
6	Record Demographics
7	Record and Chart changes in vital signs
8	Record smoking status for patients 13 years old or older
9	Incorporate clinical lab-test results into EHR as structured data
10	Generate lists of patients by specific conditions
11	Report ambulatory quality measures to CMS or the States (EP only)
12	Send reminders to patients for preventive/follow-up care
13	Implement five clinical decision support rules relevant to specialty or high clinical priority
14	Check insurance eligibility electronically
15	Submit claims electronically to public and private payers

## How is GRIPA's CI Programmed Positioned



GRIPA Tools: Self Assessment	Meaningful Use Objective
16	Provide patients with an electronic copy of their health information upon request
17	Provide patients with an electronic copy of their discharge instructions and procedures at time of discharge, upon request (Hospital only)
18	Provide patients with electronic access to their health information within 96 hours of the information being available (EP only)
19	Provide clinical summaries to patients for each office visit (EP only)
20	Exchange key clinical information among providers of care and patient authorized entities electronically and provide summary of care record
21	Perform medication reconciliation at relevant encounters and each transition of care and referral
22	Submit electronic data to immunization registries and actual submission where required and accepted
23	Provide electronic submission of reportable lab results to public health agencies and actual submission where it can be received (Hospital only)
24	Provide electronic surveillance data to public health agencies and actual transmission according to applicable law and practice
25	Protect electronic health information through the implementation of appropriate technical capabilities

## How is GRIPA's CI Programmed Positioned



- Meaningful Use of a certified EHR
  - ▶ Suggested Regulations imply that an organization can use a "modular" EHR but...
  - ▶ GRIPA will have to ensure that all vendors get certified (GRIPA Portal vendor plus e-prescribing vendor plus Individual Practice Management systems)
  - ▶ Even with technology in place, Providers must USE EHR to receive incentive \$\$ AND...
  - ▶ GRIPA already has incentives in place to reward providers for using EHR

## Proposed Aspects



- Patient-centered Medical Homes (aka "advanced primary care system")

- ▶ Goal:

- To enhance the relationship between patients and their primary physicians to instill more preventive measures and save costs down the road
    - To increase care coordination across elements of the health care system

- ▶ Using Clinical Decision Support tools to guide decision-making and enhance communication

## How is GRIPA's CI Programmed Positioned



BTE/NCQA Categories	GRIPA Clinical Integration Program
Access and Communication	Network of 600 local physicians 100% have Electronic Practice Management System
Patient Tracking and Registry Functions	Electronic Master Patient Index, Managed Condition/Problem Lists, Point of Care Alerts, Care Opportunities Reports
Care Management	Care Management Services for conditions including Diabetes, Hypertension, Heart Failure, Coronary Atherosclerosis Disease, Asthma, Metabolic Syndrome, Hyperlipidemia
Patient Self-Management Support	Case Management Support in Physician Office (including group visits) or at Patient's home; includes Patient Education materials developed/approved by GRIPA providers
Electronic Prescribing	Majority of GRIPA Physicians currently use an EMR with e-Rx or the GRIPA-supported e-Rx application
Test Tracking	Clinical Data Exchange connections to multiple clinical labs and imaging centers
Referral Tracking	Referral Management: Providers can refer to in-network physicians quickly and easily
Performance Reporting and Improvement	Point of Care Alerts, Care Opportunities Reports: Providers are measured against agreed-upon quality and utilization standards
Advanced Electronic Communications	Secure Messaging, Referral Management

## How is GRIPA's CI Programmed Positioned – con'td

	Elements			Points	
	Total Elements	For Max Score	Using GRIPA Tools	For Max Score	Using GRIPA's tools
<b>Patient-Centered Medical Home</b>					
PPC 1 Access and Communication	17	14	2	9	1
PPC 2 Patient Tracking and Registry Functions	55	39	41	21	21
PPC 3 Care Management	32	20	19	20	17
PPC 4 Patient Self Management Support	9	5	4	6	2
PPC 5 Electronic Prescribing	19	12	2	8	3
PPC 6 Test Tracking	14	9	2	13	3
PPC 7 Referral Tracking	4	4	4	4	4
PPC 8 Performance Reporting and Improvement	32	29	16	15	11
PPC 9 Advanced electronic communications	14	12	1	4	1
<b>Total Points for Program</b>				<b>100</b>	<b>63</b>
Total Points Needed to reach Level 1				25	
Total Points Needed to reach Level 2				50	
Total points Needed to reach Level 3				75	

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## Benefits of our CI Program

 <ul style="list-style-type: none"> <li>• Increased quality of care/efficiency at patient/population levels</li> <li>• Decreased costs, medical errors and variations in care</li> <li>• Improved outcomes, safety, communications, &amp; patient satisfaction</li> <li>• Allowed to negotiate contracts with payers</li> <li>• New market opportunity: self-insured employers</li> <li>• Physicians are more connected to our hospital partner and are incentivized to refer in-network</li> <li>• Physician trust, commitment, &amp; acceptance of performance monitoring to achieve goals</li> <li>• P4P across payers</li> <li>• Measure/report on physician/network level</li> <li>• Ability to succeed at risk contracts with same processes/staff</li> <li>• E-prescribing using one medication list per patient</li> <li>• Ease IT transition</li> </ul>	<p>© 2007 Greater Rochester Independent Practice Association 44</p>
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## Benefits of our CI Program



- All of these positions, providers, and organizations need to be prepared for new regulations:
  - ▶ Accountable Care Organizations
  - ▶ Meaningful Use
  - ▶ Medical Home



## CONTACT INFORMATION



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