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Medical Director
LivingWell Health Center
Gallatin, TN

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Adapting The Patient-Centered Medical Home to Achieve Better Patient Outcomes and Lower Healthcare Costs.

The Fifth National Pay for Performance Summit
March 8, 2010

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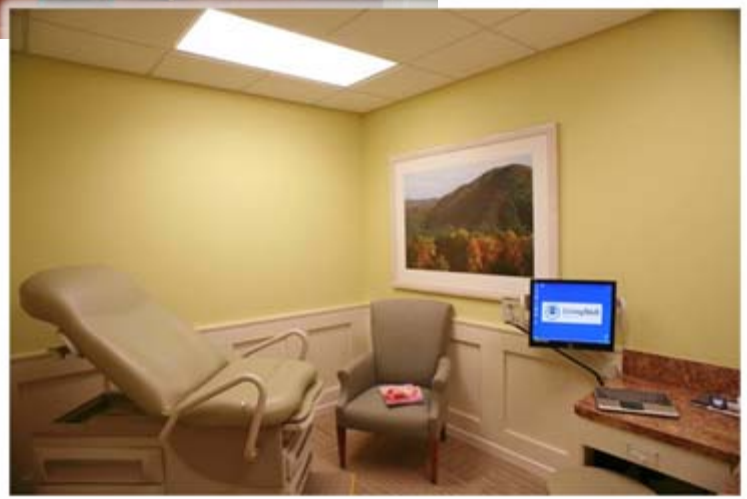
LWHC
Gallatin, TN



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The Players

- CMS
  - Centers for Medicare & Medicaid Services
- HealthSpring
  - A publically traded coordinated care model Medicare Advantage plan with 165,000 Members in 6 states
- Sumner Medical Group - SMG
  - A 27 provider (11 PCPs) multi-specialty medical group in Gallatin, TN
  - Gallatin, TN population 33,000
  - MSA ~ 100,000
- Quality Care Medical Network - QCMN
  - A NAMM model IPA with 20 PCPs and 3,676 Medicare Members
- LivingWell Health Center - LWHC
  - A Patient Centered Medical Home; 2,100 members. A joint venture between HS and SMG.

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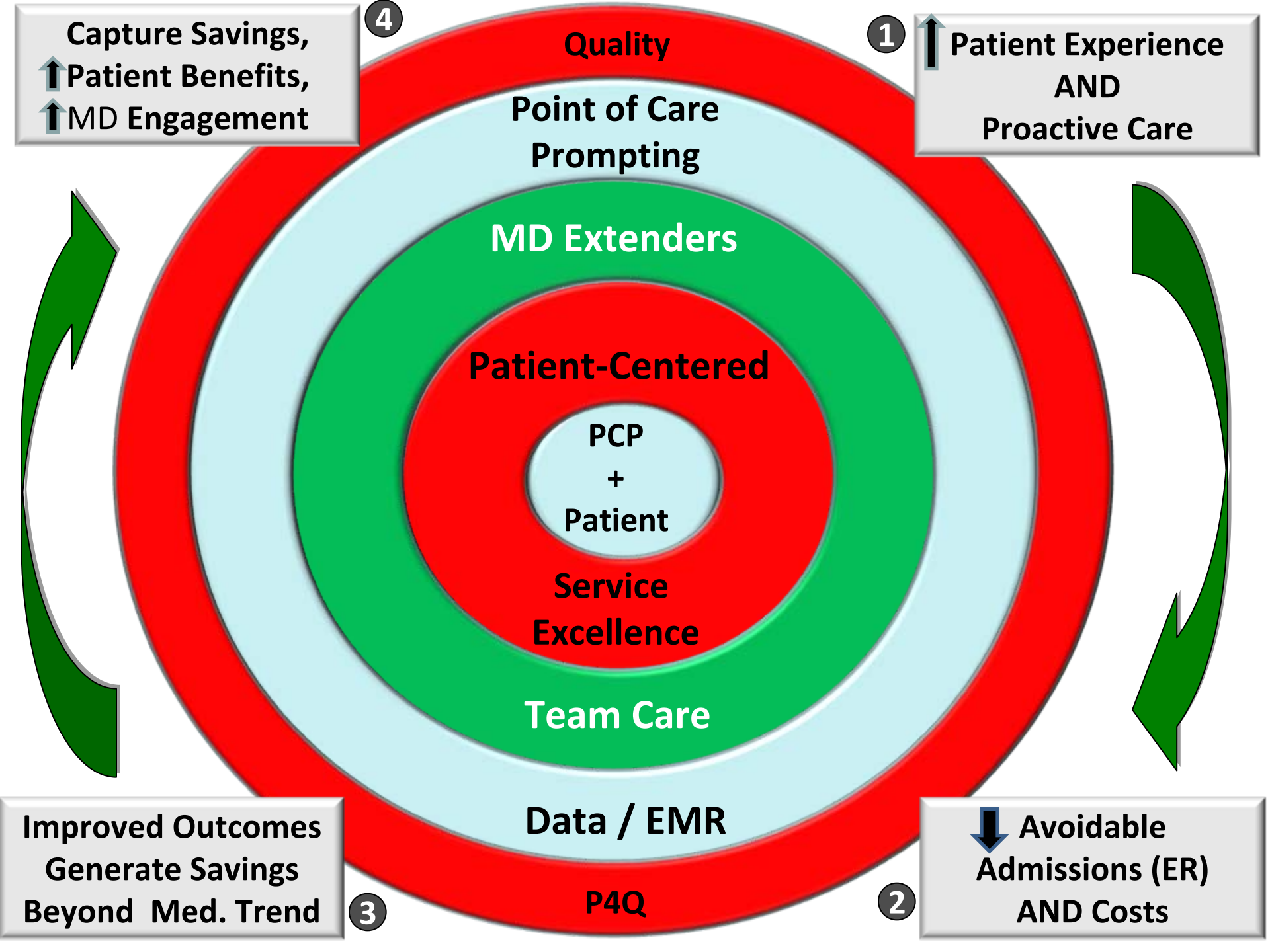
Components of The LivingWell Health Center

- Unique Business Model
- Coordinated Care
- Redesigned Physician Compensation
- Aligned Incentives
- Improved Service Level
- Sophisticated Information Technology
- Quality Improvement
- Utilization Improvement


Capture Savings,
Patient Benefits,
MD Engagement
4
Quality
1
Patient Experience
AND
Proactive Care
Point of Care
Prompting
MD Extenders
Patient-Centered
PCP
+
Patient
Service
Excellence
Team Care
Data / EMR
P4Q
Improved Outcomes
Generate Savings
Beyond Med. Trend
3
2
Avoidable
Admissions (ER)
AND Costs

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Business Model

- HealthSpring contracts with CMS
- QCMN receives a percent of the HealthSpring premium to provide all professional care and outpatient ancillary services
  - PCPs and most specialist are capitated
  - Surplus money is distributed to capitated physicians and the management company
- SMG provides professional services for LWHC
  - QCMN pays a PMPM to SMG for primary care services.
  - SMG pays HS a PMPM amount for rent of the facility.
  - Bonuses are paid by HS to SMG for quality, patient satisfaction, and record keeping.

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Business Model

- SMG physicians rotate through the clinic.
- Hours per week are based on membership.
- The EMR is a “virtual office” that allows the PCPs to access the chart off-site.
- A physician assistant is hired by SMG and HS to provide acute care.
- Patient visits are thirty to forty minutes.

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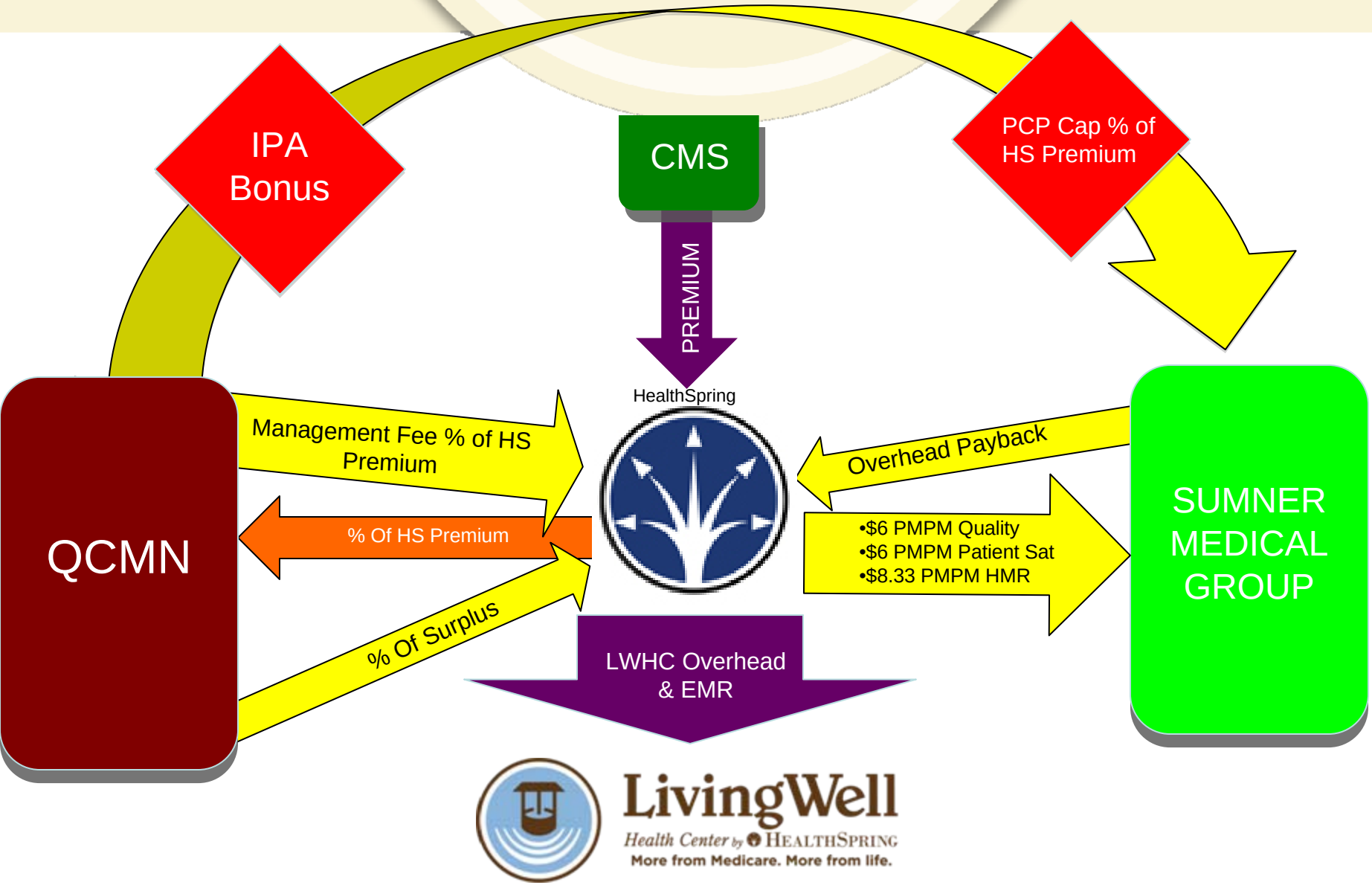

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Coordination of Care

- The PCP's capitation payments are based on membership and premium. Patients are assigned a unique PCP.
- All in-network and out-of-network referrals are made at the PCP office.
- HS provides additional clinical and clerical staff to facilitate the referral process.
- The EMR supports the referral process. The order cannot be completed until the results have been received and the physician has signed the result.

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Re-Design PCP Compensation

- The base capitation rate is paid to SMG from QCMN. Each physician is paid an hourly rate while in the clinic based on his FFS production.
- The physicians receive bonuses from HS determined by quality metric performance, patient satisfaction, and record keeping.
- The physicians receive a bonus from QCMN contingent upon fund status balance and other metrics.

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Aligned Financial Incentives

- The PCP capitation payment is a percent of the HS premium.
- QCMN receives a percent of the premium for all professional and outpatient ancillary services.
- The surplus money is distributed to the capitated physicians.
- Institutional savings are shared 50/50 between HS and QCMN.

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Patient Satisfaction

- **<u>Better service and satisfaction for patients:</u>**
  - >90% patient satisfaction
  - >95% would personally recommend LivingWell to others

Quality Improvement

- Information technology:
  - GE Centricity EMR
    - Point-of-care prompts for preventive and disease management metrics: Prevention, Diabetes, CHF, CAD and COPD
    - Registry development from the database for campaigns such as mammography, flu shots, pneumococcal vaccination, etc.
    - Point-of-care paper prompts that are reviewed prior to and during the office visits
  - Ascender
    - A data warehouse that captures, analyzes, and posts data from claims, lab, PCP input, hospital claims
    - POC prompting for preventive and DM metrics

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Quality Improvement

- Care Team-Onsite
  - **Direct physician Support**
    - LPN and MA for each PCP
  - **Physicians Assistant**
    - Acute care
  - **High Risk Member Care Manager**
    - 1-on-1 care planning, care coordination, self care skills education, group meetings
  - **Care quality coordinator nurse**
    - Data and process quality management
  - **Doctor of pharmacy**
    - On site pharmacy, MTM, education, formulary compliance, patient compliance
  - **Care Transition Coach**
    - Hospital to home discharge coordination
  - **Licensed Social Worker**
    - Social support : resource guidance and coordination
  - **Nutritional/social activities**
    - Exercise, cooking classes, disease-specific diets, gardening, etc.

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Quality Improvement

- Care Team: Off-site HealthSpring Programs
  - **CCIP - Continuous Care Improvement Program**
    - Health plan program, telephonic-based DM
  - **360 program**
    - Health plan employed nurse practitioner, home-based or office-based comprehensive physical exam
  - **HealthSpring CHF Clinic**
    - Cardiology-directed comprehensive outpatient CHF management

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Quality Outcomes

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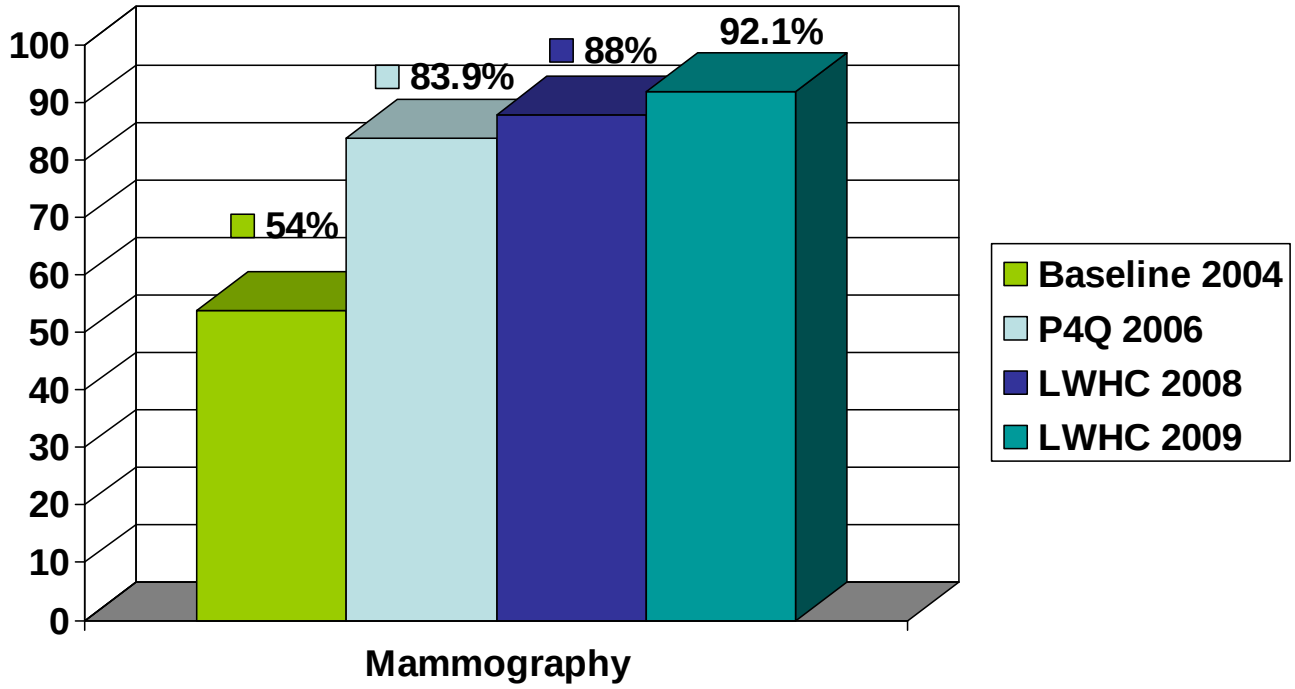
Prevention Mammography



Baseline 2004 = the initial audit prior to P4Q
P4Q 2006 = impact of P4Q prior to LWHC
Post LWHC 2008, 2009 = performance after 2 and 3 yrs of the medical home model

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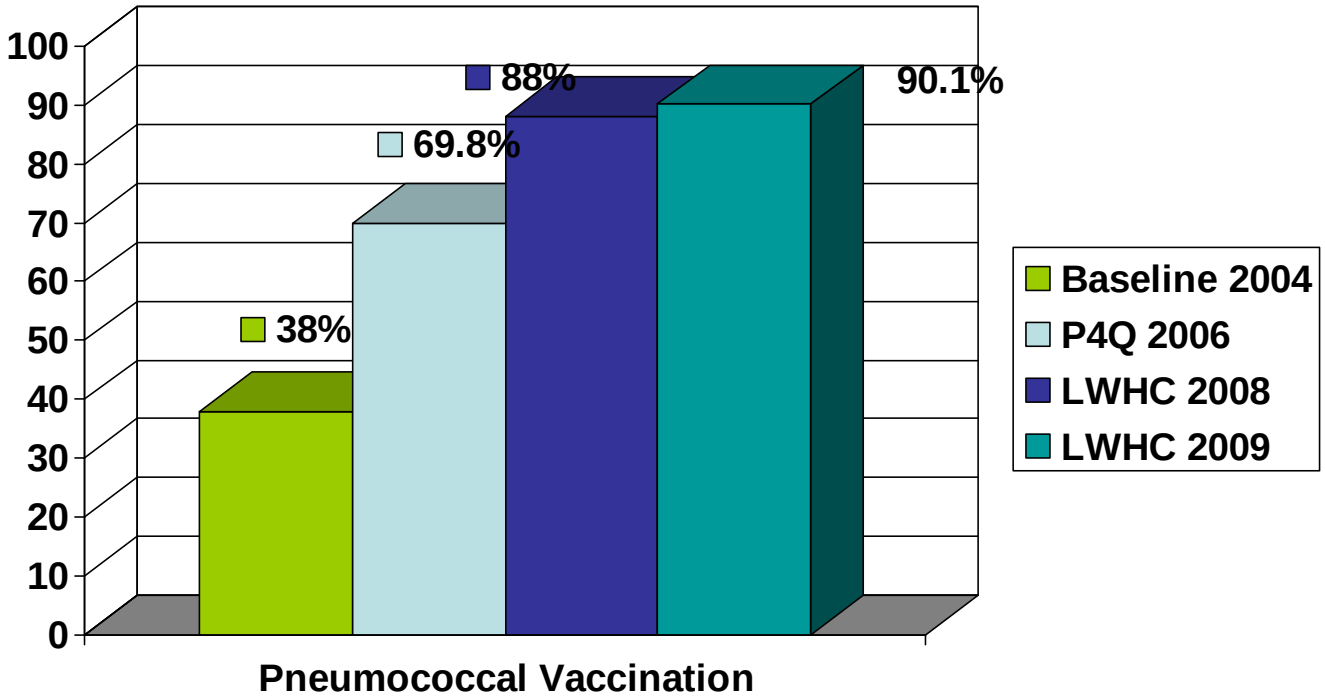
Prevention - Pneumococcal Vaccination



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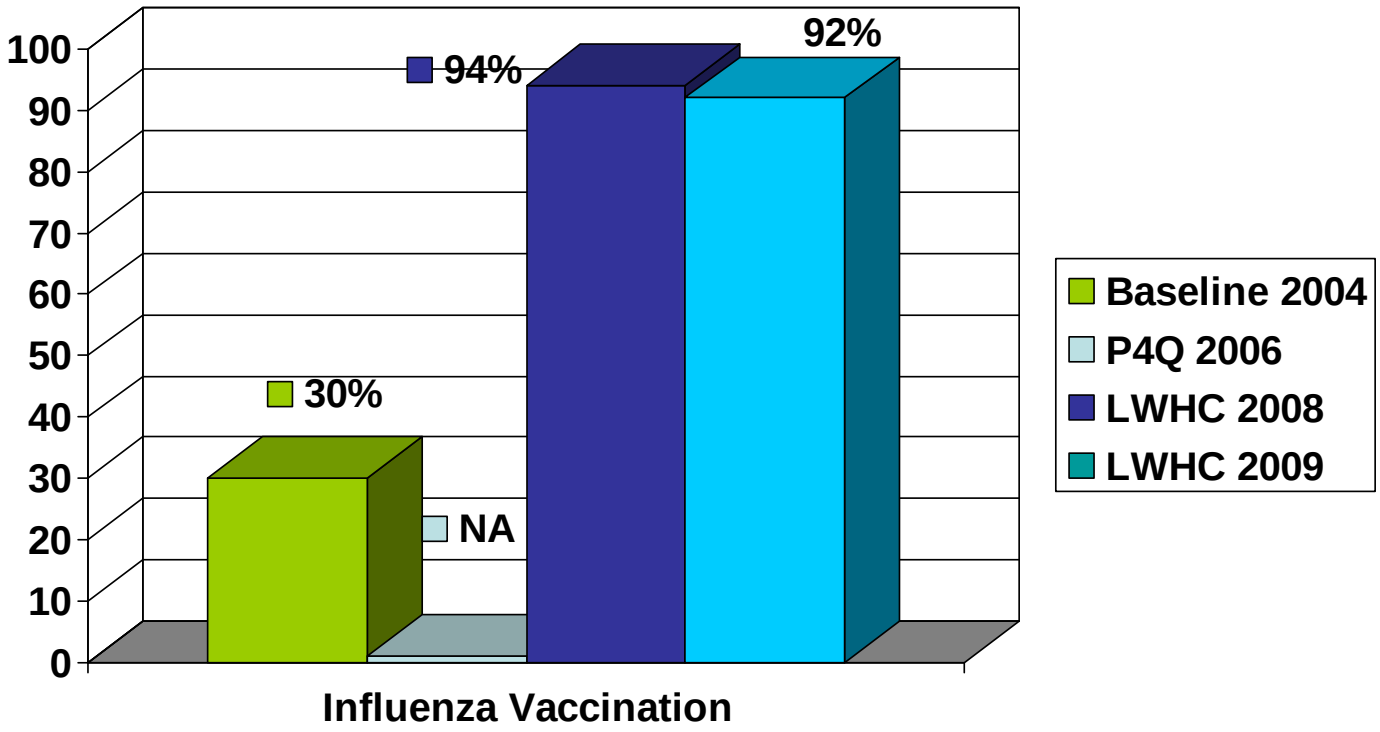
Prevention - Influenza Vaccination



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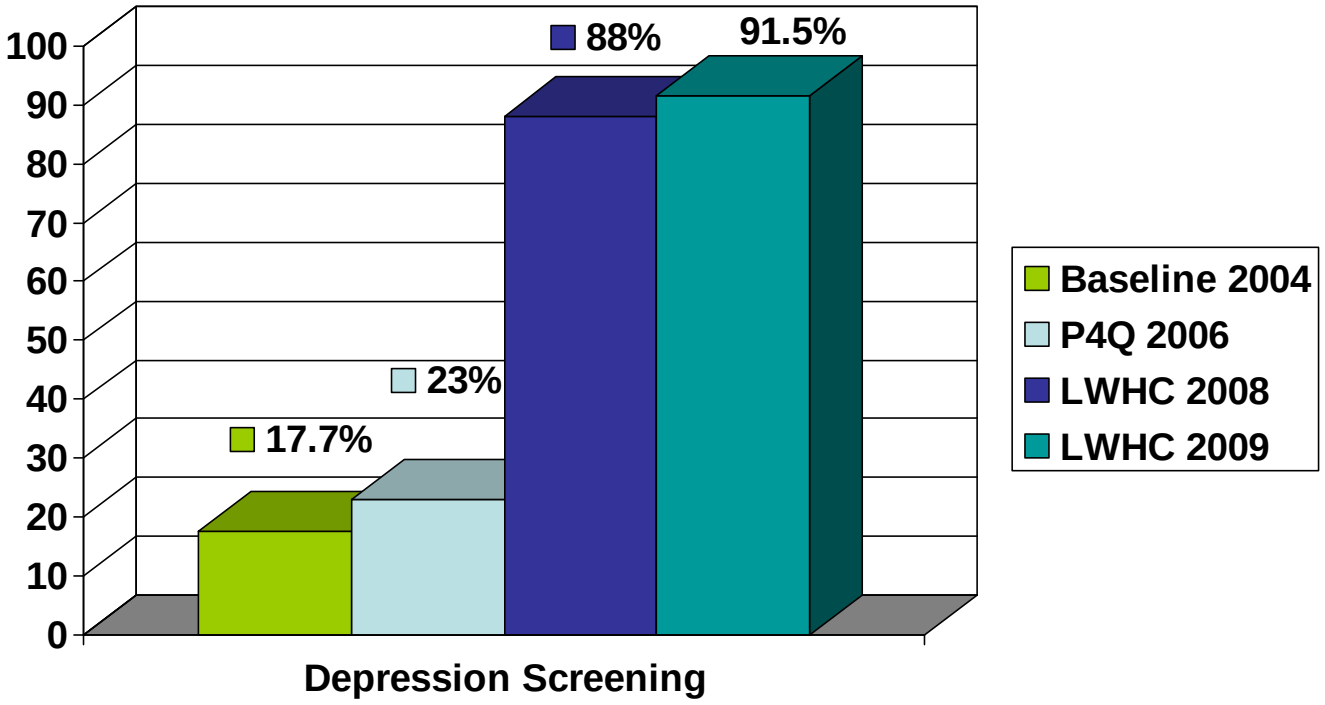
Prevention - Depression Screening



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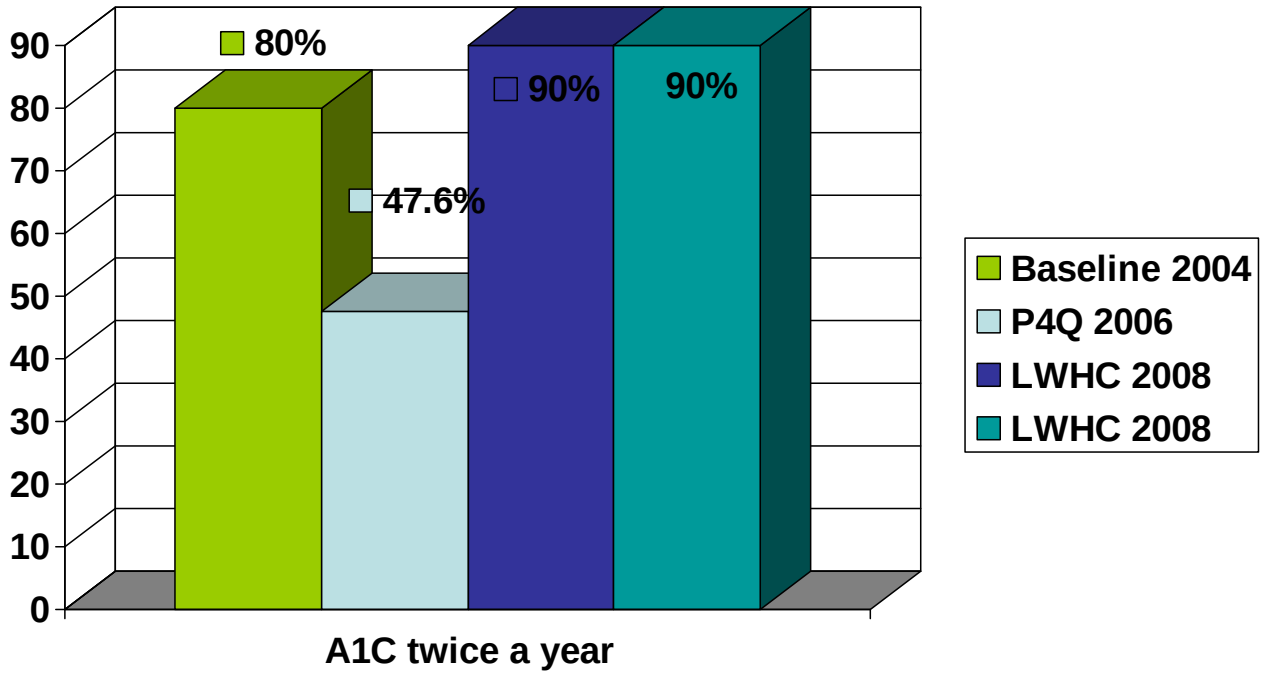
Diabetes - A1C Twice a Year



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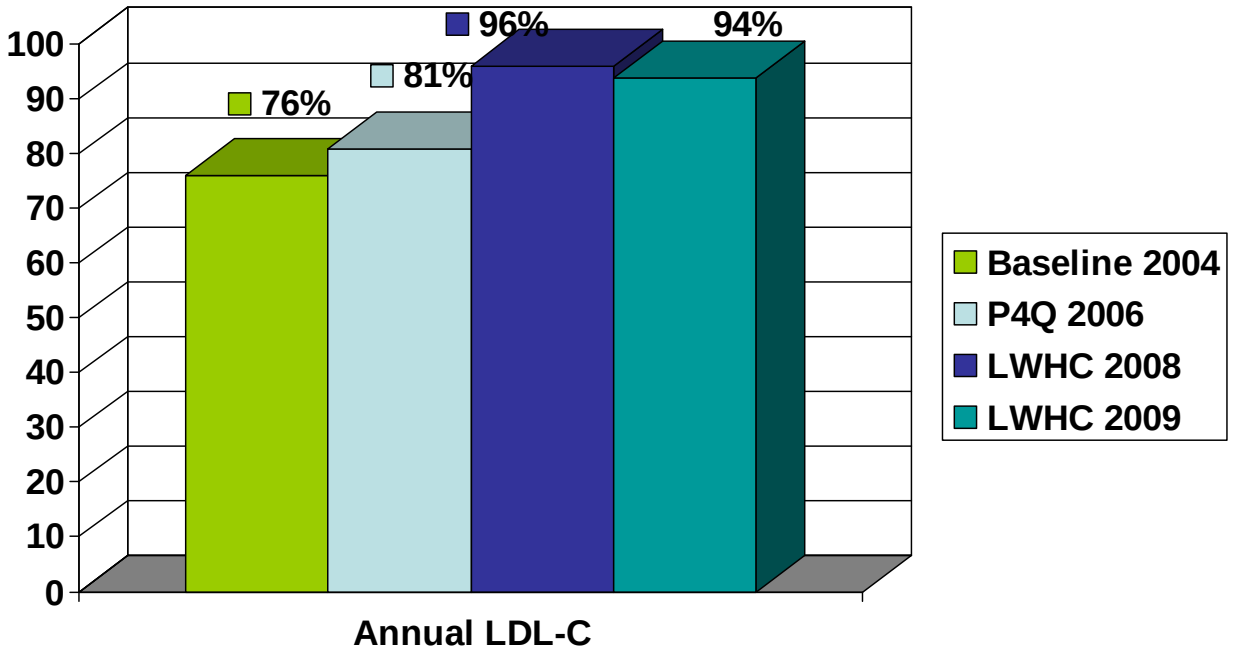
Diabetes - Annual LDL-C



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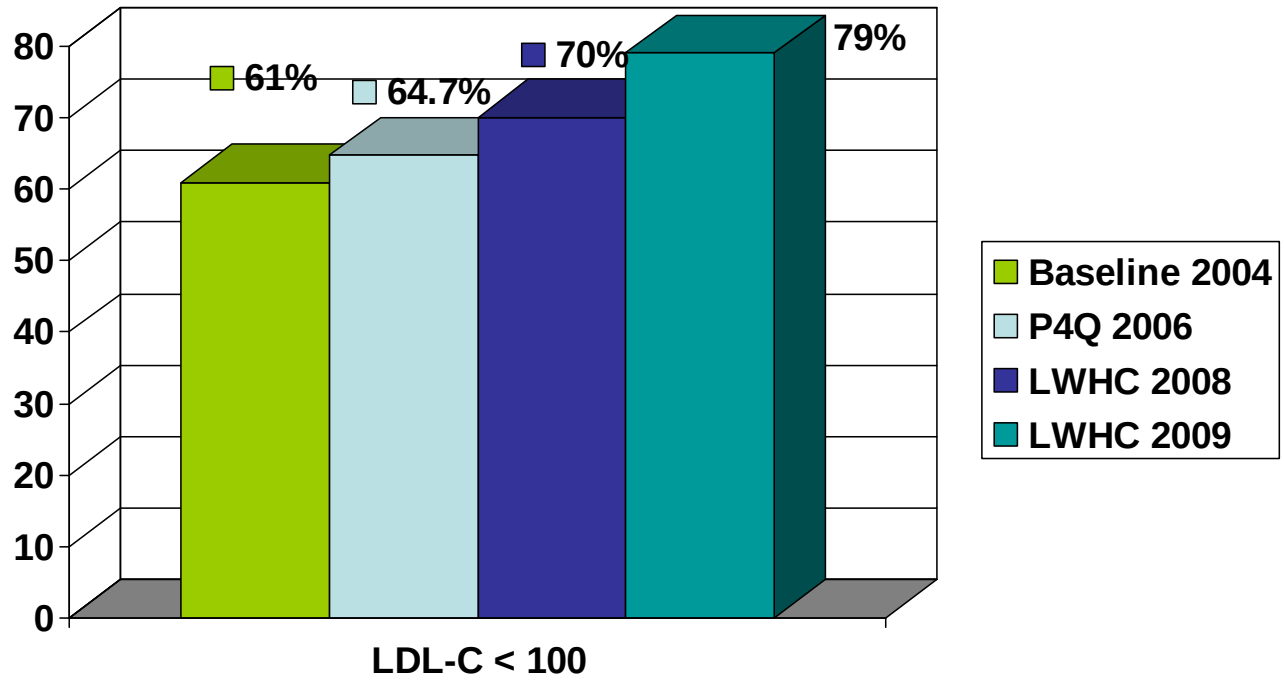
Diabetes - LDL-C < 100



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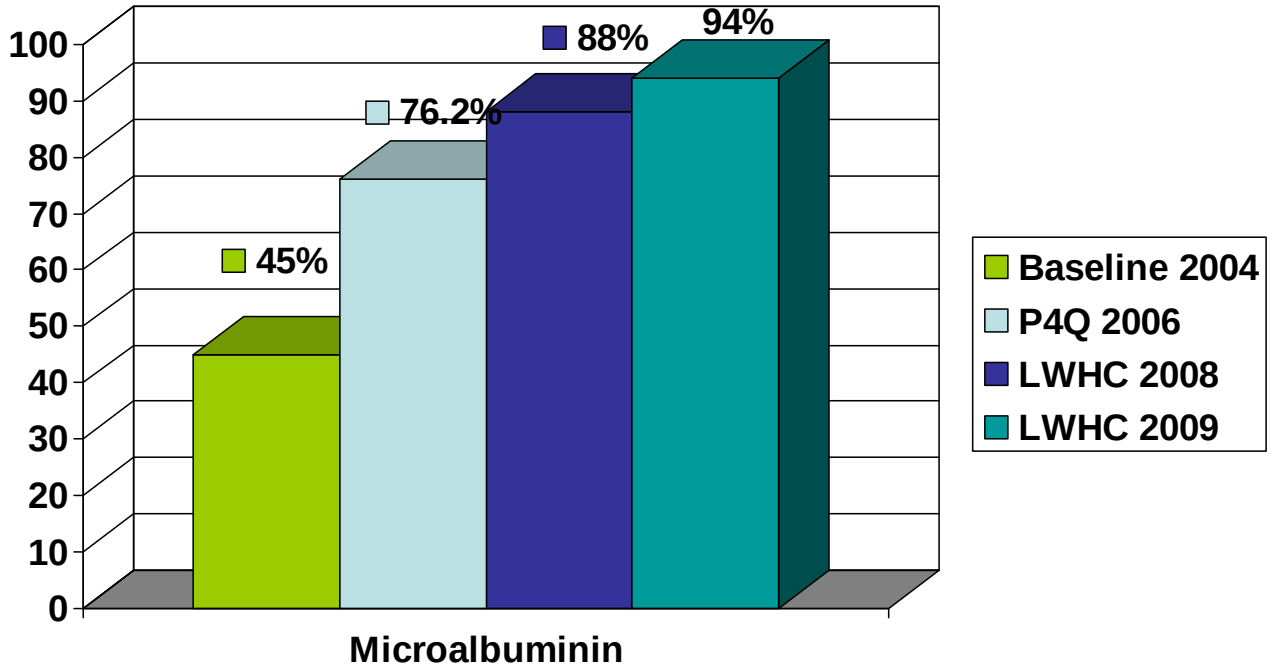
Diabetes - Microalbuminin



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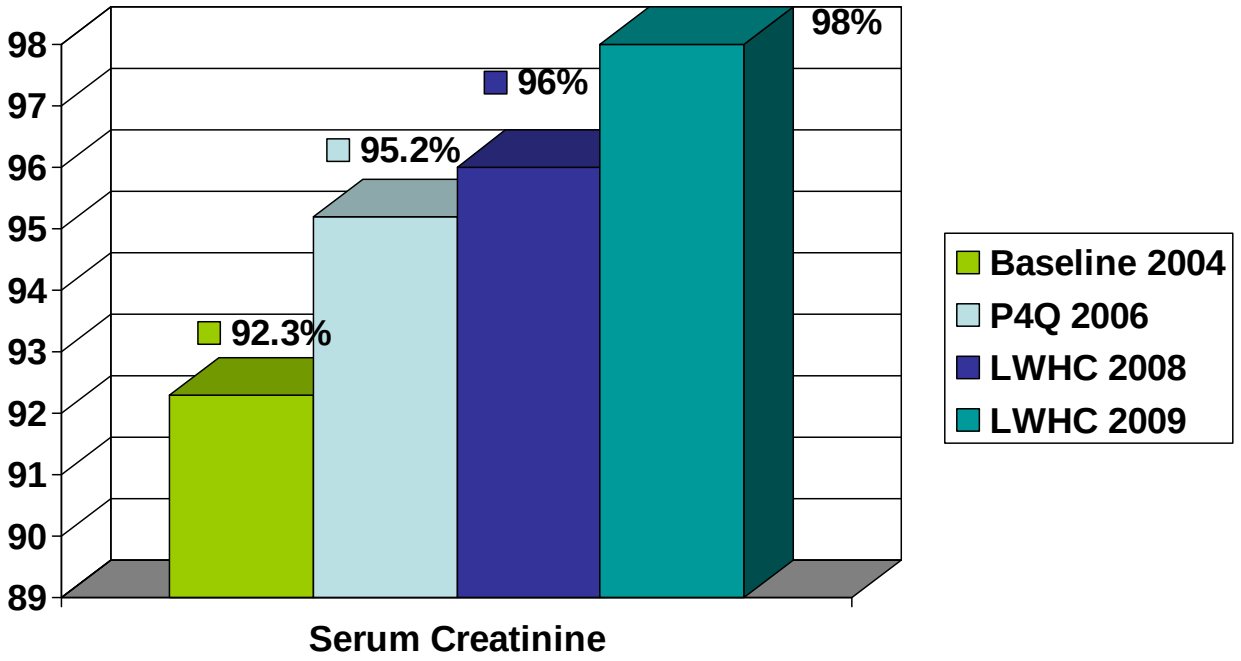
Diabetes - Serum Creatinine



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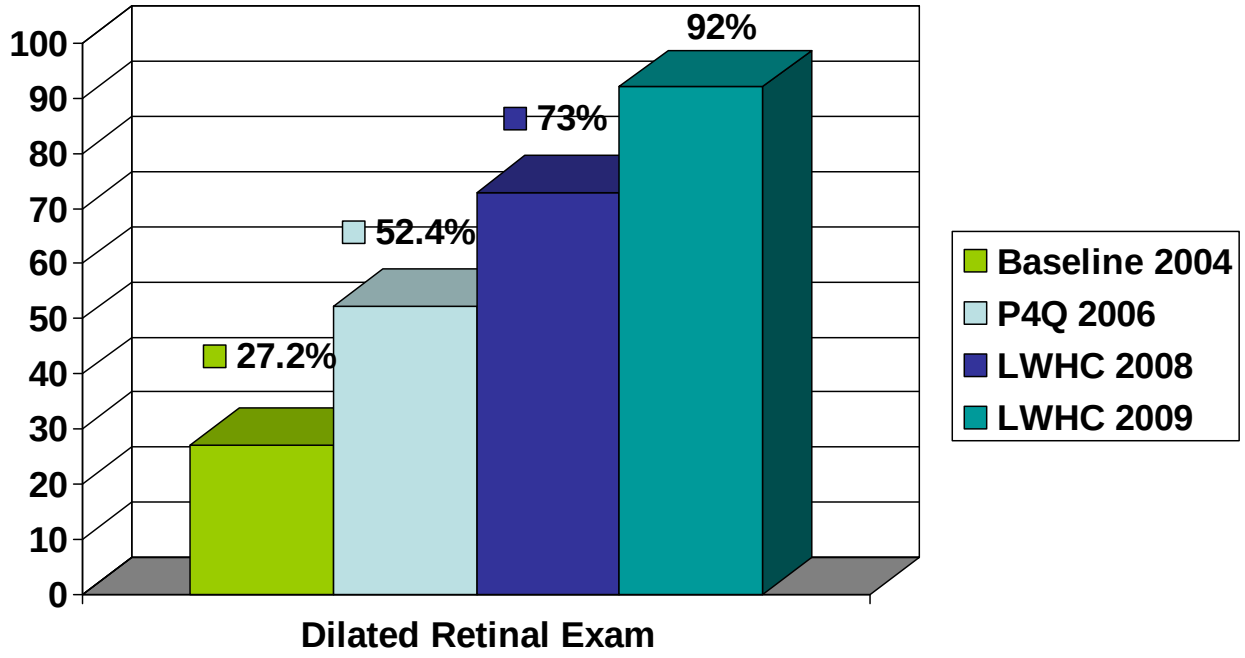
Diabetes - Dilated Retinal Exam



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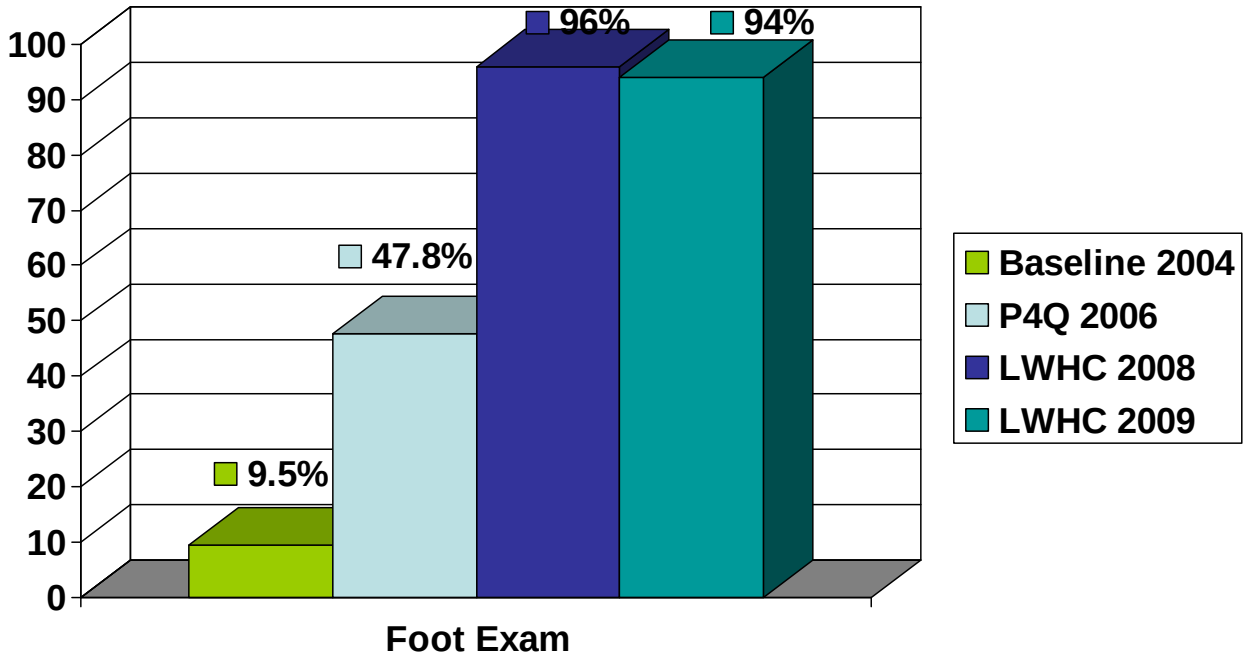
Diabetes - Foot Exam



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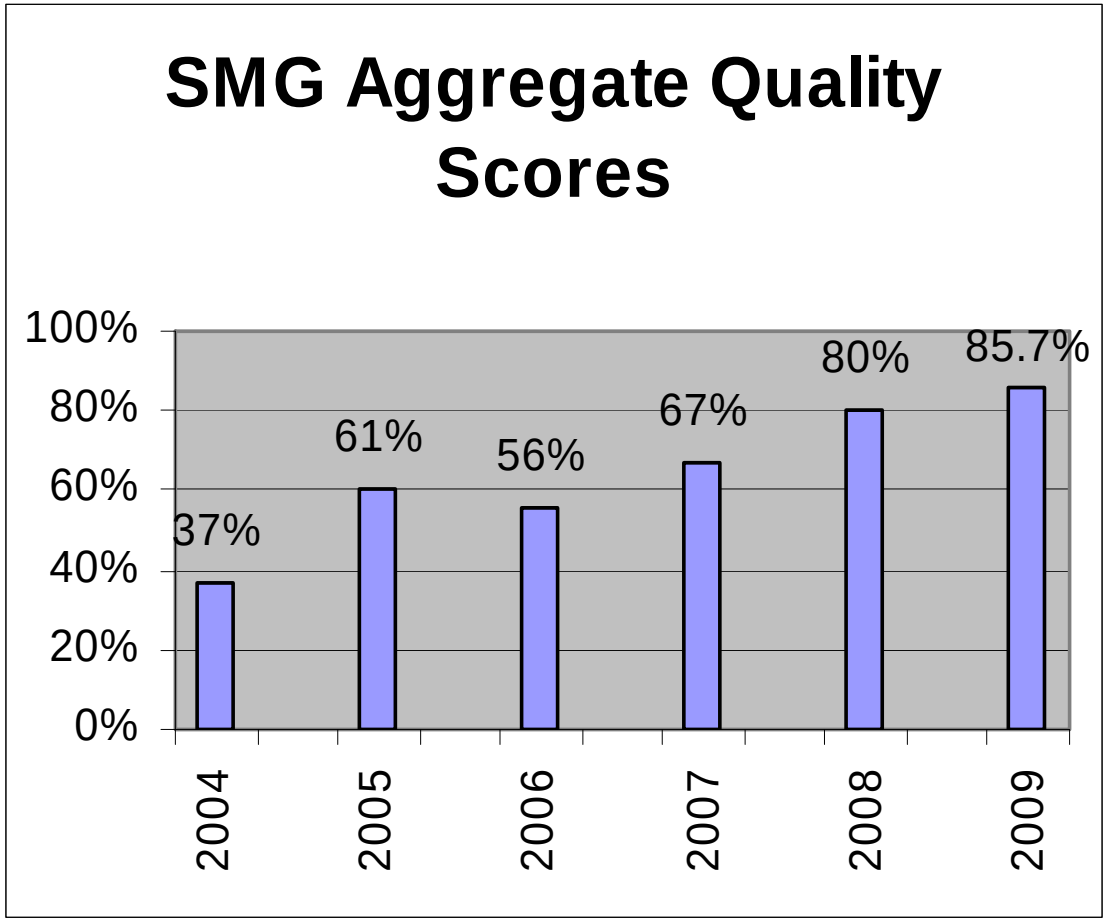

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Utilization Outcomes

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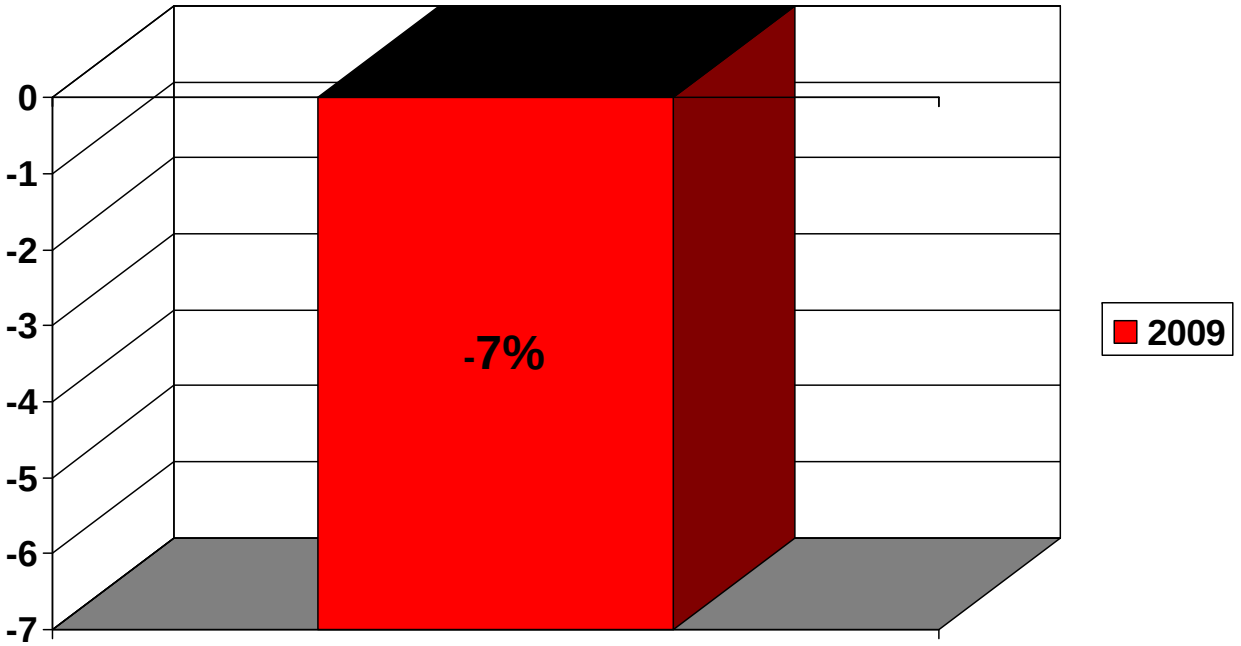
2009 LWHC Admissions per 1000 Compared 2006 SMG Prior to LWHC



LWHC =Jan 1 2009 - Nov. 30 2009
Middle Tennessee =Jan. 1 2009 - Nov. 30 2009(all non SMG Healthspring members)

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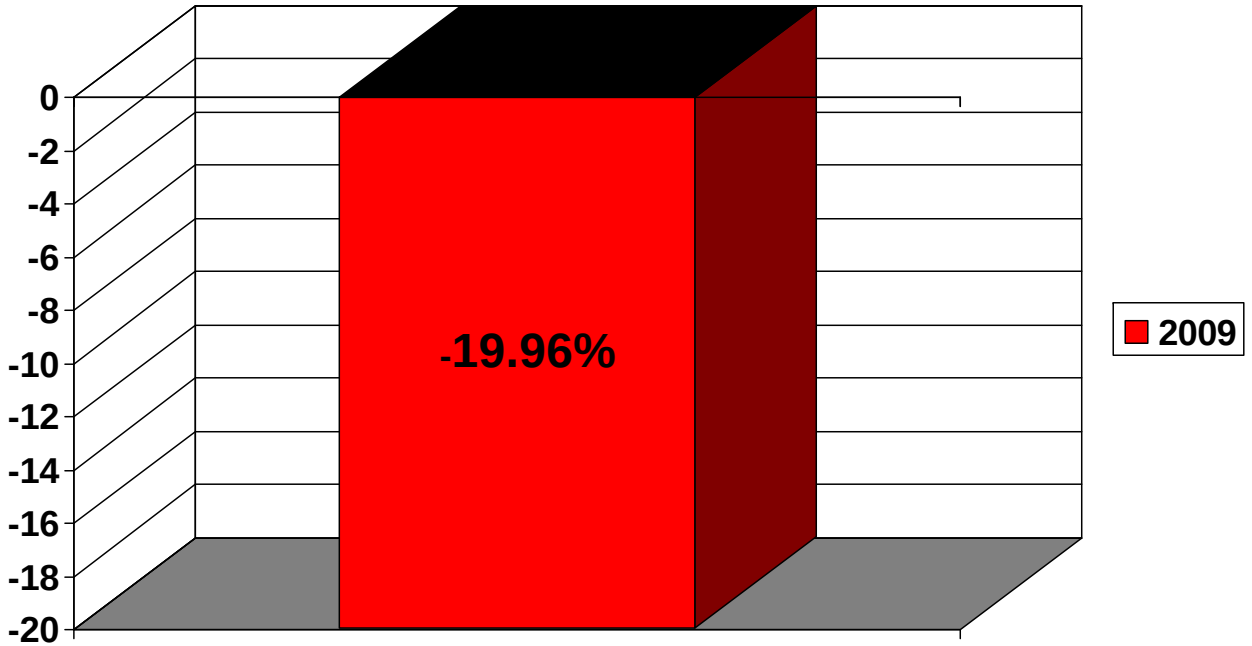
2009 LWHC Admissions per 1000 Compared to 2009 non-LWHC Physicians in Middle Tennessee



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Questions?