Creating Clarity Out of Chaos:
A Nine Year Journey to Value Based Care
Francis R Colangelo MD, FACP

March 28, 2017
Conflicts of Interest

• There are no actual or potential conflict of interests in relation to this presentation
• There will not be a discussion of off-label, experimental or investigational use of drugs or devices
Goals for Today’s Session

• Upon completion of this activity, participants should be stimulated to examine their organization’s history, culture and quality improvement activities in preparation for the move to value based reimbursement.
Outline

• Background of PMA
• A history of the stimuli that changed PMA
• PMA version of value
• What the practice hopes to accomplish next
BACKGROUND OF PMA
Health Care in Western PA

- Still predominantly fee for service
- Many providers wed to the volume world
- Lags much of the rest of the country in regards to risk contracting
Premier Medical Associates

- Formed 1993
- 100 providers
- 23 specialties
- 1:1 ratio PCP to specialists
- Affiliation with Highmark Health since late 2011
- A member of the Allegheny Health Network
Premier Medical Associates

• Has provided care to over 100,000 lives in Pittsburgh’s eastern suburbs
• 2016 377,000 patient visits
• All adult and pediatric offices have level 3 PCMH certification
AAP: Pts by Chronic Disease Profile

- Hypertension
- Dyslipidemia
- DM
- Asthma
- Coronary Artery Disease
- COPD
- Arfib
- CHF
- Rheumatoid Arthritis

# of patients: 46,563
WHAT PROMPTED CHANGE?
Care should be....

- Safe
- Effective
- Patient-centered
- Timely
- Efficient
- Equitable

Medical Clinic
Satisfying your medical needs

URGENT CARE
Pay Only for Results

Evaluation
- Outstanding
- Excellent
- Very Good
- Average
- Below Average
Next Steps…

• Effective EHR implementation
• Employment of Nurse Navigators and Care Coordinators
• Activation of a point of care registry
Time of Rapid Expansion

• Change in practice ownership
• Expanded from 10 service lines to 23 in less than 2 years
• Added 7 PCPs, 32 specialists, 8 hospitalists and 15 APPs
• 2 clinical pharmacists
• 1 MSW
Learning From Best Practices

• Member of Analytics for improvement (A4i)
• Joined national learning collaboratives for RA, HF, adult immunizations
Winning Patients through Value-Based Care

• Emphasis on reducing the incidence of diseases that are amenable to screening and prevention

• Emphasis on improving control of chronic diseases

• Use of advanced analytics to risk stratify and focus care coordination efforts

\[ \text{Value} = \text{Access} + \text{Differentiated Experience} + \text{Outcomes (Quality and Safety)} \]

\[ \frac{\text{Access} + \text{Differentiated Experience} + \text{Outcomes (Quality and Safety)}}{\text{Cost}} \]
Driving Outcomes

• Emphasis on AWV completion
• Transparent reporting to providers
• Targeting goals for QI projects and intense focus on achieving results
# PMA AWV Rates

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<tr>
<th>Year</th>
<th>Completion Rate</th>
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<td>2013</td>
<td>41%</td>
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<td>2014</td>
<td>75.7%</td>
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<tr>
<td>2015</td>
<td>80.1%</td>
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<tr>
<td>2016</td>
<td>83.7%</td>
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# Medicare STARs

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<td>82.5%</td>
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<tr>
<td>Colon CA Screening</td>
<td>75.8%</td>
<td>82.8%</td>
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<td>78.6%</td>
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<td>Osteoporosis</td>
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<td>57.3%</td>
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<td>Med Adherence DM</td>
<td>76.2%</td>
<td>86.1%</td>
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<td>73.1%</td>
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<td>85.1%</td>
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</tbody>
</table>
Vaccines

• Annually in US 200,000 are hospitalized due to complications from influenza and between 3,000 and 49,000 die

• 900,000 people get pneumococcal pneumonia each year, and 19,000 die

http://www.cdc.gov/vaccines/adults/vpd.html
PMA Monitors and Reports

- Influenza vaccine rates
- Elderly pneumococcal vaccine rates
- High risk 19-64 yo pneumococcal vaccine rates
- Zostavax vaccine rates
- Adult Tdap vaccine rates
- Adolescent HPV vaccine rates
<table>
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Colon Cancer Screening Efforts

• Campaign kicked off 12/13/12
• 57.5% practice wide screening rate 1/1/13
• Provider and staff education
• Prominently displayed marketing materials
• Emphasized importance of FIT
I STOPPED COLON CANCER BEFORE IT STARTED. WILL YOU?

COLORECTAL CANCER IS THE SECOND LEADING CANCER KILLER — BUT IT DOESN'T HAVE TO BE.

SCREENING CAN FIND POLYPS, SO THEY CAN BE REMOVED BEFORE THEY TURN INTO CANCER.

START SCREENING AT AGE 50. START SOONER IF YOU HAVE INFLAMMATORY BOWEL DISEASE OR FAMILY HISTORY OF CANCER.

BE PROACTIVE. BE PREVENTATIVE.

SCREENING HAS THE POTENTIAL TO REDUCE COLORECTAL CANCER DEATHS BY 60% ASK OUR CLINICAL STAFF TO LET YOU KNOW ABOUT THE THREE COLORECTAL SCREENING OPTIONS AVAILABLE TO YOU
Colon Cancer Screening Efforts

We Hit 80%

12/31/15
Colon Cancer Screening Efforts

- Positive FIT registry
- 2013: 1 year look back only 57.5% of positives had follow up colonoscopies
- 2016: almost a 4 year look back 87.7% of positives have now had colonoscopies
Colon Cancer Screening Efforts

1st Runner Up Recipient of the 80% by 2018 National Achievement Awards

www.nccrt.org
Improving Control of Chronic Diseases

• Hypertension
• Diabetes
Campaign Planks

Hypertension Campaign Goal: 80% of Patients at Goal

Process Planks for Achieving Goal

Primary Process Planks

- Direct Care Staff trained in accurate BP measurement
- Hypertension Guideline used and adherence monitored
- BP addressed for every hypertension patient, every primary care visit
- All Patients not at goal and with new Rx seen within 30 days
- Prevention, engagement and self-management program in place

Value-Added Process Planks

- Registry used to identify and track hypertension patients
- All team members trained in importance of BP goals
- All Specialists intervene with patients not in control

MUPD

- Staff education was emphasized early in campaign/accurate BP technique video
- First project that we used transparent provider reporting beginning in March 2014
- Emphasis on team based care
<table>
<thead>
<tr>
<th>REPORTING PERIOD</th>
<th>TOTAL PTS</th>
<th>NUM HTN PTS DENOMINATOR</th>
<th>HTN PTS IN CONTROL DENOMINATOR</th>
<th>CONTROL RATE</th>
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<td>2015Q04</td>
<td>45,656</td>
<td>16,796</td>
<td>13,438</td>
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<td>2015Q03</td>
<td>43,568</td>
<td>16,313</td>
<td>12,771</td>
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<td>2015Q02</td>
<td>44,142</td>
<td>16,302</td>
<td>12,648</td>
<td>78%</td>
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<tr>
<td>2015Q01</td>
<td>45,019</td>
<td>16,379</td>
<td>12,170</td>
<td>74%</td>
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<td>2014Q04</td>
<td>44,369</td>
<td>16,172</td>
<td>11,911</td>
<td>74%</td>
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<td>2014Q03</td>
<td>45,399</td>
<td>15,775</td>
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<td>45,085</td>
<td>15,230</td>
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<td>45,078</td>
<td>15,121</td>
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<td>15,012</td>
<td>9,769</td>
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<td>2013Q03</td>
<td>44,303</td>
<td>14,636</td>
<td>9,465</td>
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<td>2013Q01</td>
<td>43,366</td>
<td>13,494</td>
<td>8,432</td>
<td>62%</td>
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MUPD

• 3,302 more patients properly identified with HBP
• 5,006 more patients with controlled HBP
• Positively impacted the lives of 8,308 patients
MUPD

• Patients with PMA PCP had 82.1% control rate
• 2600 patients who only saw a PMA Specialist ended with a 68.5% control rate
• This specialty only rate was 55.1% 15 months earlier
Congratulations

2014
Hypertension CONTROL
CHAMPIONS

Full list of Champions at millionhearts.hhs.gov
Metformin-containing Drugs: Drug Safety Communication - Revised Warnings for Certain Patients With Reduced Kidney Function

[Posted 04/08/2016]

AUDIENCE: Pharmacy, Nephrology, Internal Medicine, Patient

ISSUE: FDA is requiring labeling changes regarding the recommendations for metformin-containing medicines for diabetes to expand metformin's use in certain patients with reduced kidney function. The current labeling strongly recommends against use of metformin in some patients whose kidneys do not work normally. FDA was asked to review numerous medical studies regarding the safety of metformin use in patients with mild to moderate impairment in kidney function, and to change the measure of kidney function in the metformin drug labeling that is used to determine whether a patient can receive metformin.

FDA concluded, from the review of studies published in the medical literature, that metformin can be used safely in patients with mild impairment in kidney function and in some patients with moderate impairment in kidney function. FDA is requiring changes to the metformin labeling to reflect this new information and provide specific recommendations on the drug's use in patients with mild to moderate kidney impairment.

FDA is also requiring manufacturers to revise the labeling to recommend that the measure of kidney function used to determine whether a patient can receive metformin be changed from one based on a single laboratory parameter (blood creatinine concentration) to one that provides a better estimate of renal function (i.e., glomerular filtration rate estimating equation (eGFR)). This is because in addition to blood creatinine concentration, the glomerular filtration rate takes into account additional parameters that are important, such as the patient's age, gender, race and/or weight. See the FDA Drug Safety Communication for additional information, including a data summary and a list of metformin-containing drugs.

BACKGROUND: Metformin-containing medicines are available by prescription only and are used along with diet and exercise to lower blood sugar levels in patients with type 2 diabetes. When untreated, type 2 diabetes can lead to serious problems, including blindness, nerve and kidney damage, and heart disease. Metformin containing
<table>
<thead>
<tr>
<th>Measure</th>
<th>As of 12/31/15</th>
<th>As of 6/30/16</th>
<th>As of 9/30/16</th>
<th>Place in campaign</th>
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<td>HGBa1c control rate</td>
<td>70.6%</td>
<td>71.7%</td>
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<td>78.8%</td>
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<td>Medical attention to kidney disease</td>
<td>88.6%</td>
<td>89.2%</td>
<td>89.8%</td>
<td>24th</td>
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<td>Statin prescribing rates</td>
<td>68.9%</td>
<td>72.9%</td>
<td>75.9%</td>
<td>13th</td>
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<td>D4 Control bundle</td>
<td>40.7%</td>
<td>43.7%</td>
<td>47%</td>
<td>8th</td>
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Reducing CV Risk for DM Patients

Statin Prescribing Rates for DM Patients

Prescribing Rate

Months

Heart failure

When the heart is unable to pump enough blood to meet the body's needs, blood can back up and cause fluid to build up in your lungs and legs.

Fluids build up around the lung makes it very difficult to breathe.

Normal heart size

Enlarged heart

Swollen, cyanotic feet
Heart Failure:

• High cause of early readmissions nationally
  • Medicare 26.9%
  • Western PA 24%


Heart Failure

• First disease state that we employed an advanced analytics/population health software
• Used to identify gaps in proper prescribing
• Used to risk stratify patients to direct care coordination efforts
• Palliative care and hospice for the highest risk patients
<table>
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<th></th>
<th>12/31/15</th>
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<tbody>
<tr>
<td>ACE/ARB</td>
<td>75%</td>
<td>95.2%</td>
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<tr>
<td>Correct β-blocker</td>
<td>76%</td>
<td>97.7%</td>
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</table>
CHF: Pts by Likelihood of CHF-related Hospitalization w/ in 6 months

Likelihood of CHF Related Hosp within 6 months Categorized [End of Data]  # of patients: 1,034
Reducing Early HF Readmissions

- PMA 30 day readmission rate 2015 13.0%
- PMA 30 day readmission rate 2016 9.5%
MARKET COMPARISON?
<table>
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<th>Measure</th>
<th>Overall ACO N=119, 134</th>
<th>Local group A N=12,880</th>
<th>Local group B N=4,666</th>
<th>Local group C N=8,246</th>
<th>Our group N=3,177</th>
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<td>Flu Immunization</td>
<td>55%</td>
<td>55%</td>
<td>52%</td>
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<tr>
<td>Pneumovax</td>
<td>60%</td>
<td>59%</td>
<td>75%</td>
<td>73%</td>
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<td>BMI screen</td>
<td>68%</td>
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<td>77%</td>
<td>97%</td>
<td>93%</td>
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<tr>
<td>Depression screen</td>
<td>35%</td>
<td>38%</td>
<td>53%</td>
<td>48%</td>
<td>93%</td>
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<tr>
<td>Colorectal CA screen</td>
<td>59%</td>
<td>35%</td>
<td>45%</td>
<td>65%</td>
<td>86%</td>
</tr>
<tr>
<td>Mammogram</td>
<td>64%</td>
<td>56%</td>
<td>63%</td>
<td>63%</td>
<td>80%</td>
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<tr>
<td>DM eye exam</td>
<td>37%</td>
<td>18%</td>
<td>38%</td>
<td>49%</td>
<td>60%</td>
</tr>
</tbody>
</table>
From one Local Insurer’s ACO

- PMA pmpm $498.88
- Market average pmpm $562.91
WHAT NEXT?
Physician Compensation Redesign

- Still largely RVU/production based
- Payment for citizenship
- 25% of adult PCP income in 2015 was tied to quality/value revenues obtained
Contact

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