Quality, Patient Relationship Management, Consumerism

Arshad K Rahim, MD, MBA, FACP
Group Vice President, Accelerated Clinical Excellence
CPM Healthgrades
August 14, 2012
My Objectives For Our 30 Mins

• To Provide Insight into “Who is Healthgrades?” and how we service healthcare consumers and providers

• To Share Our Clinical Quality Improvement Experience and Insights

• To Discuss The Interface of Healthcare Consumer and Provider Selection, and How Quality Factors
Who is Healthgrades?

- Quality Outcome Measurement To Help Guide Consumer Choice of Hospitals
- 28 Clinical Cohorts; Risk Adjustment Leading to a 1-3-5 Consumer Friendly Star Rating
- Denver

  +

- Consumer Health Content: Better Medicine
- Professional Services: CPM Healthgrades
- Denver, Madison (WI), Atlanta and NYC
Professional Services at CPM Healthgrades: Helping Hospitals Succeed In Two Converging Economic Models

Current FFS Model:
- Net Margin from In-Patient Referrals
- Net Margin from Out-Patient Referrals

Future Economic Model:
- Net Margin from Newly Attributable Lives Achieved Through Effective Medical Management

- Patient Direct Connect
- Quality Achievements
- Clinical Quality Improvement
- CRM/PRM Platforms

IMPROVE QUALITY

INCREASE VOLUME
Clinical Quality Improvement at CPM Healthgrades


• Accelerated Clinical Excellence (ACE) Group
  • 125 hospitals to achieve risk adjusted improvements in-hospital complications, mortality, and other clinical outcomes (readmissions).
  • Prepare hospitals for the era of public reporting, transparency and greater scrutiny on clinical outcomes
  • Accelerated = 2x fast as national average
  • Clinical =
    • Physician-led engagements
    • Directly engage your physicians to drive change
    • Clinical chart review
  • Excellence = You define it . . . mortality, complications, readmissions, reducing liability exposure, other . . . .
Clinical Quality Improvement at CPM
Healthgrades

Product Offerings:
Service Line Specialties
• Cardiac
• Orthopedics
• Pulmonary
• Critical Care
• Stroke
• Obstetrics and Gynecology

Health Reform Readiness:
• Global Peri-Operative Optimization
• Chronic Disease Management
• Bundled Payment Preparedness (TBD)
Client Example: Orthopedics - 600+ Bed Midwestern Hospital

ACE Engagement Began

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<table>
<thead>
<tr>
<th>COHORT</th>
<th>TOTAL REDUCTION IN COMPLICATIONS</th>
<th>COST SAVINGS (# X $8,000)</th>
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</thead>
<tbody>
<tr>
<td>Total Knee Repl</td>
<td>56</td>
<td>$448,000</td>
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<tr>
<td>Total Hip Repl</td>
<td>4</td>
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<tr>
<td>Hip Fracture</td>
<td>33</td>
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<tr>
<td>Back &amp; Neck</td>
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<td><strong>TOTAL YEAR TO YEAR COST SAVINGS</strong></td>
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<td><strong>$1,528,000</strong></td>
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</table>
Client Example: Total Knee Replacement
350 Bed Mid-Atlantic Hospital
Risk Adjusted Major Complications

A/P Ratio
National Benchmark

Inaccurate Documentation of Complications

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Client Example: “ABC” Medical Center Has Financial Opportunity Driven by Further Quality Improvement

Annual Return on Investment

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<tr>
<th>Hospital</th>
<th>Cardiac</th>
<th>Stroke</th>
<th>Sepsis</th>
<th>Orthopedics</th>
<th>Overall Annual Savings</th>
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<td>$955,875</td>
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</table>

Target for Improvement (all Cohorts) = TOP 10 Percentile

Notes:
Based off Medicare Volumes Only
Approach to physician behavior change to drive \( \uparrow \) outcomes?

- Good data to support recommendations
- Several forums for regular discussion and positive feedback (group or 1 on 1)
- Presence of active physician champions; consensus is a secondary goal
- Ability to engage at a deep clinical level
- Ability to create “pain”
Population Health Management = Patient Relationship Management

• We are interested!

• “There is some new business development, but more importantly you need to just manage the relationship with existing customers”

• FFS to Attributable Lives
  • Engaging patients well before the hospitalization will become increasingly more important
  • Internet, Mail, Phone
# Integrating Interactive Databases With Your Existing EMR For Compliance Monitoring

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<th>Specialty</th>
<th>HbA1c</th>
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Consumerism in Healthcare
173 million consumers online for health information

up 275% in ten years
The Internet Is Where Consumers Get Their Health Information

Source: Manhattan Research
KEY PHYSICIAN/HOSPITAL REALITY

Transparency = Everybody’s Looking
Healthgrades: The Leading Destination for Provider Selection

Healthgrades is the leading provider of information to help consumers make an informed decision about a physician or hospital.

Healthgrades web properties reached over **200 million** annual visitors and almost **1 billion** page views in 2011.

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Healthgrades.com Monthly Metrics 
Q1 2012

Average Monthly Unique Visitors: 15 million

Average # Page Views per Visit: 3.07

Average # of Physician Profile Views: 24.8 million

1 Healthgrades Omniture SiteCatalyst
2 Healthgrades Omniture SiteCatalyst, 4-month average, 2012

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WHAT DO HEALTH CARE CONSUMERS CARE ABOUT WHEN SEARCHING PHYSICIANS

5 P’s

PERFORMANCE INFORMATION
PERSONAL INFORMATION
PRACTICE INFORMATION
PROFESSIONAL INFORMATION
PROCEDURES AND AREAS OF EXPERTISE
### PERFORMANCE INFORMATION

**Patient Satisfaction**

88% of Dr. Freeling’s patients **would recommend her to friends and family.**
(based on 8 surveys)

The results below are based on 8 patient experience surveys about Dr. Freeling. Before you make a decision about her care, please take into account all aspects of her background. This includes training, experience and education as well as patient experience survey results!

**Are you Dr. Freeling?**

Post a response for patients to view by logging into the Physician Portal.

### Survey Results

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<tr>
<th>Survey Category</th>
<th># of Surveys</th>
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<th>Mostly Not</th>
<th>Not Sure</th>
<th>Mostly Yes</th>
<th>Definitely Yes</th>
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<td>Recommend to a Friend:</td>
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<tr>
<td>Would you recommend Dr. Freeling to family and friends?</td>
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<td>Is the provider likely to be the provider who will actually delivery your baby?</td>
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<td>Delivery Planning and Intentions</td>
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<tr>
<td>Does the provider do everything possible to</td>
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</table>
PERSONAL INFORMATION

Care Philosophy: Dr. Nokamura believes in health care that enhances an active lifestyle. A runner herself, she frequently consults with professional athletes as well as recreational runners. She has maintained a teaching appointment with the University of Colorado Sports Medicine Center...

Specialties: ✓ Orthopedics, Internal Medicine

Age: 41

Education: 2001, American Atlantic University School of Medicine

Areas of Expertise:
- Sports Medicine
- Orthopedic Problems of Recreational Runners
- Knee Problems of Adolescents
Dr. Nokamura’s Practices & Offices

- Practice Specialty: Cardiology
- Medical Director is George Wright
- 21 Providers
- Established 1998
- Dr. Nokamura joined in 2005
  - Languages Spoken: Spanish

Colorado Heart Clinic

www.southwestcardiology.com
info@southwestcardiology.com

Practice Philosophy: At Colorado Heart Clinic, we believe that the quality of patients care is highly dependent upon the amount of time our physicians spend with each patient, educating them about their disease, options available for treatment, and ways in which they can become a part of their own healing and health management process. Every patient’s care needs are individual to their unique healthcare situation, and we believe that the part our physicians play in helping them learn to be a healthier patient will ultimately serve their best interests in the future.

Bear Creek Office: 1234 W. Main St., Denver, CO 80202

Open Monday - Friday 9:00 AM - 5:00 PM

Book an Appointment Online

303-555-1212
303-555-1313 (fax)

- Average of 30 patients seen per day
- Free parking available
- Free Standing Surgery Center
- Surgery Performed on Site

Get Directions
Recalcitrant Knee Pain in Recreational Runners

April 23, 2012 by Cynthia L. Nokamura, MD, Chief of Orthopedics at Pinnacle University Medical Center

A 25-year-old recreational runner presented to her family physician for evaluation of chronic right knee pain. The discomfort had been present for 2 months and started after an episode of falling onto her knee. She had struck her flexed knee on cement while avoiding a dog and noted moderate anterior knee pain. She sustained a few superficial abrasions but did not hear a “pop” or recall swelling of the affected knee. She felt no regional weakness or numbness and did not seek care at the time. The pain subsided over the ensuing 3 weeks, and she resumed athletic activities. Five weeks before evaluation, she noticed increasing pain in the anterior right knee that awakened her from sleep and forced her to discontinue running. She noted no catching, locking, or instability of her knee.
PROCEDURES & AREAS OF EXPERTISE

Specialties: ✔ Orthopedics, Internal Medicine

Age: 41

Education: 2001, American Atlantic University School of Medicine

Areas of Expertise:

- Primary and Complex Knee Replacement
- Arthritis Of The Knee
- Knee Cartilage Injury
- Knee Surgery
- Knee Arthroscopy

Find similar doctors with other areas of expertise

2010- 70 Cases
2011- 120 Cases
Q & A

Arshad Rahim, MD, MBA, FACP
Group Vice President, Accelerated Clinical Excellence
arahim@healthgrades.com
Risk-adjustment Methodology Summary

• Note: Website (Healthgrades.com) Uses Medicare Data Only
• Note: ACE Consulting Group Uses All-Payer Data

1. Administrative Data from Billing Forms (UB-04)

2. Inclusion and Exclusion Criteria

3. Identify Mortality or Complication Codes: Use Statistical and Clinical Considerations (Ex. Wound Dehiscence, Acute Renal Failure, Pulmonary Embolism, etc.)

   Actual Complication Rate

4. Risk-Adjustment performed by considering patient factors:
   A. Demographics (Age, Gender); Comorbid conditions (Coronary Artery Disease, COPD, Osteoarthritis); Type of procedure (Bilateral Knee Replacements)
   B. Multi-Variate Logistic Regression Model
   C. C-stat = 0.70 - 0.90

   Predicted Complication Rate

5. Actual/Predicted (A/P) Ratio