



# Geisinger Model

75% RVU,  
17% Quality,  
8% Population Based

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# Agenda

- What is Geisinger?
- What is the ProvenHealth Navigator ® program?
- How are we compensating physicians for PHN?
- What is the role of individual versus team awards?
- Who receives awards?
- What are the impacts of the program?



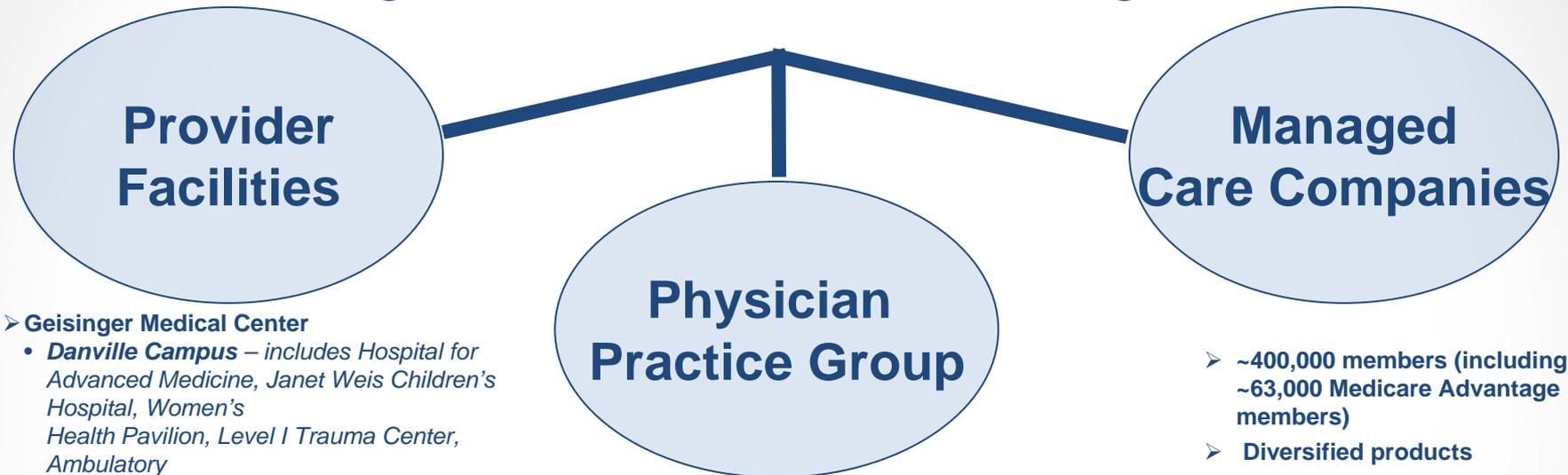
***“Let us bear in mind that the most important individual after all is the patient. Our paramount thought must be to provide him means by which he can have skilled diagnostic and therapeutic service in as complete form as may be indicated in a given case, in the shortest possible time consistent with thoroughness, and at the least cost to him.” Dr. Foss***

***HL Foss, MD  
11/4/1950***

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# Geisinger Health System

## An Integrated Health Service Organization



### ➤ Geisinger Medical Center

- **Danville Campus** – includes Hospital for Advanced Medicine, Janet Weis Children’s Hospital, Women’s Health Pavilion, Level I Trauma Center, Ambulatory Surgery Center
- **Geisinger Shamokin Community Hospital**

### ➤ Geisinger-Bloomsburg Hospital

- **Geisinger Wyoming Valley Medical Center** with Heart Hospital, Henry Cancer Center, and Level II Trauma Center
- **Geisinger South Wilkes-Barre** campus with Urgent Care, Ambulatory Surgery Center and Inpatient Rehabilitation

### ➤ Geisinger Community Medical Center

with specialized medical & surgical services, including Level II Trauma and comprehensive cardiac & orthopaedic services

- **Marworth Alcohol & Chemical Trtmt Center**
- **Mountain View Care Center**
- **Bloomsburg Health Care Center**

## Physician Practice Group

### ➤ Multispecialty group

- ~1,000 physicians
- ~520 advanced practitioner FTEs
- 65 primary & specialty clinic sites (37 Community Practice Sites)

### ➤ Freestanding outpatient surgery center

- > 2.1 million clinic outpatient visits
- ~360 resident & fellow FTEs

## Managed Care Companies

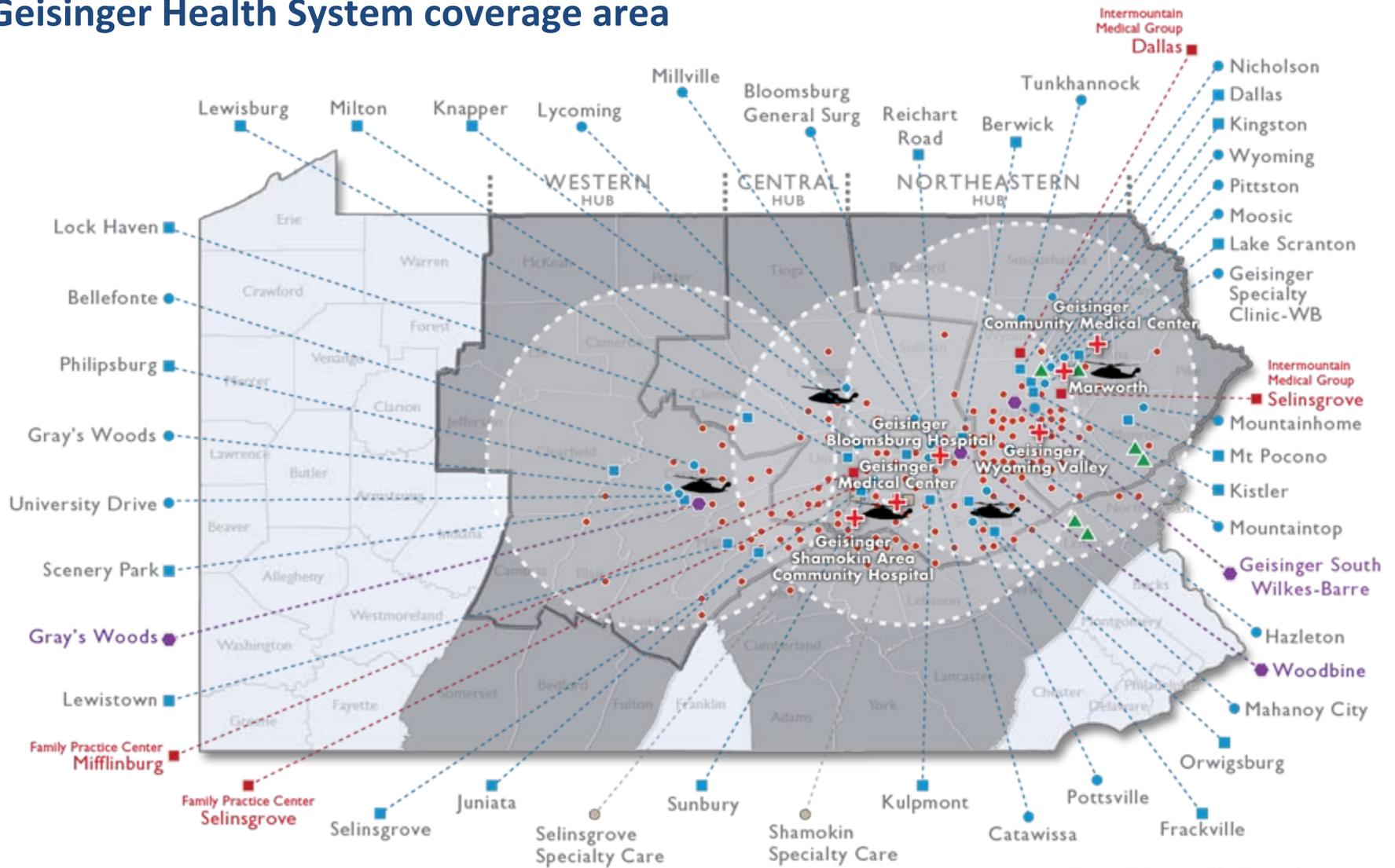
- ~400,000 members (including ~63,000 Medicare Advantage members)

### ➤ Diversified products

- ~30,000 contracted providers/facilities
- 43 PA counties
- PA Medicaid initiative
- Out of state TPA contracts

*Note: Numerical references based on fiscal 2012 budget plus impact of GSACH, GCMC and GBH acquisitions.*

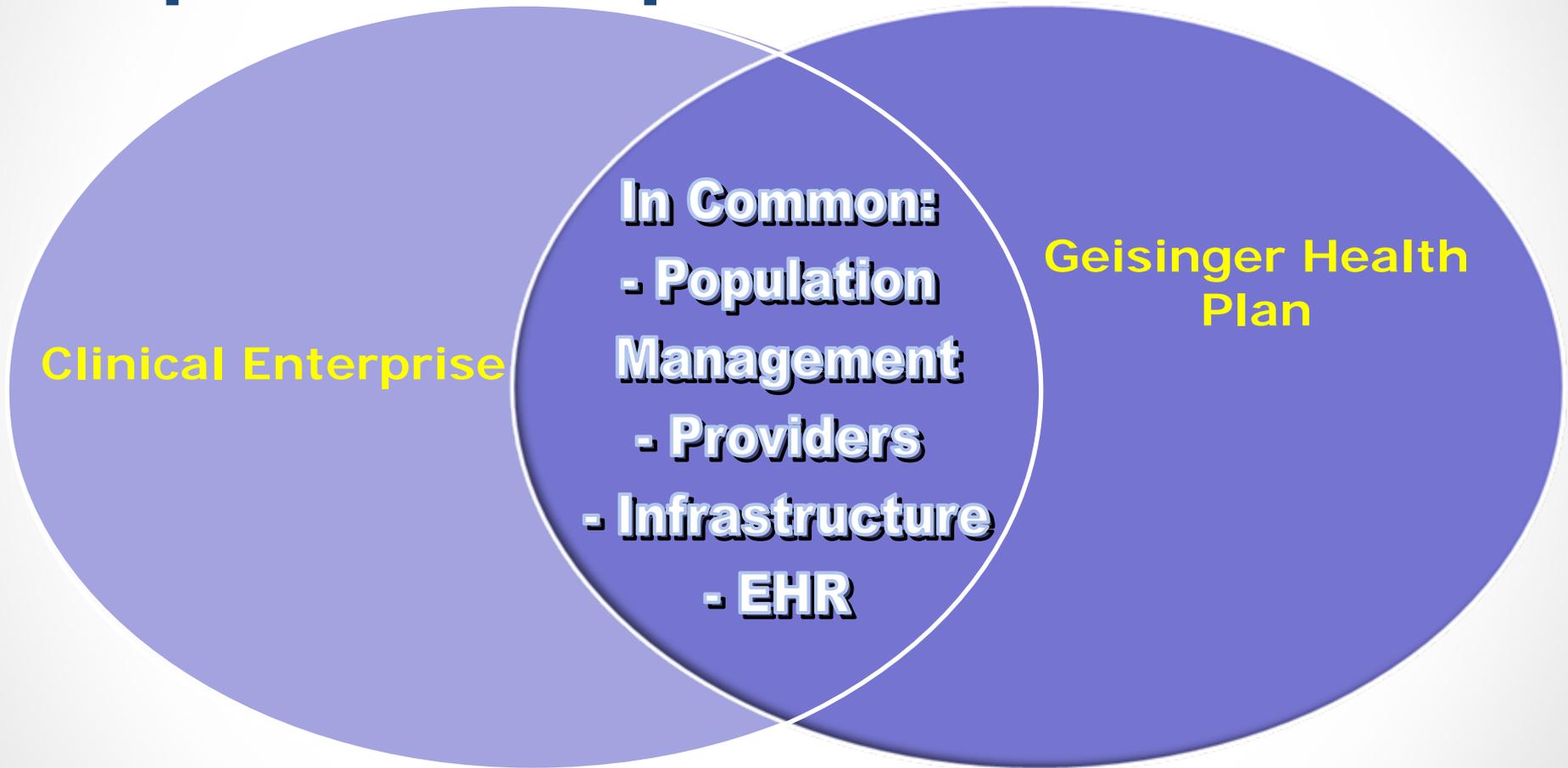
# Geisinger Health System coverage area



Revised 6-28-12. Geisinger PR & Marketing Department

- |   |   |                                     |
|---|---|-------------------------------------|
| Geisinger Inpatient Facilities                    | Contracted ProvenHealth Navigator Sites | Non-Geisinger Physicians with EHR   |
| Geisinger Health System Hub and Spoke Market Area | Geisinger Medical Groups                | Ambulatory Care Facility            |
| Geisinger ProvenHealth Navigator Sites            | Geisinger Specialty Clinics             | Geisinger Health Plan Coverage Area |
|   | Careworks Convenient Healthcare         | LifeFlight Bases                    |

# The Sweet Spot: Our realm of partnership and innovation



*Aligned objectives for the greatest impact*

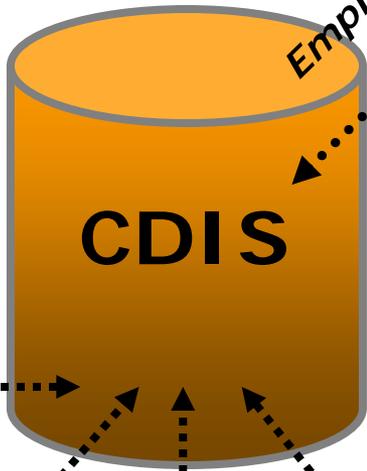
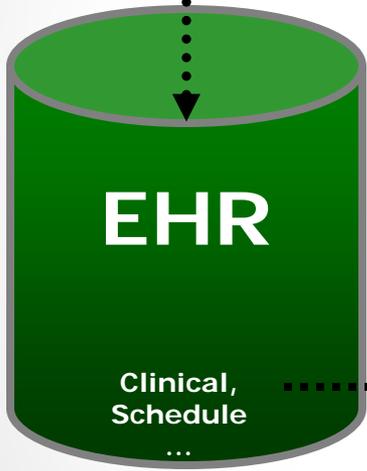
# Clinical Decision Intelligence System

## (CDIS)

*Other Inputs*  
EBM Guidelines  
Patient Preferences  
Formulary/Economics  
...



*Real-time Clinical Status*



*Empirical Norms*  
*Population Trends*  
...

*Effectors*

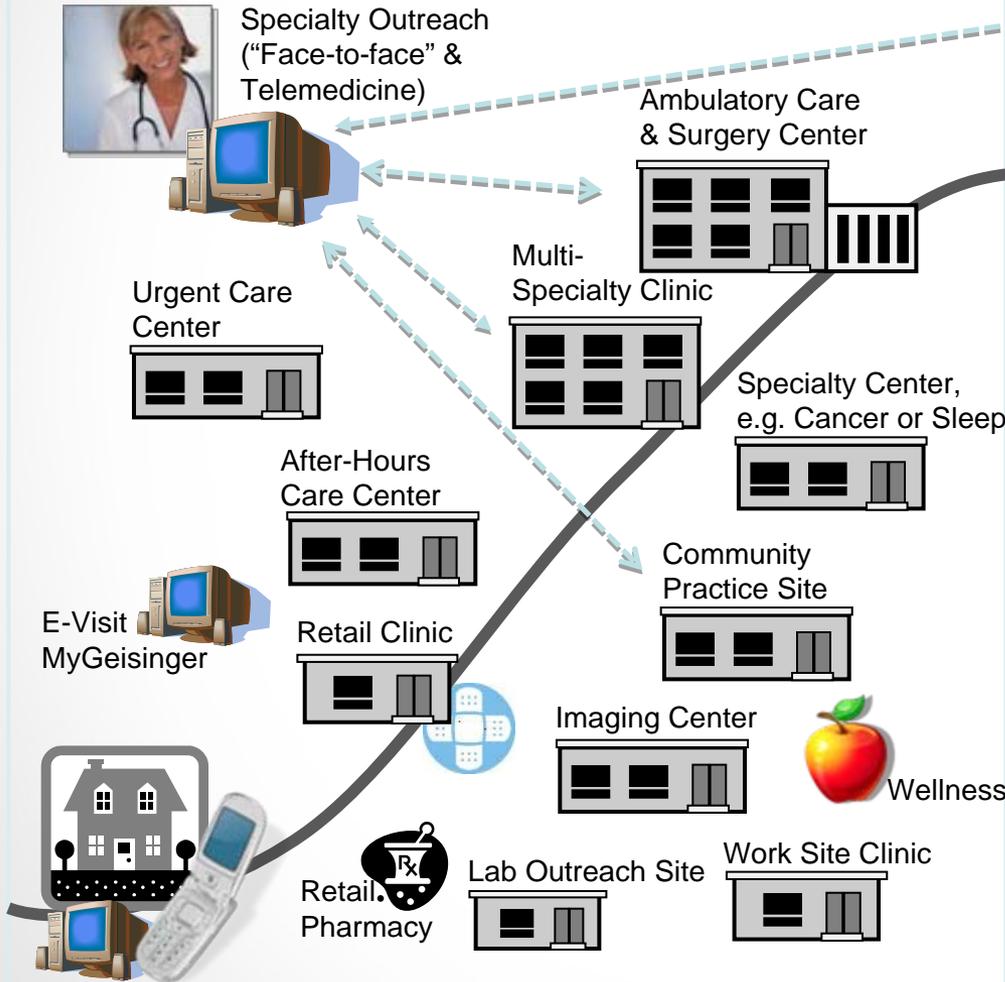
Alerts  
Prompts/Reminders  
Order Sets  
Automated care plans  
Patient messages  
Information Rx  
...



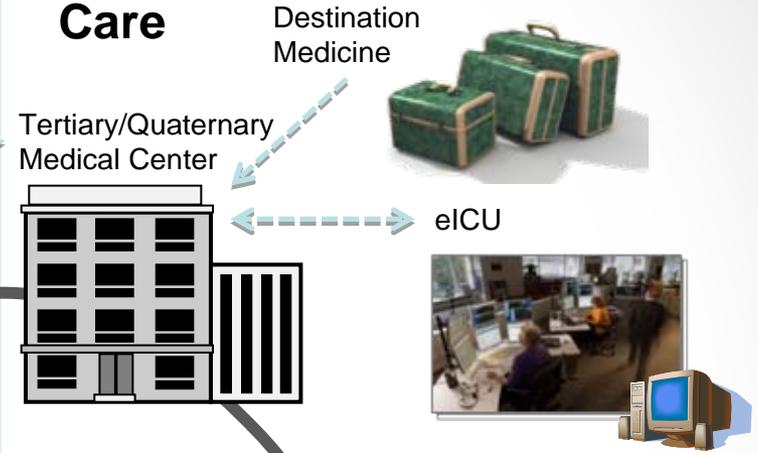
*Normalization, Transformation,  
Analytic Application*

# Geisinger Patient-Centered Continuum of Care

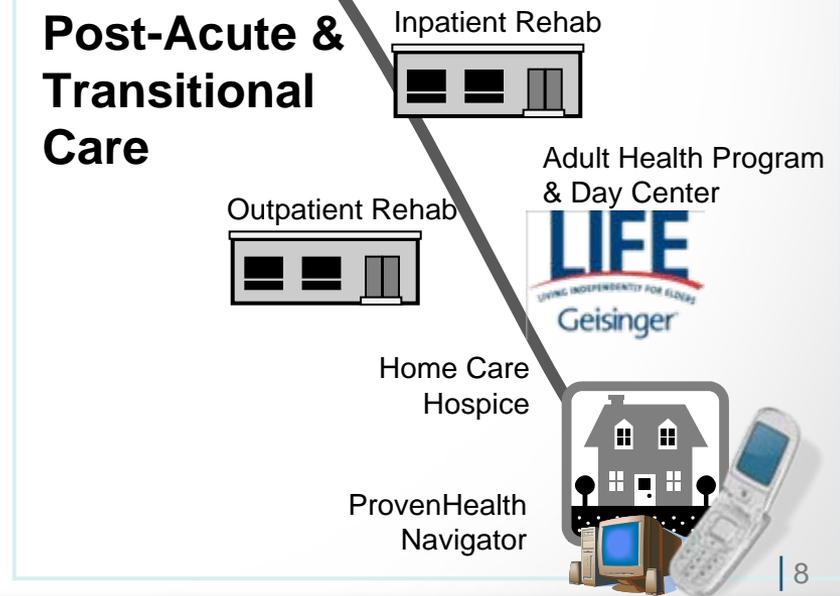
## Community-Based Care



## Acute Care



## Post-Acute & Transitional Care



# The Need for Better Care

- We failed to provide comprehensive proactive care for well, chronically ill, and those with complex care needs
  - Time needs
  - System needs
- We had physicians who were overwhelmed with administrative burden
- We were unable to recruit enough superior primary care physicians
- Costs are rising at unsustainable rate

# The need for partners

- Working alone, primary care physicians lack the data and some of the expertise to create optimal care
  - Utilization and cost data
  - Care coordination techniques/focus
  - Population management support
- Working alone, health plans lack the clinical expertise and personal connectivity to create optimal care
  - Comprehensive definitions of quality
  - Intimate patient and family knowledge and connectivity
- Re-engineering the payment paradigm required

# Triple Aim *“-Plus”*

- Improved Quality
- Reduced Total Cost of Care
- Improved Patient Experience
  
- And
- Improved Professional Experience

# Geisinger's PHN model has five core components

## Patient-centered primary care

- Patient and family engagement & education
- Enhanced access and scope of services
- **PCP led team-delivered care**
- Chronic disease and preventive care optimized with HIT

## Integrated population management

- Population segmentation and risk stratification
- Preventive care
- **GHP employed in-office case management**
- Disease management

## Medical Neighborhood

- Micro-delivery referral systems
- **360°care systems** – SNF, ED, hospitals, HH, etc

## Quality outcomes

- Patient satisfaction
- HEDIS and bundled chronic disease metrics
- Preventive services metrics

## Value-based reimbursement

- Fee-for-service with P4P payments for quality outcomes
- Physician and practice transformation stipends
- Value-based incentive payments
- Payments distributed on Quality Performance

# Partnership of PCP's & GHP provides 24/7 360 degree patient care and navigation



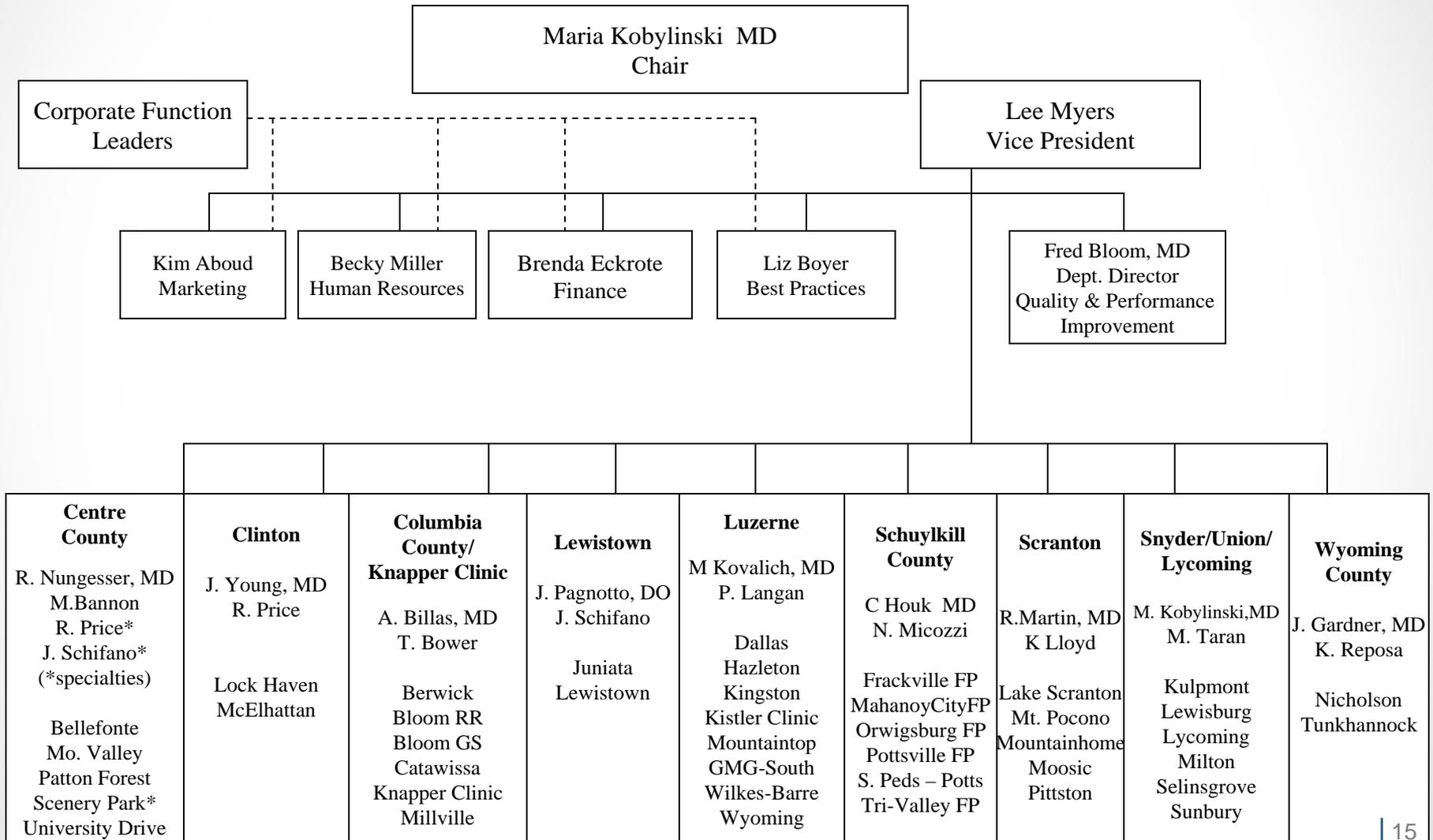
# PHN Expansion

	Sites	MA members	Commercial members	Medicare members	Total**
<b>2006</b>	3	3,100	800	2,000	31,000
<b>2007</b>	10	7,300	8,500	11,000	119,000
<b>2008</b>	12	4,600	7,000	7,800	94,000
<b>2009</b>	12	4,300	7,100	5,300	55,000
<b>2010-11</b>	9	1,100	4,600	3,000	61,000
<b>Total</b>	<b>46*</b>	<b>20,500</b>	<b>28,000</b>	<b>29,100</b>	<b>360,000</b>

\* 37 Geisinger CPSL practices & 9 non-Geisinger primary care practices

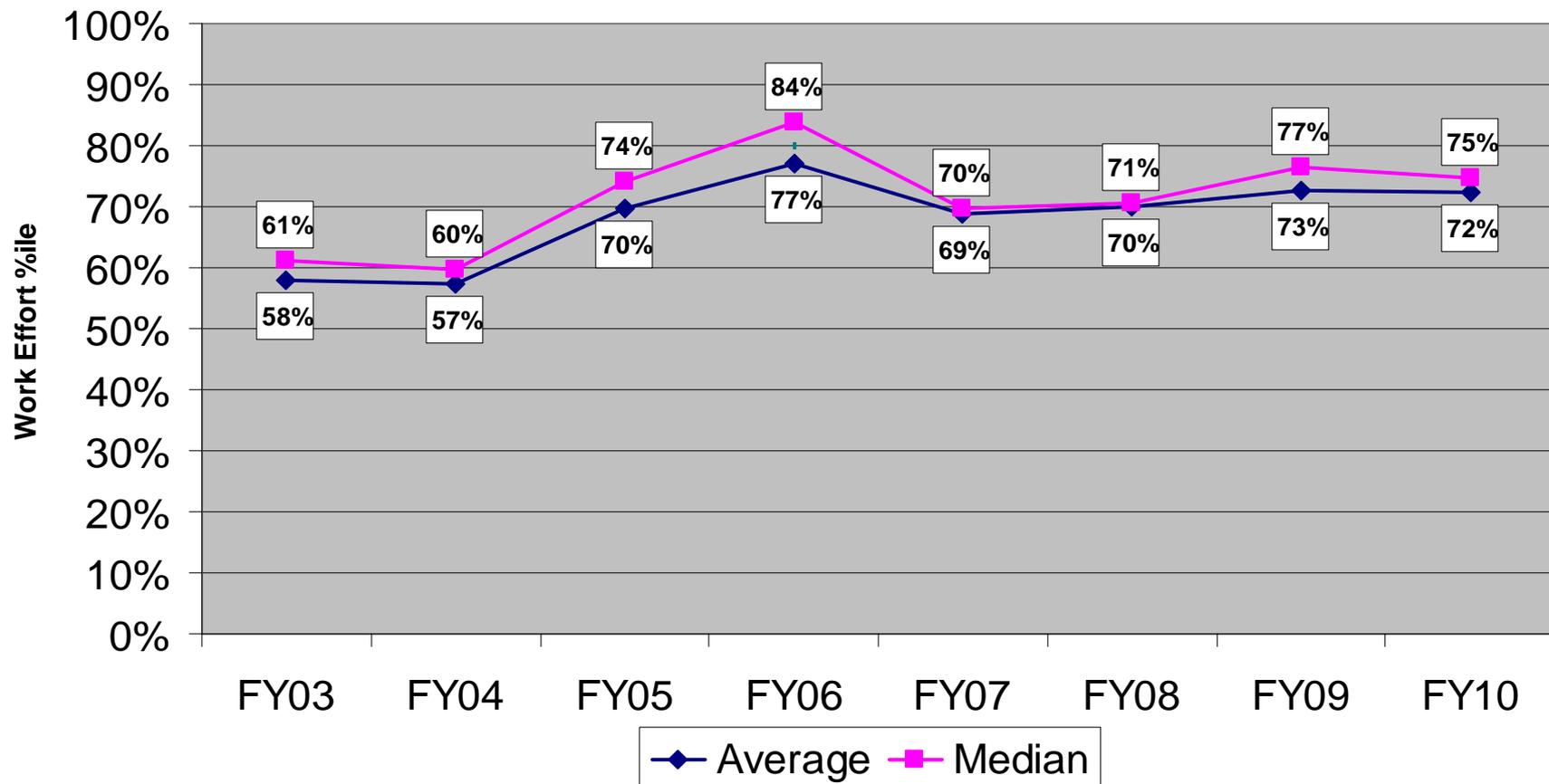
\*\*Total Geisinger patients, non-Geisinger patients not quantified

# Geisinger Health System Community Practice Service Line

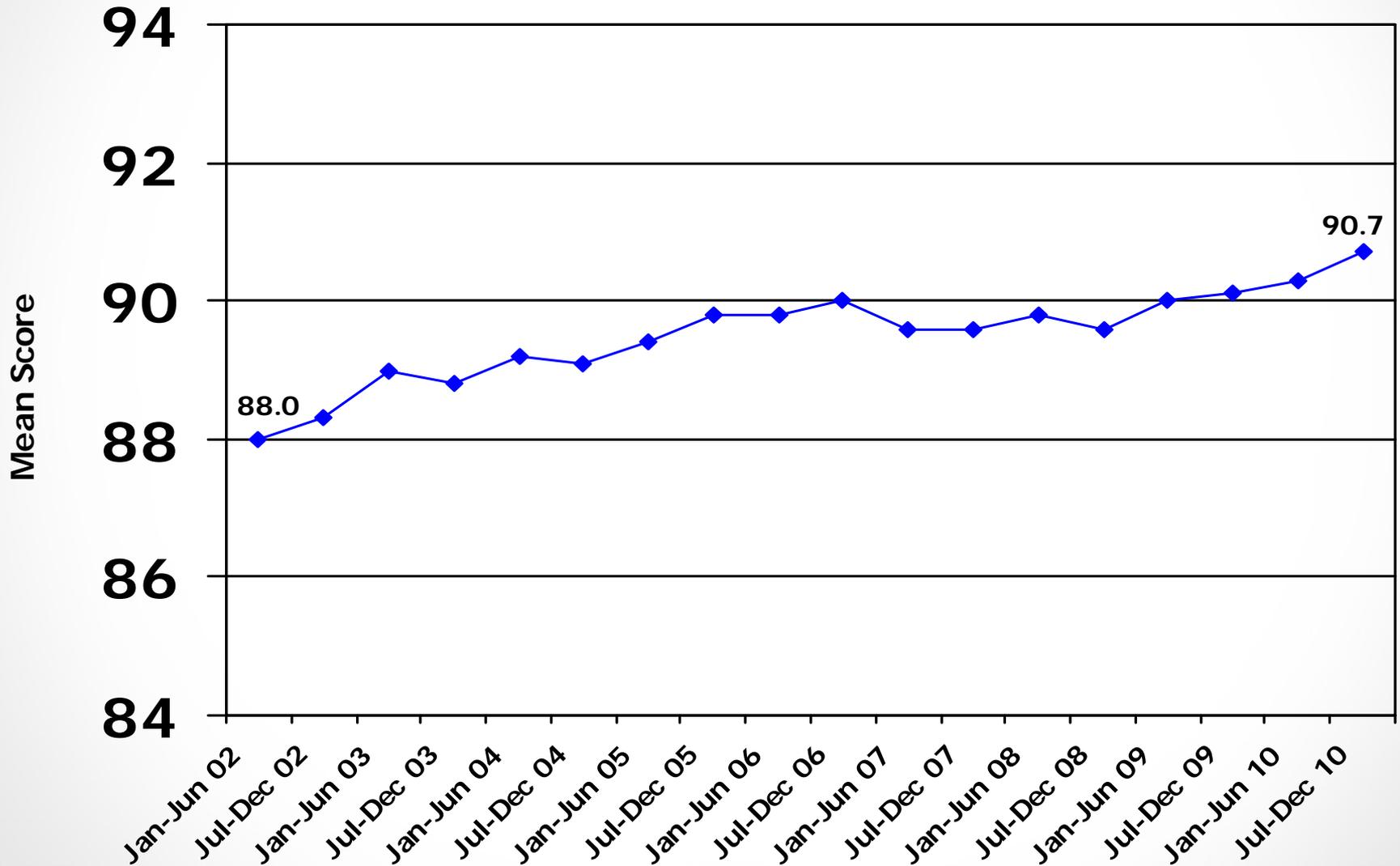


# CPSL Physicians\* Average McGladrey Productivity

Average & Median Work Effort Percentiles for Physicians Hired Prior to 7/1/2008  
Report Month: June 2010



# CPSL Overall Patient Satisfaction Mean Scores



# CPSL Physician Compensation Guiding Principles

Individual physicians should have the ability to impact their compensation

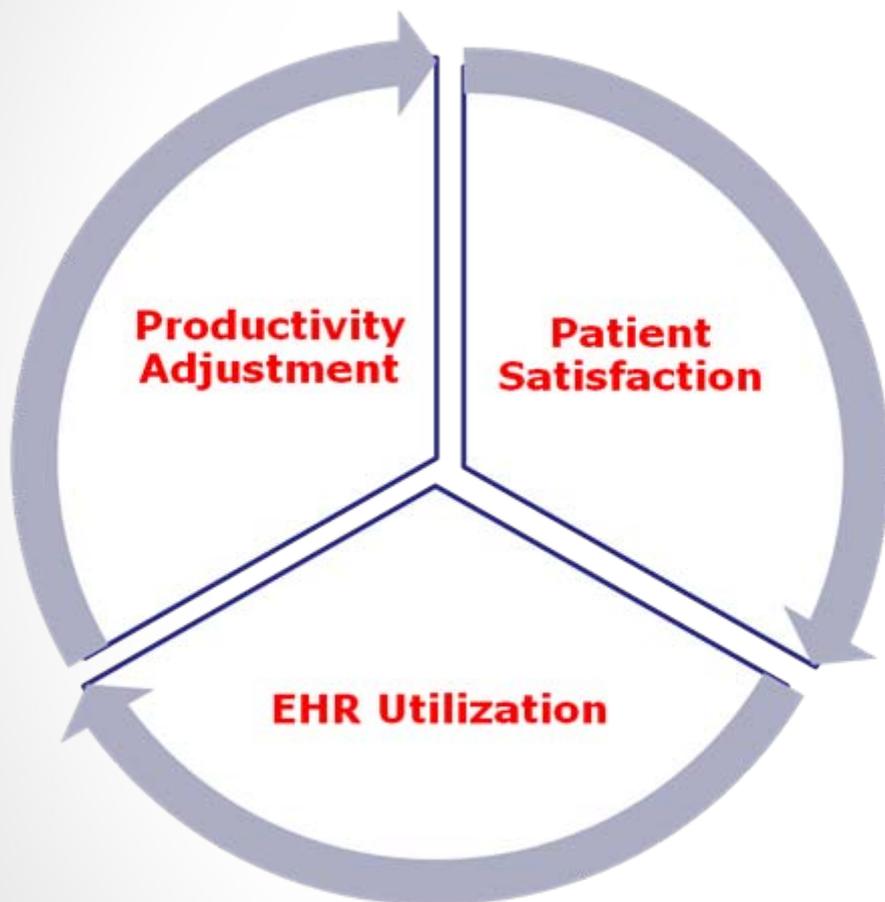
Those who contribute more will be compensated more

Factors other than productivity will also be rewarded

Factors that impact results rapidly and significantly will be rewarded first

Parameters and processes will evolve as measurement tools and results improve

# CPSL Physician Compensation: Bi-Annual



**Individual**



**Team**

# Who is part of the “team” for awards

- Everyone who touches a patient
  - Physician
  - Advanced Practitioner
  - Nurse Care Manager
  - Clinic “nurse”
  - Front Desk staff
  - Phone staff
  - Etc

# CPSL Physician Compensation: Annual

Individual

- **High Productivity Award**

Individual

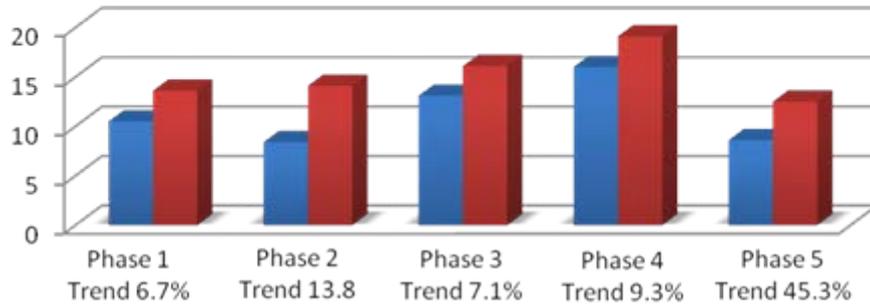
- **Geisinger Citizenship**

TEAM

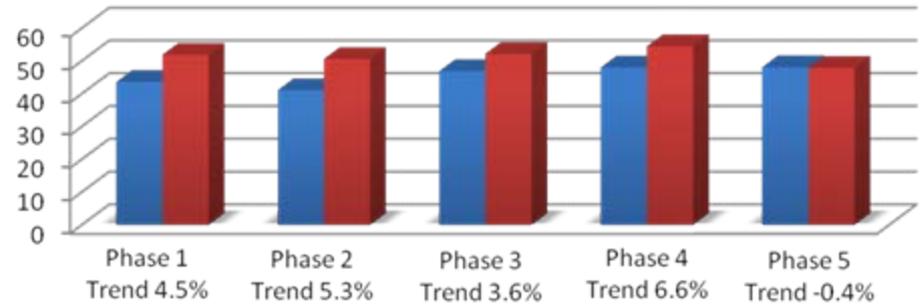
- **Results Share**

# ProvenHealth Navigator® Quality Outcomes - 2011

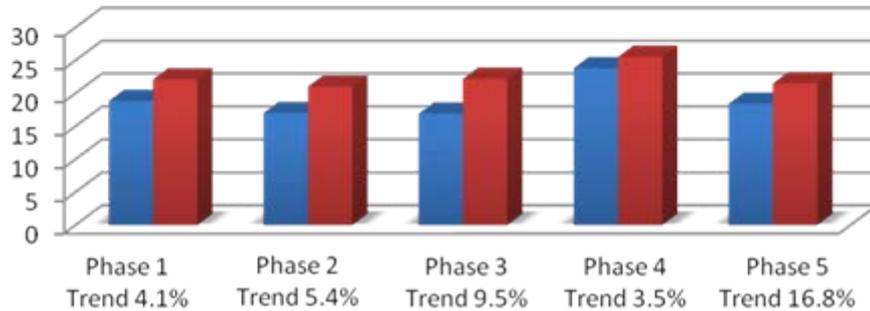
## Diabetes Bundle



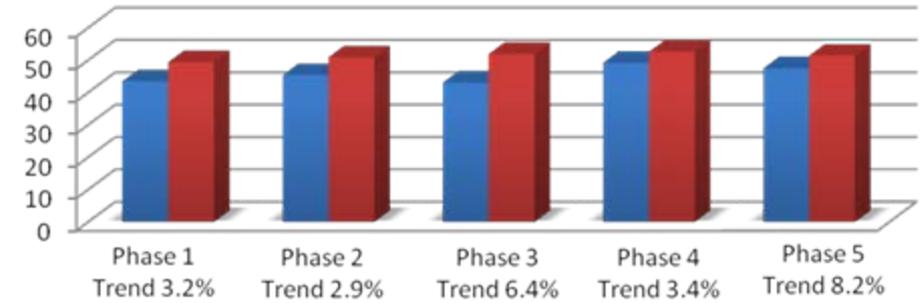
## A1C Less than 7%



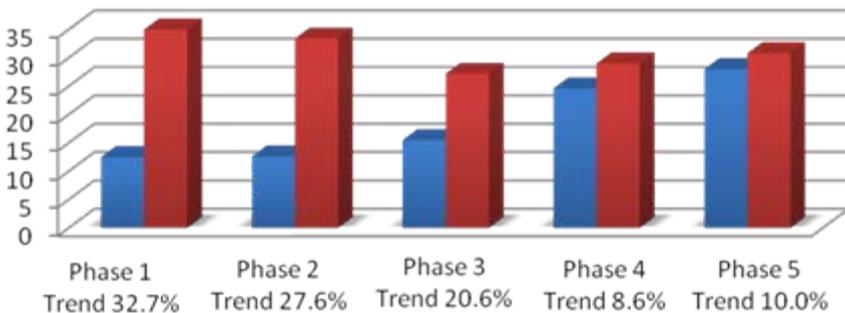
## CAD



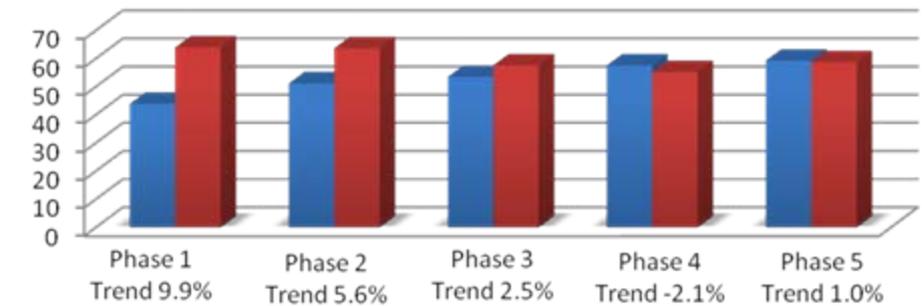
## LDL Less than 100 or Less than 70 if High Risk



## Preventive Care

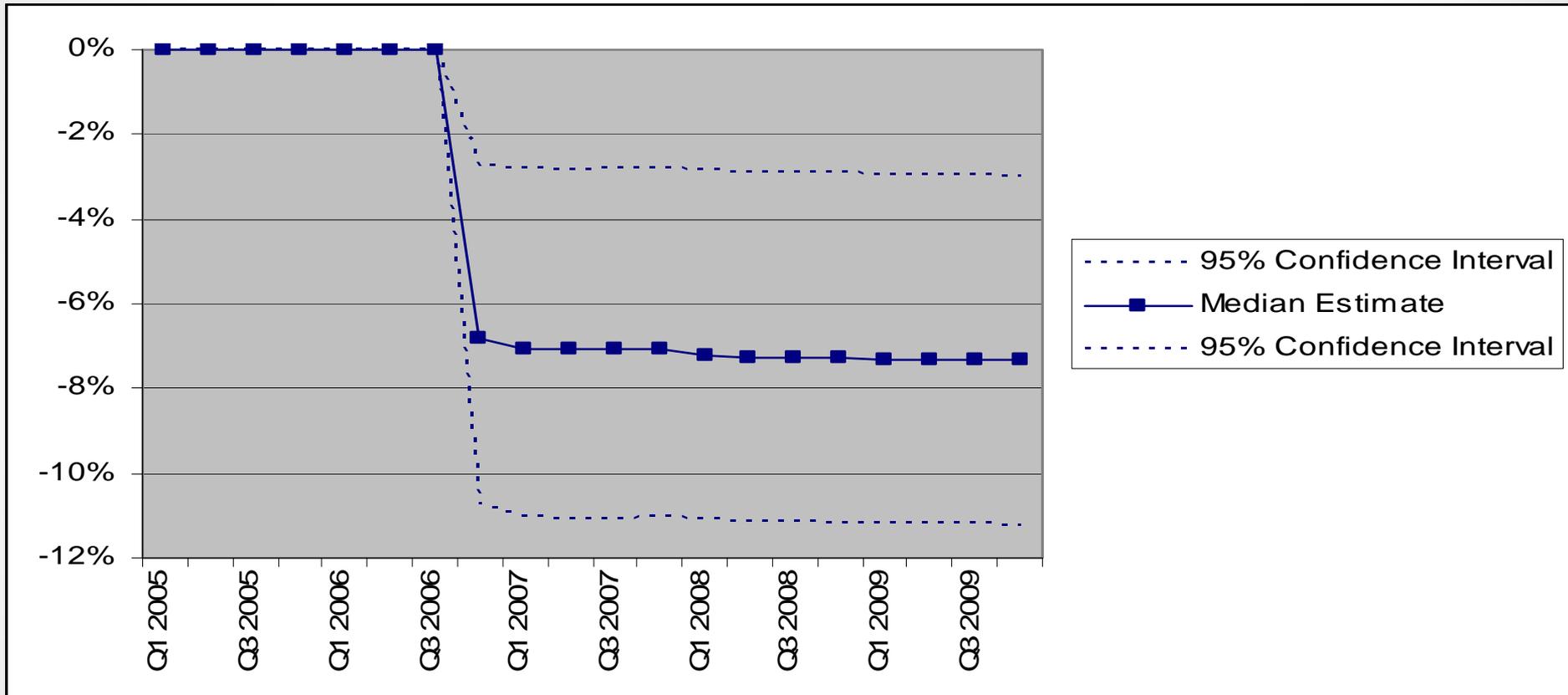


## Mammogram



Phase 1 and 2 trends represent 2007 through 2011 trends – Blue Bar = 2007 & Red Bar= 2011  
 Phase 3 trends represent 2008 through 2011 trends – Blue Bar = 2008 & Red Bar = 2011  
 Phase 4 trends represent 2009 through 2011 trends – Blue Bar = 2009 & Red Bar = 2011  
 Phase 5 trends represent 2010 through 2011 trends – Blue Bar = 2010 & Red Bar = 2011

# Cumulative percent difference in spending attributable to PHN



Cumulative percent difference in spending (Pre-Rx Allowed PMPM \$) attributable to PHN in the first 21 PHN clinics for calendar years 2005-2009. Dotted lines represent 95% confidence interval.  $P = < 0.003$

# GAPP GOALS

NATION-LEADING QUALITY & ~~\$300 MILLION~~ GAP

RIGHT CARE  
RIGHT WORKFLOW  
RIGHT PROCESS  
RIGHT TEAM  
RIGHT RESOURCES



**PATIENTS & MEMBERS**  
ARE THE  
CENTER  
OF OUR  
**UNIVERSE**

How do we achieve them?



Relentlessly Raising the Bar!

NOT BUT  
NO!  
YES, IF!



Confront the ELEPHANT IN THE ROOM!

## KEYS to LEADERSHIP

Integrity  
Accountability  
Collaboration  
Communication  
Evidence-Driven



THINK OUTSIDE THE BOX

## Driving Transformational Change

