



Developing a Financial Incentive Model for Population Health Management

Presenters:

Jessica Moschella, MPH

Executive Director

Neeharika Mehta MBA

Director Pop Health Programs

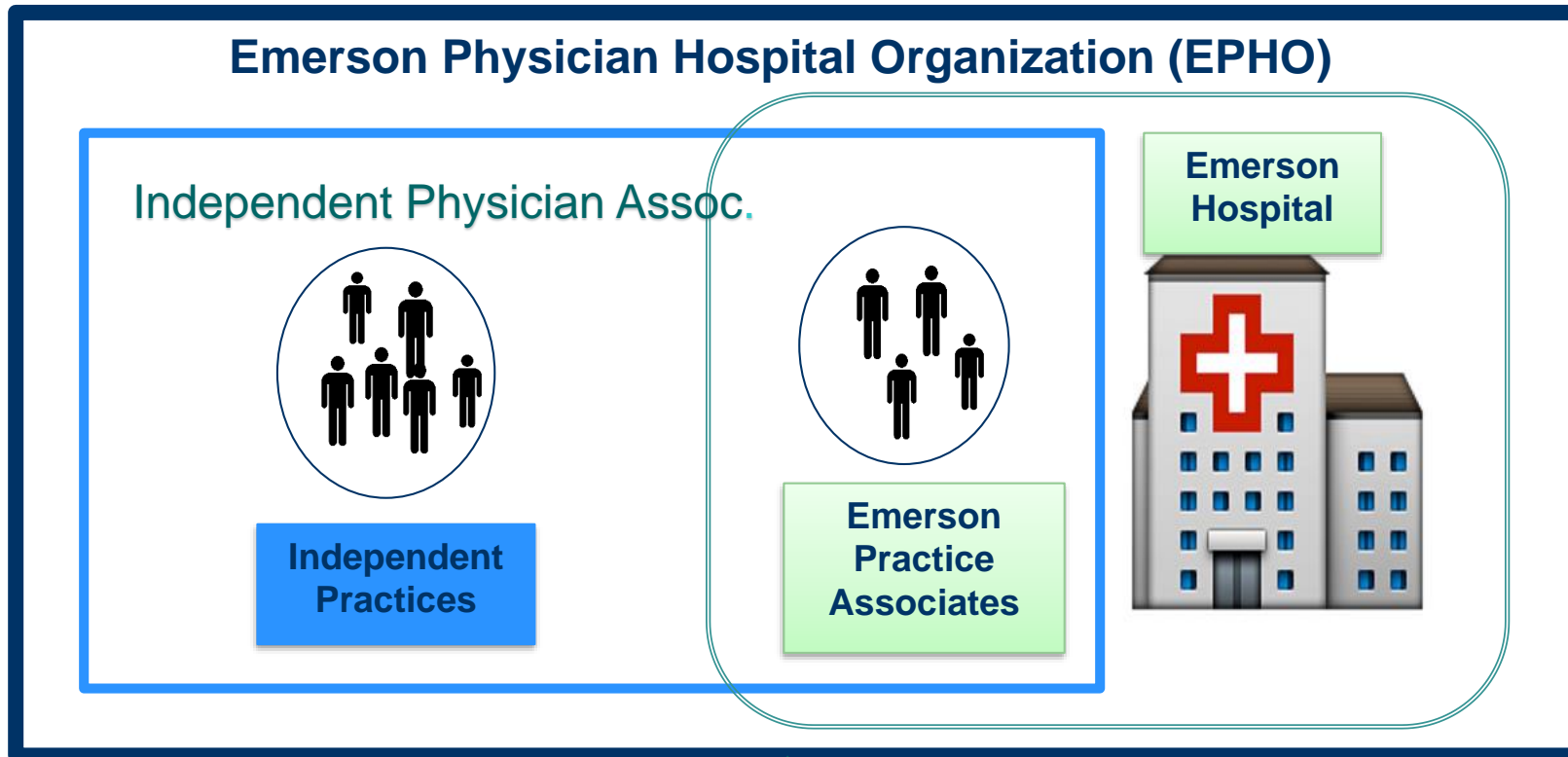


Overview

- Introduction to EPHO
- Population Health Management (PHM) and changing payment landscape
- Building our Incentive Strategy
- In-depth Review of Measures
- Critical Success Factors and Lessons learned



Emerson Physician Hospital Organization (EPHO)



Organization at a Glance:

- Boston Metro area about 20 miles north west of Boston.
- Independent Community hospital
- ~300 physicians members
- 65 specialty practices and 14 Primary care (adult/pediatric) practices
- One common central EMR for the physician practices

Relationship with Payors (Insurance Companies) and Partners Health System

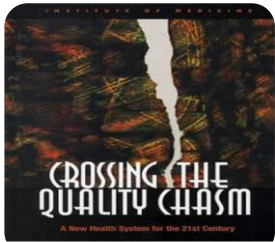


Population Health Management (PHM)

How did we get here?



Macro Environment: Timeline of Key Frameworks and Legislation



Late 1990s, the Institute of Medicine (IOM) The Committee on Quality of Health Care in America and the Program on Quality of Health Care in America.



Chapter 58 of the Acts of 2006: An Act Providing Access to Affordable, Quality, Accountable Health Care



The IHI Triple Aim



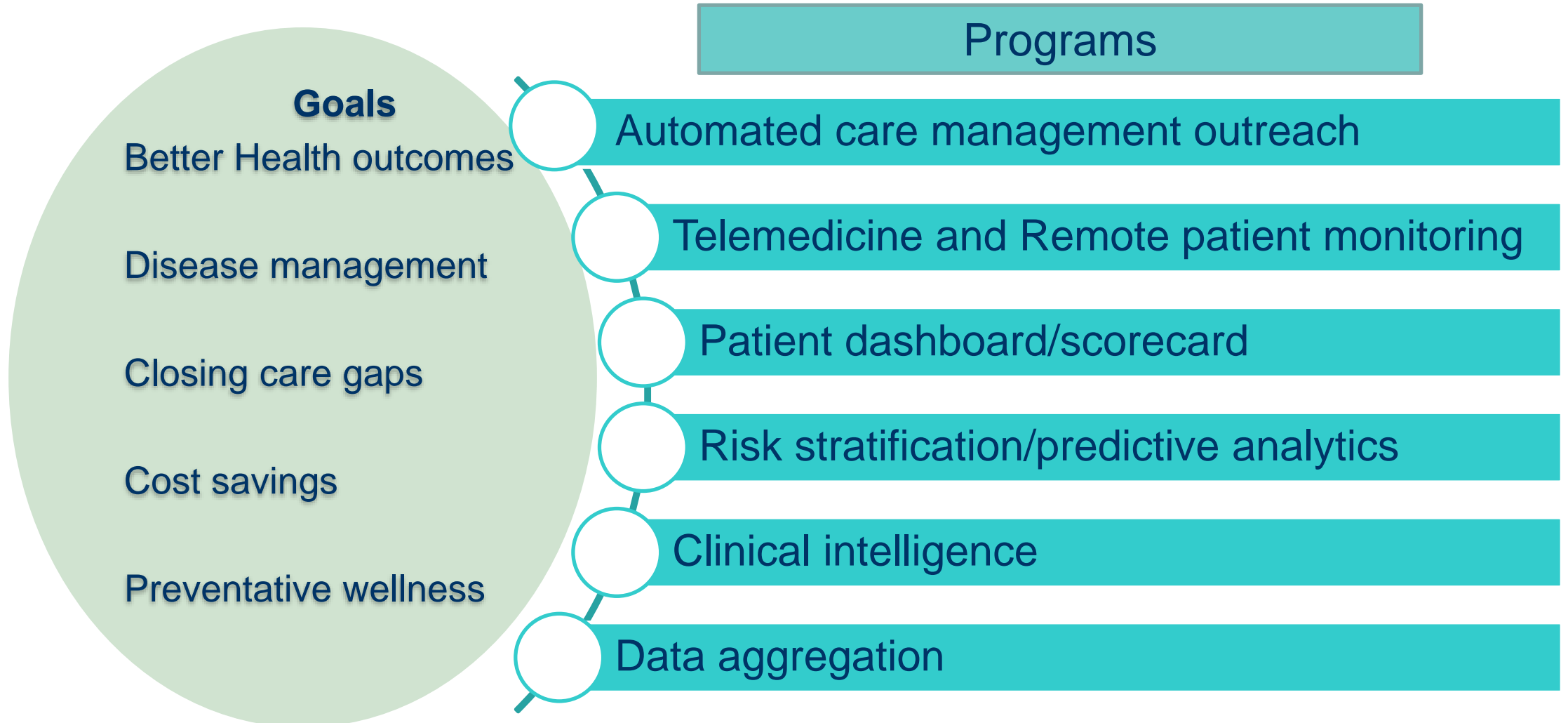
The Patient Protection and Affordable Care Act (PPACA), or the Affordable Care Act (ACA)



Chapter 224 of the Acts of 2012, "An Act Improving the Quality of Health Care and Reducing Costs Through Increased Transparency, Efficiency and Innovation,"

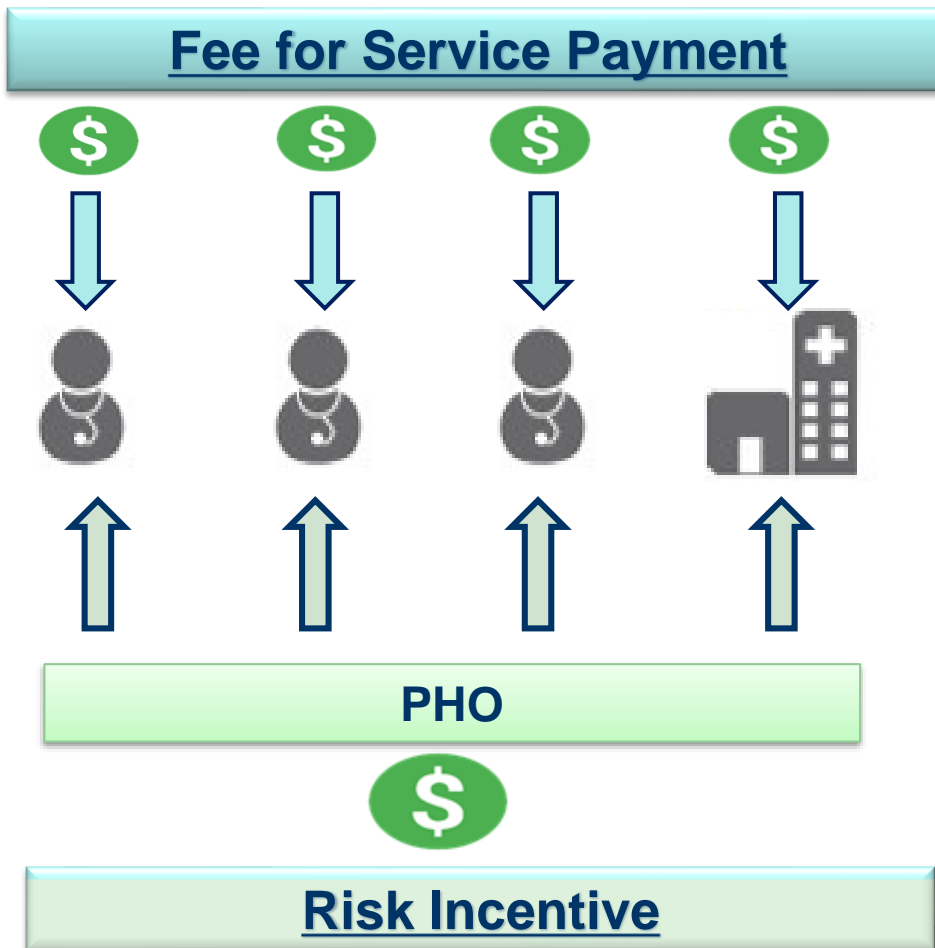


Common Elements of PHM Programs and Strategies





Changing payment landscape: *Shifting from volume to value*



Success in a Population Health Management program requires the development of a focused incentive strategy to drive performance.

These models must develop programs to:

- Improve patient care management
- Improve patient outcomes
- Incent and reward provider and practice engagement



Emerson Population Health Management Programs





Incentive Framework

2016 and earlier

- Patchwork of local incentives

2017

- Foundational framework

2018

- PCP and Specialty focus measures

2019

- Evolution of the work of 2018

Quality

- Chart Clean up
 - Medication list
 - Problem list
- Hospital Sepsis control
- Serious illness conversations

Cost

- Keepage
- Coding Improvement

Network Integration

- Keepage
- Meeting attendance



Buy-in Measure Development

Define and Engage

Clinical
Leadership

Hospital
Leadership

Key
Committees

Vetting Measures

EMR advisory
Committee

PCP Pod
meetings

Specialist
meeting

Approvals

Executive
Committee

Finance
Committee

PHO Board

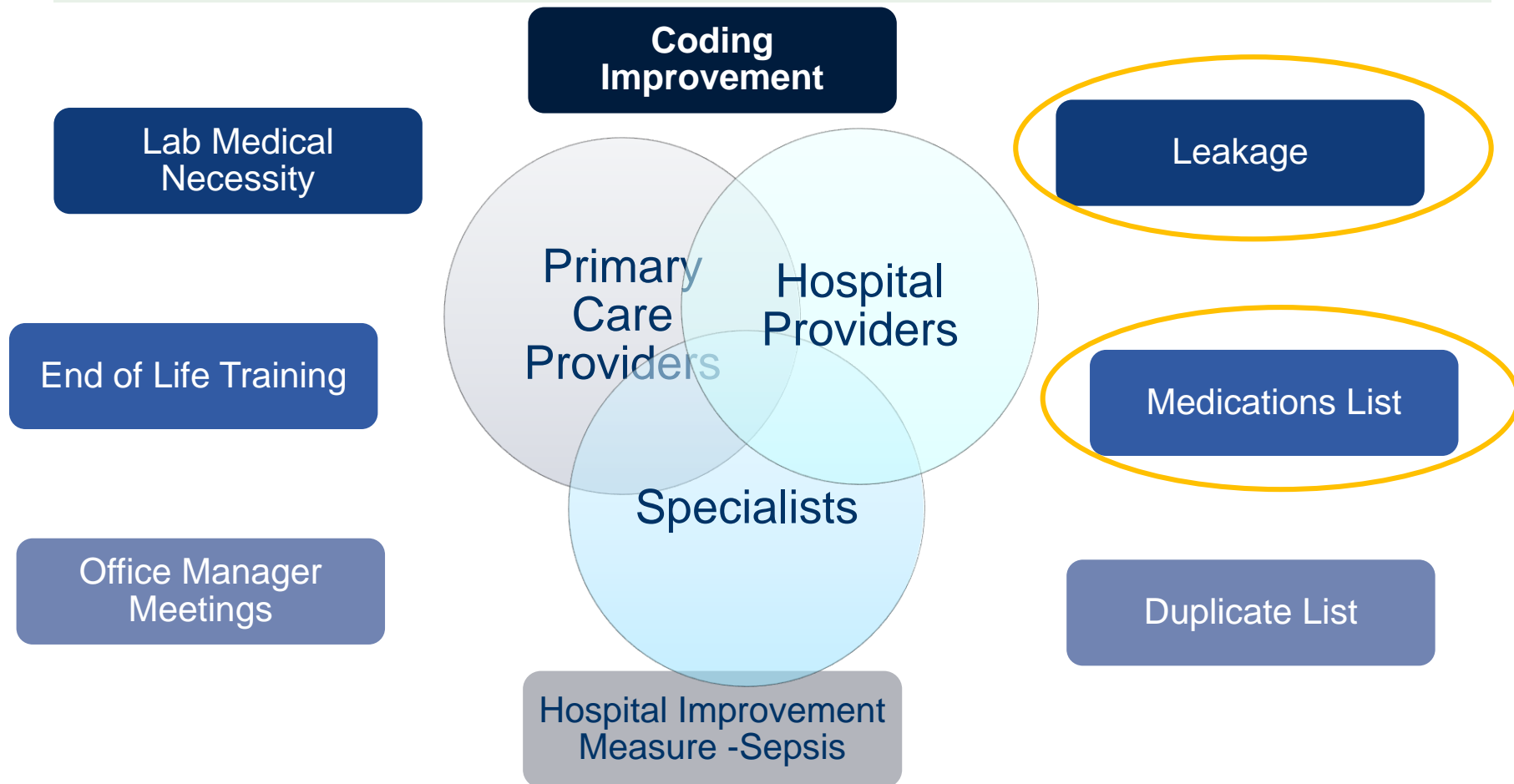
Communication across PHO

Across
Network



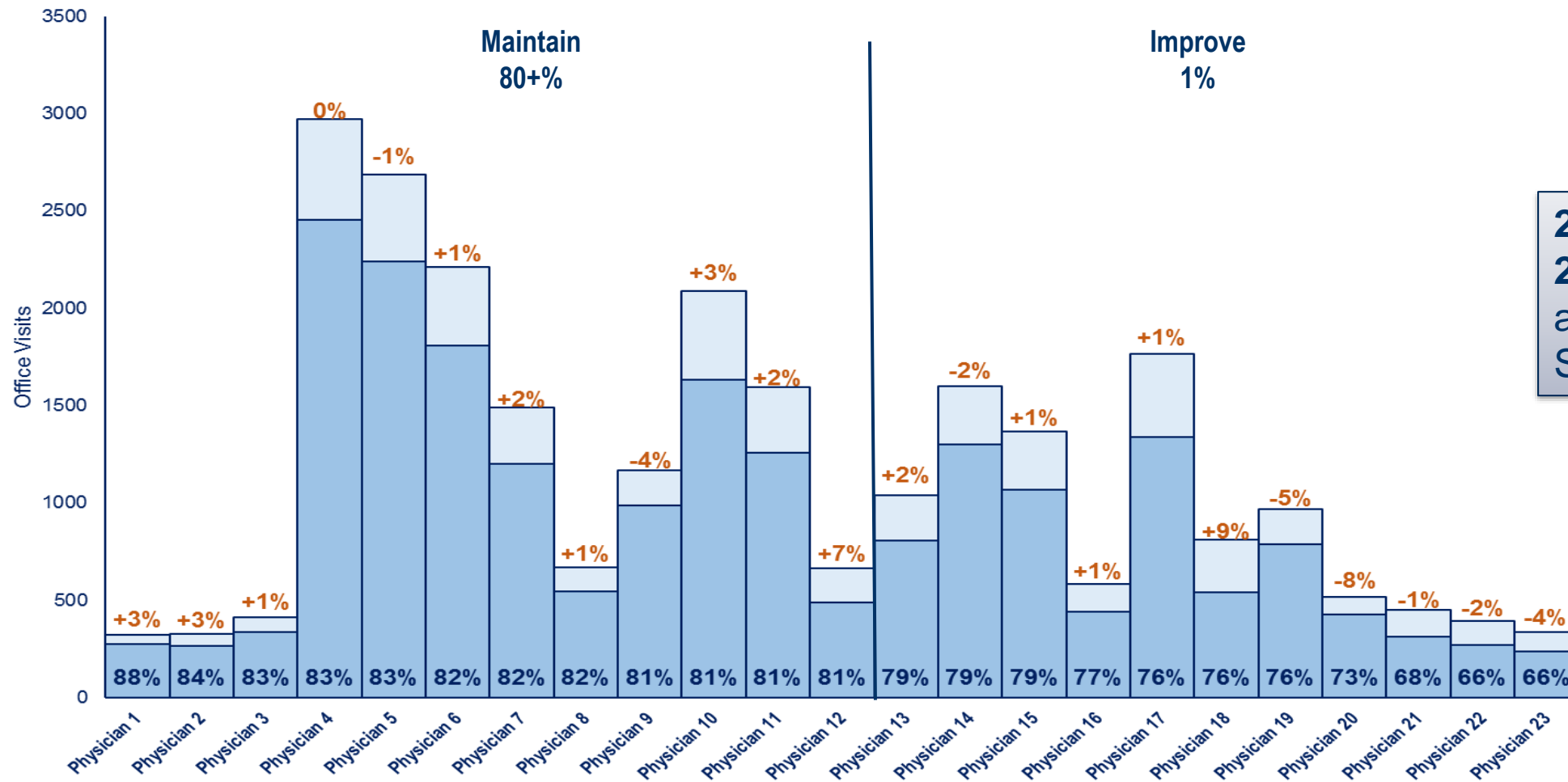
Population Health Incentive Measures

Incentive Measure \neq Payer Measures (HEDIS)





EPHO Adult Outpatient HMO Keepage





Medication Review: 2018 Lessons learned

2018: We invested in chart reviews to understand the nature of problems in the patient medication lists

80% of issues uncovered included the following:

1. Medication in notes and not in Med list
 2. Acute medication without end dates
 3. New duplicates for active meds
 4. Active meds from non GE Centricity prescriber not in Med list – Needs Chart Review
- Electronic Review Possible**



2019 Medication List Measure

Goal: To avoid medication errors such as omissions, duplications, dosing errors, or drug interactions.

A. Acute Medications: Certain acute meds should have an end date. All Providers are responsible for updating meds lists in patient charts.

- For a selected list of newly added acute meds, providers will be required to insert an end date.*

B. Duplicate Medications: There should be no new duplicates on the med list.

- For newly added meds, providers will be required to ensure they are not adding any duplicate meds.



Critical Success Factors

Technology
Infrastructure

Clinical
Champions

Incentive dollars
must be
significant

PCP and
Specialist at risk

Ability to
measure and
timely report



Lessons Learned

Strategically select measurable items that are important and impactful

Data dissolves all arguments

Identify your clinical champions

Write precise measure details with clear exclusions

Start small and build on measures each year

Run a 'pilot' quarter of measurement to manage 'unanticipated' consequences



Q & A

THANK YOU