

Population Healthcare Management for physicians

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Key learning pieces

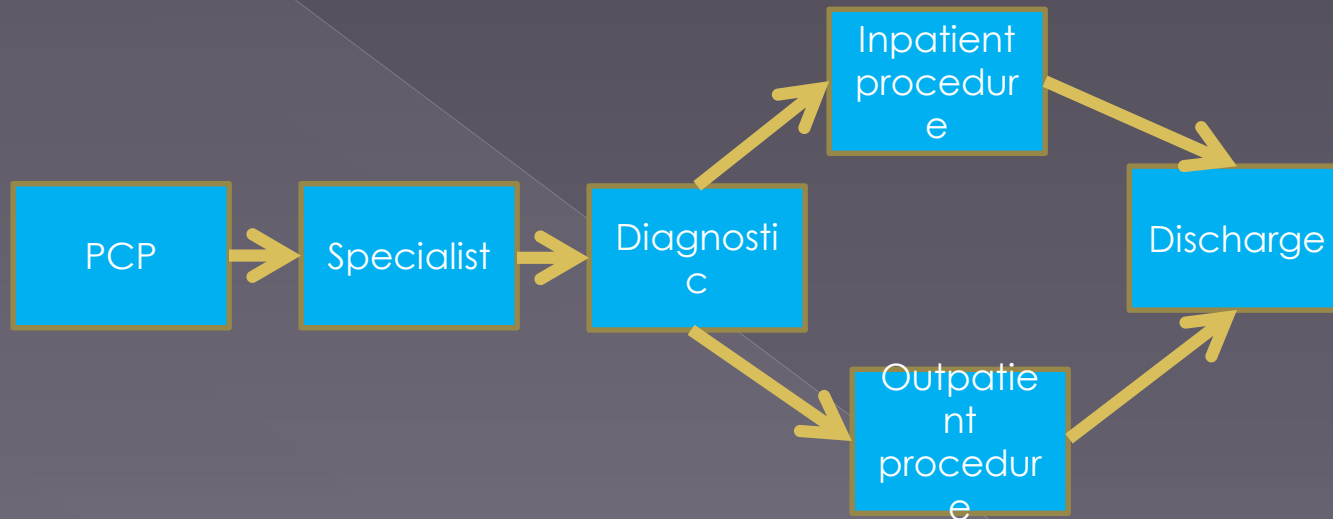
- Defining Population Healthcare
- ACA and CMS empowering physicians to be the solution for healthcare reform
- Patient compliance linked to relationship with physicians
- Health plans need physicians practicing population healthcare
- Reimbursement methods are more creative from health plans to achieve change

Population Healthcare Management

- The cornerstone of both the Affordable Care Act (ACA) and larger efforts to reduce healthcare costs
- Treats patients comprehensively rather than episodically
- Proactively addresses preventative episodes of care and chronic illnesses

Population Healthcare is the holistic management of an individual's wellness status to help the individual achieve the best quality of life they are capable of achieving

Preventable patient flow for episode of care

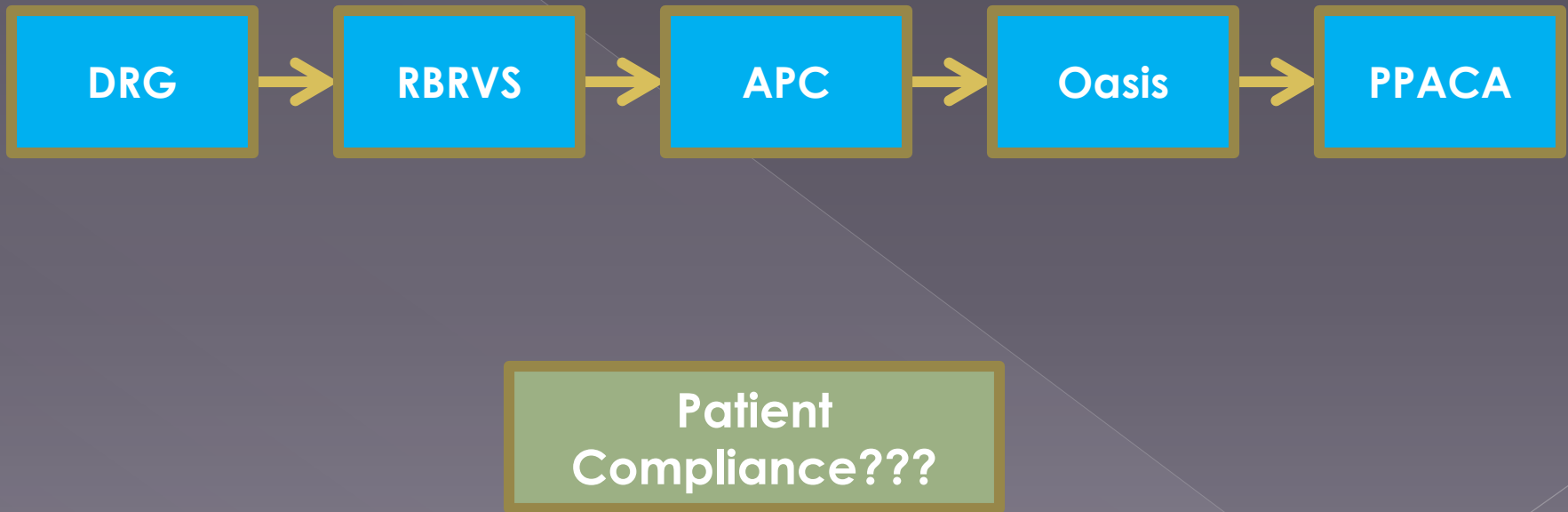


Population
Healthcare

Tools for Population Healthcare Success

- ◎ Actionable information
 - > Risk contracts
 - > Utilization management
 - > Quality of care
 - > Monitoring of performance
- ◎ Linkages to like minded providers
 - > Communication between specialties
 - > Shared vision for patient care management
- ◎ Continuity of care management
 - > Shared vision for patient care
 - > Resources to help with compliance

Government Policies Impacting Healthcare Spending



Evolution of Healthcare - CMS

- ◎ Fee for service
 - > RBRVS
 - > Base Rates
- ◎ Capitation
 - > Specialty
 - > Primary care
 - > Global Risk
- ◎ Value Based Purchasing

Population Healthcare and Quality Care

- Congress, CMS and HMOs have limited tools to improve quality of care
- Quality ratings are Red Herrings
 - > STAR Ratings Driven by the PCP
 - > No connectivity between STAR Ratings and Population Healthcare
- Quality care comes from patient accountability for their health status

PCP's are directly responsible for 78% of Medicare Advantage HMO STAR Ratings

Primary Care Physicians are primarily responsible for 78% of a Health Plans STAR Ratings

	Primary care physician	Specialist	Health Plan
CAHPS - 18% of STAR Rating Weighting			
Overall Rating of Health plan quality			Primary
Overall rating of plan			Primary
Customer Service			Primary
Getting Appointments and care quickly	Primary		
Doctors who communicate well	Primary		
Ease of seeing specialist		Primary	
Annual flu vaccination	Primary		
Phenumonia Vaccination	Primary		
Health Outcome surveys - 24% STAR Rating Weighting			
Improving or Maintaining Physical Health	Primary		
Improving or Maintaining Mental Health	Primary		
Monitoring physical activity	Primary		
Osteoporosis Testing	Primary		
Improving bladder control	Primary		
Reducing the risk of falling	Primary		
HEDIS - 58% of STAR Rating Weighting			
Timely care, appointments and information	Primary	Primary	
How well your doctors communicate	Primary	Primary	
Patients rating of doctors	Primary	Primary	
Access to specialists			Primary
Health promotion and education	Primary		
shared decision making	Primary		
Health status/functional status	Primary		
Risk standardized All condition readmission	Primary		
COPD - Asthma in older adults	Primary		
Heart Failure	Primary		
Percent PCP who qualified for EHR incentive	Primary	Primary	
Medication reconciliation	Primary		
Screen for falls	Primary		
Influenza Immunization	Primary		
Pneumococcal Vaccination	Primary		
Adult weight screening and follow-up	Primary		
Tobacco use assessment	Primary		
Depression screening	Primary		
Colorectal cancer screening	Primary		
Mammography screening	Primary		
Blood pressure screening	Primary		
Hemoglobin A1c < 8%	Primary		
LDL < 100 mg/dL	Primary		
Blood Pressure < 140/90	Primary		
Tobacco non-use	Primary		
Aspirin use	Primary		
Percent beneficiaries with diabetes whose HbA1c in poor control (>9%)	Primary		
Percent of beneficiaries with hypertension whose BP <140/90	Primary		
Percent of beneficiaries with IVD with complete lipid profile and LDL control <100 mg/dl	Primary		
Percent of beneficiaries with IVD who use Aspirin or other antithrombotic	Primary		
Beta blocker therapy for LVSD	Primary		
Drug Therapy for lowering LDL Cholesterol	Primary		
ACE inhibitor or ARB Therapy for patients with CAD and diabetes or LVSD	Primary		

Alternative payment systems

- ◎ Bundling of services
 - > How will this be done?
 - > Who defines the pool of money?
- ◎ Splitting the money
- ◎ Risks to physicians
 - > Time
 - > Money
 - > Reporting

Physician compensation – Beyond Fee For Service

- Health plans forced to evolve payment structures
- Physician incentives are key to success
- Doctors need to be proactive in compensation design
- Doctors need to embrace prudent use of healthcare resources

Questions???

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