

September 2019



A message from Dr. Randy Curnow, TPHO President

The Role of the Specialists in Population Health

In last our newsletter, we touched on the “High Five”- the key tactics for success in value-based care. Before giving a more detailed discussion of each component, I think it important to first consider the role of the Specialists in accountable care. While Primary Care certainly plays a foundational role in oversight of the care continuum, the role of the Specialist in population health cannot be overestimated. A review of these roles can help clarify and highlight the important impact of Specialists in success of TPHO.

An admittedly oversimplified graphic can help illustrate the key roles on Specialists.

- Clinical Expertise:** The entire TPHO population relies on the excellence of our specialists to provide care every day. They are a credit to the community and provide tremendous service to our patients and our loved ones. This is the foundation of the role of Specialists. And through this expertise, THPO can create best practice standards and guidelines for wide spectrums of care. We rely on our Specialists every day to provide key clinical feedback to ensure our care for specific conditions meets the highest standards.
- Care Consolidation:** Care Consolidation is a critical component to the TPHO’s value proposition for our Region and our Patients. Consolidated Care is more integrated, aligned with value-based goals, and produces better outcomes. Given the amount of care delivered by our Specialists, they play a critical role in ensuring consolidation across the continuum- such as keeping referrals to other specialists within the network when appropriate and finding a network PCP for their patients without a primary physician.
- Steward Efficient Utilization:** Under many clinical circumstances, only a Specialist has the ability to ensure care is delivered in the right place, at the right time, by the right person. Often PCPs are pointed as being accountable for all aspects of utilization. But a large amount of testing and procedures are under the direct stewardship of Specialists. Their effective, efficient utilization is a key factor in our patients outcomes and THPO’s success
- Direct VBC incentives:** The payor community is slowly realizing the importance directly engaging and aligning Specialists in value-based initiatives. Among the many examples: CMS launch of the Oncology Care Model in 2016, the Bundled Payments for Care Improvement (BPCI) initiative and the Comprehensive Care Joint Replacement (CCJR) program. Add to that the numerous national and regional employers pursuing similar care “bundles”, Specialists are increasing directly engaging in value-based contract performance programs. It does not take a crystal ball to see these initiatives increase in number and impact in the future.
- Partnerships with Primary Care:** Perhaps the greatest opportunity to increase value for our patients lies in incentivizing PCP’s and Specialists to work together to improve care and access while reducing costs across the same group of patients. A critical job for TPHO is to align payers to create opportunities for PCPs and Specialists to share joint value-based accountability for complex patients across the care continuum.



It is clear from our discussion that Specialists will be a key to the future health of our patients and the success of TPHO. We are initiating a campaign to better education our Specialists directly as to the impact they have on our ability to create value for our patients. Dialogue and collaboration with all of our Members is one of the most important ingredients for our future success. I encourage you to enter into this discussion- we need you.

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Transitioning from Fee-For-Service to Value-Based Reimbursement. The switch to value-based reimbursement and value-based care models turn the traditional model of healthcare reimbursement on its head. The trend for value-based approaches will continue. Much of this change is long overdue and quite exciting because it's driving improvements to the delivery of care by mandating better care at a lower cost.

TPHO can attest that there are multiple challenges with transitioning from Fee For Service to Value Based Care, however there are three that rise to the top:

- **Reconciling Value-Based Payments in a Fee-For-Service Environment.** Tracking performance in this kind of arrangement is a significant challenge for health systems because it requires keeping track of two very different payment systems simultaneously, FFS basis; then, at the end of the year, shared savings bonuses are calculated. Medicare benchmarks each provider against the rate of increase for the overall FFS population. Tracking shared savings reimbursements that come in at the end of the year requires health systems to be much more sophisticated in their accounting capabilities than most are today.
- **Tracking a Wide Variety of Quality Measures.** Providers need sophisticated analytics to help them measure financial and quality performance for each patient population. Providers want to know in the first quarter, so they can improve their performance before the end of the year. To do this, they need to be able to measure performance on a continuous basis.
- **Optimizing Margins as Revenue Drops.** Meeting value-based goals requires hospitals to reduce utilization among their populations, therefore reducing their procedure volume and revenue.

To counteract the challenges TPHO has been able to adapt the following actions:

- Effectively Manage Shared Savings Programs to Maximize Reimbursement
- Improve Operating Costs to Deliver Care More Efficiently
- Increase Patient Volume

Please review your performance in EPIC or the VBC Dashboard to see how you can contribute to the growth of our Value Based journey.

Ref: Bobbie Brown, Sr. VP Value-Based Purchasing / Risk-Based Contracting, Jared Crapo

Featured Provider: Thomas J. Willke, MD

Thomas J. Willke, MD is a Board Certified Family Medicine physician with Indian Springs Family Medicine in Fairfield Township. Dr. Willke earned his degree at University of Cincinnati College of Medicine, he completed internship at Blodgett Memorial Medical Center and completed his residency program at St Mary's Medical Center.

Dr. Willke has twice contributed articles to the online media titled, "Daily Health Wire." In both articles he gives focus to heart health by encouraging readers to embrace a heart healthy lifestyle which includes incorporating three key steps: 1) If You Smoke...STOP!; 2) Know Your Cholesterol Numbers; 3) Lower Your Body Mass Index (BMI). Additionally, his next article outlines what happens during a cardiac stress test. This information is designed to remove any fears about making your heart health a priority.

Dr. Willke is being recognized for placing #1 on a list of the top ten TriHealth PCP physicians, in closing care gaps thus far in 2019. With a current gap closure rate of 87% Dr. Willke demonstrates an acuity towards patient needs and a skillful use of practice resources to ensure improvement of health and quality of life for his patients.

TPHO is honored to have Dr. Willke as a participating provider with our organization. He is a trendsetter as we advance on the road to Population Health Management.



VBC Dashboard-Current

Membership Attribution

260k (goal, LEM 5)
253k (actual, LEM 2)

Quality

80% (goal)
57% (actual)

RAF Score

(Not yet available)

Utilization/ Spend

(Not yet available)

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Utilize your tools to close care gaps in 2019!

You may have noticed that the above VBC dashboard reflects our current status for KPI's. We are now in the third (3rd) quarter and have the greatest opportunity to use the remainder of this year to give focus on closing care gaps and managing utilization by ensuring care consolidation within your practices.

All PCP providers/practices, both Employed and Independent, have access to tools that can enhance the population health efforts and enable the development of an action plan in rendering the best care available for your patients. If you are an employed PCP physician/practice you have access to EPIC; if you are an independent PCP physician/practice you now have access to the VBC dashboard.

The table below outlines our performance, past and current state, as well as the VBC goals. Though in the 3rd quarter, some of the data still isn't available due to how information is captured. The claims processing cycle has a huge impact on data collection. The typical process is as follows:

- 90 days of claims processing,
- 90 days for claims runout,
- 60 days for payor processing.

Using this schedule demonstrates that TriHealth's IS department will not have a full data load on 2019 data until August 2019. However, we cannot wait to receive data and create reports to initiate urgency. The call to action is now!

	Attribution	Quality	RAF	Utilization
VBC Goals	260K	80%	1.050	85%
2018 CY- final	253K	73%	1.024	84%
2019 CY	253K	57%	Not avai	Not avail

Please remember that your dilligent efforts and actions resulted in a 312% increase in funds distribution from 2016 CY to 2017 CY. Access to Population Health tools such as EPIC and the VBC Dashboard can contriubut to maintaining our excelling momentum!