



Applying the Triple Aim to Specialty Care: Understanding Cost, Quality and the Patient Experience in Complex Care Settings

Defining Quality and Value in Stem Cell Transplant
National Marrow Donor Program
June 24, 2014

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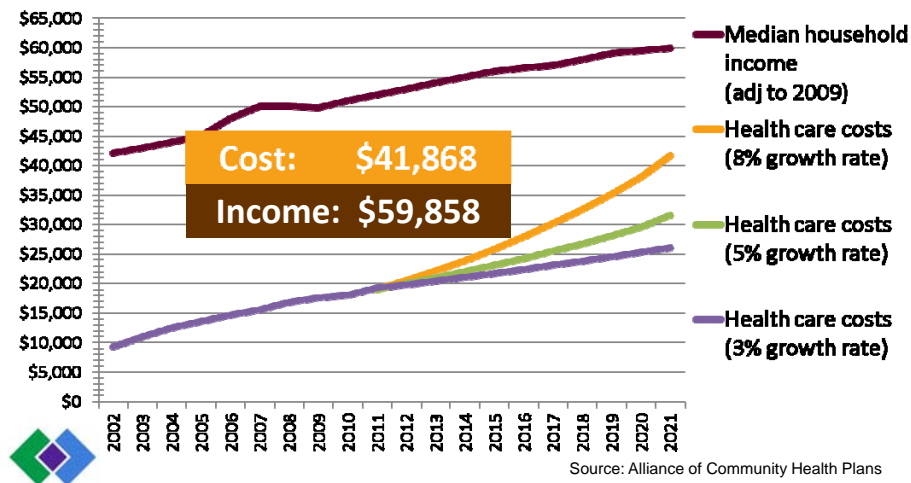
Agenda

- Background
- HealthPartners' journey
 - Culture
 - Care design
 - Intentional focus on total cost of care



Healthcare is getting more expensive...

With Median Household Income (projected to 2021)



P4P: Momentum

- Rising, Unsustainable cost of health care
- Growth in chronic conditions (90% of cost)
- Variation in quality, utilization and cost
- "Consumer Directed" healthcare: patients have more direct financial risk
- Employers/Purchasers demanding improvements in "Value" of care they purchase (Government, Private)
- Supported by: IHI, IOM, Leapfrog, NQF, QIOs, JCAHO, NCQA...etc



Paying for Quality: Implications for Specialty

- Health, cost and experience measures apply to specialties
- There is variation
- Measures getting more sophisticated
- Make measurement relevant to what's important for patients:
 - outcomes, experience, affordability
- IT: Clinical IT measurement and reporting systems (EMR)



Vision: Where we're headed

Health as it could be,
affordability as it must be,
through relationships built on trust

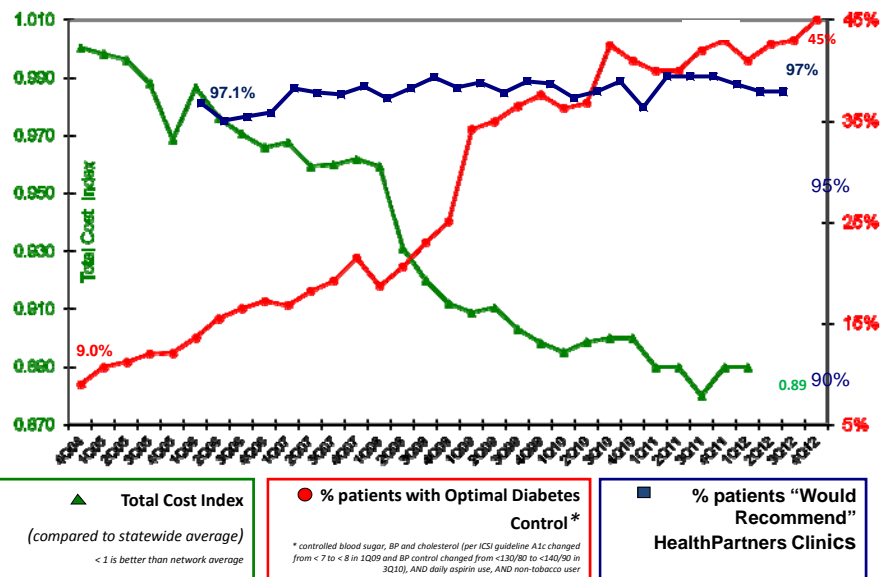


HealthPartners

- **Medical Clinics**
 - 1 million patients
 - 1,700 physicians
 - HealthPartners Medical Group
 - Stillwater Medical Group
 - Park Nicollet Health Services
 - 35 medical and surgical specialties
 - 55+ primary care locations
 - Multi-payer
- **Seven hospitals**
 - Regions: 454-bed level 1 trauma and tertiary center
 - Lakeview: 97-bed acute care hospital, national leader in orthopedic care
 - Hudson: 25-bed critical access hospital, award-winning healing arts program
 - Westfields: 25-bed critical access hospital, regional cancer care location
 - Methodist: 426-bed acute care hospital, featuring the Jane Brattain Breast Center
 - Amery: 25 bed critical access
 - St. Francis: 86 beds (partial owner)



TRIPLE AIM: Health-Experience-Affordability HealthPartners Clinics



Measure	HealthPartners Clinics 12 out of 18	Entira Family Clinics 10 out of 18	Fairview Health Services 12 out of 18	Park Nicollet Health Services 10 out of 13	Quello Clinic 10 out of 18
ADHD					
Adolescent Immunizations	●		●		
Breast Cancer Screening	●			●	●
Bronchitis	●				●
Cervical Cancer Screening	●		●	●	
Childhood Immunization Status (Combo 3)			●	●	
Chlamydia Screening	●	●	●	●	●
Colorectal Cancer Screening	●	●	●	●	●
Controlling High Blood Pressure		●	●		●
COPD	●	●	●	●	
Depression Remission at 6 months		●			●
Depression Remission at 12 months		●			●
Pharyngitis	●	●	●	●	
Optimal Asthma Care- Children	●		●		
Optimal Asthma Care- Adults		●	●		●
Optimal Diabetes Care	●	●		●	●
Optimal Vascular Care	●	●	●	●	●
URI	●		●	●	

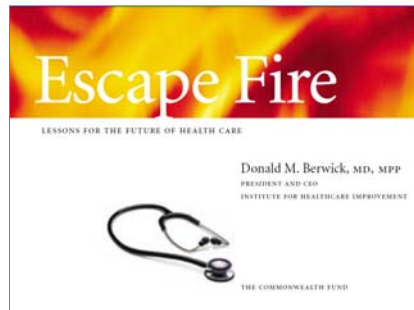
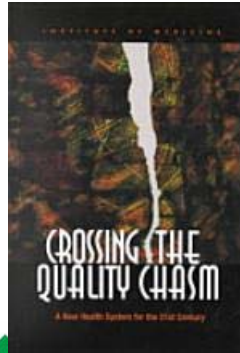
● =Medical Group rate and CI fully above average
Blank= measure reported but rate was average or below average



Transforming Care:

Culture
Care Design

Our Physician Culture



Zen and the Art of Physician Autonomy Maintenance

James L. Reiser, MD

The miracle of scientific medicine propelled physicians to an unparalleled level of clinical autonomy during the 20th century. During the past 20 years, physician autonomy has been declining, in part because the public has become aware that physicians are not consistently applying all of the science they know. One of medicine's most cherished professional values, individual clinical autonomy, is an important cause of the sometimes suboptimal performance in the timely and consistent application of clinical science; thus, it contributes to the decline in overall professional

autonomy. This paper calls for physicians to practice the science of medicine as a profession to that society will allow physicians to continue practicing the art of medicine as individual professionals. In a Zen-like paradox, physicians must give up autonomy in order to regain it.

ANN INTERN MED. 2002;137(12):1695.
For author affiliation, see end of text.

www.annals.org

HealthPartners Physician & Dentist Partnership Agreement

ORGANIZATIONAL GIVES

Involve and engage doctors

- Involve doctors in strategy, business, and marketing
- Include doctors in the development of patient centered and doctor efficient practices
- Provide opportunities for leadership training
- Promote partnership between doctors, staff, and organization
- Listen to and be influenced by doctors, assume good intentions, and foster opportunities and forums for doctors to discuss and deliberate important issues

Support a practice that works for both patients and doctors

- Be Patient Centered
- Support 6 Aims practice and remove barriers at the point of care
- Provide an environment and tools to ensure satisfying and sustainable practices
- Promote trust and accountability within teams and the medical/dental groups
- Create opportunities to educate physicians, dentists and staff about 6 Aims centered care
- Provide support for a healthy and balanced work life for doctors
- Respect physicians' and dentists' time to allow care of patients

Grow strong and sustainable clinical practice

- Recruit and retain the best people
- Market HP's multi-specialty medical and dental groups aggressively
- Provide market based, and performance linked compensation
- Acknowledge and reward contributions to patient care and the organization's goals
- Create an environment of innovation and learning
- Support teaching and research

Demonstrate accessible, accountable, responsive and empathetic leadership

- Understand the complexity of health care delivery and apply best management practices
- Seek to understand the clinical perspective
- Communicate coherently our mission, vision, direction, and strategy;
- Help us to understand the complexity of our dynamic business challenges
- Provide performance feedback communicated in the spirit of improvement and learning
- Recognize the leadership, professionalism, and contributions of doctors
- Resolve conflict with openness and empathy

PHYSICIAN & DENTIST GIVES

Be involved and engaged

- Participate in departmental and medical/dental group meetings and activities
- Engage and participate in partnership with practice teams, and with clinical and administrative colleagues
- Champion processes to improve care systems service and quality
- Provide input to strategy, marketing, and operations development
- Develop understanding of the business aspects of care delivery
- Raise issues and concerns respectfully
- Seek to understand the organizational perspective, assume good intent, and collaborate effectively
- Demonstrate ownership of your practice and clinic

Excel in clinical expertise and practice

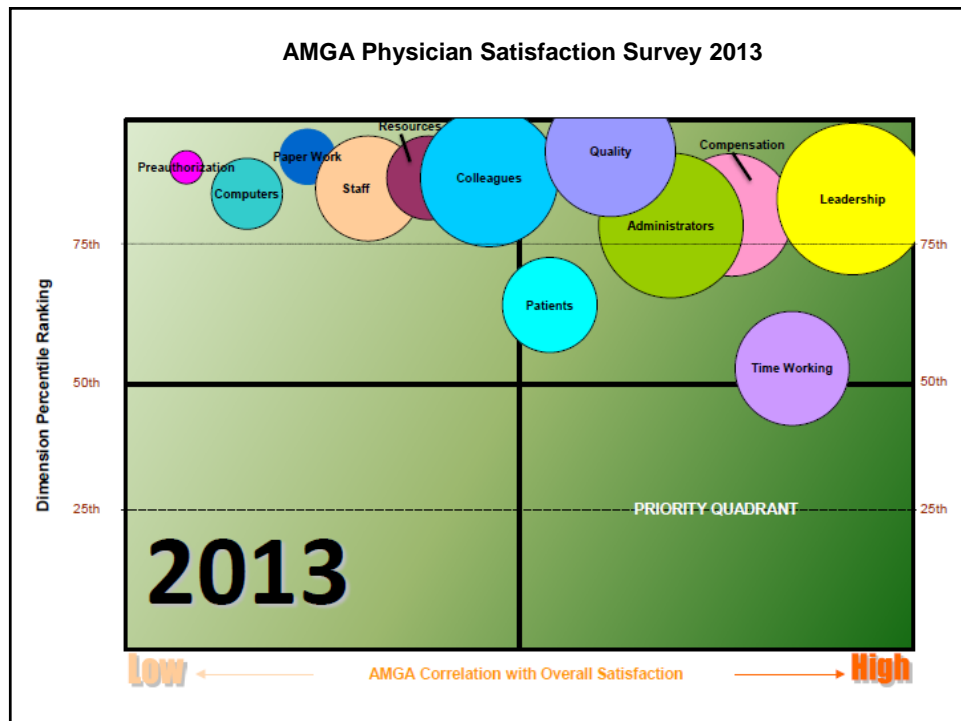
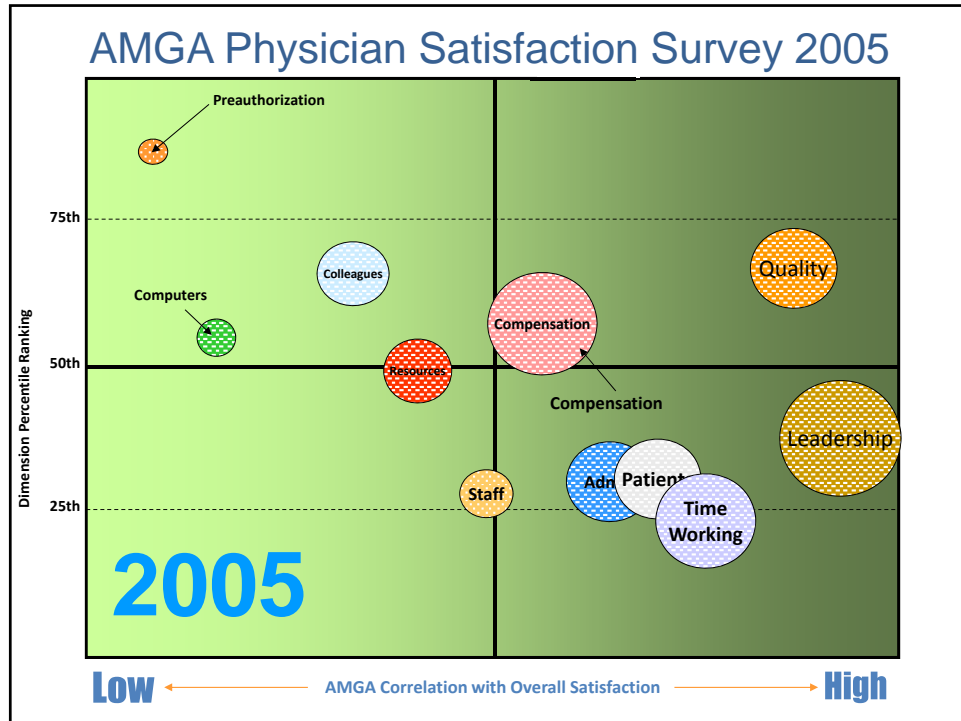
- Be Patient Centered
- Pursue clinical practice consistent with the 6 Aims
- Advance personal and care team expertise and excellence
- Seek and implement best practices of care for patients
- Reduce unnecessary variation in care to support quality reliability, and customized care based on patients needs
- Create innovations for care and care delivery and be open to innovations and ideas for improvement needed in our environment
- Show flexibility and openness to change

Support our multi-specialty group practice

- Demonstrate passion and commitment for your practice and our multi-specialty medical and dental group
- Collaborate within and across disciplines and partners to improve patient care
- Promote, refer and communicate with colleagues effectively
- Use resources responsibly and support care delivery systems that improve care and reduce costs effectively
- Participate in teaching and research

Be a Leader

- Demonstrate commitment to the organization's mission and vision
- Lead as a role model
- Support colleagues and partners
- Communicate respectfully and thoughtfully
- Use a problem solving approach when identifying issues
- Provide leadership to the care team and delegate effectively
- Provide recognition and feedback to other doctors and staff
- Participate in and support medical/dental group decisions
- Seek ways to continually develop leadership and influence skills





Transforming Care:

Culture

Care Design

Care Design Principles

We use the following design principles to ensure our care achieves Triple Aim results:

Reliability

Reliable processes to systematically deliver the best care

Customization

Care is customized to individual patient preferences and values

Access

Easy, convenient and affordable access to care and information

Coordination

Coordinated care across sites, specialties, conditions and time



Care Design Principles

Reliability

Customization

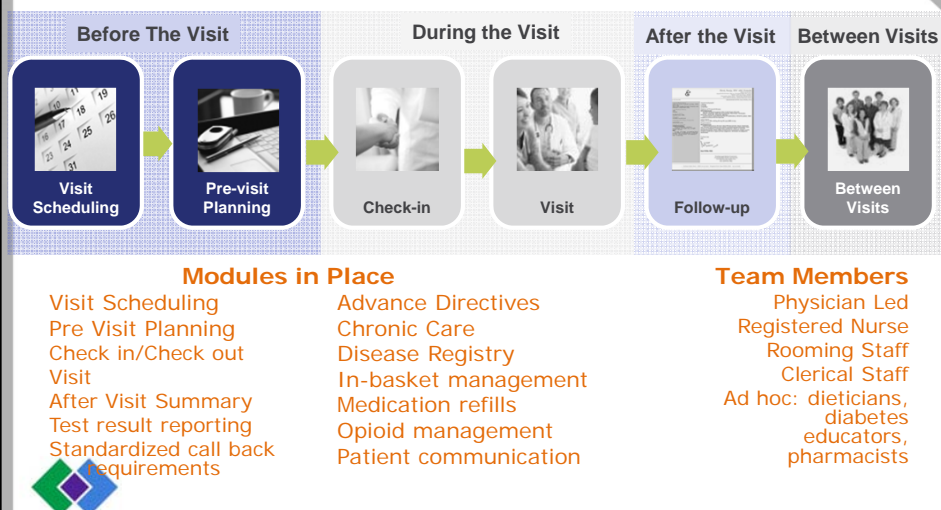
Access

Coordination

- Throughout our system we develop consistent approaches to deliver reliable, standardized care focused on the patient:
 - Evidence-based
 - Decision support in electronic medical record
 - Processes are standardized
 - Defined roles and responsibilities
 - Every member of the care team contributes to their maximum potential
 - Waste and rework eliminated through Lean and process redesign techniques



Care Model Process



Care Design Principles

Reliability

Customization

Access

Coordination

- First we standardize to the science; then we customize care to individual patient preferences and values and unique human characteristics



Shared Decision Making

- For the following:
 - Breast Cancer
 - Prostate Cancer
 - Lung Cancer
 - Disc herniation
 - End-stage kidney disease
 - Vaginal birth after C-section
 - Incontinence and benign prostate hyperplasia
 - Advance Directives
- Also consider it part of our relationship with our patients



Care Design Principles

Reliability

Customization

Access

Coordination

We design ways to make care and information

- More convenient
- Easy to access; and
- Affordable



HealthPartners®

Home Clinics & Services Health Insurance

Log On Sign Up

Home > HealthPartners Clinics & Services > Get Care Now

From home,
work or in person,
GET CARE NOW.

Call
Talk to your doctor or a nurse.

Click
Get care online or via email.

Come In
Visit your doctor or a clinic.

Get care the way you want it,
when you need it.

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Care Design Principles

Reliability

Customization

Access

Coordination

We coordinate care across sites,
specialties, conditions and time



Lung Cancer Pathway

- Consistent, coordinated approach to providing evidence-based care
- Partnership between primary care, oncology, pulmonary and thoracic surgery
- Developed by patients and doctors together
- Pathway is built into electronic record
 - One order for all lung nodules and cancers
 - Standardized treatment algorithms based on best evidence
 - Ability to measure outcomes
- Impact for patients
 - Builds confidence and trust when patient had one evidence-based care plan across all specialties
 - Increases satisfaction when care is coordinated by the same nurse
- Pathways also in place for colorectal, esophageal, pancreatic and brain cancers





Intentional focus on
total cost of care

What is Total Cost of Care?

- At a high level, it's a **population-based measure** that can be attributed to medical groups for **accountability**
- Measures **overall performance** of a medical group **relative to other groups**
- Includes **all care and treatment costs**
 - Professional, facility inpatient and outpatient, pharmacy, lab, radiology, and other ancillary services
- **Illness burden adjusted** for accurate comparisons and benchmarking
- Uses **attribution** based on plurality of visits
- Sorts out **price differences and resource use drivers**



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www.healthpartners.com/tcoc

– Full transparency measurement methods and logic available in the public domain, free of charge

– The site contains all information related to the NQF submission, as well as the TCOC white paper and examples of the measurement in use

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Total Cost of Care Data



HEALTHPARTNERS MEDICAL GROUP - 201

Total Cost of Care Report - Rolling 12 Months: January through December - 2010, 2011 & 2012

-Risk Adjusted Total Cost of Care Metrics

-Total Spend including Clinics, Hospitals, Rx and Referral Providers

-Attributed, Commercial, Continuously Enrolled, Excluding Babies and 65+

-Total Reimbursement Capped at \$100,000

Potential Opportunity (TCI)
Potential Opportunity (Pricing)
Potential Opportunity (PUI)
Potential Opportunity (Patient Mgmt Use)
Potential Opportunity (High Cost Use)
Highlighted cells indicate >= 1.01 after rounding

Provider Group	Members			Average ACG Score			TCI			Price Indexed to 2012			Resource Use Indexed to 2012		
	2010	2011	2012	2010	2011	2012	2010	2011	2012	2010	2011	2012	2010	2011	2012
HealthPartners Medical Group	95,121	89,634	80,854	1.07	1.05	1.05	0.96	0.97	0.96	0.92	0.95	0.97	1.00	0.99	0.99
Metro Total	208,570	299,929	295,973	1.06	1.05	1.05	1.00	1.00	1.00	0.94	0.97	1.00	1.02	1.00	1.00

Provider Group	Patient Management Utilization Measures															
	EAM Count Index (Total)		EAM Count Index (PC)		EAM Count Index (Spec)		% PC EAM*	Lab-Path Count Index		Standard Rad	Rx Count Index		% Generic Rx†			
	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012		
HealthPartners Medical Group	0.97	0.98	0.94	0.93	0.99	1.03	50%	48%	1.07	1.08	1.01	1.01	0.97	0.96	93%	87%
Metro Total	1.00	1.00	1.00	1.00	1.00	1.00	51%	51%	1.00	1.00	1.00	1.00	1.00	1.00	82%	86%

*Measure is not risk adjusted

Provider Group	High Cost Utilization Measures													
	Admit Count Index		IP Surg Count Index		ER Count Index		OP Surg Count Index		Hightech Rad Index (R0)		Hightech Rad Index (nonR0)		% ER Hightech Rad*	
HealthPartners Medical Group	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012
Metro Total	0.99	0.95	1.02	0.99	0.92	0.95	0.96	0.94	0.92	0.91	0.92	0.90	16%	16%
	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	16%	17%

*Measure is not risk adjusted

Provider Group	Service Category TCI						Price Index						Resource Use Index					
	IP TCI	OP TCI	Prof TCI	Rx TCI	IP Price	OP Price	Prof Price	IP RUI	OP RUI	Prof RUI	2011	2012	2011	2012	2011	2012	2011	2012
HealthPartners Medical Group	0.96	0.92	0.85	0.89	1.05	1.02	0.95	0.95	0.93	0.90	0.88	0.89	1.03	1.02	1.03	1.02	0.96	1.01
Metro Total	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00

To avoid these things . . .

- Preventable hospital admissions/readmissions
 - 2/3 related to chronic conditions
 - 1/3 related to procedures/surgeries
- Avoidable emergency room visits
- Variation in lab testing
- Use of higher cost drugs when generic is available
- Variation in use of high tech diagnostic imaging (MRI/CT)
- Care provided in a higher cost setting when another venue is available (e.g. same day surgery center)
- Price increases

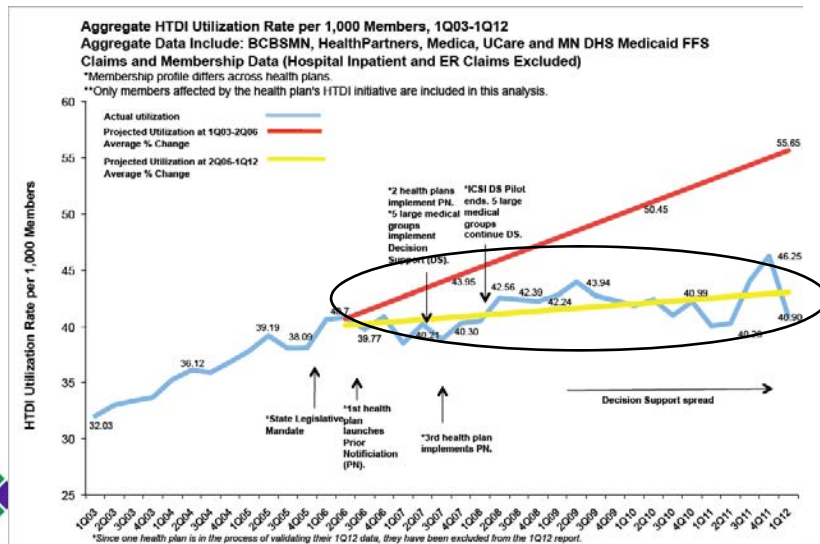


..... do these things (Triple Aim Project Portfolio)

- | | |
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| <ul style="list-style-type: none"> • Keep people healthy <ul style="list-style-type: none"> – Preventive Care – Optimal health for patients with diabetes, vascular disease, depression & asthma – Engage patients in healthy lifestyles • Provide coordinated care for patients with chronic/complex conditions <ul style="list-style-type: none"> – Population health, care management, care transitions • Engage patients and communities <ul style="list-style-type: none"> – Reduce disparities – Use shared decision making – Provide patient centered care at the end of life • Offer more convenient and affordable options <ul style="list-style-type: none"> – Call, Click or Come In – vitruwell • Do what we do efficiently <ul style="list-style-type: none"> – Care Model Process – Reduce Waste | <ul style="list-style-type: none"> • Practice evidence-based care <ul style="list-style-type: none"> – Appropriate use of generics, imaging and lab – Back and neck pain – Low-risk chest pain protocol – Joint replacement pathway – Cancer care pathways – Pain management – Hospital checklists/order sets – Avoiding CHF admissions from the ED – Implement standardized pre-op order sets – Develop and implement organizational plan for medication reconciliation – Focused improvement on Specialty Care (tiered specialties and others) – Implement key "Choosing Wisely" decision support systems • Avoid harm by eliminating <ul style="list-style-type: none"> – Hospital acquired infections – Falls and pressure ulcers |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



Hi-Tech Diagnostic Imaging



Evidence-based protocols

- Better care for low risk chest pain & heart failure
- Protocol coordination across Cardiology, ER, and Hospital Medicine.
 - Defines low risk chest pain & heart failure
 - Stress test scheduled for next day, even weekend
- Admissions/observation status avoided since implementation:
 - Chest Pain: 50 per month
 - Heart Failure: 5 per month

Spine Care Model

- Focused on patients seen in clinics and emergency department with non-specific back pain
- Evidence-based spine care model with standard protocols
- Education and support for providers and patients
- Offer physician-guided spinal strengthening program
- Measure avoidance of imaging, narcotics, surgical referral and injections



Health as it could be,
affordability as it must be,
through relationships built on trust