

Clinical Integration: Essentials For Today's Healthcare Environment

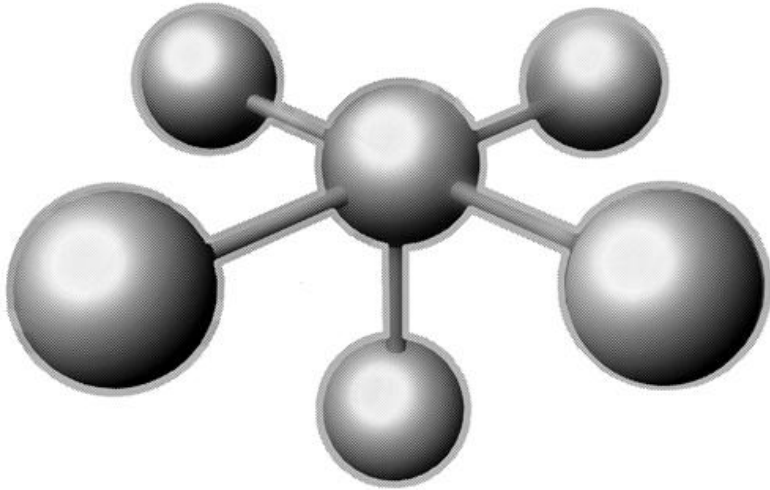
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Topics for Today



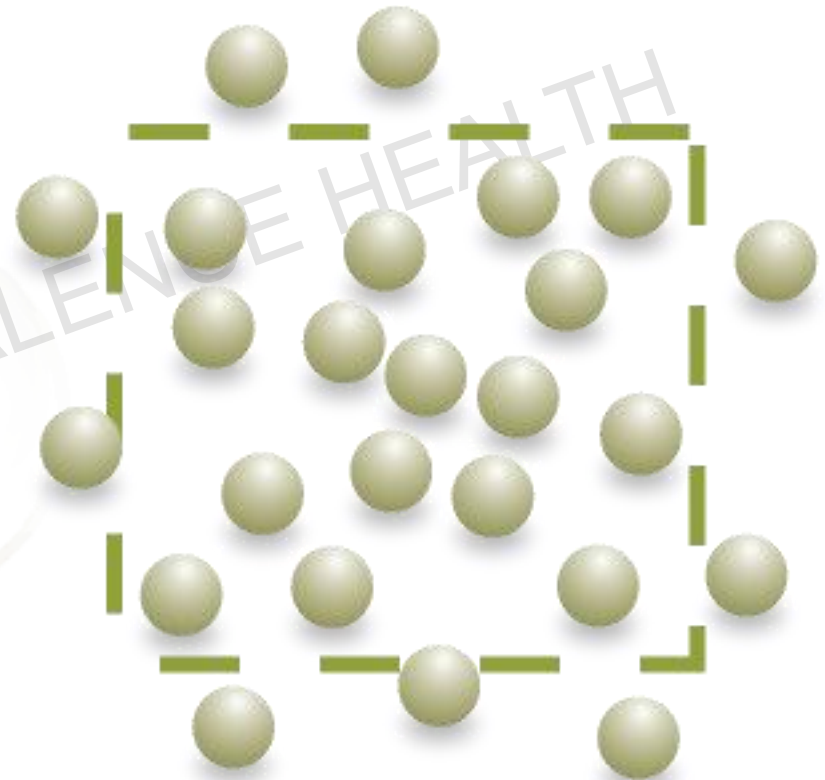
- **Changing healthcare delivery**
- **Clinical Integration:**
 - What is it?
 - How does it work?
 - How do you get there?
- **What next? Opportunities on the horizon**

Healthcare delivery today

Integrated Systems

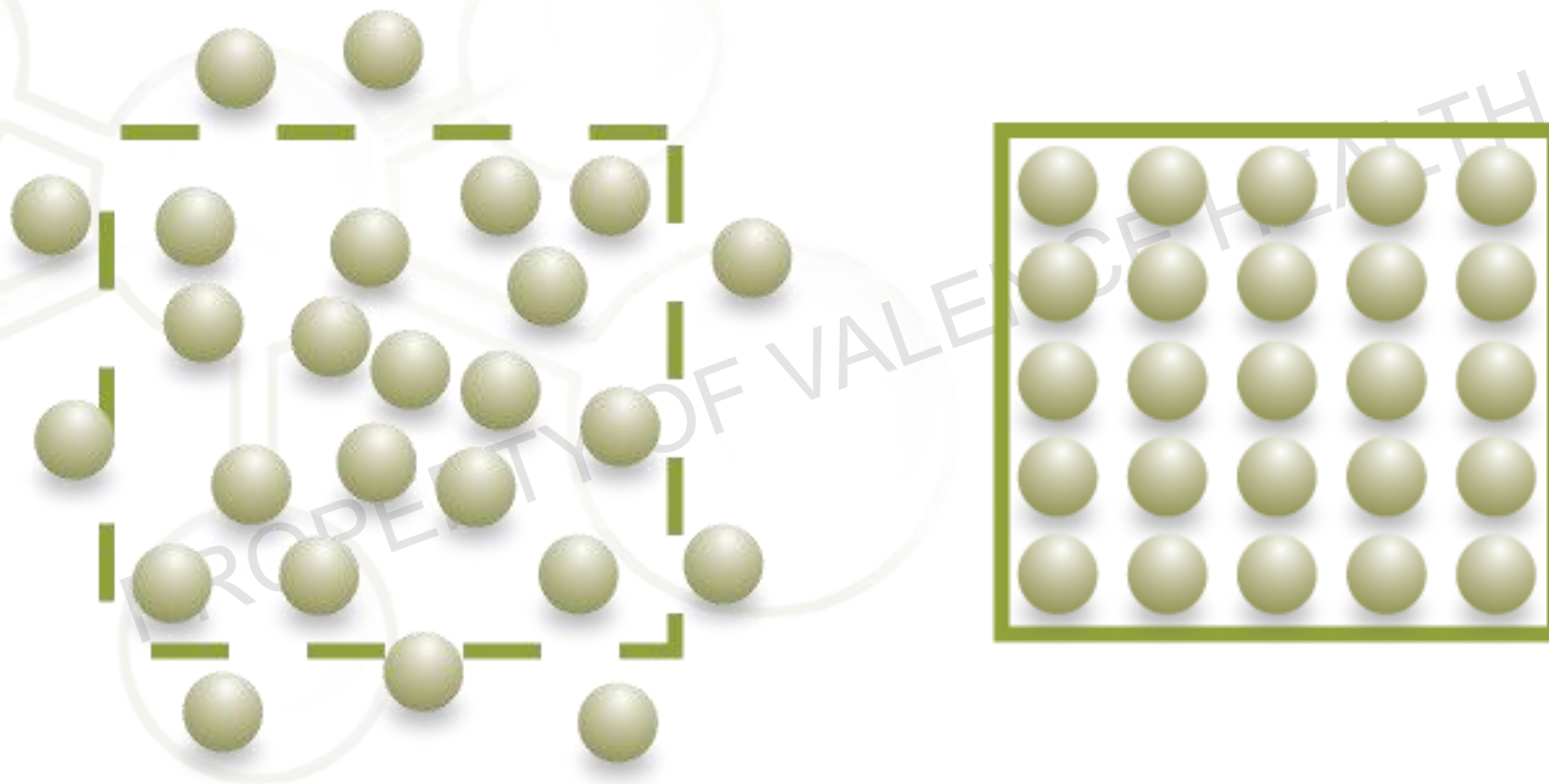


- Cleveland Clinic
- Geisinger
- Mayo Clinic
- Intermountain Health Care



Typical Networks

Can healthcare delivery move from here to there?



Integration Models

Physician Hospital Integration

- Strategic approach to align hospital and physicians

Clinical Integration

- Specific legal meaning
- Permits independent physicians to negotiate collectively

Clinical Integration

- **Organized Provider Group that:**
 - Agrees on how care should be provided
 - Measures actual performance
 - Compares actual to agreed upon performance
 - Addresses providers that do not meet standards
- **Allows independent physicians to negotiate contracts collectively**

Clinical Integration

- “... an active and ongoing program to **evaluate and modify practice patterns** by the network’s physician participants and create a **high degree of interdependence** and cooperation among the physicians to **control costs and ensure quality.**”

*Taken from Statement of Antitrust Enforcement Policy in Health Care,
FTC & DOJ, August 1996*

Why pursue clinical integration?

Mission

- Improve quality of care
- Improve patient safety
- Create efficiencies in delivery of care
- Promote wellness and preventive medicine
- Create community benefit

Money

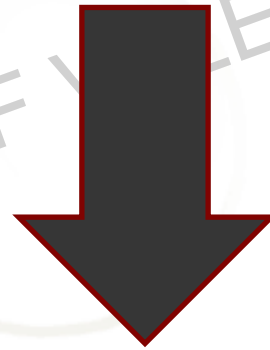
- Create efficiencies and cost savings
- Enhance marketing and branding efforts
- Contract collectively
- P4P opportunities

How can Clinical Integration have an impact?

- **By bringing physicians together to....**
 - collectively create standards of care
 - measure performance against those standards,
 - provide tools to improve compliance
 - educate physicians and require compliance
 - **do things physicians cannot do alone**
- **Provides justification for collective negotiation**
- **Requires collective negotiation to make it possible**

Healthcare delivery IS changing

Paying for Volume

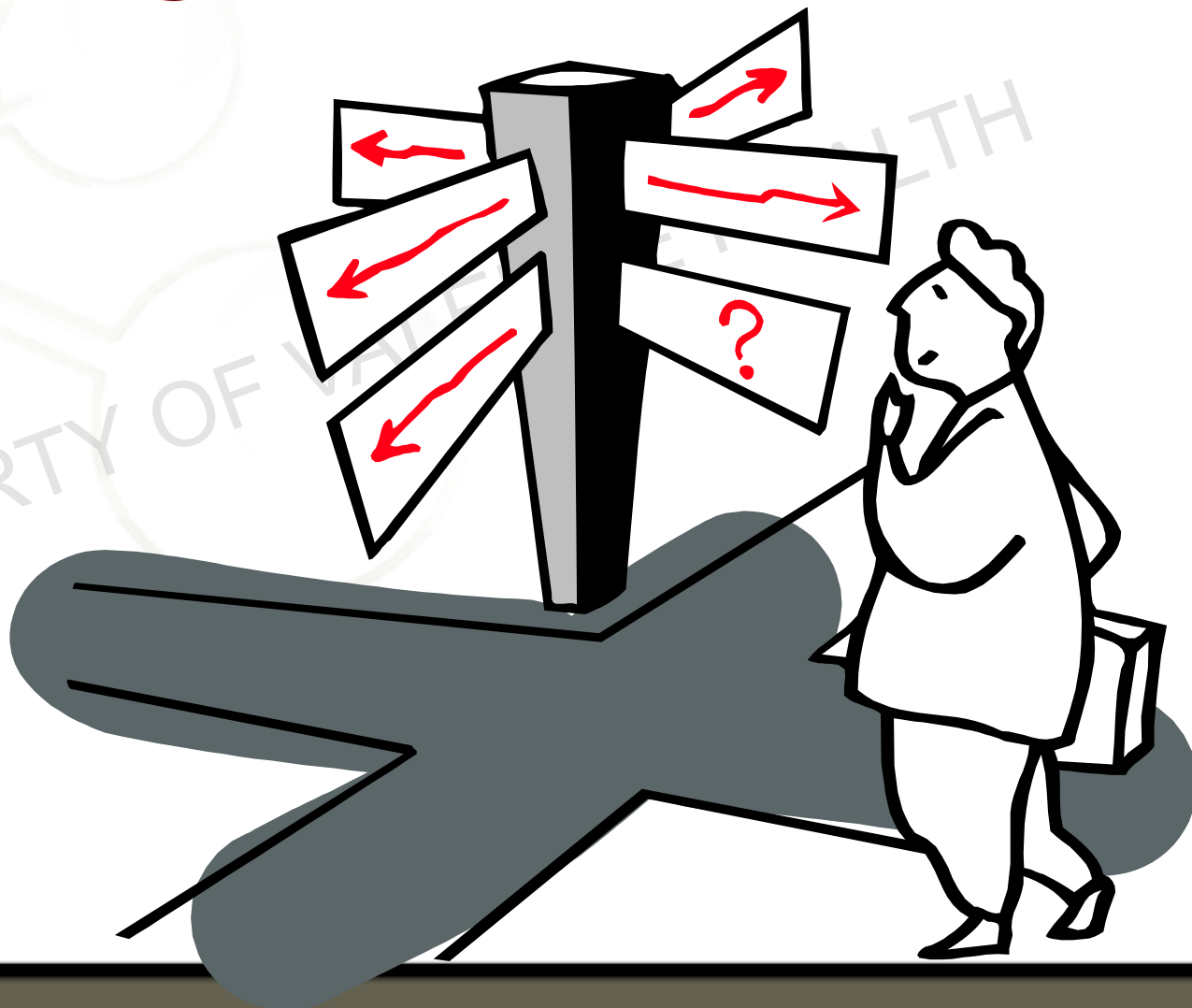


Paying for VALUE

Quality as the driver for change

- ***Improve quality and efficiency***
 - Core Measures, patient safety and other benchmark measures
 - reduce costs and improve efficiency
 - physicians' compliance with quality initiatives and use of tools such as clinical pathways and standardized order sets.
- ***Demonstrate quality to patients and community***
 - demonstrate higher quality
 - show collaboration among providers
 - position the network favorably relative to other hospitals and physicians
- ***Get paid for quality***
 - Base rates and incentives/P4P
 - Investment funds to support initiatives
 - Protect against future decreases

How do you get there?



Key Steps to Clinically Integrate

- **Understand Organization Characteristics**
- **Communicate to Physicians; Get Them Motivated and Enthusiastic**
- **Determine Data Collection Methodologies**
- **Select Clinical Protocols**
- **Provide Meaningful Reports & Proactive Management Tools**
- **Get Legal Support**

Essential to Success



Approaches to Getting Data

- **From the Payors**
- **From Paper Medical Records**
- **Create Health Information Exchange**
- **Common Electronic Health Record or Interoperable EHRs**
- **Mining Data From Practice Management Systems**



Access to
Data

Sharing Data to Improve Quality

- **Performance reports**

- Compliance with clinical guidelines & metrics
- Comparison to peers and benchmarks

- **Care Management tools**

- Disease registries
- Point of care tools



Sharing Data
for
Improvement

- Back To Portal
- Main Summary
- Guideline Background
- Reporting Help

























Guideline Report | Unique Patients By Qtr | Patient Age Distribution

Guideline Report

Responsible Provider - FAWCETT, SHARON 1215985528

Current Reporting Period: January 1, 2009 - December 31, 2009

[Export to Excel](#) 

| Guideline | Data Status | Compliant | Eligible | % Compliant | Compliance Indicator | Previous Compliant | Previous Eligible | Previous % Compliant |
|--|---|-----------|----------|-------------|---|--------------------|-------------------|----------------------|
| Acute Low Back Pain |  | 25 | 27 | 93% |  | 6 | 11 | 55% |
| Acute Pharyngitis |  | 8 | 22 | 36% |  | 3 | 17 | 18% |
| Asthma |  | 1 | 1 | 67% |  | 0 | 0 | 0% |
| Atrial Fibrillation - OP |  | 1 | 5 | 20% |  | 0 | 2 | 0% |
| Diabetes |  | 21 | 59 | 35% |  | 18 | 46 | 38% |
| Heart Failure - CHF |  | 3 | 4 | 63% |  | 1 | 2 | 50% |
| Hypertension |  | 87 | 119 | 73% |  | 76 | 96 | 79% |
| Hypothyroidism |  | 20 | 26 | 77% |  | 13 | 17 | 76% |
| Immunizations (Adolescent) |  | 2 | 4 | 50% |  | 0 | 0 | 0% |
| Immunizations (Age 6) |  | 2 | 2 | 83% |  | 0 | 0 | 0% |
| Osteoarthritis Knee |  | 1 | 1 | 100% |  | 0 | 0 | 0% |
| Screening for Dyslipidemia |  | 300 | 381 | 79% |  | 240 | 359 | 67% |

List of applicable guidelines

Total number compliant

Total number eligible

Guideline compliance rate

- Back To Portal
- Main Summary
- Guideline Background
- Reporting Help

vGuide

Guideline: Diabetes

[\(Click here to review guideline specifications\)](#)

Responsible Provider - FAWCETT, SHARON

Current Reporting Period: January 1, 2009 - December 31, 2009

[Return to Prior Report](#)

[Export to Excel](#)

Guideline Metrics

Cells shaded in yellow signify that the date stated made the patient compliant for that specific sub-measure. Dates in cells that are not shaded identify the most recent sub-measure qualifying event that fell outside of the compliance date window.

List of patients for this guideline

| Patient Name | % Overall Compliant | Visit | HbA1c | Lipid | Micro | Eye | Flu | Comment |
|---------------------------------------|---------------------|----------|----------|----------|----------|----------|----------|-----------------------------------|
| STEARN, NOLAN | 17% | 10/08/09 | 03/03/08 | 03/03/08 | | | | Patient Expired |
| TENHUNDFELD, NICHOLAS | 17% | 10/24/09 | 01/28/08 | | 01/28/08 | | 02/29/08 | No Comment |
| RUEGSEGGER, BRAD | 17% | 01/22/09 | 09/15/08 | | 09/15/08 | | 01/22/09 | Patient Expired |
| SCHUSTER, TYLER | 17% | 10/23/09 | 09/17/09 | | 11/16/08 | | | No Longer Patient |
| MOORE, JODIE | 67% | 09/18/09 | 09/18/09 | | 09/18/09 | | 03/07/09 | Patient Compliant |
| TYSON, LAUREN | 33% | 03/25/09 | 03/27/09 | | 03/27/09 | | | Patient Expired |
| ZASTROW, PAULINE | 67% | 10/28/09 | 11/25/09 | | 06/13/09 | | 02/12/09 | No Comment |
| DEMPSEY, ALLAN | 17% | 07/11/09 | 05/03/07 | 10/09/07 | | | | Patient Refused |
| TEMPLIN, JAMES | 50% | 11/06/09 | 10/26/09 | | 05/25/09 | | | No Comment |
| MILLARD, SHARON | 17% | 10/01/09 | 02/26/08 | 02/28/08 | 11/02/07 | | | No Comment |
| WALTERS, MEGEN | 50% | 12/24/09 | 01/10/09 | 10/08/06 | 12/25/09 | | 02/25/09 | No Comment |
| KRONCKE, STACY | 50% | 10/22/09 | 04/27/09 | 04/27/09 | 04/27/09 | | 03/05/08 | No Comment |
| BRUSE, CHRISTOPHER | 50% | 12/26/09 | 12/25/09 | | 12/25/09 | | | Patient Compliant |
| DENU, MACAYLA | 67% | 10/17/09 | 06/22/09 | | 06/22/09 | | 02/01/09 | No Comment |
| FLOOD, CHOON | 17% | 08/12/09 | 04/19/09 | | 11/12/08 | | | No Comment |
| DETTOR, KENT | 50% | 12/10/09 | 09/16/09 | | 11/28/08 | | 01/05/09 | No Comment |
| BRITTAN, LUKAS | 17% | 10/22/09 | 02/19/07 | | | | | No Comment |
| BREUNIG, DOLORES | 0% | 07/25/09 | 11/02/07 | | 06/22/07 | | 02/08/08 | No Comment |
| WOGER, SHERRY | 33% | 12/26/09 | 10/18/09 | | 02/19/07 | | | No Comment |
| COLVIN, ALDEN | 50% | 10/08/09 | 09/27/09 | | 09/27/09 | | | Patient Expired |
| WENDT, JAMES | 33% | 04/17/09 | 12/20/08 | 10/12/07 | 12/20/08 | 04/25/09 | 12/20/08 | No Comment |
| CAGLE, JOSEPH | 50% | 12/26/09 | 12/26/09 | | 06/01/09 | | | Patient Refused |

Patient level compliance with guideline

Opportunity for physician feedback

Dates for most recent encounter

- Back To Portal
- New Patient Search
- Guideline Background
- Reporting Help
- vGuide

Patient: Delores Ace

Patient Summary

First Name DELORES
Last Name ACE
Patient ID 397543731
Date of Birth 12/16/1945
Phone (312) 278-0749
Address P O BOX 4543
 Chicago, IL 60618

Last Visit Date 01/15/2009
Provider Dr. William Jones -
 1234567890
Specialty Internal Medicine
Primary Dx 487: Influenza

This patient is currently being measured for the guidelines listed below. Click on guidelines to view detail.

[Hypertension](#) Non-Compliant ✘
[Screening for Dyslipidemia](#) Compliant ✔

Patient identifying information

Patient's provider information

Applicable guidelines with compliance indicators

Hospital Admissions

| Admit Date | Discharge Date | Primary Dx | Description | Facility |
|----------------------------|----------------|------------|-------------|----------|
| No Recent Hospitalizations | | | | |

Emergency Department Utilization

| Visit Date | Primary Dx | Description | Facility |
|-----------------------|------------|-------------|----------|
| No Recent Utilization | | | |

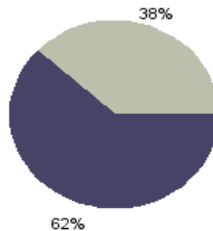
Hospital and ER utilization reports reflect claims through December 2009

Most Frequent Diagnoses

| Primary Dx | Description |
|------------|--------------------------------|
| 401 | ESSENTIAL HYPERTENSION |
| 272 | DISORDERS OF LIPOID METABOLISM |
| 574 | CHOLELITHIASIS |
| 311 | DEPRESSIVE DISORDER NOT ELSEWH |
| 789 | OTHER SYMPTOMS INVOLVING ABDOM |

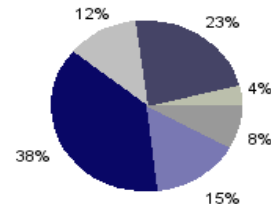
Reflects primary diagnoses associated with service claims through December 2009

Provider Type Profile



Provider Type
■ Primary Care ■ Specialist

Specialty Profile



Specialty
■ All Other (4%) ■ Diagnostic Radiology (23%)
■ General Surgery (12%) ■ Internal Medicine (38%)
■ Pathology (15%) ■ Radiology (8%)

Claims Detail (Sorted by Service Date)

| Service Date | Provider | Provider Specialty | CPT/REV Code | CPT/REV Code Desc | Primary Dx Code | Primary Dx Desc | Secondary Dx Code | Secondary Dx Desc |
|--------------|--------------|--------------------|--------------|------------------------------|-----------------|--------------------------------|-------------------|--------------------------------|
| 10/14/2009 | ZASTROW, AMY | Internal Medicine | 99214 | Office/outpatient visit, est | 379.05 | SCLERITIS WITH CORNEAL INVOLVE | 788.34 | INCONTINENCE WITHOUT SENSORY A |
| 07/22/2009 | ZASTROW, AMY | Internal Medicine | 99213 | Office/outpatient visit, est | 110.9 | DERMATOPHYTOSIS OF UNSPECIFIED | 379.05 | SCLERITIS WITH CORNEAL INVOLVE |
| 02/18/2009 | ZASTROW, AMY | Internal Medicine | 90472 | Immunization admin, each add | V03.82 | NEED FOR PROPHYLACTIC VACCINAT | | |

Reflects claims through December 2009

Recent health care information made available at the point of care:

- Hospital Admit
- ER Visits
- Most frequent diagnoses
- Claim Detail (regardless of provider)

What Else Needs to be Considered?

- **Program costs; how will they be supported**
- **Resources (personnel) to support program**
- **Strategy and communication plan to enlist physician participation**
- **Plan to approach payors and employers**
- **Financial incentives or P4P Program**

Are you ready?

➤ Educate your Board

- Consider a strategic planning retreat

➤ Readiness Assessment

- Evaluate competitive environment, current capabilities, “appetite” for change, physician leadership, hospital partner support, payer willingness
- IT infrastructure or technology solution partner
- Estimate program costs, revenues, and savings to project ROI
- Comprehensive implementation and program plan

➤ Decision process

➤ Continue messenger model method



What's on the horizon?



New models, new opportunities

- **Pay for Integrated Care**
 - Bundled payments
 - Patient Centered Medical Home
 - Accountable Care Organizations
- **Non-payment for errors and preventable complications**
- **Price and Quality transparency**
- **True value based purchasing**

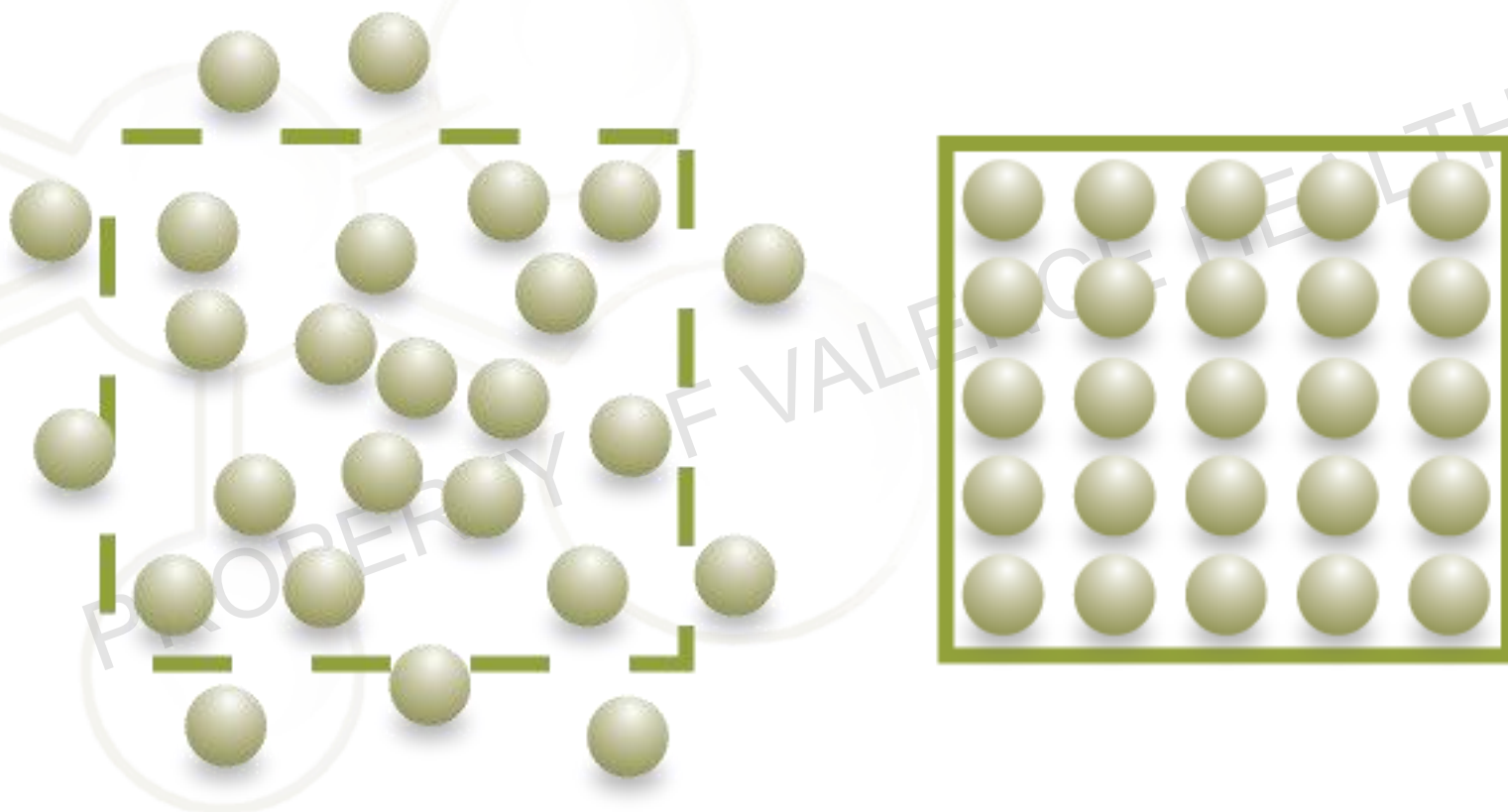


Positioning for the future

- **Success in the new payment models**

- High quality and appropriate utilization are valued
- Performance demonstrated through quality metrics
- Care coordination among hospitals and providers is critical
- Organized, clinically integrated groups fit the model

The way to move from here to there...



Clinical Integration

QUESTIONS?

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June 16, 2010

*Clinical Integration:
Different Approaches...
Common Goals*

THANK YOU !

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