System Focus

September 2020

Enhancing Care through Population Health Implementation

By Prathibha Varkey, M.B.B.S., M.P.H., M.H.P.E., M.B.A., President and CEO, Kathy Madden, Executive Director, ACO and Value-Based Programs, Carrie Guttman, M.S.N., RN, ACO and Value-Based Programs Manager, and Arnold DoRosario, M.D., Chief Population Health Officer, Northeast Medical Group

In the era of healthcare reform and where there is a growing recognition of healthcare disparities, a population-based approach to healthcare trumps a traditional volume-based approach in providing systematic, proactive clinical care. Leadership at Northeast Medical Group (NEMG), the physician foundation of the Yale New Haven Health System, realized this need for change and set off on a journey to improve population health efforts at their organization. This article highlights our experience building the infrastructure needed to be successful in population health, working to improve clinical quality, and collaborating with payers to ensure positive results.

Key Board Takeaways

Questions for the board to ask management include:

- Is there a population health strategy for the system? Is this upside or downside risk?
- Is there executive/management support for population health with incentives across the organization?
- How is leadership engaging with clinicians to address preventive health initiatives?
- What population health quality and cost-effectiveness reports are reviewed at the board level on quality performance, and how do they compare to national standards?

Changing NEMG's Approach to Population Health

NEMG is home to over 1,250 clinicians, including 230 primary care clinicians working in 140 sites across Connecticut and parts of Westchester, New York and Westerly, Rhode Island. The value-based programs that NEMG participates in include a Medicare Shared Savings Program (MSSP) Track 1 ACO, four commercial shared savings programs, four Medicare Advantage shared savings programs, and one Medicare Advantage quality bonus program. There are approximately 130,000 attributed lives in these value-based programs. Funding from the payers includes revenue for care coordination, quality, accurate coding, and shared savings.

Three years ago, a decision was made to strategically change the population health approach to caring for patients served by NEMG. Leadership created value program goals that align with the Triple Aim and include implementation of a proactive approach to clinical quality improvement, promoting a positive patient experience, and managing overall cost.

In 2015, NEMG began to build the infrastructure needed to be successful in population health, starting with implementing value-based contracts and launching an MSSP ACO. In 2017, the organization expanded finance and data analytic capabilities, staffing capacity, and clinical programs. Tactical priorities included:

1. Accurate Hierarchical Condition Category (HCC) coding
2. Clinical quality improvement
3. Enhancing care coordination
4. Managing medical costs through promoting clinical continuity
5. Enhancing patient experience
6. Introduction of a preventive health coordinator role
7. Clinician engagement

Teams formed to have oversight of each of these initiatives and to roll out interventions to drive results. The team led by the ACO and Value-Based Programs Executive Director included key primary care physician leaders, operations, nursing, and analytic staff. They were selected because of their roles in primary care innovation, data analytics, clinical operations, and knowledge of office workflows. A series of meetings were calendared, and the initial priorities were defined as closing quality gaps, accurate coding of all patient diagnoses to the highest level of specificity, and enhanced care coordination. Later years goals included risk stratification, development of disease management programs, and prioritizing of our vulnerable patients to manage their care.

Evaluating Quality in the Ambulatory Setting

Meeting quality metrics is a key part of all the quality bonus and shared savings programs. Targets are set by CMS using standards known as the Star Rating System for Medicare Advantage. The system allows consumers to compare health insurance plan or medical group performance in several categories, including clinical quality care and customer service between health plans or medical groups. The commercial payers use National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) to measure quality. While some of the payers have an additional financial bonus if targets are met, others use quality as a "gate" defining the percentage of shared savings based on the percentage of quality targets achieved. NEMG was accountable for 90 quality measures across the value-based programs in 2017 and prioritized 20 metrics to focus on to correct quality of care gaps. Quality interventions were based on quality metrics that were clinically sound, likely to result in improved clinical outcomes, and were most often measured by the payers.

Additionally, NEMG integrated 10 of these measures with the Physician Quality Incentive Compensation Program and four of them with corporate objective incentives that rolled into staff and leadership compensation plans, which established clarity with staff and clinicians regarding the importance of striving together to meet targets.

With the aim of improving clinical quality, and accurately documenting the health status of our patient population, clinicians were educated on accurate diagnostic coding to reflect the health status of our patients, which eventually led to risk stratification and development of disease management programs. A significant effort to increase the volume of annual wellness visits and comprehensive exams for patients became a strategic priority. Trained staff members and physician leadership worked one-on-one with physicians to improve patient experience scores. Patient experience staff completed site visits to observe physician and staff interactions and provided feedback for practices with lower performance. Additionally, monthly results and transparency within the practice site on these results had a positive impact on patient satisfaction. Team members improved clinical data capture through chart abstraction, improving operational workflows, accurately capturing information within the electronic medical record, identifying patients that need to be seen to close quality gaps, and outreaching to patients who had not had a clinician encounter in over 12 months.

The value-based team monitored progress through a combination of chart audits, EMR reporting, and claims data. Each clinician received a monthly individualized scorecard to support monitoring performance on key measures. Staff ran patient-level reports to help prioritize complex patients with multiple comorbidities and open gaps in care.

Collaborating with Payers

Working with each payer to achieve the 90 different quality targets can be challenging. The NEMG team met regularly with health plan leaders to find solutions and to assure financial support to fund the work needed to be successful. One Medicare Advantage program exemplified the benefits of close collaboration with a payer partner and rendered stellar results over the course of three years, through the following activities:

- The payer identified 11 preventive care metrics starting in 2017 that were weighted to equal a 5-star score.
- An embedded case manager worked daily with the clinician group to scrub data, identify strategies to close gaps in care, and collect information in the payer portal.
- Monthly meetings with NEMG leadership were supplemented with working subcommittees to ensure effective implementation day-to-day.
- The payers provided real-time, patient-level data to flag patients at risk for medication non-adherence and helped to contact patients who were overdue for their refills.
- The NEMG-payer team worked together to track down cancer screening records and coordinated entry into the record. Interventions also included eye exam clinics and nurse phone calls to educate patients on their medications.

Within the practices, the NEMG team developed a plan to engage the top 25 high-volume practices to improve the capture of clinical

quality data. NEMG hired practice-based preventive health coordinators to support the clinicians on patient outreach and clinical data capture. Follow-up on documentation gaps and submission of clinical data to the payers was coordinated by the population health team. The clinic sites focused on comprehensive diabetes care and cancer screening. An NEMG physician reviewed clinician-sensitive metrics that had a smaller numerator and spoke with clinicians as needed to promote medical management. In certain cases, outreach was done directly to the patient to see if they completed a screening.

Weekly collaborative phone calls with the top 25 sites occurred. Call participants shared results with each other and offered insights on closing gaps in care. Patient-level actionable data was presented on a regular basis to the practice supervisors who led patient outreach, documentation correction, and follow-up. Findings by the sites included the following:

- Clinical documents were misfiled in the EMR.
- In certain cases, the patient had been seen but the colonoscopy, mammogram, or eye exam had not been completed yet.
- There were a certain number of patients on the payer lists who were no longer seen by the practice or who were deceased.

Learnings from this project were expanded across the organization and preventive health coordinators have continued these efforts going forward, having demonstrated the value of this role.

At the end of each calendar year, NEMG is measured on progress based on a weighted average for a total of 5 stars. Over a three-year period for this program, NEMG moved from 4.25 stars in 2017 to 4.89 stars in 2019. Most of the quality measures improved 7–25 percent over the period. Most notable was improved comprehensive diabetes care as demonstrated in **Exhibit 1**. For performance year 2019, the medical group achieved a variety of shared savings and clinical quality bonus payments, including for the ACO. The entity achieved $12.3 million in savings for the MSSP ACO program and, with a quality score of 94.8 percent, received a payment of $5.9 million of shared savings,

Exhibit 1: Quality Metrics Dashboard and Performance between 2017–2019

Quality Measure	2017 Results	2019 Results	4 STAR Threshold % Target	5 STAR Threshold % Target	Quality Rating	CMS Weight	CMS Weighted Quality Rating
C01-Breast Cancer Screening	78%	84%	≥76.0%	≥83.0%	5	1	5
C02-Colorectal Cancer Screening	77%	84%	≥73.0%	≥80.0%	5	1	5
C07-Adult BMI Assessment	97%	99%	≥96.0%	≥99.0%	5	1	5
C13-Diabetes Care - Eye Exam	56%	88%	≥73.0%	≥78.0%	5	1	5
C14-Diabetes Care - Kidney Disease Monitoring	76%	96%	≥95.0%	≥97.0%	4	1	4
C15-Diabetes Care - Blood Sugar Controlled	96%	88%	≥72.0%	≥85.0%	5	3	15
D10-Medication Adherence for Diabetes Medications	81%	86%	≥82.0%	≥85.0%	5	3	15
D11-Medication Adherence for Hypertension (RAS antagonists)	72%	89%	≥86.0%	≥88.0%	5	3	15
D12-Medication Adherence for Cholesterol (Statins)	48	88%	≥84.0%	≥87.0%	5	3	15
D14-Statin Use in Persons with Diabetes	82%	84%	≥81.0%	≥83.0%	5	1	5
C22-Statin Therapy for Patients With Cardiovascular Disease	87%	85%	≥83.0%	≥87.0%	4	1	4
					Total	19	93
						2019 STAR Average	4.89

the highest in the region. Bonus dollars have been both reinvested in the organization to enhance program infrastructure and distributed to clinicians based on performance and number of Medicare patients on the panel they serve. Patient satisfaction "likelihood to recommend our practices" for the group for 2019 remained consistently in the 96th percentile.

Lessons Learned

Success would not have come without the support of executive leadership of NEMG and Yale New Haven Health System leadership believing in the population health strategy and vision. Building the infrastructure, aligning clinician and staff incentives, and distributing a portion of the shared savings received by the payers when achieved, resulted in engagement at every level within the organization. These were all important decision points that the health system as well as NEMG and ACO boards supported and approved along the way. NEMG learned a population-based approach to healthcare trumps a traditional volume-based approach in providing systematic, proactive clinical care. Throughout NEMG's journey to improve population health efforts, leadership have learned many lessons, including:

- Designation of resources and chartering teams fosters success on value-based programs, especially when payers sit at the table alongside medical group team members to build solutions. Site engagement at a large scale using the collaborative methodology is effective.
- When targeting a smaller number of metrics, a core team can move the needle significantly when channels of communication to the practice level remain open.
- Regular data exchange and meetings between payers and the clinician group improved accuracy of patient outreach.

The result of this work is a better patient experience, improved clinical outcomes, enhanced population health, and improved financial performance in a short time, which has had a significant impact on NEMG and the patients it serves.

The Governance Institute thanks Prathibha Varkey, M.B.B.S., M.P.H., M.H.P.E., M.B.A., President and CEO, Northeast Medical Group, Senior Vice President, Yale New Haven Health, and Professor of Medicine, Yale School of Medicine, Kathy Madden, Executive Director, ACO and Value-Based Programs, Northeast Medical Group, Carrie Guttman, M.S.N., RN, ACO and Value-Based Programs Manager, Northeast Medical Group, and Arnold DoRosario, M.D., Chief Population Health Officer, Northeast Medical Group, for contributing this article. They can be reached at prathibha.varkey@ynhh.org, kathleen.madden@ynhh.org, carrie.guttman@ynhh.org, and arnold.dorosario@ynhh.org.