Carroll PHO:

Community Physicians
Carroll Hospital Center
Carroll Health Group

Dr. Todd Galvin
Board Chairman
• Dr. Todd Galvin

• Mission and Goals
• Structure
• Membership
• Leadership
For Patients

• Population Health
  – Improve the health among the community
  – Track, measure, and monitor health

• Physician and Hospital Collaboration
  – Transform the patient care experience

• Reduce Waste
  – Enhance utilization management

• Use information technology as a tool to more effectively manage care
  – Disease registries and clinical data sharing
For the Hospital

• Provide a forum for working more closely with our community physicians
• Transform the patient care experience
• Improve financials through enhanced utilization management
• Use information technology as a tool to more effectively manage care
Physician Membership

• Employed, Contracted or Independent Physicians
  – Employed/contracted are all in PHO

• Requirements
  – Need to attend an orientation
  – Follow appropriate guidelines
  – Share data as applicable

• Not required
  – EMR
  – Medical staff membership
  – Dues/fees
PHO Structure

- Board
- Clinical and Quality Committee
- Information Technology Committee
- Finance Committee
Community Physicians
Dr. Galvin, Chair
Dr. Freiji
Dr. Hochuli
Dr. Johnston, Med Dir
Dr. Forsberg
Dr. Petropoulos
Dr. Sikorski
Dr. Green
Dr. McEvoy

Carroll Health Group Physicians
Dr. Dicke
Dr. Mendoza

CHC Management
David Louder, Exec Dir
Bob Edmondson
John Sernulka
Kevin Kelbly
Quality and Clinical Coordination Committee

- Select clinical areas to develop programs for coordinating care across inpatient and outpatient settings
- Review and implement clinical best practices
- Develop and manage disease management programs
- Track, monitor and measure quality and utilization

- Detail list of products and services
- Select initial clinical programs based upon work done elsewhere and data availability
  - Define minimal dataset necessary for performance measurement
Information Technology Committee

• Identify technology tools necessary to implement clinical initiatives
• Develop disease registry solution
• Oversee implementation of Electronic Health Record for community physicians
• Develop report templates and infrastructure
• Develop plan/procedure for how to abstract data
Finance Committee

- Identify potential PHO revenue streams
- Develop payor relationships and participate in initiatives
- Set metrics for utilization and cost reduction
- Develop innovative physician reimbursement programs, i.e., shared savings, PMPM
- Develop plan for reimbursing physicians for committee participation
- Segregate PHO expenses and oversee budget development
Committee Leadership

**Quality & Clinical Coordination Committee**
- Community Physicians
  - Dr. Johnston, Chair
  - Dr. Mahmood
  - Dr. Safferman/Fugoso
  - Dr. Green
- CHG Physician
  - Dr. Mendoza
- CHC Management
  - Dana Saunders
  - Kevin Smothers
  - Tracey Ellison
  - Sharon Saunders

**Information Technology Committee**
- Community Physicians
  - Dr. McEvoy, Chair
  - Dr. Johnston
  - Dr. Henderson
- CHG Physician
  - Dr. Dicke
- CHC Management
  - Kim Moreau
  - Dr. Rosen
  - Gail McHugh

**Finance & Payer Relationships Committee**
- Community Physicians
  - Dr. Forsberg, Chair
  - Dr. Green
- CHC Management
  - Kevin Kelbly
  - Bob Edmondson
PHO in the Context of Healthcare Reform and Finance

- Bob Edmondson
Physician-Hospital Organization (PHO)

- A PHO provides a platform for hospital and physician collaboration such as clinical guidelines, integration, and quality improvement.

- The PHO can be modified or grown to address:
  - Accountable care management
  - Future local market opportunities with payors and employers
  - Anti-trust protection for shared savings and group contracting
  - Physician payment vehicle
  - Facilitate electronic data sharing
PHO Objectives

• Improve the health among the community
• Track, measure, and monitor health
• Provide a forum for working more closely with our community physicians
• Transform the patient care experience
• Enhance utilization management
• Use information technology as a tool to more effectively manage care
What is 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.”

Sources: Department of Justice and Federal Trade Commission
The PHO is the centerpiece of CHC’s clinical integration infrastructure

- Carroll Health Group
- Hospital Transitions
- TPR-2
- Disease Management
- Payor Contracting
- Community Based Physicians

Patient-Centered Medical Home
Achieving clinical integration will require close collaboration between CHC and its physicians.

- Capital
- Management
- Information technology
- Payor contracting

- Care management
- Utilization management
- Network development
- Patient engagement
Clinical Integration & Evidenced-Based Practice

• Dr. Kim Johnston
• Sharon Sanders
For the Physician: Clinical

- Evidenced-base, Physician-driven Clinical Guidelines
  - Leveraging technology to support and measure quality
  - CHF, COPD, and pre-operative testing under investigation

- Clinical Integration
  - Care Navigators and Transition Coaches to help with high risk patients outside of the exam room
• Dr. David Louder

Measuring Value, Performance & Quality; Disease Registry
Disease registry:

- **Disease or patient registries** are collections of secondary data related to patients with a specific diagnosis, condition, or procedure.
- In its most simple form, a disease registry could consist of a collection of paper cards kept inside "a shoe box" by an individual physician. Most frequently registries vary in sophistication from simple spreadsheets that only can be accessed by a small group of physicians to very complex databases that are accessed online across multiple institutions.
- They can provide health providers (or even patients) with reminders to check certain tests in order to reach certain quality goals.
Carroll PHO Disease Registry

• Solutions are under investigation, but
• Will need to take inputs from a variety of EMRs, paper records, and claims datasets.
• Will likely be very focused on measuring quality change related to EBGs
• Will also potentially focus on population prevention and screening
• Will assist in utilization management as a means to decrease healthplan expenses
The Triple Aim

- Improve individual experience
- Improve population health
- Control inflation of per capita costs

The best care

For the whole population

At the lowest cost

Institute for Healthcare Improvement

Optimizing health, care experience, and costs for populations
Measuring Value, Quality, and Performance

• Link to PHO Goals and EBGS

• Reference National Standards Bodies
  – CMS Physician Quality Reporting System (PQRS)
  – CMS and Medicaid Meaningful Use (MU)
  – National Quality Forum: National Voluntary Consensus Standards for Ambulatory Care Using Clinically Enriched Administrative Data
Examples (not yet adopted by Carroll PHO)

- **CHF**
  - All cause readmission reduction (CMS)
  - ACE Inhibitor or ARB for LVSD (MU)
  - Beta-blocker for LVSD (MU)
  - Warfarin for AF (MU)

- **COPD**
  - All cause readmission reduction (CMS)

- **Diabetes**
  - 8 measures (MU)
Measures: KISS*
(Keep It Simple Stupid)

• Tie to
  – Better Care
  – Improved Health
  – Value

• Make it easy: paper or electronic abstraction

• Demonstrate PHO performance

• Challenge: Patient Index across EMRs
Practice Records, EMRs, Meaningful Use and Information Exchange

• Dr. David Louder
Information Technology Committee

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Survey of Primary Care EMRs

- 9 EMR Vendors (MU Certified)
  - Allscripts (Pro, Myway) - 2
  - McKesson (Pract. Part., Medisoft Clinicals) - 4
  - eClinical Works - 1
  - E-MDs - 1
  - MedPlus (Care 360) – 4
  - GE Centricity – 1
  - Cyfluent – 1
  - Practice Fusion – 1
- 4 Attested already and 9 to attest in 2012
- 2 Vendors not found on MU Certified list
- 13/30 Practices have no EMR
  - 1 Installing NexGen
Internet Service Providers (ISP)

- 14 Verizon
- 12 Comcast
- 2 Quantum
- 1 AOL
- 1 Paetec

- May Consider County Fiber for Connectivity (over 40 ISPs)
Office EMR Support for Medical Staff Members
by CHC

• Kevin Kelbly
For the Physician:

EMR

- CHC EMR support
- By law, this must come from the Hospital, and not PHO
- Hospital can help Medical Staff members to a certain point
  - Data interfaces to/from CRISP and office certified EMRs
  - EMR software support for new EMR installations
- Hospital funded activities will likely be payments for vendor support
- Hospital will prioritize requests based upon clinical quality impact
PHO Finances and Incentives

- **Funding the PHO**
  - Utilization management/TPR
  - CHC associate health plan savings

- **Objective** is to improve health outcomes, drive efficiency and ensure appropriate utilization of health services
For the Physician: Financial

- New Associate Health Plan
  - Beginning 1/1/13, PHO membership will be required to receive “Tier 1” provider rates: identical to existing INFORMed rates
  - Without PHO membership, reimbursement will be at United’s Options PPO rates
- Future Quality-based shared savings programs
  - Commercial payors and large employers
  - Medicare ACO programs
  - Maryland Population and Value-Based programs
The PHO will explore potential sources of future revenue

- Management of self-funded employee health plans
  - CHC
  - Local companies
- Payor contracts
- Shared savings
- State/federal incentive reimbursement
- Risk arrangements
- Co-management
Carroll PHO, Carroll PHO Plus, and the CHC Employee Health Plan

• Dana Saunders
• Preferred network of PHO-member physicians
• Health plan for CHC associates and their families
• Administered by United Medical Resources
• Advantageous rates in different tier from other United products
• Access to data for population health and care management will support PHO initiatives
• United Health Care will be contacting all PHO members directly.
• PHO members will be asked to sign a contract addendum.
• Signing this contract addendum will allow United Health Care to list you as a participating **PHO Plus Provider** within the Carroll Hospital Center Employee Health Plan.
• Listed online both by CHC and UMR

Effective January 1, 2013.
Conclusions: Putting it all together for the coming year

• Dr. Todd Galvin
Open Meeting of the PHO Board

• Dr. Todd Galvin

• Agenda
  – Approval of prior Board meeting minutes
  – Approval of the content of this General Meeting to satisfy the requirements for orientation for new PHO members until the next general meeting
  – Special presentation
  – Adjournment