

 utica park clinic

Utica Park Clinic

Population health management helps Utica Park Clinic ease the transition to value-based care

The transition from fee-for-service to value-based reimbursement has been a challenge for many providers. Financial incentives that favored high service volumes must now be re-focused to accommodate alternative models such as bundled payments and other accountable care organization (ACO) initiatives. The change has led to very real concerns about the potential loss of revenue during the transition period, putting hospitals and providers at financial risk.

Among those concerned was Utica Park Clinic, a multi-specialty physician group in northeast Oklahoma that is part of the Hillcrest Healthcare System. Owned by Ardent Health Services, Utica Park Clinic is a multispecialty physician group

Overview

The need

Utica Park Clinic needed to balance the challenging financial implications of shifting from fee-for-service to value-based reimbursement, as well as improve the overall quality of care it provides without burdening its care team

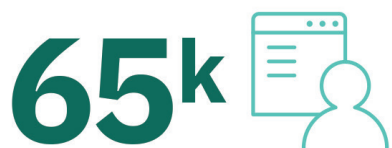
The solution

Utica Park Clinic selected IBM Watson Health, which had the population health management (PHM) technology it needed to automate its processes and interface easily with the multiple EHR systems currently in use, and incorporated Lean Six Sigma principles to redesign workflows

The benefit

Utica Park Clinic initiated 291,426 patient communications to successfully remind patients of almost 140,000 appointments and inform nearly 65,000 patients of an identified gap in care; in addition, it also achieved a ROI of 14:1 and the pilot program generated more than \$840,000 in additional billable revenue

with more than 200 providers and 55 locations in eastern Oklahoma, most of them in or near the Tulsa metropolitan area. Executives at Utica Park Clinic recognized that the group needed to generate new fee-for-service revenue streams in the short term to make up for the shortfall being created by pay-for-performance plans. It also needed to improve the quality of care overall to reduce losses and set the stage for future success by taking advantage of financial incentives for measures such as lower readmissions and improved Star Ratings for Medicare Advantage.



patients informed about care gaps

Utica Park Clinic quickly recognized the answer to these and other imminent challenges was population health management (PHM). By incorporating Lean Six Sigma principles¹ to redesign workflows and implementing IBM Watson Health as its PHM platform, Utica Park Clinic was able to generate impressive results in several areas. Among them was reminding nearly 140,000 patients about appointments, **informing 65,000 patients about identified care gaps and spurring 6,800 of those to action**, resulting in the generation of more than \$840,000 in additional billable revenue in one year as part of a 60-provider pilot program. The total ROI was 14:1, and all PHM efforts are now generating their own funding streams. The drive toward value-based care

The drive toward value-based care

With a physician mix that is 71 percent primary care and 29 percent specialty care, Utica Park Clinic logs roughly 550,000 outpatient visits per year from 200,000 to 220,000 attributed lives. On average, it makes 140,000 referrals annually.

Utica Park Clinic is highly focused on the physician-patient relationship, with a culture that honors the physician's personal approach to patient care and the outstanding medical outcomes this approach delivers. It is one of the many reasons Utica Park Clinic consistently ranks as one of their market's leading physician groups for patient satisfaction. This dedication to outcomes has led the organization to be an early adopter of new payment models. It previously participated in bundled payment initiatives such as the Medicare Acute Care Episode (ACE) demonstration project and cardiovascular and orthopedic DRGs – all of which were designed to reward collaboration and efficiency in treating patients across providers.

At the same time, executives at Utica Park Clinic recognize that improvement does not come without some pain. So as it began preparing for the transition from traditional fee-for-service to value-based reimbursement, the organization adopted a philosophy taken from the Hippocratic Oath: First, do no harm to the patient's health. To that, they added a second dictum: Do no harm to the healthcare system's financial health.

Fulfilling the second part would not be easy. As with most healthcare organizations in the US, Utica Park Clinic's financial security traditionally rested on being paid for each patient encounter. While focusing reimbursement on outcomes rather than volume made sense from a patient and population health point of view, the ensuing drop in revenue had the potential to compromise Utica Park Clinic's financial performance, creating difficulties that could ultimately affect the quality of care and patient satisfaction. New pay-for-performance incentives through programs such as Medicare Advantage, the Comprehensive Primary Care initiative (CPC) from the Centers for Medicare and Medicaid Services (CMS) and employer-funded plans held promise to replace lost encounter revenue. But, the transition would have to be orchestrated carefully, in stages, in order to succeed.

Solution components

Software

- IBM® Phytel Outreach
- IBM® Phytel Coordinate
- IBM® Phytel Remind
- IBM® Phytel Transition

Population health management creates the pathway

In evaluating how to navigate the difficult transition successfully, leadership at Utica Park Clinic determined that implementing PHM technology alone wouldn't be enough. The first step would be to redesign the workflows being used by clinicians.

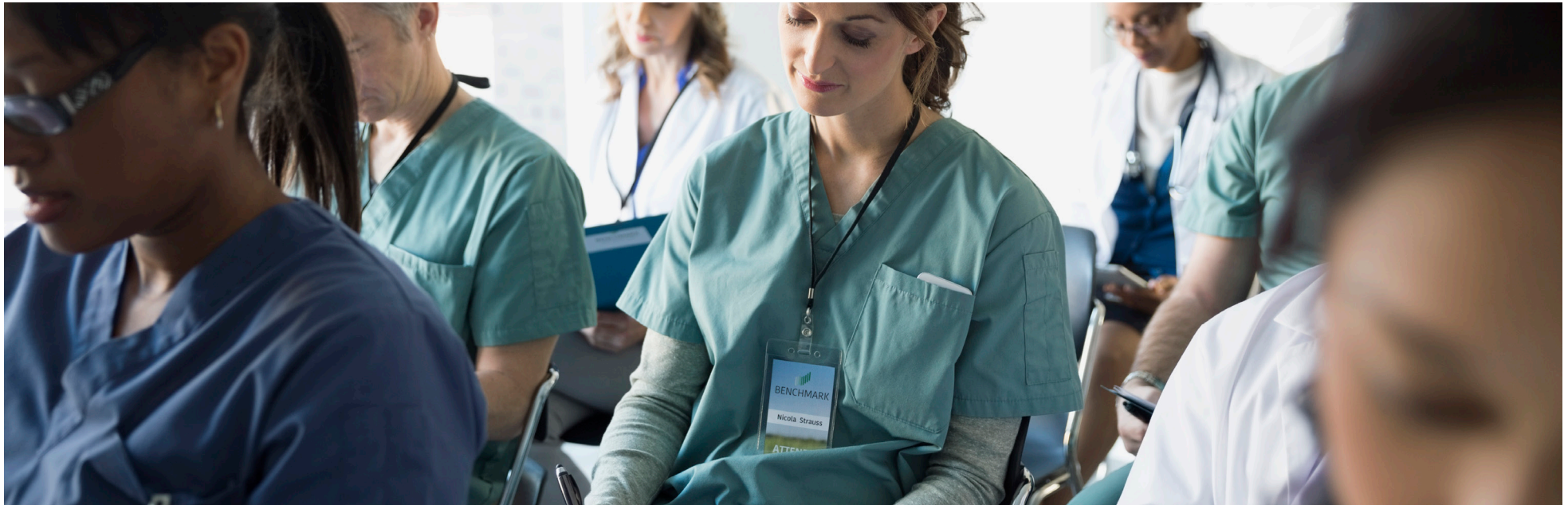
“In many cases, practices are eager to deploy new technologies designed to help them become more efficient,” says Jeffrey Galles, D.O., Chief Medical Officer at Utica Park Clinic. “Yet the reality is, if the practice's current processes are not sound, then automating those processes will only make the practice more efficient at being inefficient. It's best to start the PHM journey by examining current processes for managing patient populations and then applying Lean Six Sigma principles to improve them.”

Rather than placing this burden on the physicians, Utica Park Clinic decided to have the administrative and care management staffs trained in Lean Six Sigma principles. This strategy would allow physicians to remain focused on the patient in front of them, which is how Galles felt they should be spending their time.

With a plan in place, the search began for PHM technology that would automate Utica Park Clinic's process while enabling physicians and nurses to work at the tops of their licenses rather than getting bogged down in repetitive tasks. A priority requirement was the ability to interface easily with the multiple electronic health records (EHR) systems in use throughout the organization to avoid the cost and time involved with building a data warehouse. After reviewing several options, Utica Park Clinic selected IBM Watson Health.

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– Jeffrey Galles, D.O., Chief Medical Officer



“What we liked about IBM Watson Health was the breadth of its capabilities and the ability to modify the platform to our unique needs,” Dr. Galles says. “It allowed us to build powerful registries that help stratify patients by risk, identify care gaps without the need to search through our electronic health records manually, and then reach out to patients to encourage them to make appointments. We can use it to send automated reminders to patients about their appointments, and to generate reports that show individual physicians how they’re performing as well as showing us how the organization is performing overall against key quality measures. It even helps us follow up with patients after discharge from the hospital to help prevent unnecessary readmissions. It’s the complete package.”

IBM Watson Health not only supplied the PHM technology but also provided the Lean and Six Sigma training to the Utica Park Clinic staff. Currently all of its administrative staff members and most of the nurse care managers have achieved their blue belts, and a handful have been selected to begin training for their green belts. This training has allowed the staff to go into a practice and help physicians understand how to improve processes, lean out their workflows and to improve the quality of care.

As it prepared to begin the transition process, Utica Park Clinic outlined several strategies it wanted to support through the IBM Watson Health PHM platform to help maximize revenue while limiting financial risk to the organization.

“We are now a large medical group with many providers, all trying to swim in the same direction. IBM Watson Health has been invaluable in helping us aggregate the information from all those providers so we can collect the bonus payments while staying true to our core philosophy of allowing them to practice medicine in the way they believe is best for the patients.”

– Verda Weston, Director of Care Management
for the CPC Program at Utica Park Clinic

Outreach to optimize care coordination

Value-based care and pay-for-performance are strategies that reward providers for keeping patients healthy, thereby reducing the number of patient visits for a particular illness or injury. To optimize performance under these payment models, Utica Park Clinic had to identify opportunities to engage with patients to manage their care. The organization used IBM Watson Health to identify care opportunities that would anticipate care needs and promote the health of the clinic's patients.

Using IBM Watson Health to analyze its EHR data, Utica Park Clinic's care managers were able to quickly identify patients with care gaps such as a need for immunizations or wellness examinations and then automatically engage patients, encouraging them to schedule an appointment. They were also able to identify Medicare patients who had not received their Annual Medicare Wellness visit and direct automated calls, leading to gap closure and more accurate HCC coding scores. Those with chronic conditions, especially multiple morbidities, often received a phone call from a Medical Assistant or nurse care manager from Utica to impress upon them the importance of closing the care gaps. Utica Park Clinic currently has 18 registered nurse care managers embedded in its clinics. This program was also in keeping with the PHM goal of keeping patients well rather than

treating them when they are sick, helping establish the pay for performance mechanisms Utica Park Clinic would require in the future.

Outreach mechanisms were also used to support employed specialties and hospital-based services. For the former, when Utica Park Clinic ran a report that showed rates for colon cancer screenings were lower than the target, the staff made it a focus of outreach calls. It did the same for hospital-based services such as mammograms, closing critical care gaps while driving additional revenue.

"Our job is to put the infrastructure in place to help physicians see more patients and stay on top of their needs, which enables them to do their jobs more effectively," says Dr. Galles. "That is a big step in moving toward the value-based model."

Supporting PHM through pay for quality reporting

Utica Park Clinic recognized that the revenue that comes from pay-for-quality measures can help offset the costs for a PHM program. IBM Watson Health makes it easier to generate reports that look at the entire patient experience rather than focusing on an individual episode, and to aggregate that information across patient populations. It can use that information to work with payers and employers in the healthcare market to demonstrate its ability to deliver value, helping to secure more of that business.

Supporting CPC milestones

The goal of CPC is improve primary care by offering prospective (PMPM) care coordination payments for primary care providers (PCPs) who better coordinate care with their Medicare and BCBS patients and their caregivers. In that, its objectives dovetail with those of the Patient-Centered Medical Home (PCMH).

The CPC program selected 15 Utica Park Clinic locations to participate. These 15 offices and their 60 providers make up nearly one quarter of the total participants in the program. The total patient panel is roughly 15,000, which includes both Medicare fee for service and Blue Cross Blue Shield patients.

As part of its participation in CPC, Utica Park Clinic is required to provide clinical metrics, and apply the database and reporting capabilities available within their PHM technology. That can be challenging given the organization's size.

"Our practices have grown tremendously in the last couple of years," says Verda Weston, Director of Care Management for the CPC Program at Utica Park Clinic. "We acquired two hospitals and added a significant number of providers. We are now a large medical group with many providers, all trying to swim in the same direction. IBM Watson Health has been invaluable in helping us aggregate the information from all those providers so we can

collect the bonus payments while staying true to our core philosophy of allowing them to practice medicine in the way they believe is best for the patients. We couldn't have made these reports without IBM Watson Health."

Another thing that is required of participants in the CPC program is the ability to empanel a practice. Although Utica Park Clinic emphasizes discovering who patients perceive as their PCPs when they register, a report generated through IBM Watson Health showed that only 60 percent to 70 percent of patients had a PCP identified in the system. For those that did not have one, IBM Watson Health was able to run an algorithm to suggest which physician is likely to be that patient's PCP and create that panel. This process helped Utica Park Clinic's physicians understand better what it means to take care of a population of patients.

Supporting Medicare Advantage HCC


Reimbursement under the Medicare Advantage Hierarchical Condition Category (HCC) program is based on adjusted risk. The higher the risk, the more the provider can receive to treat those patients. Participation in this program, by definition, requires an organization to be able to risk-stratify its patients appropriately. Funding is prospective, which means Utica Park Clinic does not have to use its own funding to support the program.

As part of its PHM program, Utica Park Clinic uses provider and care manager feedback to risk-stratify all patients based on information pulled from the EHR and brought into the patient registry. High-risk patients can then have gaps in care identified and be contacted through IBM Watson Health. These actions help ensure that Utica Park Clinic physicians are properly reimbursed for the care required by high- and medium-risk Medicare Advantage patients, and that they are able to provide the needed treatments to help improve their health outcomes.

Supporting employer-based PHM

In addition to its traditional clinical model, Utica Park Clinic is engaged with several large, self-insured employers in Oklahoma to deliver an alternative to traditional commercial payer programs. "The ability to build a population based care model has allowed Utica Park Clinic to explore new payment models with insurers and payers with a new confidence," says Dr. Galles. "This has been a big step forward for our entire organization." These employers understand they must find a solution to the skyrocketing cost of providing healthcare benefits to their employees. They have seen their costs rise three- or four-fold with no appreciable improvement in outcomes. Utica Park Clinic views it as a way to gain market share while delivering a valuable service to the community.

To accomplish these goals, Utica Park Clinic is demonstrating how it can use PHM to help with chronic disease management – one of the main drivers of higher costs – as well as health risk assessments and wellness programs. It is showing how IBM Watson Health can help with goals such as making sure each employee has a self-identified PCP. It is also demonstrating how its care navigation program can help employees manage their health better, whether they are using Utica Park Clinic or other practices.

\$840k 
in additional billable revenue

"These employers are very focused on wellness for their employees, and they want them to be happy with the care they're receiving," Dr. Galles explains. "Part of it has to do with employee recruitment and retention, but a lot of it revolves around productivity as well. Sick employees reduce output. By selling these capabilities to those organizations **we are able to create an additional revenue stream** that doesn't necessarily impact our physician office resources. We now have the data to show them that we can positively impact the health of their employees, and they've been very excited to see how well IBM Watson Health PHM tools we're using are working. The added benefit is that we are growing our market share by providing not just sick care, but also through wellness care."



PHM drives clinical and financial improvements

By all measures, the outreach program has been a resounding success. The pilot program, which included only 60 physicians, **successfully initiated a total of 291,426 calls to patients**. As a result, **nearly 140,000 patients were successfully reminded about scheduled appointments**. In addition, almost 65,000 patients were informed of a care gap identified through IBM Watson Health, leading to more than **6,800 patients interacting with Utica Park Clinic providers to close those gaps**.

The financial impact was extraordinary as well. Utica Park Clinic was able to generate more than \$840,000 in billable revenue that would not have been captured without IBM Watson Health PHM platform. The organization places the ROI at 14:1, meaning it received \$14 in revenue for every \$1 spent. The outreach program not only paid for itself but also for a substantial portion of the PHM program as a whole.


Improving adherence rates improves revenue

A specific example of the impact the PHM program has had at Utica Park Clinics is the success around HbA1c protocol adherence among Utica Park Clinic's diabetic population.

Lowering readmissions in CPC

Data from CMS and BCBS has demonstrated that Utica Park Clinics participating in the CPC have decreased readmission rates by 7-10 percent from the start of the program. This varies by clinic location, but the global trend has led BCBS to explore opportunities to create a CPC-like program in Utica Park Clinic's non-CPC locations. In addition, a payer alliance in Eastern Oklahoma is also attempting to identify partnership opportunities with their primary care locations to expand the CPC model, based on these PHM successes.

291^k 
initiated calls to patients

140^k 
successful patient
appointment reminders

6.8^k 
successful care gaps closed

Enhancing transition of care

A key area of focus for Utica Park Clinic, as it is with the majority of providers today, is lowering the risk of hospital readmissions. Many readmissions come as a result of patients not following the instructions they are given at discharge, such as following up with their PCP or their specialist within a few days or adhering to their prescribed medications.

Furthering its success with readmission rates, Utica Park Clinic is in the process of completing a care transition infrastructure that will improve coordination between its physicians and local hospitals. It has budgeted for three full-time nurse care managers in the hospital who follow patients with specific, high-risk DRGs such as congestive heart failure and pneumonia for 30 days after discharge, coordinating care with PCPs and specialists.

The system will notify physician offices when one of their patients has been discharged from the hospital or visited the emergency department, and provide details regarding follow-up actions. IBM Watson Health will then be used to help manage the transition, providing outreach to set up or remind a patient about a scheduled office visit, checking whether they have obtained prescriptions and followed instructions for other adherence events, such as HbA1c tests for people with diabetes.

“Many hospital readmissions are preventable with the right level of care and communication,” says Dr. Galles. “Yet the follow-up to ensure it happens often isn’t there. In looking at the data feeds from our community Health Information Exchange (MyHealth Access Network) we realized 30 percent to 35 percent of our patients weren’t being seen for follow-up visits because of a lack of communications from the hospital or ED to us, or from us to the patients.”

“In addition, 20-30 percent of Utica Park Clinic’s admissions occurred outside of our own hospital system,” Dr. Galles continued. “IBM Watson Health helped us build an interface with the HIE to capture discharge information from all of the participating hospitals and now we have created a much more robust outreach for our patients in transition.”

“Based on our present experiences with IBM Watson Health, we are confident this new transitions of care infrastructure will help ensure that a far greater number of our patients are contacted automatically after discharge to encourage them to take the next steps for their care. We have also used the automated Phytel Transition outreach calls to optimize our transitional care management services and help achieve appropriate reimbursement for these services. With exposure that ranges in the area of \$1.5 million to \$2.7 million, we believe that decreasing readmissions penalties alone will pay for our PHM program.”

IBM Watson Health population management platform product distinctions support the ability of healthcare providers to:

- Drive population health management
- Risk-stratify patients to help focus on those in greatest need
- Identify gaps in care across a patient population
- Generate automated reminders of upcoming appointments
- Generate automated outreach to inform patients about care gaps and encourage them to set appointments
- Seek assistance with Pay for Quality reporting
- Support CPCi milestone reporting
- Create an infrastructure to manage transitions and coordination of care



Notes

¹ Lean Six Sigma, Wikipedia definition, 4/26/2016,
https://en.wikipedia.org/wiki/Lean_Six_Sigma

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Software Group
Route 100
Somers, NY 10589

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Solution components

IBM® Phytel Outreach

IBM® Phytel Coordinate

IBM® Phytel Remind

IBM® Phytel Transition

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About IBM Watson Health

In April 2015, IBM launched IBM Watson Health and the Watson Health Cloud platform. The new unit will work with doctors, researchers and insurers to help them innovate by surfacing insights from the massive amount of personal health data being created and shared daily. The Watson Health Cloud can mask patient identities and allow for information to be shared and combined with a dynamic and constantly growing aggregated view of clinical, research and social health data.

For more information on IBM Watson Health, visit:

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