Clinician Efficiency and the PHM Imperative
October 8, 2015
3pm – 3:30pm
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Beacon Hill Internal Medicine
Conflict of Interest Disclosure

Ronald F. Dixon, MD, MA

Has no real or apparent conflicts of interest to report.
What is driving healthcare costs

- **Chronic Diseases**
  - $1.875 Trillion in annual health costs
  - $3 out of every $4 spent on healthcare in the US

- **Aging Population a Major**
  - 1 in 8 Americans are 65+
  - 2009: 65+ comprised 12.9% of the population
  - 2030: 19% of the population is projected to be 65+

Source: Grace Terrell, Pres. and CEO Cornerstone Health Care
Our new contracts... sharing the risk

Partners HealthCare currently manages roughly 500,000 lives in various accountable care relationships

1. **Medicare**
   - Pioneer Accountable Care Organization
   - Elderly population, care management central to trend management
   - Covered lives: ~75k

2. **Commercial**
   - Alternative Quality Contract (AQC)
   - Younger population, specialists critical to management
   - Covered lives: ~350k

3. **Medicaid**
   - NHP
   - Population with significant disability, mental health, and substance abuse challenges
   - Covered lives: ~25k

4. **Self Insured**
   - Partners Plus
   - Commercial population, but savings accrue directly to Partners, and improves our own lives
   - Covered lives: ~80k

Source: Tim Ferris, VP Population Health Mgt., Partners HealthCare
Right-sizing the type and intensity of intervention

<table>
<thead>
<tr>
<th>Num. of Patients</th>
<th>Cost of Care</th>
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<tbody>
<tr>
<td>The Very Sick</td>
<td></td>
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<tr>
<td>Chronically Ill</td>
<td>The Very Sick</td>
</tr>
<tr>
<td>The Majority</td>
<td>The Majority</td>
</tr>
<tr>
<td>Chronically Ill</td>
<td></td>
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Intensity of intervention

- Case Mgmt
- Remote monitor
- Home visits

The high TME for a small group of patients justifies frequent, expensive intervention

- But a more cost effective treatment modality is needed for the slightly less expensive
- ... and to slow the progression to higher acuity states
3 out of 5 face-to-face appointments could be VIRTUAL

- Patients with chronic disease (e.g. diabetes, depression)
- Patients with acute, one-time illness
- Caregiver and elderly parent
- Parent with child
Dear Mama

I don't hate you. I just do not love you anymore and I do not like you. Your being to rock and meant to me.

Naya
# MGH Virtual Care Modalities

<table>
<thead>
<tr>
<th>Real Time “Synchronous”</th>
<th>Store and Forward “Asynchronous”</th>
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</thead>
<tbody>
<tr>
<td><strong>Video Virtual Visit</strong></td>
<td><strong>eVisit/Async Virtual Visit</strong></td>
</tr>
<tr>
<td>Video visit between MGH MD and patient¹</td>
<td>Online exchange of medical info between MGH MD &amp; patient¹</td>
</tr>
<tr>
<td><strong>Virtual Consult</strong></td>
<td><strong>eConsult</strong></td>
</tr>
<tr>
<td>Video consult from MGH MD to patient’s MD²</td>
<td>Online consult from MGH MD to patient’s local MD²</td>
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¹ Exchange where the provider gives the patient medical advice
² Exchange where the MGH consultant “Expert” gives MGH provider or external community provider medical advice
Asynchronous eVisit Example: 30 day follow-up for depression

- Clinician & patient decide next visit will be Virtual
- Patient receives login
- Patient completes questionnaire within 7 days
- Clinician reviews and decides next steps

- Email alerts patient to review clinician’s determination
- Patient takes appropriate action
- Clinic staff copies entire interaction to EMR in one step
- Clinician schedules next eVisit

- All exchange of information takes place and is stored in HIPAA secure environment
- Clinician, patient and clinic staff are alerted and reminded when they have an action to complete
- Clinician compensation is automatically tracked and calculated in the system
Asynchronous eVisits for Chronic Condition Follow-up

- A set of condition-specific questions that a patient answers in a secure website
- Clinician reviews answers and replies to patient with care plan/next steps

2012:eVisit Pilot Study
- 10 chronic conditions, 175 patients completed visits, 10 clinicians
- Average patient eVisit time = 8.3 minutes
- Average clinician review time, including note = 3.6 minutes


5x efficiency gain for clinicians
Move patients to most efficient, least expensive, appropriate care mode

- Move heavy “Office Users” to Virtual Care
- Engage high ED/hospital utilizers in non-hospital setting
- For low office users (low-low) encourage appropriate async eVisits and office visits to improve routine care/prevention

<table>
<thead>
<tr>
<th>Hospital Utilization (ED/Inpatient)</th>
<th>Office Utilization</th>
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<tbody>
<tr>
<td>Low</td>
<td>Low</td>
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<tr>
<td>High</td>
<td>High</td>
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<table>
<thead>
<tr>
<th>“Office Users”</th>
<th>“Prolific Users”</th>
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<tr>
<td>19%</td>
<td>7%</td>
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<table>
<thead>
<tr>
<th>“Low Users”</th>
<th>“Non-office Users”</th>
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<tr>
<td>66%</td>
<td>8%</td>
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43% of visit volume!
Advantages of asynchronous eVisits

- Improves clinician efficiency
  - Pilot study showed average clinician time for F2F visit with notes is 18 min vs 3.6 min for an eVisit
  - Enables increase in panel size

- Cost savings
  - Prevents some lower level visits
  - Direct savings in ACO model

- Improves continuity of care and chronic illness management
  - More convenient for patient
  - More likely to check in for evaluation and management
  - Reduced time and expense

Both clinician and patient learn to use a more efficient mode of care delivery
Adapting to the payment/cost model

For the heavy office users
- Monitoring
- Adherence reminders
- Check-ins to ensure stability
- In a cost-effective mode, generally async eVisits
Not everything we do as clinicians needs galactic oversight

Complex E&M vs. the simple and quick

The overhead of 100% documentation and control is immense
The EMRs can’t do it all, nor should they try

<table>
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<th>Healthcare industry and technology are changing rapidly</th>
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<tr>
<td>- Cost and reimbursement pressures</td>
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<td>- Patient expectations for healthcare tech to mirror the rest of their life technology</td>
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<tr>
<td>- Wide variety of patient interactions and modalities</td>
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<tr>
<td>- A greater pressure for efficiency</td>
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*Microsoft, Oracle, SAP might have done it all, but they couldn’t …*
Technology is nice, workflow is king

The higher frequency, lower intensity patient interaction must slide into the clinician's workflow without “overhead”

- Focus on the E&M decision, not the data gathering or recording
- Modern software interface design
- Well researched and developed workflows
- Agile development to tweak as we learn

This allows us …
  - Minimal training needs
  - Faster adoption
  - Responsiveness to user input
  - Instant mobile access
Over 7,000 eVisits completed to date

94% of clinicians say they would **definitely or probably** recommend asynchronous eVisits to other clinicians and friends/family who are patients

- Now in 15 MGH clinics
- Primary Care and Specialties
- 3,000+ patients
Virtual Visits designed for a broad rollout to Primary Care and Specialties

- Patient has single view
- Clinic-Specific Workflows
- Clinic-Specific Workflows
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- Common Virtual Visits Code Base and Workflows
- Test, staging, training
- Middleware and communications
- Secure, high availability infrastructure
Beyond PHM data collection and analysis

- Tools to identify patients in need of care or monitoring, but unable to handle volume and barriers

- PHM Coordinators leverage eVisits to overcome barriers to treatment, monitor patients and collect data

- Assign patient to clinician care
Patients making 3 or more visits per year
Reduce visits by 1 visit per year
Saving of $7.6M in Partners Medicare ACO patients*
$1.9 billion nationally

Cost saving in moving to asynchronous care could be substantial

JAMA April 16, 2015
“What Is the Right Number of Clinic Appointments? Visit Frequency and the Accountable Care Organization”
Ganguli I, Wasify J and Ferris T

Savings in substitution: asynchronous eVisits are 5x faster
Assumes a median per visit cost of $286
Some Current Uses of async eVisits at MGH and UCLA

- Evaluation and management of 40+ conditions, including hypertension, diabetes, depression, anxiety, Crohn’s, Hep C
- Keeping patients engaged about their health, after they leave the clinic. Medication adherence.
- Care delivery tool for Population Management
- Improve quality scores and collect data for P4P, STAR, HEDIS, etc
- ALS Clinic – previsit readiness
Questions?

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