Building an Effective Population Health Team; Organizing the Clinical Teams & Organizational Structure to Promote Successful Population Health

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Disclaimer

• Dr. Shawn Griffin has no conflicts of interest to declare although he is always open to suggestions.
“Buzzword Bingo” Slide

- Hadoop / Haboob / Achoo / “Hipaa-chondriac”
- IoT / Alexa Compatible
- Patient Engagement / “Skin in the Game”
- Silos / Kingdoms / Hospital-centered
- Triple Aim / Quadruple Aim / Quintuple Aim / Double Salchow
- “No IT Resources Needed”
- Provider Adoption / Physician Engagement
- “Cloud-based – Your CIO will love it”
- Meta-data Management
- Data Lake / Data Cesspool
- MACRA / MIPS / aAPM
Questions

• Who “owns” population health at your organization?
• Who are the key players in your organization who are accountable for the development of population health?
• Is population health just the latest “initiative of the month?”
• What is needed for successful population health?
• What are the biggest philosophical barriers to being successful?
• What are the biggest operational barriers?
• Are the incentives aligned to achieve success?
• Are the work efforts aligned to achieve success?
• Why should providers care?
Memorial Hermann
2010 vs. 2016
Memorial Hermann Healthcare System

- 12 Hospitals: 9 acute, 2 rehab, 1 children's
- Heart & Vascular Institutes: 3
- Managed acute care hospitals: 3
- Imaging Centers: 29
- Sports Medicine & Rehab Centers: 25
- Diagnostic laboratories: 25
- Ambulatory surgery centers: 17
- Retirement/nursing center: 1
- Home Health agency: 1

- Annual admissions: 138,351
- Annual emergency visits: 411,591
- Annual deliveries: 26,731
- Employees: 20,840
- Beds (acute licensed): 3,581
- Medical staff members: 4,857
- Physicians in training: 1,821
- Annual payroll: $1.088 billion
Company Snapshot – 2016 The Market Leader

$6.0B Total Assets\(^1\)
$4.4B Net Operating Revenue\(^1\)
24,000 Employees; 5,000 Physicians

212 Locations

Market Share Ranking
1st: Aggregate Market Share
1st: Burns
1st: Cardiology
1st: ENT
1st: General Medicine
1st: General Surgery
1st: Neurology
1st: Neurosurgery
1st: Ophthalmology
1st: Orthopedics
1st: Rehab
1st: Spine
1st: Thoracic Surgery
1st: Urology
1st: Vascular
2nd: Gynecology
2nd: Neonatology
2nd: Obstetrics
2nd: Oncology

Inpatient Market Share

Greater Houston MSA 6.6 million population, projected to 7.1 million (2020)

1. Audited FYE2015 results
Current Model
- Fee-for-Service
- Disparate Payments
- Illness & Cure
- Volume Incentive
- Fragmentation

New Model
- Fixed Payment
- Bundled Payment
- Population Health
- Value Incentive
- Integration

Integration

Fee For Service

Population Health

Fragmentation
Memorial Hermann

- Largest Not-for-Profit Health System in Southeast Texas
- 13 hospitals -- ~2,800 licensed beds
- MH-TMC – one of busiest Level 1 Trauma centers in US
- 24,000 Employees, 5,500 Affiliated Physicians
- $4.5B Annual Revenue
- $438M Annual Community Benefit
- MSSP ACO with ~2000 participating physicians, but only ~10% employed
- Over 300 separate EMR databases among participating providers in ACO
Evolving Structures / Tools
Understanding the Culture - Our Change Started Many Years Ago...

4 Key Strategic Inflection Points

- Clinical Programs Committees (CPCs) (2000)
- Clinical Integration (2005)
- The Physician Compact (2008)
- The Accountable Care Organization (ACO) and Single Signature Contracting (2012)
Inpatient Hospital-Based Hospital Medicine CV/CVS Surgery Critical Care Clinical Compliance Transitions of Care Primary Care New structure allows for greater collaboration and specialty alignment for disease management initiatives to meet the changing landscape of healthcare.
MHMD PHYSICIAN COMPACT

PHYSICIANS AGREE TO:
- Practice evidence-based medicine
- Uphold regulatory, quality and safety goals
- Report quality data
- Meet Clinical Integration criteria
- Attend meetings and feedback sessions
- Receive MHMD information
- Accept decisions of physician committees
- Be flexible and professional
- Collaborate with colleagues and hospitals
- Share ideas

MHMD AGREES TO:
- Be loyal to physicians
- Negotiate well to align incentives
- Include physicians in work decisions
- Provide clear and timely information
- Offer vital services and education
- Seek feedback from physicians
- Maintain confidentiality
- Communicate with physicians
- Host informative meetings
- Create leadership training
MHMD Clinically Integrated Contracting

- **Payers**
- **Clinically Integrated Network**
  - Independent Physicians
  - Employed Physicians
  - Academic Physicians

- **Contracting Team**
  - **CM**
  - **HIPAA**
  - **QI**

- **Hospital System**
  - UM/UR

- **= Every EMR Ever Sold**
ACO Formation
Organized Primary Care builds the ACO

Memorial Hermann ACO

Clinically Integrated IPA
Private, Employed & Faculty Integration
Exclusive Contracting DOJ/FTC Protections

MHMD 4,000
CI 2,900
ACO 2,750
PCMH 420

Gr Houston >11,000

11 Independent Medical Staffs

3 Distinct Practice Models

Employment  Private  Faculty
Population Health Constituencies (Idealized)

- Contracting
- Clinical Operations
- Network Operations
- Regulatory
- Finance

Magical Land of Alignment
How Did That Turn Out?
## MSSP Financial Performance Year 1 (18mo)

<table>
<thead>
<tr>
<th>MSSP ACO</th>
<th>State</th>
<th>Total Savings</th>
<th>ACO Share</th>
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<tr>
<td>Memorial Hermann Accountable Care Organization</td>
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<td>$57.83 M</td>
<td>$28.34 M</td>
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<tr>
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<td>Triad Healthcare Network, LLC</td>
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<td>WellStar Health Network, LLC</td>
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MSSP PY1 Quality Performance

MHACO – 82.8%
## MSSP Top Financial Performance Year 2 (12mo)

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<th>MSSP ACO</th>
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<td>Oakwood ACO, LLC</td>
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<td>Millennium ACO</td>
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<td>ProHEALTH Accountable Care Medical Group, PLLC</td>
<td>NY</td>
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<td>Allcare Options, LLC</td>
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<td>Qualuiable Medical Professionals, LLC</td>
<td>VA, TN</td>
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<td>Accountable Care Coalition of Texas, Inc.</td>
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Top 50 PY2 Financial Performance

2014 MSSP Savings (Top 50 Performers in Savings)
MSSP PY2 Quality Performance
### MSSP Top Financial Performance Year 3 (12mo)

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<th>MSSP ACO</th>
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<td>Cleveland Clinic Medicare ACO, LLC</td>
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<td>Hackensack Alliance ACO</td>
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MSSP PY3 Quality Performance

PY 2015 Quality Score*

*89 MSSP's still P4R
Results from Medicare Shared Savings Program

- >$200M Saved Over 3 Years
- >$90M in Shared Savings Earned
- $$$$$$$ Tens of Millions Distributed to Physicians in Incentives
- National Recognition / Awards
- Growth of Covered Lives
- Talented Presenters at National Meetings
ACO Growing Lives

Lives

- 2012: 50,000
- 2013: 75,000
- 2014: 150,000
- 2015: 300,000
- 2016: 550,000
Clearly, we must know exactly what we are doing and be ideally structured to do the work with no internal struggles....
Traditional Contracting

- Payers
  - Contracting Team
    - Academic Physicians
  - Hospital System
    - QI
    - UR/UM

= Every EMR Ever Sold
MHMD Clinically Integrated Contracting

Payers

Contracting Team

Clinically Integrated Network

Independent Physicians

Employed Physicians

Academic Physicians

HIPAA

QI

CM

Contracting Team

Hospital System

QI

UM/UR

AMDIS Fall Symposium
Original Clinical Integration Support Team

Quality and Informatics

Reporting Analysts (3)

Clinical Integration Connection Support
Max 6 FTE’s while connecting offices for PQRS, later reduced to 2

Practice Facilitators (6)
We are Way Past Clinical Integration now...
Needs for Population Health

- **More Data Shared / Analyzed Like Never Before**
- Care Management (0->50 care managers in 4 years)
- Analytics Support (Founded Dept. of Strategic Analytics)
- EMR Support / Meaningful Use / Standardization Teams
- PCMH Development / NCQA Certification
- Coding / Documentation Support
- Project Management for QI / ACO Projects
But we have independent physicians...
MHMD Risk-based ACO Contracting

ACO Contracting Team

Accountable Governance

ACO Network

Integrated EMR / Data

Payers

CM

Hospital System

UM / UR

Independent Physicians

Employed Physicians

Academic Physicians

Quality Improvement

Performance / Actuarial

CM

Finance / Actuarial

HIPAA

HIPAA

HIPAA
But we have our own insurance company…
MHMD Risk-based ACO Contracting

External Payers  | Internal Payer

ACO Contracting Team

Accountable Governance

ACO Network

Integrated EMR/Data

Independent Physicians  | Employed Physicians  | Academic Physicians

Quality Improvement

Finance / Actuarial

CM  | CM

Amdis Fall Symposium
Challenges

• New Capabilities – Claims Processing Software and Skills
• Duplication of Responsibilities
• HIPAA/Privacy concerns for non-ACO Patients
• Anti-Trust Concerns with In-house Payer and Hospitals
  Accessing Claims Information from Other Payers
• Inpatient Care Management vs. Population Care Management
• Ambulatory Standardization of Independent Practices
• Network Definitions and Utilization Goals
• Physician Leadership vs. Organizational Leadership
Commitment to Population Health
Overview of Teams

- Strategic Analytics: Separate from Hospital Analytics, Infection Control, and Quality Reporting
- Finance: Focused on performance and incentive payments
- Care Management: Transitions of Care, Chronic Disease Management and High Risk Member Engagement
- Contracting: Actuarial consideration of contracts and monthly financial targets
- Program Management: Region leader physicians, operational support teams, coding/documentation specialists
Current Analytics Team

- Director, Strategic Analytics
- Manager, Medical Economics and Strategic Analytics (Coordinates Projects)
- Business Analysts (4)
- Project Manager (2) – SQL script writing/building
- Clinical Integration Technical Support Analysts 2 FTE’s
- Director, Finance
- Financial Analysts (4)
- Incentive / Bonus Tracking
Contracting Team

• Director of Actuarial Services
  • Current Responsibilities
    • Build actuarial function infrastructure to support business strategy and organization goals; develop analytical capabilities within the provider organization
    • Responsible for providing strategic leadership for the actuarial analysis function to protect the organization's financial integrity
    • Help influence sound business decisions through performing analytical analyses and provide actuarial services in support of the business goals
    • Provide actuarial support for value based contracts, including ACO contract negotiations, risk based reimbursement, claim analysis, contract performance tracking, and clinical/quality metrics monitoring
    • Experienced actuary in areas including financial forecast, trend analytics, claim reserves, experience studies, and savings evaluation of care management programs
  • Background
    • More than 10 years with various health plans including local and national companies across business lines including group and individual, Commercial and Medicare. Fellow of Society of Actuaries and a member of American Academy of Actuaries
Contracting Team

• **Manager of Medicare Economics**

  • **Current Responsibilities**
    • Designs, develops and validates reports and dashboards to measure business performance for operational and management purposes
    • Evaluate payment models in order to reconcile payment based on performance measures and determine impact on medical expense and revenue
    • Assist in the development of shared savings, risk reward, bundled payments, and capitation payment models for use in contracting strategies in conjunction with all relevant stakeholders
    • Help influence sound business decisions through performing analytical analyses in support of the business goals

  • **Background**
    • History of payer experience providing financial reporting, data, and analytic support for their provider risk contracts
    • Experience in areas including healthcare finance, reporting, software testing, and predictive analytics.
Finance Department

• Director
  • Departmental oversight, month-end accounting and reporting for MHMD and the ACO. Budgeting and physician incentive process for MHMD and the ACO.

• Sr. Project Manager
  • Responsible for building databases related to incentive payments, tracking, and automation projects that will improve workflows and reporting efforts.

• Sr. Financial Analyst
  • Responsible for modeling payor cash flow for budgeting and projection purposes. He is also responsible for the ACO Service Line incentive calculation and the new Hospitalist incentive calculation.

• Financial Analysts (x3)
  • Monitors routine physician payments related to Clinical Program Committee service, medical directorships, and physician leadership.
  • Responsible for maintain MHMD and ACO contracts in the contract management database.
  • Recruiting CPA for month-end journal entries, reporting, and budgeting, and routine accounting work.

• Billing & Accounting Specialist (x2)
  • Responsible for vendor management and vendor payment processing for MHMD and the ACO.
  • Responsible for subsidized EMR billing, accounting, and accounts receivable and Central Credentialing billing, accounting, and accounts receivable.
Last Thoughts – should be familiar to any CMIO

1. Building an Effective Population Health Team is more about creating new capabilities and overcoming organizational inertia and hostility than hiring “data scientists.” “Crawl, Walk, Run.” Wait for the right people to build a team.

2. How you execute “Population Health” will depend more on your organizational approach to change than the technology / consultant you use.

3. Population Health cannot be a sidelight to your organizational mission and still succeed. If it doesn’t hurt, it’s not really changing.

4. Physicians are the key to your success – must be supported to perform the “new work” and look to remove the “wasteful old work.”

5. Memorial Hermann’s success reflects more on our physician alignment and investment in physician leadership of projects/quality than any shiny technology.

6. Technology and new skills will be necessary. There are unavoidable costs in technology and FTE’s do it right (and you will only get what you pay for).
Questions?

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