The Future of Patient Care at Academic Health Centers

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Moving Academic Medicine Forward:
A Conference in Honor of Edward D. Miller, M.D.
June 11, 2012
Johns Hopkins Medicine: A High Performance Health System

- Population-based care
- A strong primary care foundation
- Coordination of a continuum of care from primary care to tertiary care to rehabilitation and home care
- Committed to delivering value
- Sweet spot – integration of health plan and health delivery system
- Leader in research and innovation and application to the bedside
- Cutting-edge technology and information system
- Service to Medicaid, uninsured, and the community
- Collaboration in the best interest of patients and the public
- A regional, state, national, and international leader
Commonwealth Fund Commission on a High Performance Health System

- Mission: Identifying and promoting strategies and policies to achieve a high performance health system that leads to better access, improved quality, and greater efficiency

- Builds on prior Commonwealth Fund work including:
  - Task Force on Academic Health Centers, executive director, David Blumenthal, MD
  - Quality Improvement Colloquium, executive director, David Blumenthal, MD
  - Task Force on Future of Health Insurance, chairman, James J. Mongan, MD
The Future of Patient Care at Academic Health Centers

- Strategy for Achieving a High Performance Health System
- A 2020 Vision for American Health Care
- How Do We Fare?
  - 2011 Scorecard on National Health System Performance
  - 2009 Scorecard on State Health System Performance
  - 2012 Scorecard on Local Health System Performance
- What is Already Underway?
  - Affordable Care Act Insurance Expansion
  - Payment and Delivery System Changes
    - Payment Innovation by Private and Public Payers
    - Patient-Centered Medical Homes
    - Transitions in Care and Reducing Avoidable Rehospitalization
    - Accountable Care Organizations
    - Adoption of Health Information Technology
- What Does it Mean for Academic Health Centers?
Innovation to Achieve a High Performance Health System

• Goals of a High Performance Health System
  • Best possible health outcomes for everyone
  • Access to care for all
  • Excellent patient experiences -- patient-centered, coordinated, high-quality care for all
  • Lower cost – accountable for use of resources and elimination of waste

• Strategies for Moving to High Performance
  • Affordable health insurance and care for all
  • Aligning financial incentives
  • Delivery system reform
  • Quality improvement and innovation
  • Leadership and collaboration in the best interest of communities
A 2020 Vision for American Health Care

• Enhanced access to regular source of primary care
  – Timely appointments, email, and telephone consultations
  – Access to providers on nights and weekends without going to the emergency room
• Care coordination by regular provider and assistance navigating complex specialty care
• Patient reminders for preventive services and management of chronic conditions
• Effective use of health information technology and application of research on what works

2011 Scorecard on National Health System Performance

Healthy Lives

Quality

Access

Efficiency

Equity

OVERALL SCORE

* Note: Includes indicator(s) not available in earlier years.

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2011.
# 2009 State Scorecard Summary of Health System Performance

## State Rank
- □ Top Quartile
- □ Second Quartile
- □ Third Quartile
- □ Bottom Quartile

<table>
<thead>
<tr>
<th>RANK</th>
<th>STATE</th>
<th>Access</th>
<th>Prevention and Treatment</th>
<th>Avoidable Hospital Use and Costs</th>
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**SOURCE:** Commonwealth Fund State Scorecard on Health System Performance, 2009
2012 Scorecard on Local Health System Performance

Top: St. Paul MN, Dubuque IA, Rochester MN
Bottom: Shreveport LA, Jackson MS, Texarkana AR, Alexandria LA, Beaumont TX, Oxford MS, Hattiesburg MS, Monroe LA

SOURCE: Commonwealth Fund Scorecard on Local Health System Performance, 2012
By 2019 Health Reform Will Reverse the Deterioration of Health Insurance Coverage for Working Age Adults over the Last Decade and Achieve Near Universal Coverage

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2011.
What Is Already Underway? ACA Payment and Delivery System Reforms Support a High Performance Health System

- Primary Care and Medical Homes: three new Medicare pilots, several Medicaid initiatives; increased payment for primary care
- Bundled payments: Medicare pilots for hospital and post-acute care, Medicaid initiatives
- ACO: Broad responsibility for quality and cost of patient care, rewards for quality, shared savings
- Value-based purchasing
- More transparency on quality and cost
- Meaningful use of health information technology

## Michigan BCBS Physician Group Incentive Program

<table>
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<tr>
<th>CY 2009, Risk-Adjusted</th>
<th>Designated PCMHs vs. Other Practices</th>
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<tr>
<td>Inpatient Admissions for Ambulatory-Care Sensitive Conditions</td>
<td>-16.7%</td>
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<td>Re-Admissions within 30 Days</td>
<td>-6.3%</td>
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<td>ER Visits</td>
<td>-4.5%</td>
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<tr>
<td>Standard Cost of Outpatient Care (PMPM)</td>
<td>0.5%</td>
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<td>Standard Cost of High Tech Imaging (PMPM)</td>
<td>-7.2%</td>
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<tr>
<td>Standard Cost of Low Tech Imaging (PMPM)</td>
<td>-7.3%</td>
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<tr>
<td>Self-Referral Rate for Low Tech Imaging</td>
<td>-51.5%</td>
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Patient Centered Medical Homes
41 State Medicaid/CHIP Programs Planning/Implementing PCMH
23 Making Medical Home Payments
19 Aligning Primary Care Payment to Medical Home Standards
12 Involved in Multi-Payer Pilots, 8 have Medicare as Payer

• STAAR program poised to inform public policy and initiatives related to care transitions and readmissions – Michigan, Massachusetts, Washington.

• Preliminary national survey of hospitals suggests that STAAR hospitals are more likely to have adopted interventions such as enhanced assessments, enhanced patient education and to have activated the post acute care delivery system prior to discharge, compared to non STAAR hospitals.

• Trend in STAAR cohort of hospitals in each state suggests reductions in readmissions for certain groups of patients, on targeted units or hospital-wide.
  – Top performers show up to 50% reduction in readmissions for targeted patient population on specific units (e.g. high risk patients with CHF)
INTERACT – Improved Nursing Home Care Reduces Hospitalization

- Interventions to Reduce Acute Care Transfers (INTERACT) II helps nursing home staff identify, assess, communicate, and document changes in residents' status
- Resulted in a 17 percent reduction in hospital admissions
- Three strategies:
  - identifying, assessing, and managing conditions to prevent them from becoming severe enough to require hospitalization;
  - managing selected conditions, such as respiratory and urinary tract infections, in the nursing home itself; and,
  - improving advance care planning and developing palliative care plans as an alternative to acute hospitalization for residents at the end of life

INTERACT II Shows Potential to Reduce Hospital Admissions

<table>
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<th>Hospitalizations per 1,000 resident days</th>
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<tr>
<td>Engaged facilities</td>
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<td>July-Dec 2008</td>
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Spread of Public and Private ACO Contracts

2009

Public Sector

= Medicare Physician Group Practice Demo (10); Medicare Health Care Quality Demos (2)

= Brookings-Dartmouth (3)

Private Sector

= AQC (8 in Massachusetts)

January 2012

Public Sector

= Beacon Communities (13)

= PGP, MHCQ (13)

= Pioneer (32)

Private Sector

= Brookings-Dartmouth Pilots (5)

= Premier Implementation (23)

= CIGNA (12)

= AQC (9 in Massachusetts)

= AMGA Collaborative (16)

= Other private-sector ACOs

Pioneer ACO and SSP Program Sites

Map of the United States with locations marked in red for Pioneer and blue for SSP.

Red: Pioneer
Blue: SSP
Adoption of EMR/EHR systems by office-based physicians has increased.

Figure 1. Percentage of office-based physicians with EMR/EHR systems: United States, 2001–2009, and preliminary 2010–2011

NOTES: EMR/EHR is electronic medical record/electronic health record. "Any EMR/EHR system" is a medical or health record system that is all or partially electronic (excluding systems solely for billing). Data for 2001–2007 are from the in-person National Ambulatory Medical Care Survey (NAMCS). Data for 2008–2009 are from combined files (in-person NAMCS and mail survey). Data for 2010–2011 are preliminary estimates (dashed lines) based on the mail survey only. Estimates through 2009 include additional physicians sampled from community health centers. Estimates of basic systems prior to 2006 could not be computed because some items were not collected in the survey. Data include nonfederal, office-based physicians and exclude radiologists, anesthesiologists, and pathologists.

SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.
What Does it Mean for Academic Health Centers?

• Challenges
  – Provision of inadequately funded public goods – research, education, specialized care capacity -- contributes to higher cost and competitive disadvantage
  – Absence of universal health insurance adds to financial vulnerability of institutions with a mission of serving all regardless of ability to pay; Maryland and West Virginia only states with all-payer hospital system
  – Ability to provide patient-centered primary care and continuity of care with a reward system weighted to advanced specialized care

• Opportunities
  – Recognition for excellence
  – Attract the best physicians and health professionals
  – Openness to evaluation and embracing change; innovation highly valued
  – Incorporate latest advances into care at the bedside
  – Experience with care models for high-cost, complex patients, dual eligibles
  – Performance driven; adoption of best practices
  – Right values -- Patient is number one
Thank You!

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