Strategic Approaches to Embracing Patient Centered Care and Outcomes in the Context of Constricted Resources

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Every day for the next 20 years, 10,000 Baby Boomers reach age 65.

**Projected Percent of the U.S. Population Aged 65 and Older: 2010 to 2050**

- 2010: 13.0%
- 2015: 14.4%
- 2020: 16.1%
- 2025: 17.9%
- 2030: 19.3%
- 2035: 19.9%
- 2040: 20.0%
- 2045: 20.0%
- 2050: 20.2%

Source: Population Division, U.S. Census Bureau
Released: August 14, 2008
The number of people with Chronic Conditions will increase by 37% between 2000 and 2030

Rising health care costs have been squeezing employers and employees for years

Cumulative Increase in national Health Care Premiums, Wages and Inflation (1999 base)
If unchanged, HC spending will consume 1/5th of US economy by 2020

National Health Expenditures as a Percent of the Gross Domestic Product

Source: Centers for Medicare and Medicaid Services
Change is Here and Now

- Cannot sustain health care cost growth
  - Federal Deficit
  - State Budgets
  - Private Employers

- Cost squeeze on municipal budgets

- Political pressure to act
There are three ways society is combating rising costs:

- **Implement payment reform**
  - Make physicians economically sensitive
    - Global payment (e.g. Medicare ACO, Blue Cross AQC, etc.)
    - Bundled payments for acute/chronic disease

- **Turn patients into consumers**
  - Make consumer economically sensitive
    - Tiered provider networks
    - Differential co-pays and deductibles
    - Provide consumers with data on relative costs and quality

- **Contain rates through regulation**
  - Slow or stop rate increases for Medicaid/Medicare
  - Mandate lower commercial reimbursement rates
Change is Here and Now

Massachusetts

Increasing coverage → Intense focus on costs

- 2006: Universal Coverage Bill
- 2008: Cost Containment Bill
- 2010: Small Business Premium Relief
- 2012: Cost Growth Benchmark/Payment Reform (Ch. 224)
  - Seeks to hold spending to MA GSP (3.6%)
  - Encourages movement toward new payment models
Chapter 224 – Health Care Cost Reform

“Payment Reform Mandate”
- State mandated capitation
- ACO formation
- Medicaid rates frozen
- Significant Medicare cuts

Chapter 224
- Gross State Product
- Accountable Care Organizations
- State Attention to Marketplace
- Transparency

“Rate Setting”
- State rate setting
- Medicaid rates frozen
- Significant Medicare cuts
- Caps on reimbursement rates for higher cost providers

PLUS

Medicare and Medicaid Cuts from Federal and State government
The Mission

Patient Care

Discovery

Teaching

Community
Full Spectrum of Care

**Acute Care**
- 2 Academic Medical Centers
- 3,450 Tertiary Specialists
- 6 Community Hospitals

**Post Acute Care**
- 4 Rehabilitation Hospitals
- 2 Skilled Nursing Facilities
- Home Health Agency

**Ambulatory Care**
- 6 Multi-Specialty Ambulatory Care Centers
- 3,300 Community-Affiliated Physicians
- 6 Community Health Centers

**Specialty Care**
- Psychiatric Hospital
Strategic Vision

• To provide superior care, patient-family centered, accessible, coordinated and affordable.

• To lead in research that fosters collaboration and shares our successes with the world.

• To invest in education and training for the next generations of leaders.

• To touch the communities we serve, local or global with sustainable improvements that focus on underserved populations.
We need to control our destiny to make our institutions stronger and to preserve our mission

- We must own financial responsibility for our patients
  - Price linked to Quality – in the marketplace
  - Right Care, Right Place, Coordination
Build Upon Clinical Strengths To Redesign Care Delivery and Make Care More Affordable

- Deliver more integrated, patient-centered care
- Increase patient affordability while protecting mission
- Translate research into clinical care
- Invest in improving community health
- Continue to build world class training program
- Develop and track performance metrics to demonstrate unparalleled patient experience, outcomes and value
Partners Strategy to protect and support our institutions and mission

Deliver more integrated, patient-centered care

Increase patient affordability while protecting mission

Develop and track performance metrics to demonstrate unparalleled patient experience, outcomes and value
Partners Strategy: Care Redesign

- **Deliver more integrated, patient-centered care**

- **Investment in Care Redesign**
  - Population Health Management
  - Specialty conditions / episodes

- **Partners eCare** (enterprise Clinical and Administrative System)
Partners Strategy: Patient Affordability

- Run Rate Cost reduction across system
- Create efficiencies while maintaining quality
- Share targets and best practices across the system
- Determine benchmarks

Increase patient affordability while protecting mission
Strategic Focus

Preserve Mission

Leading provider of population-based care

Premier episodic care/referral organization

- Take a greater role in managing patients’ care in health and sickness
- Continue to be a world-class provider for referral and episodic care

Effective and efficient patient-family centered care

- Bring the right care at the right time and the right place
Key Strategic Payment Decisions 2011-2012

- Reopen Existing Commercial Contracts
  - Reduction in Contracted Rate Increases ($345M/four years)
  - Shared Savings in Primary Care Populations
  - “Work” toward Bundled Payments for Referral Populations

- Pioneer ACO agreement with CMS

- Merged with Neighborhood Health Plan
  - (~250,000 lives)
  - Small Commercial Population
  - Exchange experience
Partners currently covers ~500,000 lives in accountable care contracts

1. Medicare
   - *Example:* Pioneer Accountable Care Organization
   - *Consideration:* Elderly population, care management central to trend management
   - *Covered lives:* ~52k

2. Commercial
   - *Example:* Alternative Quality Contract
   - *Consideration:* Younger population, specialists critical to management
   - *Covered lives:* ~350K

3. Self Insured
   - *Example:* Partners Plus
   - *Consideration:* Commercial population, but value accrues directly to PHS, and improves our own lives
   - *Covered lives:* ~80k
The Path We are Travelling at Partners HealthCare

Pressure to reduce cost trend

New contracts with risk for trend

Changes to Partners structure – organization chart and network

Investment in population management infrastructure

Internal Performance Framework

Care coordination For high risk patients (PCMH)

Enhanced access to low cost specialty services

Implement new local Incentives/compensation

Sustained cost trends near GDP
# Evidence Based Care Improvement Tactics

## Access to care

<table>
<thead>
<tr>
<th>Longitudinal Care</th>
<th>Episodic Care</th>
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<tbody>
<tr>
<td><strong>Primary Care</strong></td>
<td><strong>Specialty Care</strong></td>
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<tr>
<td>Patient portal/physician portal</td>
<td>Access program</td>
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<tr>
<td>Extended hours/same day appointments</td>
<td>Reduced low acuity admissions</td>
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<td>Expand virtual visit options</td>
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## Design of care

<table>
<thead>
<tr>
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<tr>
<td><strong>Primary Care</strong></td>
<td><strong>Specialty Care</strong></td>
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<tr>
<td>Defined process standards in priority conditions (multidisciplinary teams)</td>
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<tr>
<td>High risk care management</td>
<td>Shared decision making</td>
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<tr>
<td>100% preventive services</td>
<td>Appropriateness</td>
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<td>Chronic condition management</td>
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<td>EHR with decision support and order entry</td>
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<td>Incentive programs</td>
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## Measurement

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<td><strong>Primary Care</strong></td>
<td><strong>Specialty Care</strong></td>
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<tr>
<td>Variance reporting/performance dashboards</td>
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<td>Quality metrics: clinical outcomes, satisfaction</td>
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<tr>
<td>Costs/population</td>
<td>Costs/episode</td>
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</table>
Develop and disseminate the technology necessary to improve the population health clinical workflow and managerial reporting.

Evolve our practices towards providing team-based, patient centered care.

Support practices in providing robust care management to complex, chronically ill patients with a Partners PCP.

Foundational tools for delivering population health.

Backbone of Partners in Care (PiC).
Three Phases of Work for Improving Population Health

Phase 1

1. **Primary care/high risk:** Where the majority of our contractual population is managed.

2. **Specialty care:** Where a large fraction of costs are incurred, especially in commercial and employee populations.

3. **Patient engagement:** Involving patients in better self-management of care.

Phase 2

4. **Disease Prevention**

5. **Wellness Promotion**

Phase 3

Ongoing: Central Information Systems and Infrastructure
Partners Strategy: Measure and Deliver Outcomes That Patients Want

Develop and track performance metrics to demonstrate unparalleled patient experience, outcomes and value
1. To orient care toward outcomes that matter to patients, creating a health system that *learns*

2. To use PRO to improve the care of individual patients through better monitoring and improved responsiveness.

3. To use population-level data to set patient expectations and improve joint medical decision-making.

4. To use aggregate data as the basis for internal comparative effectiveness research.

5. To publically report outcome measures in order to demonstrate quality and value.
<table>
<thead>
<tr>
<th>Question</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
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<tbody>
<tr>
<td>In general, would you say your health is:</td>
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<tr>
<td>In general, would you say your quality of life is:</td>
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<tr>
<td>In general, how would you rate your physical health?</td>
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<td>In general, how would you rate your mental health including your mood and</td>
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<td>your ability to to think?</td>
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<td>In general, how would you rate your satisfaction with your social</td>
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<td>activities and relationships?</td>
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<td>In general, please rate how well you carry out your usual social</td>
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<td>activities and roles. (This includes activities at home, at work, and in</td>
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<td>your community, and responsibilities as a parent, child, spouse,</td>
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<td>employee, friend, etc.)</td>
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<td>To what extent are you able to carry out your everyday physical activities</td>
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<td>such as walking, climbing stairs, carrying groceries, or moving a chair?</td>
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<td>In the past 7 days, how often have you been bothered by emotional</td>
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<td>problems such as feeling anxious, depressed or irritable?</td>
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<td>In the past 7 days, how would you rate your fatigue on average?</td>
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<td>In the past 7 days, how would you rate your pain on a scale of zero to</td>
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<td>ten where zero is no pain and ten is the worst imaginable pain?</td>
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<td>In the past 7 days, I felt fearful.</td>
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<td>I found it hard to focus on anything other than my anxiety.</td>
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<td>My worries overwhelmed me.</td>
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<td>I felt uneasy.</td>
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<td>Overall, how much of a problem is it to live a normal life and take</td>
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<td>care of your diabetes?</td>
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<td>In your opinion, how good or bad is your own health today?</td>
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</tbody>
</table>
Thank you for completing the Patient-Reported Outcomes Snapshot. Below are scores calculated from your answers. Your score is reported in comparison to the national average which includes people of all ages and all levels of health.

**Physical Function** is one’s ability to carry out various activities, ranging from everyday self-care to more challenging activities that require greater mobility, strength, or endurance. A higher score is better. Most people report a score between 15 and 78 with an average of approximately 50.

**Mental health** refers to emotional symptoms including depression, anxiety or irritability, as well as joyfulness. It also refers to your satisfaction with social interactions and your impressions of yourself. A higher score is better. Most people report a score between 19 and 82 with an average of approximately 50.

**Anxiety** is described as self-reported fear (fearfulness, panic), anxious misery (worry, dread), hyperarousal (tension, nervousness, restlessness). Most people report a score between 17 and 100 with an average of approximately 50 for normal level of anxiety.

**Your view of your health** is your own assessment of health status on a scale from 0 to 100. A higher score is better. Most people report a score between 40 and 80.
Unifying Partners missions

- New research models to foster innovation in translational research and commercialization in a time of wide-spread cuts in research funding
- Bridging research, clinical and community missions
- Integrated model of continuing professional development
Bench to Bedside Research Continuum at Partners

Basic Research
- 2,200 P.I.s

Clinical Research
- 6,600 Active MDs

Translational Research
- CTSA Harvard Catalyst
- Basic/Clinical

Technology Development
- Project Planning/management
- Engineering/human studies
- Business/market analysis

Healthcare Delivery
- AMCs
- Community Hospitals
- Non-acute Care Centers
- Community Health Centers

Discovery and Translational Research
- Academic medical centers/teaching hospitals and specialty care hospitals

Advanced Translation
- AMC/Industry/Venture partnerships

Product Introduction
- Primary care physicians and community health centers
Partners Strategy to protect and support our institutions and mission

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