

Clinical Integration and the Greater Rochester IPA Experience

Web-based Sharing of Clinical Data
Contracting for Independent Physicians

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for Hartford PHO Clinical Integration Forum
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GRIPA as a case study



- What did GRIPA do?
 - FTC Advisory Opinion on its Plan for CI
 - CI Program
 - Committees, Guidelines, Monitoring
 - Care Management
 - Web Portal Infrastructure/Decision Support
 - Physician Engagement
 - Investment by
 - Marketing to



Greater Rochester IPA: Providers



- For-profit partnership (PHO) in Monroe and Wayne Counties in NY
- 50% owned by non-profit Rochester General Health System - 2 hospitals, 650 beds
- 50% owned by physician shareholders who made capital investment
 - 430 private (voluntary)
 - 230 employed by RGHS
 - 120 non-shareholders to complete our network
- 41 medical and surgical specialties

History of GRIPA



- Formed 1996 to negotiate & manage HMO risk contracts
- Care Mgmt & “P4P” since 1999
- Full risk contracts with multiple payers
 - In 2005, 70% of our physicians’ revenue through GRIPA
 - contracts with 2 dominant regional insurers
 - 95% of commercial & 70% of Medicare market in their HMO products
- Staff of ~40 to support its payer contracts:
 - Care Mgmt/Provider Relations/Credentialing
 - Information Technology/Data Analysis
 - Financial/Actuarial/Contracting functions

Track record of managing risk, controlling costs and improving quality

Changing Marketplace



- Capitation opportunities decreasing
- Insurers direct contract & want their own P4P
- Most private physicians in groups ≤ 5 by choice
- Antitrust constraints on fee-for-service contracting

The Antitrust Problem



Sherman Antitrust Act prohibits agreements among private, competing individuals or businesses that *unreasonably* restrain competition.

Physicians want to contract with payers through provider-controlled entities.

Options:

- Merging of practices - not preferred
- Messenger model - no negotiation/incentive
- Direct contracting - some win, most lose
- Financial integration - risk of loss/no opportunity
- Clinical integration

Clinical Integration: Definition



“An **active** and **ongoing** program to evaluate and modify the clinical practice patterns of the physician participants so as to create a high degree of **interdependence** and **collaboration** among the physicians to **control costs** and **ensure quality**.”

FTC/DOJ Statements of Antitrust Enforcement Policy in Health Care, #8.B.1 (1996)

What the FTC looks for (necessary but not sufficient):

- “the development and adoption of clinical protocols
- care review based on the implementation of protocols
- mechanisms to ensure adherence to protocols.”
- “the use of common information technology to ensure exchange of all relevant patient data”

FTC/DOJ, Improving Health Care: A Dose of Competition Ch. 2, p.37 (July 2004).

GRIPA Response (planning committee 3/2005)



- Our private physicians were not ready for a multi-specialty group
- Clinical Integration identified as alternative
 - Achievable, consistent with goals
 - GRIPA already had many components
 - Guidelines, P4P, Care Mgmt
 - Physicians want help with technology
 - Physicians want to provide quality care

GRIPA's Progress Towards CI (2005-2008)

6/2005 Clinical Integration ratified as goal, consultants and legal team identified

12/2005 BOD approved CI business plan, contracted with vendor for IT infrastructure

Early 2006 Portal design

2006 Data source contracts & interfaces: Imaging centers, clinical laboratories, hospitals

6/2006 - FTC advisory opinion request submitted

7/2006 Contracts to private physicians & hospital system

Late 2006
- Practice Mgmt system interfaces
- IBM review of IT readiness

Early 2007 Roll-out web portal to physician offices

2007 Adding data source contracts & interfaces
- Imaging centers, clinical laboratories, hospitals

9/17/2007 +FTC Advisory Opinion gives our physicians confidence & incentive to move forward with CI

2008 >
CI contracts with Self Insured and Portal enhancements



GRIPA receives (2nd ever) favorable FTC Advisory Opinion on its CI plan 9/17/07



“... it appears that GRIPA’s proposed program will involve substantial integration by its physician participants that has the potential to result in the achievement of *significant efficiencies* that may *benefit consumers*.”

GRIPA’s FTC Advisory Opinion 9/17/07
<http://www.ftc.gov/bc/adops/gripa.pdf>

Committee Structure



- Clinical Integration Committee (CIC)
 - 12 member physicians
 - 6 PCPs or OB/Gyn & 6 specialists
 - Appointed for staggered 3-year terms
 - Charged with:
 - Overseeing the CI Program
 - Developing guidelines/measures used to monitor individual and network performance

Committee Structure



Specialty Advisory Groups (SAGs)

- ▶ Each has representatives of all specialties affected by a guideline
- ▶ Discussion of diseases across specialties seen as positive experience by our physicians

Quality Assurance Council (QAC)

- ▶ 16 member physicians
- ▶ Staggered one-year terms, by lottery
- ▶ Monitor the performance of the individual members on measures for guidelines
- ▶ Develop Corrective Active Plans if necessary

Guidelines & Measures Developed



Advance Directives
Allergic Rhinitis
Asthma
Back Pain, Acute , Chronic
CAD & Other Atherosclerotic
Vascular Diseases
Childhood Immunizations
Cholelithiasis
Colon Cancer, Screening & Surveillance
COPD
Depression, Major (Management)
Depression, Major (Screening)
Diabetes Mellitus, Adult, Pediatric
Diverticulitis
Deep Vein Thrombophlebitis
Heart Failure
Hyperlipidemia
Hypertension
Hyperthyroidism
Hypothyroidism
Ischemic Stroke/TIA
(Secondary Prevention)

Kidney Disease, Chronic, End Stage
Melanoma, Cutaneous
Men (Preventive Care)
Metabolic Syndrome
Migraine Headache (Management)
Neuropathic Pain (Management)
Obesity (Management)
Osteoarthritis/Degenerative Joint Disease
Pain (Management)
Osteoporosis (Management)
Osteoporosis (Screening)
Pain, Chronic
Pediatrics (Preventive Care)
Pharyngitis, Acute
Prediabetes
Prenatal Care
Prostate Cancer (Management)
Rheumatoid Arthritis (Management)
TIA (Management)
Urolithiasis
Women (Preventive Care)

Tools to Improve Guideline Compliance



Point of Care Alerts

- Available to all physicians at Point of Care
- Display services that a patient is overdue for or beyond goal (“Actionable Alerts”)
- Updated as transactional data is received
- Physicians are able to provide feedback if a patient is mis-identified with a disease or has a contra-indication related to an alert

Care Opportunities Report

- Population report to look at all “actionable” items on all patients within a practice at once
- Filters allow physician to focus on a subset of population
- Allows offices to do outreach to those patients in need of services

Point of Care (POC) Alerts – patient specific



Managed Conditions

[Add](#)

Managed Condition	ICD-9	Date Diagnosed	Rank		
Prevention		unspecified	1	delete	edit
Diabetes		8/30/2007	2	delete	edit
Hyperlipidemia		6/29/2007	3	delete	edit
Pneumovax Candidate		8/30/2007	4	delete	edit

Patient Alerts

[← Back to Care Opportunity Grid](#)

Actionable Alerts only

Lab

Measure (Alert) Name	Last Value	Date Last Value	Patient Goal	Population Goal	Due Date
A1c	7.4	8/4/2008	< 7	< 7	1/31/2009
Triglycerides	168	8/4/2008	< 150	< 150	8/4/2009

[← Back to Care Opportunity Grid](#)

Feedback to Providers & Compliance Monitoring



Physician Achievement Report (PAR)

- Not shared with anyone but the responsible provider
- Dynamically updated, as transactions received
- Contains all measures approved for each guideline
- Used to determine which physicians may need assistance
- Care Mgmt staff uses for case finding
- Basis of Pay for Performance Program

Physician Achievement Report Design provider top level



GRIPA Connect Clinical Integration Physician Achievement Report (PAR)

Provider:
Data last updated: 1/15/2009
Report Date: 1/20/2009

Performance Reporting for the Clinical Integration program is based on performance of the entire panel of participating physicians and provides incentives to work collaboratively to increase quality and efficiency. The Physician Achievement Report (PAR) informs each physician of his or her performance and how the physician contributes to the performance of the network.

CI Measure	Your Current Rate (%)	Change from Prev Qtr	Target Rate (%)	Performance ■ Your Rate ■ Target	Your Patient Count	Previous CI Quarter Comparisons		
						Group Practice Rate (%)	GRIPA Network Rate (%)	GRIPA Best Physician Rate (%)
☒ Coronary Artery Disease	73.1 %		74.0 %		236			
☒ Diabetes	73.8 %		68.3 %		300			
☒ Hyperlipidemia	81.9 %		80.0 %		1,026			
☒ Hypertension	71.2 %		82.5 %		887			
☒ Prevention	37.3 %		65.0 %		786			

Please direct comments and questions to: GRIPA Provider Relations 60 Carlson Rd Rochester, NY 14610
Phone: (585) 922-1525 Fax: (585) 922-0016 Email: gripa.network@rochestergeneral.org

Physician Achievement Report Design provider drill down



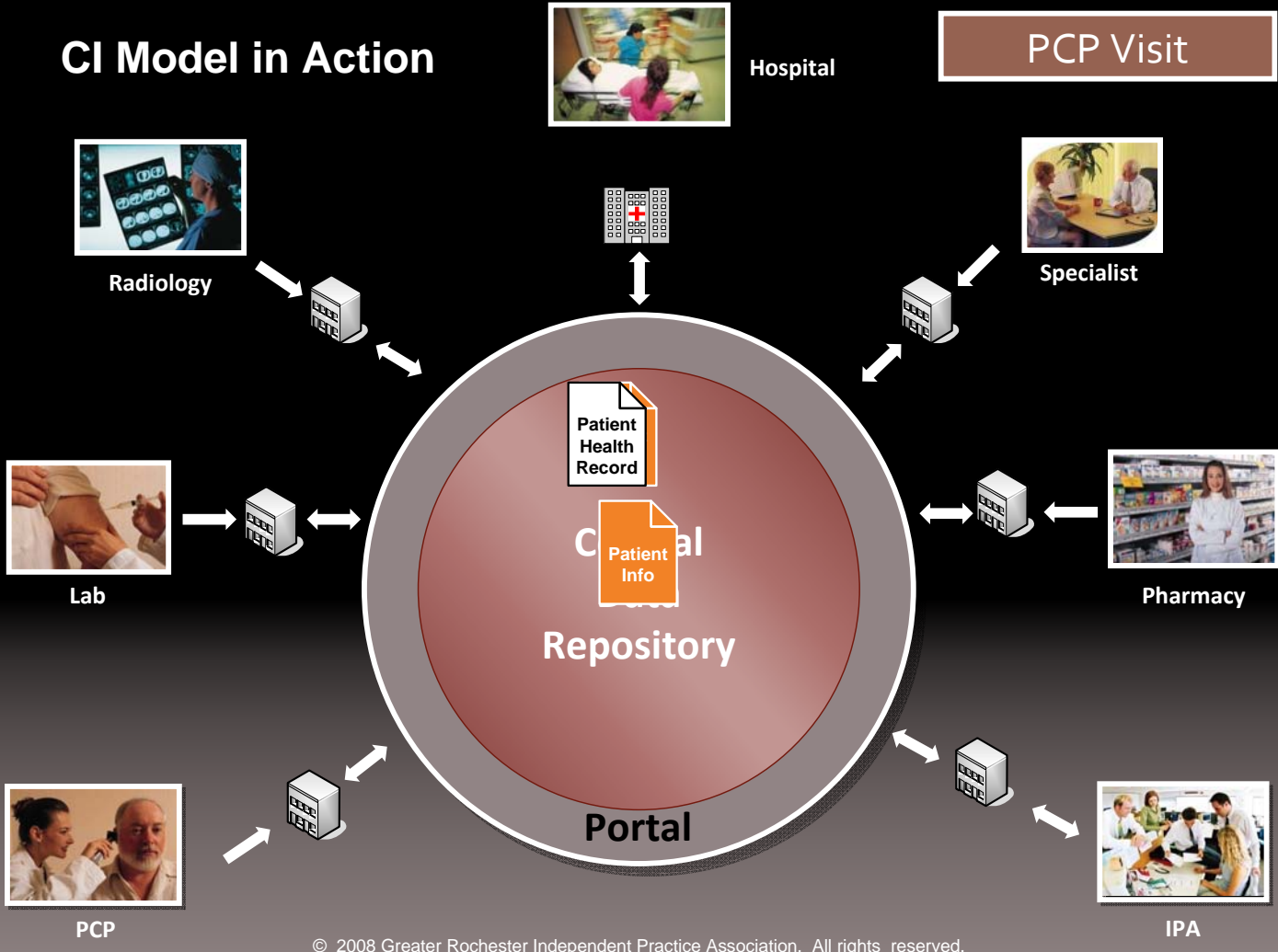
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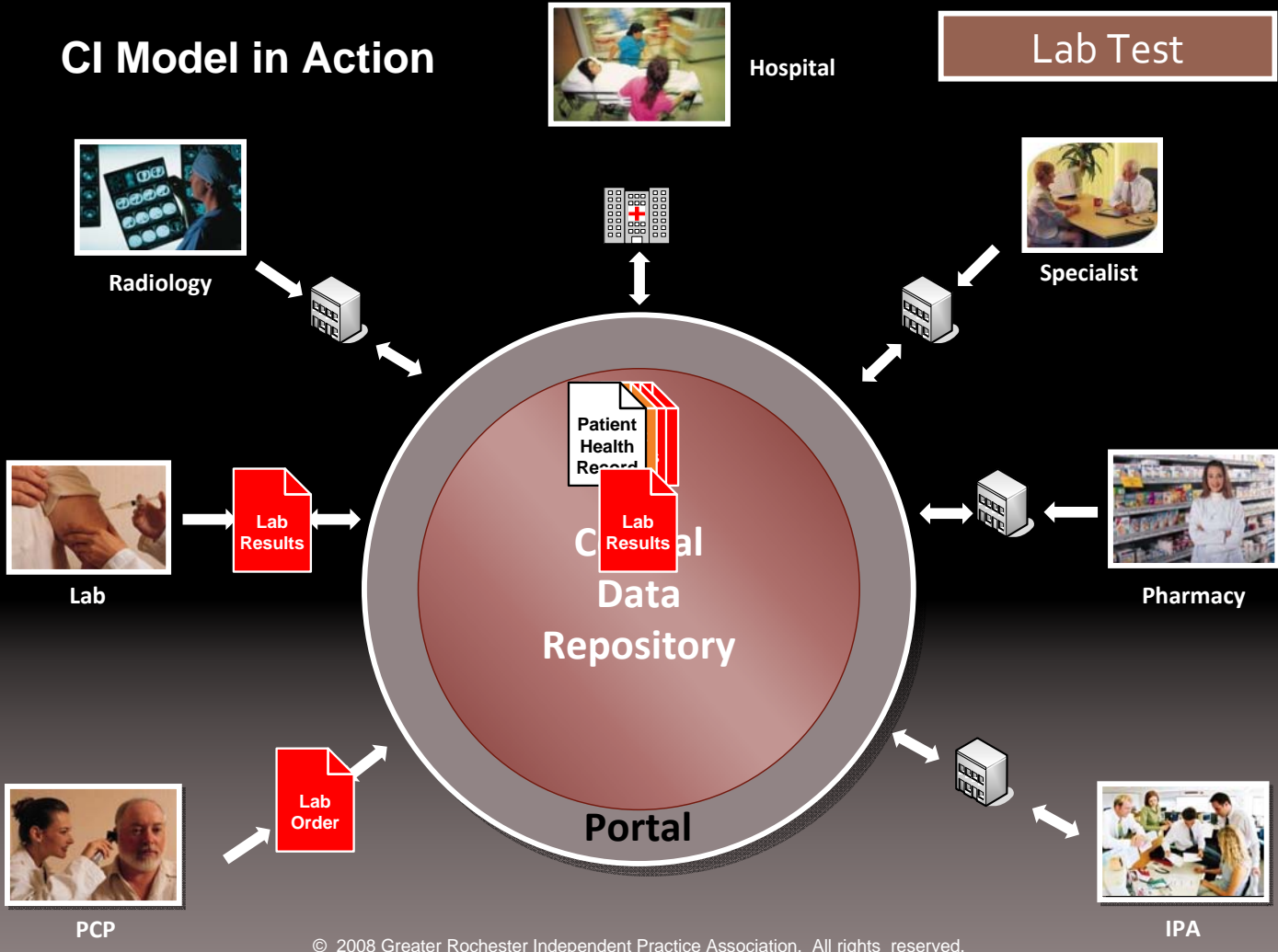
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Coronary Artery Disease	73.1 %		74.0 %		236			
• Lipid Panel or one of the following components (Triglycerides, HDL or LDL) in last 12 months	76.7 %	+9.4	76.0 %		236	69.2 %	51.9 %	85.7 %
• Most recent LDL result in the last 12 months < 100mg/dL	74.8 %	-3.1	81.0 %		159	75.8 %	75.4 %	100.0 %
• Most recent HDL result in the last 12 months > 40mg/dL	66.0 %	-0.4	72.0 %		159	63.2 %	62.9 %	84.2 %
Diabetes	73.8 %		68.3 %		300			
• >=2 A1cs in the last 12 months	69.7 %	+5.9	65.0 %		300	51.2 %	56.0 %	89.5 %
• Most recent A1c in the last 12 months < 7	72.9 %	-2.3	70.0 %		229	65.8 %	56.0 %	83.3 %
• Lipid Panel or one of the following components (Triglycerides, HDL or LDL) in last 12 months	84.0 %	+6.6	79.0 %		300	66.4 %	69.2 %	94.1 %
• Most recent LDL result in the last 12 months < 100mg/dL	77.1 %	-3.5	79.0 %		227	72.8 %	68.5 %	89.4 %
• Most recent HDL result in the last 12 months > 40mg/dL	66.4 %	+0.3	78.0 %		226	63.6 %	66.3 %	98.0 %
• Most recent Triglyceride result in the last 12 months < 150mg/dL	72.1 %	-1.7	72.0 %		226	68.0 %	64.4 %	85.0 %
• Urine micralbumin in the last 12 months	72.7 %	+4.1	60.0 %		300	54.4 %	47.1 %	76.9 %

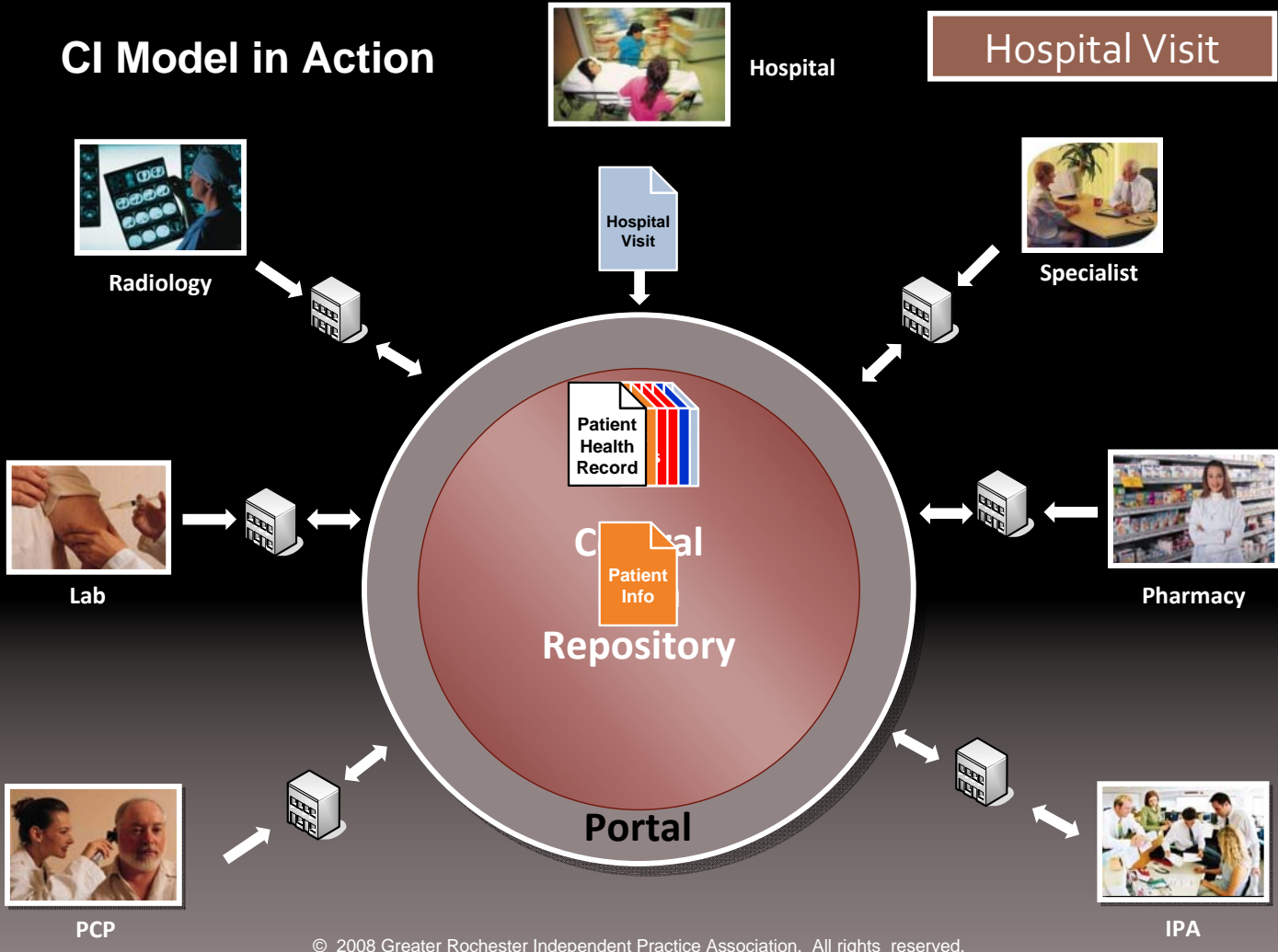
CI Model in Action



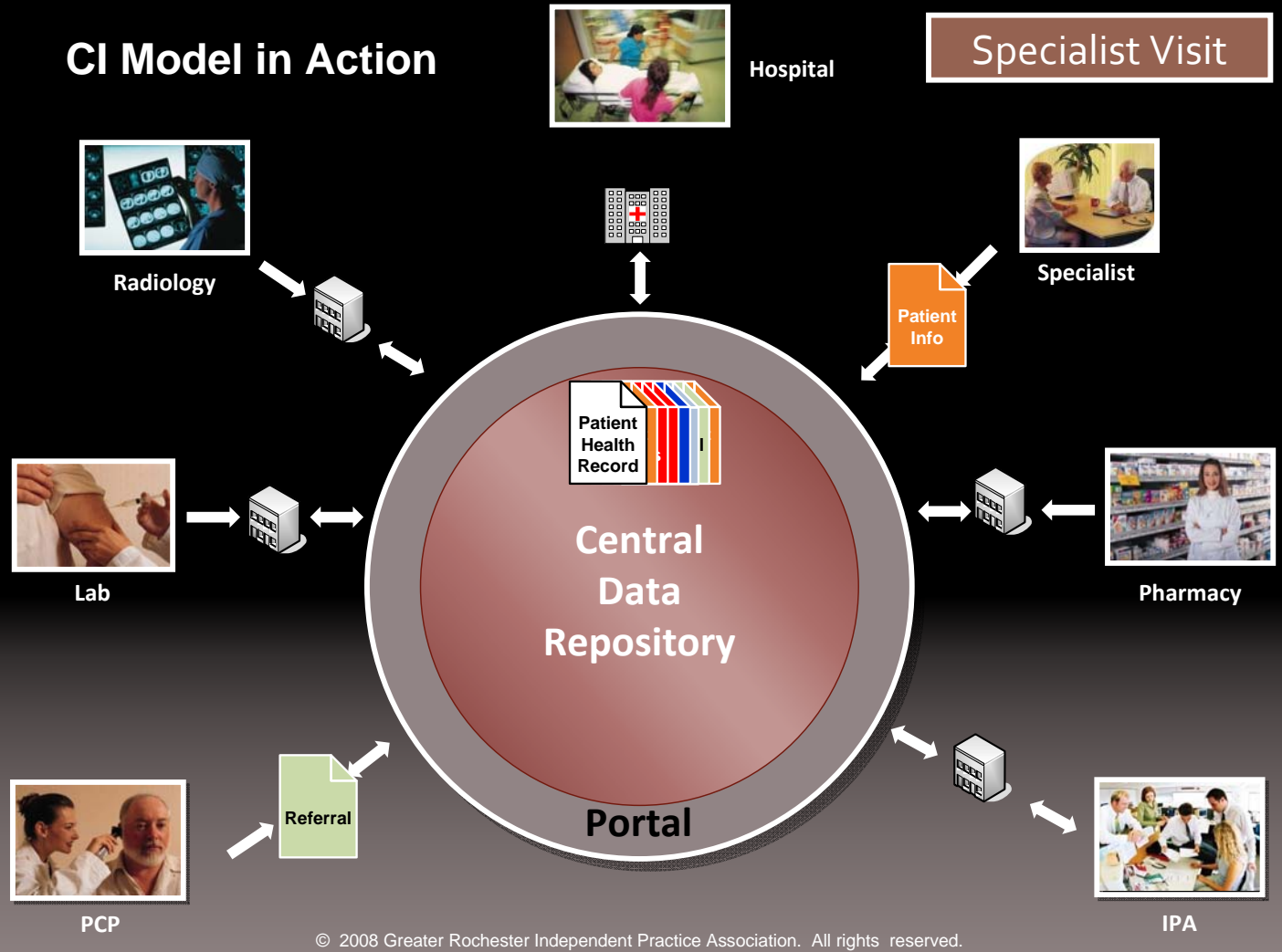
CI Model in Action



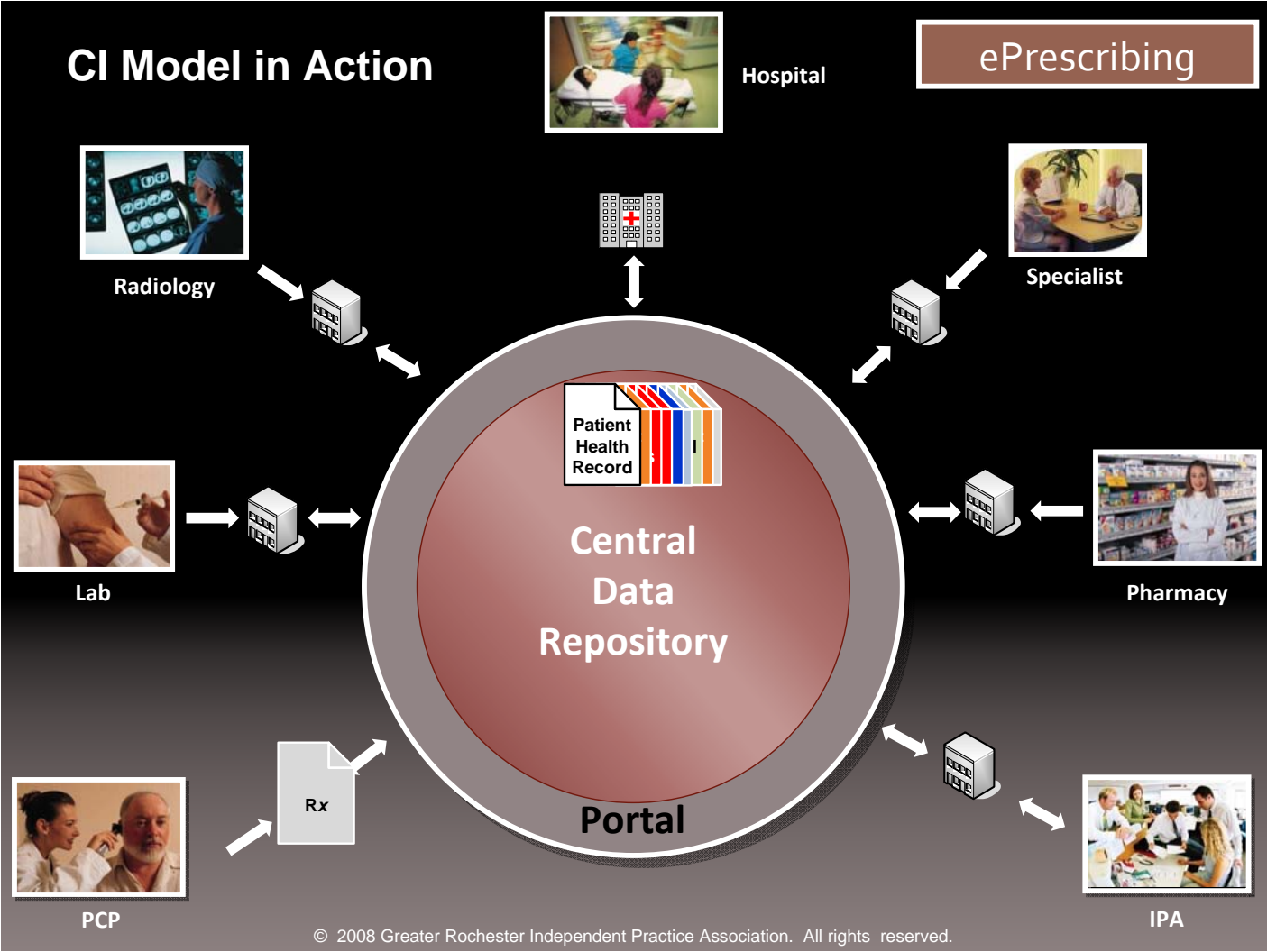
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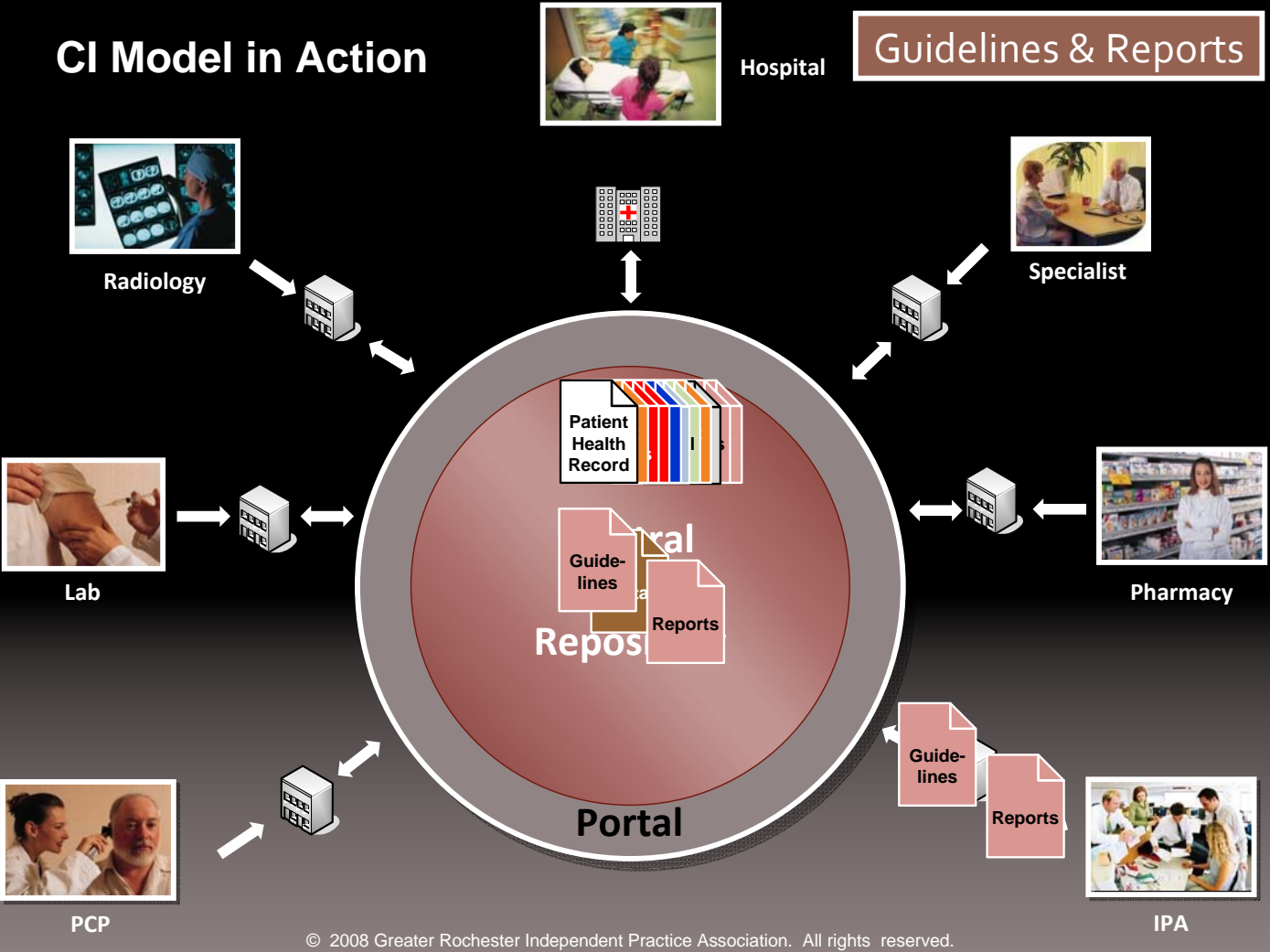
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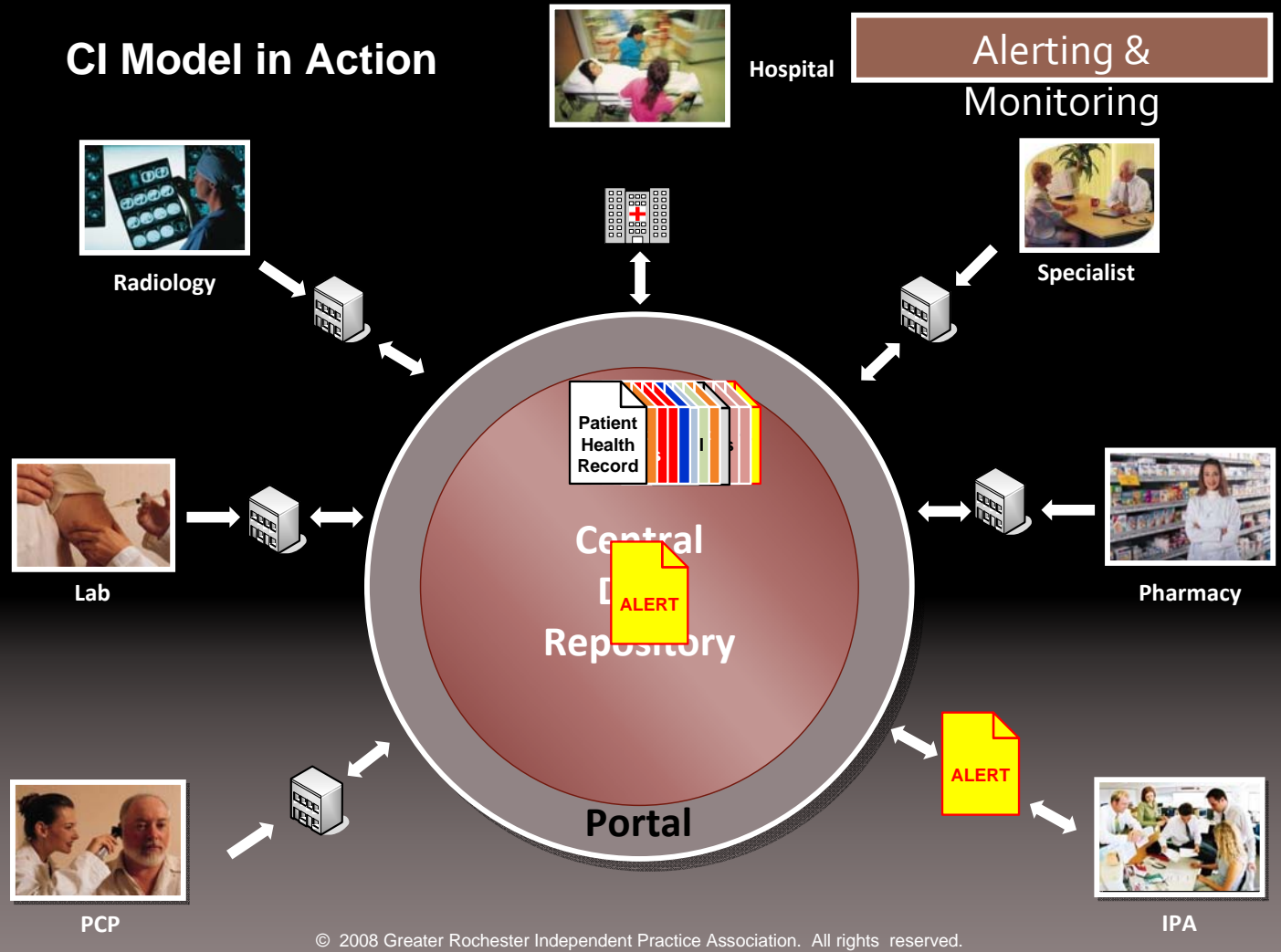
CI Model in Action



CI Model in Action



CI Model in Action



Physician Adoption – step by step



1. Staff prints missing lab or x-ray reports from *Results Viewer* and *Point of Care Alerts* during or before patient encounter
 - least impact on present office workflow
2. View reports on [wireless] computer in exam rooms
3. Use portal to send information to other providers
 - *Secure Messaging, Referral Management*
4. View and respond to *POC Alerts* before/during encounter
5. Use *COR Reports* to manage patient cohorts by condition
6. Use *PAR Reports* to compare their performance to peers
7. Add *e-Prescribing, Lab Order Entry*
8. Future: migrate patient records to EMR compatible with portal

Works for offices that are paper-based and offices with full EMR
Tool for use by providers, *not* a substitute for the medical record(?)

Participation Conditions



Each physician agrees to:

- Follow evidence-based guidelines created by peers
- Send copy of practice management data to GRIPA
- be subject to education/discipline/expulsion
- serve on committees

GRIPA provides each physician with:

- tablet computer, wireless internet access
- immediate access to patient information via Web Portal
- feedback/tools to improve individual/network performance
- contracting with payers

Marketing CI to our Physicians



- Quality 1st, but opportunity for increased reimbursement
- Help adopting technology
- No mandate/deadline to adopt full EMR
- No mandate for manual entry of data into registries
- Multiple contacts at medical staff, departmental, practice group meetings and paper/fax/email communications
- Multiple small (15-20 physician) group dinners with presentation on concepts, discussion by physician and hospital system leaders, chance to ask questions and hear what colleagues had to say
- Track record of representing physicians and providing better than market reimbursement
- Trust

Investments by our Physicians



- Investment by participants can evidence their commitment and therefore the achievement of efficiencies
 - Financial investment for GRIPA:
 - Membership (ownership) of GRIPA: \$1650>\$750
 - ~\$7000/physician to setup the CI program
 - ~\$3500/physician/year ongoing (~50% IT licenses)
 - ~\$7000 per office for hardware
 - Time investment (“sweat equity”) by GRIPA physicians:
 - Initial training sessions (equivalent to ~\$3200/physician)
 - 1-2 hours for physician and staff per feature
 - Ongoing (equivalent to ~\$2400/yr/physician)
 - Contribute data
 - Collaborate on patient care
 - Comply with guidelines
 - Serve on committees

Benefits of our CI Program



- Increased quality of care/efficiency at patient/population levels
- Decreased costs, medical errors and variations in care
- Improved outcomes, safety, communications, & patient satisfaction
- Allowed to negotiate contracts with payers
- New market opportunity: self-insured employers
- Physicians are more connected to our hospital partner and are incented to refer in-network
- Physician trust, commitment, & acceptance of performance monitoring to achieve goals
- P4P across payers
- Measure/report on physician/network level
- Ability to succeed at risk contracts with same processes/staff
- E-prescribing using one medication list per patient
- Ease IT transition

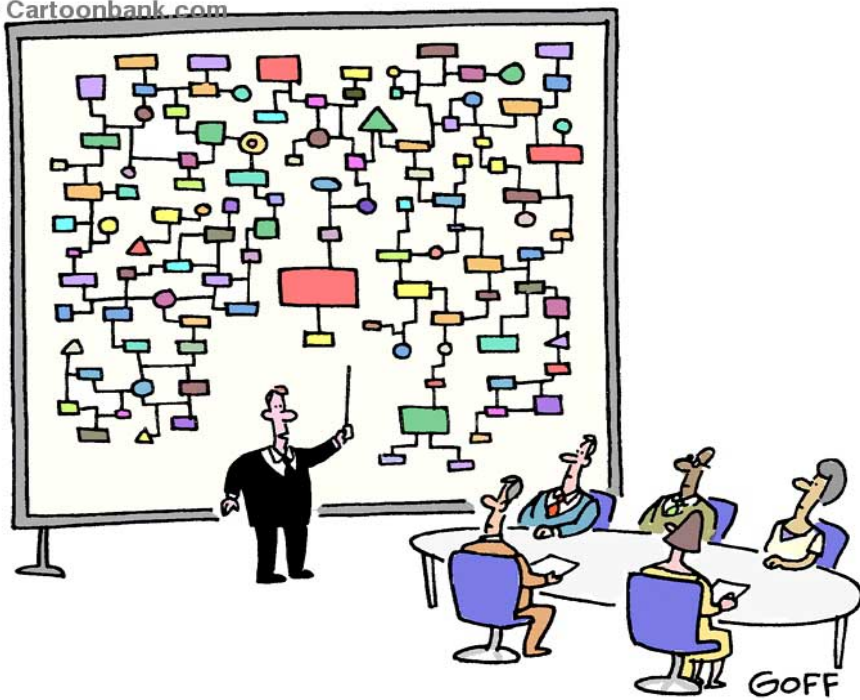
Success Factors for a CI Program



- Physician led and driven
- Physician/Hospital alignment
- Strong leadership to set and enforce parameters
- Minimize administrative costs
- Same metrics across all payers
- Additional funds to recognize extra work of physicians/staff
- Infrastructure necessary to support improvements
 - Communication method for sharing physician performance against goals
 - Ability to analyze cost effectiveness and utilization trends in the population for which the Program/System is accountable
 - Mechanisms to target opportunities and share best practices
- Relentless focus on redesigning clinical care delivery across the continuum to find new ways of improving efficiency, service, and quality.



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"And that's why we need a computer."

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