

Managed Care

Webinar

CASE STUDY DEBRIEF

How Physician Engagement can
Drive Real Change in a
Medicare Advantage
Population

October 29th, 2020
11:00 AM (CST)

GENESIS 
High-Performance Network

iH INNOVISTA
HEALTH SOLUTIONS

Genesis Physicians Group



Background

The Genesis High-Performance Network (GHPN) is a select group of primary care physicians engaged in value-based contracts that focus on improved quality, reduced cost, and high patient satisfaction. GHPN is comprised of PCP members of Genesis Physicians Group, one of North Texas' oldest and largest independent physician associations. We believe independent physician organizations have an important role to play in the future of health care delivery for Texas. Our mission is to champion our physician's passion for the profession of medicine to achieve higher quality, cost-effective care for the patients we serve.



250

Practices



300+

Primary Care Physicians



71K+

Total Lives Managed



\$7.35M

2018-2019 Shared Savings**

** Based on 2018 & 2019 PY results

Presenter

Introduction



Selase D. Dow
Market President, Innovista Health Solutions

- Drake University, Des Moines, Iowa
 - ✓ B.S. Business Administration
- University of Maryland, Global Campus
 - ✓ M.S. Healthcare Administration
- 16+ years in PopHealth Health Management
- Value based experience in Medicare FFS; Medicare Advantage, Commercial; Medicare-Medicaid (MMP) and Medicaid
- Specialties – Health Plan Operations, Strategic Planning, Start-up and Product Growth/Expansion

Presenter

Introduction



Crystal Ecton **Market President, Innovista Health Solutions**

- University of Berkeley, California
 - ✓ B.A. Economics
- 10+ years in PopHealth Health Management
- Value based experience in Medicare FFS; Medicare Advantage, Commercial
- Specialties – Health Plan Operations, Strategic Planning, Value Based Contract Negotiations, Start-up and Product Growth/Expansion, AEP Marketing

Innovista Overview



Mission: Helping Providers succeed in value-based care by developing strong relationships, delivering innovative solutions and driving exceptional performance.



Overview: Innovista was created as a service partner to help physicians and medical groups respond to the reality of value-based/shared-risk payment models across the healthcare landscape.

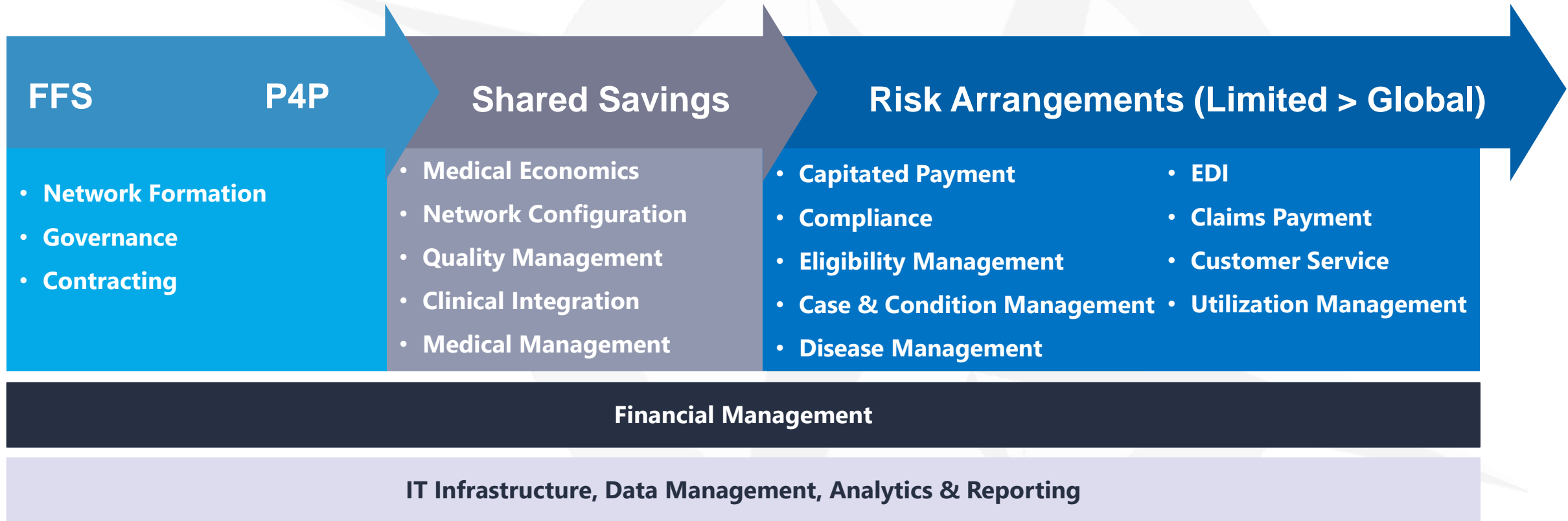


Solutions: Innovista is a certified Management Service Organization and licensed third-party administrator (TPA) dedicated to working with independent physicians to drive success in programs such as MSSP, Commercial ACO, Medicare Advantage HMO, Commercial HMO, and Medicaid.

"The benefits we have seen through our Innovista partnership have centered around their physician-centric approach to value-based contracting and population health service development. They have proven to be flexible and adaptive to the environment of working with a well-established messenger model IPA, helping to transition its capabilities to include effective patient-focused and practice-focused services simultaneously."

- **Dr. Jim Walton, DO, MBA, FACP**, President & CEO, Genesis Physicians Group

Value-Based Care Roadmap



Case Study Overview

1. Problem Statement

The Case Study begins with the challenges presented to the Group, at all levels and programs.

2. Solution Offered

Given the challenges, the Case Study explores the various, targeted approaches towards change and success.

3. Results Measured

The Case Study completes by measuring the success driven by the implemented Solution.



Problem Statement



When Genesis partnered with Innovista in 2017, its single value-based contract, a Medicare Advantage product, was struggling.

The medical group was below its performance threshold for shared savings due to:

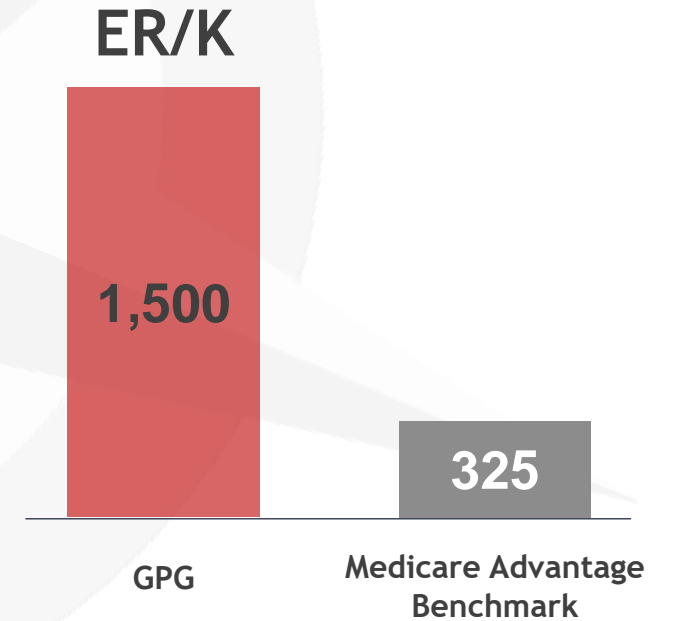
- **Emergency Department Overutilization**
- **Medication Adherence**
- **Coding Gaps**
- **Physician Engagement Opportunities**

Emergency Department Overutilization

Genesis Physicians Group (GPG) had an ER-per-thousand (ER/K) of 1,500, nearly five times higher than the Medicare Advantage benchmark of 325.

This incredibly high utilization rate could be traced back to other issues that all contributed to a highly porous network, for example a low number of specialists in-network.

- Chronically ill patients with limited access to primary care
- Immediate care with wide variety of health care options and poor benefit design
- Number of specialists in-network, driving members either out of network or to the emergency department
- Chronically ill patients without care coordination
- Moderate or nonexistent patient-provider relationship
- Limited after-hours Primary Care opportunities



Medication Adherence

Medication adherence was initially very low in the Medicare Advantage (MA) population. Causes include:

- **Issues Obtaining Medication in a Timely Fashion**
- **Issues Self-Directing to Adhere to Medication Schedule**

Medication adherence is integral to an organization's Medicare Advantage Star Rating. An analysis conducted by AdhereHealth of CMS's Star Rating measurement calculus, published in the Medicare 2019 Part C & D Star Ratings Technical Notes¹, illustrates that 50% of the weighting for the aggregate rating is tied to a health plan's support of consumers in taking their prescription medications.



Coding Gaps

At the beginning of performance year 2018, 90% of providers were not coding to the highest level of specificity.

In performance year 2018, an estimated 95% of providers were not submitting the appropriate number of codes on claims.

Diagnosis codes act as documentation of conditions that a patient has that the provider wants CMS or the payer to take into account when assessing the overall "sickness" of a patient population.

By not including all applicable codes, providers were inadvertently skewing the "burden of illness" of the patient population and, as a result, the resources allocated to them.



Physician Engagement Opportunities

Even members who did not require a specialist nor emergency care often visited local emergency departments as opposed to their primary care provider.

With little existing relationship between the PCPs and their Medicare patient population, the group also saw issues in programs like medication adherence, where oftentimes an issue became an emergency due to unmanaged pre-existing conditions.



Solution Offered



Innovista and Genesis Physicians Group identified the need for enhanced programs and processes that increased the quality and availability of care while also reducing the overall cost of care. These programs and processes include:

- **Network Stabilization**
- **Care Management Programs**
- **Leveraged Technology**

Network Stabilization

Innovista sought to stabilize the network through a combination of:

- Physician Engagement Strategies
- ER Utilization
- Specialty Network Management

A primary method that GPG and Innovista used to stabilize the physician base was to conduct a complete assessment to address the root issues driving the high ER/K. Physician audits were conducted to determine areas where they could implement changes to improve the doctor-patient relationship and impact patient outcomes. Improvement techniques included:

- Distribution of educational tools pertaining to areas where audit scores were low
- Additional face-to-face audit sessions to gain a more nuanced understanding of the drivers behind numerical audit results






Care Management Programs

Innovista sought to implement Medical Management Programs including but not limited to:

- Patient Engagement
 - ✓ Program Enrollment
 - ✓ Call your Doctor First
 - ✓ Identify Barriers, Set Goals, Interventions
- Medication Adherence
 - ✓ Identify Patients
 - ✓ Care Coordinator Intervention
 - ✓ Provider Engagement
- Case Management
 - ✓ Assessments (SDOH, etc)
 - ✓ Care Plans
 - ✓ Provide Care or Make Appointments



Get the Right Care...	At the Right Place...	For the Right Price.
Do you Know Where to Go for Medical Care? <i>Call your Doctor First!</i>		
Primary Care Physician	Urgent Care	Emergency Room
<i>The BEST Place to Receive Care</i>	<i>When the Doctor is Not Available</i>	<i>Life Threatening</i>
<ul style="list-style-type: none">• Colds, Flu, Earaches, Sore Throat• Sprains, Back Pain, Minor Broken Bones, Minor eye injuries• Headaches, migraines, fever, or rash• Minor cuts and burns• Regular physicals and vaccinations• Infections—Strep, Urinary, Skin, Lung	<ul style="list-style-type: none">• After Hours• When the Doctor isn't Available• As Your Doctor Suggests• Far Lower Cost than Emergency Care	<ul style="list-style-type: none">• Chest Pain lasting more than 2 minutes• Shortness of Breath• Stroke Symptoms• Major Broken Bones• Uncontrolled Bleeding• Fainting and Seizures
		

Leveraged Technology

Innovista utilized specific technology to ease the administrative burden, identify actionable opportunities, and report on valuable trends to the Medical Group.

- POC/Ribbon Tool
- Risk Stratification and Utilization Trends
- Risk Adjustment Opportunities
- Quality Gap Closures and EMR Integration



Results Measured



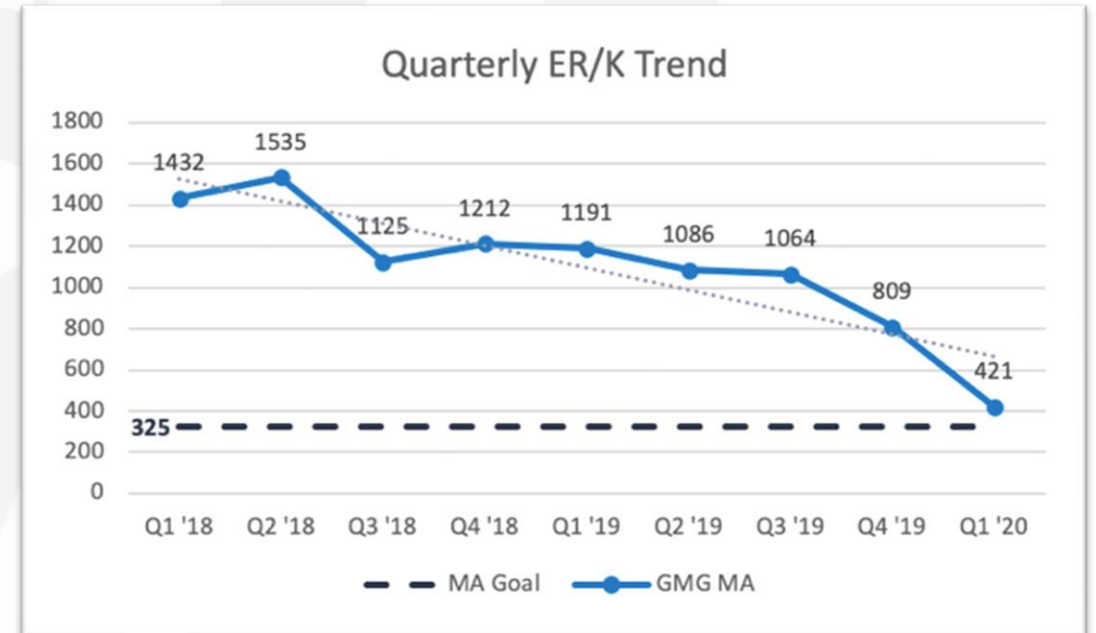
Since 2017, Genesis Physicians Group has seen a radical shift in performance and shared savings through the implementation of care management programs and physician engagement tactics.

- **Emergency Department (ED) Utilization**
- **Readmissions**
- **Risk Adjustment Coding**
- **Savings & Medical Loss Ratio**

Emergency Department (ED) Utilization

Emergency Department Utilization per 1000 (ED/K) fell by over 70% from Q1 of 2018 to Q1 of 2020.

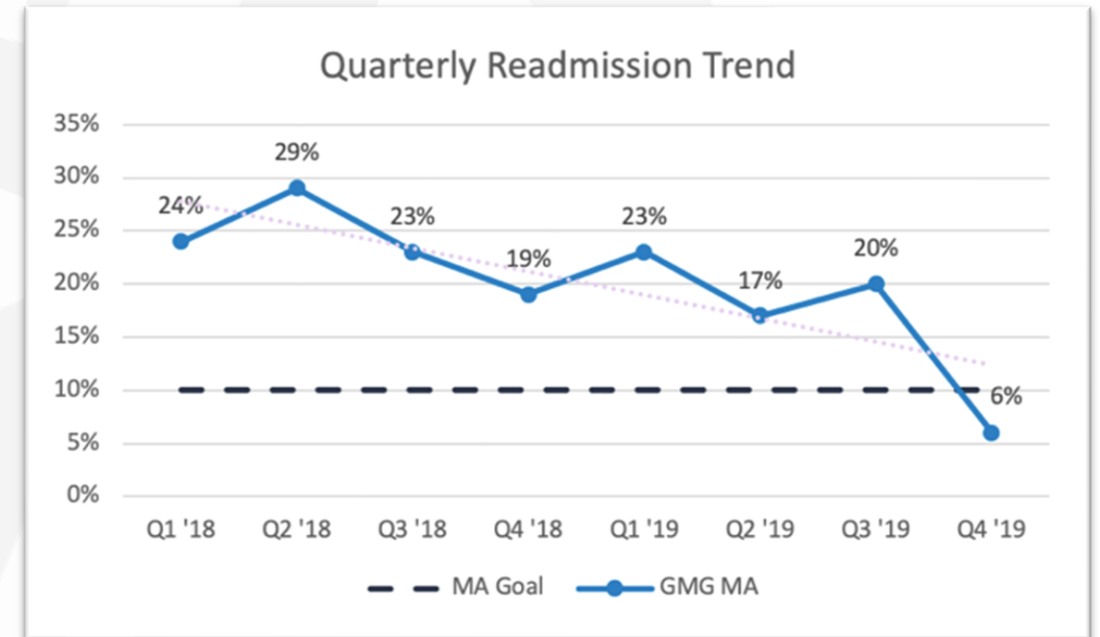
- Genesis Physicians Group saw reduced ER per thousand from 1,432 to 421 in the span of two years.
- Improved patient and provider engagement fostered the relationships critical to the reduced use of emergency services in instances when course of care is uncertain to the patient.



Readmissions

The hospital readmission rate fell from 24% at the start of PY2018 to 6% at the end of PY2019, surpassing the MA goal of 10%.

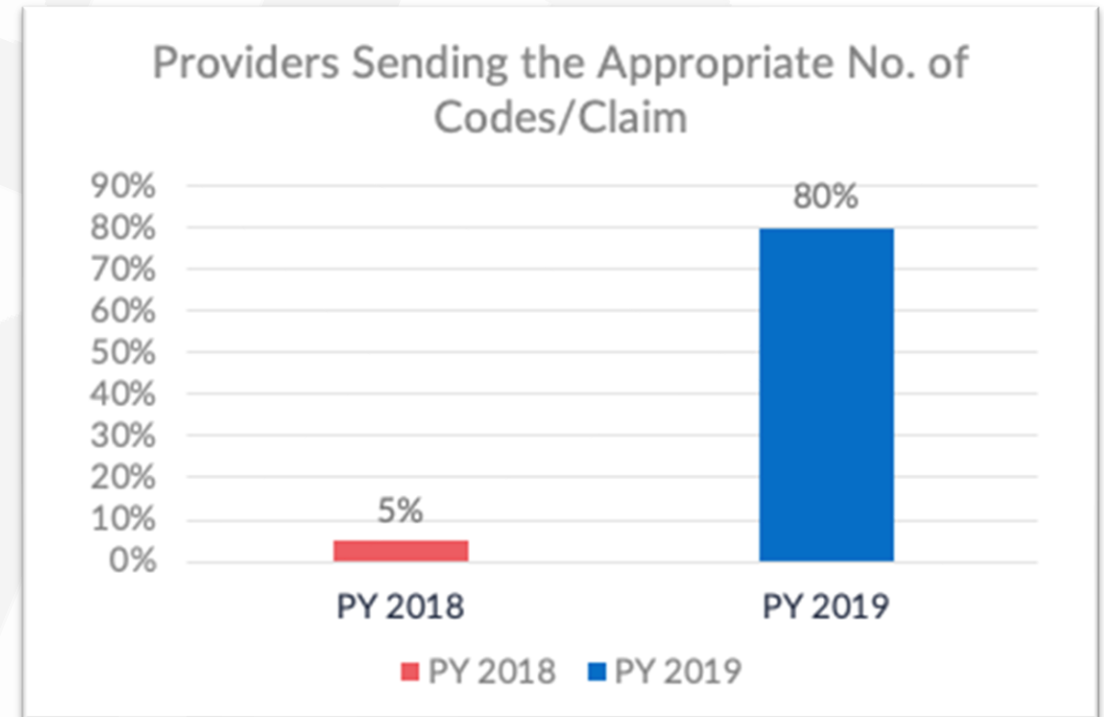
- Hospital readmissions were drastically reduced due to the implementation of the Transitional Care Management (TCM) program
- Innovista's population health management platform connects all providers in a patient's network in such a way that every in-network provider can view other providers the patient has seen, the care rendered, and the location of care.



Risk Adjustment Coding

In PY2019, 185% more providers were sending out the appropriate number of codes per claim than in PY2018.

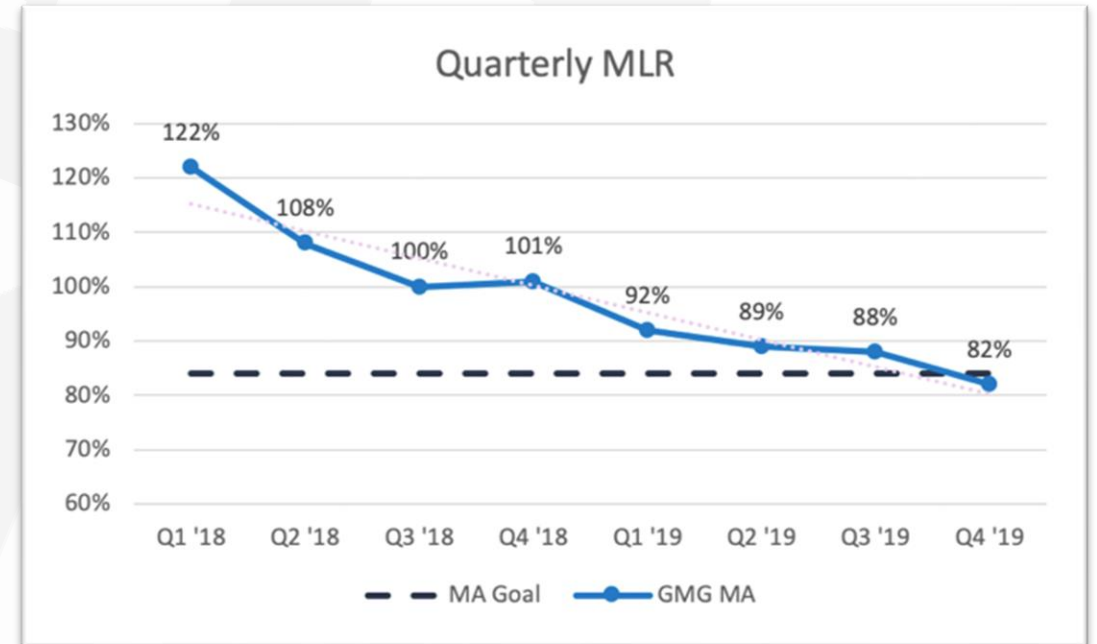
- By the beginning of PY2019, 70% of providers were coding to the specificity levels suggested and 80% of providers were sending up to the maximum of 12 diagnosis codes out on claims.
- The risk adjustment score increased to 1.11 from 0.98 by the end of performance year 2019.



Savings & Medical Loss Ratio

\$2M in PY2019 Shared Savings driven by a 40% Reduction in MLR across PY2018 and PY2019

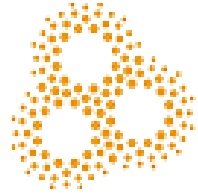
- MLR is directly impacted by engagement; at the end of 2019, engagement with primary care providers was over 70%.
- Getting ER utilization under control, driving risk adjustment programs, and better understanding and engaging the highest-risk members, all contributed to the savings.





Questions?

Thank you for your time.



[Visit the Innovista Health Solutions Virtual Booth](#)



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