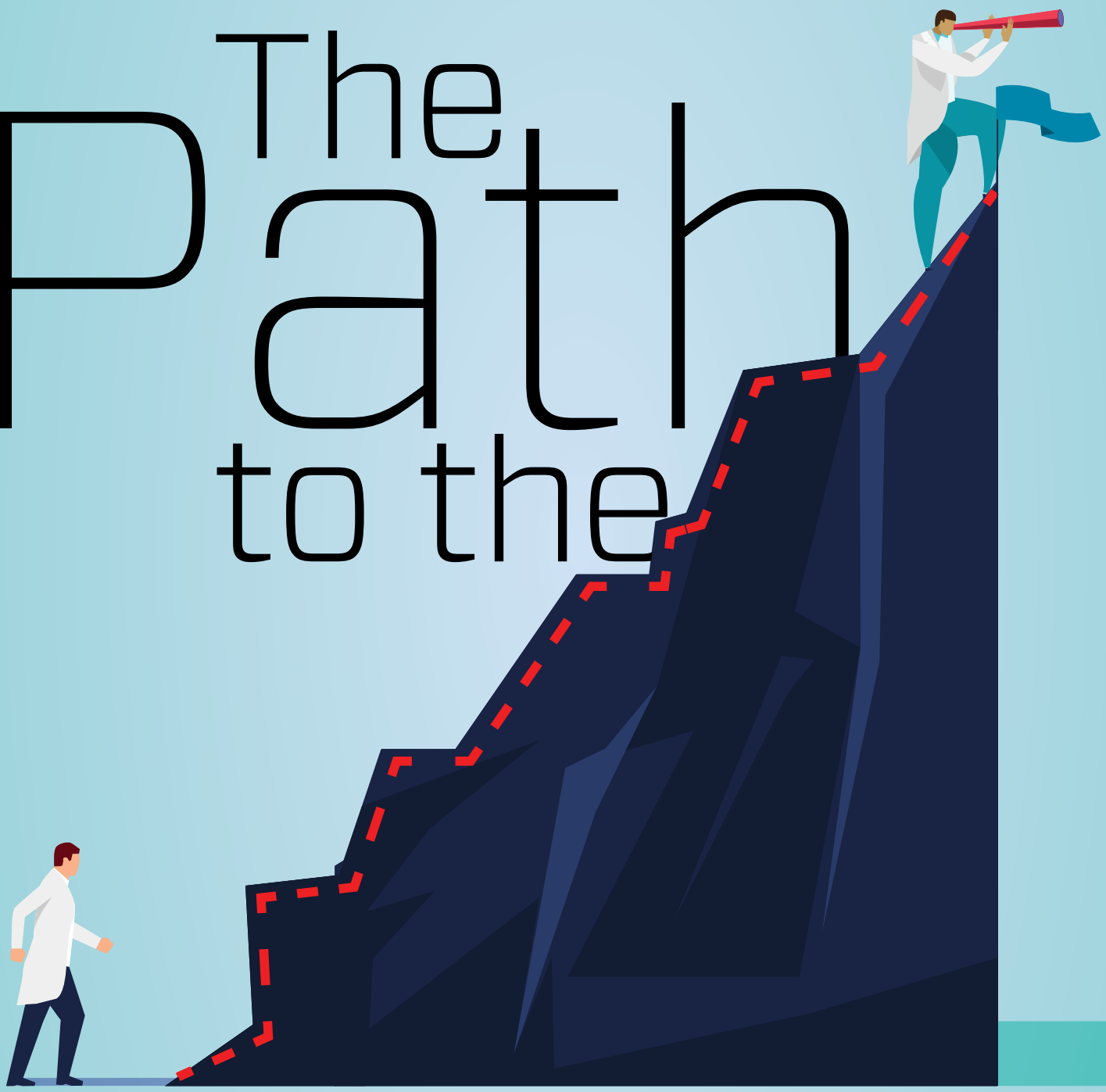
CASE STUDY

The Path to the



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Summit Health's success as a model for payers

Top

By Kevin McCune, MD

Part of the problem with beginning the transition from fee-for-service (FFS) to value-based care (VBC) is knowing just how to go about it. Fortunately, at this stage in the overall shift, there are a number of organizations who have gone before, and those that have found early successes can be used as a model.

When I had the chance recently to speak with Summit Medical Group's CEO Ed Curtis, CMPE, and Chief Value Based Care Officer Wendy Ferrell-Smith, MHI, BSN, they were proud to tell me that Summit has differentiated themselves with this sort of success. "Many of our payer partners will say that they'll use Summit as the example of what our providers have decided to invest in," said Ferrell-Smith.

How does a healthcare organization get to this point?

United We Stand

Curtis, who has been with Summit for a decade, explained the organization's origin. "Summit Medical Group was founded in 1995 by 37 primary care physicians," he told me. "After many, many lunch meetings together, they felt that payers kept them divided intentionally to keep reimbursement rates much lower than if they got together."

At that time, Summit had seven locations in Eastern Tennessee. Today, the organization has more than 400 providers in 80-plus locations. Expansion has just begun into Middle Tennessee, where Summit has every intention of having as big a footprint as they do in Eastern Tennessee.

And VBC isn't new for them.

"This year marks the seventh year Summit has been in VBC in the Medicare Advantage [MA] space," Curtis said, "and we're in our sixth year of taking risk. The good news is that in all six years we've taken risk, we've received shared earnings. And it's been incrementally better."

He continued: "I think it's important to realize that this is not replacement income. This is added into FFS. We've added about 30%—that's 30% of the aggregate average of our physicians. It's an important component."

Curtis will be the first to explain that VBC hasn't surpassed FFS. He said, "I like to tell people—quietly—that there are some folks who like that annual check and maybe are not working as hard in the FFS space. We're trying to reemphasize that FFS is still paying the bills. The added

incentive of additional VBC dollars from the Centers for Medicare & Medicaid Services [CMS] is an important component of the strength of our income statement and balance sheet."

Why We're in the Business

I asked the pair why they would continue taking on risk in the VBC space rather than simply continue to leverage their size. Ferrell-Smith said, "Outcomes. We're in this business to provide great outcomes, and that also leads to good partner relationships. When we place our focus on outcomes, we show that we're committed to providing outstanding care. Our group has had years of experience in the VBC space, starting with CPC, and now we're in ACO REACH. Because of the shared savings we have earned in the various arrangements, we've been able to reinvest and build a foundation of support teams to provide a better patient experience and improved outcomes."

It's that foundation that allows for a better partnership with payers. "We understand that they need the numbers—that critical mass in order to take on risk in the VBC space," Ferrell-Smith shared. "Therefore, we have to be a five-star partner, providing the best care, keeping our patients out of emergency rooms and hospitals when possible. Providing care at the right site of service is just one piece of being a good partner and provider."

Investing in Infrastructure

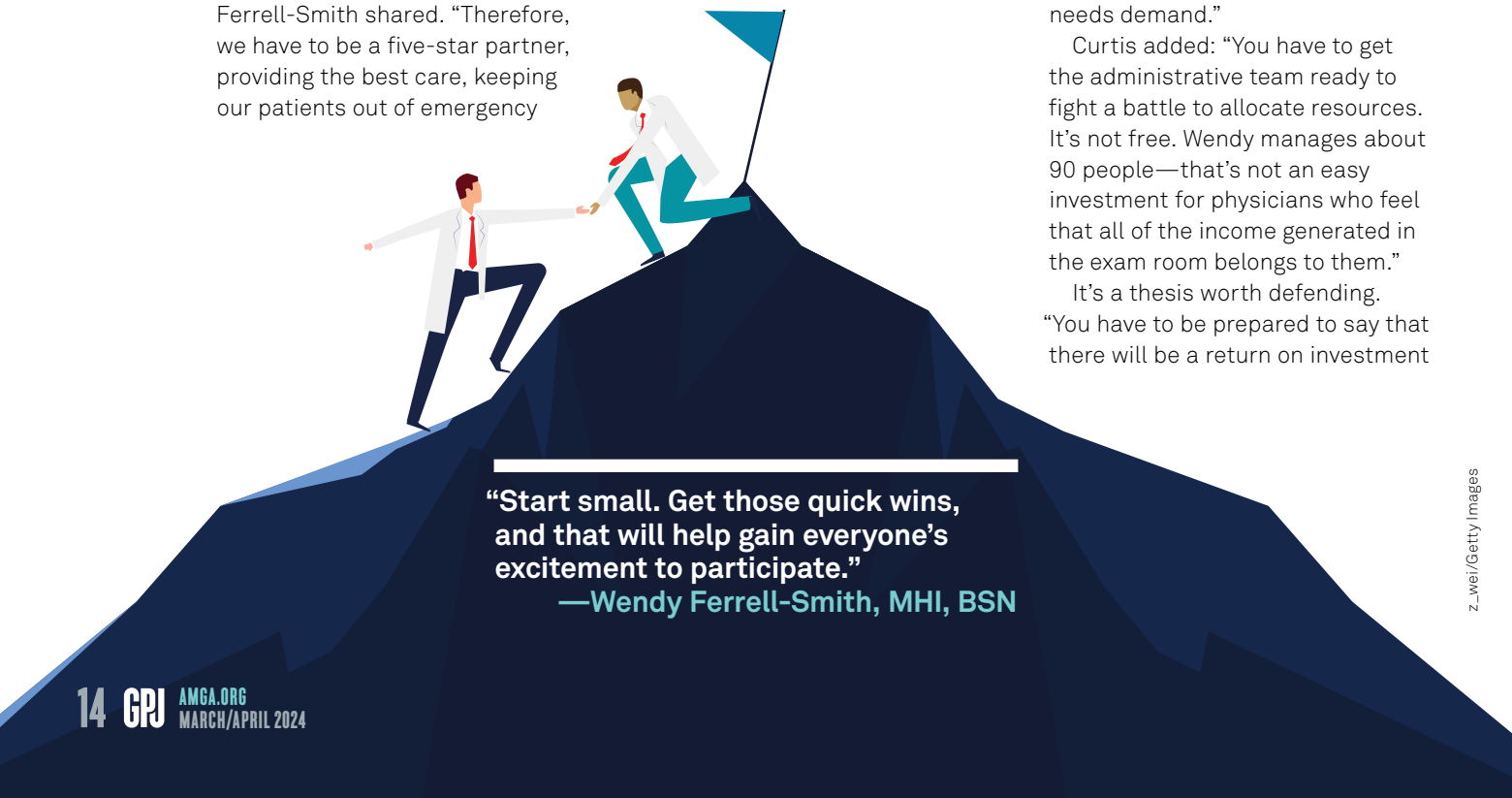
This is where Summit becomes a model payers can use for other partners. "When it comes to something like investing in our pharmacy team, we realize that they are not inexpensive FTEs to have on a payroll," Ferrell-Smith said. "But payers and providers realize the value they add. The same goes for our social workers, who help address various social determinants of health. VBC has been a great way for us to expand in support and services that we can provide to care for our patients, but it's also—for lack of a better term—an 'easy button' for our providers. They can feel comfortable and confident in asking questions and digging into a patient's history and learning what's preventing them from reaching their healthcare goals. Is it access to medication? Is it related to education?"

The ability to lean on other professionals to fill in the gaps is crucial. Ferrell-Smith said, "I may not have an hour to sit down with a patient and their family on a given day, but I have team members who can. I think having that infrastructure and continually building upon it is vital."

Infrastructure goes beyond staff, of course, and investing in resources—"even when we know changes in funding are coming," Ferrell-Smith said—is necessary for success. "Our providers are committed to do something that we haven't done before," she told me. "We've invested in software with AMGA partner Lightbeam for remote patient monitoring. While it is an investment on our part, we know it's the right thing to do. That's what differentiates us—our willingness to make that initial investment. Our organization continues to be innovative and looks for ways to provide the best patient care. The Value Based team at Summit is frequently trialing new workflows in small pilots to determine the return on investment and proof of concept. We know it's the right thing to do. We know that change is often hard in a very busy practice, but we also recognize that we need to change as the patients' needs demand."

Curtis added: "You have to get the administrative team ready to fight a battle to allocate resources. It's not free. Wendy manages about 90 people—that's not an easy investment for physicians who feel that all of the income generated in the exam room belongs to them."

It's a thesis worth defending. "You have to be prepared to say that there will be a return on investment



"Start small. Get those quick wins, and that will help gain everyone's excitement to participate."
—Wendy Ferrell-Smith, MHI, BSN

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for these next four bodies that we're putting in place for care management, for instance," he said. "You say, 'Here's the benefit: It's going to save millions of dollars in utilization costs because we're keeping patients out of the hospital.' In 18 months when the check arrives, they will see the benefit."

A value-based approach to healthcare makes this infrastructure necessary, but it has also forced a lot more into the forefront.

Leveraging Data

Ferrell-Smith told me it was common practice at Summit even before she arrived to be very transparent with data and performance. "Internally, we have built dashboards so that a provider or practice manager can go in at any given time to evaluate their performance against the rest of the organization."

She shared a story from one provider, saying, "She told me, as a female physician who chose to provide care in a more rural part of Tennessee, she just knew she was going to be the best at covering women's health—until she got her data. It was then she realized she was not the best at providing women's health."

But falling short of that goal was not a sign of personal shortcomings, according to Ferrell-Smith. "It wasn't because she was not educating patients or that she does not recognize the importance of mammograms and other preventative screenings like cervical cancer. She just realized that she alone cannot take care of everything. It's not enough to just educate patients. It's not enough to try to provide those services. But who can she partner with who has the same philosophy and mindset and commitment to their patients? How can we partner better?"

This transparency extends beyond an internal dashboard. "We also work with our payer partners to give our providers patient-level data. At the end of the day, it's not how great I think I am—it's how great those evaluating me think I am. We distribute these reports to our providers on a quarterly basis," Ferrell-Smith said. "We go a step further with our providers to look for areas they're struggling with and point them to peers who may be knocking certain metrics out of the park. We have created an environment that promotes best practice sharing. We also provide tips of the month."

Rising to the Challenge

Summit has even started to hold friendly practice challenges. Ferrell-Smith told me, "We review our performance of contracted metrics and choose a few that we're not performing well on or where we need improvement. We challenge practices every month, sending them the relevant information and making sure their performance is visible in the chosen metrics compared with their peers. At the end of the year, if their office reaches a four-star performance within three of the four metrics in the challenge, everyone in the office except the provider will get a gift."

These challenges have accomplished multiple aims. "For one thing, it helps associates understand their place in the care team. For example, if it were not for the person sitting at the front desk answering the telephone or performing outreach to get patients in, there would not be a patient there for our provider to see. That associate is just as important to the care team as the providers themselves," she said.

"For another thing," she continued, "it gives every office an equal opportunity for achievement, and it allows them to do it in a way that works best for their practice. Some of our practices are very rural, and some are more urban. It's not a one-size-fits-all approach. We allow practices to customize their plan/method for achieving these goals. We provide them with monthly tips. We have used our internal data to make it more personal and not only national statistics. For example only and not our actual results, however: One month, we share that our imaging centers found suspected disease in 1 out of every 150 mammograms. We then translate that back to the practice in a way that is meaningful. We would challenge them to look at the names of those unscreened on their gap list to see if they have the possibility of being the 1 out of 150. Making it relational in that way helps to garner everyone's buy-in."

Don't Try to Boil the Ocean

In the end, we truly need everyone's buy-in. Ferrell-Smith put it best when she said, "In 1995, 30-plus doctors decided to get together because they knew critical mass would make a difference. I encourage all providers across the country to continue to participate, because we need the critical mass in order to have that voice and to demonstrate that VBC does produce better patient outcomes at a lower cost."

She shared encouraging advice to those just beginning to put their toes into VBC. "You don't have to try to boil the ocean," she said. "Start small. Get those quick wins, and that will help gain everyone's excitement to participate."

Ferrell-Smith said, "We need everyone to stay the course. That's how we can make policy changes and make the impact that will ultimately improve the outcomes of the lives of everyone across the country." GPJ

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