

The Pandemic Unmasked Our Resilience: Care Realignment in the Time of COVID-19

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Objectives

- COVID 19 and the shortcomings of FFS in a pandemic
- Pandemic impact on the US health system
- The Total Cost of Care Advantage
- Aligning provider incentives for PCPs and specialists
- How to close quality gaps and improve care delivery?
- Future of chronic conditions care is care in the home
- Take home – unmasking resilience if

COVID 19 has Exposed FFS Shortcomings



“COVID-19 has certainly not been fee-for-service’s most shining moment” - Michael E. Chernew

- Volume dependency
- Impact of deferred care
- Working out infrastructural issues during a pandemic
- Limits on flexibility
- Failing to capture financial gains associated with efficiency
- Even in MA, Population based payments can be impacted by RA, Quality measurement issues

Michael E. Chernew and Thomas H Lee, NEJM Catalyst, Oct 7th 2020

COVID Impact on US Health System

Immediate burden

- COVID infections, hospital rates and mortality
- Risk factors for severe infections and deaths
 - ✓ SDOH
 - ✓ Obesity
 - ✓ Age
 - ✓ Chronic conditions
- Non-COVID deaths at home (reduced STEMI volume*)

*Garcia et al. *J Am Coll Cardiol.* 2020

COVID's Impact on US Health System



Long term effects

- On undiagnosed cancers
- On controlling chronic conditions and capturing severity
- Balancing deferred care with quality of life

Our Response to a High Cost Market – Total Cost of Care Advantage



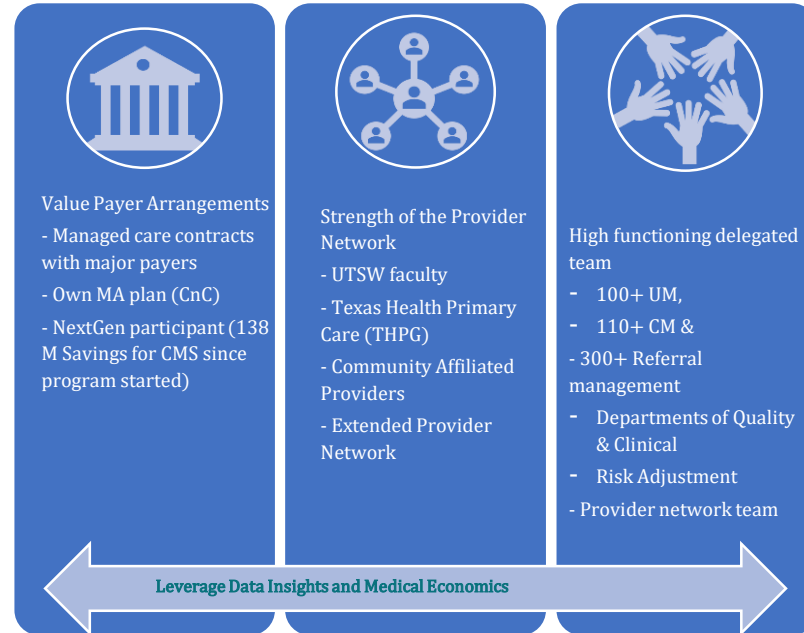
One of the Premier Academic Medical Centers in the United States



Among the Largest Faith-Based Health Care Systems in the Nation

= SWHR Clinical Integrated Network

- 5,500 Providers
- 30 + Network Hospitals
- 700K+ Covered lives
- 100K MA Capitated lives
- 100K persons in NGACO – #1 for savings x 3 yrs
- >1B in annual revenue



Defining Success – Aligning Provider Incentives



Incentives for Primary Care Providers in Alternative Payment Models

- Quality gap closure performance
- Risk adjustment capture
- Network efficiency platform
- Attribution through cap rate for access including virtual care

*Garcia et al. *J Am Coll Cardiol.* 2020

Defining Success – Aligning Provider Incentives



Engaging Specialists Amidst QP Threshold Conundrum

- Network efficiency hospitals and facilities
- Transforming UM to optimize referral management and PAC
- Bundles and virtual bundles – new accounting system through subcap models

*Garcia et al. *J Am Coll Cardiol.* 2020

Defining Success – Aligning Provider Incentives



Both

- Managing high-risk and medically complex patients
- Pharmacy optimization (De-escalation, Med Adherence)
- Reducing unnecessary imaging and low value care

*Garcia et al. *J Am Coll Cardiol.* 2020

Pandemic Quality Gap Closure Strategy



Provider Engagement

- Analytics to drive patient identification
- [Practice toolkit](#) for staff to engage patients
 - FAQs
 - Patient call scripts
- Outbound call center support on behalf of practices for appointment scheduling
- Daily outreach with practices to troubleshoot issues
- Medical Director (Physician to Physician) Outreach
- In-Clinic DM Eye exam program development
- Incentive for gap closure



Patient Engagement

- Awareness / reminder campaigns on importance of screenings
 - Direct Mail Outreach: Cancer Screening and Preventative Care
 - Social Media Outreach
- [Website](#) with safe visit guidelines and precautions
- Inbound call support for appointment scheduling and patient questions
- Automated text reminders encouraging physician visits and in-home testing (CAP)
- Email/MyChart reminders encouraging completion of in-home testing (THPG/UTSW)



Vendor Engagement

- Partnership and Program Development with vendors
 - **LabCorp**: In-home testing for diabetes A1C, nephropathy and colorectal cancer
 - **Retina Labs/MedStar/EpiSource**: In-home testing for diabetic eye exam
 - **Envision/SW Diagnostics** : Breast Cancer Screening



Cross Network Leadership Collaboration

- Weekly Leadership Huddles
- Joint Executive Messaging to Physician Network
- SWHR Physician Network Gap Closure Webinar

Closing 99% of 14K open quality gaps at SWHR, DFW Metroplex July-Sept 2020

The Future of Chronic Care: Care in the Home



- In a cohort of 88K SWHR seniors with Avg MARA Scores of 7.44, the top 10% annual health spending is approximately equivalent to remaining 90%.
- 3X readmission rates, 5X ED utilization, 10X hospital admits



- Eligibility criteria – high dependency; unmet needs
- Address social determinants and social isolation
- Address medical complexity
- Symptoms control and care plan
- Address polypharmacy
- Palliative care
- Behavioral health needs

33% increase in demand for our type of in-home services with 230% projected revenue increase – Michael Le MD, CMO
Landmark Health in *HealthLeaders*, July 2020

Take Home – The pandemic can Unmask Resilience *if*



- Minimize FFS in favor of APMs with risk and flexibility
- Create a functional network with partnered role for specialists
- Align financial incentives with goals to optimize quality, clinical care and condition capture and optimal network efficiency
- Learn to provide better care effectively with virtual care and in-home capabilities to close quality and care gaps
- Recognized high-risk cohort managed predominantly in home; especially for seniors
- Timely care is being redefined by the Covid 19 pandemic including 1 billion virtual care visits* reducing 20% ED visits
- AI and open data sets are spurring a revolution in biopharma research and scientific collaboration

*Forrester® research April 2020