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The Whole Patient

Revere Health's providers are learning to take a holistic view of patient care

■ **By Kevin McCune, MD**

A woman goes in to see her orthopedic physician and leaves with a breast cancer diagnosis.

It may sound far-fetched, but this is a true story that Scott Barlow, MBA, CEO of Revere Health, shared with me when I had the chance to catch up with him at AMGA's 2023 Annual Conference in Chicago. But how did this happen?

A Novel Approach

The patient was young—36 years old—and wasn't of standard age for a mammogram. However, her health history did indicate that a baseline mammogram should be performed, so Revere Health had reached out to her through the standard channels to schedule one: emails, text messages, and phone calls. Those communications went unanswered.

She was a marathon runner, though, and happened to have an ankle sprain that did not seem to want to heal. As fate would have it, the physician she saw at the clinic for this sprain was a senior orthopedic surgeon on the executive committee. For years, he had heard from this committee that healthcare needed to become holistic, and when he saw in the patient's electronic health record (EHR) that she was overdue for a mammogram, something clicked.

He said to the patient, "Follow me," and he led her next door to the imaging center, walked up to the front desk, and told the staff, "This woman needs a mammogram."

Because of this physician's quick thinking, the patient received an early diagnosis of breast cancer with favorable outcomes.

"We've worked on techniques with our physicians to see the patient as a whole person," Barlow says. "It's not just, 'I do musculoskeletal care and you do cardiovascular care and you do basic primary care'—it's about the patient and how we increase the probability of better health."

Barlow calls this particular diagnosis a “watershed moment” in seeing his teams’ efforts pay off: “It shows you what medicine could be if we can figure out how to do it.” But this didn’t happen overnight.

The Journey to Value

Revere Health is structured as an independent physician organization. They do detailed cost accounting, which allows the group to have the feel of a private practice in terms of autonomy. “Our departments are free to make choices about service offerings and hirings, and

are pioneers in finding a better way.” At a board retreat in 2010, extensive conversations led to the decision to pursue value-based care.

The first strategic decision Revere Health made to realize this goal was to find ways to improve care with two driving factors: scientific, measurable datasets and lower healthcare costs. “From there, it’s been thousands of little things,” Barlow explains, “but that included having conversations with our physicians to get them to embrace the concept of value-based care. There was not a good business case I could point to at this time, but we knew it was the right thing to do. I had a difficult conversation with cardiology about this, where they asked me, ‘You want me to do fewer stents? And I’m going to make more on this how?’ I didn’t have an answer; it was a little bit of a leap of faith.” After about two years of conversations within the organization, physicians began to embrace value-based care for the right reasons, despite what could be described as understandable skepticism.

In 2012, Revere Health entered into the Medicare Shared Savings Program, “and after a year or two of trying to figure that out, we got really good at it,” Barlow says. “Then we moved into a next-generation ACO in 2018, where we started taking on risk, and we were doing really well there, too. That was empowering and energetic.”

Revere Health is continuing these efforts now, looking for ways to tackle the parts of healthcare that compromise or fail to add value. “It’s hard,” Barlow tells me. “I tell people it’s like making a hot dog: it gets pretty ugly behind the scenes, but it’s edible when it comes out. Day to day, you feel like you’re not getting anything done, but you look back in six months or a year and you see some pretty phenomenal results.”

The Secret Sauce

Thomas Dickinson, the president of Revere Health at the time Barlow joined the organization, shared Barlow’s strong conviction for doing what’s right. “Launching our journey to value really came down to having a dyad leadership with Dr. Dickinson, who believed doing what’s best for the patient is the right thing to do, even if fiscally it may not seem like the right thing to do in the short term,” Barlow says.

“Our business case,” he continues, “was simply that we should do what’s right for the patients and let economics follow in the belief that capitalism will eventually follow best value. What payer is going to reject an approach that is scientifically proven to provide better outcomes at lower costs of care just because it means changing the payment mechanism? I think it’s critical that we do what’s right for patients and let the business piece take care of itself on the back end.”

Barlow says that “the real secret sauce” of Revere Health’s success is that they’ve made their model nonadversarial. “If you look at healthcare and managed care, it really is adversarial. You’ve got payers who are set up to check and balance providers on their behavior. You’ve got hospitals and providers who check and balance each other about what should or should not be done in a given setting. Our attempt here is a holistic care model. We’re going to try to get everyone to pull together.”

So how do you set up a model in which orthopedic surgeons help with primary care when they can? “We committed early on, in the first year and a half of work, to share the savings equally within our delivery system,” Barlow explains. “Our orthopedic surgeons get the same value-based

AMGA Value Resources

AMGA has a host of resources to help members transition and succeed in value-based care, including:

► Value-Based Care Focus Area

Curates resources to answer your most pressing questions regarding moving to value.

amga.org/focus-areas/value-based-care

► Value Help Desk

Connect with AMGA public policy experts for answers to questions about federal value-based care programs.

valuehelp@amga.org

that culture of self tends to draw people who want to have influence and control in their practice,” says Barlow. “Because of that, our core strength over the years has been a lot of innovation.”

The group has been on the cutting edge of working to improve their business models for the last 20 years, so it was natural that they would look to value-based care. “We were very successful in the fee-for-service space,” Barlow says, “and we had the choice to follow that system as it evolved or to take on a role as

care bonus that our primary teams get.”

When he came to Revere Health, Barlow set up a gainsharing system and compared it to the group's compensation system. “We set it up so that for any bonuses we receive, part of them would go to staff as well,” he says. “That reward was important in aligning them with this mission.”

A Bottom-Up Approach

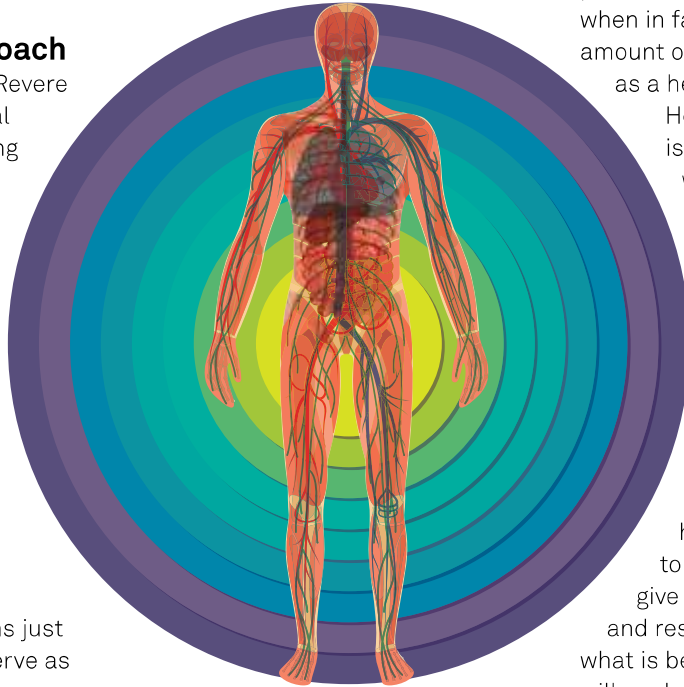
Barlow believes some of Revere Health's best foundational work has come from taking a bottom-up approach. “All that we've done with IT systems, economics, and the delivery side, in terms of toolsets, we've had to design from the bottom up. The only way this works is when the people in the work embrace the effort,” he says. “The ideas of what to do and how to do it are actually coming from the departments. The systems just provide a resource and serve as an aggregator.”

In Revere Health's case, leadership relied heavily on department chairs and physicians to embrace the journey. “Some have embraced it more than others,” Barlow admits. “But what's nice about this approach is that when you start hitting the walls of, ‘Can we? Should we? Why are we doing this?’ it's now their peers who can field those questions and work collaboratively to determine solutions to problems as they arise.”

Part of the challenge, Barlow explains, is the difficulty in envisioning such a large shift. “This is so complicated,” he says, “so you have to simplify the message as best as you can before you can get staff to embrace it.”

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— Scott Barlow, MBA



A Simple Message for a Complex Plan

At AMGA, we define value-based care in the simplest of terms as the right care, at the right time, in the right place. But, as Barlow shares, “Every physician thinks they're giving the right care every time. I've never met a physician who says, ‘I'm about 50% good as the other person.’ That's just not real.”

The way to approach this transition so that physicians are open to embracing it is solid, scientific measurements. “It really comes down to creating complete transparency of methods,” Barlow says. “It's insightful when you can look at results and see that maybe you do have things that aren't as good as

they should be. You sure like to see that yourself before someone else starts showing your dirty laundry.”

Barlow says that in Revere Health's situation, “It's taken time and evolution to try to measure everything we can measure about healthcare and eliminating our own sense of gestalt that we're doing the right thing, the right time, the right place, as everyone thinks they are, when in fact there's a tremendous amount of variation in what we do as a healthcare community.”

He emphasizes that this isn't a matter of right and wrong. “There's often good reasons for variation,” he says. “But isn't it better to identify that it is different and understand what the reasons for that are?”

“Let's get all boats to rise,” says Barlow. “Let's measure. Let's share.

Let's rely on people who have hearts of sincerity to take care of people. Let's give them the tools, techniques, and resources to help them see what is best and determine what will work on a personalized level.”

The AMGA Difference

Barlow tells me what an important role AMGA has played in this process. “AMGA has been critical to this journey,” he says. “It's been great to attend meetings and see data. AMGA helped take our ideas at a small system in Utah and put them in a space where we could get some national perspective. They deserve a lot of credit in terms of the resources, the networking, and the connections of samples to validate, to learn from others, to share with others, and to see ways to make this better.” **GPJ**

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