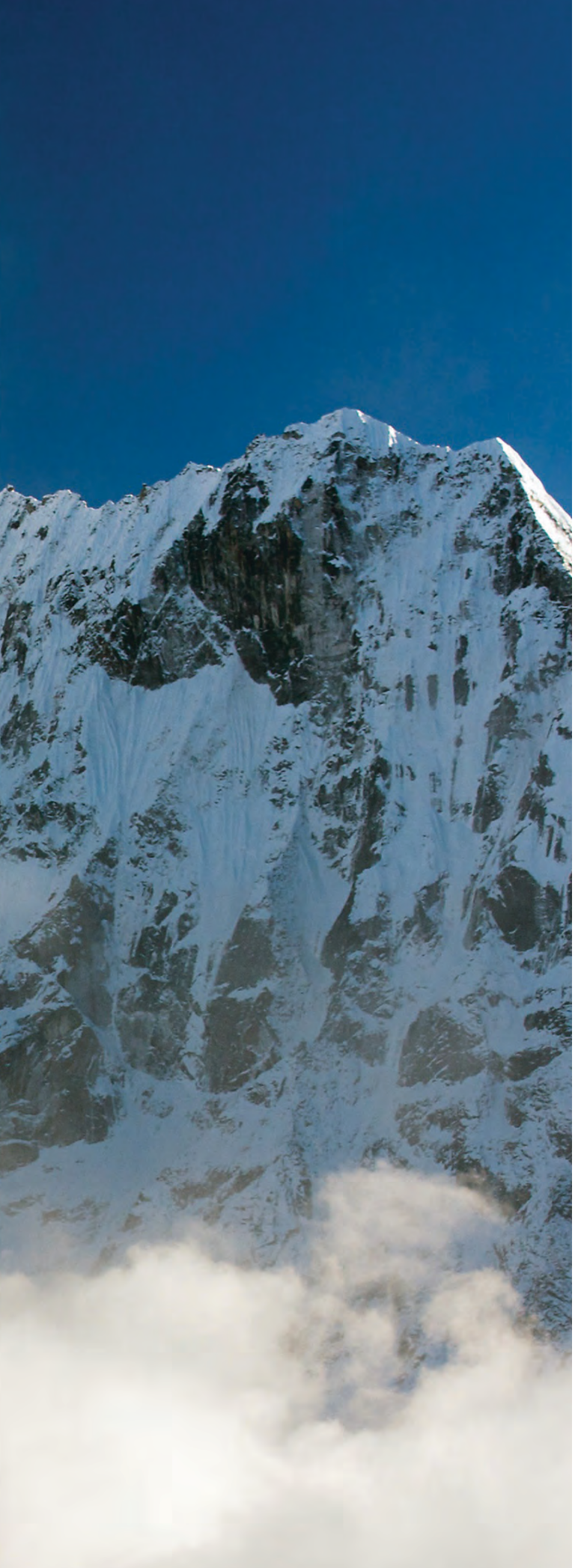
Climbing the Mountain:

Implementing Innovative Leadership, Population Health, and Disease Management

2014 Acclaim Award Honoree Wellmont Medical Associates' Journey

In September 2014, Wellmont Medical Associates was named an honoree of the American Medical Group Foundation's 2014 Acclaim Award for its initiative, "Climbing the Mountain: A Medical Group's Three-Year Journey to Improve the Health Care of Its Region by Implementing Innovative Leadership, Population Health, and Disease Management." This article describes their efforts to strengthen its leadership and professional management and to achieve tighter integration.



Over four years ago, Wellmont Health System's newly installed CEO Denny DeNarvaez asked the medical group, Wellmont Medical Associates (WMA), a simple question, "Who and where do they want to be in three years?" In need of a new strategy and organizational culture, WMA embarked on a robust plan to strengthen its leadership and professional management and to achieve tighter integration.

The Path to Change

When a new CEO was installed in August 2010, all aspects of Wellmont Health System were under review. During this time, there occurred an evolution in thinking that the medical group could do more than just support the health system, but be an equal partner to the system.

For years, many of the long-term WMA members had discussed possible change, but were unable to mold their ideas into a single, broad-ranging plan. During a group physician council in the fall of 2010, the topic was discussed and the group was given the challenge of creating one. They were assured of system support if they wanted to shoulder the task of reinventing themselves.

In March 2011, WMA recruited a new group president, John Howard, bringing with him the skills that would allow the group to develop a truly integrated culture and leadership team. That team helped craft a shared vision and formalize physician governance. A steering committee made up of major clinical and thought leaders brought their own meaningful personal and professional relationships to the table, crafting a mission, vision, and set of values for the group. The group continued to meet on a monthly basis, keeping membership informed of even more anticipated change.

That first year of transformation featured a number of progressive changes, including the establishment of an elected medical group board of directors, three dyad administrative positions, and finance and quality committees. Year two saw even greater integration as they achieved NCQA PCMH level 3 certification, started transitional care management, and became a regional ACO. They also pursued and achieved best practices of the Advisory Board and the AMGA for High-Performing Health Systems™ (HPHS).[1] By year's end a business model had even been developed that would allow for the implementation of a new one-patient/one-record EMR with robust data abstraction and a restructuring of physician compensation. Finally, in year three, WMA obtained and succeeded with risk-based contracting.

Despite its achievements, the group experienced inevitable growing pains along this new course. It had to separate from providers who did not fit its new cul-

ture, and nonintegrated groups have since been anxious about their own growth. Nonetheless, WMA is proud that in a moment of great challenge, it has built a true multispecialty group, working across all boundaries, and linking its system together, all while improving the care of individual patients, decreasing overall costs, and initiating meaningful population health management in its community.

Wellmont Medical Associates

Providers: 194 physicians

Patients: Approximately 117,850 people

Annual Patient Visits: 67,629 primary care visits, 705 patients enrolled in 53 clinical trials

Number of Sites: 69 out-patient offices

Service Area: Northeast Tennessee and Southwest Virginia

A Framework for Change

Believing that quality is a strategic imperative, WMA has integrated the Institute of Medicine Aims for Improvement[2] into their multispecialty practice. To promote a **safe** environment for their patients, they participated in developing a Clinical Effectiveness Committee for the health system. The role of this separate and distinct committee is to ensure patients within all aspects of the health system experience that the highest quality health care is being delivered in the safest manner every time.

To promote the kind of **effective** care that matches to science, avoiding an overuse of ineffectiveness and underuse of effectiveness, the group's Quality Value and Safety (QVS) Committee has codified their use of national best practices and openly benchmarks the group with unblinded physician performance. As a result they've seen significant improvement for their patients in the areas of diabetes and hypertension (see Figures 1 and 2), as well as hospital readmissions.

Patient-centered care that honors the individual and respects choice, culture, social context, and specific needs, that gives patients an active role in their care's decision making, and is accomplished through several venues. First, patient appointments are scheduled through their preferred method: phone, e-mail, or web portal. Second, all practices reserve 10% of their appointments for same-day usage. Third, primary care patients see a consistent provider team more than 95% of the time. Finally, WMA has worked with its health system partner to accelerate appropriate use of Truebeam and Cyber Knife technologies, investing in infusion and pain management, allowing the patient to remain close to their home for care.

By reducing wait times and increasing convenience for both patients and those who give care, **timely** visits are achieved. Same-day appointments have been maintained after hours and a 24-hour nurse triage line is interconnected by the EMR. For patients residing in remote places, such as in the mountains, multiple satellite offices are also maintained to reduce locale-limiting drive time. When patients need to travel, specialist appointments are coordinated with imaging and lab departments on the same day.

WMA knows that **efficient** care reduces waste. As a result, it has developed a Group Operations Committee which reviews procurement of vaccines and supplies. The committee looks at not only cost, but also material effectiveness, supply chain issues, and patient benefit.

The purchase of a robust population health management platform has allowed WMA to delineate actionable population analytics, providing care across a continuum of places and times. Most importantly, it has allowed the opportunity to engage patients, their families, and the community in order to provide information and adhere to guidelines. As evidenced by its population management results and low hospital readmission rates, the group's Medicare Advantage plan has improved from a two-star to a four-star rating, with its medical expense ratio dropping from 91% to 86%, all in a 12-month period.

Equitable care is a right and as such WMA have implemented employee sensitivity training throughout the system, as well as creating a "healing environment." The healing environment is a concept that takes care to another level using a set of principles that promotes true healing. Employees are empowered to take action and make changes by addressing both a patient's physical and psychological needs.

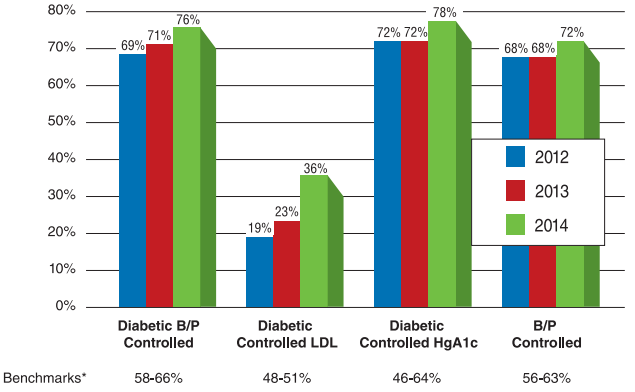
Neither of the states where WMA practices participated in Medicaid expansion. Knowing true needs abound, the group instituted a charity clinic that honors the individual's diversity and needs, respects patient choice, and meets a community need caused by lack of access to care and disease management. The clinic provides underserved individuals with the same high-quality care every other patient receives from WMA. At presstime, the clinic has served—at no cost—the needs of 238 patients, all of whom would otherwise be without care due to their inability to pay.

In addition to the IOM aims, WMA has incorporated AMGA's High-Performing Health System™ attributes in the following ways:

Its **efficient provision of services** does not only occur in the outpatient setting. Seeing the need for im-

FIGURE 1:

Total Population Improvement in Diabetes Rates

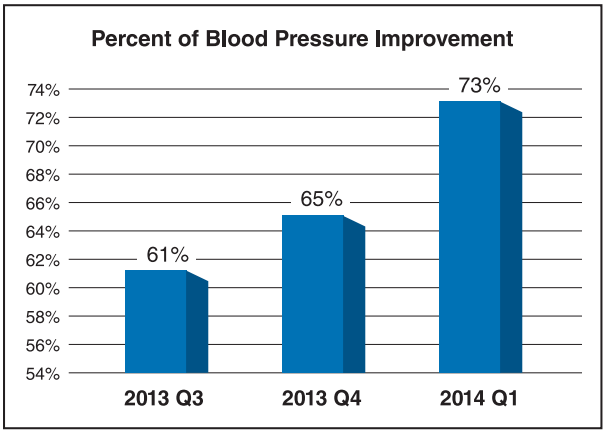


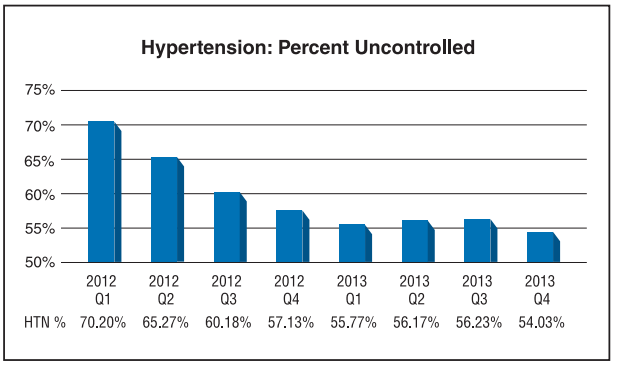
Based on total group population, and two EMR systems. (No statistics for 2012 readmissions.)

*HEDIS 2013 National Averages from State of Health Care for Commercial, Medicaid and Medicare submissions.

FIGURE 2:

Total Population Improvements in Hypertension





proved inpatient care in general medicine and specialty hospital care, the group's hospitalist team has improved quality and reduced cost (see Figure 3). Via their PHO, they have managed 14 direct contracts with area employers delivering healthcare and wellness services to 21,194 covered lives.

Access is one of the most important aspects of an **organized system of health care**. WMA has several important measures in place to make sure that patients receive the care they need. Each office allows for walk-in/same-day appointments and, when closed, the organization has five after-hours or urgent-care clinics strategically placed throughout the region. Finally, because not all care requires a visit after hours, WMA operates its own call center, fully staffed by registered nurses who use evidence-based triage protocols to meet many patient needs. All care is integrated and coordinated through its EMR. To address the primary care recruitment issues of their rural setting, WMA has also established its own family medicine residency program in conjunction with its local school of osteopathic medicine, where its clinicians serve as faculty.

Quality measurement and improvement activities are keys to improving overall care. In addition to the robust analytics and quality oversight previously discussed, WMA participates in a minimum of two national quality forums annually and partners in collaborations such as Measure Up/Pressure Down®. It also works with its risk partners to initiate national best practices. Transparent internal reporting is completed in real time using the Advisory Board's Crimson Medical Group Advantage tool. Each provider also has an individual quality review that takes place biannually to ensure all standards are met. Ultimately, education and corrective action plans codify compliance.

The medical group's **Care Coordination** Team (CCT) is responsible for the sickest and most resource-intensive patients. Four registered nurses, practicing to the highest level of their license, manage appointments and resources, coordinating care for these patients using live EMR feeds. In real time, they can direct patients from home to primary care, specialist, acute care, or post-acute care. WMA has demonstrated a decreased readmission rate trending from 12% to 5% (see Figure 4). For perspective, the regional average is 13.8% and national average is 17%. This decreased readmission rate was achieved all while WMA reached its highest patient satisfaction rate at the 78th percentile (see Figure 5).

WMA's electronic medical record system takes the use of **information technology and evidence-based medicine** to a new level. In 2013, the group invested in and implemented a one-patient/one-record platform. Embedded within this platform is the ability to create patient registries that encompass disease states, preventive measures, insurer metrics, and population management tools, allowing WMA to actively and in real time display gaps in care when a patent is seen or note when the patient is due for preventive services.

The medical group is striving to achieve interop-

FIGURE 3:

WMA Hospitalist Program Care and Cost Data

	Group	Prior to Group	Notes
Avoidable Days	.39 per Discharge	.82 per Discharge	Approximately $568,000 Savings Based on 3,075 Annual DC at $430/Avoidable Day
Case Mix Index	1.57	1.52	.05 = Up to $750,000 in Revenue Increase
Length of Stay	4.86	5.42	One Tenth Equals $250,000 in Savings
Rx Doses per DC	1.29	1.55	
Lab Orders per DC	29.9	31.5	
Imaging per DC	1.3	1.5	
Fragmentation Rate	78%	Estimated to be less than 30%	Percentage of Patients Who Have the Same Physician for Entire Stay
Patient to Physician	12.4	22+	

	WMA	Group B	Group C
Number of Cases	244	156	227
Clinical Demand Index	1.11	1.03	0.98
Clinically Adjusted Cost per Case	$6,344	$7,377	$7,052
Clinically Adjusted LOS	4	4.3	4.1
Risk-Adjusted Mortality Index	0.6	0.26	0.52
Risk-Adjusted Readmissions Index	1.09	2.08	1.18
Utilization of Ancillary Services	89%	104%	99%

erability of clinical data. This integrated connectivity and data exchange is based upon the national "Direct" standards, which enables data and information generated by one system to be accessed and used in a meaningful way by another system, whether or not the latter system is based on different technologies.

The My Practice portal is the first integrated portal in WMA's region. It allows patients to access their information—such as results, upcoming preventive measures, and medication lists, request appointments and prescriptions—and enter health data online. Since going live in December, 6,390 patients have signed up, with 12.9% actively using the portal.

Early on its structural revamp, WMA implemented its first group attempt at benchmarking quality data. This transparent data is tied to **compensation practices** that promote objectives of both the IOM and AMGA (see Figure 6). Ten percent of provider pay is at risk under three areas of concentration: care sustainability, care outcomes, and care management. Providers have earned 80% of at-risk pay.

In 2012, WMA began to assume **accountability** for their performance with an ACO contract consisting of 10,799 Medicare lives (nine percent of their patient population), and a Humana Medicare Advantage contract representing 3,404 covered lives (three percent of their patient population). In a 23-county community representing 500,538 lives, WMA provides care for 117,850 patients. The group is at risk on 12% of these patients, representing a substantial shift in its business model.

Measuring Success

Success is measured in four ways: patient satisfaction, employee retention, achievement of population health goals, and cost-effectiveness.

Patient Satisfaction: WMA built and maintained patient satisfaction at the 78th percentile while implementing a new patient care paradigm and a new EMR. The group is actively focused on patient satisfaction and provides reports on a weekly basis. Any unfavorable trends receive a root cause analysis and service recovery is undertaken. Successes meanwhile are taken to the group via regularly scheduled meetings and methods.

Employee Retention: Both practitioner and employee turnover has decreased over the past three years from 10.2% to 6.7% (ASHHRA benchmark is 11%) and the practitioner group has grown 21% annually the last two years.

Achievement of Population Health Goals: WMA is continuing to pursue contracts where the group is sharing risk with a partner insurer. With its current successes, it has been able to choose partners that are like minded—bent on improving overall care and willing to collaborate.

Cost-Effectiveness: Choosing and implementing higher incentives for quality improvement, care coordination, and clinical transformation will continue the momentum of the medical group towards value-based and team-based care. It currently has 10% of its

FIGURE 4:
Total Population Improvement in Readmission Rates

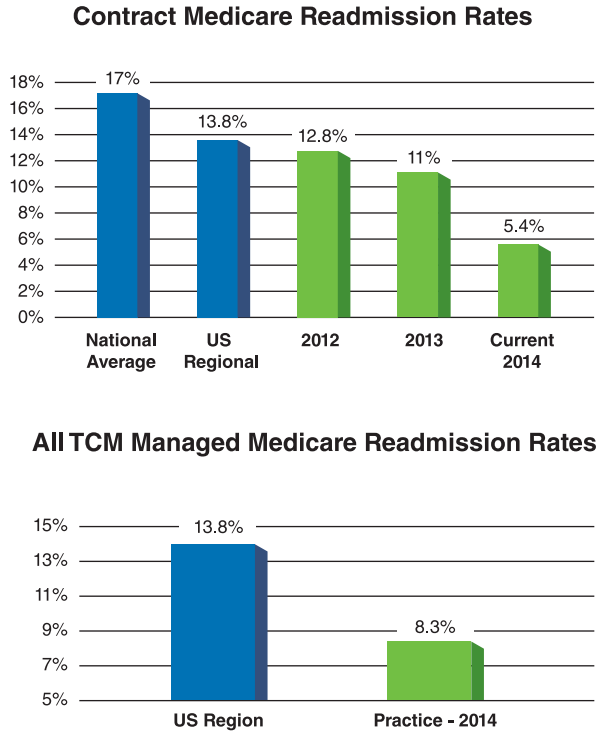
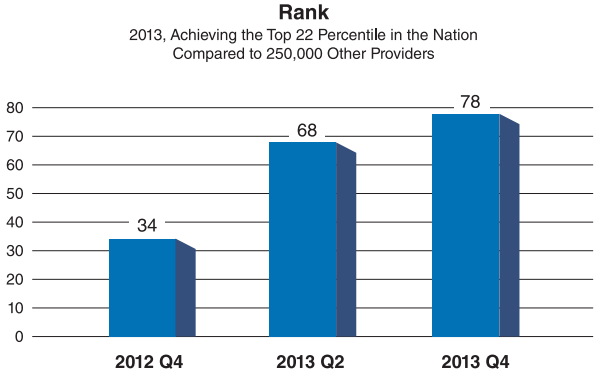


FIGURE 5:
Patient Satisfaction Rank



compensation tied to quality. WMA's commitment is to reach 20% by 2017.

Critical Changes

The most critical change implemented by WMA has been the dyad partnership style of leadership, a style that represents an overlapping yet distinctive leadership of both physicians and administrators providing specific attention to the group's entire plan of care. This commitment to physician leadership combined with committed administrative time at every level embodies one of the group's founding principles, "leading for innovation."

The second critical change for WMA has been the need to rapidly implement many new tactics, often at once. With effective communication, centralized decision making, a common culture, and demonstrable results, the group has been able to succeed in the wake of this challenge.

Achieving Results

Preventative Care: Last year, WMA implemented a goal with a managed care plan to perform comprehensive health screenings on their managed care population over 65 years of age. The year was closed at the 80th percentile, the goal had been 55th. The patients were screened for many items such as overall wellness, preventive medical needs, chronic illness, and understanding of their own health. Safety factors such as fall risks were also included. Each was touched at least one time to remind them of the importance of an updated health screening.

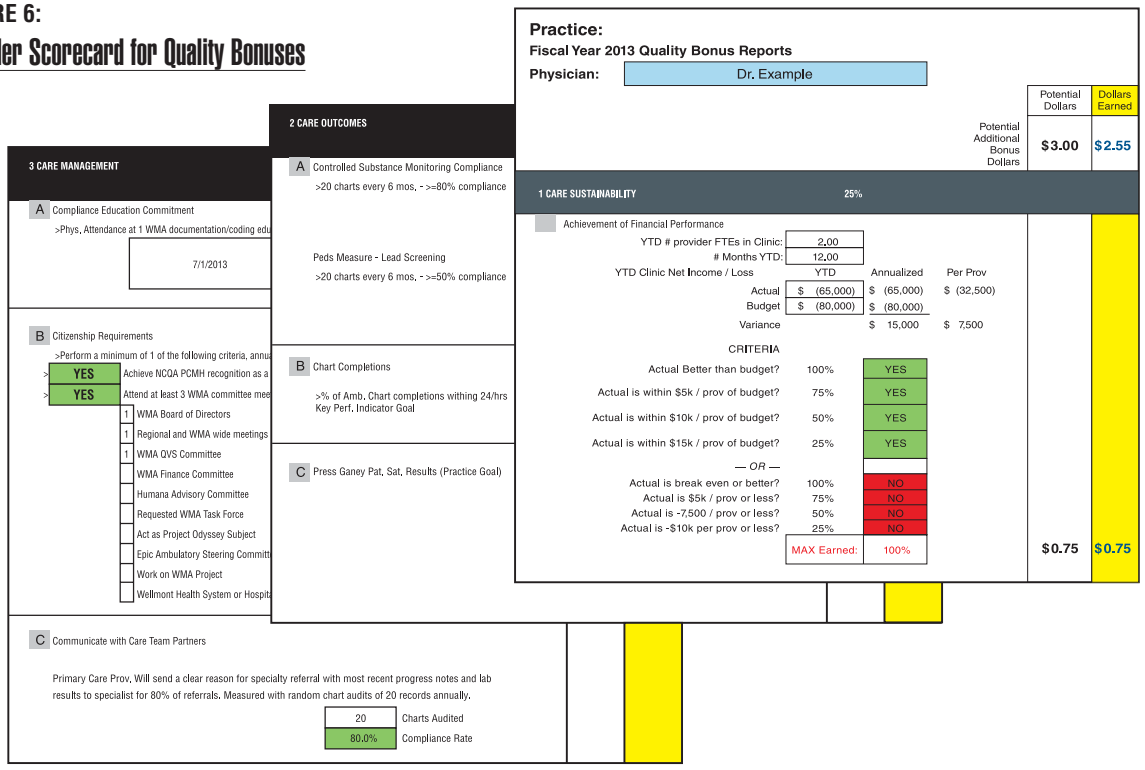
Readmissions: Group provider readmission rates remain lower than the national average of 17%, with an overall rate of less than 11% in 2013. Currently one of WMA's Medicare Advantage contracts has demonstrated that they have had 205 acute inpatient admits per 1,000, with a readmission rate of 5.17%. WMA's intent is to replicate such results in all its Medicare populations.

Reducing Costs: Through a number of plan formularies—utilizing a less expensive mail order option, prescribing generics where appropriate, and avoiding high-risk medications for the elderly—WMA has been able to provide lower cost medications and keep patients at low risk for non-compliance. Currently generic prescribing is at 88%, including those medications that do not have generics. High-risk medication prescription rates (Beers criteria), meanwhile, is at less than five percent, putting WMA in the highest percentile for safe prescribing.

Access: Regarding plan access to patient-centered care, WMA has exceeded the target of 85%, meeting a 95% target for access to primary care.

Clinical Outcomes: Using a Medicare Advantage plan to pilot population health, WMA has found it could positively impact a population of more than 3,000 members through staff and patient reminders, education, access to care, care coordination, frequent reporting, and communication of measure status. Its approach has been to strive and achieve the HEDIS 5 star targets, even though their contract targets were lower the first year they implemented this pay for performance. Overall improvements the first year were substantial (see Figure 7).

FIGURE 6:
Provider Scorecard for Quality Bonuses



Lessons Learned

In developing a like-minded provider group and a common culture, WMA realized the need to separate from providers who did not embrace its own patient-centered culture. While hard decisions were made, the need for a clear and united culture was for the good of the organization and its patients.

While dyad partnerships work, they work best with partners who enhance each other's skills. Top dyads quickly found ways to complement each other's strengths and fill in gaps, allowing for the development of regional dyads at a quicker pace.

By obtaining meaningful and accurate data, transparent reports are able to drill down to the individual provider. The accuracy of such reports is of utmost importance and must be maintained from the moment a report is shared.

Change is always hard, but it can occur—and occur rapidly. The key is to develop a realistic plan of where the group wants to be and map out the steps to attain that plan. Set realistic, but timely goals. Each success builds upon the previous one.

An initial recruiting mistake was thinking that WMA needed to add physicians to meet the needs of its underserved population. Because that was difficult in their region, it slowed progress. By developing a pod concept of a physician teamed with and leading up to four NPs in a practice, more lives could be engaged with better implemented care, and overall health improved in less time, for less cost.

Wellmont Medical Associates' journey began with a clear purpose—to provide high-quality, clear-value care to the population they serve. If there is no other lesson, leaders must understand the importance of having a clear mission that drives culture.

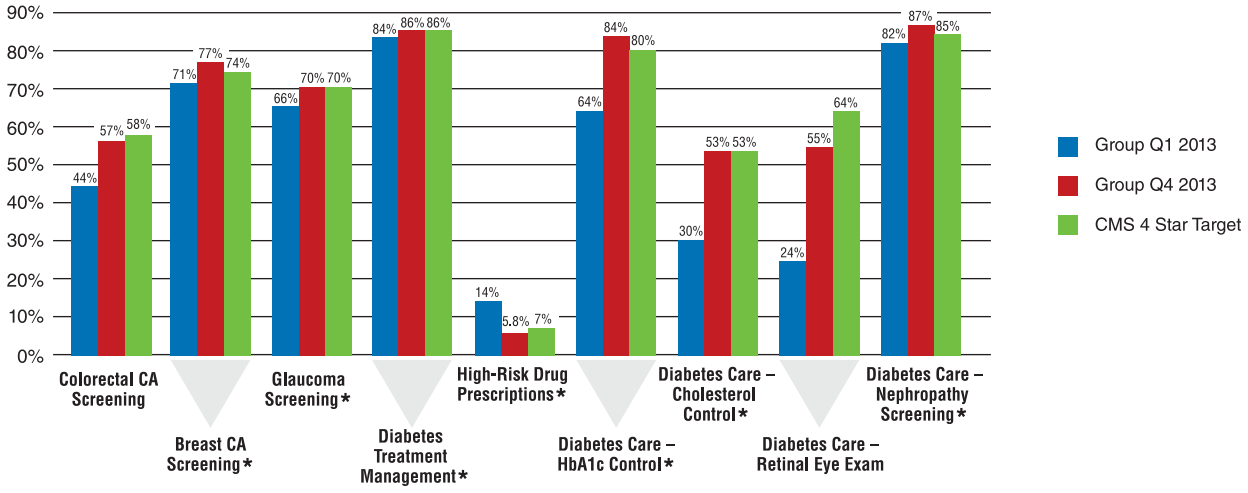
- Build leadership with partnerships that develop practitioner confidence during the journey.
- Create a clear plan and then move quickly to keep the momentum. Know your goals and set the key components that must be met.
- Don't be afraid to compare against the country's best practices. Hold yourself accountable to national benchmarks and trends.
- Finally, take the time to share your successes and failures with others. The more we share, the more patients, organizations, and providers may benefit.

References

1. For more information on High-Performing Health Systems as defined by AMGA, visit www.amga.org/wcm/ADV/wcm/Advocacy/HPHS/index_HPHS.aspx.
2. For more information of the Institute of Medicine Aims for Improvement, visit www.ihi.org/resources/Pages/ImprovementStories/AcrosstheChasmSixAimsforChangingtheHealthCareSystem.aspx.

FIGURE 7:

Improvement in HEDIS Measures



HEDIS Measures at CMS 4 Star
Population of Pilot Group: 2,985

* = Target Achieved

Adapted from the Acclaim Award application of Wellmont Medical Associates, submitted by Stephen P. Combs, M.D., CPE, FACFE, FAAP, Senior Vice President for Physician and Clinical Integration and Chief Executive Medical Officer, and John S. Howard, Ph.D., J.D., President and Chief Executive Officer.

Wellmont Medical Associates' team accepting the 2014 Honoree Acclaim Award (from left to right): Stephen P. Combs, M.D., CPE, FACFE, FAAP, Senior Vice President for Physician and Clinical Integration and Chief Executive Medical Officer; Gail Williams, R.N., B.S.N., Director of Quality and Patient Care Continuity; Karen Williams, M.B.A., M.P.H., MGCHA, CHES, NHA, Executive Director of Operations; Jason Brazee, M.D., FACP, Chief Administrative Medical Officer; David Thompson, M.D., FACP, Chairman of the Board of Directors; Kim Onesko, R.N., B.S.N., Chief Administrative Officer and Vice President; Chandler Wilson, C.P.A., Vice President of Finance and Chief Financial Officer