

Challenges in Building a Knowledge-Based Technology Infrastructure for Population Health



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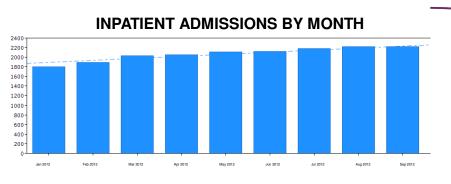
Learning Objectives

- Describe ways to achieve organizational alignment and manage through healthcare transformation
- Identify what tools and data are needed for successful population management
- Discuss how to achieve credibility with physicians and meaningful engagement

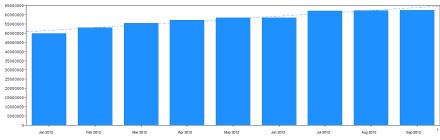




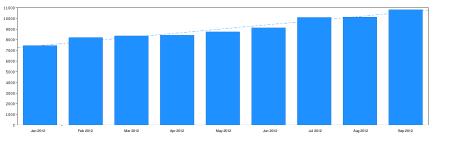
Performance Metrics



INPATIENT CASES BY MONTH



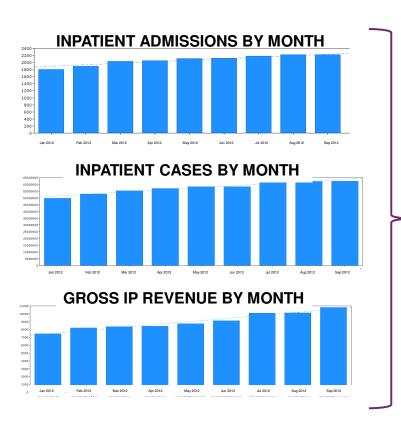
GROSS IP REVENUE BY MONTH

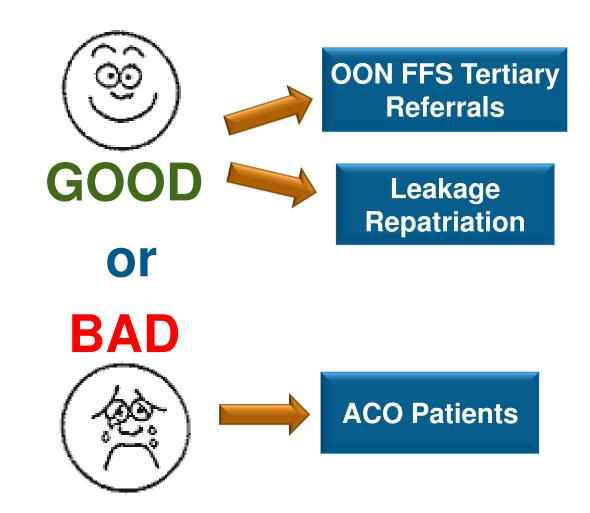






Good or Bad: It Depends



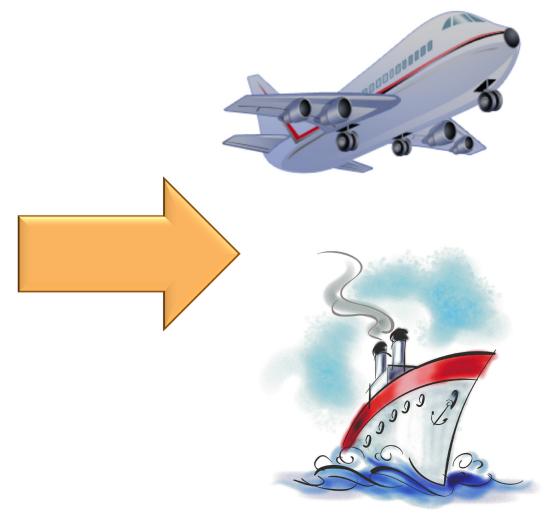


BUSINESS CARE CONNECTIVIT



Why? New Contract Models



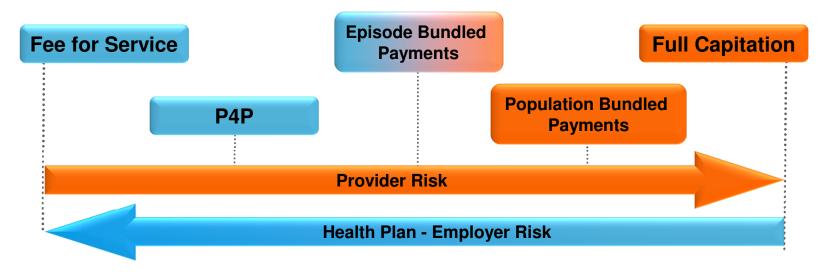




Changing Environment – The Challenge & Opportunity

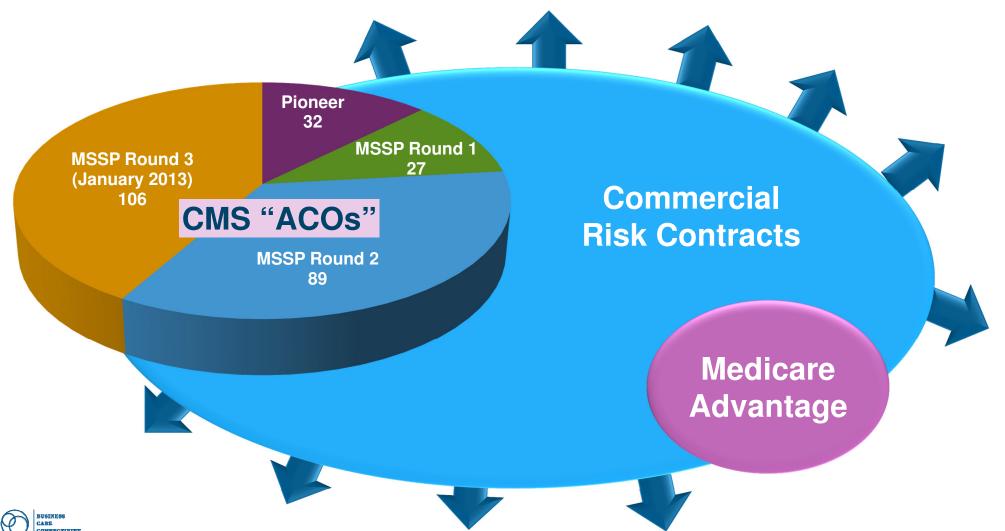
Risk is transitioning to providers

 Providers are managing populations of patients with *risk for cost and quality*









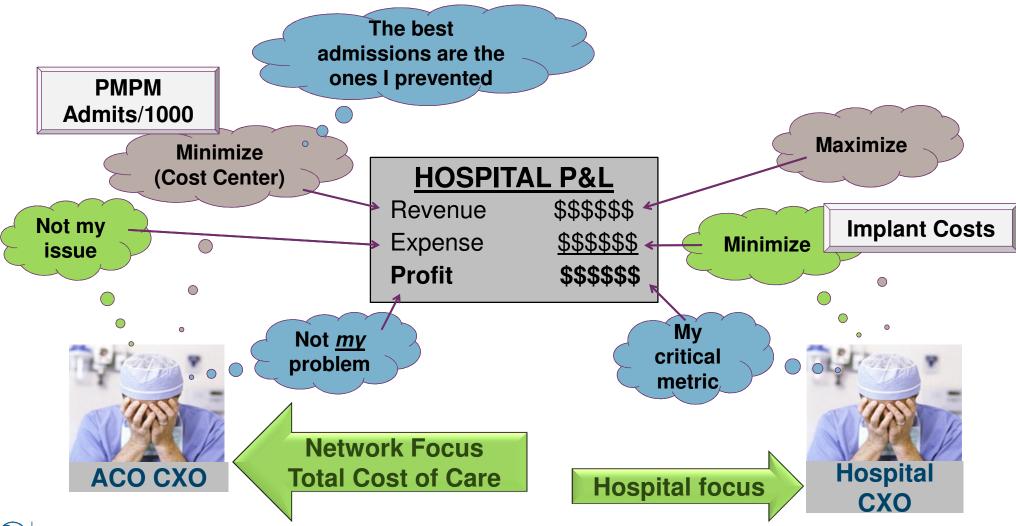
The Future of Reimbursement

Medicare/Medicaid Rates

Revenue Reduction



Two ways to think about the world



BUSINESS CARE CONNECTIVIT



Alignment and buy-in among all constituents is critical

- All constituents need to be on board
- The message needs to be consistent
- Physicians can only manage one way
 - Cannot manage patients selectively
- Incentives must be aligned



Transition Challenges

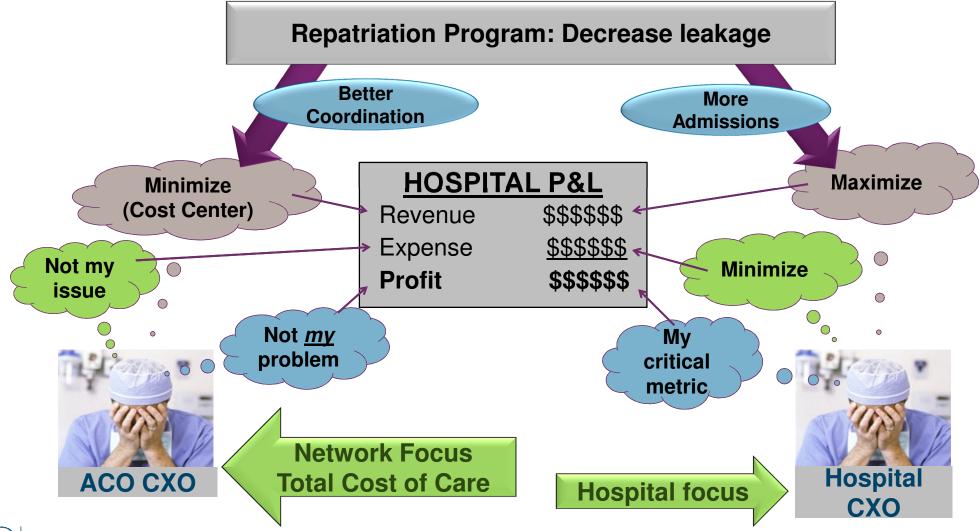
Conflicting contract models



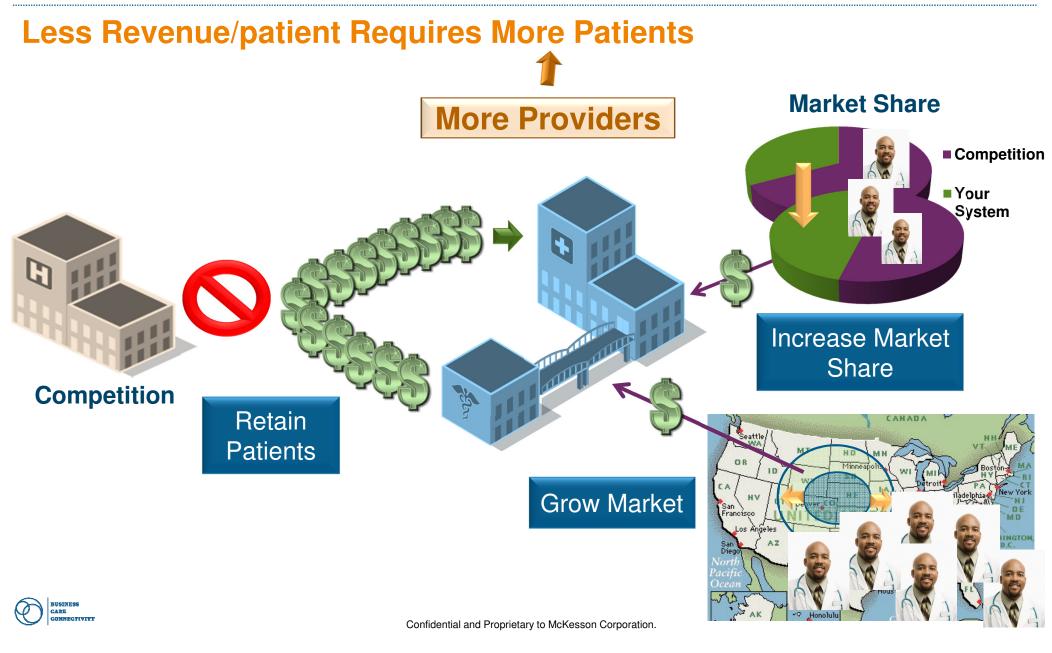
- Conflicting incentives
 - Physicians
 - Hospitals: long-term investments in bricks and mortar



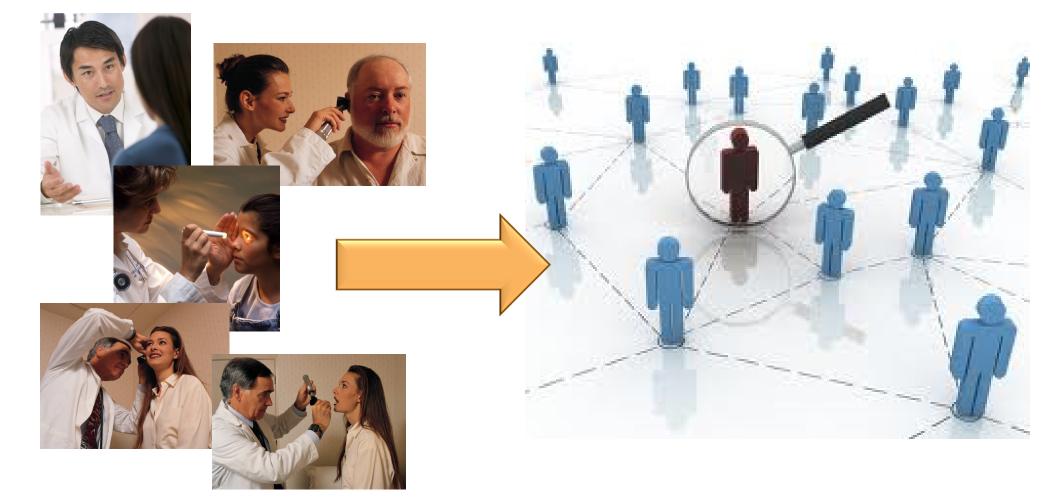
Alignment and Mitigation Strategies







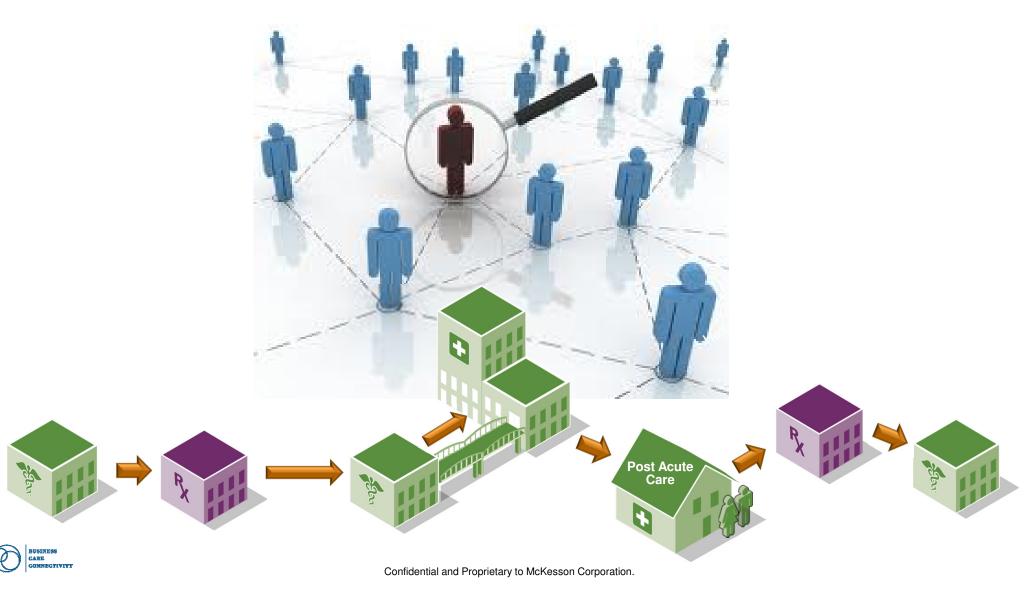
New Care Model: Transactional Care to Population Management







Population Management Across the Care Continuum



Network Strategy

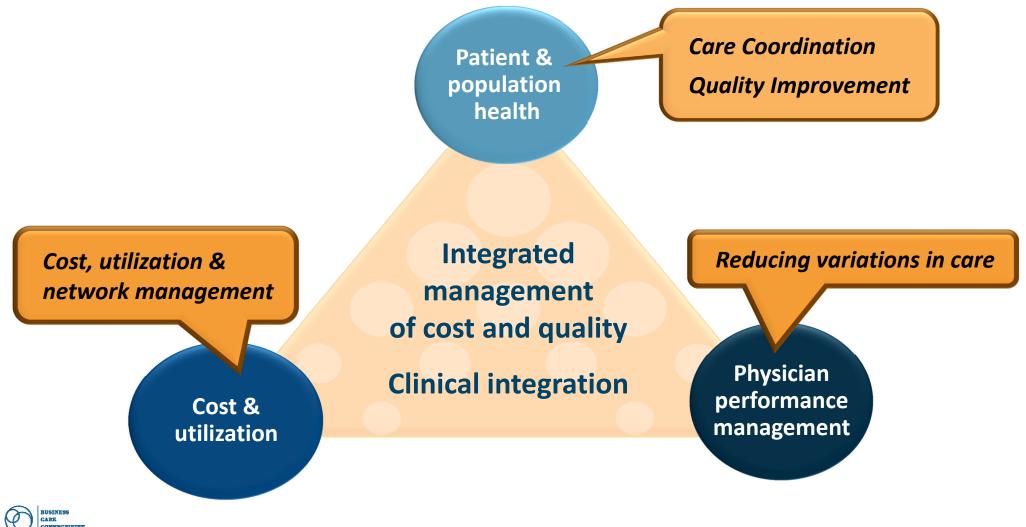
Goals:

- Increase Market Share to help protect admissions
 - Align PCPs and specialists
- ACO performance

Tactics:

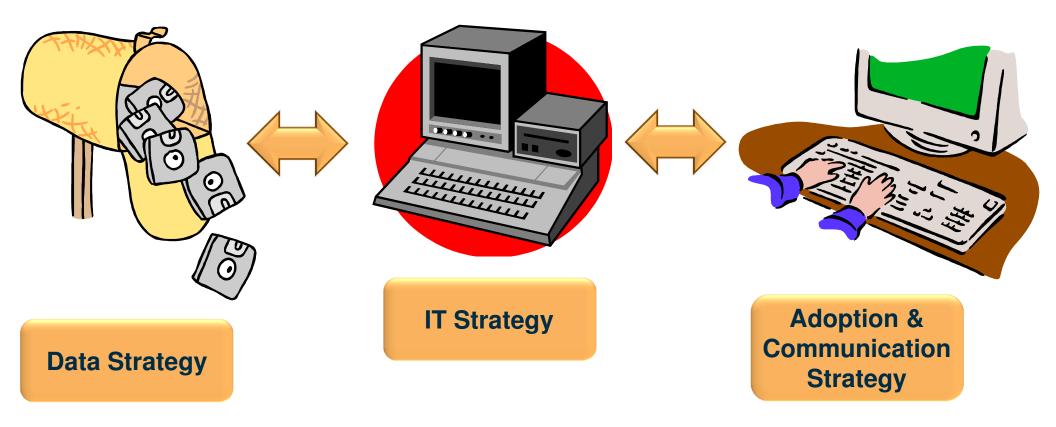
- Consolidation
- Clinical Integration
 - For Collective Bargaining
 - Align independent PCPs & specialists
 - Support population management
 - Manage ACO performance
- Risk (cost and utilization) management
 - Leakage management/repatriation
 - Practice pattern variation reduction
 - Care management

ACO Management Strategies





Success Requires Multiple Interrelated Strategies





Managing Across the Continuum: What data/analytics do you need?

CHF Patient Coronary Artery Bypass Graft





Managing Across the Continuum: What data/analytics do you need?

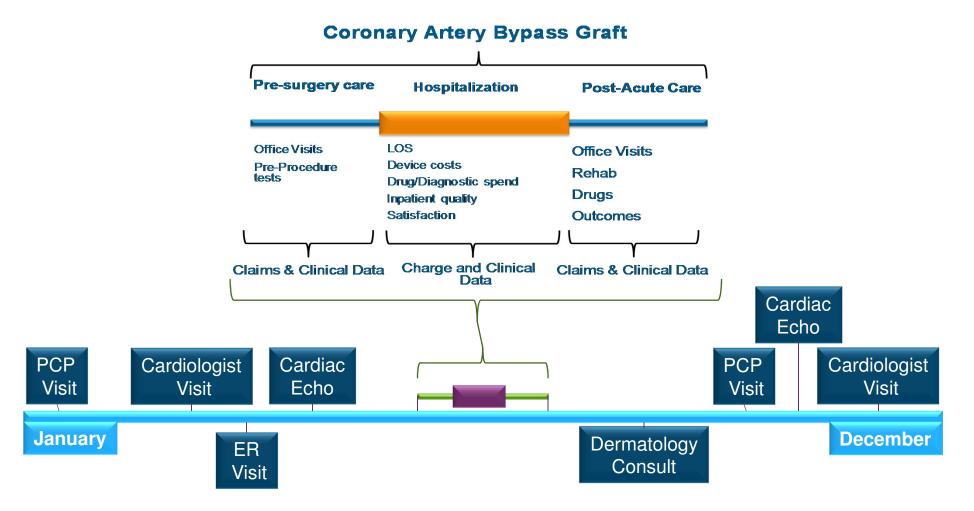
CHF Patient Needing Coronary Artery Bypass Graft

I

Office Visits LOS Pre-Procedure Tests Device Costs F	Post-Acute Care
	Office Visits Rehab Utilization Drugs Dutcomes

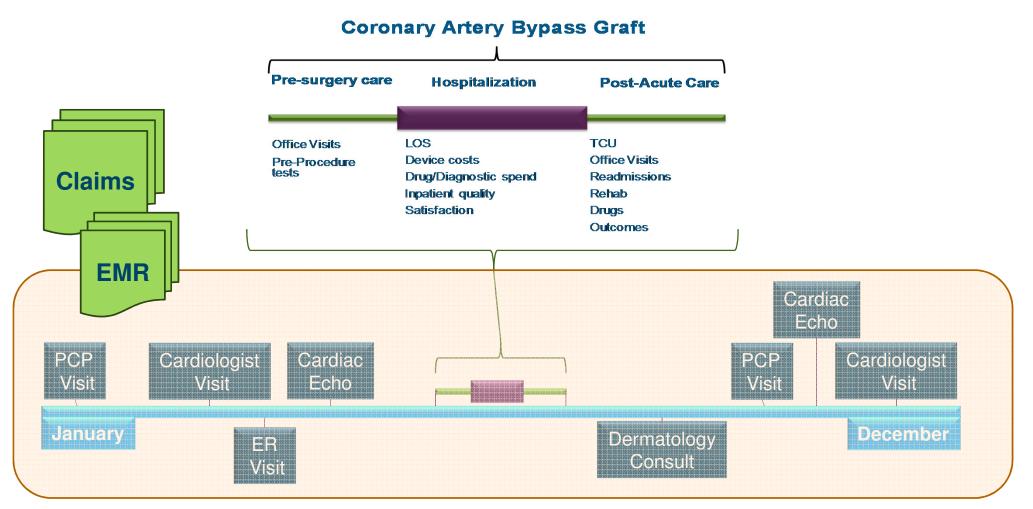


Managing Across the Continuum and Time



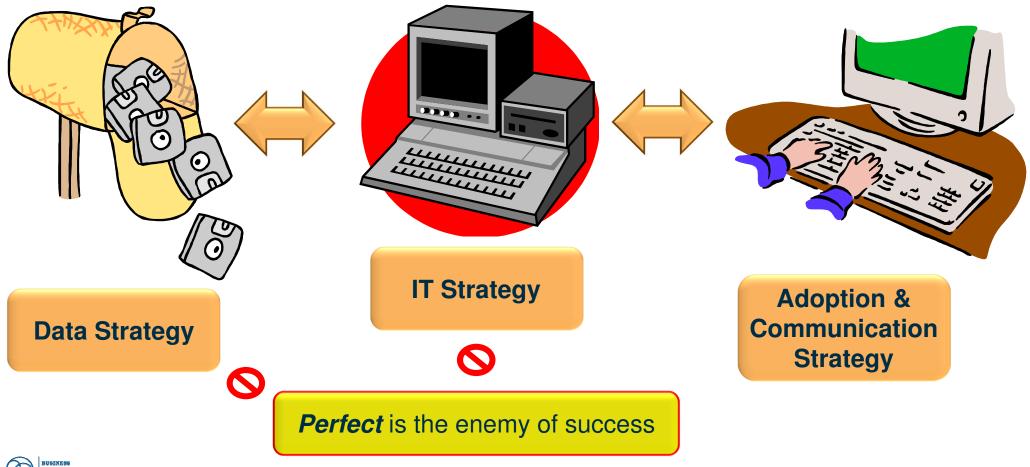
BUSINESS GARE GONNECTIVITY

Analytics Across the Continuum Requires New Data Sources



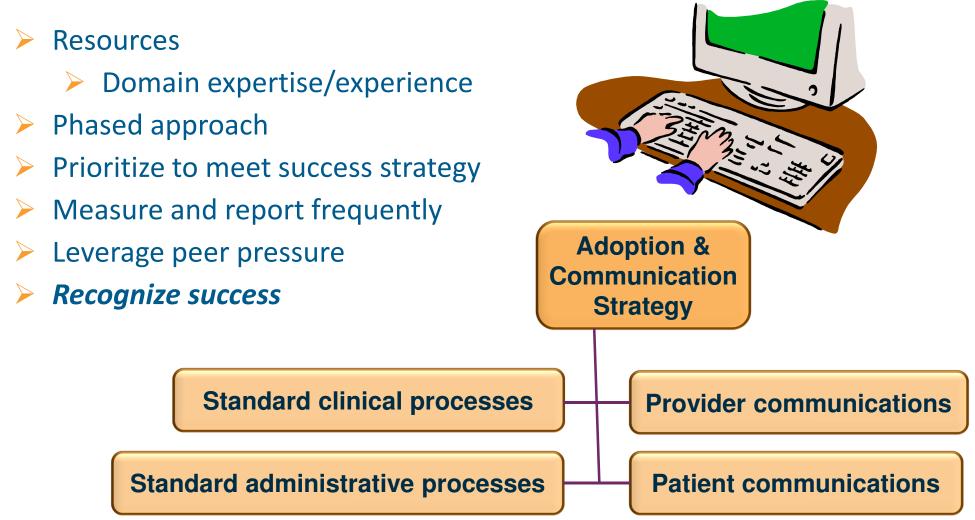
BUSINESS GARE GONNECTIVITY

Multiple Interrelated Strategies



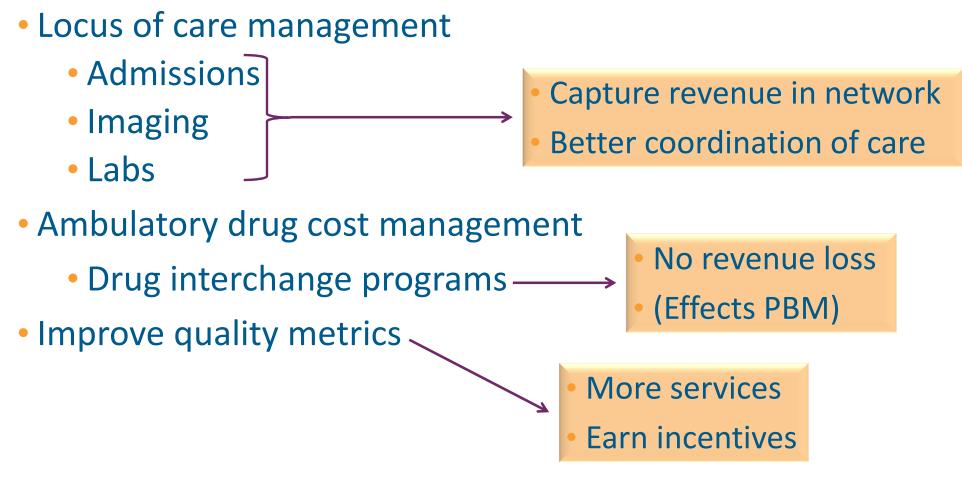


Success Factors





First Initiatives: Easy is better than hard





Physician Engagement

- Focus Don't try to do too much all at once
 - Prioritize
 - -Need to be clear about what they should do
 - -Can only do so much Sensitive to "extra" work

» Program design

- Progressive roll out

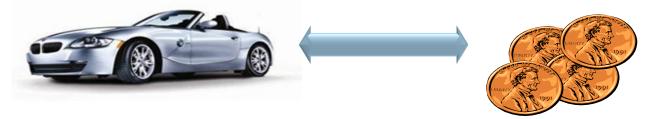
- Make it easy
 - -Actionable data
 - Workflow
 - -Leverage staff

										Registry			Colored March 1	em Status(es)		P.
* Search By:			Assigned To		~	Work Items A	Assigned to N	16 2	Al		~	All	em status(es)			
				Patient						Care Guide	line	1.01	Needs Appo	intment Outre	ach	
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								66		TOIL		-		Anthem Blue	Cross/Blue	Shield
	Work	ork	Iten	ns for the patient Patient	DOB	Phone Number	Assigned To		ayed Care Guideline	Time	Date WI Created	Days In Status	Work Item Status	Outreaches Performed	Actions	nt Call Li
	716	6	Ť	Daniels, Ben	7/25/1975	(617) 459- 8595	Abott, John	Coronary Artery Disease	Anti - Platel Therapy	_	10/12/2009	6	Needs Appointment Outreach	0	Update	
	713	0	۴	Benson, Clark	2/2/1974	(860) 485- 8857	Abott, John	Diabetes	BP Systolic	•	10/7/2009	11	Care Scheduled	0	Update	
	654	0	٣	Automan, John	7/14/1921	(617) 883- 9393	Abott, John	PQRI - Congestive Heart Fallure	BP Systolic	•	10/2/2009	16	Needs Appointment Outreach	0	Update	
	655	0	۴	Automan, John	3/24/1923	(617) 244- 8739	Abott, John	PQRI - Congestive Heart Failure	BP Systolic	•	10/2/2009	16	Needs Appointment Outreach	0	Update	
	656	0	۴	Automan, John	3/24/1923	(617) 244- 8739	Abott, John	PQRI - Congestive Heart Falure	BP Diastoli	•	10/2/2009	16	Needs Appointment Outreach	0	Update	
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	660							PORI -	Assess				Needs Appointment			
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Physician Engagement

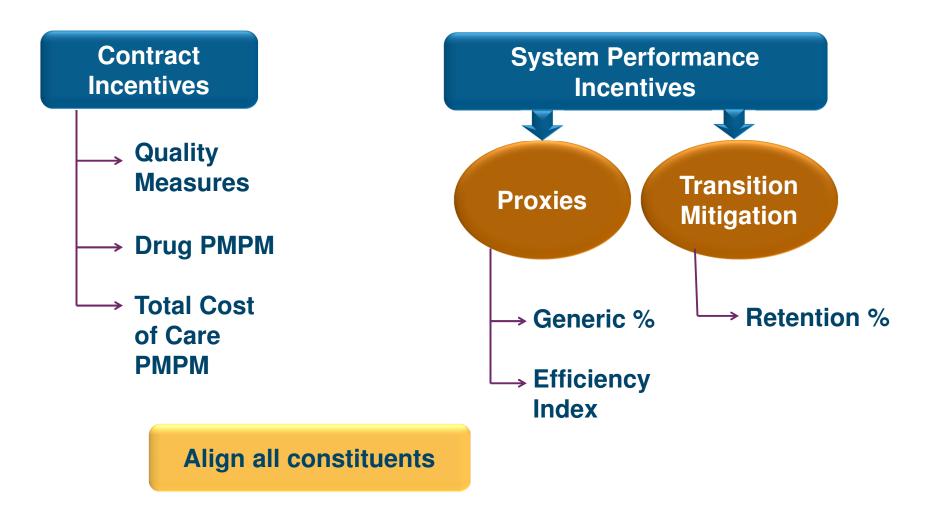
- Leadership
- Education
- Transparency
- Leverage peer pressure
- Incentives
- Timely reporting and payment







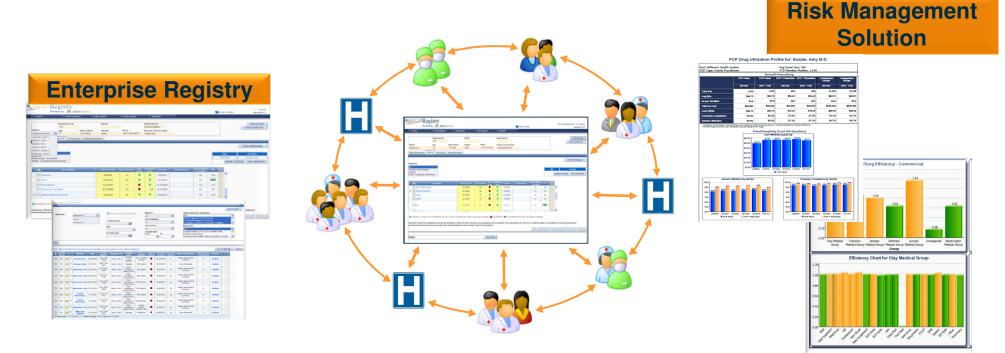
Incentives – to align or not to align?





What do you need for success? New programs and new technology

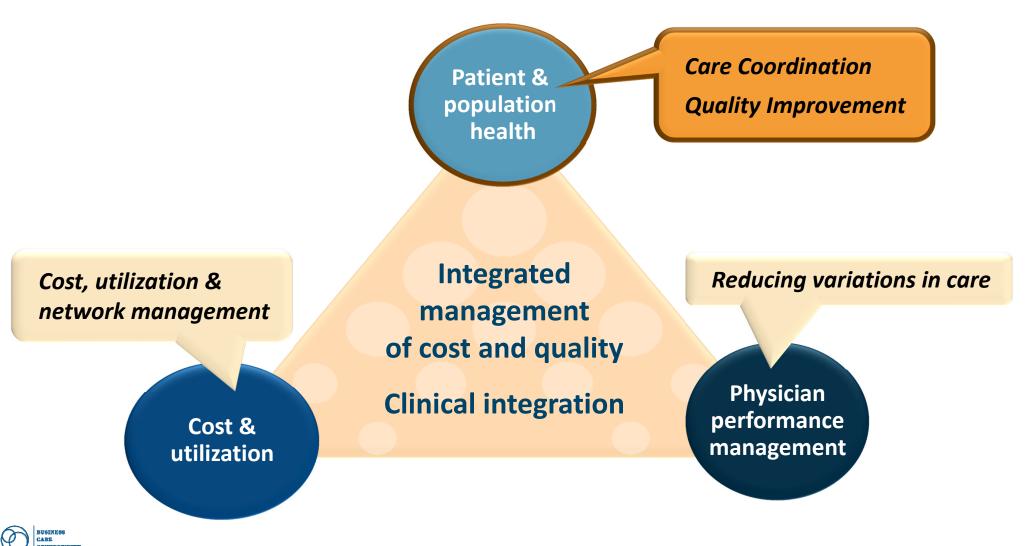
- CI program focused on guideline compliance, coordination of care
 - Enterprise clinical registry
- Programs to manage cost and utilization



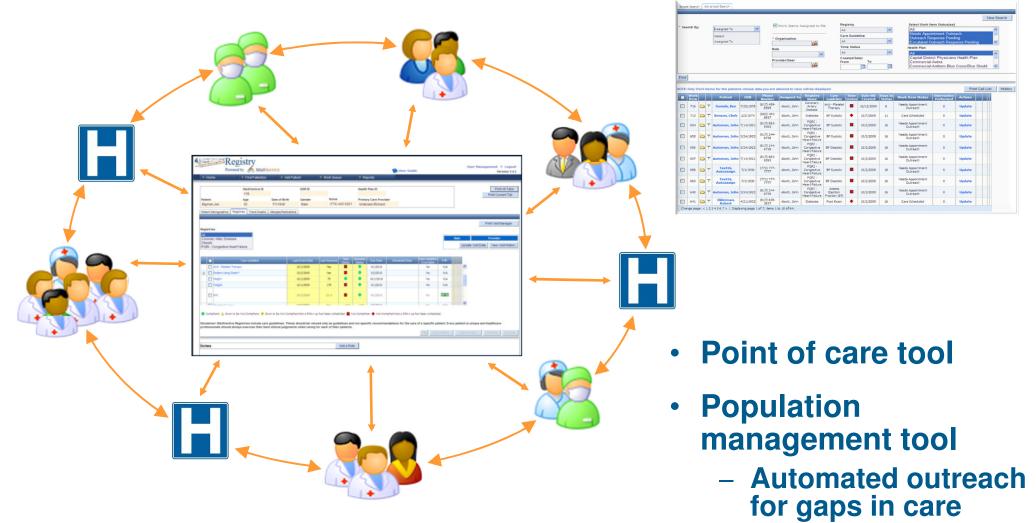


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ACO Management Strategies



Enterprise Registry Solution





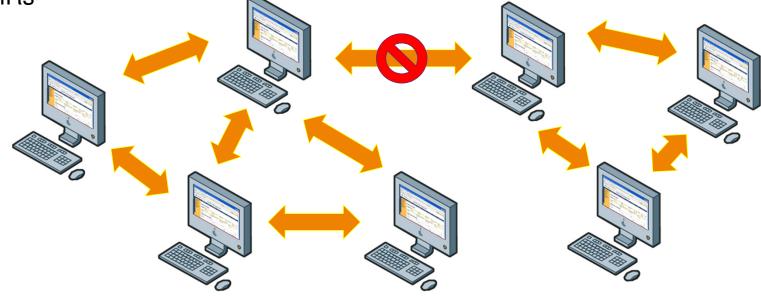
BUT – I have an EMR!

Challenge: Information silos

- Guideline management *across the continuum*
- *Network wide* performance measurement

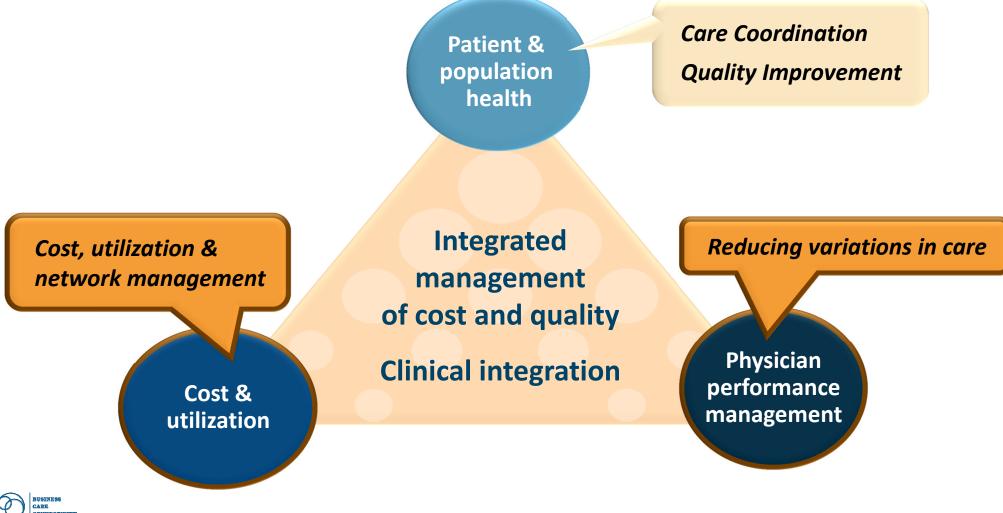
Specialists challenges

- Participation in multiple networks
- Specialty EMRs



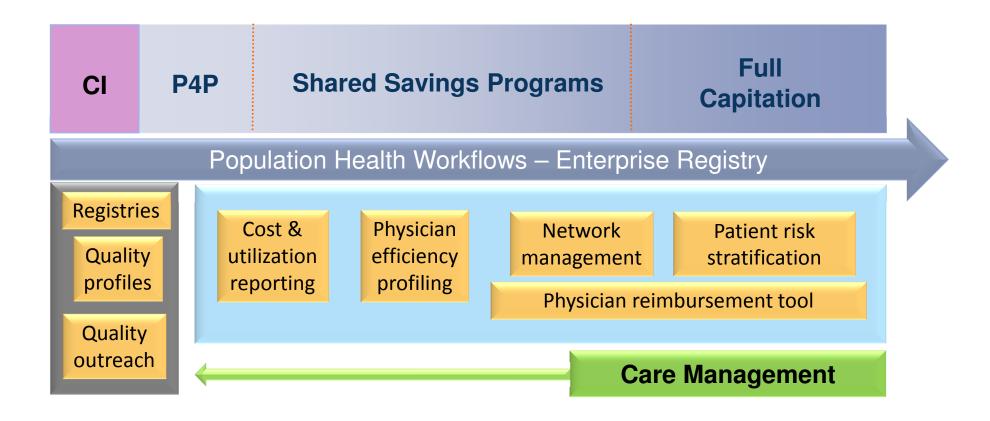


ACO Management Strategies



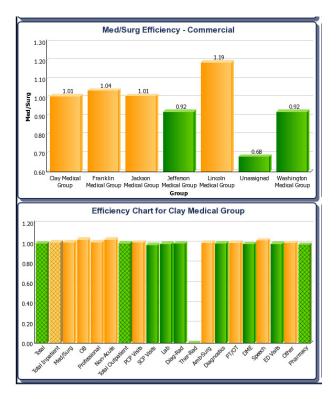


ACO Management Solutions

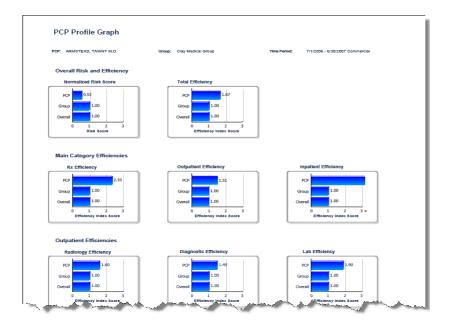




Analyzing Physician Practice Pattern Variation



Finding outlier performance to improve quality and reduce costs





Profiling Analytics are Complex



"This isn't my patient" "This guideline isn't applicable to this patient" "My patients are sicker" "This patient was in the ICU for 6 months"





Who are my sickest patients?

MSKESSON Risk Manager Dashboards Pharmacy Member Medical Profiles Quality Modify filters Value Value Value Value Value Value

Identifying patients for care management programs

Summary (Stratification) Report

	,						N	lormalizatio Inflati	on Method Whole on Factor 0 Refr	e Population %	•				
				5	Selecte	ed Population			rten	com					
Risk Category	Number of Patients	Percent Distributio	on of Pat	ients A	verage	Predicted Expenditure	per Patient	Percent P	redicted Expenditu	res					
Low	100		1	41.7%			\$3,221		1	8.5%					
Moderate	81			33.8%			\$8,904		2	8.6%					
High	51			21.2%			\$14,286		3	7.2%					
Very High	Patient	Health Plan ID	Gender	DOB	Age	PCP Name	PCP NPI	Months Eligible	Age/Gender Risk Score	Normalized Risk	Predicted Expenditure (Pred)	Eligible	New to Report	Prev Risk Cat	Curr Ri Cat
Summary								Ligibio	30010	Score (Pred)			Report		Cat
	CASE, MICH	AEL 01 430086999	Female	04/08/195	7 55	TURNER, MARIE MD	9979568331	8	2.00	10.87	\$30,850	Y			Very Hig
	DIAS, DORET	HEA 01926954598	Female	03/01/195	1 61	PETERSON, NICOLE MD	9976504399	12	2.00	9.80	\$27,822	Y			Very Hig
	ESTES, CC	01729829298	Male	01/30/196	8 44	GONZALEZ, MARTHA MD	9942268966	12	0.71	11.01	\$31,251	Y			Very Hig
	JOHNSTON PEDRO	<u>1,</u> 01891227098	Male	11/09/197	2 39	PETERSON, NICOLE MD	9976504399	12	0.71	44.94	\$127,604	Y			Very Hig
	OLIVAREZ ILUMINAD		Female	11/09/200	6 5	COOPER, JOAN DO	9955379475	11	0.31	12.11	\$34,397	Y			Very Hig
	PINA, ZOR	A 01 782174466	Female	12/06/194	8 63	KELLY, DENISE MD	9907860901	12	2.00	8.88	\$25,208	Y			Very Hig
	ROSALES, AH	MAD 31*64459809999	Male	08/20/196	0 51	ROSS, MARILYN DO	9961418964	12	1.21	10.91	\$30,978	Y			Very Hig
	SNELL, JACI	VTO 01*66781409999	Male	09/29/193	5 76	GONZALEZ, MARTHA MD	9942268966	12	3.67	13.38	\$37,999	Y			Very Hig



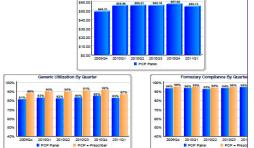
M<u>K</u>
ESSON

Managing Drug Costs

PCP Drug Utilization Profile for: Esdale, Amy M.D. Pod: Jefferson Health System PCP Type: Family Practitioner Avg Panel Size: 380 YTD Member Months: 1,140 Overall PCP Panel PCP = Prescriber PCP = Prescribe Croun 2011Q1 2011 - YTD 201101 2011 - YTD 2011 - YTD

13,79

Avg \$/Rx Rx per 100 Mbrs Total Rx Cost	\$58.73 53.9	\$58.73 33.9	\$36.42 N/A	\$36.42 N/A	\$68.81 84.6	\$68.81 84.6
	1000	93.9	N/A	N/A	84.6	84.6
Total Rx Cost						
	\$62,843	\$62,843	\$22,035	\$22,035	\$949,426	\$949,426
Cost PMPM	\$55.13	\$55.13	\$19.33	\$19.33	\$58.20	\$58.20
Formulary Compliance	95.2%	95.2%	97.3%	97.3%	93.1%	33.1%
Generic Utilization	82.9%	82.3%	87.1%	87.1%	80.7%	80.7%
Seneric Utilization Competison Group is based on the level chosen, and If the PCP's type is unknown, then Competison Group	includes only PCPs of will include all PCP 1	f the same type (i.e., intervi types.	ata, padatriciana or family p	practitionara).	80.7%	80.7%
	Tren	d Graphing (L	ast Six Quarte	arc)		



06-28-2011 Reference #: 43-65284 Therapeutic Interchange Family Cour Logo Here Non-Preferred Brand to Preferred Alt. Generic Clinician Name: SHIRLEY ALLEN, M.D. Group: Jefferson Medical Group Instructions: Validate this information against the patient's medical record If drug interchange is clinically appropriate authorize by completing the prescription and signing the letter If drug interchange is not deemed appropriate indicate the reason by checking the appropriate box below · Return all materials to your unit's designated clinical pharmacist support personnel for processing and tracking Patient Name Member ID: DOB Insurer WILFORD BARRY 98600757800 05-27-1939 RHC Target Medication: Current Drug/Strength/Form Implied # of Prescriber Name Last Claim Date on File Qty Days Supply ses/D: LIPITOR 10 MG TABLET EN SHIPLEY Intervention Request: on-Preferred Drug LIPITOR 10 MG TABLET PRAVASTATIN SODIUM 80 80mg Daily (37% LDL Reduction MG TAB vs. Lipitor 39%) LIPITOR 10 MG TABLET SIMVASTATIN 20 MG 20mg Daily (38% LDL Reduction ABLET vs. Lipitor 39%) Not appropriate for interchange because: Prior adverse effects on formulary alternative Prior failure on formulary alternative Current medication discontinued Patient refuses to switch Patient clinically unstable for interchange No longer my natient Other: Already changed to formulary alt

BUSINESS CARE ONNECTIVITY

- Reports and profiles
- Drug substitution programs

M C KESSON

Managing Other Key Drivers of Costs

Empow Dashboards	vering Healtho Pharmacy	Member	Medical	Pro	files				. .	erg of
mergency	Room						•	• (Jut	OŤ
Select Patient Po	opulation							• F	Rea	adm
E mployer Now Selected: Al	l Employers	Hea	Ith Plan Age							
Region Now Selected : A Select Physician	-		A (≣) < 16 C-HMO 16-6 C-Other ▼ > 64	4				•	Hig	h cơ
irouping		PCPs (Select On	ie or More)							
IPA	•	Now Selected : 1	1 Group	63						
Report Criteria				Emer	gency Roo	om				
Service Date From 5/1/2010	To 4/3	30/2011		Sort By	•					
R Visit Definitior	*Mir	nimum Number o	of Visits	Health Plan	РСР	PCP NPI	Patient	Health Plan ID	DOB	Patient Ph Numbe
Facility Claim Re	quired 💌 3	•	Exclue Displa	LHC	GRAY, JUDY MD	9938116991	WEBER, AUSTIN	114606723QI	01/22/1982	555 555 1212
				LHC	GRAY, JUDY MD	9938116991	WEBER, AUSTIN	114606723QI	01/22/1982	555 555 1212
Sort By	Cost Type			LHC	GRAY, JUDY MD	9938116991	WEBER, AUSTIN	114606723QI	01/22/1982	
PCP	 Amt Allowe 	d 🔫		RHC	GRAY, JUDY MD	9938116991	ALICEA, LURLINE	11507882298	12/12/1960	555 555 1212
Submit				RHC	GRAY, JUDY MD	9938116991	ALICEA, LURLINE	11507882298	12/12/1960	555 555 1212
				RHC	GRAY, JUDY MD	9938116991	ALICEA, LURLINE	11507882298	12/12/1960	555 555 1212
				RHC	GRAY, JUDY MD	9938116991	JENNINGS, TED	11950934298	10/31/1957	555 555 1212
				RHC	GRAY, JUDY MD	9938116991	JENNINGS, TED	11950934298	10/31/1957	
				RHC	GRAY, JUDY MD	9938116991	JENNINGS, TED	11950934298	10/31/1957	555 555 1212
				RHC	HARRIS, HELEN MD	9973502985	GILL, CLARK	00053401398	10/19/1992	555 555 1212
				RHC	HARRIS, HELEN MD	9973502985	GILL, CLARK	00053401398	10/19/1992	555 555 1212
				RHC	HARRIS, HELEN	0072502095	GTLL, CLARK	00053401398	10/10/1000	555 555 1212

ency room frequent flyers

Primary ER

Facility

Facility 1364089

Facility 1364089

Facility 1364089

Facility 1364088

Facility 1364088

Facility 1364089

Facility 1364088

Facility 1364088

Facility 1364088

Facility 1392151 Facility 1392188

Facility 1392151

Primary

Physic

POINTER, DEL

POINTER, DEL

MARTIN, HELEN

MATTHEWS, LYN

CATHEY, PORSH

GAGNON, MIGDAL

MATTHEWS, LYM

GOLD, CLARENCE

MELENDEZ, CAR

CLARKSON, DA

BURNS, MONICA

Service

Date

02/09/2011

02/10/2011

01/22/2011

10/23/2010

10/24/2010

01/02/2011

09/09/2010

01/28/2011

03/25/2011

08/01/2010

06/07/2010

07/22/2010

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BUSINESS CARE NNEGTIVITT

Operational Efficiency Through Automation

Automated management of incentive programs

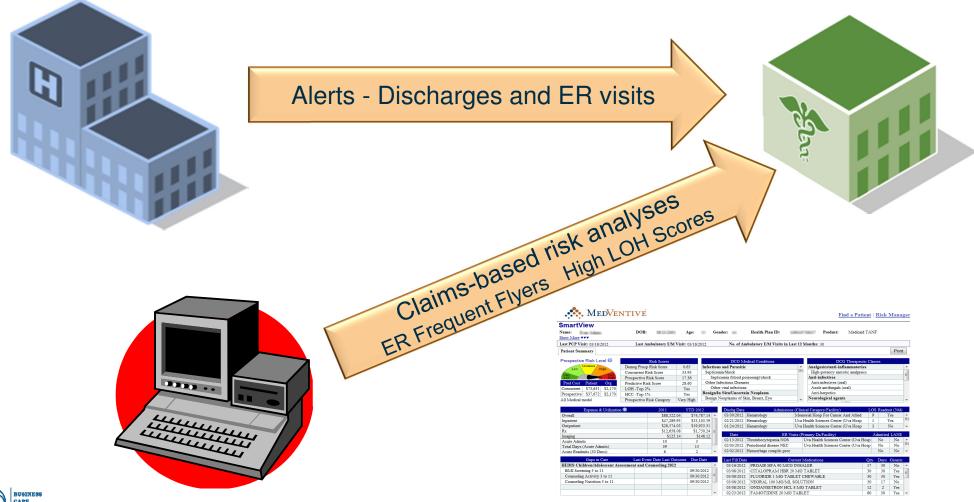
MCKESSON Empowering Healthcare P4P Adjudicator	
Empowering Healthcare	
Home Reports View Methodologies	
Create New Adjudication Rule Group	
Payer/Product: HowardMV Medicare Advantage, LewisMV Health Care- HMO, LewisMV Health Care- PC Health Care- HMO, WebsterMV Health Care- POS Add Adjudication Rule	S, MarshallMV Health Care- HMO, MarshallMV Health
Rule	Dollars
HEDIS Breast Cancer Screening 2009 Breast Cancer Screening greater than 75 %	Dollars Payment Type
	Multiply by Measure Outcome: 🔲
Add Rule	Multiply by Additional Factor:
No rules have been added.	
Finish Finish and Create Another Back Cancel	

Physician	ММ	Eligible Members	Measure	Performance	Base Payment	Payment
TOBIN, FLORENE M.D. 9923057551	403	24	HEDIS Glaucoma Screening 2009 Glaucoma screening	66.66%	\$0.50 pmpm	\$201.50
	403	4,087	Generic Utilization by PCP 2009	75.70%	\$0.25 pmpm	\$100.75
	403	3,023	ED Utilization/1000 2009	0.19/1000	\$0.50 pmpm	\$201.50
	403	4,087	Rx PMPM 2009	57.03 pmpm	\$0.75 pmpm	\$302.25
	Total					\$806.00
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Opportunities to use data and analytics in new ways







Questions & Discussion

