Making Clinical Integration A Reality – the GRIPA Story

Web-based Sharing of Clinical Data
Contracting for Physicians

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FTC Workshop on Clinical Integration
5/29/2008

gripa
health care could look like this™

Agenda Overview

- GRIPA Snapshot
- What did GRIPA do?
  - FTC Advisory Opinion on its Plan for CI
  - "GRIPA Connect" CI Program
    - Committees, Guidelines, Monitoring
  - "GRIPA Connect" Web Portal Infrastructure
  - Market Program/Portal to our Physicians
- Obstacles for CI adoption

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GRIPA's Providers/History

- For-profit partnership (PHO) in Monroe and Wayne Counties
- 50% owned by non-profit ViaHealth hospital system
- 50% owned by physician shareholders of RGPO/WCPO who each made capital investment
  - 650 physicians- 430 private, 220 employed by ViaHealth
- direct contracts with 119 additional physicians with 81 eligible for CI program
- Formed in 1996 to manage and negotiate risk contracts with HMOs
- Developed Care Mgmt staff & "P4P" program 1999

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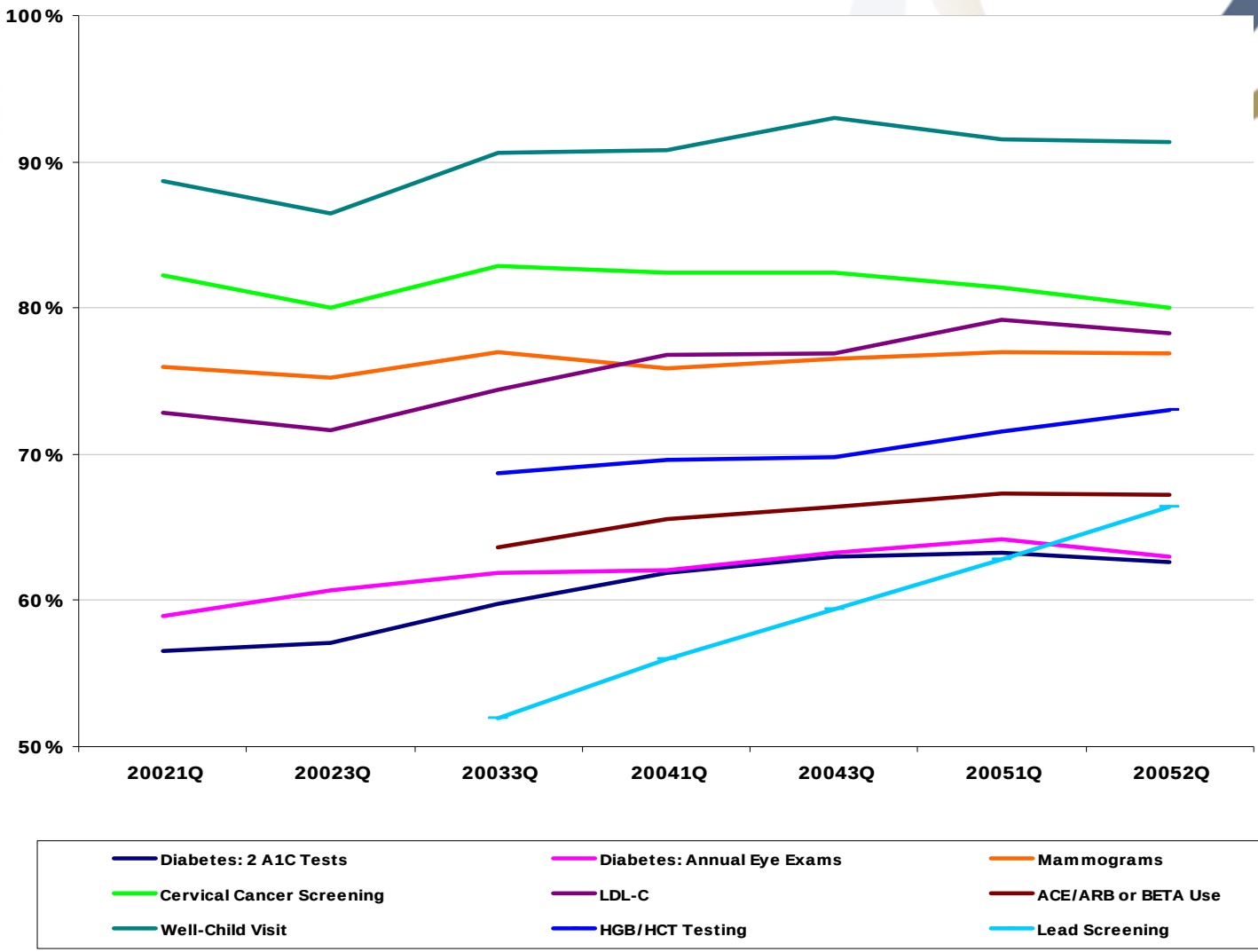
GRIPA's Infrastructure

Staff of 45+ and capabilities required to support its payer contracts, including departments for:

- Information Technology
- Data Analysis
- Medical Management
- Network Services
- Financial/Actuarial/Contracting functions

Track record of managing risk, controlling costs and improving quality

Quality Measures Over Time



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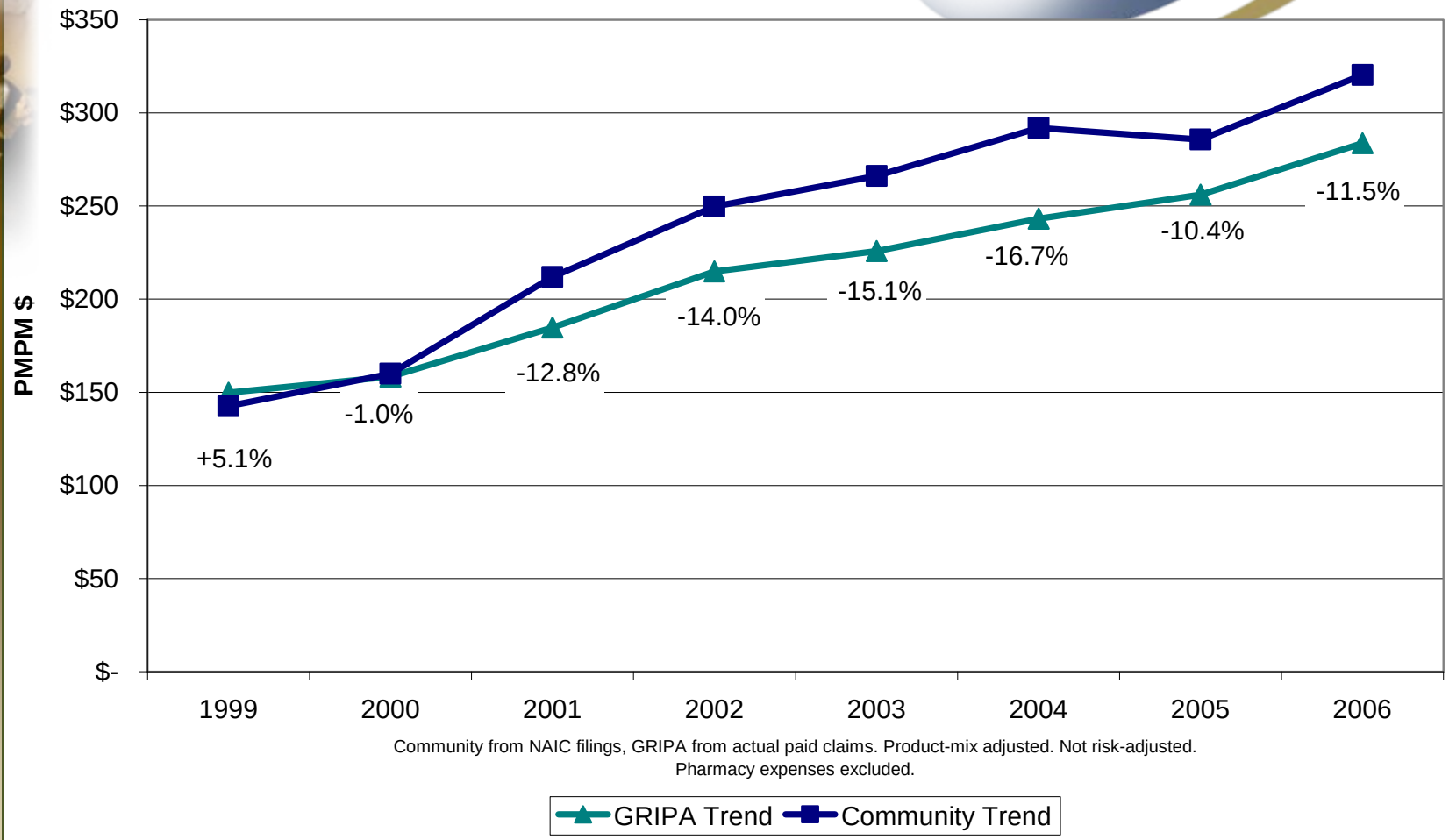
Efficiency Measures Over Time

GRIPA Medical Expense vs Community Trends

(% above/below community)



Community from NAIC filings, GRIPA from actual paid claims. Product-mix adjusted. Not risk-adjusted.
Pharmacy expenses excluded.

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GRIPA receives (2nd ever) favorable FTC Advisory Opinion on its CI plan 9/17/07

- "… it appears that GRIPA's proposed program will involve substantial integration by its physician participants that has the potential to result in the achievement of significant efficiencies that may benefit consumers."

GRIPA's FTC Advisory Opinion 9/17/07
http://www.ftc.gov/bc/adops/gripa.pdf

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Price Agreement is Ancillary

"It also appears that GRIPA's *joint negotiation* of contracts, *including price terms*, with payers on behalf of its physician members … is subordinate to, reasonably related to, and may be *reasonably necessary* … to achieve the potential efficiencies that appear likely to result from its member physicians' integration through the proposed program."

GRIPA's FTC Advisory Opinion 9/17/07
http://www.ftc.gov/bc/adops/gripa.pdf

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Physician CI Participation Contracts

Each physician agrees to:

- provide claims data to GRIPA on all patient services rendered
- be subject to educational/discipline/expulsion
- serve 1-year term on Quality Assurance Council unless already on another GRIPA committee
- attend portal usage training sessions

GRIPA provides each physician with:

- tablet computer, discount on internet access, technical support
- immediate access to patient information via Web Portal, prompts & feedback on guideline compliance

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GRIPA Connect — Committee Structure

Clinical Integration Committee (CIC)

- 12 member physicians
  - 6 PCPs or OB/Gyn & 6 specialists
- Appointed for staggered 3-year terms
- Charged with:
  - Overseeing the CI Program
  - Developing guidelines/measures used to monitor individual and network performance

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GRIPA Connect — Committee Structure

Specialty Advisory Group(s) (SAGs)

- Each has representatives of all specialties affected by a guideline
- Discussion of diseases across specialties seen as positive experience by our physicians

Quality Assurance Council (QAC)

- 16 member physicians
- Staggered one-year terms, by lottery
- Monitor the performance of the individual members on measures for guidelines
- Develop individual Corrective Active Plans as necessary

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Tools to Help Physicians

Point of Care (POC) Alerts

- Available to all physicians at POC
- Displays services that patient is overdue for or beyond goal ("Actionable Alerts")
- Updates dynamically as transactional data is received by the portal
- Physicians are able to provide feedback if a patient is mis-identified with a disease or has a contra-indication related to an Alert

Care Opportunity Reports (COR)

- Population report to look at all "Actionable" patient Alerts within a practice at once
- Filters allow physician to focus on a subset of population
- Allows offices to do outreach to patients in need of services

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Feedback to MD / Compliance Monitoring

Physician Achievement Report (PAR)

- Not shared with anyone but the responsible physician
- Dynamically updated based on results data and interventions by physicians
  - instant feedback to physicians on individual performance
- Contains all CI measures for each guideline
- Network level version, drill-able to physician level, used by GRIPA Care Management staff to determine which physicians/offices/patients to assist
- Blinded version available to QAC
- Basis of Pay for Performance Program(s)

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GRIPA Connect
step by step for physicians

1. Ask staff to print missing lab or x-ray reports from portal *Results Viewer* during or before patient encounter
   - least impact on present office workflow
2. View reports on (wireless) PC in exam rooms
3. Use portal to send information to other physicians
   - *Secure Messaging, Referral Management*
4. View and respond to *POC Alerts* before/during encounter
5. Use *COR Reports* to manage patient cohorts by condition
6. Planned additions: *e-Rx, Lab Order Entry, PAR Reports*
7. Optional: migrate patient records to EMR compatible with portal

Works for paper-based offices & offices with full EMR

Tool for use by providers, *not* a substitute for the medical record

In-network Referrals

- Physicians will refer patients to other GRIPA network physicians, except in unusual circumstances
  - Assure patients receive care complying with GRIPA's guidelines
  - Permit GRIPA to obtain more complete data on the patients' care
  - Permit GRIPA to maximize efficiencies
- Electronic Referral Management

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Indicia of integration: Investments evidence commitment to achieve efficiencies

- Financial investment for GRIPA physicians:
  - ~$7000/physician to setup the CI program
    - $3500/physician/year ongoing (~50% IT licenses)
  - ~$7000 per office for hardware
- Time investment by GRIPA physicians:
  - Initial training sessions (equivalent to $3200/MD)
    - 1-2 hours for physician and staff per feature
  - Ongoing (equivalent to $2400/yr/MD)
    - Contribute data
    - Collaborate on patient care
    - Comply with guidelines
    - Serve on committees to develop guidelines and monitor compliance

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Marketing CI to GRIPA physicians

- Quality 1st, Money 2nd
- Help adopting technology
- No mandate for full EMR
- No mandate to manually enter data into a registry
- Multiple contacts at medical staff, departmental, practice group meetings and paper/fax/email communications
- Multiple small (15-20 physician) group dinners with presentation on concepts, discussion by physician and hospital leaders, chance to ask questions and hear what colleagues had to say
- GRIPA's track record of representing physicians for risk contracting

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Obstacle to CI Adoption – Financial/Technical

- Independent physicians reluctant to commit to implementing a CI program
  - without hospital or payer financial support
  - despite anticipated long-range financial sustainability
  - can't compete in grant market
- EMR/EHR's do not provide a platform for independent physicians, as data can't be shared across vendors
- No one IT product/vendor has all the infrastructure components [that GRIPA wanted] for a CI program
  - Interfacing multiple vendors is difficult, expensive, time-consuming
- Smaller/rural groups lack resources to develop their own program, cover initial expenses, spread fixed expenses

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Obstacles for CI adoption - Market

- Limited panel products not preferred by insurers, employers, communities
- Large specialty groups will opt out of CI programs to negotiate their own fees – making collaboration difficult across speciaties
- Insurers want savings in year 1 from a [CI] contract
- Physicians want to treat all their patients the same
  - Making it difficult to limit quality improvements to enrollees
  - Allowing non-contracted insurers to benefit as “free-riders”
- CI programs seen as competitors to RHIO’s, which are community-wide

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Problems for CI adoption - Regulatory

- Privacy
  - regs. at federal/state level may make data exchange difficult
- Market Power
  - Rural physician groups often >>50% of the market
  - Exclusivity – no opinions yet, need for guidance
- Guideline/measure development, for all enrolled specialties, by the physicians, as evidence of non-financial investment
  - national organizations are developing measure sets for evidence-based guidelines
  - NCQA has begun certifying [payer] P4P programs, requiring that 50% of measures are from its Physician Hospital Quality (PHQ) list, which covers some specialties
- Are we serious about CI?

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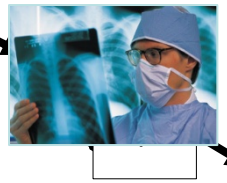
CI Model in Action

Pharmacy

Radiology



Hospital

Hospital Info

Hospital

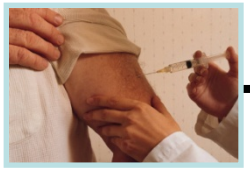
Web Portal

Lab Results

ALERT

Patien Info

Guide lines



Lab

Lab Results

ALERT

Specialist

Patient Visits PCP

ALERT

ALERT

Reports

Guidelines

IPA