

Transcript: Preparing for MACRA Part Two featuring Ann Marie Creed, Vice President of Operations, Henry Ford Health System

Jay Bhatt: Hello, and welcome to part two of a three part series collaboration between the American Hospital Association and the American Society of Anesthesiology. I'm preparing for MACRA. I'm Doctor Jay Bhatt, chief medical officer and president for the Health Research & Educational Trust. I'm pleased to be joined by Ann Marie Creed, vice president of operations at Henry Ford Health Systems. Ann Marie, I'll turn it over to you to share your views on how you've been working with the physician community to prepare for the changes coming with MACRA.

Ann Marie: Thank you, I'd like to review some of the primary care initiatives that we at Henry Ford health systems had embarked on. Doctor Lloyd mention in series one some of the surgical specialty care initiative so I'd like to go through as I mentioned from the primary care initiatives. These include managing high risk in our high cost population, also reducing some variation in medical decision making as well as managing our transitions of care.

So for Henry Ford, every move towards MACRA, it will be important to move from a volume based management philosophy to more of a population health management. In doing that what we really want to do is look at our target populations. So looking at our patients, they essentially consist of 70% of the total population, however only consume about 6% of the cost.

On the other end of the spectrum we have our high costs patients, which are only about 2% of the totals, however they consume about 32% of our costs. What we really wanted to do was focus along those at risk patients, which are about 28% of the total population, however consume about 52% of our costs. So again, what we want to do is move from a volume based management, which really is focused on maximizing utilization by the patients as well as targeting high costs and high use patients treating them in an acute setting and within a single organization to moving them to more of a population health management structure, which is essentially managing the patients health, minimizing their illness, focusing on those at risk populations that we talked about and prevent acute illnesses by anticipating their needs and do this across the community as well as their home situation.

So here at Henry Ford, what we've done with regards to population health, some of the highlights that we've been working on include our A1C diabetes management. So we have approximately 1200 patients participating in both high risk interventions as well as stealth management. In this group, we have been able to reduce our A1C by 10% average for these patients and again keeping in mind that looks a reduction of 8% and TMS benchmarks are at a 9%. So we have been able to exceed both of those benchmarks.

Also we look at our ambulatory management, which we had 8900 enrollees at this point and for the ambulatory management, what we've been able to do is have an RN and a

social worker in our primary care clinic. With this ambulatory management model, we've been able to see a 17% reduction in our admission rate and a 21% reduction in our ED visits per thousand patients.

For another model is our comprehensive concentrated care center and in this particular model, we have focused on two outpatient sites, which have multidisciplinary teams focusing on 400 plus patients, with a 26% reduction in admissions and a 22% reduction in ED visits for this particular population per thousand patients.

Also we are working on emergency department decision support. In this particular arena we have EMT's embedded in the ER to facilitate looking at alternatives to admissions as well as observation. This group essentially is targeting our ACL population by avoiding admissions and so far we've been able to show an avoidance of approximately two admissions per day and essentially a 7% reduction in admissions overall. So again how we've been able to do this is by facilitating some same day and next day PCP appointments and out patient testing.

Finally we have our acute care group. For this group what we've been doing is partnering with our Smith's and rehab areas to drive improvements for this particular group. We've been able to do this by engaging a surveillance team to monitor this length stay. Again we are looking at readmission from the Smith's have dropped more than 11% in the last 18 months and a length of stay for our ACL patient group has dropped from 28 days to 16 days. In addition we've gone 173 day waivers to date for this particular group. Again, creating a savings of approximately \$300,000.

Another program we're working on is the primary care referring wisely what we call the primary care referring wisely program. This essentially was a cultural change for many of our providers and really looking at our primary care providers and what their referral patterns have been. So since this program was initiated back in May of 16, we have been able to realize a 9.8% reduction in internal referrals and then also a 5.2 reduction in the overall referral rate, which essentially move from 384 referrals per a thousand visits down to 364 currently.

So in summary for Henry Ford, I'd like to go over some of the performance measures that our ACO has realized for the year 2016. So we have been able to reduce our admission rate by 9%. We've also been able to increase our quality indicators by 10% and then also reduce our spend per beneficiary, our PM per BM by 10%. So what we looked at is our actual spend actually has decreased approximately 10% and then giving us essentially a 1.5 million dollar spend for advance care management giving us a net impact of 2.4 million dollars. Again this is based on all these various programs that we just mentioned with regards to the ACO group in order to move them through on the population health continuum. That's where we are at Henry Ford right now as far as primary care initiatives.

Jay Bhatt: Thank you Ann Marie, appreciate your perspective on how the partnership is going. I thought that your description of the initiative and results were fantastic. Please tune in to part three of this series where Gary and Ann Marie will join me in a fireside chat about their work together.