

Making the Case For Advanced Team-Based Care: The Right Thing to Do in Any Payment Model

American Conference on Physician Health (ACPH)
Practice Transformation Boot Camp
Wednesday, September 18, 2019

Kevin D. Hopkins, MD
Primary Care Medical Director,
Cleveland Clinic Community Care

The Cleveland Clinic in 2019

- 66,000 Caregivers
- 4,200 Physicians
- 295,000 Hospital Admissions
- 245,000 Surgical Cases
- 7.9 Million Annual Outpatient Visits
- 1,923 Residents & Fellows
- 18 Hospitals
- 210 Outpatient locations
- 18 Family Health Centers
- 27 Institutes, 140 Specialties

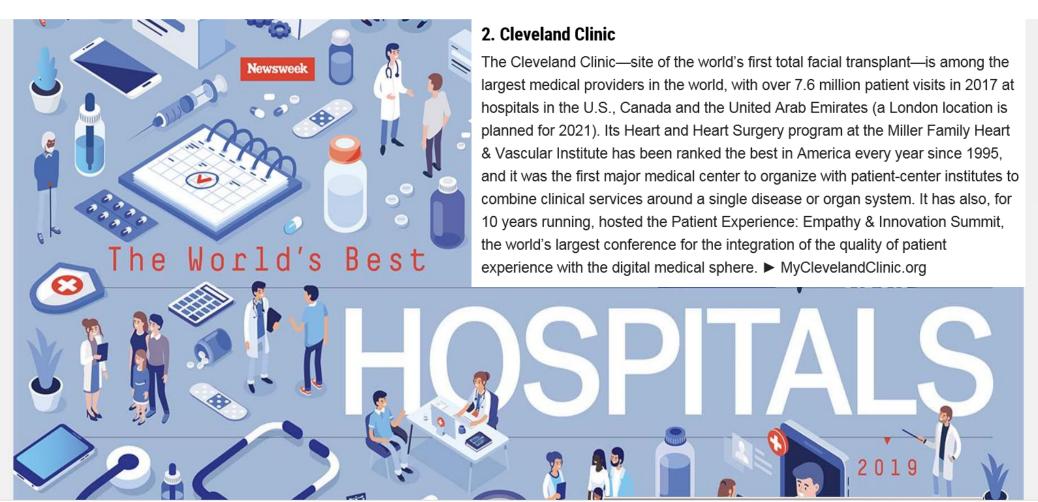


2018-'19 HIGHLIGHTS

- #2 in the world, Newsweek, 2019
- #2 in the nation, US News and World Report in 2018
- #4 in the nation, US News and World Report in 2019
- #1 in the US for cardiac care since 1995
- Magnet® recognition and Pathway to Excellence® designation for nursing

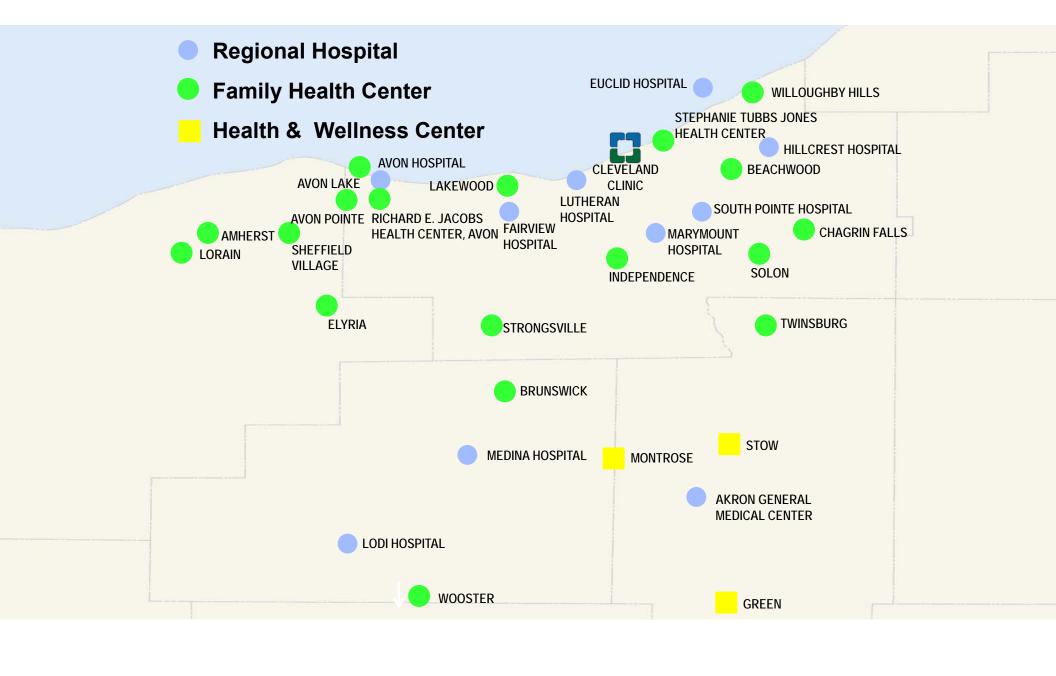
The 10 Best Hospitals in the World

BY NOAH MILLER ON 3/20/19 AT 9:55 AM EDT



Cleveland Clinic Locations





Cleveland Clinic Community Care (4C)

People

- -1,600 caregivers: 564 staff and 216 APPs
- -168 residents: 9% of total GME

Care

- -30% of total discharges (employed)
- -1.55 million annual visits: 35% of E+M volume of CCF

Economics

- -750k empaneled patients by the end of 2019
- -Average \$2k downstream revenue per patient/year



What Is Burnout?

"A stress reaction marked by depersonalization, emotional exhaustion, a feeling of decreased personal achievement and a lack of empathy for patients"

-AMA Definition

Burnout

"We feel caught between doing the work our patients need and the work we feel is mandatory in our environment. When those competing demands are not aligned, it creates a situation that is simply unmanageable for many physicians and other health professionals."

Christine Sinsky, MD, Internist,
 VP of Professional Satisfaction, AMA

Manifestations of Burnout

Exhaustion

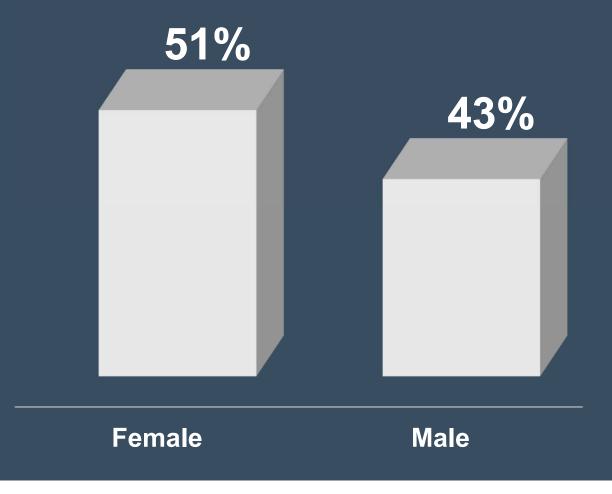
- Depersonalization/Cynicism
- Reduced effectiveness

Burnout Physicians 54%

Population 28%

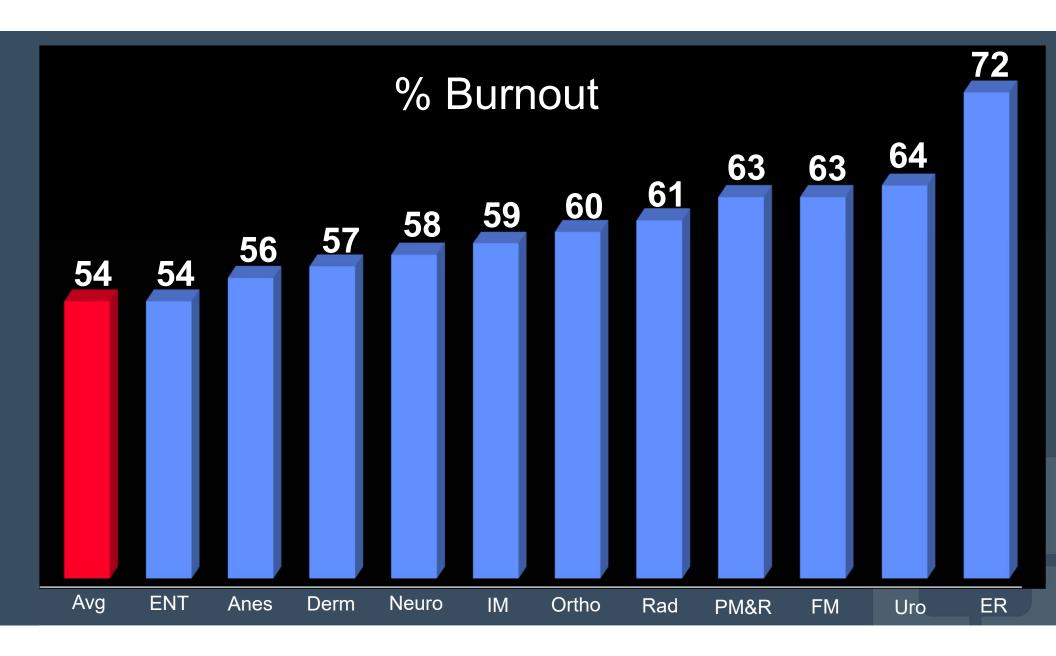
2011 2012 2013 2014

Burnout

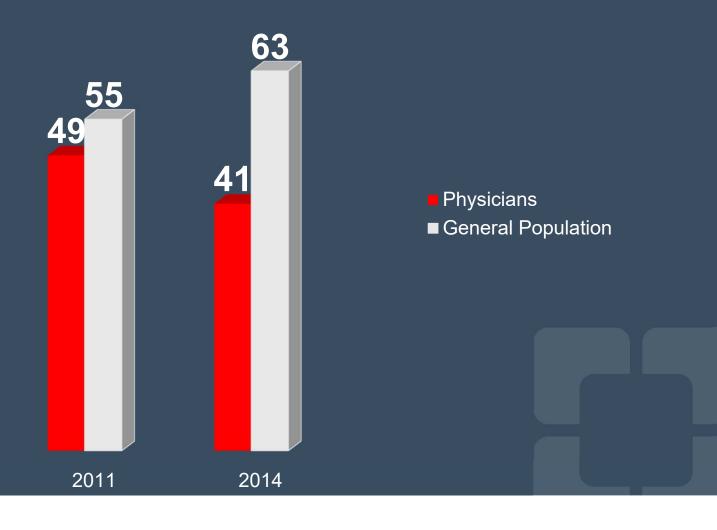


Which specialty has the highest burnout rate?

- A. Hematology/Oncology
- B. Family Medicine
- C. Pediatrics
- D. Emergency Medicine
- E. Dermatology



Satisfaction With Work-Life Balance



The Physician's Foundation

- Only 31% of physicians identify as independent practice owners or partners, down from 33% in 2016 and down from 48.5% in 2012.
- Employed physicians work more hours yet see fewer patients than practice owners.
- 80% of physicians are at full capacity or are overextended.
- 55% describe their morale as somewhat or very negative, a number consistent with findings in previous years.
- 78% sometimes, often or always experience feelings of burnout.
- 23% of physician time is spent on non-clinical paperwork.
- 46% plan to change career paths
 - 17% plan to retire (up from 14% in 2016) while
 - 12% plan to find a non-clinical job or position.

Medical Economics

- What's ruining medicine for physicians?
 - 44%, Paperwork and administrative burdens
- What is the top challenge you face in your practice?
 - 79%, Administrative tasks
- Do you feel burned out?
 - 84% Yes, 16% No

OUCH!

82% of physicians believe that executives within their own organization don't care enough to help

36%
would NOT
choose medicine
again



Patient Impact

Medical errors

- Quality & outcomes
- Patient satisfaction

Physician Impact

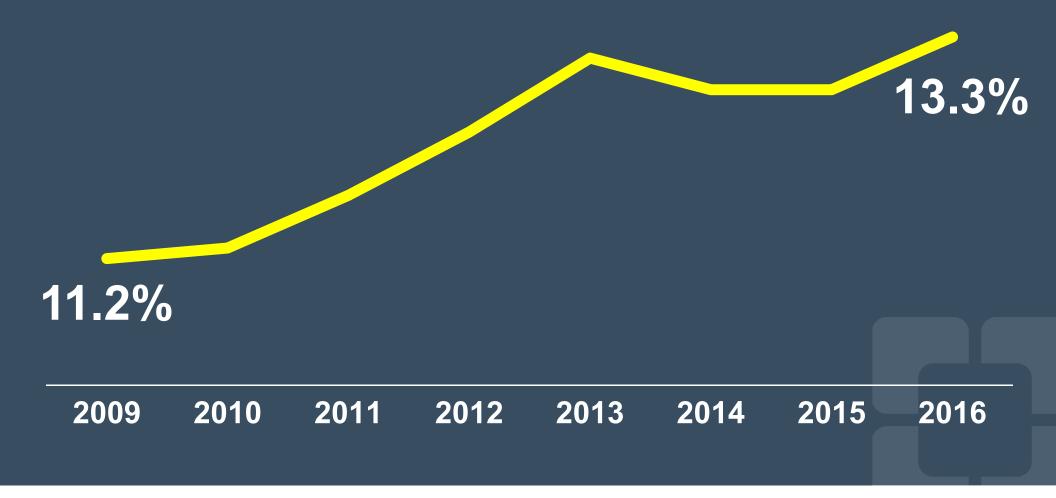
- Interpersonal relationships
- Substance abuse

Early retirement

Organizational Impact

- Productivity
- Engagement
- Turnover

Cleveland Clinic Part-Time Physicians



Burnout Physicians 54%

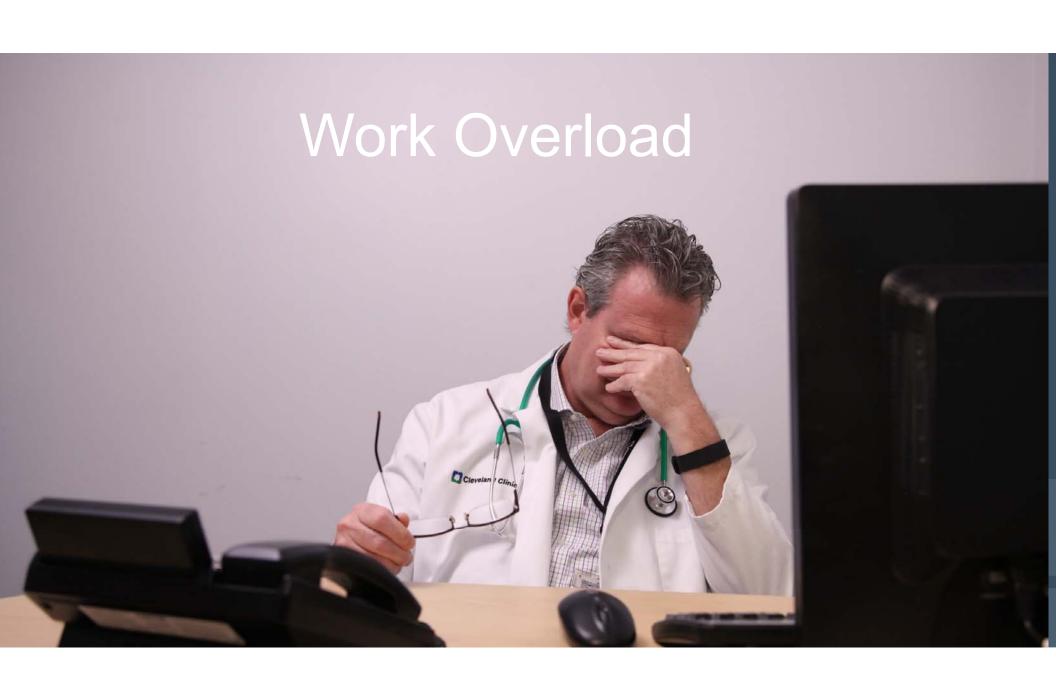
Population 28%

2011 2012 2013 2014

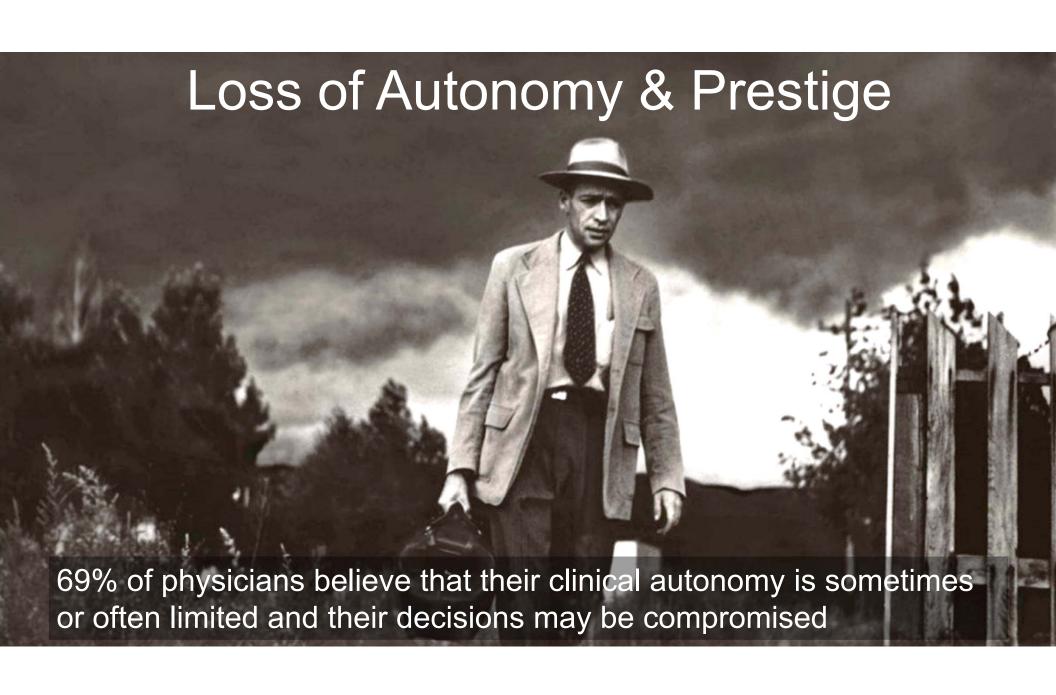
Why is Burnout More Common Among Physicians?

- The Person
- The Place
- The Profession
- The Paradigm

Causes of Burnout Among Healthcare Workers



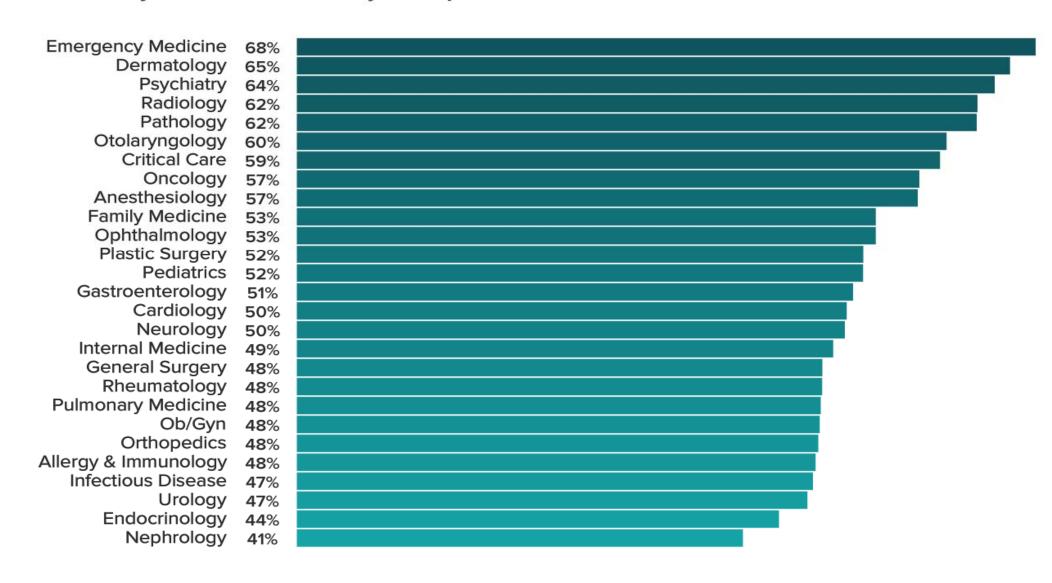




Insufficient Reward



Which Physicians Feel Fairly Compensated?



What Is the Most Rewarding Aspect of Your Job?



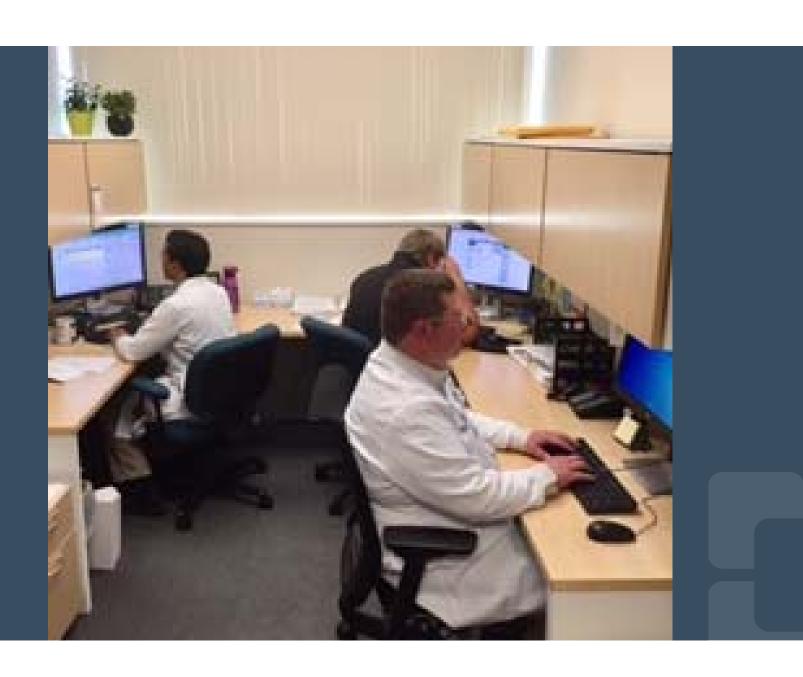
- 33% Gratitude/relationships with patients
- 31% Being very good at what I do/Finding answers, diagnoses
- 13% Making good money at a job that I like
- 12% Knowing that I'm making the world a better place
- 7% Being proud of being a doctor
- 3% Nothing

Community Breakdown









Absence of Fairness



Conflicting Values





So, Why Do We Need a Team?



How many hours per day are required for a physician to perform all recommended preventative care, acute care, and chronic disease management for a primary care panel of 2,500 patients?

- A. 6 hours
- B. 8.8 hours
- C. 14.2 hours
- D. 16.5 hours
- E. 22.6 hours

The Time Problem

A panel of 2,500 primary care patients

 Chronic disease management 10.6 hrs/day

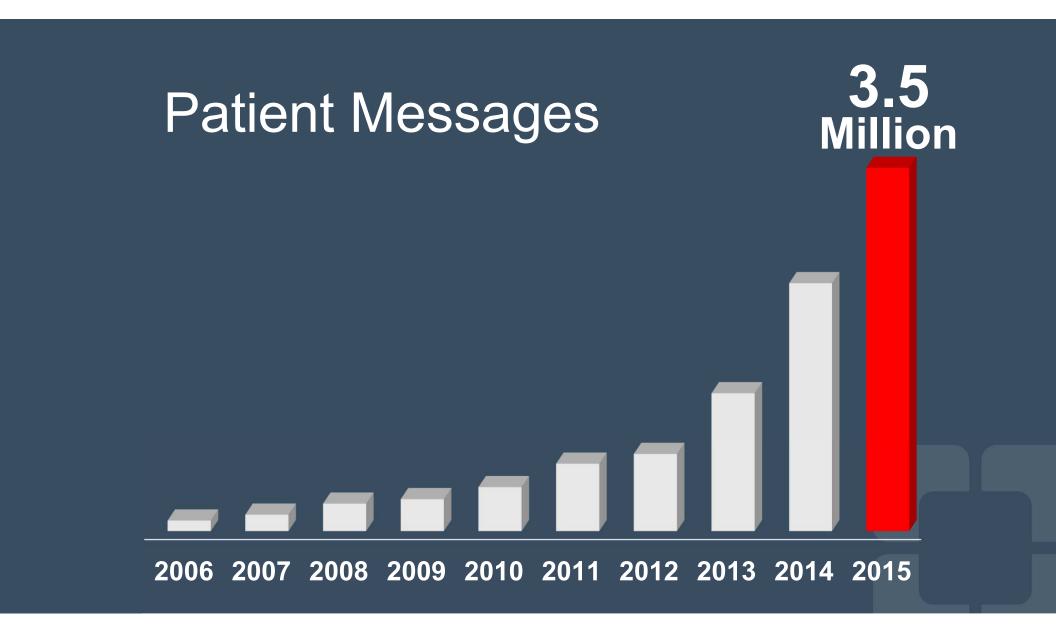
- Preventative Care 7.4 hrs/day

- Acute Care 4.6 hrs/day

Total

22.6 hrs/day





Electronic Overload

Millions of Clicks

Administrative Burden

EMR Documentation

Alert Fatigue



165,000 Health Apps

Patient Messages

Email

Telemedicine

Healthcare Reform

ACOs

Quality Metrics

Population Management

Meaningful Use

Value-based Care



Cost of Care

Patient Satisfaction

Health-system alignment

Retail Clinics

Pay for Performance

Knowledge Explosion

Biometric Data

1,500 Drugs

108,000 Medical Researchers

Genomics



Super Computing

Algorithms

5,600 Journals

79,000 Clinical Trials

What is the projected rate at which medical knowledge is doubling?

- A. Every 10 years
- B. Every 3.5 years
- C. Every year
- D. Every 73 days
- E. Every other day



Annals of Internal Medicine

ORIGINAL RESEARCH

Allocation of Physician Time in Ambulatory Practice: A Time and Motion Study in 4 Specialties

Christine Sinsky, MD; Lacey Colligan, MD; Ling Li, PhD; Mirela Prgomet, PhD; Sam Reynolds, MBA; Lindsey Goeders, MBA; Johanna Westbrook, PhD; Michael Tutty, PhD; and George Blike, MD

Background: Little is known about how physician time is allocated in ambulatory care.

Objective: To describe how physician time is spent in ambulatory practice.

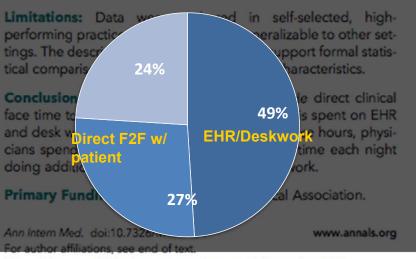
Design: Quantitative direct observational time and motion study (during office hours) and self-reported diary (after hours).

- 50% sday EHR/deskin 4 states (Illinois, New Hampshire, Virginia, and Washington).
- 1 hr F2F: 2 hr EHR medicine, internal
- 1-2 hr EHR at night our dianes.

Measurements: Proportions of time spent on 4 activities (direct clinical face time, electronic health record [EHR] and desk work, administrative tasks, and other tasks) and self-reported afterhours work.

Results: During the office day, physicians spent 27.0% of their total time on direct clinical face time with patients and 49.2% of

their time on EHR and desk work. While in the examination room with patients, physicians spent 52.9% of the time on direct clinical face time and 37.0% on EHR and desk work. The 21 physicians who completed after-hours diaries reported 1 to 2 hours of after-hours work each night, devoted mostly to EHR tasks.



This article was published at www.annals.org on 6 September 2016.



Work after Work: Evidence From PCP Utilization of an EHR System



Brian Arndt, MD; John Beasley, MD; Jon Temte, MD PhD; Wen-Jan Tuan, MS MPH; Valerie Gilchrist, MD University of Wisconsin Department of Family Medicine and Community Health

Context

- There is growing evidence related to EHR systems adoption and their impact on quality and safety of healthcare services
- Less is known about EHR related workload impact on primary care physicians (PCP) including:
 - When do physicians complete their work in the EHR (i.e., during work hours or after hours)?
 - How much physician work in the EHR is related to face-to-face vs non-face-to-face patient care?

Objective

 To assess usage patterns of PCPs interacting with an EHR system during and after work hours ("workhours" = 8:00 am -6:00 pm Monday - Friday)

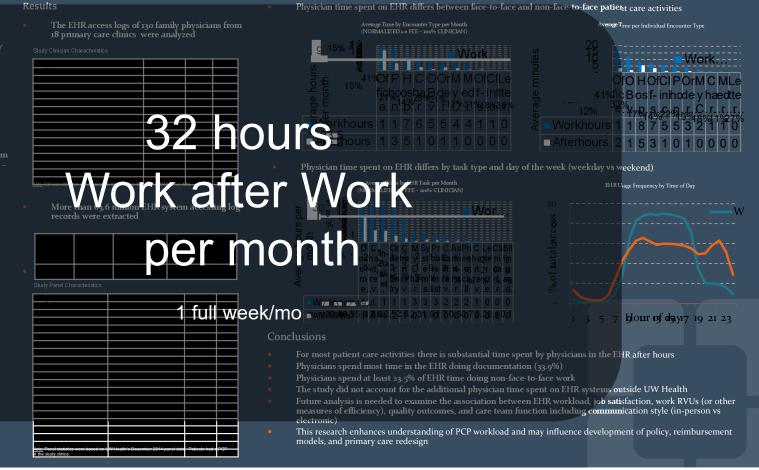
Design

- Retrospective cohort study from 1/1/13- 6/30/15
- System access logs were extracted to compute PCP time spent on various face-to-face and non-face-to-face tasks
- A fuzzy matching model was used to restructure physicians' tasks into events, segments, and sessions in a hierarchical manner to depict each physician's EHR interactions:

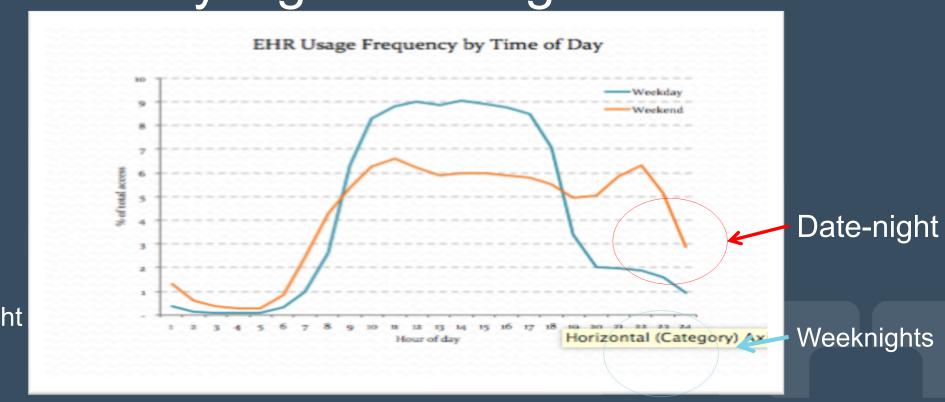


Setting / Participants

130 family physicians (average experience 19.4 years) from 18 clinics (4 residency, 14 community) managed by the University of Wisconsin Department of Family Medicine and Community



"Pajama Time" Saturday nights belong to the EHR



1-2 hr/night

New York Post, March 28, 2019

OPINION

E-record rules are burning out docs and killing patients

By Betsy McCaughey

March 28, 2019 | 8:54pm | Updated



https://www.athenahealth.com/videos/providing-care-requiresmore-than-a-bunch-of-clicks



Recognizing and Diagnosing Burnout

- Zero Burnout Program survey (Mini-Z)
- Abbreviated Maslach Burnout Inventory
- Mayo Well-being Index

For questions 1-10, please choose the answer that best describes your experience.

All fields required unless otherwise noted.

1. Overall, I am satisfied with my current job:

Strongly Disagree Neither agree Agree Strongly agree disagree nor disagree

2. I feel a great deal of stress because of my job:

Strongly Disagree Neither agree Agree Strongly agree disagree nor disagree

3. Using your own definition of "burnout," please select one of the answers below:

I enjoy my work. I have no symptoms of burnout.

Alternative Recognition Methods

Note 6:34 PM

so this message is sent to the me why? its not even a proper message, its a notification that someone made a call and noting useful was done with it the stupid template used is the problem. we have no idea if this is a request for advice - which was not given or a request for an appt, which was not scheduled

how about someone takes a proper message, and dont dare sue that awful template, and dont sen it to me - justs listen to the freaking uestion they ask



Burnout Mitigation and Prevention

- Measure and listen
- Wellness Program
- Communication
- Shared decisionmaking
- Remove barriers to mental health support
- Consider panel size

- Calendar planning
- Make lists
- Work-life boundaries
- Share positive feedback
- Necessary offloading
- Leverage Technology

Burnout Mitigation and Prevention

BUILD A TEAM!

Women's 400 m World Record

47.60 sec. Marita Koch, October 6, 1985



40.82 sec. USA, August 10, 2012



Tianna Madison, Allyson Felix, Bianca Knight, Carmella Jeter

Rio Olympics, 2016



Rio Olympics, 2016



Why does our current system often feel like this?



Practice Transformation

Team-based Care Options





Team-Based Care

"Team Care" is a higher-efficiency practice style designed to:

Increase accessibility

Improve quality of clinical care

Increase patient throughput

Improve satisfaction at all levels (physician, employee, and patient)

Team-Based Care

A "Team Care" model utilizes a teamapproach in caring for patients

- Responsibilities are delegated and shared
- Each individual in the chain of patient care functions to the highest level of their qualifications.

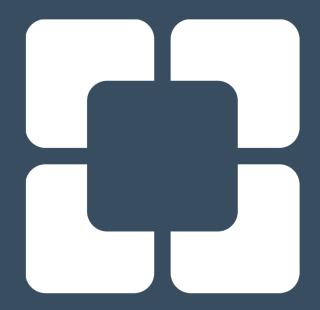
Team Huddles





Building the Team

If it takes a village to raise a child, how may people does it take to support a doc?



Team-Care Medical Assistant

- Traditional rooming +
 - Intake, Allergies, Medication RF's, HM, VS
- CC (drives note template selection)
- Agenda Setting
- Preliminary HPI + ROS
- Administer pre-ordered vaccines
- Consider POCT
- Oral presentation
- Documentation (scribe function)

- Implement plan (pend orders)
- Update Problem List
- Provide educational resources
- Complete forms, letters, etc.
- Schedule follow-up visits
- Gives patient instructions (AVS), ensures understanding, and completes the visit
- Warm handoff to the next team member
- Charge Entry

Care Coordination

- Transitions of Care
- Chronic Disease Management
- High-risk Registry

Population Health Medical Assistant

- Care Gap Registry
- Shared Patient Lists
- Proactive Targeted Outreach

Medicare AWV Nurse

- Performed by RNs
- Standard Documentation Template
- Manages Patient Expectations
- Health Maintenance and Care Gaps Addressed
- Advance Directives
- Offloads Physician Schedules
- Increased Retention and Opportunity to Reestablish

Clinical Pharmacist

- Imbedded within Primary Care clinical space
- Available for curbside consults
- Real-time in-office medication consults
- Telephonic patient contacts
- Telehealth virtual visits
- Chronic Disease Management referrals for medication adjustments/titration

Primary Care Social Work

- Centralized telephonic referral-based outreach
- Community and social services
- Medication and transportation assistance
- Health literacy
- Residential placement

Behavioral Health

- 1 Psych MD, 1 Psych NP, 1 BHSW
- Imbedded within Primary Care clinical space
- Traditional office visits and counseling
- Available for curbside consults
- Real-time in-office medication consults
- Telephonic patient contacts
- Telehealth virtual visits

APP Integration in Primary Care

- Provide Access
- Panel Sharing
- InBasket Support
- Shared Schedules

STAMP

- "Strengthening Teams in the Advanced Management of Populations"
- 4-6 month education and training of Care Teams
- Continuous Improvement projects
- PCP Fidelity, Shared Resources,
 Registries, Panel Management meetings

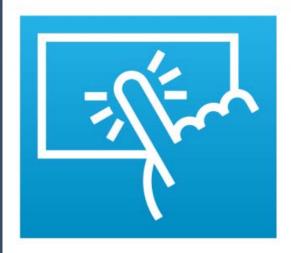
Panel Management Meetings

- Review and Act on Care Gap Registry
- Review and Act on Care-coordinated patients
- Review and Act on Hospital and ED Discharge Patients
- PCP Fidelity
- Problem List Accuracy and Fidelity
- Risk Scoring and Stratification

Advanced Access

Access Anytime Anywhere

Nationally leading care for every day? Why not! See how easy we've made it for you.



Click in.



Walk in.



Call in.

eConsults

- Electronic access to specialties
- Clinical question
- Dedicated providers with dedicated time
- Electronic response in the EMR to the referring provider within 72 hrs.
- Future expansion utilizing telehealth platform

Shared Medical Appointments

- Group appointments around common disease process or condition
- Physician/APP dyad
- Nursing and clerical support
- Patient education
- Additional resources (nutrition, pharmacy, behavioral health, etc)

Pre-visit Planning and Bulk Ordering

- Pre-visit planning protocols
- Bulk ordering based on EBM protocols
- Care gap registry-Rising risk patients
- Proactive targeted outreach

Nontraditional Touches

- Virtual visits
- My Chart
- Telephonic
- Remote monitoring

Remote Monitoring







Kevin D. Hopkins, MD, Physician & Team Lead



Amanda Mitsch, CNP Nurse Practitioner



Teresa Duncan, CMA Clinical Assistant



Amber Krems, Behavioral Health Social Worker



Liz Lagania, MA Population Health MA



Lisa Marton Patient Service Specialist



Jennifer Cohen, RMA Clinical Assistant



Pam Siegel, RN Care Coordinator



Dan Ullrich, LPN Clinical Assistant



Michael Weldon, RN Medicare Wellness & Distance Health



Meaghan Wohl, RN Nurse



Beth Zeleznikar, PharmD Clinical Pharmacist

VALUE =

QUALITY

COST

Leading the Transition to Value Based Care:

Priorities and strategies established are essential to care model transformation and success in risk based contracts

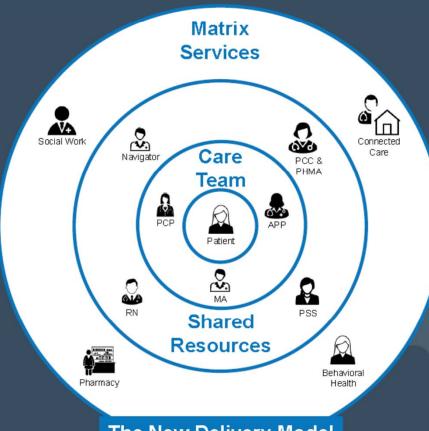
From then...

Our work began back in 2012, with the launch of the value-based care committee and the hiring for our population management infrastructure.



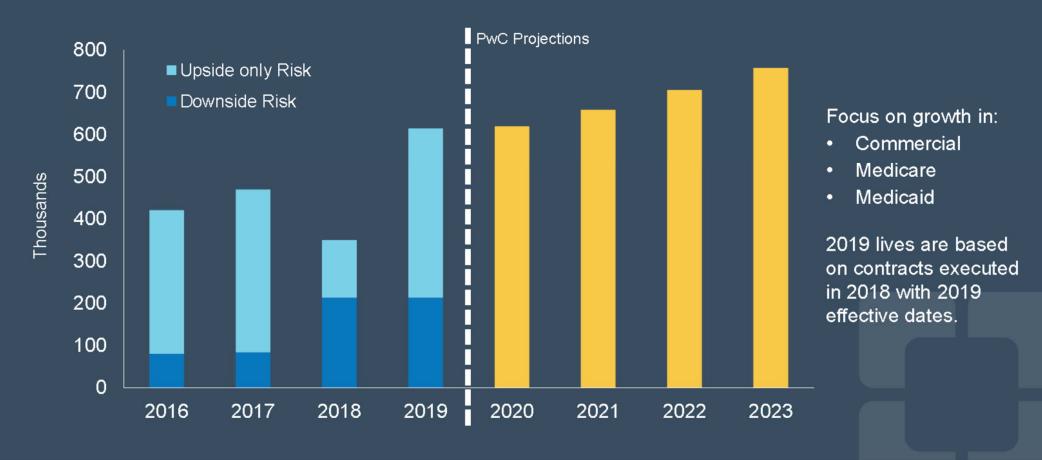
...to now

We've developed a new business unit designed to drive clinical outcomes, patient engagement, and coordinated care. In 2018, we also participated in downside financial risk contracts.



The New Delivery Model

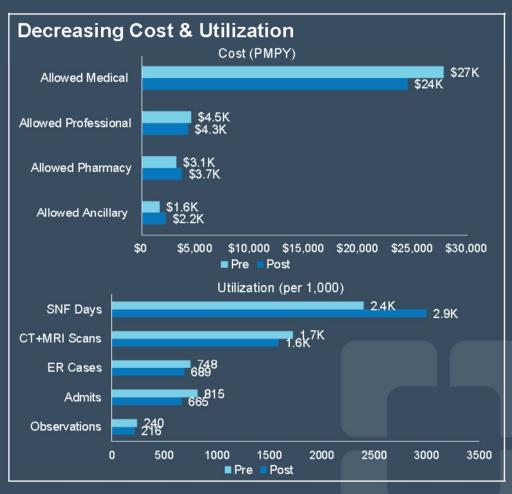
Attributed Lives Growth Projections



Primary Care Coordination:

For patients with readmission risk score > 40%

| Cost Metric | Pre | Post | % Change | Patients |
|-------------------------------------|-------|-------|-----------------------|----------------------|
| ACO 15: Pneumococcal Vaccination | 90.8% | 95.5% | 4.7% | 1,755 |
| ACO 19: Colorectal Cancer Screen | 74.9% | 78.3% | 3.4% | 2004 |
| ACO 20: Mammography Screening | 78.8% | 80.2% | 1.5% | 1,172 |
| ACO 27: DM HbA1c > 9% | 23.4% | 19.4% | -4.0% | 1,610 |
| ACO 28: HTN Control | 70.6% | 70.8% | 0.2% | 2,624 |
| ACO 41: DM Eye Exam | 58.4% | 59.5% | 1.1% | 555 |
| Blood Pressure Control 76 | % 26% | | ontrolled I -5,000 | Diabetes patients |



Panel Management:

Proactively anticipating and managing patients' needs and developing relationships with patients to provide full continuity of care

Scope: 497,510 empaneled lives Types of Work Being Done:



Teamlets within practices: clinical provider, MA, RN, PSS

PCSA shared resources: pharmacy, social work, behavioral health, etc.



PCP fidelity **Patients**



New pop health management tools created: care gap registry, dashboards & reporting, Healthy Planet care coordination



Panel management, currently 40 min per week



Transitional care management



Regional support teams

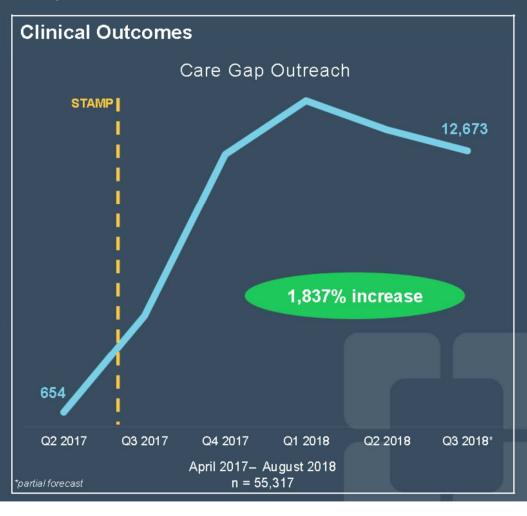
Innovation through Partnership: A way to leverage capabilities offered by technological tools and external partnerships to drive value

EMMI

- · Closing dilated retinal exam care
- Launched Aug 2018
- 10k patients

Best Buy

- 90-day remote monitoring pilot at Strongsville with BP cuff setup tech support
- Launched Sep 2018



Transitional Care Management:

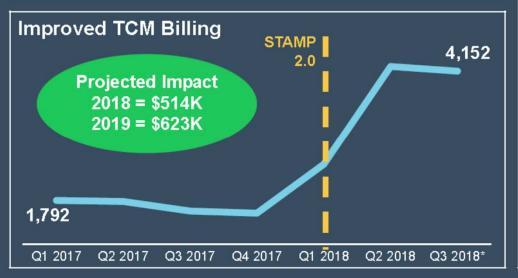
Managing safe and seamless transitions from the inpatient setting to home to prevent hospital readmissions and improve patient outcomes

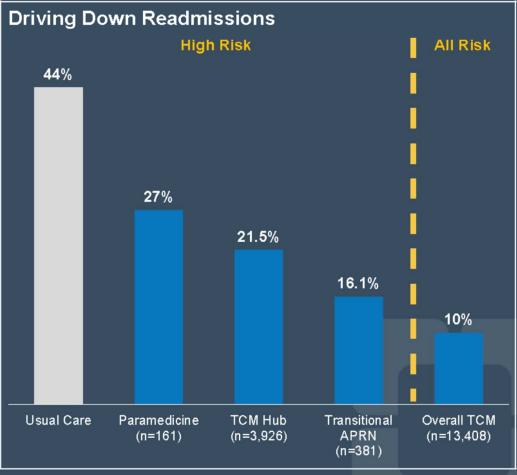
Scope: patients with readmission risk > 20% **Current Investment:**

- 8.0 RN FTEs
- 7.0 APRN FTEs & 4.0 paramedic FTEs

Types of Work Being Done:

- Manage any transitions these patients have
- Proactive outreach to secure the right care at the right place and the right time
- Identification of barriers to care



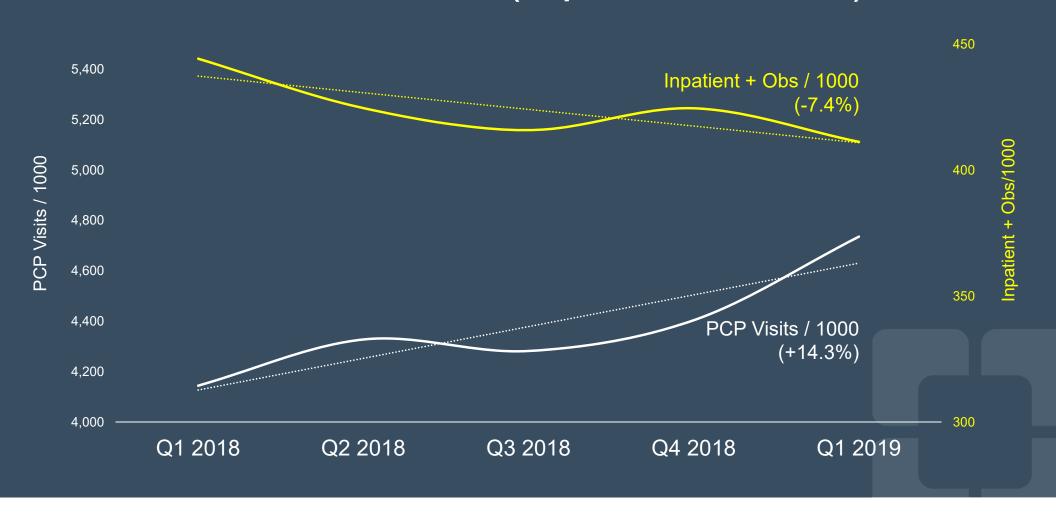


Reducing Admissions

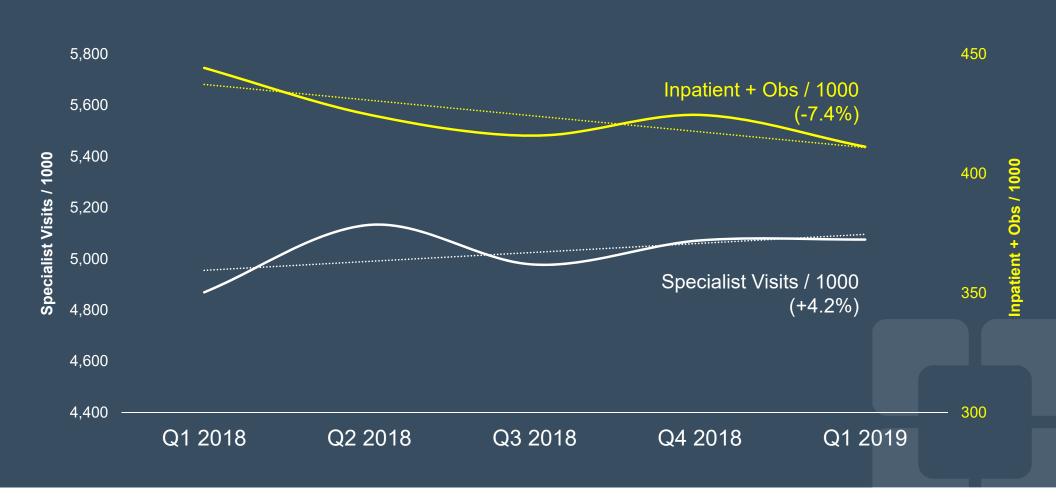
Ambulatory Visits and Admissions Inversely Proportional



PCP Visits/1000 vs. (Inpatient + Obs)/1000

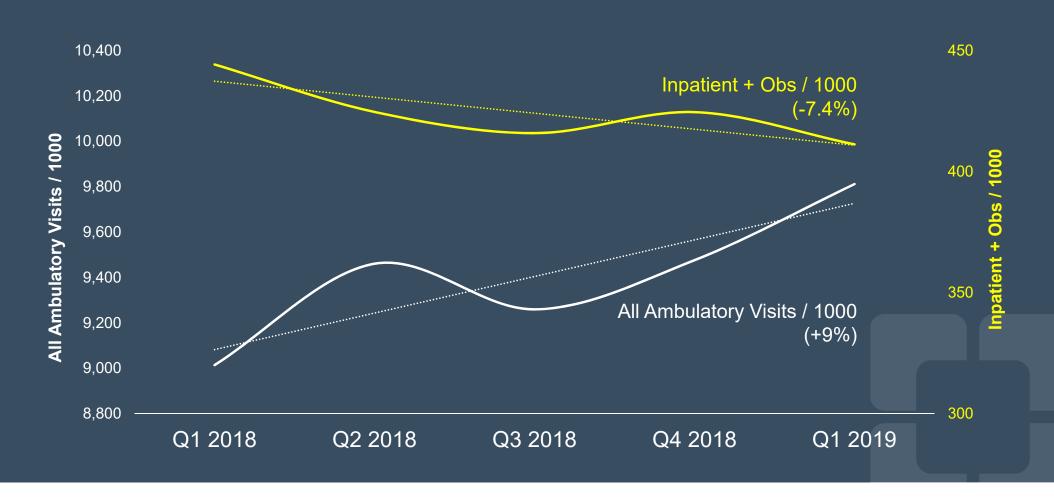


Specialist Visits/1000 vs. (Inpatient + Obs)/1000



All Ambulatory Visits/1000 vs. (Inpatient + Obs)/1000

(All ambulatory = primary + specialty ambulatory visits)



BECAUSE NOONE CANDO ALONE

We're All In This Together



Cleveland Clinic

Every life deserves world class care.