

Welcome...

During today's discussion, feel free to submit questions at any time by using the questions box. A follow-up e-mail will be sent to all attendees with links to the presentation materials online.

Today's topic

Managing Growing Patient Volumes in the Wake of Health Reform



Misty Drake
Chief operating officer,
Chicago Family
Health Center



Dr. Bruce Bethancourt
Chief medical officer,
St. Vincent
Medical Group,
Indianapolis



Dr. Joe Siemenczuk
CEO,
Providence Medical
Group, Oregon and
Southwest Washington

Housekeeping

1. Viewer Window

The screenshot shows a window titled "GoToWebinar Viewer". The main content area displays a presentation slide with the following text:

CB Presentations™

Give Online Punch

Audio: Use your microphone and speakers (VoIP) or call in using your telephone.

Dial: (805) 879-4135
Access Code: 105-748-644
Audio PIN: 74

Below the slide is a small video thumbnail of a woman, with the following text:

Corena Bahr
CEO and Founder
CB Presentations

The Citrix logo is visible in the bottom left corner of the viewer window.

2. Control Panel

The screenshot shows the "GoToWebinar" control panel interface. The "Audio" section is expanded, showing a menu with the following options:

- Full Screen
- Window
- Auto-Hide the Control Panel
- Hide Control Panel
- Default Control Panel Layout
- Save this Startup Layout

The "Questions" section is also expanded, showing a "Questions Log" with the following text:

Welcome! Please type any questions/comments in the Question and Answer section of your control panel.

[Enter a question for staff]

Send

At the bottom of the control panel, the following information is displayed:

Give Online Punch
Webinar ID: 576-794-892

GoToWebinar™

Now speaking...

Please use the questions box on your webinar dashboard
to submit comments to our moderator

Maureen McKinney
Editorial programs manager,
Modern Healthcare



Now speaking...

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Dr. Bruce Bethancourt
Chief medical officer,
St. Vincent Medical Group, Indianapolis



Hoosiers Eligible for Exchanges

- 860,000 (13.2%) Uninsured Hoosiers
- Expected 125,000 would sign up for the Exchange
- To date 65,000 have actually signed up

SVMG Population Health Efforts

Transition from the Traditional Primary care to PCMH

- Open Access
- Non- Traditional Hours
- Nurse Navigators
- Prior Day Huddles
- Post Acute Care Appointments within 72 hrs.

EMR & Analytic Support

- Implementing athenaClinicals EMR
- Piloting Milliman Population Analytics
- Piloting Acupara Care Management
- Utilizing data from the Indiana Accountable Care Consortium

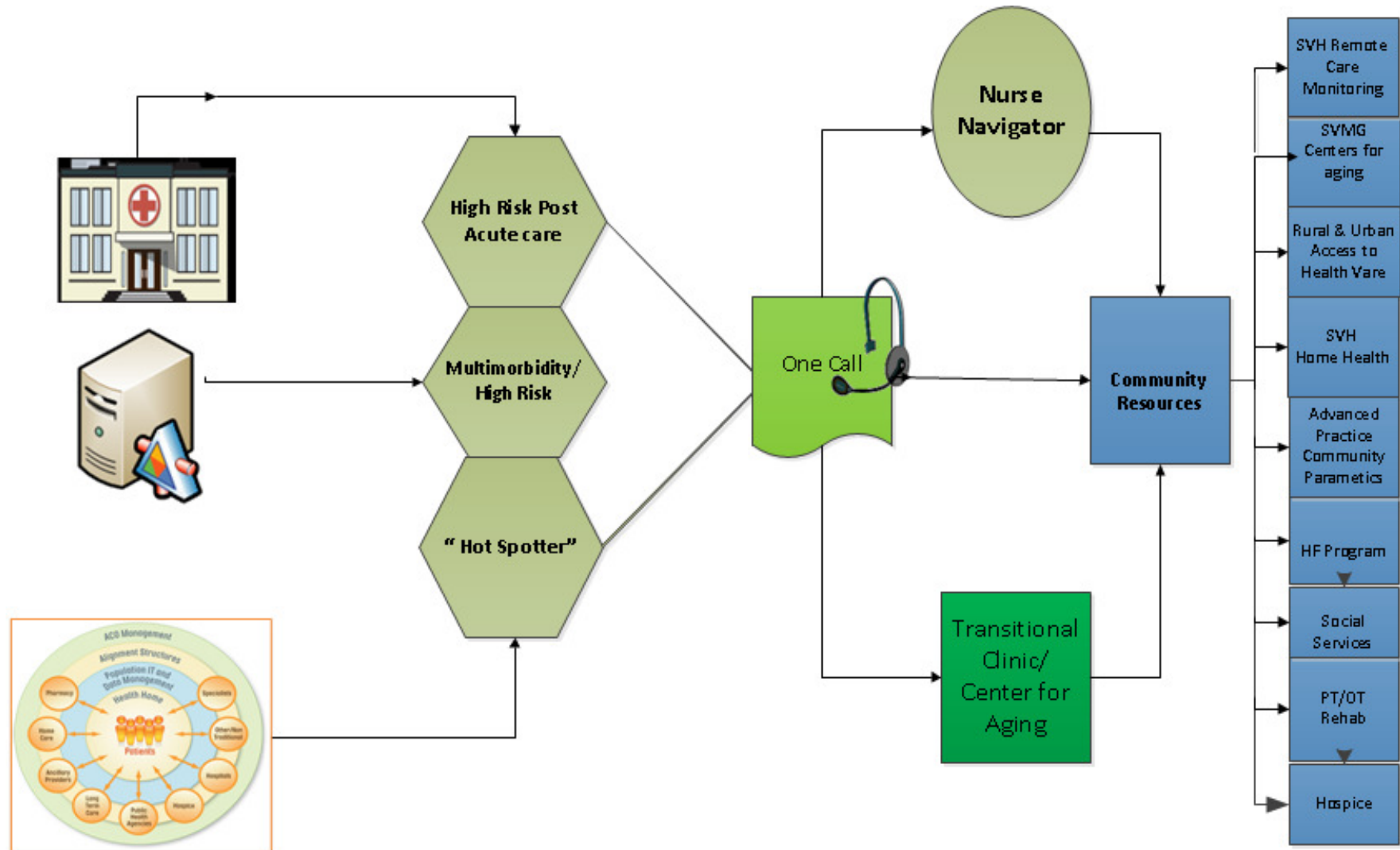
SVH Preventable Readmission Initiative

- High Risk Patients Identified
- Medication Reconciliation at all point of care
- Teach back Patient Education
- F/U Appointments within 72 hrs.
- PCP Notification at time of Admission and Discharge
- F/U Phone call within 24 hrs.

Post-Acute Care High Risk Patients

- Referred to SNF & followed by SVMG Gerontologist
- Referred to SVH Home Health
- Referred SVMG Remote Care Monitoring
- Post Acute Care Clinic – “Transitional Clinic” (July 2014)
- SVMG Centers for Healthy Aging

Continuum of Care



Clinical Care

St.Vincent Center for Healthy Aging

- Primary Care
- Geriatric Syndrome Management
- Geriatric Consult Service

Inpatient Services

- Senior Adult Psych
- Palliative Care
- Delirium

Education/Research

- Indiana Discovery Network for Dementia
 - Geriatric Fellows
 - Geriatric Residents
- Interdisciplinary Staff Focus

Community Collaboration

- SNF, CCRC
 - Medical Direction
 - Medical Home
- Alzheimer's Assoc.
 - CICOA
 - OASIS

Geriatric PCMH

Post Acute Services

- Home Health Care
 - Rehabilitation
- Care Navigation
- Care Management
- Private Duty Services
- Medical Alert Services
 - TeleHealth
 - DME

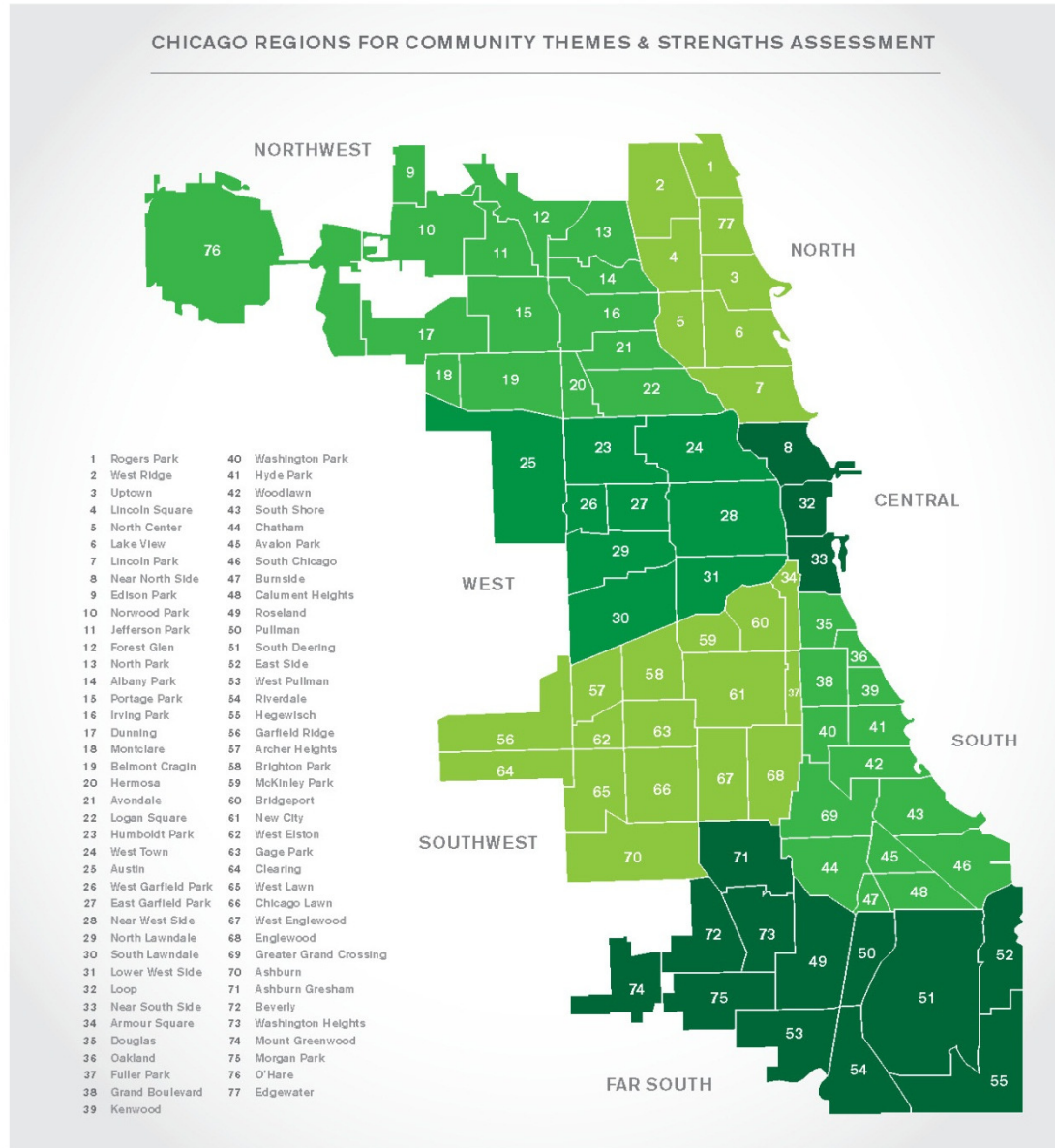
Now speaking...

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Misty Drake
Chief operating officer,
Chicago Family Health Center



Appendix B: Map of Chicago Regions



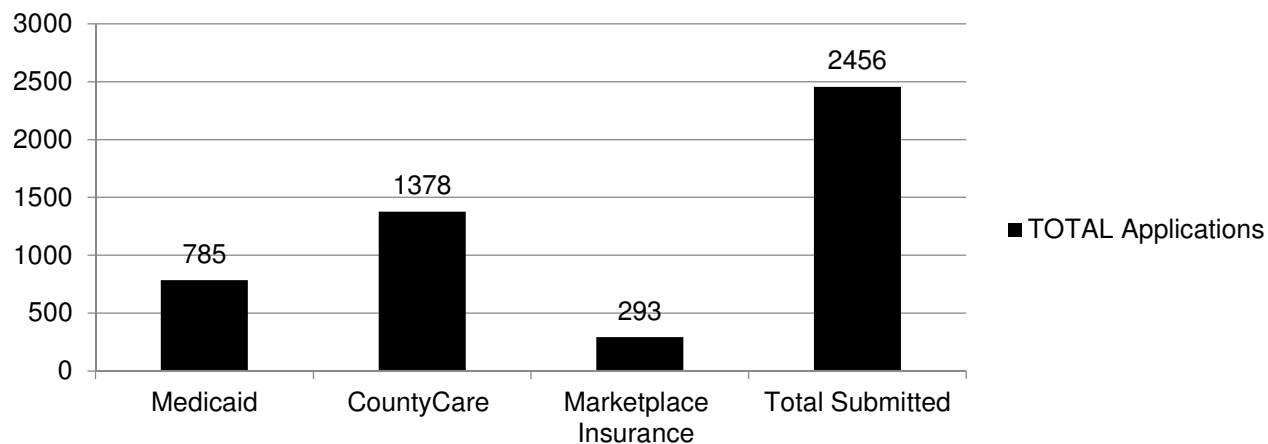
Chicago Family Health Center: Brief History & Patient Stats

- Federally Qualified Health Center
 - Founded in 1977
 - 6 sites on Southeast and Southwest side of Chicago
- Encounters:
 - Medical 72,112
 - Dental 14,289
- Race/Ethnicity
 - 49% African American
 - 45% Hispanic
- Payor Mix
 - 61% Medicaid
 - 28% uninsured (-39% from CY 12)
 - Medicare 5%
 - Private 6%

Chicago Family Health Center: Earlier Adaptors

- Cook County – Medicaid expansion Waiver
 - Cook County Health and Hospital System launched **CountyCare**
 - Expanded Medicaid
 - All Adults
 - FQHCs got early start to enrolling Cook County residents in Feb 2013

**Health Insurance Applications Submitted
Feb 2013 - March 2014**



Chicago Family Health Center: Earlier Adaptors

Patient PCP Assignment

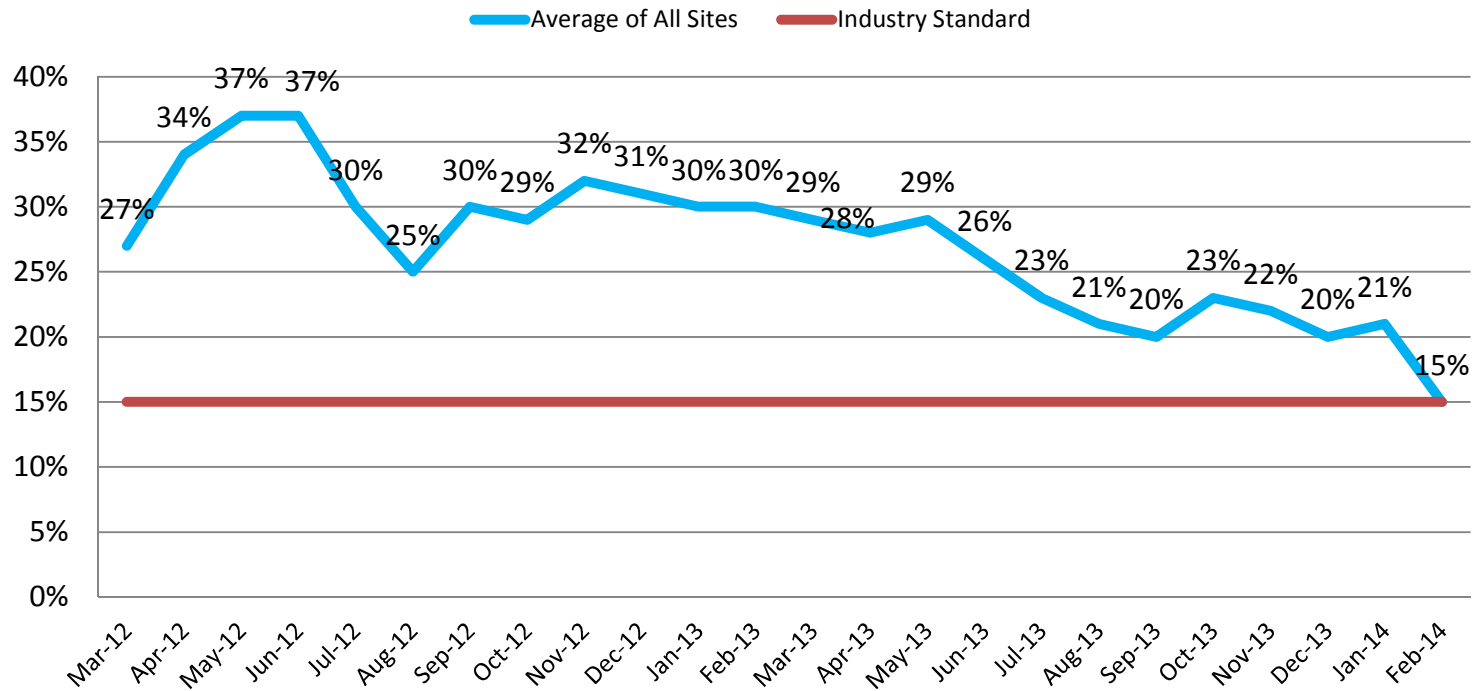
- CFHC enrolled 1378 CountyCare patients but CC panel is 3400
- Over half of the panel are new patients to CFHC and infrequent health users
 - Challenge in providing care

Strategies to Manage Influx of Patients

- Manage Access
 - No Show
 - Cycle Times
 - 3NA
- Manage Managed Care Contracts
- Manage Employee and Patient Satisfaction

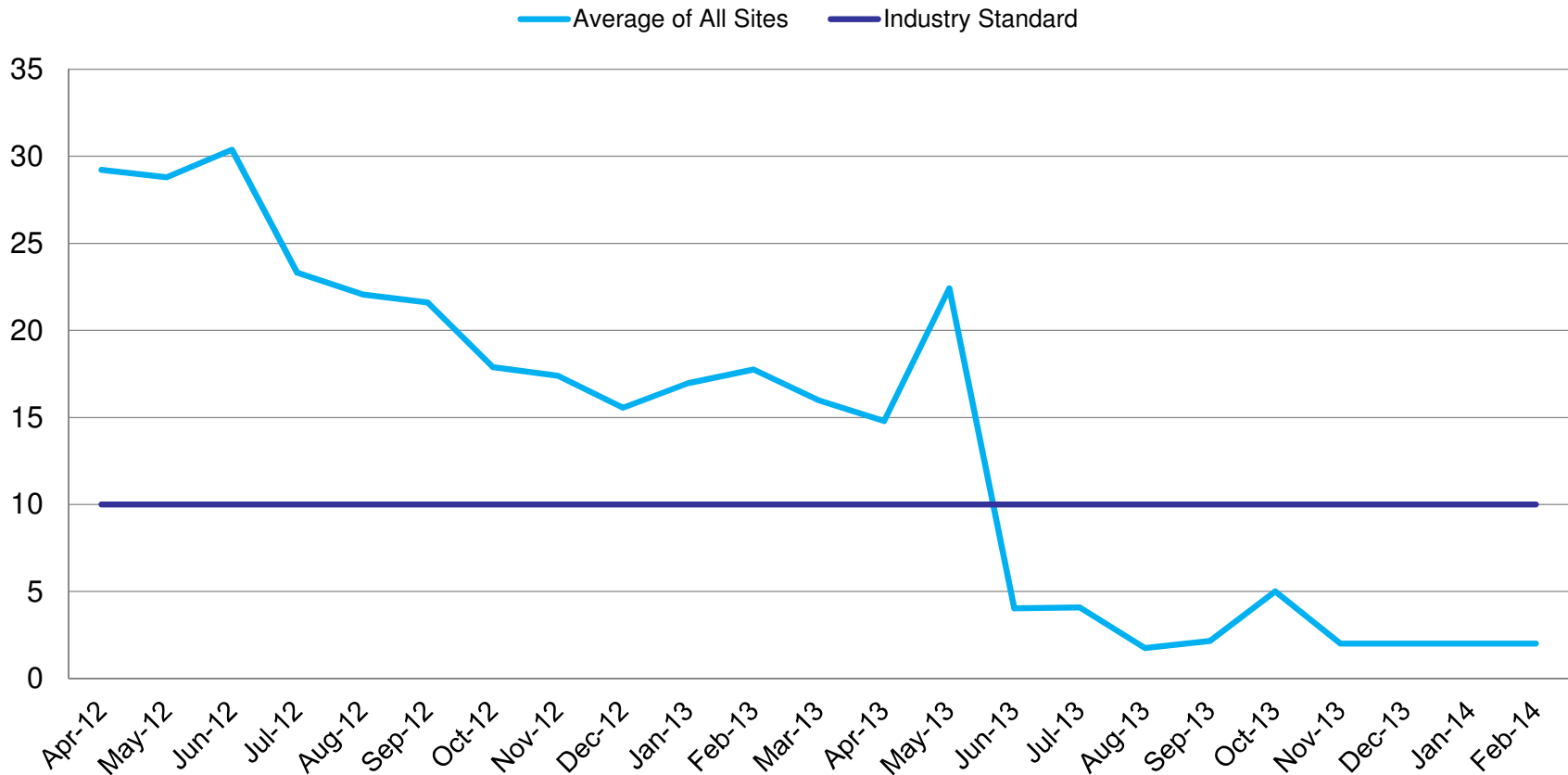
Strategies to Manage Influx of Patients: Managing Access

Chicago Family Health Center, Inc. No Show Rate



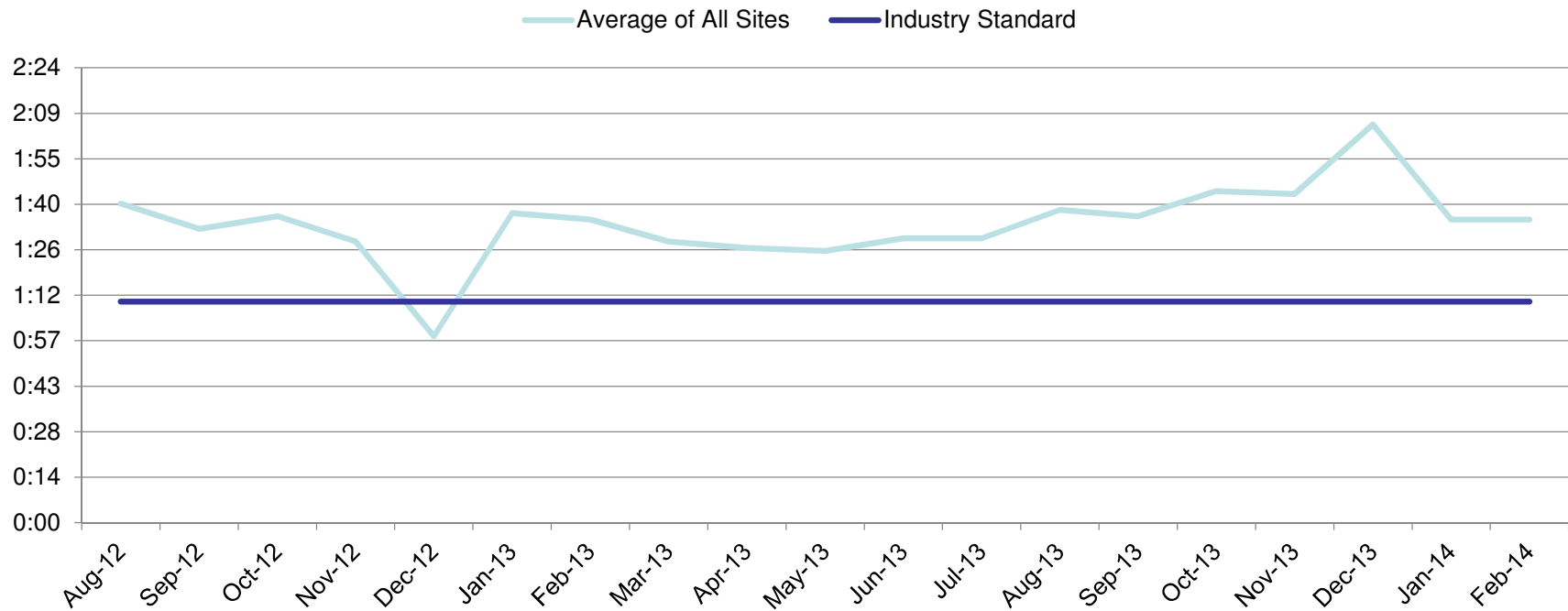
Strategies to Manage Influx of Patients: Managing Access

Chicago Family Health Center, Inc. 3rd Next Available Appointment



Strategies to Manage Influx of Patients: Managing Access

Chicago Family Health Center, Inc. Cycle Time



Strategies to Manage Influx of Patients: Managing Managed Care Contracts

- Illinois moving to mandatory Medicaid Managed Care in July
 - 50% by 2015 requirement
- Many types of products available to this population
 - Care Coordination Entities (CCEs)
 - Accountable Care Entities (ACEs)
 - Managed Care Community Networks (MCCNs)
 - Traditional HMO Plans
- Developing a Managed Care Strategy

Strategies to Manage Influx of Patients: Managing Managed Care Contracts

- Managed Care Contracting
 - Internal Needs
 - Network partners
 - Access to other services
 - Credentialing process
 - Fair and reasonable contract pricing
 - Coordination support - PCCM fee
 - IT infrastructure support
 - Plan popularity

Strategies to Manage Influx of Patients: Manage Employee and Patient Satisfaction

- Employee Satisfaction
 - Increased demand on all of our systems
 - Call center, Provider Schedules, more complex patients, provider retention
 - Implemented a peer recognition program
- Patient Satisfaction
 - Ongoing monitoring of satisfaction
 - Other methods to access and communicate
 - Patient portal
 - Creative but bold ways to open access
 - No Show @ 15%



Now speaking...

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Dr. Joe Siemienczuk
CEO, Providence Medical Group,
Oregon and Southwest Washington



Profile of Providence Medical Group

- 93 clinics in Oregon
 - Primary care, specialties, immediate care
 - 43 primary care clinics
- More than 600 doctors and providers
- 1.25 million encounters per year
- Part of Providence Health & Services, which serves five states
 - Oregon: Integrated system with eight hospitals, health plan, home services, elder care

The bad news

The New York Times

Health Care Exchange in Oregon Not Meeting High Hopes

By KIRK JOHNSON MARCH 20, 2014

SALEM, Ore. — As the federal health care overhaul was rolled out over the last few years, Oregon was invariably the eager overachiever in the first row, waving a hand to volunteer. The governor, John Kitzhaber, a doctor who left the emergency room for politics, made health care his main issue. Fellow Democrats controlling the Legislature went along, embracing ambitious plans to extend insurance coverage and Medicaid to low-income residents.

Yet for all that, by some measures Oregon has among the most dysfunctional online insurance exchanges in the nation. Only



**Modern
Healthcare**

ACA in Oregon

- “Cover Oregon” – intended to be one-stop shopping for individuals, small employer groups and Medicaid
- Instead, more than two years and \$200 million later, it’s been among the most troubled rollouts in the nation
- However, people are getting enrolled – on paper, outside the exchange or in Medicaid

Enrollment in Oregon

- Target group: 560,000 uninsured
- To date: 217,000 enrolled
 - 150,000 of those were through expansion of Medicaid
- For comparison: 330,000 unique visits to the enrollment site on Day 1

Impact of ACA

While it's early, some trends are developing:

- We've seen a 20% increase in overall patient volume
 - Some appear to have chronic conditions/higher acuity
- We are seeing more patients with Medicaid (16%, up from 11%)
- We are seeing a drop in the number of self-pay patients (3%, down from 5%)

Impact of reform

- Focus on patient-centered medical home model of care
- Accountable care model yields flexibility in development of novel visit types and care management
- Focus on wellness as well as on treatment
- Focus on providing care in the right place at the right time

Early challenges

- Capacity challenge
- Pent-up demand
- *Science* publication
- No skin in the game for members
- Onboarding!

Planning ahead

- We need to make sure we have capacity
- We need to continue evaluating opportunities to expand care availability
- We need to learn from our initial experiences in the ACA world

Managing Growing Patient Volumes in the Wake of Health Reform

Today's panelists...

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Health Center



Dr. Joe Siemienczuk
CEO,
Providence Medical Group,
Oregon and Southwest
Washington



Dr. Bruce Bethancourt
Chief medical officer,
St. Vincent Medical Group,
Indianapolis



TODAY'S MODERATOR

Maureen McKinney
Editorial programs
manager,
Modern Healthcare



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Thank you...

... for attending today's editorial webinar on managing growing patient volumes in the wake of health reform. We also thank our panelists, Dr. Bruce Bethancourt, chief medical officer of St. Vincent Medical Group, Indianapolis; Misty Drake, chief operating officer at the Chicago Family Health Center; and Dr. Joe Siemienczuk, CEO of the Providence Medical Group, Oregon and Southwest Washington.

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