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TreatRight®

How MediSync's Approach to Improving Chronic Disease Outcomes Led to 95% of Hypertension Patients' BP In Control AND Higher Revenue

The Problem – Falling Insurance Reimbursement Rates

Two physician owned and leading independent medical groups in adjacent but distinct Midwestern markets were operating in a very bad commercial reimbursement environment. Collectively the two groups had 75 primary care physicians.

In this region the insurance companies consolidated before medical groups did. Using their large market share, the two largest insurers demanded rates that were substantially below Medicare. If groups resisted, they were told they would be expelled from the insurer networks. Each of the two insurers had hundreds of thousands of lives and they collectively controlled over 85% of the commercial business.

Unable to quit these two insurers and remain in business, the groups were paid more than 10% below Medicare rates for almost all commercial business.

The Medical Groups' Challenges

The payment rates at which these medical groups were providing medical care were not sustainable. In the face of this dilemma, the groups asked MediSync to conduct a joint strategic planning exercise based upon their common problems.

Among other strategic planning steps, the groups had MediSync interview employers to better understand what they wanted from medical groups. Better chronic outcomes was high on the list.

The resulting strategic plan included a tactical plan to become very good at chronic disease management especially for hypertension, diabetes and lipids – all areas of concern for employers – and achieve extraordinary outcomes as a leverage point to demand greater rates. In addition to the employer preference, there were two primary reasons for doing so:

1. Almost all visits for patients with chronic disease code out to a 99214 (both groups had already participated in MediSync's E&M CodeRight program). Therefore, there would be revenue for all of the work that the groups would do to achieve these outcomes.
2. MediSync's prediction was that, in the future, medical groups would see more of their payments based upon some sort of quality and/or cost performance. If this were to occur, hypertension, heart disease and diabetes were almost certain to be included in future payment formulae.

At the time when this project was undertaken, the national average for achieving the JNC-7, evidence based guideline outcomes (<130/80 for diabetic and renal patients, <140/90 for other patients) was 29% nationwide. The two groups were substantially better with one group at 41% success and the other group at 42% success.

The groups decided to set a goal of 90% success, a target that seemed impossibly high at the time.

How the TreatRight Program Was Created

This effort started with a joint group committee meetings dedicated to medical quality. The majority of the attendees were physicians. Hypertension was set as the first goal or target. Very quickly, the physicians identified patient compliance as the center point for improved outcomes.

This seemed too convenient to management. Management also came to question whether having large groups of physicians diagnose the problems was a good method for proceeding. Management proposed that it would be better to obtain training in Lean and Six Sigma – proven quality improvement methodologies that are widely used in industry and business throughout the region where these groups practice – rather than to have committee discussions and doctors voting.

Lean Six Sigma not only has methods for solving quality problems, it has methods for diagnosing the root causes of problems before solutions are tried and tested. It took approximately six months to get the leadership and some physicians highly trained in Lean Six Sigma.

Early in the training, it was apparent that the central concept in quality improvement was missing in most medical groups. The concept is process. Whether in practice operations, in back office operations (i.e. billing and accounting) and in clinical care, there were no clearly identified processes inside our groups. In asking peers, we found very few if any true processes in other medical groups.

Individual doctors may have a certain way that they want to do things, but by definition that can't be considered a process. Process is a clear set of steps to achieve the very particular outcomes that you want to achieve.

In light of the Lean Six Sigma training, we reviewed what drugs physicians wrote for hypertension. We discovered that different doctors wrote different drugs even given the same or similar patient profile. The quality experts predicted that, to the extent this continued, it would be very difficult to make consistent and substantial improvements to very high levels of quality.

We also did an exercise with all of the doctors in the group on all of the possible reasons why patients would not achieve the desired JNC-7 blood pressure outcome. There were over a hundred possible reasons. We discovered things that the staff do, things that the patients do, things that the insurers do (i.e. constantly mess with formularies) and things that the doctors do.

It became obvious that systematizing the method that doctors use to evaluate patients and to select medicines would favorably increase outcomes and would be much easier than getting the over 30,000 hypertension patients to change their behaviors.

Immediate Uptick

A small group of physicians and Six Sigma quality team members met and devised a first draft process to help physicians make optimal medication choices. When the first draft was released to the physicians, there was an immediate uptick in outcome scores but, after a few months, there were no further improvements on a group wide basis.

Analysis of the data showed that some physicians used the HTN process regularly, others used it occasionally and still others used it hardly at all.

Interestingly, our Six Sigma statistics revealed a very strong correlation between use of the medication selection process and better outcomes. After much discussion and reminding of the strategic purpose – getting the group’s commercial rates up – it was decided that all physicians should have to use the process the majority of the time. This was an interesting challenge in physician owned medical groups.

At the same time some physicians discovered that explaining elements of the process to the patients increased patient medication compliance.

Results = Measurably Better Outcomes

Over a period of about twelve months, the process was fully implemented and the group’s rate of success went up to just over 90% of patients at JNC-7 blood pressure control.

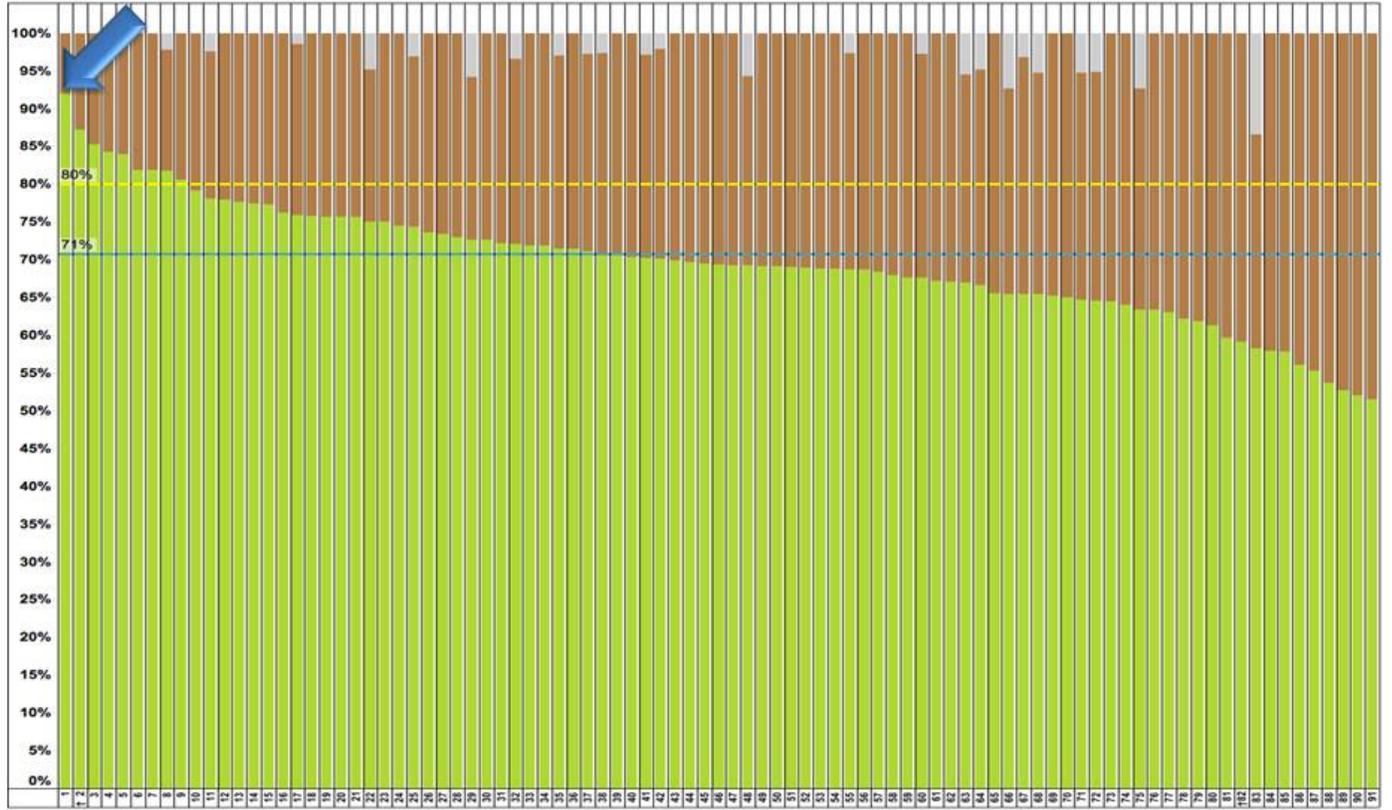
Later, improvements were made to the original process which made it more nuanced and sophisticated. Success rates then went as high as 95%.

Meeting our Goals

Throughout virtually the entire AMGA three-year campaign to improve blood pressure outcomes, this group was #1. See below:

AMGA Measure Up / Pressure Down HTN Q4 2014 Results

Proportion of Patients with HTN whose Blood Pressure is in Control (140/90)



The other good news was the largest employer in town ordered the largest insurers to give this group the raises in our commercial rates that we had requested. The group's primary incomes soared to the top of the market.

Further good news came when we were offered value agreements on commercial and Medicare. The group earned additional millions in income largely, but not only, due to our ability to generate better outcomes in hypertension, diabetes, heart disease, etc.

TreatRight® is a product of MediSync.

MediSync's solutions have delivered positive change to our leading medical practice partners since 1996. We make sense of the changes in healthcare and develop a path to ensure your future success. Let us help guide you.



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